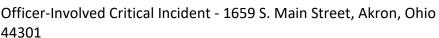


Ohio Attorney General's Office Bureau of Criminal Investigation

Investigative Report







Investigative Activity: Personnel File Review

Involves: Officer

Authoring Agent: Special Agent Joseph Goudy #83

Narrative:

On Monday, August 15, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Cory Momchilov received the personnel file for Officer from the Akron Police Department (APD) and the City of Akron Law Department. SA Joseph Goudy reviewed the personnel file and noted the following:

Officer has been a full-time police officer with the APD since October 5, 2018.

Training:

Officer attended and completed the Ohio Peace Officer Basic Training Program at the Kent State Police Academy on October 5, 2018.

Firearms Qualification:

Officer qualified with his Glock 17 duty issued semi-automatic pistol, bearing serial number on April 20, 2021.

Most recently, Officer had "Rifle" training using an Aero Precision Rifle, bearing serial # on March 2, 2022, and "Low Light" training using his Glock 17 duty weapon on December 15, 2021.

Officer special spersonnel file, training records and firearm qualifications are attached to this report. Please refer to the attachments for further details.

Attachments:

Attachment #01: Officer Personnel File

Attachment #02: Officer OPOTA Certificate

Attachment #03: Officer Firearms Qualifications

Attachment #04: Officer Evaluation

Attachment #05: Officer Employee Summary

Attachment #06: Officer OPOTA Certificate and Work History

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.

Page 1 of 1 Supervisor Approval: SAS David Posten #6 9/6/2022 2:56 PM

Police Officer Contact Information -- Person ID: Name: Address: US Home Phone: Alternate Phone: Email: Notification Preference: Email Former Last Name: Month and Day of Birth: **Personal Information** Driver's License: Yes, Ohio, , Class D Can you, after employment, submit proof of Yes your legal right to work in the United States? What is your highest level of education? Some College **Preferences** Types of positions you will accept: Regular Types of work you will accept: Full Time Day, Evening, Night, Types of shifts you will accept: Rotating, Weekends, On Call (as needed) Objective I have always been interested in law enforcement since high school. I joined the Army with the intentions of eventually going that route at one point in my life. Personally I would like to become a detective some day, but I have to start somewhere . Education Professional Did you graduate: No Regis University College Major/Minor: Computer Science 7/2013 - 2018 Degree Received: Professional Denver, Colorado **Professional** Did you graduate: No Cochise College College Major/Minor: Military Intelligence, General 2/2012 - 7/2012 Degree Received: Professional Sierra Vista, Arizona Work Experience **Technical Support Specialist** Hours worked per week: 40 1/2017 - Present Monthly Salary: \$0.00 May we contact this employer? No Buckeye Mountain Inc. Akron, Ohio **Duties** Assist customers in technical related issues. Work on processing the programs our company designs to ensure there are no issues when it finally reaches our customers. **Intelligence Analyst**

2022-09-06 Officer

7/2015 - Present

Ohio National Guard

Hours worked per week: 0

of Employees Supervised: 10

May we contact this employer? Yes

Name of Supervisor: - Section Leader

Monthly Salary: \$0.00

Stow, Ohio

Duties

As an Intelligence Analyst I analyzed and evaluated intelligence holdings to determine changes in enemy capabilities, vulnerabilities, and provided probable courses of action. As a leader I mentor and train junior analysts on their products and professional development.

Mac+ Technical Advisor

6/2015 - 12/2016

Hours worked per week: 40

Monthly Salary: \$0.00

Name of Supervisor: Michelle Landers - Team Leader

May we contact this employer? Yes

Apple Inc. Akron, Ohio

Duties

Support customers to ensure a great experience at all times when contacting Apple. Provided technical support for Mac Computers and all iOS devices produced by Apple Inc.

Reason for Leaving

I was offered my current job at Buckeye Mountain.

Intelligence Analyst

11/2011 - 7/2015

Hours worked per week: 40 Monthly Salary: \$0.00

of Employees Supervised: 3

U.S. Army Fort Bragg, North Carolina May we contact this employer? Yes

Duties

As an Intelligence Analyst I analyzed and evaluated intelligence holdings to determine changes in enemy capabilities, vulnerabilities, and provided probable courses of action. I was requested by my leadership to mentor and train junior analysts on their products and professional development. I managed and maintained equipment valued at over \$2M ensuring zero loss and proper performance.

Reason for Leaving

Left active duty military.

Patient Care Technician

6/2009 - 10/2011

Hours worked per week: 40 Monthly Salary: \$0.00

May we contact this employer? Yes

Fresenius Medical Care Akron, Ohio

Duties

My responsibilities included ensuring patients with Renal failure were receiving the best care possible. I evaluated my patients prior to every treatment, during, and after. In the event of an emergency I applied direct actions such as CPR or AED to the patient. In addition to my Patient Care Technician duties I was also in charge of the supply for our center. I ensured orders were made to have the proper stock of equipment at all times and I counted the inventory monthly to ensure no loss of equipment.

Reason for Leaving

Joined the military

Certificates and Licenses

Skills

Office Skills

Typing:

75

	intry: 0						
Additi	ional Information			•			
Military	y Service			•			
Active Ohio N	duty Army - 2011 - 2 ational Guard - 2015	015, stationed a - Present, Stow,	t Fort Bragg, OH	NC.			
Refere	ences	***				4	
Profess	ional	• •		•			
Military	Section Leader						
Professi	lonal			-	-		
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gency-	Wide Questions	- 70 - 100 - 100	10 m 10 m 10 m			·	ni ciluai
sha the con rem	plicants are eligible for Akron City Charter. A sell have twenty percert candidate has been a stinuously for at least nains a resident citize cess. Do you live with	nt (20%) of such a resident citizer one year Immed on of the City of A	o obtains a pa o grade added o within the c diately prior t Akron throug	ssing graded to the corporate of the data the da	ade on an onexamination of the control of the contr	examination n score pro ne City of A	ı, vided kron
Q: Hov	v many months have	you continuous	y lived at you	ı r p reser	t address?		
A: 20							
Q: List resid	all addresses where y ded at each address.	you have resided	d in the previ	ous year	including (the dates y	ou
A: Akro	all addresses where y ded at each address. on, OH		···		including (the dates yo	

. 5		: Have you ever been employed by the City of Akron? No
6		Are you currently a permanent City of Akron employee in the classified service? No
7	- Q A:	If you were previously employed by the City of Akron, please indicate positions held and dates of employment.
8		Have you ever been terminated from a public agency? No
9.	. Q:	If you have been terminated from a public agency, please indicate the employer, date of termination and reason.
S	upp	lemental Questions
1.	_	Did you graduate from an accredited high school or do you have a GED certificate? Yes
2.	Q:	Applicants must be between the ages of 21 and 35 at the time of the written examination. What is your full date of birth (MM/DD/YYYY)?
_		
3.	_	Select the category that defines your date of birth.
	Α:	Born between June 23, 1981 and June 24, 1996.
4.	Q:	Do you possess a valid driver's license?
	A:	Yes
5.		Is your driver's license currently suspended? No
6.	Q:	For the purpose of verifying my eligibility for positions requiring a valid driver's license, I authorize the City of Akron to obtain a consumer report from OPENonline to investigate my driving history for traffic violations and suspensions. I understand that I have a right to request disclosure of this consumer report under the Fair Credit Reporting Act. To print out a summary of your rights under the Fair Credit Reporting Act go to: http://www.akronohio.gov/person.html. Copies of the summary are also available from the City of Akron Department of Human Resources at 330-375-2720.
	A:	I consent
7.	Q:	In order to be awarded additional education credit for course work completed at an accredited college or university, you must submit a copy of your official transcripts or degree. Will you be submitting or attaching your college transcripts or copy of your degree? If yes, you must scan and attach a copy of your official transcripts or degree, mail or hand deliver them to Suite 130, Citicenter Bldg., 146 S. High St, or email them to krininger@akronohio.gov.
	A:	Yes
8.	Q:	Are you currently certified or in the process of becoming certified by the Ohio Peace Officer Training Commission (OPOTC)?
	A:	No
0	٥.	If you have received OPOTC contification, what are the dates of your most recent

commission?

A:		
	 to the second control of the second control	

https:



HIRE/PERSONNEL ACTION FORM

		Employee Information	
Employee: Address 1:			
Address 2:			
City:	Akron	State: Oh	nio Zip:
Phone:			
		Hire Information	
Person ID:			
Job Class #:	5108	Job Class:	Police Officer
Hire Date:	08/06/18	Pay Rate:	\$0.00
Department:	Public Safety Departm	nent	
Division:	Police Uniformed Div	ision - 751	
Hire Req. #:	2017-00270	Job Term:	Permanent
Desired start d work until fina	ate as listed above is no l approval is received fr	t guaranteed. Employee om Human Resources.:	must not
NOTE: For Pro effective date:	omotion, Transfer, or D	emotion, the Hire Date a	above is the This is a Hire
Enter the direct	t supervisor of this emp	loyee as of the start date	:: Michael Yohe
Employee ID:			
Pay Grade and	Step:		86-1
Appointment A	ctions:		Employment
Change Actions	•		
Appointment Co	ode:		Permanent Full-Tin Probation New
tatus Code:		9n 11-3-12	Active
ist Code:		90 11-3-18 270 5-2-1	9 Open
osition Numbe	r:		00001463
SN (DEPARTN	MENT OF HR USE ON	LY):	

Marital Status (DEPARTMENT OF HR USE ONLY):

Comments:

Division Manager

10000-130100

Approvers BALL II, KENNETH 07/09/18 05:57 PM

Mayor

Akron, Mayor

07/11/18 08:24 AM

Printed on August 02, 2018

Marital Status

Single

 Married Separated Divorced
 Widowed

Highest Education Level completed

Less Than HS Graduate HS Graduate or Equivalent

Some College
 Technical School
 2 Year College Degree
 Bachelor's Level Degree
 Some Graduate School
 Master's Level Degree
 Doctorate (Academic)
 Doctorate (Professional)
 Post Doctorate

In case of emergency please contact:

First Name	Last Name
Phone Number	Street Address
City	State
Akron	ОН
Zip Code	Relationship to Employee:

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



Please submit completed original form to Department of Human Resources - Employee Records Office Revised 2/2017



Employee

City of Akron Setup & Change Personal Information

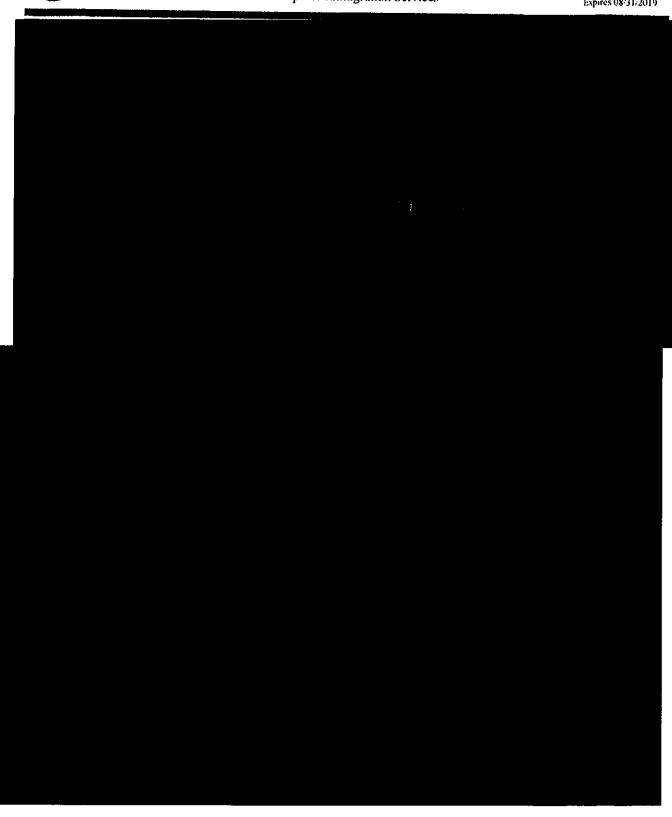
As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained

will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual. Please complete entire form. Employee ID Number Social Security Number First Name Middle Date of Birth Last Name Gender *If you have had a name change please submit a copy of your social security card with this form. Male Female Street Address City Akron Zip Code State ОН E-mail Address Cell Phone Number Please check your preferred method of contact Home Phone Number below: Phone Mail E-mail



Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019



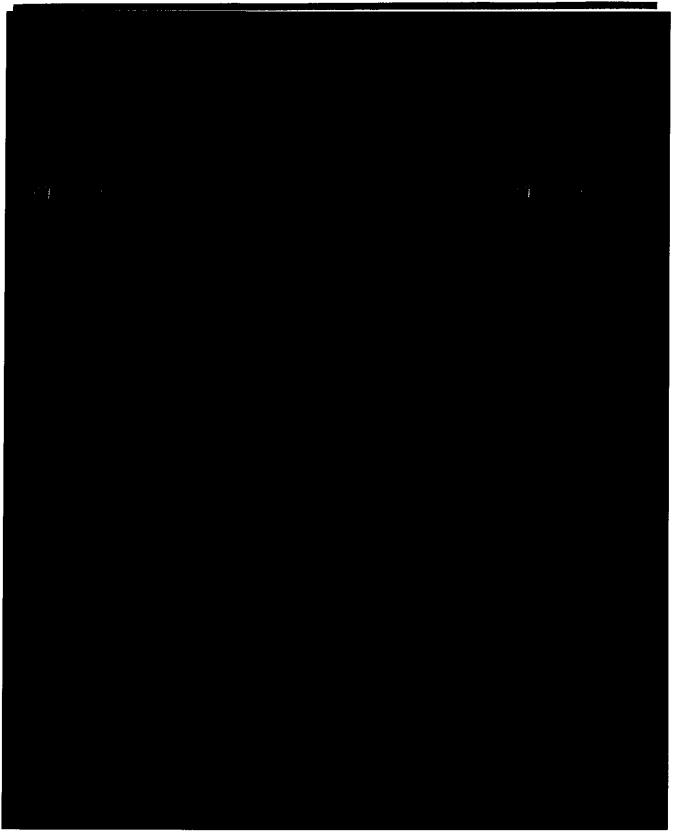




Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form 1-9

OMB No. 1615-0047 Expires 08/31/2019



Form 1-9 07/17/17 N Page 2 of 3

ACKNOWLEDGMENT OF CONDITIONAL JOB OFFER FOR THE POSITION OF POLICE OFFICER

Do not resign from your current job in anticipation of employment

I fully understand and acknowledge that I have received a CONDITIONAL JOB OFFER for the position of Police Officer and that the offer is conditioned on satisfactory completion of the below listed conditions. The standards for each must be met as established by the City of Akron:

- 1. All components of a background investigation, including polygraph;
- 2. A physical fitness test;
- 3. A complete medical examination;
- 4. A psychological evaluation;
- 5. A drug screening;
- 6. That a budgeted position for Police Officer is available;
- 7. That funding is dedicated to fill the vacant position at the time of my appointment;
- 8. Successfully completing the Ohio Peace Officer Training Program including passing the final examination certified by the Ohio Peace Officer Training Commission (OPOTC) and Office of the Attorney General, unless candidate is currently certified by OPOTC, prior to my appointment. If I am currently certified by OPOTC, I must maintain my certification.

OPOTA training and certification process must be successfully completed by or before December 1, 2018, unless otherwise agreed to.

I understand that I will be disqualified and the offer withdrawn if any of the conditions listed above are not satisfied, or if I am or become unable to perform the essential job functions for the position of Police Officer with or without reasonable accommodation. I understand that I must be able to meet the minimum qualifications for the position at the time of appointment, which includes, but is not limited to, a valid Ohio driver's license, no felony convictions, and no restrictions on my ability to carry and use a firearm.

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

1/ 1

I further understand that my background investigation is a continuous process throughout my training, probationary period and employment. If any information not previously disclosed is revealed or discovered which would have caused my rejection or disqualification from employment by the City of Akron, in the City's sole discretion, my conditional job offer will immediately be rescinded or my employment will be terminated.

Before I am appointed, I agree to execute a separate agreement which demonstrates that I agree to reimburse the City of Akron for the cost of my training under certain circumstances detailed therein.

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

Daniel Raden 1=84 Akron Police Department Witness (Print)	Applicant (Print)
Witness (Signature)	Applicant (Signature)
	Address
,	Atoron, 04
	27 Rec 2017 Date

City of Akron Human Resources Department January 1999 Revised January 2007, January 2012, July 2013, October 2015, May 2016, October 2016, May 2017, June 2017, August 2017, December 2017

Page 2 of 2

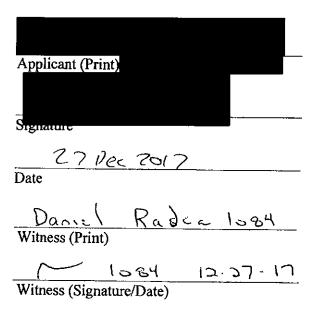
AGREEMENT

2022-09-06 Officer

I, _____, am scheduled to be enrolled in an Ohio Peace Officer training academy starting ______ to receive training prior to my appointment as a Police Officer for the City of Akron.

In the event that I voluntarily resign from the Police Training Academy prior to graduation, I hereby agree to reimburse the City of Akron a pro rata share of the total cost of my training and equipment within twenty-four (24) months of quitting the academy. In the event I do not complete the Academy, do not pass the required OPOTA certification examination at the end of the Academy or am not appointed to the position of police officer with the City of Akron for any reason other than lack of funding, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of the end of my training at the Academy. In the event that I resign from the Akron Police Department within two (2) years from the date I graduate from the Police Training Academy, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of this resignation. This amount due is in consideration of the benefits of the police training received by me to become a City of Akron Police Officer as well as the costs incurred by the City of Akron in paying for such training.

I fully understand the consequences of signing this agreement and voluntarily agree to its terms. I fully understand this is a legal debt of mine and collectible through whatever legal means the City of Akron may employ.





Acknowledgement of Receipt of the City of Akron Job Description and Essential Functions

I acknowledge that the City of Akron has provided me with a copy of the job description and essential functions for the position of Police Officer. I have had the opportunity to review these items and acknowledge that I am able to perform the essential functions of this position with or without reasonable accommodation. I further understand that I must continue to meet the minimum qualifications for this classification during my employment in this position or be subject to demotion or termination as determined by the appointing authority.

	27 Dec 2017
Signature	Date
Printed Name	
Police	
Department/Division	

Created: March 2017 Revised: 10/17





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

October 06, 2017

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



This letter is valid for one year from the record check completion date. This letter may be photocopied by the prospective employer and retained by the applicant.

Thomas J. Stickrath, Superintendent Ohio Bureau of Criminal Investigation

10/6/2017

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141 July 181



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

October 06, 2017

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



Thomas J. Stickrath, Superintendent Ohio Bureau of Criminal Investigation

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Last Name:

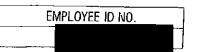
Driver Abstract

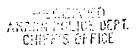
This Ohio driver abstract spans the previous three-year period.

Your License Status as of 7/20/2018: VALID

Endorsements: NONE

Restrictions: NONE





SETUP & CHANGE PERSONAL INFORMATION AUG 14 AM 8: 05

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to 18

Social Securi	ty Number	Last Name		First Name		Middle Name	
New Social Security Number (if applicable)		New Last Name	e Ne	ew First Name	Ne	New Middle Name	
	Street Address	;	Cit	y and State		Zip Cade	
			Alcion,	Chio			
Resident Circle response below		none Number the information below)	Marital S (Circle respon		Birth Date	Gender (Circle response b	
Yes No	CELL; HOME:		1. Single 2. Married 3. Separated	4. Divorced 5. Widowed		MALE FEMALE	
	<u> </u>	Education	on (Circle response be	low)			
3-Less Than HS Gr -HS <u>Graduate</u> or l -Some College -Technical School	Equivalent	G-Bact H-Som	ear College Degree nelor's Level Degree e Graduate School er's Level Degree		K-Doct	orate (Academic) orate (Professiona Doctorate	
			ency Contact Informa	tion			
MR.	Name	First Name	Middle Name		Street Addre	55	
City and Sta	te	Phone Number		Relationship C	orie		
Kion, O	pl		Spouse 2 Child		5 Other		
eby certify that ev any false or incon	ery statement I h nplete answer ma	nave made on this Setu ay be grounds for dism	p & Change Personal nissal.	Information form	is true and com	plete. I understa	
					TAVOJ 20		

2022-09-06 Officer File Review - Bureau of Criminal Investigation Main Office 02/22/2023



Fraternal Order of Police, Akron Lodge #7

217 S. High Street, Suite 404 Akron, Ohio 44308

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Form

Election to Enroll in Deductions

I hereby "Voluntarily" withheld from my weekly pay benefits by the City of Akron. agree to have

Printed Name		•	
Payroll ID Number			

Dues Form 8/18



THE CITY OF AKRON NATIONAL WEBCHECK WAIVER

I certify that I voluntarily and knowingly authorize the City of Akron to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the City of Akron.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees, and all individuals connected therewith from all claims and liability related to this authorized criminal record review and dissemination.

Print Name	O3/27 Month & Day of Birth
Signature	<u>US OCT 2017</u> Today's Date
Present Address (Street, City, State, Zip)	

Created: March, 2013



CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION



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

Please complete entire form	al government, the data will not identify any specific i	
Employee ID Number:	Social Security Number:	1
First Name:	Middle Name:	Last Name:
*If you have had a name change copy of your social security card	please submit a with this form. Date of Birth:	Gender: Male
Contact Information		
Street Address:		
city: Atron	State:	Zip Code:
E-mail address:		<u> </u>
Cell Phone Number:	Please check	your preferred method of contact below:
Home Phone Number:	Pho:	_
ersonal Information		
Marital Status:	Highest Education Level completed:	
Single Divorced Married Widowed Separated	Less than HS graduate	Degree
case of emergency please cor	itact:	
First Name:	Last Name:	Phone Number:
Street Address:		
City: AKron	State: <u>C'-/</u> Zip Code:	
Relationship to Employee:		
reby certify that every stateme derstand that any false or inco	nt I have made on this Setup & Change Personal Informplete answer may be grounds for dismissal.	mation form is true and complete.

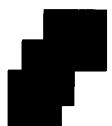
Please submit completed original form to Department of Human Resources - Employee Records Office

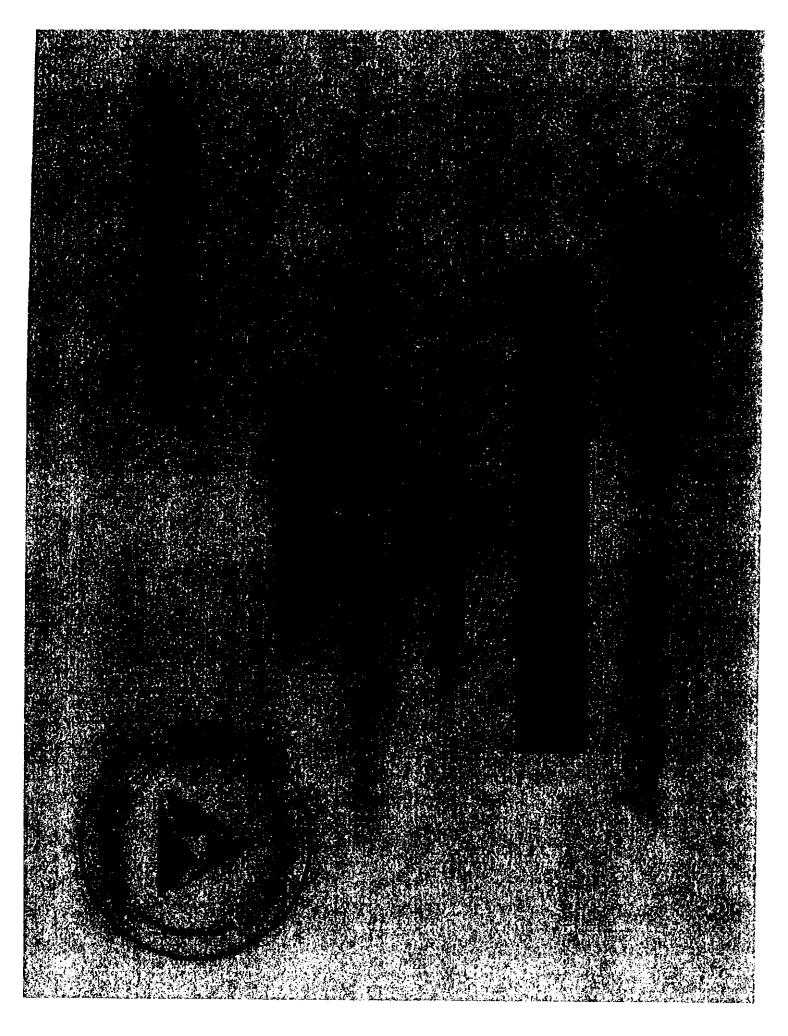
Revised 2/2017

print this page close this window to return

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

I acknowledge that on Thursday, August 16, 2018, I complete	the City's SEXUAL HARASSMENT AWARENESS
(SHA) TRAINING Computer Based Training.	•
Signature	
Please print your name	\
•	\
Lookie/Police office	7
Title	
- Training	
Department/Division	
16 Aug 2018	
Date	





print this page close this window to return

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

I acknowledge that on Thursday, August 16, 2018, I completed the City's SEXUAL HARASSMENT AWARENESS
(SHA) TRAINING Computer Based Training.
Signature
Mark the second of the second
Lookie/Police office
Title
Training
Department/Division
_16 Aca 2018
Date

CITY OF AKRON, OHIO

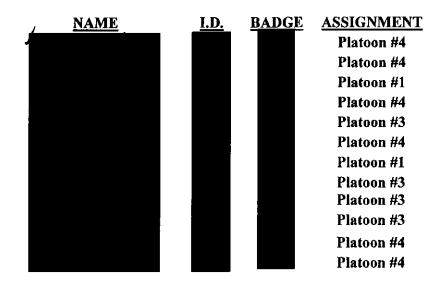
DEPARTMENT

CHIEF'S OFFICE

CHIEF'S DIRECTIVE 2018-CD-69 September 28, 2018

DIRECTIVE

Upon receiving their Oath of Office on Friday, October 5, 2018 at 4:00 p.m. in the Atrium of the Oliver R. Ocasek Government Building, the following twelve (12) officers are transferred from the Services Sub-Division to the Uniform Sub-Division effective Monday,



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

Kenneth Ball II Chief of Police

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S OFFICE

CHIEF'S DIRECTIVE 2018-CD-55 August 1, 2018

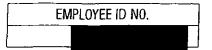
DIRECTIVE

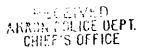
Ten (10) recruits will begin the Akron Police Academy on Monday, The names of these individuals are:



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

Kenneth Ball II Chief of Police





SETUP & CHANGE PERSONAL INFORMATION AUG 14 AM 8: 05

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

Social Security	Number	Last Name		First Name		Middle Name		
New Social Security Number (if applicable)		New Last Nam	ne	New First Name		New Middle Name		
	Street Addre	SS		City and State		Zip Code		
Resident		Phone Number	· · ·	Marital Status	Dial Date	Gender		
cle response below)	(comple	ete the information below)		cle response below)	Birth Date	(Circle response belov		
Yes No	CELL: HOME:					FEMALE		
HS Graduate or Equivalent G-Ba Some College H-So		Year College (achelor's Level ome Graduate (ster's Level Do	Degree School	K-Doct	orate (Academic) orate (Professional) -Doctorate			
tle Last	Mama		rgency Contac Middle N		Street Addre	NPC		
ue Last	Name	First Name	WHOOLE N	aine	Street Admie			
City and State Phone Numb		Phone Number		Relationshij) Code			
		nt I have made on this S er may be grounds for d		e Personal Information fo	rm is true and co	mplete. I understan		
					1 Aug (

2022-09-06 Officer File Review - Bureau of Criminal Investigation Main Office 02/22/2023

EMPLOYEE ACKNOWLEDGMENT

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

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

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

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

		•
\overline{E}_{I}		I.D. No.
		_
	V1. 2-10	
	8 Aug 2018	
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Date		

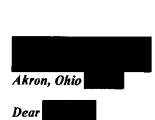






Harold K. Stubbs Justice Center 217 South High Street Akron, Ohio 44308-1682

Kenneth R. Ball II, Chief of Police



I would like to welcome you to the Akron Police Department. Your career as a Police Officer will begin on Monday, promptly at 8:00 a.m. in our Training Bureau. The Training Bureau is located at 800 Dan Street, Akron, Ohio 44310.

The Oath of Office ceremony will be scheduled at a later date.

If you have any questions, please contact Sergeant Daniel Metzger in the Background Investigations Office at 330-375-2643 or via his cellular phone at 330-573-4202.

On behalf of the members of the Akron Police Department, congratulations. We hope your employment with the City of Akron will be a long and gratifying experience for you. You have chosen an honorable career.

Sincerely,

Kenneth R. Ball II Chief of Police

KRB/mel









DO SOLEMNLY PLEDGE

UPON MY HONOR THAT I WILL UPHOLD AND SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE LAWS THEREOF, THE CONSTITUTION OF THE STATE OF OHIO AND THE LAWS THEREOF, THE CHARTER AND ORDINANCES OF THE CITY OF AKRON AND THE RULES AND REGULATIONS OF THE AKRON POLICE DEPARTMENT, AND THAT I WILL FAITHFULLY, HONESTLY AND IMPARTIALLY DISCHARGE AND PERFORM THE DUTIES OF A POLICE OFFICER TO THE BEST OF MY ABILITY.

I DO SO PLEDGE.



Signature

AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS 5TH DAY OF OCTOBER, 2018.







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.
- 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.

Enter any necessary information for a Co	mection to Recon	u, Submillion	y all allected payes		explaining the requ	ested change.
OFFICER INFORMATION 1. Name (Las	t)	(First)	(Mid <u>die)</u>	2. Soci	al Security Number
3. Previous Name(s) or Alias (Last)			(First)		I_	fie)
N/A						
4. Birth date (mm/dd/yyyy) 5. Off	icer's Individual Email	Address			6. Phon	e Number
7. Home Mailing Address (#/Street/PO Box)			(City)	(State)	(Zip Code)	(County Name)
THE THE THE PARTY OF THE PARTY			Akron	OH	(zip code)	Summit
8. Basic Training Academy (Academy	Name)			demy Number)	(Dates of Training)	-
(Only complete if this is the officer's first appointment or OSP) Kent State I	Jniversity Poli	ice Acad	emy			
0.600001						
	ame olice Departm	ent				
10. Reporting Authority's Email Address			11. Agency Phone N			
MLong@akronohio.gov (contact per	rson)		330-375-2244			
12. Agency Mailing Address (#/Street/PO Box) 217 South High Street			(City) Akron	(Zip Code) (County Name) 44308 Summit		
		· · · · · · ·	-		ooc ouim	· inc
APPOINTMENT INFORMATION (CO	mplete Date, Status	and ORC)	13. New Appointmen	nt Date	14. Status Char	ge Date
15. Select New Status V Full-Time For the purpose of this form, full-time means those in active compensation and benefits for 40 hours in a work week or	Part-Time re pay status (including 80 hours In a 14-day	g those on var	Auxiliary cation, sick, bereavemen	Reserve nt, personel or administra	Special tive leave; on compensa	Seasonal lory time or holidays) receiving
16. Select New ORC						
City Full-Time/Part-Time (737.02)	0	ity Auxilian	y/Reserve/Special	(737.051)	City Chief (737.02)	
Village Full-Time/Part-Time/Special (73	7.16)V	illage Auxil	iary/Reserve (737.1	[61]	Village Chief (737.	15)
Township Police Officer (505.49)	T	ownship Co	onstable (509.01)		Other Chief - List	ORC/Charter
Other - List ORC/Charter	0	eputy Sher	iff (311.04)		Sheriff (311.01)	
ATTESTATION OF REPORTING AUT	THORITY	own fre	ee will and volition. I rrect and is based o	attest that the infor	mation provided on Medge or inquiry.	nts and I sign it of my this document is true further understand and ation.
17. Signature of Reporting Authority	18. Printed Nar	ne and Title			19. Dale	
full fruitt	Kenneth	R. Ba	II II, Chief of	Police		
26. Signature of Witness	21 Printed Nac		•		22. Dale	, <u>, , , , , , , , , , , , , , , , , , </u>
Warlene E. Lon		Marlene E. Long, Administrative Assistant I\				
SF400adm/ This fo	/ rm may be email	led to: SF	400@ohloattorney	general.gov		

Page 1 of 2 Effective 07/01/2017

2022-09-06 Officer

Officer Name (Last)	(1	(First)		(Middle)	Soci	ial Security Number
23. OATH OF OFFICE						
I do solemnly swear or affirm Laws of the State of Ohio, a	and Laws and Or	port the Constitut Ordinances of the Collity will discharg	political sul	bdivision to which I am ag	f America, to opointed an	he Constitution and d to the best of my
Signature of Appointse				Name of Appointing Authority (Types	d or Printed Legit	b(v)
Mid	Dr	· =- 		Mayor, City of Akro	n	
Signature of Appointing Authority				Title of Appointing Authority (Typed	or Printed Legibly	0
Appointed By (Agency Name and Akron Police Departme Appointment Status (Check Appointment)	d County): ent Summ opriate Box)	Ise additional copi nit	ies of page 2,	as needed, to list the entire 25. From(mm/dd/yyyy):		To(mm/dd/yyyy):
	art-Time	_ Auxiliary	Reserve	Special	Seasonal	
27. Appointed By (Agency Name and				28. From(mm/dd/yyyy): / /		To(mm/dd/yyyy): / /
29. Appointment Status (Check Appro	opnate Box) irt-Time	_ Auxiliary	Reserve	Special	_ Seasonal	
30. Appointed By (Agency Name and				31. From(mm/dd/yyyy):		To(mm/dd/yyyy): / /
32. Appointment Status (Check Appro	opriate Box) rt-Time	_ Auxiliary	Reserve	Special	_ Seasonal	
33. Appointed By (Agency Name and	County):			34. From(mm/dd/yyyy):		To(mm/dd/yyyy):
35. Appointment Status (Check Appro	priate Box) rt-Time	Auxiliary	Reserve	Special	_ Seasonal	
36. Appointed By (Agency Name and	County):			37. From(mm/dd/yyyy):	·	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appro	'	Auxiliary	Reserve	Special	_ Seasonal	
39. Appointed By (Agency Name and	County):		 -	40. From(mm/dd/yyyy):		To(mm/dd/yyyy):

SF400adm Page 2 of 2 Effective 07/01/2017

2022-09-06 Officer

41. Appointment Status (Check Appropriate Box)

____ Part-Time

Full-Time

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

Reserve

40. From(mm/dd/yyyy):

Special

Auxiliary

To(mm/dd/yyyy):

Seasonal



OHIO PEACE OFFICER TRAINING COMMISSION THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has completed the Ohio Peace Officer Basic Training Program

> Conducted by **Kent State University**

> > Awarded on

October 05, 2018

Mike DeWine Attorney General

Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission



Mary E. Davis, Executive Director

Ohio Peace Officer Training Commission

School Commander

BAS18-020 172460

Emergency Management Institute



FEMA

This Certificate of Achievement is to acknowledge that

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

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

Issued this 27th Day of March,





0.3 IACET CEU

Emergency Management Institute



\mathbf{FEMA}

This Certificate of Achievement is to acknowledge that

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

IS-00700.a

National Incident Management System (NIMS)

An Introduction

Issued this 27th Day of March,



Superintendent Emergency Management Institute

0.3 IACET CEU

KENT STATE

Certificate of Completion

Has completed the required 40-hour training and demonstrated proficiency in



Standardized Field Sobriety Testing (SFST) held at the

Kent State University Basic Police Academy - Kent

POBTA BAS

Commander - Wayne R. Parker BTC# Wayn R You

KENT STATE

Certificate of Completion

This Certificate is to certify that



Electronic Speed Measuring Devices: Radar and Lidar THE STATE ST

Kent State University Basic Police Academy - Kent

held at the

POBTA BAS

2022-09-06 Officer



Range Course Results Type: Any Officers filtered: 1

	Officer	Date/Time	Training Type	Weapon Type	Manufacturer	Model	Serial #	Result	Notes
73	3	03/02/2022 13:00	Rifle	Rifle	Aero Precision			Passed	
73	3	12/15/2021 19:30	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
73	3	08/09/2021 13:00	Rifle	Rifle	Aero Precision			Passed	Failed first then passed
73	3	04/20/2021 12:30	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
73	3	08/24/2020 08:00	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
73		08/24/2020 08:00	Rifle	Rifle	Aero Precision			Passed	
73		01/21/2020 21:30	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
73		09/27/2019 13:00	Rifle	Rifle	Aero Precision			Passed	
73		08/16/2019 13:00	Rifle	Rifle	Colt	M-16		Passed	
73		07/16/2019 13:00	Shotgun	Shotgun		590- A1		Passed	
73		05/29/2019 13:00	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
73		09/20/2018 08:00	Shotgun	Shotgun		590- I		Passed	
73		09/18/2018 08:00	Rifle	Rifle		VI-16		Passed	
73		09/06/2018 08:00	Duty Pistol Qualification	Semi-Automatic	Glock	G4-17		Passed	

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COMPLETION OF WORK ON SCHEDUL	E		OF WORK	EVALUATOR 2	0	0	-	0	0
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	eager to learn and expand his ki	nowledge base an officer.	conducted 277 self	-initiated stor	s which was	1st among th	-
	officers under my supervision a	nd 4th overall on our shift.	also completed 74	incident rend	orts during th	is time perioc	_
			and tompleted .		i o am mg an	is timo periot	
	was credited with ann	rehending an armed suspect v	vho fled from a vehicle o	luring a car cl	nase	recovered	-
	was station with app	terrename an armor suspect t	VIIO II CO II COIII O VCIII CO C	en garage	idsc.	- CCOVCIÇA	
	loaded pistol with a 30 round m	agazine /	also made multiple drug	: r arrecte (incli	ıdina		Ī
	roaded pistor with a 50 round in	agazine (also made munipie did	arrests (men	idilig		1_
: .	. Officer	had three call offe du	iring this evaluation peri	addal.			
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	5. SIGNATURE THIS REPOR	T IS BASED ON MY OBSERVATION AND/OR I	(NOWLEDGE, IT REPRESENTS MY BI	ST JUDGEMENT OF	THE EMPLOYEE'S	PERFORMANCE	
	OF EVALUATOR	999	sla 110	170	4 16486	10/2/14	,
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	1	1800 /0/31/17	11/1/1/			6N20101	C
	7. REPORT-DISCUSSION	PLOYEE IO # DATE	SIGNATURE OF DEPARTMENT H	AD OR AUTHORIZED	REPRESENTATIVE	DATE	-
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	AND DATE	193 11/16/19 MEAN YOU A	SED WITH YOU; IT DOES NOT		TURÉ AI	VO(/C.OI)	-
	BEVISED DATE - MAY 2005	DIV	MAION COPY				-

	LUTEE FENFUNIVIA	ANUE EVALUATI	UN REP	UHI		CSC
- EMPLOYEE NAME	DIVISION		CLASS TITLE			
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FROM 8/6/18 TO 08	MERIT INCREASE DAȚE		RETURN ORK PERSONNEL	GINAL TO DEPARTMEN	T BY 06/	02/19
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7. REPORT DISCUSSION		MPLOYEE: YOUR SIGNATURE				
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AND DATE 2 203/1	2320 5/15/19 WAS DISCUS	SED WITH YOU; IT DOES NOT GREE.	EMPLOY	LES SIGNATURE	AND DATE	101
REVISED DATE - MAY 2005	DIVISION	COPY				·

CITY OF AKRON EIVI	FLUTEE		ANUE EVAL	UATION HEP					csc
COMPLOTEE NAME		Police: Unifo	rned	Police 0:		r			
EVALUATION 8/6/18 TO	11/03/18	MERIT INCREASE DATE		RETURN ORI PERSONNEL	DEPAR	TMENT			18
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OF EVALUATOR	Was	- 11928	1/8/18	Capt. Myd	4 115	507	11.	10-1	3
6. REVIEWER: I APPROVE THIS REF	A 1 SIGNATURE PORT IN TERMS OF	PROCEDURE, CONTENT	THIS IS TO CERTIFY THA	VALUATOR 2 SIGNATURE N SUCCESSFUL COMPLETION AT THIS EMPLOYEE SHOULD	EMP OF PRO	LOYEE IO	ERIOD:		DATE
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	MPLOYEE ID #	// (JAYE / / A	SIGNATURE OF DEPAR	TMENT HEAD OR AUTHORIZI	O REPRE	SENTATI	VE	DATE	
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AND DATE	- /1-//0	MEAN YOU A						E	
REVISED DATE - MAY 2005		DIVISION	COPY						

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CITY OF AKRON EMPLOYE NAME		ANCE EVALUA			<u> </u>			CSC 1-0
CIVIL COTEL NAME	DIVISION Police Unifo	ormed	CLASS TITL	_	r			
EVALUATION 8/6/18 TO 05/02/19	MERIT		RETURN OR PERSONNEL	IGINAL	то		E/02	/10
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OF EVALUATOR	283 (7300 EMPLOYEE ID #		SA Z SIGNATURE	Mrs. EMPL	OYEE IO	Son)	143	ATE
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CITY OF AKRON EMI	PLOYEE F		ORM	ANC	E EVA	LUAT				Γ			CSC 1-C
EMPLOTEE NAME	I	O) TOB INISION	Un 1 Fo	rmed			1	SS TITLE).CB ():	-	J.			
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was credited with appr	ehending an a	med sus	spect w	ho fle	d from a v	ehicle d	uring	a car cl	hase.		rec	overe	d
oaded pistol with a 30 round ma	gazine			also n	nade multi	ple drug	arrest	s (inch	uding				
Officer	had th	ree call	offe du	rina th	is evaluat	ion nerio	તડ્ડ						
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OF EVALUATOR	Larry		HITLIVA K	,		ENISMI DE	31 3000	EMENI O	r inc emi	// <i>/</i>	S PEHFUI	HMANUE.	la.
EVALUATOR	I SIGNATURE	7.3CY EMPLOYEE) [0/21	DATE	EVALUATOR	2 SIGNA	TURE	1 /9 EMP	LOYEE IC) #	10/2/ ₂	ATE
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CITY OF AKRON EMPLOYEE BENEFITS 2019 NOV -8 PH 4: 12

	EMPLOYE	DIVISION		MINCE EVA	LUAII	CLASS TITLE					CS
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EVALUATION FROM	TO	MERIT INCREAS	E DATE			RETURN OR PERSONNEL	DEPAR	TMENT			
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EMPLOYEE RECURDS

Name:				ID:	Badge#:	Payre	oll ID:
SSN:	DO	B:	Status	: ACTIVE	Ser	vice Date:	08/06/2018
Appointed:	08/06/2018	OPOTC: 10/0	5/2018	Sworn In	: 10/05/2018	Separation	on:
PROMOTION	<u>NS</u>						
NOTES							
C	CELL #:						
<u>ASSIGNMEN</u>	NTS						
10-08-2018	•	PLATOON 4 7P	M-3:30AN				
10-05-2018	SWORN IN		001/0011				
08-06-2018	SERVICES,	RECRUIT SCH	OOL/POLI	CE ACADEM	IY		
TRAINING							
01-14-2019	ELECTRON	IIC CONTROL D	EVICE US	SER			
10-04-2018	RTF/SUBJE	CT CONTROL					
10-03-2018	LEGAL UP	DATES					
10-03-2018	BODY WOR	RN CAMERAS B	WC				
10-03-2018	IMPROVING	G PERFORMAN	CE THRO	UGH ANALYS	SIS		
10-03-2018	COMMUNIT	Y ENGAGEMEN	NT/OFFICE	ER WELLNES	SS		
09-12-2018	ELECTRON	IIC CONTROL D	EVICE US	SER			
08-30-2018	MOBILE FIE	ELD FORCE					
08-06-2018	RECRUIT S	CHOOL/POLICE	E ACADEN	/IY - FAST TF	RACK ACADEM	Y SESSION	
03-27-2018	IS-00700.A	- NATIONAL INC	CIDENT M	ANAGEMEN ⁻	T SYSTEM (NIN	/IS) - AN INT	RODUCTION
03-27-2018	IS-00100.B	- INTRODUCTION	ON TO INC	DENT COM	MAND SYSTEN	/I - ICS-100	
02-12-2018	PEACE OF	FICER BASIC TI	RAINING F	PROGRAM			
02-12-2018	STANDARD	IZED FIELD SO	BRIETY T	ESTING (SF	ST)		
02-12-2018	ELECTRON	IIC SPEED MEA	SURING [DEVICES: RA	DAR AND LIDA	۱R	
COMPLAINT	<u>'S</u>						
DISCIPLINE	<u>S</u>						
FILE REVIE	<u>NS</u>						
SHOTS FIRE	<u></u>						
AWARDS							

Page 1 of 2

SPECIAL UNITS

	Basic Training				
School Number	(Facility Name (School Facility) (Facility)	From Date (Scho 1	To Date (School) E	xam Date	Certificate Numb Certificate Date
BAS18-020	Kent State University	2/12/2018	6/22/2018	7/17/2018	10/5/2018

Employment History				
Officer Name (Officer) (Officer)	Agency Name (Agency) (Agency)	Start Date	Employment Dat End Date	Employment Dat Emp. Status (Emp
	Akron Police Department	10/5/2018	3 Appointment	Full-time