



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



2022-1356

Officer-Involved Critical Incident - 1659 S. Main Street, Akron, Ohio
44301

Investigative Activity: Personnel File Review

Involves: Officer ██████████ ██████████

Authoring Agent: Special Agent ██████████ 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 May 29, 2020.

Training:

Officer ██████████ attended and completed the Ohio Peace Officer Basic Training Program at the Akron Police Academy on May 29, 2020.

Firearm Qualifications:

Officer ██████████ qualified with his Glock 19 duty issued semi-automatic pistol, bearing serial number ██████████ on April 15, 2021.

Most recently, Officer ██████████ had "Rifle" training using a Bushmaster Rifle, bearing serial number ██████████ on February 2, 2022, and "Low Light" training using his Glock 19 duty weapon on December 21, 2021.

Officer ██████████'s personnel 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 ██████████ Citation and Awards
- Attachment #07: 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.

Contact Information -- Person ID: [REDACTED]

Name: [REDACTED] Address: [REDACTED] US
 Home Phone: [REDACTED] Alternate Phone: [REDACTED]
 Email: [REDACTED] Notification Preference: Email
 Former Last Name: [REDACTED] Month and Day of Birth: [REDACTED]

Personal Information

Can you, after employment, submit proof of your legal right to work in the United States? Yes
 What is your highest level of education? Bachelor's Degree

Preferences

Types of positions you will accept: Regular
 Types of work you will accept: Full Time , Part Time
 Types of shifts you will accept: Day , Evening , Night , Rotating , Weekends , On Call (as needed)

Objective

Education

College
 University of Akron
 8/2010 - 5/2016
 Akron, Ohio
 Did you graduate: Yes
 College Major/Minor: Sociology/criminology and law enforcement
 Units Completed: 8 Semester
 Degree Received: Bachelor's

High School
 LOUISVILLE HIGH SCHOOL
 8/2006 - 8/2010
 LOUISVILLE, Ohio
 Did you graduate: Yes
 Highest Level Completed: Other
 Did you receive a GED?
 Degree Received: High School Diploma

College
 University of Akron
 [Unspecified Start] - [Unspecified End]
 Akron, Ohio
 Did you graduate: Yes
 College Major/Minor: Criminal Justice
 Units Completed: 4 Semester
 Degree Received: Associate's

Work Experience

Security Officer
 4/2017 - Present
 Ohio State University Wexner Medical Center Security Services
 410 W 10th ave
 Columbus , Ohio 43210
 Hours worked per week: 40
 Monthly Salary: \$2,500.00
 Name of Supervisor: Greg Lance - Security Lieutenant
 May we contact this employer? Yes

Duties

patrol and respond to emergencies on hospital property.

Security officer
 1/2017 - 3/2018
 Hours worked per week: 40
 Monthly Salary: \$1,400.00
 Name of Supervisor: Jeff Smith - Security



DANIEL HOUBIGAN, MAYOR

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: [REDACTED] Social Security Number: [REDACTED]

First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED]

*If you have had a name change please submit a copy of your social security card with this form.

Date of Birth: [REDACTED] Gender: Male Female

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED]

Home Phone Number: [REDACTED]

Please check your preferred method of contact below:

Phone Mail E-mail

Marital Status:

Single Divorced
 Married Widowed
 Separated

Highest Education Level completed:

Less than HS graduate 2-year College Degree Doctorate (Academic)
 HS graduate or equivalent Bachelor's Level Degree Doctorate (Professional)
 Some College Some Graduate School Post-Doctorate
 Technical School Master's Level Degree

First Name: [REDACTED] Last Name: [REDACTED] Phone Number: [REDACTED]

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Relationship to Employee: [REDACTED]

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.

Signature: [REDACTED]

Date: 5/31/2020

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

Revised 2/2017

CITY OF AKRON, OHIO

DEPARTMENT
CHIEF'S OFFICE

CHIEF'S DIRECTIVE
2020-CD-57
October 13, 2020

DIRECTIVE

Effective Monday, [REDACTED] the following transfers* are made in the Akron Police Department:

Officer [REDACTED]
I.D. # [REDACTED]

Uniform
Sub-Division
Platoon #5
11:00AM-7:30PM

Uniform
Sub-Division
Platoon #1
10:30PM-7:00AM

Officer [REDACTED]
I.D. # [REDACTED]

Uniform
Sub-Division
Platoon #5
11:00AM-7:30PM

Uniform
Sub-Division
Platoon #1
10:30PM-7:00AM

Officer [REDACTED]
I.D. # [REDACTED]

Uniform
Sub-Division
Platoon #5
11:00AM-7:30PM

Uniform
Sub-Division
Platoon #1
10:30PM-7:00AM

Officer [REDACTED]
I.D. # [REDACTED]

Uniform
Sub-Division
Platoon #5
11:00AM-7:30PM

Uniform
Sub-Division
Platoon #4
7PM-3:30AM

Officer [REDACTED]
I.D. # [REDACTED]

Uniform
Sub-Division
Platoon #5
11:00AM-7:30PM

Uniform
Sub-Division
Platoon #4
7PM-3:30AM

Effective Monday [REDACTED] the following transfers* are made in the Akron Police Department:

Officer [REDACTED]
I.D. # [REDACTED]

Uniform
Sub-Division
Platoon #5
11:00AM-7:30PM

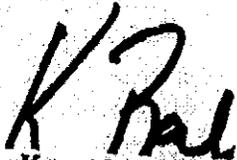
Uniform
Sub-Division
Platoon #1
10:30PM-7:00AM

Officer [REDACTED]
I.D. # [REDACTED]

Uniform
Sub-Division
Platoon #5
11:00AM-7:30PM

Uniform
Sub-Division
Platoon #4
7PM-3:30AM

*Based on 2-year rule.


Kenneth R. Ball II
Chief of Police

CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S DIRECTIVE

POLICE DIVISION

2022-CD-67

June 27, 2022

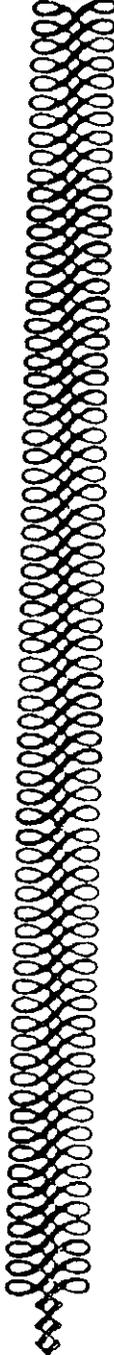
DIRECTIVE

Effective Monday, June 27, 2022, the following officers are placed on Administrative Leave with pay per procedure following a critical incident:

Officer	[REDACTED]

Stephen L. Mylett

**Stephen L. Mylett
Chief Of Police**



I, [REDACTED] DO SOLEMNLY PLEDGE

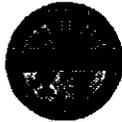
UPON MY HONOR THAT I WILL UPHOLD AND SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE LAWS THEREOF, THE CONSTITUTION OF THE STATE OF OHIO AND THE LAWS THEREOF, THE CHARTER AND ORDINANCES OF THE CITY OF AKRON AND THE RULES AND REGULATIONS OF THE AKRON POLICE DEPARTMENT, AND THAT I WILL FAITHFULLY,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

I DO SO PLEDGE.

[REDACTED] Signature

AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS [REDACTED]

D. Horrigan
DANIEL HORRIGAN, MAYOR



DAVE YOST
OHIO ATTORNEY GENERAL



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

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 ((SF400@ohioattorneygeneral.gov), fax or mail.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
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.

OFFICER INFORMATION		1. Name (Last)	(First)	(Middle)	2. Social Security Number
3. Previous Name(s) or Alias (Last)		(First)			(Middle)
4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address			6. Phone Number	
7. Home Mailing Address (#/Street/PO Box)		(City)	(State)	(Zip Code)	(County Name)
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name) Akron Police Department	(Academy Number)	(Dates of Training)	

AGENCY INFORMATION		9. Agency Name Akron Police Department			
10. Reporting Authority's Email Address chiefsaide@akronohio.gov		11. Agency Phone Number 330-376-2244			
12. Agency Mailing Address (#/Street/PO Box) 217 S. High Street		(City) Akron	(Zip Code) 44308	(County Name) Summit	

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New 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)	

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 <i>K. Ball</i>	18. Printed Name and Title Kenneth R. Ball, Chief of Police	19. Date	
20. Signature of Witness <i>C.A. Brown</i>	21. Printed Name (First, Middle, Last) Charles A. Brown	22. Date	

SF400adm
Page 1 of 2
Effective 02/05/2019

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

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 will discharge the duties of this office.


Signature of Appointing Authority

Daniel Horrigan

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, City of Akron

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		

Securitas
255 Philipi Road
Columbus, Ohio 43288
[REDACTED]

supervisor
May we contact this employer? Yes

Duties

Working at a pharmacy assisting with employee needs as well as escorting schedule 2 drugs for shipment.

Reason for Leaving
new job

Youth Specialist
7/2016 - 12/2016

Hours worked per week: 50
Monthly Salary: \$2,500.00
Name of Supervisor: Lowe - Operations Manager
May we contact this employer? Yes

Department of Youth Services
640 Island Road
Circleville, Ohio
[REDACTED]

Duties

Supervising juveniles in a correctional setting.

Reason for Leaving
Job did not fit what I wanted to do

Security Guard
12/2014 - 6/2016

Hours worked per week: 38
Monthly Salary: \$1,600.00
Name of Supervisor: Alan Swaggard - Sargent
May we contact this employer? Yes

1st security services of ohio
Brunswick, Ohio

Duties

Working at Spring Hill Apartments keeping the community safe and going on calls for illegal activity. Working with Akron Police Department with persons of interest.

Reason for Leaving
new job

Warehouse worker
10/2015 - 5/2016

Hours worked per week: 20
Monthly Salary: \$800.00
of Employees Supervised: 0
Name of Supervisor: Frank Moretto - Supervisor
May we contact this employer? Yes

Fastenal
940 W Wilbeth Rd
Akron, Ohio 44314
[REDACTED]

Duties

Supervises all receiving and material handling aspects at the company

Reason for Leaving
Obtained degree and looking for work in my field

Security Guard
5/2013 - 11/2014

Hours worked per week: 40
Monthly Salary: \$1,600.00
of Employees Supervised: 4
Name of Supervisor: Adam Dauberman - Sergant
May we contact this employer? Yes

Brawnstone Security
Canton, Ohio

Duties

11/27/2019

Armed guard at a post in akron ohio (Spring Hill Apartments) Patrolling the property and going on calls dealing with illegal activity. Having a working relationship with Akron police Department with people of interest.

Reason for Leaving

Company left post that i was working and i stayed with the property to work for the next company that worked the post

Certificates and Licenses

Skills

Office Skills

Typing:

Data Entry:

Additional Information

Volunteer Experience

Worked with kids as a baseball coach. Helped with life direction and the value of hard work and dedication for 3 years.

References

Professional

Former security supervisor

Professional

OSUWMC Security Lieutenant

Columbus, Ohio 43210

Resume

Text Resume

Attachments

Attachment	File Name	File Type	Created By
Transcripts	Transcripts	Transcripts	Katherine Archual
residency form 2019		Other	Kris Ringer

Agency-Wide Questions

1. Q: Applicants are eligible for Residency Preference Points in accordance with Section 106a of the Akron City Charter. A candidate who obtains a passing grade on an examination, shall have twenty percent (20%) of such grade added to the examination score provided the candidate has been a resident citizen within the corporate limits of the City of Akron continuously for at least one year immediately prior to the date of examination and remains a resident citizen of the City of Akron throughout the remainder of the selection process. Do you live within the corporate limits of the City of Akron?

A: No

2. Q: How many months have you continuously lived at your present address?

A: 11

3. Q: List all addresses where you have resided in the previous year including the dates you resided at each address.

A: Columbus ohio, columbus ohio

11/27/2019

4. Q: Indicate an alternate contact person and telephone number.
A: [REDACTED]
-
5. Q: Have you ever been employed by the City of Akron?
A: No
-
6. Q: Are you currently a permanent City of Akron employee in the classified service?
A: No
-
7. Q: If you were previously employed by the City of Akron, please indicate positions held and dates of employment.
A:
-
8. Q: Have you ever been terminated from a public agency?
A: No
-
9. Q: If you have been terminated from a public agency, please indicate the employer, date of termination and reason.
A:
-
10. Q: How did you hear about the position? Check all that apply.
A: Job Fair
City of Akron Employee

Supplemental Questions

1. Q: Did you graduate from an accredited high school or do you have a GED certificate?
A: Yes
-
2. Q: Applicants must be between the ages of 21 and 40 at the time of the written examination. What is your full date of birth? (MM/DD/YYYY)
A: [REDACTED]
-
3. Q: Will you be between the ages of 21 and 40 at the time of the examination?
A: Yes
-
4. Q: Select the category that defines your date of birth.
A: Born between May 10, 1978 and May 12, 1998.
-
5. Q: Do you possess a valid driver's license?
A: Yes
-
6. Q: Is your driver's license currently suspended?
A: No
-
7. 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
-
8. 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 Room 102, Municipal Bldg., 166 S. High St, or email them to krininger@akronohio.gov.

A: Yes

9. Q: Are you currently on probation, parole or supervised release?

A: No

10. Q: Are you prohibited by law from acquiring, having, carrying, or using firearms?

A: No

11. Q: Are you currently certified or in the process of becoming certified by the Ohio Peace Officer Training Commission (OPOTC)?

A: No

12. Q: If you have received OPOTC certification, what are the dates of your most recent commission?

A:



11/27/2010

12/9



HIRE/PERSONNEL ACTION FORM

[Redacted]

Employee Information

Employee: [Redacted]
 Address 1: [Redacted]
 Address 2:
 City: Columbus State: Ohio Zip: [Redacted]
 Phone: [Redacted]

Hire Information

Person ID: [Redacted]
 Job Class #: 510S Job Class: Police Officer
 Hire Date: 12/09/19 Pay Rate: \$0.00
 Department: Public Safety Department
 Division: Police Uniformed Division - 751
 Hire Req. #: 2019-00234 Job Term: Permanent

Desired start date as listed above is not guaranteed. Employee must not work until final approval is received from Human Resources.:

NOTE: For Promotion, Transfer, or Demotion, the Hire Date above is the effective date: This is a Hire

Enter the direct supervisor of this employee as of the start date:: Jerry Forney

Employee ID:

Pay Grade and Step: 80-3

Appointment Actions: Employment

Change Actions:

Appointment Code: Permanent Full-Time
Probation New

Status Code: Active

List Code: Open

Position Number: 00001393

[Redacted]

12/16/2019

SSN (DEPARTMENT OF HR USE ONLY):

Marital Status (DEPARTMENT OF HR USE ONLY):

Comments: 10000-130100

Approvers		
Division Manager	BALL II, KENNETH	12/04/19 03:27 PM
Mayor	Akron, Mayor	12/04/19 03:35 PM

Printed on December 05, 2019



12/05/2019



City of Akron Setup & Change Personal Information

Employee

[Redacted]

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

[Redacted]

Social Security Number

[Redacted]

First Name

[Redacted]

Middle

[Redacted]

Last Name

[Redacted]

Date of Birth

[Redacted]

Gender

- Male
- Female

*If you have had a name change please submit a copy of your social security card with this form.

Street Address

[Redacted]

City

Fairlawn

State

Ohio

Zip Code

[Redacted]

E-mail Address

[Redacted]

Cell Phone Number

[Redacted]

Home Phone Number

Please check your preferred method of contact below:

- Phone
- Mail
- E-mail

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

[REDACTED]

Last Name

[REDACTED]

Phone Number

[REDACTED]

Street Address

[REDACTED]

City

Fairlawn

State

Ohio

Zip Code

[REDACTED]

Relationship to Employee:

[REDACTED]

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.

Signature

[REDACTED]

Date

12/05/2019

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

*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. I must meet and maintain the requirements of a background investigation, including a criminal background check;
2. Physical fitness testing;
3. A complete medical examination;
4. A psychological evaluation;
5. 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 I am hired;
8. If conditions one through seven are met, I understand that I must also become certified through the Ohio Peace Officer Training Commission ("OPOTC"). If required by the City, I will attend and must successfully complete a Peace Officer Basic Training Academy, which academy may be selected by the City of Akron. OPOTA curriculum and training requirements are subject to change; however it usually includes passing physical fitness requirements, skill assessments and a written examination, and completing a required amount of hours of training. If I am currently certified by OPOTC, I must maintain my certification. I also understand that I must attend and successfully complete any additional training that may be required by the City of Akron.

OPOTA training and certification process must be successfully completed by or before June 20th 2020.

I understand that this offer is conditional subject to all the requirements listed above being met. This offer may be 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 hiring, 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.



AGREEMENT

I, [REDACTED], am scheduled to be enrolled in an Ohio Peace Officer training academy starting Nov. / Dec. 2019 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.

[REDACTED]

Applicant (Print)

[REDACTED]

Signature

11/27/19

Date

Sgt. Nate Milstead

Witness (Print)

[Signature] 1315

Witness (Signature/Date)

[REDACTED]



DANIEL HARRIGAN, MAYOR

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: [REDACTED] Social Security Number: [REDACTED]

First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED]

*If you have had a name change please submit a copy of your social security card with this form. Date of Birth: [REDACTED] Gender: Male Female

Contact Information

Street Address: [REDACTED]

City: Copley State: OH Zip Code: [REDACTED]

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED]

Home Phone Number: [REDACTED]

Please check your preferred method of contact below:
 Phone Mail E-mail

Personal Information

Marital Status: Single Divorced Married Widowed Separated

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 an emergency please contact:

First Name: [REDACTED] Last Name: [REDACTED] Phone Number: [REDACTED]

Street Address: [REDACTED]

City: Copley State: OH Zip Code: [REDACTED]

Relationship to Employee: [REDACTED]

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.

Signature: [REDACTED]

Date: 5/21/2020

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

Revised 2/2017

CITY OF AKRON
EMPLOYEE RECORDS
2020 MAR 18 AM 9:38

print this page
close this window to return



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

I acknowledge that on Friday, December 20, 2019, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.

[Redacted]

[Redacted]

Please print your name

Police Recruit

Title

APD / Uniform division

Department/Division

1/8/20

Date

2020 JAN 22 PM 3: 24

[Redacted]

12/20/2019

[print this page](#)
[close this window to return](#)

TRAINING EVALUATION
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING

Your assessment of this program can help us improve future computer-based training courses. Please express your candid opinions by rating each item with the answer that best describes your reaction. Upon completion, return evaluation to Myra Snipes, Training/EEO Division, Suite 100 - CitiCenter.

1. The computer based Training course I am evaluating is
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING
2. Before taking this computer-based training (CBT) course, your knowledge and understanding of the subject is
 Above average
 Average
 Below average
 Unsure
3. Approximately, how long did it take you to complete the CBT course?
 Less than 30 minutes
 30 - 55 minutes
 1 - 2 hours
 3 - 4 hours
4. The quality of sound is
 Excellent
 Good
 Average
 Below average
5. After taking this computer-based training, your knowledge and understanding of the subject is
 Above average
 Average
 Below average
 Unsure
6. The computer-based training course is
 Very user-friendly
 Moderately user-friendly
 Not very user-friendly
 No opinion

Additional Comments:

12/20/2019



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

This is to certify that



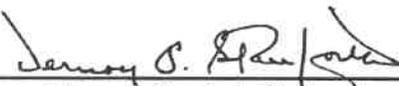
has completed the Ohio
Peace Officer Basic Training Program

Conducted by
Akron Police Department

Awarded On
May 29, 2020



Dave Yost
Attorney General



Vernon P. Stanforth, Chairman
Ohio Peace Officer Training Commission





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

School Commander

BAS19-090 200554

CERTIFICATE OF COMPLETION

This is to certify that

Has completed all training requirements as set forth in the

The Street Smart Cop/Pro-Active
Patrol Tactics (1 Day Course)



Dennis Benigno
Founder, Instructor

CERTIFICATE OF ATTENDANCE

This is to certify that



Has attended

The Gun Game



Tommy Brooks

Presenter

A handwritten signature in black ink, appearing to read 'DB', written over a horizontal line.

Dennis Benigno
Founder

OHIO ATTORNEY GENERAL
- RECOGNITION OF COMPLETION AWARD -

This certificate of completion is awarded to:

[Redacted Name]

For successfully completing the Webcast course

OHLEG Security Training

Issued on

[Redacted Date]

Expires in 2 years

Joseph A. Morbitzer

Joseph A. Morbitzer, BCI SUPERINTENDENT

* No CPT Hours

[Redacted Hours]





CENTRAIFUGE TRAINING, LLC

This hereby certifies that

Successfully completed the One Day VCCBO® for End Users course and has received 8 hours of training credit

Shawn Lingofelter

INSTRUCTOR

DATE

Expiration Date: [REDACTED]
Serial Number: [REDACTED]



Akron Police Department Weapons Training Report

Range Course Results
Type: Any
Officers filtered: 1

6 results returned

ID	Officer	Date/Time	Training Type	Weapon Type	Manufacturer	Model	Serial #	Result	Notes
		02/02/2022 08:00	Rifle	Rifle	Bushmaster			Passed	
		12/21/2021 05:00	Low Light	Semi-Automatic Pistol	Glock	G5-19		Passed	
		08/16/2021 10:00	Rifle	Rifle	Bushmaster			Passed	
		04/15/2021 12:30	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G5-19		Passed	
		01/12/2021 05:00	Low Light	Semi-Automatic Pistol	Glock	G5-19		Passed	
		05/07/2020 08:00	Rifle	Rifle	Bushmaster			Passed	

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 12/01/19 TO 03/07/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/07/20

EMPLOYEE ID
[REDACTED]

TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE USE #2 PENCIL

EVALUATOR 1 ID
[REDACTED]

ITEMS MO: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	FACTORS YR: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9																																																																														
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4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

RECRUIT [REDACTED] IS PERFORMING AS EXPECTED ^{OF} AN EMPLOYEE AT THIS POINT IN HIS TRAINING.

5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] 10791 3/2/20 EVALUATOR 2 SIGNATURE: [Signature] 10948 3/1/20

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] 10649 3/12/2020

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] 3/13/20

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

DATE: 3/13/2020

CITY OF AKRON

EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
-----------------------------	------------------------------	-------------------------------

EVALUATION FROM 12/9/19 TO 03/07/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/07/20
--	---------------------	---

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 1097	PLEASE USE #2 PENCIL			
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ITEMS	NO.	FACTORS	YR.	80	70	60	90
1. MARK PERFORMANCE IN ITEMS WHICH ARE JOB-RELATED WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE-OUT ITEMS WHICH ARE NOT JOB-RELATED	3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.					
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	QUALITY OF WORK	EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		QUANTITY OF WORK	EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> RELIABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	ATTENDANCE	EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK	WORK HABITS	EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> COOPERATION & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	RELATIONSHIP WITH OTHERS	EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

REQUIRE [REDACTED] IS PERFORMING AS EXPECTED OF AN EMPLOYEE AT THIS POINT IN HIS TRAINING

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] 10791 3/2/20 EVALUATOR 2 SIGNATURE: [Signature] 10948 3/11

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] 10649 3/12/2020

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: 3/12/2020

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] 3/13/20

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

EMPLOYEE'S SIGNATURE AND DATE: [Signature] 3/13/2020

REVISED DATE - MAY 2005

DIVISION COPY

CITY OF AKRON
EMPLOYEE NAME

EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC 11

DIVISION
Police Uniformed

CLASS TITLE
Police Officer

EVALUATION FROM 05/29/20 TO 11/24/20

MERIT INCREASE DATE

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 11/27/20

PLEASE USE #2 PENCIL

EMPLOYEE ID

STD	EMPLOY PROBATION			SEASON TEMP			PROM TRANSFER	
	45 DAY	90 DAY	180 DAY	45 DAY	90 DAY	FINAL	45 DAY	90 DAY
INTERIM								
6-MONTH								

EVALUATOR ID

1
2
3
4
5
6
7
8

<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

ITEMS MO: 123456789101112

FACTORS YR: 12345678910

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:
- = STRONG
 - = STANDARD
 - = WEAK
2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED
- ACCURACY
 - THOROUGHNESS
 - NEATNESS OF WORK PRODUCT
 - AMOUNT OF WORK ACCOMPLISHED
 - COMPLETION OF WORK ON SCHEDULE
 - ADHERENCE TO WORKING HOURS
 - DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE
 - DILIGENCE, EFFORT
 - COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES
 - OBSERVANCE OF WORK RULES, SAFETY
 - CONDUCT & COOPERATION WITH SUPERVISION
 - CONDUCT & COOPERATION WITH CO-WORKERS
 - PLANNING, ORGANIZING, ASSIGNING
 - TRAINING & INSTRUCTING
 - DISCIPLINARY CONTROL

3. EVALUATE PERFORMANCE BY

BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

	60	70	80	90	95
QUALITY OF WORK					
QUANTITY OF WORK					
ATTENDANCE					
WORK HABITS					
RELATIONSHIP WITH OTHERS					
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)					

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

OFFICER [REDACTED] IS PROGRESSING AS EXPECTED.

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] 17428 EMPLOYEE ID # DATE: 12/13/2020

EVALUATOR 2 SIGNATURE: [Signature] 12061 EMPLOYEE ID # DATE: 12-6-20

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] 11800 EMPLOYEE ID # DATE: 12/16/20

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: _____ DATE: _____

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE

TO THE EMPLOYEE YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE.

EMPLOYEE'S SIGNATURE AND DATE

REVISED DATE - MAY 2015

PERSONNEL COPY

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 12/9/19 TO 04/30/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 05/31/20

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR ID [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	
	6-MONTH				

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12	FACTORS YR: 1 2 3 4 5 6 7 8 9																																																																																				
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Recruit [REDACTED] is performing as expected of an employee at this point. Recruit [REDACTED] has successfully passed all required testing to this point.

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 10791 DATE: 5/20/20

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10948 DATE: 5/21/20

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 10449 DATE: 6/30/2020

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: [Blank]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature]

SIGNATURE AND DATE: [Signature] 5/21/20

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE.

EMPLOYEE'S SIGNATURE AND DATE: [Signature] 5/21/20

CITY OF AKRON
EMPLOYEE RECORDS

9120 JUN 22 PM 2: 38

CITY OF AKRON
EMPLOYEE RECORDS

9120 JUN 30 PM 2: 48

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 06/29/20 TO 10/24/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12-24-20

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM 6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	
	[BUBBLES]	[BUBBLES]	[BUBBLES]	[BUBBLES]	

ITEMS MO: [BUBBLES]	FACTORS YR: [BUBBLES]
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED
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QUALITY OF WORK EVALUATOR 1 EVALUATOR 2	ATTENDANCE EVALUATOR 1 EVALUATOR 2
WORK HABITS EVALUATOR 1 EVALUATOR 2	RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING

EMPLOYEE RECORDS

COMMENT: HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

2020 DEC 29 PM 3:20
[REDACTED] IS PROGRESSING AS EXPECTED.

5. SIGNATURE OF EVALUATOR THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] 17478 EMPLOYEE ID # DATE: 12/3/2020
 EVALUATOR 2 SIGNATURE: [Signature] 13061 EMPLOYEE ID # DATE: 12-6-20

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] 11800 EMPLOYEE ID # DATE: 12/10/20
 SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: [Blank]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:
 SIGNATURE AND DATE: [Signature] 1380
 TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.
 SIGNATURE AND DATE: [Signature] 12/12/20

EMPLOYEE NAME: [REDACTED] DIVISION: POLICE UNIFORM CLASS TITLE: POLICE OFFICER
 EVALUATION FROM: 5/29/20 TO 5/29/21 MERIT INCREASE DATE: RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY:

PLEASE USE #2 PENCIL

EMPLOYEE ID	TYPE OF EVALUATION			
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
	INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY
	6-MONTH			

EVALUATOR 1 ID: [REDACTED]

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Officer [REDACTED] is progressing satisfactorily. Officer [REDACTED] had no call-offs during this period. ^{HOS} 1220

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 1220/16169 DATE: 6/17/21
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10180 DATE: 6-18-21

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ORIGINAL APPOINTMENT PROMOTION

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11800 DATE: 6/22/21
 SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: 6/22/21

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE: [Signature] AND DATE: 6/29/21

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE.

[Signature] 6/29/21

REVISED DATE - MAY 2005

PERSONNEL COPY



OFFICE OF THE
EMPLOYEE RELATIONS

0021 JUL 13 AM 10:38



AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

Name: [REDACTED] ID: [REDACTED] Badge#: [REDACTED] Payroll ID: [REDACTED]

SSN: [REDACTED] DOB: [REDACTED] Status: ACTIVE Service Date: 12/09/2019

Appointed: 12/09/2019 OPOTC: Sworn In: 05/29/2020 Separation:

PROMOTIONS

NOTES

[REDACTED] PHONEE: [REDACTED]

ASSIGNMENTS

10-19-2020 UNIFORM, PLATOON 1 10:30PM-7AM
 08-10-2020 UNIFORM, PLATOON 5 11AM-7:30PM
 06-01-2020 UNIFORM, PLATOON 1 10:30PM-7AM
 12-09-2019 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

TRAINING

03-08-2022 THE GUN GAME
 08-14-2021 VCQB
 01-25-2021 THE STREET SMART COP/PRO-ACTIVE PATROL TACTICS
 05-05-2020 OHLEG SECURITY TRAINING

COMPLAINTS

DISCIPLINES

FILE REVIEWS

SHOTS FIRED

AWARDS

AWARD DATE: 12/8/21

AWARD: SHIFT LEVEL COMMENDATION

NOTE: YOUR ROLE IN THE HANDLING OF THE AGGRAVATED ROBBERY OF THE CVS PHARMACY AT 590 E MARKET ST ON 12/8/21. THIS WAS A RAPIDLY EVOLVING INCIDENT THAT REQUIRED TEAMWORK AND COORDINATION OF INFORMATION TO SUCCESSFULLY RESOLVE. WORKING TOGETHER, OFFICERS TRACKED THE SUSPECTS, DISCOVERED EVIDENCE, ESTABLISHED A PERIMETER, AND USED NEW TECHNOLOGY TO HELP PINPOINT SUSPECT LOCATION. THIS WAS A GREAT EXAMPLE OF OUTSTANDING POLICE WORK

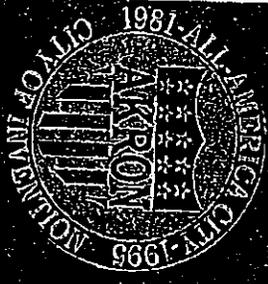
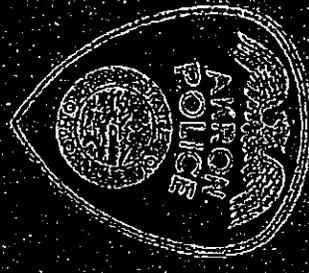
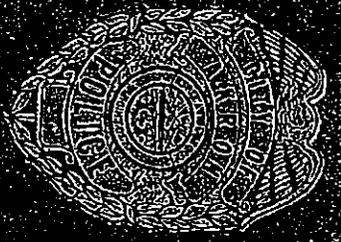


AKRON POLICE DEPARTMENT

EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

SPECIAL UNITS



AKRON POLICE DEPARTMENT

This Citation is awarded to

Officer

[Redacted]

in recognition of

Your role in the handling of the Aggravated Robbery of the [Redacted] at [Redacted] on [Redacted]. This was a rapidly evolving incident that required teamwork and coordination of information to successfully resolve. Working together, officers tracked the suspects, discovered evidence, established a perimeter, and used new technology to help pinpoint suspect location. This was a great example of outstanding police work.

Beth W. S. Giv
Shift/ Unit Commander

Date

[Redacted]



SHERRI BEVAN WALSH
Summit County Prosecuting Attorney
 53 University Avenue, 6th Floor
 Akron, Ohio 44308-1680

File Copy

CHIEF COUNSEL
 Brad Gessner

CRIMINAL DIVISION
 Brian LoPrinzi
 Criminal Chief
 (330) 643-2800
 (330) 643-2137 Fax

CIVIL /TAX DIVISION
 John Galonski
 Civil Chief
 (330) 643-2800
 (330) 643-8540 Fax

JUVENILE DIVISION
 650 Dan Street
 Akron, OH 44310-3989
 (330) 643-2943
 (330) 379-3647 Fax

CHILD SUPPORT DIVISION
 Jennifer Tultz
 Director
 175 S Main Street
 Akron, OH 44308
 (330) 643-2765
 (330) 643-2745 Fax

VICTIM SERVICES
 Crystal Baker
 Director
 (330) 643-2800
 (330) 643-2137 Fax

COMMUNICATIONS
 James Pollack
 Director
 (330) 643-8386
 (330) 643-2137 Fax

COMMUNITY OUTREACH
 Tania Nemer
 Prosecutor
 (330) 643-7751
 (330) 643-2137 Fax

[Redacted]

Chief Kenneth Ball
 Akron Police Department
 217 S. High Street
 Akron, Oh 44308

Dear Chief Ball:

It is with great pleasure that I have named Officers [Redacted] as *Top Cops* for the month of [Redacted]

Officer [Redacted] responded quickly to a shooting call. They maintained a calm demeanor while doing everything in their power to save a victim's life. Their actions were admirable and they deserve to be recognized.

Assistant Prosecutor Greg Peacock nominated your officers as *Top Cops* for their hard work and dedication. Congratulations on having another *Top Cop* in the Akron Police Department. We appreciate your department and all of your officers' hard work.

Sincerely,

Sherril B. Walsh

SHERRI BEVAN WALSH
 Summit County Prosecutor

SBW/mcb

Enclosure

Officer [Redacted] Congratulations on this award. Your actions reflect well on our organization.
Tracy Gory
Acting Chief

██████████ Employment History

Officer Name (Officer)	(Officer)	Agency Name (Agency)	(Agency)	Start Date	Employment Dat	End Date	Employment Dat Emp. Status (Emp)
██████████	██████████	Akron Police Department		5/29/2020	Appointment		Full-time

Basic Training

School Number (Facility Name (School Facility) (Facility)	From Date (Scho	To Date (School)	Exam Date	Certificate Num:	Certificate Date
PSB13-095 Law Enforcement Firearms Training Institute	2/9/2013	2/10/2013			2/10/2013
PSR14-187 Law Enforcement Firearms Training Institute	5/11/2014	5/11/2014			5/11/2014
PSR15-265 Law Enforcement Firearms Training Institute	7/12/2015	7/12/2015			7/12/2015
BAS19-090 Akron Police Department	12/11/2019	4/30/2020	5/18/2020		5/29/2020