

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



2024-1474

Officer Involved Critical Incident - 16100 Van Aken Blvd., Shaker Heights, OH

Investigative Activity:	Records Obtained; Records Reviewed; Personnel File Received; Training File Received
Involves:	(S) Euclid Police Department (O)
Activity Date:	06/11/2024
Activity Location:	4055 Highlander Parkway, Richfield, Ohio 44286
Authoring Agent:	SA Andrew J. Harasimchuk #170
Narrative:	
Andrew Harasimchuk (Hara training file and firearm qua the Euclid Police Departmen	reau of Criminal Investigation (BCI) Special Agent (SA) simchuk) reviewed the previously requested personnel file, alification records for of the (EPD). These files were received from EPD Sergeant Nick or reviewed the attached files and noted the following:
• EPD	- Personnel Files
was appoin	ted to the EPD on
There were multiple letters	of commendation/recognition in file.
There were no records of a the files provided.	ny use of force violations or violations of untruthfulness in
• EPD	- Firearm Qualifications Records
These records contained m However, the Remington 70 12, 2024, was not listed in	
 Eastside Departme Records 	nts Group Enforcement (EDGE) Sniper Qualification
	ith a Remington, model 700, rifle, serial number is rifle is the same make and model that

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



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



2024-1474 Officer Involved Critical Incident - 16100 Van Aken Blvd., Shaker Heights, OH

• EPD - Training Records
has a bachelor's degree in business administration from the University of Toledo.
completed a variety of law enforcement related training topics including firearms related courses and tactical courses.
completed 32 hours of advanced tactical training in 2012 and again in 2013.
completed 16 hours of advanced warrant service tactics training on May 23, 2012.
completed 16 hours of barricaded gunman and advanced tactics training on May 23, 2013.
completed a 40-hour Basic SWAT/Tactical Operator training on October 25, 2013.
completed basic and advanced police sniper school in April 2018.
Ohio Peace Officer Training Academy/Commission Records
In addition to the records received from the EPD, SA Harasimchuk also obtained the Ohio Peace Officer Training Commission (OPOTC) and Ohio Peace Officer Training Academy (OPOTA) records pertaining to These records included the following information:
1. Basic Training
attended basic training at the Cleveland Heights Police Academy from , through certificate number was and the certification date was The school number was

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



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



2024-1474

Officer Involved Critical Incident - 16100 Van Aken Blvd., Shaker Heights, OH

2. Advance Training

OPOTA Advanced Training Records**

Course Title	Start Date	End Date
Policing in the 21st Century: Community Policing Relations Webcast	1/1/2016	12/13/2016
Subject Control Instructor	2/5/2018	2/16/2018

3. Employment History

Appointment History*

Agency	Employee Status	Start Date	End Date
Euclid Police Department	Full-time		

4. Update Training

The records showed numerous OPOTA online courses that have been completed by

5. Current Peace Officer Status

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

References:

None

Attachments:

- 1. Personnel File
- 2. Firearms Qualification Records
- 3. EDGE Sniper Qualification Records
- 4. Training File
- 5. OPOTA Records

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



EUCLID POLICE DEPARTMENT

Scott Mever Chief of Police

545 East 222nd Street (216) 289-8513

Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

June 5, 2023

To:

P.O. B. Moore #57

P.O. D. Reese #91

P.O. I. Tanski #19

P.O. J. Lindsev #20

P.O. J. Selig #17

P.O. J. Mausar #52

P.O. S. Thirion #87

P.O. S. Rivera #82

P.O. K. Blakemore #55

Sgt. V. Williams

Sgt. K. Pavkov

Lt. Walsh

COMMENDATION FOR A JOB WELL DONE

(Re: Incident # on 06-01-23)

You are all to be commended for your police work that ultimately led to the safe seizure of multiple firearms. This call for service involved an adult male in a mental health crises. Family called to report that he was walking around the home, armed with firearms threatening to shoot family members. He had apparently told family that he planned on being shot dead by Police if they entered the home. You were all able to safely resolve this incident and take this male into custody.

Thank you all for your continued commitment to exceptional police work!

Respectfully,

Scott Meyer Chief of Police

cc:

Capt. Cutwright

Lt. Walsh

Capt. Houser

Sgt. V. Williams

Lt. Barron



City of Euclid Police Department

545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234

05-17-2023

COMMENDATION FOR SUPERIOR SERVICE:

Ptl. James Aoki #7

I received a phone call from Indian Hills Manager Jon Herak regarding the outstanding effort and performance of Officers James Aoki and in resolving a chronic issue involving trespassing and criminal damage to the property of the apartment complex Herak manages. The timely and professional arrest of the suspect was of great comfort to management and the residents of the Indian Hills community.

Thank you both for your continued commitment to exceptional police work.

J. Cutwright Captain

Hours reel of the couple you sawed.

you are sure outstanding objects, men, Heros.

So ence again

Jhank of

May the Lord...give you His peace no matter what happens. II THESSALONIANS 3:16 NLT

To you both you have

Our Chestian love

Mixe + Rhonda Isasdon

Tameworth Jx.

NORTH TEXAS TX P&DC DALLAS TX 750 3 JAN 2023 PM 10 L

...and that's when we need a little extra encouragement!

Heave know that we don't believe in defunding the BRAYS.

The BRAYS.

The Society which chases was against the police better learn to made better learn to made peace with its criminals."



EUCLID POLICE DEPARTMENT

Scott Mever Chief of Police 545 East 222nd Street

(216) 289-8513 Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

December 28, 2022

To:

P.O. G. Harper #23

COMMENDATION FOR A JOB WELL DONE

(Re: Incident # on 12-24-22)

You are both to be commended for your police work that ultimately led to the safe removal of two (2) elderly residents from their home, which was becoming engulfed in smoke due to a kitchen fire in that home. Because of mobility issues, both parties had to be carried out of the residence. Thank you for your quick and decisive action. Thank you for putting others before yourself.

Thank you both for your continued commitment to exceptional police work!

Respectfully,

Scott Meyer Chief of Police

cc:

Capt. Cutwright Capt. Houser Lt. Walsh

Dutt In

To: PO Jackson 89

PO Nyman 31

PO Kovach 25

PO Linder 76

PO Wilcox 36

PO Mausar 52

PO Brooks 90

PO Rivera 82

PO Selig 17

PO Gebler 33

LETTER OF RECOGNITION FOR A JOB WELL DONE

(Re: Incident on 9/30/2021)

On 9/30/21 AT 20:04 hours, dispatch received a call of 10 shots fired at 247 E. 255 St with people screaming for help. A vehicle description of a white car with dark tinted windows was reported leaving the scene. Officers were able to observe a car that matched the described vehicle and attempted to follow it. This led to a pursuit as the vehicle refused to pull over. As this unfolded, officers used excellent tactics and communication which helped keep the vehicle in sight. The vehicle excited the freeway and the chase concluded near E.140 and Othello Ave. Although the passenger of the vehicle ran on foot and evaded police, officers were able to safely apprehend the vehicle, driver, and two firearms. As this all unfolded, officers used good judgement and were able to make contact with a victim on scene near the shots fired with a surface level, through and through gun shot wound to his leg. He will survive.

You all used your training to end this situation in the best way possible without any property damage, no officer injuries and an arrest with evidence. I'm incredibly proud to say I work alongside such professionals.

Thank you all for your continued commitment to exceptional police work!

Respectfully,

Sgt. Brooks 188

cc. Chief Meyers

Lt. Holden

Capt. Cutwright

Sgt Zhe 188



EUCLID POLICE DEPARTMENT

Scott Meyer Chief of Police

545 East 222nd Street (216) 289-8513

Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

September 29, 2021

To:

P.O. J. Gebler #33

P.O. J. Selig #17

P.O. B. Wilcox #36

P.O. S. Rivera #82

Det. J. Kroczak #86

Lt. D. Holden

COMMENDATION FOR A JOB WELL DONE

(Re: Incident # on 09-25-21)

You are all to be commended for your police work in the handling of this particularly brutal domestic violence/felonious assault call for service. It was well investigated and documented. Care and compassion shown for the victim. Additionally, excellent follow-vr work done by Det. Kroczak. The two suspects involved appear to have zero care or compassion for their fellow human beings.

Thank you all for your continued commitment to exceptional police work!

Respectfully,

Scott Meyer Chief of Police

SM:kk

cc:

Capt. Cutwright

Lt. Holden

Capt. Houser Capt. Janson

Lt. Arriza



EUCLID POLICE DEPARTMENT

Scott Meyer Chief of Police

545 East 222nd Street (216) 289-8513

Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

March 19, 2021

To:

P.O. J. Aoki #7

P.O. J. Selig #17

P.O. S. Rivera #82

P.O. J. Mausar #52

COMMENDATION FOR A JOB WELL DONE

(Re: "Police Birthday Parade for 100 year old resident")

You are all to be commended for your community outreach efforts involved in the "Police Birthday Parade for a 100 year old resident". Thank you all for your participation in this February 27^{th} event. See the attached thank you card.

Thank you all for your continued commitment to exceptional police work!

Respectfully,

Scott Meyer Chief of Police

SM:kk

cc:

Capt. Cutwright

South In

Lt. Holden

Euclid, OHY HABARI

Dear Chief,
Thonks you and
excitement you and
your officers brought
to my drive-by
100th birthday celebration
It was the best!
Love,
Geneva Green



EUCLID POLICE DEPARTMENT

Scott Meyer Chief of Police

545 East 222nd Street (216) 289-8513

Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

December 9, 2020

To:

P.O. F. Stoldt #54

P.O. R. Jackson #89

COMMENDATION FOR A JOB WELL DONE

(Re: Incident #

on 12-08-20)

You are all to be commended for your police work in the handling of this Aggravated Menacing call for service involving a firearm. Because of your quick and coordinated response, the suspects were located and the illicit handgun used in the crime was located and seized. The recovered handgun was found to be reported as stolen through the Lakewood Police Department.

Thank you all for your continued commitment to exceptional police work!

Respectfully,

Scott Meyer Chief of Police

SM:kk

cc:

Capt. Cutwright

Lt. Holden



EUCLID POLICE DEPARTMENT

Scott Meyer Chief of Police

545 East 222nd Street (216) 289-8513

Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

August 25, 2020

To:

P.O. D. Ferritto #10

P.O. M. Brooks #90

P.O. S. Rivera #82

COMMENDATION FOR A JOB WELL DONE

(Re: CAD # on 08-08-20)

I received a letter from Richmond Heights Police Chief Wetzel, thanking you all for your "professionalism and expertise" while assisting the Richmond Heights PD in dispersing a large crowd from the scene of an investigation. Your assistance was very much appreciated.

Thank you all for your continued commitment to exceptional police work!

Respectfully,

Scott Meyer Chief of Police

SM:kk

cc:

Capt. Cutwright

Auth In

Lt. Holden

Richmond Heights Police Dept.



27201 HIGHLAND ROAD RICHMOND HEIGHTS, OHIO 44143-1429 Phone (216) 486-1234 Fax (216) 383-6322



DAVID H. ROCHE MAYOR

August 12, 2020

Chief Scott Meyer Euclid Police Department 545 East 222nd Street Euclid, Ohio 44123

Dear Chief Meyer,

On behalf of the Richmond Heights Division of Police I would like to express our sincere gratitude for the assistance provided by your officers on Friday, August 7, 2020. At approximately 22:18 hours on that date our officers responded to a large disturbance. Your officers assisted in dispersing the crowd and maintained a safe environment while an investigation was completed. Please relay our thanks and appreciation to your officers for their professionalism and expertise. Thank you for your continued support of our agency and mission.

Respectfully,

Tom Wetzel

Chief of Police

pam

To:

Ptl. Shane Rivera #82,

Ptl. Michael Brooks #90.

Date: August 26, 2020

Letter of Recognition

(Re: 20-05129 August 21st, 2020) Recognition and Commendation of Life Saving Efforts

Gentlemen,

On August 26th, 2020, I responded to the University Hospitals Pediatric Emergency Department on an unrelated follow-up. As I entered the ER, I was greeted by a nurse that stopped to say that our (EPD's) officers did a fantastic job. He went on to explain that Euclid EMS brought in a juvenile that had gone into full arrest on Friday night, August 21st. He told me that the child is still alive due to the officers' quick response and life saving efforts in performing CPR.

As he escorted me through the ER, several other nurses and staff members saw that I was from Euclid PD and wanted to express their thoughts and appreciation. I was advised that the child is still in the Pediatric Intensive Care Unit (PICU), but all the staff were of the opinion that the only reason the child is still alive today was due to your efforts.

All too often, we get caught up in the negative aspects that this job can bring. Many times, we fail to see the impact our job puts us in the position to have. As police officers, we routinely are the first to arrive and can have the greatest ability to make the greatest impact on someone's life. In this case, a young boy suffering a medical emergency was saved because your experience and training prepared you to act decisively and without hesitation. CPR, especially if administered immediately after cardiac arrest, can double or triple a person's chance of survival. About 90 percent of people who experience an out-of-hospital cardiac arrest die.

You should be proud of yourselves! I am proud of you and thank you. I returned to the station and looked up the report. I was impressed after reading your humble account of what took place. It is obvious that the FD and Emergency room staff took notice. Consider this, UH Emergency is a Level 1 trauma center, they see the worst-case scenarios daily. Your actions had such an impact that four days later, they are still talking about it and trying to make sure that you are aware of their appreciation. Excellent work gentlemen! A copy of this letter will be forwarded to your bosses and up the chain of command.

Respectfully,

Sgt. Daniel Novitski

Cc: Chief Scott Meyer Capt. Jeff Cutwright Lt. Donna Holden



EUCLID POLICE DEPARTMENT

Scott Mever Chief of Police

545 East 222nd Street (216) 289-8513

Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

August 25, 2020

To:

P.O. S. Rivera #82

P.O. M. Brooks #90

COMMENDATION FOR A JOB WELL DONE

(Re: Incident # on 08-21-20)

You are all to be commended for your handling of this medical emergency call for service. Prior to Euclid Fire/Rescue arriving on scene, you were able to provide medical care that helped to save the life of the 13 year old who was suffering from a serious medical emergency.

Thank you all for your continued commitment to exceptional police work!

Respectfully,

Scott Meyer Chief of Police

SM:kk

cc:

Capt. Cutwright

Awa B

Lt. Holden



EUCLID POLICE DEPARTMENT

Scott Meyer Chief of Police

545 East 222nd Stree (216) 289-8513

Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

June 12, 2020

Julie 12, 2020

To:

P.O. V. Trusso #85

P.O. R. Jackson #89

P.O. M. Brooks #90

P.O. S. Rivera #82

P.O. D. Ferritto #10

P.O. D. Ivory #19

P.O. J. Selig #17

COMMENDATION FOR A JOB WELL DONE

(Re: Incident # on 06-11-20)

You are all to be commended for your police work that led to the apprehension of four (4) juvenile males involved in an aggravated menacing incident. Because of your quick and coordinated response, the suspects were located and the Smith & Wesson 9mm handgun used in the crime was recovered.

Thank you all for your continued commitment to exceptional police work!

Respectfully,

Scott Meyer Chief of Police

SM:kk

cc: Capt. Cutwright

Lt. Holden

Sutt In



City of Euclid Police Department

545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234

LETTER OF RECOGNITION

March 5th, 2020

Sgt. Vashon Williams Sgt. William Brooks P.O. George Panagiotou #66

On February 27th, 2020, our ten-session Winter In-Service Training course was completed. The training included introduction to various subject control techniques critical to Officer-safety and one-on-one mat drills allowing direct and repeated application of the newly learned skills. This training cadre developed the entire curriculum based upon their wide skill sets and then provided excellent instruction to our agency's personnel. It built on the skills and techniques learned over the past three years of our new subject control training program. With nearly ninety participants in this iteration, not one serious injury was reported over the entirety of the training. Given the physically vigorous nature of the curriculum, this was no doubt to the credit of the excellent instruction and close supervision of the cadre.

Student feedback was consistently positive and shared a common theme; the need for more repetitions so that these newly learned skills would not be forgotten. To that concern, we have begun to move forward with a new open-mat program that will allow Officers to receive training on duty as manpower permits, and also off duty when instructors are available. You have also conceived the clever idea of placing a wrestling mat in the open space of the jail so that it is immediately and always available for training.

I recognize and commend all of you on your exemplary instruction and dedication to the safety of our personnel. It is always a genuine pleasure to work with all of you and I look forward to further developing our training program. A copy of this letter will be forwarded to you supervisors and also through the chain of command.

Sincerely,

Cpt. Mitch Houser



EUCLID POLICE DEPARTMENT

Scott Meyer Chief of Police

545 East 222nd Street (216) 289-8513

Fax: (216) 289-8327 email: smeyer@cityofeuclid.com

October 4, 2019

To:

P.O. D. Ivory #19 P.O. T. Coyne #16

COMMENDATION FOR A JOB WELL DONE

(Re: CAD # on 10-03-19)

I received a phone call from a father who wanted to commend you all for the way you handled a call for service involving his 15 yr. old daughter who suffers from You are all to be commended for your caring, calm and compassionate approach in the handling of this matter.

Thank you all for your continued commitment to exceptional police work!

Respectfully,

Scott Meyer Chief of Police

SM:kk

cc: Capt. Cutwright

Lt. Holden

	10.	Chief Meyer, Cpt	. Cutwright, Lt. Holden,	Ptl. Aoki		
	FROM:	Sgt. Olszewski	Sen PO135			
	RE:	Nominations for t	he Meritorious Service Award			
	DATE:	8-16-19				
	On 8-10-19, and Ptl. Aoki responded to 26151 Lakeshore Blvd. #109 for a welfare check (report# 1998). Michael Evans called the police because his mother is a diabetic and he was unable to make contact with her. Instead of simply leaving after no answer at the door, and Ptl. Aoki further investigated. In the discovered that the apartment door was not secured due to a broken locking mechanism pushed on the door and discovered that the security latch was enabled. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated. In the police because his mother and Ptl. Aoki further investigated his police because his mother and Ptl. Aoki further investigated his police because his mother and Ptl. Aoki further investigated his police because his mother and Ptl. Aoki further investigated his police because his mother and Ptl. Aoki further investigated his police because his mother and Ptl. Aoki further investigated his police because his mother and Ptl. Aoki further investigated his police because his mother and Ptl. Aoki further investigated his police his					
Ptl. Aoki then heard a faint female voice from within the apartment. Ptl. Aoki then forced entry and they found laying on her stomach wearing nothing but underwear bottoms. had fallen onto the floor and couldn't get up. had been on the floor for 25 hours prior to police finding her.						
	Had needed medic I strongly belie	al attention. These	Aoki not had due diligence, me officers are both known for going the actions and decision making of these	e extra mile to help people.		
	Thank	you for considering	g my nominations.			

J.

Date:

3/13/19

To:

Ptl. Selig #17

Ptl. Brooks #90

Ptl. Gilmer #18

Ptl. Blakemore #55

Ptl. Flagg #61

Ptl. Gianfagna #92

Ptl. Coyne #16

Ptl. Rodriguez #94

Ptl. Aoki #16

Ptl. Parkin #50

Ptl. Williams #9

Ptl. Amiott #63

Ptl. Jackson #89

From:

Sgt D Williams

Re:

Reports

On Tuesday 3/13/19 we handled two critical incidents simultaneously, a man barricaded threatening "suicide by cop", and another male who cut his own throat and ran from police.

You all are to be commended for your professionalism and teamwork in two extremely dangerous situations.

I'd like to single out two Officers for special mention and Ptl Brooks #90. As the only active SWAT Officer on scene, did a great job taking command of the scene and establishing a dialogue with the suspect. Ptl Brooks witnessed a man cut his own throat, but kept his composure and did a good job directing other units to the scene.

Sincerely,

Sgt Williams

Cc: Chief Meyer, Capt Kelly, Lt Verh



EUCLID POLICE DEPARTMENT

Scott Meyer Chief of Police

545 East 222nd Street (216) 289-8513

Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

January 11, 2019

Euclid Police Department

Dute h

Our records show that during the calendar year 2018 you experienced no sick time usage. You are to be recognized for your good health and dedication to duty.

Thank you for your service to the City of Euclid and its Police Department. I wish you continued good health and satisfaction in your work here at the Department.

Sincerely,

Scott Meyer Chief of Police

SM:kk

Letter of Recognition

(Re: December 21, 2018)

I wanted to inform you for of a citizen calling and commending you both on you professionalism and courtesy in the recent handling of a suicide scene investigation. On December 21st, 2018, you were dispatched to a report of a welfare check. You arrived on scene and performed a welfare check finding the complainant's mother had apparently committed suicide. The complainant and her brother were on scene at the time of the incident and I am sure the situation was unsettling for the family and emotions were high. Shawnda Thompson called on December 22nd and spoke with Sgt. Kocsis. She explained that the officers were extremely professional and courteous. Ms. Thompson stated that the officers were able to help them to calm down and she and her family were very appreciative for the support they showed her while on scene.

Professionalism and empathy are key components to building relationships between the police and the community. These are not stressed enough and are often the result of experience and maturity. You are to be commended for showing the level of care and understanding which you displayed on this incident. Good work! A copy of this letter will be forwarded up the chain of command. A copy will be placed in your file as well.

Respectfully,

Sgt. Daniel Novitski

Cc: Lt. J. Cutwright Capt. Kelly Chief Meyer



Scott Meyer Chief of Police 545 East 222nd Street

(216) 289-8513 Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

EUCLID POLICE DEPARTMENT

November 14, 2017

To:

P.O. M. Neibecker #4

P.O. M. Gilmer #18

P.O. V. Williams #9

P.O. F. Rovce #78

P.O. J. Mauser #52

P.O. S. Kamen #38

COMMENDATION FOR A JOB WELL DONE

(Re: Call for service #

on 11/07/17)

You are all to be commended for your response to a call for service at 20200 Lakeshore Boulevard. The complainant sent a letter to the police station (attached) praising you all for making her and her daughter feel safe.

How we respond to people in fear and/or distress matters. The public counts on us to make them feel safe in situations such as these. Your calm, compassionate, caring and professional response clearly had a deep impact on this complainant and her daughter

Thank you for your continued commitment to exceptional police work.

Respectfully,

Scott Meyer

Chief of Police

SM:kk

cc: Capt. Kelly, Lt. Cutwright and Sgt. Walsh

to our fall owners dispatcher wonderful police officers Last right. Then the De 2000 LAME Shore BIVD. thom your 2 forwhite residents for coming to our mocuel. * We character perty of Enjoy the freet ! LDVL .. more than I can say. Janna (danghiler)

11/8/1



City of Euclid Police Department

DETECTIVE BUREAU

545 East 222nd Street Euclid, Ohio 44123 Phone: (216) 289-8505

Fax: (216) 289-8627

Email: detectives@cityofeuclid.com

Letter of Recognition

To:

Chief Meyer, Capt. Kelly, and Lt. Cutwright

From: Sgt. Daniel Novitski

Ref:

Burglary Arrest (

Date: August 2, 2017

On August 2, 2017, information was dispatched in reference to a witness observing a potential burglary take place. Our officers responded and located a male pulling a lawnmower with a flat screen TV. The male initially claimed to have "found" the items. He was also found in possession of a small knife.

The responding officers did an excellent job in conducting the follow-up investigation. After speaking with the parties involved, written statements were collected from the witnesses involved, they photographed the scene, and did an excellent job in preserving the evidence. They also brought the witness to the location of the arrest to do a show-up. The witness was able to positively ID the suspect as the male he saw enter the home.

During the subsequent interview, the suspect initially denied breaking in claiming to have found the items. Det. Costello was able to confront the suspect with the information gathered by the patrol officers and gain a full confession to the burglary.

The officers should be recognized for the vigilance and teamwork they displayed. The way they conducted the investigation from start to finish should be used as an example of "excellent police work" for other officers to follow. Their initiative makes the job easier for us proceed with prosecution

The letter will be forwarded up the chain of command.

CC: Ptl. Neibecker, Ptl. Coyne, Ptl. Ivory,

Det. Costello

8-3-17



RECEIVED 4-4-17

VERY NICE

JOB!

THANK YOU FOR THE PATTIENDER, KINDNESS, RESPECT Y CARE YOUR DEPT. SAMUED US UPON THE DISCOVERY

During a time
like this
we realize how much
our friends and relatives
really mean
to us....
Your expression
of sympathy will always
be remembered

JEAT H.

HIS FAMILY

3-4-17

SMETER

* COPY TO FELE

Re:71,63,19,76,7 52 ,55, 76, 90, 83, 89, 38

Acting Chief Meyer

Captain Kelly

LT. Cutwright



NICE JOS!!

LETTER OF COMMENDATION

On 10-10-2016 the above Officers responded to an aggravated robbery call at 22510 Lakeshore Blvd involving two armed suspects. Both on duty and off duty Officers responded to the area within seconds of the Radio dispatch broadcast. The responding Officers were all keenly aware of a previous robbery at this same location from informative roll calls. The officers set a perimeter and worked together to ensure officer safety in apprehending the two suspects. Both suspects were apprehended in quick order and vital evidence was collected on scene which will be used to prosecute these two individuals for their dastardly deeds.

I am very proud of Officers: Kotlar, Amiott, Ivory, Linder, Aoki, Mauser, Blakemore, Macdonald, Brooks, Pavkov, Jackson and Kaman. Their teamwork and dedication to duty makes the City Of Euclid a much safer place.

> Respectfully submitted Mile & Wal

Capt. Meyer

LETTER OF COMMENDATION:

AGGRAVATED ROBBERY ARREST

Sirs: On 01-29-2016, Chagrin Valley Dispatch broadcast an alert for a silver compact car Ohio license FXK 5867 that was just involved in an armed robbery at the Shell Gas Station 30220 Euclid Ave. in the City of Wickliffe.

located the suspect vehicle driving westbound on North Lakeland Blvd. near East 250th Street. Upon arrival of assistance units a felony stop was conducted on the vehicle whereupon a male suspect was detained pending the arrival of Wickliffe Police. A pistol was observed in plain view inside the suspect auto.

lis to be commended for his due diligence and dedication to duty. As a result of actions an aggravated robbery suspect was arrested and yet another pistol was taken off the streets of Euclid. A copy of this commendation will be forwarded through the chain of command and

placed in his work file. Congratulations on a job well done!

J. Cutwright Lieutenant

2/2/16 FILEB Chief Brickman

01-13-2016

Capt. Meyer

LETTER OF COMMENDATION:

AGGRAVATED ROBBERY ARRESTS

Ptl. Coyne #16, Ptl. Gilmer #18, Ptl. Kocsis #20, Ptl. Neibecker #4, Ptl. Nyman #31, Ptl. Parkin #50, Ptl. Pavkov #83, Ptl. Jackson #89, Ptl. M. Brooks #90, Sgt. Williams, Sgt. Holden.

Sirs: The above listed officers are to be commended for their outstanding performance in the response, investigation and swift apprehension of aggravated robbery suspects involved in several armed robberies in the Euclid area. These officers combined due diligence with effective teamwork in apprehending dangerous suspects and recovering a pistol and evidence from the robbery.

If not apprehended in a timely manner these suspects would have continued in their course of violent criminal activity which may have resulted in serious harm to our community. A copy of this commendation will be forwarded through the chain of command and placed in the officers work files.

J. Cutwright Lieutenant

1/19/16 FILES. Chief Brickman

Cpt. Meyer

Lt. Cutwright

LETTER OF COMMENDATION:

ARREST OF MULTIPLE SUSPECTS

AND SIMULTANOUS MANAGEMENT OF MULTIPLE

MVA AND CRIME SCENES

On 12/13/2015, I had the privilege to work with a team of extremely hard working Euclid Police Officers. Throughout the shift (0700-1600 hrs) officers managed multiple serious calls that resulted in: 6 physical arrests of both juveniles and adults, an MVA hit-skip with a foot pursuit, an MVA with an ejected motorcyclist, fraud investigations, two stolen vehicle recoveries, locating and identifying a male with a suspected firearm ,and locating an unconscious suicidal female. Additional calls required coordination with outside agencies and additional calls were handled with misdemeanor citations and warrant requests.

The call volume was tremendous and the seriousness of events was intense on this particular date.

I am exceptionally proud of the team effort that officers displayed during this particular shift and I would like to take a moment to recognize the efforts of Officers: Olszewski, Neibecker, Nyman, Edington, Shiner, Jackson, Kotlar, Blakemore, Parkin, Herold, Schultz, and Mylott.

Respectfully submitted,

Sgt D. Holden

12/29/15 FILES. TMB Re: 10,40,78,4,45,33,191

Chief Brickman

6/29/15

Capt. Meyer

Lt. Cutwright

Letter of Commendation

Warrant Service-Arrest

On 6/22/15

Miller Ave to locate and serve a warrant on a female, Christine Coulter, who had a felony warrant with Cuyahoga County Sheriff's Office. Upon making contact with a resident at this address, officers believed Christine was inside the home. Christine was ultimately found hiding in the attic and was holding the access door closed. The suspect was ordered out of the space and was arrested without injury to the suspect or officers. A second arrest was made of a male in the residence that had a Euclid warrant. Upon hearing radio traffic of the barricaded suspect Officers Royce #78, Neibecker #4, Brentar #45, and Drew #33 responded to the scene for assistance and ensured officer safety and completion of the arrests.

It was my pleasure to work with these officers, as a team, while completing this task.

A copy of this commendation will be forwarded through the chain of command and included in the appropriate personnel files.

Respectfully Submitted

Sat D Hold

Sgt. D. Holden

Capt. Meyer

Capt. Kelly

Capt. Roller

K. Parton

LETTER OF COMMENDATION:

CRIMINAL TRESPASS ARREST REPORT #

Sirs and Madam: Resident Larry Curry sent correspondence to the Euclid Police Department thanking patrol officers, Roosevelt Linder #76, Richard Jackson #89, Daniel Ferritto #10, Paul Doyle #11 and communications dispatcher Quiana Sims for their due diligence and professional manner in responding to his residence on 03-03-2015 in regards to a late night trespasser on his property at 23201 Gay Street. Dispatcher Sims stayed on the phone with him to keep him calm during the incident. The officers effected the arrest and returned to his home to make sure he was unharmed. Mr. Curry wanted to convey his deepest respect and appreciation to the department.

A copy of this letter of commendation will be forwarded to the Chief of Police and to the files of the personnel involved. A job well done!

J. Cutwright Lieutenant

3/5/15 FILE. MB 3/3/15

Chief Brickman

Capt. Meyer

Lt. Cutwright

Letter of Commendation

	leibecker #4 handled a motor vehicle ponding officers Ferritto #10, Shiner and Royce #78.		(#) s Leyde #40, Brooks #90
This was a serious i Subsequently,	motor vehicle crash, of which Mrs. did survive the crash.	was provided CPR on	scene by police officers
"wonderful job" de	eived a phone call from Mrs. one by P.O. Neibecker in his handling ovided emergency lifesaving procedu	g of the accident. Addition	nally, the officers who

Thank you for your service to the City of Euclid.

A copy of this letter will be placed in your personnel file.

Respectfully,

Sat Holden

3/5/15 FILES. Lt. Houser,



I just wanted to take a moment to recognize the efforts of police officers under your charge, Officer Casey Kleckner and

Last week, I was conducting a tour of EPD forCub Scout Pack 143, Euclid, Our Lady of the Lake parish. The pack consisted of many young Euclid residents, grades one through three, and their parents. Officer Kleckner offered to do a demonstration with K9 Rocky. The demonstration was fabulous; the children and their parents were thrilled! Members of Pack 143 were so excited to receive their Rocky trading card souvenirs.

also offered his time to show the Pack the "ins and outs" of the police cruiser. Again, the families truly loved it.

I truly appreciated the efforts of your officers. They interacted so nicely with the group.

Thanks again,

Jennifer Kroczak
Officer Jennifer Kroczak

Euclid Police Department 545 E. 222ndSt. Euclid, OH 44123 (216)289-8533

> 12/16/14 MISCHNER, FILE.



City of Euclid Police Department

545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234

June 15th, 2014

LETTER OF RECOGNITION

To:

Ptl. Gianfagna #92

Ptl. Brooks #90

Ptl. Pavkov #83

Ptl. Aoki #7

Ptl. Rivera #82

Ptl. Leyde #40

Ptl. Royce #78

Ptl. Gauntner #15

Ptl. Linder #76

Ptl. Coyne #16 & Chase

Disp. Palisin

Re:

HGR Industrial Surplus Breaking and Entering Arrests (x3)

On this date at 1648 hours the EPD received a complaint of three suspects breaking into HGR Industrial Surplus at 20001 Euclid. Police responded immediately and set up a perimeter. The suspects were seen on the roof and a prolonged foot pursuit began throughout the complex. Police pursued the three suspects for nearly two hours. Two males were eventually taken into custody. The third suspect continued to elude Police until the arrival of EPD K9 "Chase." As soon as Chase was deployed the third suspect immediately surrendered.

Responding Officers and Dispatcher Palisin maintained determined focus throughout the lengthy incident. All EPD personnel worked in perfect concert to bring the incident to a successful conclusion. Given the number of suspects, the sheer size of the complex, and roof temperatures in excess of 100 degrees, the effort expended was absolutely exemplary. I am proud to recognize all of our personnel for a highly professional job well done.

A copy of this letter will be placed in your respective files and forwarded through the chain of command.

Proudly submitted.

Lt. Mitch Houser Patrol Division

Chief Brickman Capt. Doyle Lt. Kelly Ptl. Buchs #80 Ptl. Paykov #83

LETTER OF COMMENDATION:

Sirs: Patrolmen Brett Buchs #80, Kirk Pavkov #83 and responded to
a report of a motor vehicle accident in the area of Interstate 90 West near East 200th Street (
). On scene police found the female driver unresponsive in
apparent cardiac arrest inside the vehicle. Ptl. Pavkov removed Ms. from the vehicle
whereupon Ptl. Buchs and performed CPR on her until the arrival of Fuelid Fire
was eventually revived and transported to Fuelid Hospital for treatment
Officers Buchs, Pavkov and are commended for their swift action to preserve life. These
officers are a demonstrable asset to the Euclid Police Department and the community that they
serve. A copy of this letter will be forwarded to the Chief of Police and placed in the officers
personnel files.

A job well done! J.Cutwright Sgt.

1/22/13 For Fixes. T. Buchman Dear Lieutenant Kelly,

I want to say thank you very much for setting up my ride along for me. Honestly, I learned a lot more in those five hours than I have in the past six weeks at the academy. I wasn't 100% sure I wanted to be a peace officer, to tell you the truth. After the ride along I knew that's what I wanted to do. Especially in my community, of Euclid. You couldn't have picked a better officer for the ride along too.

is a valuable asset to your force and I'm honored that both you and him are working for my city.

I hope your Chinese food wasn't too cold! Thanks again for your time and patience.

Sincerely,

Jok Mullin

FOR FIRE 1/2/12

TO: Lt. Payne

FROM: Sgt. Knack

SUBJECT: Letter of Recognition

DATE: 08/25/2011

On Wednesday 08/24/2011 at approximately 1913 hrs. police were dispatched to 19831 Meredith in reference to a residential alarm (and approximately 1913 hrs. police were dispatched to 19831 Meredith arrived on scene and through his observations believed a burglary of the residence was in progress. Additional units responded to the scene to assist. As units were on scene and arriving observed a male exit the residence carrying a backpack containing stolen items from the residence. Police were able to successfully take the suspect into custody without incident. Officers involved in the successful conclusion of this incident along with were P.O. Styles, P.O. Schultz, P.O. Coyne, P.O. Ivory and P.O. Bruening. The suspect in the incident was a (52) year old male with an extensive criminal record.

The officers are to be recognized for their professional and quick response to this serious and potentially dangerous crime. Special recognition should be extended to for his exceptional observations and tactical considerations during this incident. I am proud of these officers. I am forwarding a copy of this letter though the chain of command as well as seeing that a copy is placed in each officer's personnel file.

CC: Captain Brickman Captain Savage

P.O. Styles

P.O. Schultz

P.O. Coyne

P.O. Ivory

P.O. Bruening

Oral Reprimand

MVA

9/5/2023

SGT. Brooks 188

Sir,

This notice serves as documentation for the minor MVA you were involved in with car on the above listed date. The passenger side step was sheared off from partially striking a concrete divider while on patrol. The damage only affected the step and not the vehicle itself. This notice only serves as an oral reprimand.

SGT. Brooks

St. 6 188

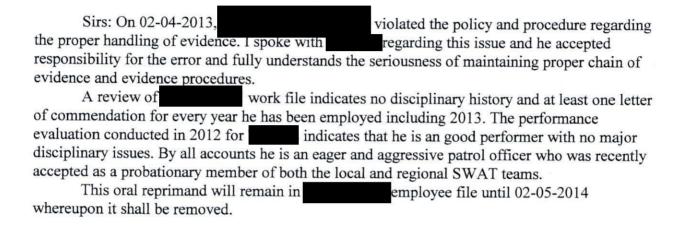
Captain Cutwright
Lt Walsh

ORAL REPRIMAND: Unsatisfactory Performance

On 5-9-23 you responded to a property found report at 25500 Lakeland and utilized poor judgement in handling the call. This is not a reflection of your day to day performance and how handle your assigned calls. I am therefore giving you this oral reprimand to remind you to properly perform your duties when responding to calls for service. This will be forwarded through the chain of command.

Lt. Walsh

Oral reprimand: Improper handling of evidence



Respectfully submitted J.Cutwright Sgt.

01 FIF 21:113



EUCLID POLICE DEPARTMENT

Scott Meyer Chief of Police 545 East 222nd Street (216) 289-8513 Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

January 12, 2021

Euclid Police Department

Save In

Our records show that during the calendar year 2020 you experienced no sick time usage. You are to be recognized for your good health and dedication to duty.

Thank you for your service to the City of Euclid and its Police Department. I wish you continued good health and satisfaction in your work here at the Department.

Sincerely,

Scott Meyer Chief of Police

SM:kk



EUCLID POLICE DEPARTMENT

Scott Meyer Chief of Police 545 East 222nd Street (216) 289-8513

Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

January 15, 2020

Euclid Police Department

Our records show that during the calendar year 2019 you experienced no sick time usage. You are to be recognized for your good health and dedication to duty.

Thank you for your service to the City of Euclid and its Police Department. I wish you continued good health and satisfaction in your work here at the Department.

Sincerely,

Scott Meyer Chief of Police

Sur hy

SM:kk



EUCLID POLICE DEPARTMENT

Scott Meyer Chief of Police 545 East 222nd Street

(216) 289-8513 Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

November 18, 2019

Order No. 2009

TO: ALL POLICE DEPARTMENT EMPLOYEES

RE: RECOGNITION FOR AWARDS

It gives me great pleasure to announce the annual Police Department officer and employee awards for the year 2018, which will be presented at the Euclid City Council meeting on Monday, January 6, 2020, at 7 p.m. I am asking you to join me in recognizing these individuals. Family is encouraged to attend as well.

Captain Mike Janson, chairman of the Awards Committee, will present the following awards:

OFFICER OF THE YEAR

Det. John Braun

EMPLOYEE OF THE YEAR

Francis Gaspersic

GEORGE BRENTAR SUPERIOR PUBLIC SERVICE AWARD (GOOD CONDUCT)

Ptl. Kyle Flagg #61

OVI RIBBON (3rd Award)

Ptl. John Foran #34

CIVILIAN AWARDS

Tracy Sturdivant

MVA 17-91284

Karen Schumaker

18-05426

MERITORIOUS SERVICE/ INJURY ON DUTY

Ptl. Roosevelt Linder

18-02468 (Tackled suspect who was assaulting Ptl. Frato. Suspect armed with handgun.)

EXCEPTIONAL SERVICE

Det. Susan Schmid (#53) Det. Casey Kleckner (#84)

Various Reports (Combined series of Investigations involving suspect Joseph

Jones.)

Ptl. Kyle Flagg (#61)

18-06419 Suicidal man with knife

Ptl. Roulan (#42)

Ptl. Kovach (#25)

Ptl. Louis Catalani #47

Various Reports and Commendations

MERIT OF ACHIEVEMENT

Det. Susan Schmid (#53) Ptl. Fred Stoldt (#54)

Det. Bill Rogers (#24)

The recipients of the following awards will be recognized internally, independent of the formal awards ceremony.

EDUCATION AWARDS

Citation Bar (1st) Degree for a college degree or 1,100 hours of training

L. Catalani #47

G. Harper #23

D. Ivory #19

R. Jackson #89

J. Kotlar #71

M. Roulan #42

Citation Bar (2nd) for college degree & over 1100 hours of documented training

G. Panagioutou #66

Citation Bar (3rd) for college degree & over 2200 hours of documented training

M. Houser

C. Murowsky

S. Roller

SAFE DRIVER AWARDS

To be determined at a later date.

Sincerely,

Scott Meyer Chief of Police



EUCLID POLICE DEPARTMENT

Scott Meyer Chief of Police

545 East 222nd Street (216) 289-8513

Fax: (216) 289-8327

email: smeyer@cityofeuclid.com

May 25, 2017



TO: ALL POLICE DEPARTMENT EMPLOYEES

RE: RECOGNITION FOR AWARDS

It gives me great pleasure to announce the annual Police Department officer and employee awards for the year 2016, which will be presented at the City Council meeting on Monday, June 5, 2017, at 7:00 p.m., in the Council Chambers. I am asking you to join me in recognizing these individuals.

Lt.Tim Verh, chairman of the Awards Committee, will present the following awards.

OFFICER OF THE YEAR

Daniel Ferritto #10

EMPLOYEE OF THE YEAR

John Buling

AUTO THEFT RIBBON

Officer Paul Doyle #11

OVI RIBBON

Officer John Foran #34

Order No.
Page 2
May 25, 2017

MERITORIOUS SERVICE

Det. Jennifer Kroczak #86

P.O. Daniel Ferritto #10

P.O. Nicholas Edington #79

Incident on 7/29/16

Infant difficulty breathing

Multiple dates

Nine separate Narcan saves

EXCEPTIONAL SERVICE

Det. Jose Alcantara #8

Incident on 5/5/16

Aggravated menacing,

man with gun

Sgt. Adam Beese

P.O. Louis Catalani #47

Incident on 1/27/17

Reported kidnapping

P.O. Nolan Ellis #21

P.O. Alex Schwedt #43

P.O. Chris Chambers #22

Incident on 12/5/16

Robbery with gun/arrest

Multiple Incidents

Six illicit handguns seized

P.O. Matthew Rhodes #39

P.O. John Foran #34

Incident on 1/29/17

Robbery with gun, pursuit, armed suspect apprehended

P.O. Nathaniel Reed #3

Multiple events

Two illicit guns seized

INJURY ON DUTY

P.O. Richard Frantz #32

Incident on 6/19/16

Struggle with intoxicated and combative suspect

P.O. Nathaniel Reed #3

Incident on 3/3/16

Struggle with shooting

suspect

CIVILIAN SERVICE

Mr. Joseph New

Incident on 9/16/16

Assisted in arrest of stolen

auto suspect

Ms. Tiffany Smith

Incident on 7/8/16

Performed CPR on overdose victim

Order No. Page 3 May 25, 2017

The recipients of the following awards will be recognized internally, independent of the formal awards ceremony.

EDUCATION AWARDS

P.O. Thomas Coyne, 1405 hours; P.O. Franco Gianfagna, 1225 hours; P.O. Jeffrey Herold, 1426 hours; Det. Casey Kleckner, 1263 hours; P.O. David Maslyk, 1101.5 hours; Det. William Rogers, 1214 hours; Det. Joshua Schultz, 1309 hours; Sgt. Terry Styles, 1378 hours; Sgt. Michael Walsh, 1567 hours; Bachelor Degree.

Det. John Braun, Associate Degree; Det. David Carpenter, 2947 hours; P.O. Paul Wittreich, 2450 hours; Sgt. Daniel Novitski 2362 hours; Sgt. Joel Barrron, 2947 hours; Lt. Mitchell Houser, 2454 hours; Lt. Michael Knack, 2722 hours; Lt. Timothy Verh, 2540 hours; Capt. Kevin Kelly, 2781 hours; Capt. Scott Roller, 2491 hours; Chief Scott Meyer, 2779 hours.

SAFE DRIVER AWARDS

3-year Award: P.O. Michael Brooks #90; P.O. David Maslyk #62

5-year Award: P.O. Kenneth Horna #1; P.O. Christian Studly #49; P.O. Stephen McGrain #37; P.O. Kirk Pavkov #83.

15-year Award: P.O. Thomas Coyne #16; P.O. Michael Neibecker #4; P.O. Steven Shubert #26; Sgt. Donna Holden

25-year Award: P.O. Gregory Drew #33; P.O. Paul Doyle #11; P.O. Scott Jares #74; Det. Michael Caruso #58; Det. William Rogers #24; Det. Susan Schmid #53; Capt. Scott Roller.

Sincerely,

Scott Meyer Chief of Police

Doole human

SM:mr



www.cityofeuclid.com

585 East 222nd Street, Euclid, OH 44123-2099





DEPARTMENT OF POLICE James G. Repicky Chief of Police

545 East 222nd Street (216) 289-8440 fax: (216) 289-8327 e-mail: jrepicky@cityofeuclid.com

May 18, 2011

Order No.



On Saturday, May 21, 2011, the following police officers will be transferred from the Training Division to the Patrol Division after successfully completing the Field Training Officer Program.

Officer Mark Buehner #7 and Officer Tyler Doerr #31 will report to Lt. Michael Doyle's shift for assignment.

will report to Lt. Scott Roller's shift for assignment.

Please join me in wishing these three officers continued success in their police careers.

Sincerely,

James G. Repicky Chief of Police

JGR/mr



www.cityofeuclid.com

585 East 222nd Street, Euclid, OH 44123-2099





DEPARTMENT OF POLICE James G. Repicky Chief of Police

545 East 222nd Street (216) 289-8440 fax: (216) 289-8327 e-mail: jrepicky@cityofeuclid.com

December 13, 2010

Order No.

TO ALL EUCLID POLICE DEPARTMENT EMPLOYEES:

This morning, Monday, December 13, 2010, Mayor Bill Cervenik administered the oath of office to four new Euclid police officers.

Listed below are the four new officers.

Kenneth Horna #1 Mark Buehner #7

Tyler Doerr #31

Please join me in welcoming these officers to the Euclid Police Department. These four officers will be in training during the next two weeks and then assigned to the F.T.O. program.

On Monday, December 20, 2010, there will be a formal public swearing-in ceremony at the beginning of the City Council meeting at 7:00 p.m. Family and friends, as well as Police Department employees, are welcome to attend.

Sincerely,

James G. Repicky Chief of Police

JGR:mr

Request for Secondary Employment

NAME OF PROSPECTIVE	E EMPLOYER:	Amazon	
	ADDRESS:	115- Babb. H	5965
~			
TYPE OF BUSINESS:			× 11
ESTIMATED LENGTH OF	FEMPLOYMENT:	Indefinite.	
DUTIES TO BE PERFORM	ÆD:	Sicurity	
HOURS TO BE WORKED	PER WEEK:	Varies	8
Will a weapon be carried:	? ¥Yes □ No		No
Name of Officer (Employee		APPROVED. Yes No	
Date 1/-/9-22		CHIEF OF POLICE (or designate)	
		$\sqrt{2-5}$	22
		Date	
	the state of the second second		
I hereby notify the Chief of	f Police that I have	terminated this employment.	

Request for Secondary Employment

NAME OF PROSPECTIVE EMPLOY	TER: <u>Carvana</u>
ADDRE	ESS: 20001 Fullid Ave.
TYPE OF BUSINESS:	Car Dealership
ESTIMATED LENGTH OF EMPLOY	MENT: Indefinite
DUTIES TO BE PERFORMED:	On site Security
HOURS TO BE WORKED PER WEE	
	□ No Will a uniform be worn? Yes □ No
9.8	
Name of Officer (Employee)	APPROVED: ☐ Yes ☐ No
3-3-20	
Date	CHIEF OF POLICE (or designate)
	03-03-2020
	Date
I hereby notify the Chief of Police the	at I have terminated this employment.
	The same of the sa
Signature	Date

Extra Weapon Authorization

Chief Brickman, Sir:

Pursuant to Procedure #421 (Use of Firearm) I hereby request permission to carry the following firearm(s) on-duty (in addition to my issued sidearm) and/or off-duty. All firearms listed below will be carried concealed and loaded only with the ammunition below when carried. All firearms listed below have been inspected by a firearms instructor. I have qualified with each weapon according to department standards as set forth in Procedure #421 as listed below. Any modification to these weapons are listed

belo	ow. I will notify the department at such time a			
2∞ W E A	Make: <u>G/ock</u> Model: Barrel Length: <u>3,39,3,4</u> Ammo. Cap Qual. Date: <u>II/a2/15</u> Amm Modifications:	oacity: 7 O. (Manufacturer/Weight/Configu	(Note: Semi-auto = Magazine Capacity +1) Irration): Federal 9mm +P	
PON	The above weapon is fully functional and suitable for law according to department standards on the above date.	Instructor Signature	11/22/15 Date	
3 _{RD}	Make: Model:	Serial #: _	Caliber:	
w	Barrel Length: Ammo. Cap	acity:	(Note: Semi-auto = Magazine Capacity +1)	
E	Qual. Date: Amme	O. (Manufacturer/Weight/Configu	ration):	
A P	Modifications:			
0	The above weapon is fully functional and suitable for law according to department standards on the above date.		are noted above. The requesting officer qualified wi	th the weapor
N		Instructor Signature	Date	
4тн	Make: Model: _	Serial #:		
	Barrel Length: Ammo. Cap	eacity:	(Note: Semi-auto = Magazine Capacity +1)	
W	Qual. Date: Ammo			
Α	Modifications: The above weapon is fully functional and suitable for law			
PO	according to department standards on the above date.			h the weapon
N		Instructor Signature	Date	
5™	Make: Model: _ Barrel Length: Ammo. Cap	Serial #: _	Caliber:	
	Barrel Length: Ammo Can	acity:	(Note: Semi-auto = Magazine Capacity +1)	
14/	Darrer Length Annio. Cap			
W E	Qual. Date: Ammo			
E A	Qual. Date: Ammo	O. (Manufacturer/Weight/Configu	ration):	
EAPO	Qual. Date: Ammo	O. (Manufacturer/Weight/Configu	ration):	
E A P	Qual. Date: Ammo	O. (Manufacturer/Weight/Configurer) v enforcement use. Any modifications a	ration). are noted above. The requesting officer qualified wit	h the weapon

authorized to carry. I understand that I am not authorized to carry any of the above weapons until I am specifically authorized by the Chief of Police.

Chief of Police

ORIGINAL - PERSONNEL FILE (CHIEF'S OFFICE) COPY OF SIGNED FORM - REQUESTING OFFICER COPY OF SIGNED FORM - TRAINING FILE



EUCLID POLICE DEPARTMENT
Thomas Brickman
Chief of Police
545 East 222nd Street
216-289-8393

Fax: 216-289-8327

email: tbrickman@cityofeuclid.com

April 29, 2014

The Police & Firemen's Disability and Pension Fund 140 East Town Street Columbus, OH 43115-5164

To Whom It May Concern:

This is notification of address change for the following officer:

Very truly yours,

Thomas M. Brickman Chief of Police

Thomas M. Briefing

TMB:mr

EUCLID POLICE DEPARTME	NT						A2. COMPL	AINT NUMBER
SUPPLEMENTARY REPORT	TREPORT							
FORM USED TO REPORT FOLLOW UP INVESTIGATION	ON OR	Change	/	Address		Man.	0.4.2.8	RT MILITARY TIME
		V		7:00,000		101	1/1/101/	717,0,0,0
Lt. Houser Sir,								
This supplement	is +	0 1	form	you tha	t m	/	perman	rest
living address ha	5 10	centi	ly el	anged.				
New address:					White Account to the same of t			
_								-
_						,		
_								
			8	espectfully	5	bom	·tted	
		Rec	SUISIO 1	4-28-14	m, 1	/	1-	
					1		LTT	
		-			Pla	1/		
					car	11 1		
					aa	dies	150	
					90	ndi	BAV	
	E.	ADMINI	STRATIVE	E4. STATUS CHECK ONE:		and the same	For Offi	on lies
E1. REFER TO REPORT NUMBERS E2. BI	EAT E3. RE	PORT DATE	MILITARY TIME	OPEN CLOSED	ES. ARREST	MADE S	UPERVISOR APP	ROVING BADGE NO.
ES. REPORTING OFFICER BADGE NO.	UNIT	REPORTING	OFFICER	BADGE NO.	UNIT			DATE
						PAGE	OF PAGES	1111







DEPARTMENT OF POLICE James G. Repicky Chief of Police

545 East 222nd Street (216) 289-8440 fax: (216) 289-8327 e-mail: jrepicky@cityofeuclid.com

www.cityofeuclid.com

March 30, 3011

The Police & Firemen's Disability and Pension Fund 140 East Town Street Columbus, OH 43115-5164

To Whom It May Concern:

This is notification of address change for the following officer:

Very truly yours,

James G. Repicky Chief of Police

JGR:mr

SUPPLEMENTARY REP	ORT	A1. NAME OF COMPLAINANT OR OTHER REPORTING PERSON			A2. COMPLAIN	A2. COMPLAINT NUMBER			
FORM USED AS CONTINUATION SHEET FOR CL FORM USED TO REPORT FOLLOW UP INVESTI SUPPLEMENTAL INFORMATION	IRRENT REPORT	B3. CORREC	T OFFENSE OR I	CIDENT CLASSIFI	ICATION		B2. DAY	DATE OF REPORT	MILITARY TIME
		-	,						
Captain Doles	Sir,								
I wanted	to i	form	V00	tha	+	mV	, ,,	ddress	1.50
changed from			7			7		2.007 € 3.3	naj
My new ac	ddress	is					he p Hill		
Thank you for	- You	v/ 0	attentio	20 +0	+	4.5	ma	tter.	
						*			
Respectfully,									
((ISPELT+SILY)									
									-
		-							
					M	2007	1/	/	
					3	Mi Le	st		
		-				Ca	RY	(1 V	
						7/	73	itel	
						-	70		
REFER TO REPORT NUMBERS	E2. BEAT E3. F	ADMINI	STRATIVE	E4. STATUS CHEC	CK ONE:	ES. ARRE	ST MADE	For Office I	Jee /ING PARCE NO
REPORTING OFFICER BADGE		REPORTING	1	OPEN D CLO	SED	YES 🗆	NO D		
	J	- OHING	OFFICER	BAD	GE NO.	UNIT	PAGE		TE



EUCLID POLICE DEPARTMENT

Thomas Brickman Chief of Police 545 East 222nd Street

216-289-8393

Fax: 216-289-8327 email: tbrickman@cityofeuclid.com

November 3, 2015

Ms. Kelsey Hitzeroth
Training Coordinator
Controlled F.O.R.C.E. Training Management Systems

Dear Ms. Hitzeroth:

The Euclid Police Department does give full consent for Police and Kenneth Horna #1 to teach instructor level one and level two Controlled Force Techniques to the members of the E.D.G.E. SWAT Team.

Respectfully,

Thomas M. Brickman

Thomas M. Busknew

Chief of Police

TMB:mr

Request for Secondary Employment

NAME OF PROSPECTIVE EMPLOYER:	Anthem Professional Services Inc.
ADDRESS:	6900 Granger Rd. #204
	Independence, 04, 44131
TYPE OF BUSINESS:	Protective Services
ESTIMATED LENGTH OF EMPLOYMENT:	As reeded
DUTIES TO BE PERFORMED:	Dignitary Protection
HOURS TO BE WORKED PER WEEK:	
Will a weapon be carried? ▼ Yes □ No	Will a uniform be worn? □ Yes 🕱 No
 Check One: □ Worker's Compensation Insurance Covera □ I assume all responsibility for Worker's Coengaged in secondary employment. 	ge Letter attached. Impensation coverage for injuries received while APPROVED: Yes \(\sum \) No
Name of Officer (Employee)	
8-5-15 Date	Thomas W. Bushman CHIEF OF POLICE (or designate)
	8/8/2015 Date
I hereby notify the Chief of Police that I have	e terminated this employment.
Signature	Date

Request for Secondary Employment

NAME OF PROSPECTIVE EMPLOYER:	Euclid Hospital
ADDRESS:	18901 Lakeshore Blud.
	Euclid, 04, 44/23
TYPE OF BUSINESS:	General Hospital
ESTIMATED LENGTH OF EMPLOYMENT:	Ongoing
DUTIES TO BE PERFORMED:	Police / Security
HOURS TO BE WORKED PER WEEK:	4-6
Will a weapon be carried? ☐ Yes ☐ No	Will a uniform be worn? ✓ Yes □ No
Worker's Compensation Insurance Coverage I assume all responsibility for Worker's Co- engaged in secondary employment. Name of Officer (Employee)	ge Letter attached. Impensation coverage for injuries received while APPROVED: Yes □ No
9-23-11 Date	CHIEF OF POLICE (or designate) 9/23/1/ Date
I hereby notify the Chief of Police that I have Signature	terminated this employment.

Request for Secondary Employment

NAME OF PROSPECTIVE EMPLOYER:	Daves Super Market
ADDRESS:	22501 Shore Center
	Euclid, OH
TYPE OF BUSINESS:	Growing Store
ESTIMATED LENGTH OF EMPLOYMENT:	Ongoing
DUTIES TO BE PERFORMED:	Police / Security
HOURS TO BE WORKED PER WEEK:	6-8
Will a weapon be carried? ✓ Yes □ No	Will a uniform be worn? ✓ Yes □ No
Check One: ☐ Worker's Compensation Insurance Covera ☐ I assume all responsibility for Worker's Covera engaged in secondary employment. Name of Officer (Employee) ☐ 5/30/2016 Date	ge Letter attached. APPROVED: Yes No CHIEF OF POLICE (or designate) Date
I hereby notify the Chief of Police that I have	e terminated this employment.
Signature	Date

CERTIFICATE OF

COMPLETION

taught according to NHTSA guidelines at the Cleveland Heights Police Academy in the area of ADAP (Alcohol Detection, Apprehension and Prosecution), Has successfully completed the Peace Officer Basic Training Curriculum November 8 through November 11, 2010.

INSTRUCTOR

GEOFFREY W. BARNARD

OR

DECEMBER 15, 2010

SGT. CHRISTOPHER M. BRITTON

INSTRUCTOR



City of Euclid Police Department

545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234

Officer's Pledge

My race, gender, ethnicity, religion, or sexual identity/orientation may not mirror the citizens I encounter in the course of my duty. I will commit to come from a place of mutual respect, understanding, and appreciation for someone of a different perspective and background when interacting with the community and its members. I will respect the Constitutional and Human Rights of all with whom I come into contact.



Name



Signature

6.20.20

Date



Bill Cervenik, Mayor

Phone: 216/289-2751 Fax: 216/289-2766

www.cityofeuclid.com



This letter will confirm that you have been chosen to fill the vacancy we now have in our Police Department. Your swearing in has been scheduled for Monday, at 9:00 a.m. in the Mayor's Office of Euclid City Hall. The beginning date of your employment with the City is

Good luck on your appointment and welcome to the City of Euclid.

Sincerely,

Mayor Bill Cervenik

BC/cmt

cc: Police Chief James Repicky Police Captain David Brooks



www.cityofeuclid.com

585 East 222nd Street, Euclid, OH 44123-2099





DEPARTMENT OF POLICE James G. Repicky Chief of Police

545 East 222nd Street (216) 289-8440 fax: (216) 289-8327 e-mail: jrepicky@cityofeuclid.com

POLICY STATEMENT

TO ALL MEMBERS OF THE DEPARTMENT:

Our Mission

Our mission is to provide and maintain, as much as is practicable, and given all available resources, a feeling of security and safety among all persons within our legal jurisdiction. It is critical that all members understand and support this mission. The mission forms our legitimate basis and is the basis of our professional ethics, rules, regulations, operating policies, procedures and practices.

The mission is functionally defined by the power established by legislated authority and the demands for service from our public. It is the direct and ultimate responsibility of the administrative head to interpret public demands and, within budgeted resources, provide for the best possible delivery of our services.

The nature of public safety and security forces services is varied. Examples include but are not limited to: equal, equitable, and fair enforcement of laws; responding to calls for non-enforcement services; active patrol; housing of prisoners; public relations contacts; and the personal demeanor, conduct and image of our personnel on-duty as well as off-duty. These services and the perception we create while engaging in these services are functionally defined, made real, and ultimately judged by the nature of activities we engage in as well as how we appear while engaged in such activities. In summary, our mission is to deliver a service as well as a perception of service, i.e., feeling of safety and security.

The authority by which we operate and the granted resources we are provided are an affirmation of the public's trust. Each employee must be cognizant that the misuse or inefficient use of these resources leads to citizen apathy, alienation, and eventually the loss of public confidence and authority.

I have read the above "Mission Statement" and will abide by it to the best of my ability for the duration of my employment with the Euclid Police Department.

NEW OFFICERS – SUPPLIES & EQUIPMENT DISTRIBUTION

N A M	DATE
ISSUED BY	(INITIALS)
TO	
V.X.,	Next of Kin form signed
11	Mission Statement signed
J.A.	Understand and Accept form signed
J.R.	Insurance forms signed through the City Personnel Department
	Previous Service Time with a Public Agency sheet given
-	Explanation of Wages and Benefits sheets given
J.R.	Requisition submitted - \$1,000 uniform allowance check
	Letter of Credit to vendors for uniform purchases
XX /30	Badges issued
LL	Police I.D. card issued
NA	Requisition processed for training expenses at O.S.P.
NA	Information packet for the State Highway Patrol Academy
	Ohio Criminal Justice book issued (required at O.S.P.)
RD.	Ordinance book issued
	Ohio Traffic Law book issued
Mode	Policies and Procedures book issued (I.D. #
XX/	Rules and Regulations book issued
M.H./LOYN	Map of the City
KUKrook	Personal Locker # issued
XX	FOB # issued
913	Motorola Saber portable radio (Serial #
73	Radio accessories: 1 charger, 2 batteries, lapel mike, carrying case, belt holder/clip
KY Pales	Firearm – Model, Serial #,

(This form to be placed in Officer's personnel file)

Revised 11/7/03

DO YOU UNDERSTAND AND ACCEPT

1.	Do you understand and accept that there is a definite hazard in working as a police officer?
2.	Do you understand and accept that as a police officer you will not have normal days off or vacations during prime vacation months because we operate on a seniority basis? Monday and Tuesday off or vacation in February would not be unusual?
3.	Do you understand and accept that as a police officer in Euclid you will probably work on a rotating shift with a change each month? It is possible to spend your entire career in this manner?
4.	Do you understand and accept that, except for purposes of special training, you will be required to work the evening and night shifts almost exclusively for the first part of your career on the Euclid Police Department?
5.	Do you understand and accept that for the purpose of police education you will be required to attend special schools? Some of these schools will be for periods up to many weeks long and they may be out of the Cleveland area or out of the State of Ohio?
6.	Do you understand and accept that you may be called in to work at any time, even on days off or during vacations?
7.	Do you understand and accept that at times you will work with groups of other police officers, at other times with one other police officer, and at times you will be working alone?
8.	Do you understand that the Police Department is a uniformed organization and that your appearance must meet the standards as prescribed by the Chief of Police?
9.	Do you understand and accept that the Police Department is a semi-military organization and that you must obey all legal orders directed to you by a superior officer?
10.	Do you understand and accept that the Police Department will invest time, effort, and money toward your education and clothing when you become a Euclid police officer? Do you understand and accept that you may be required to pay back a portion of that investment should you decide to leave our service prior to the time you become a first class patrolman?

11. The probationary period will also include job training. This training is mandatory and its satisfactory completion is a condition of continued employment with the Euclid Police Department. The cost of <u>training</u> and <u>uniforms</u> is a substantial liability to the City of Euclid.

Do you understand and accept that, should <u>you elect</u> to terminate your employment with the Euclid Police Department within the first 2 (two) years of employment, you will be assessed:

- A. The current cost to the City for your training at the designated police academy?
- B. The cost to the City of all uniform allowances issued by the City in your name for purchases of such items?
- 12. Do you understand and accept that while attending your Basic Police Officer Training School <u>travel</u> time to and from the training facility will be on your own time?

The Probationary Period is the period of time a new police officer has to evaluate his/her job as a patrolman in the City of Euclid Police Department.

New police officers may elect to leave the Department during the probationary period without notice and in good standing.

Conversely, the Department has the opportunity to evaluate the patrolman during the probationary period, and, if it is deemed that the police officer's overall performance is not satisfactory, the Department may elect to terminate without prior notice or severance pay.

Witnessed by:

Witnessed by:

Witnessed by:

Willey Sat
12/13/10

NEXT OF KIN FORM

In order to be able to notify the next of kin as rapidly as possible in any instance of sudden illness, injury, or death of an employee, we must have certain information. Please fill out this form and return it through proper channels to the office of the Chief of Police. It will be the responsibility of each employee to obtain a new form from the Chief's secretary whenever there is a change in the next of kin.

DATE	_	
EMPLOYEE'S NAME	-	
EMPLOYEE'S ADDRESS	8	
EMPLOYEE'S PHONE NO.		

In case of sudden illness, injury, or death, I wish the following to be notified. (Please list three.)

		Relationship	
(1)	NAME		
	ADDRESS		
	PHONE		
(2)	NAME		
	ADDRESS		
	PHONE		
	1		_ i
(3)	NAME		
	ADDRESS		
	PHONE		



Ohio Police & Fire Pension Fund 140 East Town Street Columbus, OH 43215 Phone: (614) 628-8435 www.op-f.org

PERSONAL HISTORY RECORD

This form must be completed and filed with the Ohio Police & Fire Pension Fund (OP&F) for each new employee who is hired as a full–time police officer or firefighter in a position qualifying for enrollment in OP&F as part of an employer's reporting requirements. Ohio law requires an employer to cause the employee to undergo a physical examination in the form established by OP&F prior to his or her employment and, with limited exceptions, timely file the required documentation with OP&F. Otherwise, penalties and interest may be imposed against the employer.

Ohio law sets forth the eligibility requirements for individuals who are required to become a member of OP&F. Before enrolling in OP&F, the employer should review the eligibility requirements listed below and confirm that the individual meets these requirements for OP&F membership. If the individual meets the requirements, the employer must complete the Personal History Record form to begin the process of enrollment in OP&F, as well as filing the appropriate documentation for the pre–employment physical. OP&F reserves the right to reject membership or service credit at a later date as information becomes available.

A summary of OP&F's membership eligibility requirements are as follows:

Firefighters contributing to OP&F must be paid from public funds of the employing municipal entity and be:

A full-time firefighter who is employed by a fire department of the state, instrumentality of the state, or of a municipal corporation, township, joint fire district, or other political subdivision in a position in which he or she is required to satisfactorily complete, or to have satisfactorily completed, a firefighter training course approved under former Ohio Revised Code (ORC) Section 3303.07 or Section 4765.55, or conducted under ORC Section 3737.33.

Police officers contributing to OP&F must be paid from public funds of the employing municipal entity and be:

- A full-time, regular police officer in a police department of a municipal corporation appointed from a duly-established civil service eligible list or pursuant to ORC Section 124.411 [124.41.1];
- A full-time, regular police officer in a police department who is appointed pursuant to ORC Section 737.15 or 737.16 and is paid solely out of public funds of the employing municipal corporation; or
- A full-time police officer with a police department who is required to satisfactorily complete a peace officer training course in compliance with ORC Section 109.77.

Once completed, this entire form (Pages 1-4) must be submitted to OP&F and contain original signatures. OP&F will <u>not</u> accept this form if the signatures have been faxed, photocopied or scanned.

The employee required to enroll in OP&F membership must complete Sections A through F. The employer must complete Sections G, H, and I.

	autiene georges sevolungs bes	confine as ad baselomos on termi ("par ti "M anelines exignitat s
Section D: O	ut-of-state, federal or military	employment information
☐ Yes No		full-time by an out-of-state public employer or as a civil employee yes, please provide your employer's name, address, date of hire and
Yes No	Do you have previous active du If yes, please provide your bran	ity service in the Armed Forces? ich and dates of service.
Section E: Er	nployee signature and acknow	wledgement
I, the employee d person herein de	escribed in section A of this <i>Personal</i> scribed, and I certify that all the state	History Record, who, having been duly sworn, represent that I am the ments made herein are true and correct.
Signatura		Date of signature
Section F. IN	ciary public requirement	
		ace provided in this section and affix their seal.
State of Oh	io , County of Cuy	rahoga, ss:
The foregoing Po	_ day of _	named in the foregoing Section E, this
Affix seal here	coed to deal former CRC Section 3	Notary's signature (atheres M. Martin
		Print name CATHERINE M. MARTIN
		My commission Expires Nov. 29, 2008 cm (Recorded in Cuyahoga County)

Sections G, H and I (on Page 4 of this form) must be completed by an authorized employer representative.



December 21, 2010

Chief James Repicky Euclid Police Department 545 East 222nd Street Euclid, OH 44123





Re: Return of SF400 Form for

Dear Chief Repicky:

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

1) Page 1, Section 12: Select the appropriate box.

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

Upon receipt of the above information, we will conduct our review and issue a training determination. Thank you for your cooperation.

Sincerely

Jeff Frazier

Certification Officer

Professional Standards Section

cc: Officer

JF/lr

December 21, 2010

Chief James Repicky Euclid Police Department 545 East 222nd Street Euclid, OH 44123

Re: Return of SF400 Form for

Dear Chief Repicky:

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

1) Page 1, Section 12: Select the appropriate box.

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

Upon receipt of the above information, we will conduct our review and issue a training determination. Thank you for your cooperation.

Sincerely,

Jeff Frazier

Certification Officer

Professional Standards Section

cc: Officer

JF/lr

PLEASE NOTE: For future reference, the recently revised Notice of Appointment (SF400, Revised 05/12/10) and Notice of Termination (SF401, Created 08/05/09) can both be found on the website at www.ohioattorneygeneral.gov/sf400adm and www.ohioattorneygeneral.gov/sf401adm. When submitting Appointments and Terminations, please discontinue using all previous versions and begin using the revised forms as noted above. Thank you for your cooperation.



RICHARD CORDRAY

RECEIVED PEACE OFFICER

DEC 2 0 2010

NOTICE OF PEACE OFFICER APPOINTMENT

TRAINING COMMISSION

Complete all blanks. Type or Print Legibly. Enter N/A if not applicable. Complete both pages one and two for a new appointment. Complete only page one for a status change. Email, Fax or Mail this document within ten days of the appointment or status change. For Correction to Record information, enter correct information on this form and send a letter of explanation surrounding the changes.

OFFICER INFORMATION	1. Name (Last)	(First)	(Middle)		2. Social Security	Number
3. Alias (Last)	(First)		(Middle)			38
4.50						
4. Birth date (mm/dd/yyyy)	5. Email Address					
6. Home Mailing Address (#/Street/PO Bo)) ((xc	City)-	(State)	(Zip Code)	(County No	
			(Guite)	(Zip Code)	(County Na	irrie)
7.Basile Training Academy (Conly complete if this is the officer's first appointment)	ane)		10	atoc or maining/		****
	8. Agency Name					
AGENCY INFORMATION	Euclid Police Departmen	t				+:
9. Agency Email Address	at the second second	10. Agency Ph	none Number			4
JRepicky@c 11. Agency Mailing Address (#/Street/PO E	cityofeuclid.com		216-731-12	34		
545 East 222nd St.	JOX)	(City) Euclid	(Zip C	SOMEON AND ADDRESS OF THE PARTY		(County Name)
		Edelid	441.	23 Ci	uyahoga	
APPOINTMENT INFORMATIO)N (check the appropriate have	12 =				
13. Appointment Date	14. Select New Statu		ew Appointment	☐ Sta	tus Change	
			Auxiliary	erve [Special	☐ Seasonal
X City/Municipality Full-Time			ality Auxiliary/Reserve			, Jedsonar
그는 네즘의 얼마 그렇게 나타가 그 얼마?	outy Sheriff (311.04))
	Village Full-Time/Part-	Time/Special (737.16) Village Auxilia	ary/Reserve	(737.161)	
Other (Indicate the correct	ORC/Charter Number					
The Age of the Age of the Age of the	The State of the S					
ATTESTATION OF LAW EN	IFORCEMENT AGENCY	ADMINISTRATOR	I attest that the infe	ormation prov	ided on this for	rm is true and
15. Signature of Law Enforcement/Agency			correct and is bas		sonal knowled	ge or inquiry.
yours & Reper	ly JAMES	G. REPICKY, C	HIEF OF POLICE		Jato	
NOTARY /	1 1 111	//		7	1	
Sworn to and subscribed before me	e this day of day of	Vecember, 20	/// in the county of	Mysk	oga	_, Ohio.
(arnere /h/	Martin My con	nmission expires	CATHERINE M. MAR	TIN		
Signature of Notary		ľ	iotary Public, State of	Ohio 2012	Affix Seal Here	е
		(Re	mmission Expires Nov.	29, 2008	1	

400adm Revised 08/05/2009

P.O. Box 309 London, Ohio 43140 Phone: (740) 845-2700/ (800) 346-7682 Fax: (740) 845-2675

Email:sf400@ohioattorneygeneral.gov











Re: Cleveland Heights Police Academy

Date of Completion:

This letter is to verify that you have successfully completed peace officer basic training requirements and the peace officer certification examination. The date of completion of your basic academy is the date you passed the peace officer basic training examination.

If within one year of the date of completion you are appointed as a peace officer, a certificate of completion will be awarded provided no additional training requirements have been mandated by the legislature. If you receive an appointment more than one year but less than two years after the date of completion, you will be required to complete an OPOTC-approved refresher course and exam and any training requirements mandated by the legislature. If you receive an appointment more than two years after the date of completion, you must repeat the entire peace officer basic training course. In all cases, you may not perform the functions of a peace officer until you have been awarded a certificate of completion.

To obtain your peace officer basic training certificate, a notice of appointment must be submitted to this office by your first appointing agency. If the agency does not have this form, it is available from our office and website. Incomplete or improper appointment documents will not be processed and will be returned for correction.

If you or your prospective employer have further questions, please contact us at the number listed below for the London campus.

Sincerely

Jeff Frazier

Certification Officer

cc: Geoffrey Barnard, School Commander School File



OHIO PEACE OFFICER TRAINING COMMISSION

AND

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Peace Officer Basic Training Program has completed the Ohio

Cleveland Heights Police Academy

Awarded on

Richard Cordray
Attorney General

Ohio Peace Officer Training Commission Vernon P. Stanforth, Chairperson January S. Span John



Wohnt Fistal

Ohio Peace Officer Training Commission Robert A. Fiatal, Executive Director

d Commander



RICHARD CORDRAY

OHIO ATTORNEY GENERAL

NOTICE OF PEACE OFFICER APPOINTMENT

Complete all blanks. Type or Print Legibly. Enter N/A if not applicable. Complete both pages one and two for a new appointment. Complete only page one for a status change. Email, Fax or Mail this document within ten days of the appointment or status change. For Correction to Record information, enter correct information on this form and send a letter of explanation surrounding the changes.

8. Agency Name		
AGENCY INFORMATION 6. Agency Name Euclid Police Department		
	D. Agency Phone Number	2
JRepicky@cityofeuclid.com 11. Agency Mailing Address (#/Street/PO Box) (City)	216-731-1234	/O
11. Agency Mailing Address (#/Street/PO Box) (City) 545 East 222nd St. Euclid	(Zip Code) d 44123	(County Name) Cuyahoga
		Cuyanoga
APPOINTMENT INFORMATION (check the appropriate boxes) 12.	New Appointment	Status Change
13. Appointment Date 14. Select New Status		
X Full-Time Part-Time	e Auxiliary Reserve	Special Seasonal
X City/Municipality Full-Time/Part-Time (737.02)	Municipality Auxiliary/Reserve/Special	737.051)
Sheriff (311) Deputy Sheriff (311.04) Township Po	olice Officer (505.49) Township Co	onstable (509.01)
Village Chief (737.15) Village Full-Time/Part-Time/Specia	al (737.16) Village Auxiliary/Rese	rve (737.161)
Other (Indicate the correct ORC/Charter Number		
ATTESTATION OF LAW ENFORCEMENT AGENCY ADMINIST	I DATI ID	provided on this form is true and personal knowledge or inquiry.
15. Signature of Law Enforcement/Agency Administrator 16. Name and Title		17. Date
NOTARY JAMES G. REPI	CKY, CHIEF OF POLICE	12/16/2010
Sworn to and subscribed before me this 6 day of security	ev, 20 Din the county of Uy	shaga, Ohio.
Pathini n Martin - My commission avail	CATHERINE M. MARTIN	
Signature of Notary My commission expir	100	Affix Seal Here
	My Commission Expires Nov. 29, 200 (Recorded in Cuyahoga County)	8011
	(Recorded in Cuyanoga County)	CM

400adm Revised 08/05/2009

P.O. Box 309 London, Ohio 43140 Phone: (740) 845-2700/ (800) 346-7682 Fax: (740) 845-2675

Email:sf400@ohioattorneygeneral.gov



19. Appointed By (Ager	ency Name and County):		20. From(i	mm/dd/yyyy):	To(mm/dd/yyyy):
21. Appointment Status	s (Check Appropriate Box)				
Full-Time	Part-Time	Auxiliary	Reserve	Special	☐ Seasonal
22. Appointed By (Ager	ency Name and County):		23. From(mm/dd/yyyy):	To(mm/dd/yyyy):
24. Appointment Status Full-Time	s (Check Appropriate Box) Part-Time	☐ Auxiliary	Reserve	☐ Special	☐ Seasonal
25. Appointed By (Ager	ncy Name and County):		26. From(i	mm/dd/y yyy) :	To(mm/dd/yyyy):
27. Appointment Status Full-Time	s (Check Appropriate Box) Part-Time	Auxiliary	Reserve	Special	Seasonal
28. Appointed By (Ager	ncy Name and County):		29. From(r	mm/dd/yyyy):	To(mm/dd/yyyy):
30. Appointment Status	s (Check Appropriate Box)				
Full-Time	Part-Time	Auxiliary	Reserve	☐ Special	Seasonal
31. Appointed By (Ager	ncy Name and County):		32. From(r	mm/dd/yyyy):	To(mm/dd/yyyy):
33. Appointment Status	s (Check Appropriate Box)				
Full-Time	Part-Time	Auxiliary	Reserve	☐ Special	Seasonal

SF400adm Revised 08/05/2009

P.O. Box 309 London, Ohio 43140 Phone: (740) 845-2700/ (800) 346-7682 Fax: (740) 845-2675

Email: sf400@ohioattorneygeneral.gov



EUCLID POLICE DEPARTMENT	A1. NAME OF COMPLAINANT OR OTHER REPORTING PERSON	A2. COMPLAINT NUMBER
SUPPLEMENTARY REPORT		
FORM USED AS CONTINUATION SHEET FOR CURRENT REPORT FORM USED TO REPORT FOLLOW UP INVESTIGATION OR SUPPLEMENTAL INFORMATION	B3. CORRECT OFFENSE OR INCIDENT CLASSIFICATION B2.	DAY DATE OF REPORT MILITARY TIME
SUPPLEMENTAL INFORMATION		6: 0301131700
Capt. Doyle Sic,		
7		
	respectfully request	to have
20 addin 1 \$ 2500	Falsa / Time	110
an annitional DZS 1	respectfully request Federal Taxes withhe	ld from each
paycheck I receive.		
The receive.		
	Ricard III C	1 41
	Respectfully Su	am. Her
		-
1		
Sent fuck to	with 4-4 - 3/4/13	
		•
E1. REFER TO REPORT NUMBERS 12. BEAT E3.	ADMINISTRATIVE	For Office Use
	REPORT DATE MILITARY TIME E4. STATUS CHECK ONE: E5. ARREST	onsat no.
ES. REPORTING OFFICER BADGE NO. UNIT	REPORTING OFFICER BADGE NO. UNIT	DATE
	DADGE NO. UNIT	PAGE OF PAGES

--- ---

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple lobs situations.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1992, Supplemental Form W-4 instructions for Nonresident Aliens, before completing this form.

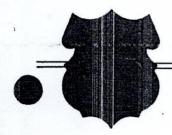
Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.is.gov/w4.

Form W-4 (2013)

than one job. (Entering "-0-" may help you avoid having too little tax withheld.) Enter number of dependents (other than your spouse or yourself) you will claim on your tax return Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit F (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. G Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combinating from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. Employee's Withholding Allowance Certificate Washington Whether you are entitled to claim a certain number of allowances or exemption from withholding is		may owe addition	tional tax. If you have pension or annuity	
Enter "1" if: * You are single and have only one job; or * You are single and have only one job, and your spouse does not work; or * You are married, have only one job, and your spouse does not work; or * You are married. Pure your spouse. But, you may choose to enter "-0" if you are married and have either a working spouse or more than one job. Entering "-0" may help you avoich having too little tax withheld. Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). Enter "1" if you have at least \$1,900 of hild or dependent care expenses for which you plan to claim a credit. For accuracy, or if you total income will be less than \$65,000 (\$95,000 ff married), enter "2" for each eligible child; then less "1" if you have seven or more eligible children. For accuracy, complete all worksheets that apply. For accuracy, or you have the conditions and pure total here. Note. This may be different from the number of exemptions you claim on your tax return.) > H. Q. Additions A through G and enter total here. Note. This may be different from the number of exemptions you claim on your tax return.) > H. Q. and the total here. Note. This may be different from the number of exemptions you claim on your tax return.) > H. Q. and the total here. Note. This may be different from the number of exemptions you claim on your tax return.) > H. Q. and the total here. Note. This may be different from the number of exemptions you claim on your tax return.) > H. Q. and the total here. Note. This may be different from the number of exemptions you claim on your tax return.) > H. Q. and the think of the shows the students apply. For accuracy, or if you have at least an accuration to income and want to reduce your withfolding, see the Deductions and Adjustments to income and want to reduce your withfolding, see the Deductions and Adjustments for students are an adjustments for income and want to reduce your withfolding. If you are single and have more than one job or are mar		Personal Allowance	es Worksheet (Keep for your records.)	
Enter "1" if: • You are married, have only one job, and your spouse does not work; or Your wages from a second job or your spouse's wages (for the total of both) are \$1,500 or less. Enter "1" for your spouse, But, you may choose to enter "-0" if you are married and have either a working spouse or more than one job. [Entering "-0" may help you avoid having too little tax withheld.) Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit. F. C. (Note, Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. If your total income will be less than \$55,000 (\$85,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children. If your total income will be between \$55,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. G. Add lines A through G and enter total here. (Note, This may be different from the number of exemptions you claim on your tax return.) ► H. For accuracy, complete all worksheets all worksheets and Adjustments Worksheet on page 2. If you are single and have more than one job or are married and you and your spouse both work and the combination and Adjustments Worksheet on page 2. Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your sended a copy of this form to the IRS. Power from an and marcile interest and an acceleration of the following conditions form to the IRS. Your social security number. Your social security number of a long with your way are entitled to claim a certain number of allowances or exemption from withholding for 2013, and I certify that I meet	Enter "1" for y	ourself if no one else can claim you as a	dependent	A O
*Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. Enter "1" for your spouse. But, you may choose to enter "-0" if you are married and have either a working spouse or more than one job. (Entering "-0" may help you avoich laving too little tax withheid.) Enter "1" if you wall life as head of household on your tax return (see conditions under Head of household above) Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit. F. C. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. If your total income will be less than \$55,000 and \$84,000 (\$95,000 if married), enter "2" for each eligible children. If you total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. For accuracy, complete all worksheets that apply. If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments worksheet on page 2. If you are single and have more than one job or are married and you and your spouse both work and the combination of the short of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. Separate here and give Form W-4 to your employer. Keep the top part for your records. Employee's Withholding Allowance Certificate W-4 If your last name differs from that shown on your social security number. If the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. Separate here and give Form W-4 to your employer. Keep the top part for your records. Employee's Withholding Allowance certificate A If your last name differs from that shown on your social security card, check here. You must cail 1-800-772-1213 for a replacement card. Fig. 6 S. S. S. S.	1	 You are single and have only one job 	o; or	
Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "-0" may help you avoid having too little tax withheld.) Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. DENTER "1" if you will file as head of household on your tax return (see conditions under Head of household above) Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit. F. C. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) Child Tax Credit (including additional child tax credit). See Pub. 592, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$34,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. • If your total income will be between \$65,000 and \$34,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. • If your total income will be between \$65,000 and \$34,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. • If your total income will be between \$65,000 and \$34,000 (\$95,000 and \$119,000 if married), enter 1" for each eligible child. • If you rotal married by the less "1" if you have see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combine and analysis to elitte tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. • Employee's Withholding Allowance Certificate • Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by	Enter "1" if:	· You are married, have only one job, a	and your spouse does not work; or	в 0
Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. Enter 1"1" if you will file as head of household on your tax return (see conditions under Head of household above) Enter 1"1" if you will read as head of household on your tax return (see conditions under Head of household above) Enter 1"1" if you will read as head of household on your tax return (see conditions under Head of household above) Enter 1"1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note, Do not include child support payments, See Pub. 503, Child and Dependent Care Expenses, for details.) Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more formation. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have seven or more eligible children. Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$194,000 (\$9		 Your wages from a second job or your 	r spouse's wages (or the total of both) are \$1,500 or less.	
Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit. Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. If your total income will be less than \$65,000 (985,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. If your total income will be between \$65,000 and \$34,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. If you are single and have more than one job or are married and you and your spouse both work and the combination of the same and any income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. If you are single and have more than one job or are married and you and your spouse both work and the combination of the same and microlla having too little tax withheld. If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. Separate here and give Form W-4 to your employer. Keep the top part for your records. Employee's Withholding Allowance Certificate Whether you are antitied to claim a certain number of allowances or exemption from withholding is a not a separate had a right to a refund of all federal income tax withheld because I had no tax liability, and the claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. Last year I				е
Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . F (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$55,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . G Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) > H For accuracy, completed all worksheets and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combinating and adjustments worksheet on page 2. • If you are single and have more than one job or are married, see the Two-Earners/Multiple Jobs Worksheet on page 3. • If your are single and have more than one job or are married, see the Two-Earners/Multiple Jobs Worksheet on page 3. • If your are single and have more than one job or are married and you and your spouse both work and the combination of the Treasury and Adjustments Worksheet to page 2. • If you are single and have more than one job or are married, see the Two-Earners/Multiple Jobs Worksheet on page 3. • If your are single and have more than one job or are married, and enter the number from line H on line 5 of Form W-4 below. • Separate here and give Form W-4 to your employer. Keep the top part for your records. • If your first name and middle from a gent place of the page 3. • Whether you are single and have more 3. • If your firs	than one job. (Entering "-0-" may help you avoid having	too little tax withheld.)	C
Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) Child Tax Credit (including additional child tax credit), See Pub. 572, Child Tax Credit, for nore information. If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have seven or more eligible children. If you total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child G. Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H. Q. For accuracy, complete all worksheets that apply. If you are single and have more than one job or are married and you and your spouse both work and the combination of the transmitter worksheet on page 2. If you are single and have more than one job or are married and you and your spouse both work and the combination of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. Separate here and give Form W-4 to your employer. Keep the top part for your records. Employee's Withholding Allowance Certificate W-4 hether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. Employee's withholding for 2013, and I certify that I meet both of the following conditions for exemption. Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and This year I expect a refund of all federal income tax withheld because I had no tax liability. If you meet both conditions, write "Exempt" here. City or foun. state. and 179 could be carried that I have examined this certificate and, to the less of my knowledge and belief, it is true, correct,	Enter number	of dependents (other than your spouse of	or yourself) you will claim on your tax return	DC
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) Child Tax Credit (Including additional child tax credit), See Pub. 972, Child Tax Credit (Including additional child tax credit), See Pub. 972, Child Tax Credit (Including additional child tax credit), See Pub. 972, Child Tax Credit (Including additional child tax credit), See Pub. 972, Child Tax Credit (Including additional child tax credit), See Pub. 972, Child Tax Credit (Including the See Pub. 503, 000 and \$119,000 if married), enter "1" for each eligible child: If your total income will be between \$65,000 and \$34,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child: If you plan to literate or chain adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. If you plan to literate or chain adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. If you are single and have more than one job or are married and you and your spouse both work and the combinating from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2. If you are single and have more than one job or are married and you and your spouse both work and the combinating from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2. If you are not the Trassury with Plants of the Trassury with Plants and Plants of the Trassury with Plants and Plants of the Trassury with Plants of	Enter "1" if you	will file as head of household on your ta	ax return (see conditions under Head of household above)	EC
Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. If your total income will be less than \$65,000 (\$95,000 (\$95,000 in married), enter "2" for each eligible child; then less "1" if you have the to six eligible children or less "2" if you have seven or more eligible children. If your total income will be between \$65,000 and \$44,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child G. Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) > H. G. Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) > H. G.	Enter "1" if you	have at least \$1,900 of child or dependent	lent care expenses for which you plan to claim a credit	F C
If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. If your total income will be between \$65,000 and \$34,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child Gadd lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ Hadded to the property of the property	(Note. Do not	include child support payments. See Pub	b. 503, Child and Dependent Care Expenses, for details.)	
have three to six eligible children or less "2" if you have seven or more eligible children. If your total income will be between \$65,000 and \$34,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	Child Tax Cre	dit (including additional child tax credit). S	See Pub. 972, Child Tax Credit, for more information.	
* If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child				
** If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheets that apply. ** If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. ** If you are single and have more than one job or are married and you and your spouse both work and the combination of the income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. ** If you are single and have more than one job or are married and you and your spouse both work and the combination of the income and income and want to reduce your withholding such a state of the income and you are married and you and your spouse both work and the combination of the income and income and want to reduce your withholding both worksheet on page 2. ** If you are single and have more than one job or are married and you and your spouse both work and the combination of the income and want to reduce your withholding both worksheet on page 2. ** If you are single and have more than one job or are married and you and your spouse both work and the combination have more than one page 2. ** If you are single and have more than one page 2. ** If you are single and have more than one page 2. ** Weather of the Treasury withholding and a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. ** Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your social security number. ** Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your social security number. ** Whether you are entitled to claim a certain number of allowances or exemption from withholding for 2013, and learning in the page 2. ** If your social security number. **	have three to s	ix eligible children or less "2" if you have	seven or more eligible children.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2 if you are single and have more than one job or are married and you and your spouse both work and the combination of the property of the page 2 in your single and have more than one job or are married and you and your spouse both work and the combination of the property of the page 2 in your single and have more than one job or are married and you and your spouse both work and the combination of the page 2 in your single and have more than one job or are married and you and your spouse both work and the combination of the page 2 in your social security have been and page 3 in your supplement of the Treasury by the page 4 in your semployer. Keep the top part for your records. **Employee's Withholding Allowance Certificate** **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. **If your limit name and middle initial** **If your last name differs from that shown on your social security number** **City or from that and ZP code** **If your last name differs from that shown on your social security ard, check here. You must call 1-800-772-1213 for a replacement card. **If your last name differs from that shown on your social security ard, check here. You must call 1-800-772-1213 for a replacement card. **If you meet both or are fund of all federal income tax withheld because I had no tax liability, and **This year I expect a refund of all federal income tax withheld because I had no tax liability, and **This year I expect a refund of all federal income tax withheld because I had no tax liability. **If you meet both conditions, write "Exempt" here both conditions, write "Exempt" here both conditions with your meet both conditions, write "Exempt" here both conditions for exemption. **If you meet both conditions, write "Exem	 If your total inc 	ome will be between \$65,000 and \$84,000 (\$9	95,000 and \$119,000 if married), enter "1" for each eligible child	G O
and Adjustments Worksheet on page 2. If you are single and have more than one job or are married and you and your spouse both work and the combine armings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 avoid having too little tax withheld. If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. Separate here and give Form W-4 to your employer. Keep the top part for your records. Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. Your first name and middle initial Your first name and middle initial 2 Your social security number 3 Single Married, but legally separated, or spouse is a nonresident alien, check the "Single" before there. You must call 1-800-772-1213 for a replacement card. For the first name worksheet on page 2) Additional amount, if any, you want withheld from each paycheck I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and This year I expect a refund of all federal income tax withheld because I had no tax liability. If you meet both conditions, write "Exempt" here Date > 3 - 4 - 13 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (Ell office in the IRS.) 19 Office code (optional) 10 Employer identification number (Ell office in the IRS.) 19 Office code (optional) 10 Employer identification number (Ell office in the IRS.) 19 Office code (optional) 10 Employer identification number (Ell office in the IRS.) 19 Office code (optional) 10 Employer identification number (Ell office in the IRS.) 19 Office code (op	Add lines A thro	ugh G and enter total here. (Note. This may b	be different from the number of exemptions you claim on your tax return.)	► H _ O
• If you are single and have more than one job or are married and you and your spouse both work and the combine strate apply. • If you are single and have more than one job or are married and you and your spouse both work and the combine strate that apply. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. • Separate here and give Form W-4 to your employer. Keep the top part for your records. • Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. • Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. • Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. • Your first name and micride initial • Your social security number • Your first name and micride initial • Your social security number • Your first name and micride initial • Your social security number • Your social security number • Your first name and differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. • If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. • If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. • If your last name differs from that shown on your social security card, chec	-			ctions
worksheets that apply. I neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. Separate here and give Form W-4 to your employer. Keep the top part for your records. Employee's Withholding Allowance Certificate W-4 I whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. Your first name and middle initial I your first name and middle initial City of from state and ZIP code OMB No. 1545-007 I your social security number I your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. For the complete in the initial state of the initial cardinal mount, if any, you want withheld from each paycheck I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. Last year I had a right to a refund of all federal income tax withheld because I had not ax liability, and This year I expect a refund of all federal income tax withheld because I had no tax liability. If you meet both conditions, write "Exempt" here. Date > 3 - 4-13 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Pate > 3 - 4-13 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Pate > 5 - 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	the man inches distributions and the			****
avoid having too little tax withheld. If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. Separate here and give Form W-4 to your employer. Keep the top part for your records. Employee's Withholding Allowance Certificate W-4 Separate here and give Form W-4 to your employer. Keep the top part for your records. Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. 1 Your first name and middle initial 2 Your social security number 3 Single Married Married, but legally separated, or spouse is a nonresident alien, check the "Single" by the Ciby or lown state and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. If any, you want withheld from each paycheck Additional amount, if any, you want withheld from each paycheck Leair exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. Least year I had a right to a refund of all federal income tax withheld because I had no tax liability, and This year expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. 7 I claim exemption from withholding for 2013, and I certificate and to the best of my knowledge and belief, it is true, correct, and complete miles form is not valid unless you sign it.) Bate	W. T.	If you are single and have more that earnings from all lobs exceed \$40,000	an one job or are married and you and your spouse both work and) (\$10,000 if married), see the Two-Earners/Multiple Jobs Workshee	the combination on page 2
Separate here and give Form W-4 to your employer. Keep the top part for your records. Employee's Withholding Allowance Certificate W-4 Partment of the Treasury Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. Your first name and middle initial Your state and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. In the initial initialial initial initial initial initial initial initial initial initi			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Employee's Withholding Allowance Certificate Mether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. Your first name and middle initial		 If neither of the above situations appl 	ilies, stop here and enter the number from line H on line 5 of Form W-4	below.
Your first name and middle initial 2 Your social security number 3 Single Married Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" but he will be security card, check here. You must call 1-800-772-1213 for a replacement card. 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck 7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here Inder penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete imployee's signature In place in the security number of the middle instruction of the single because I had no tax liability. Because I had no tax liability. If you meet both conditions, write "Exempt" here I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete instruction is not valid unless you sign it.) Because I had no tax liability. Date > 3 - 4 - 13 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (Ell propers)	partment of the Treasury	Whether you are entitled to claim a cs	certain number of allowances or exemption from withholding is	No. 1545-007
Single Married Married, but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresident alien, check the "Single" but legally separated, or spouse is a nonresid	emal Revenue Service		State	
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" by the state and ZIP code 4. If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. 5. Total number or allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6. Additional amount, if any, you want withheld from each paycheck 7. I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. • Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) • This year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. • Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) • The your last name differs from that shown on your social security card, check the "Single" by check here. You must call 1-800-772-1213 for a replacement card. • Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) • Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) • Total number of allowances you are claiming for a replacement card. • Total number of allowances you are claiming for a replacement card. • Total number of allowances you are claiming for a replacement card. • Total number of allowances you are claiming for a replacement card. • Total number of allowances you are claiming for a rep	1 Your first name	and middle initial	2 Your social security	number
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" by the state and ZIP code 4. If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. 5. Total number or allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6. Additional amount, if any, you want withheld from each paycheck 7. I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. • Total number of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. • Total number of allowances you sign it.) • Date > Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) • Total number of allowances you want withheld from each paycheck • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. • Total number of allowances you are claiming (from line H above or from that shown on your social security card, check the feach.		et or sural route)		
City or fown, state, and 7IP code 4. If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. 5. Total number or allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6. Additional amount, if any, you want withheld from each paycheck 7. I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. • Indeer penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete imployee's signature is not valid unless you sign it.) 8. Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9. Office code (optional) 10. Employer identification number (Ell services)				
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. 5 Total number or allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck 7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. • Total number or allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 © 6 \$ \$ 2.5 ° 5 ° 7 Other your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. 6 \$ \$ 2.5 ° 5 ° 7 Other your last name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (Ell services)	City or town et	ate and ZIP code		7.0
1 claim number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 Additional amount, if any, you want withheld from each paycheck 7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. To deep nealties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete insployee's signature Interpolation			Sec. 2 = 1041/00-2000 (Manufacture of Manufacture	-
Additional amount, if any, you want withheld from each paycheck I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. To deer penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete insployee's signature his form is not valid unless you sign it.) Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (Ell				nt card.
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here			, ,	0 - 00
Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				25 -
This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				
If you meet both conditions, write "Exempt" here				
nployee's signature nis form is not valid unless you sign it.) Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (Ell			SUBSTANCE CONTROL OF THE PRODUCTION OF THE PRODU	0.90
nployee's signature his form is not valid unless you sign it.) 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (Ell				nd complete
nis form is not valid unless you sign it.) ► 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (Ell	S (60) S		threate and, to the best of the knowledge and benefit it is true, correct, all	na complete
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (Ell			Dates 7 4	13
				on number (Ell
		2 -15 - 22		on number (Ell

Cat. No. 10220Q



545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234 email: euclidpd@apk.net

ACKNOWLEDGMENT FORM

Procedures:

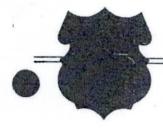
#303 Discrimination and Sexual Harassment Prohibited

#305 Code of Ethics

I have received, read and understand the Euclid Police Department, City of Euclid's policies regarding Discrimination and Sexual Harassment and the 2011 revision of the Ethics Policy. I will act in accord with these policies and procedures as a condition of my employment with The City of Euclid.

I understand that if I have questions or concerns at any time about the policies and procedures of the Euclid Police Department, or the City of Euclid, I should consult my immediate supervisor, the Chief of Police, the Human Resources Manager, or the Director of Law for clarification.

Name (Please Print)



545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234 email: euclidpd@apk.net

ACKNOWLEDGMENT FORM

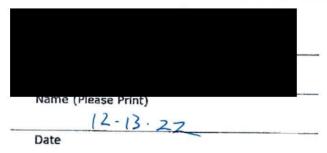
Procedures:

#303 Discrimination and Sexual Harassment Prohibited

#305 Code of Ethics

I have received, read and understand the Euclid Police Department, City of Euclid's policies regarding Discrimination and Sexual Harassment and the 2011 revision of the Ethics Policy. I will act in accord with these policies and procedures as a condition of my employment with The City of Euclid.

I understand that if I have questions or concerns at any time about the policies and procedures of the Euclid Police Department, or the City of Euclid, I should consult my immediate supervisor, the Chief of Police, the Human Resources Manager, or the Director of Law for clarification.





545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234 email: euclidpd@apk.net

ACKNOWLEDGMENT FORM

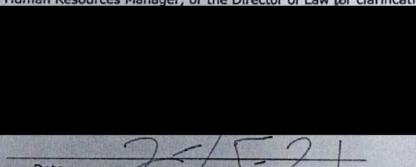
Procedures:

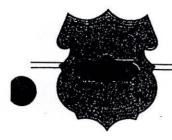
#303 Discrimination and Sexual Harassment Prohibited

#305 Code of Ethics

I have received, read and understand the Euclid Police Department, City of Euclid's policies regarding Discrimination and Sexual Harassment and the 2011 revision of the Ethics Policy. I will act in accord with these policies and procedures as a condition of my employment with The City of Euclid.

I understand that if I have questions or concerns at any time about the policies and procedures of the Euclid Police Department, or the City of Euclid, I should consult my immediate supervisor, the Chief of Police, the Human Resources Manager, or the Director of Law for clarification.





545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234 email: euclidpd@apk.net

ACKNOWLEDGMENT FORM

Procedures:

#303 Discrimination and Sexual Harassment Prohibited

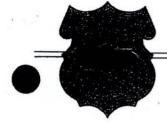
#305 Code of Ethics

I have received, read and understand the Euclid Police Department, City of Euclid's policies regarding Discrimination and Sexual Harassment and the 2011 revision of the Ethics Policy. I will act in accord with these policies and procedures as a condition of my employment with The City of Euclid.

I understand that if I have questions or concerns at any time about the policies and procedures of the Euclid Police Department, or the City of Euclid, I should consult my immediate supervisor, the Chief of Police, the Human Resources Manager, or the Director of Law for clarification.

Name (Please Print)

2-2/-20



545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234 email: euclidpd@apk.net

ACKNOWLEDGMENT FORM

Procedures:

#303 Discrimination and Sexual Harassment Prohibited

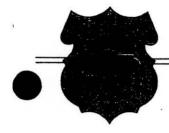
10-16-18

#305 Code of Ethics

I have received, read and understand the Euclid Police Department, City of Euclid's policies regarding Discrimination and Sexual Harassment and the 2011 revision of the Ethics Policy. I will act in accord with these policies and procedures as a condition of my employment with The City of Euclid.

I understand that if I have questions or concerns at any time about the policies and procedures of the Euclid Police Department, or the City of Euclid, I should consult my immediate supervisor, the Chief of Police, the Human Resources Manager, or the Director of Law for clarification.

Name (Please Print)



545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234 email: euclidpd@apk.net

ACKNOWLEDGMENT FORM

Procedures:

#303 Discrimination and Sexual Harassment Prohibited

#305 Code of Ethics

I have received, read and understand the Euclid Police Department, City of Euclid's policies regarding Discrimination and Sexual Harassment and the 2011 revision of the Ethics Policy. I will act in accord with these policies and procedures as a condition of my employment with The City of Euclid.

I understand that if I have questions or concerns at any time about the policies and procedures of the Euclid Police Department, or the City of Euclid, I should consult my immediate supervisor, the Chief of Police, the Human Resources Manager, or the Director of Law for clarification.

Name (Please Print)

POLICY AND PROCEDURE ACKNOWLEDGMENT

Policy and Procedure 441 covering the use of police vehicle mobile video systems and body cameras is currently under review for an update. Until such time that a new Policy and Procedure is issued, the current Policy and Procedure remains in effect.

Policy #441, Section IV

IV. Mobile Systems

- A. When an Officer is assigned a police vehicle that is equipped with a mobile video system, that officer will set up and use the system throughout the tour of duty.
- B. The wireless microphone will be used to provide audio narration at all times when the recording equipment is in operation.
- C. The mobile video system will be used during all enforcement and investigative contacts when these contacts are in sufficient proximity to the police vehicle to obtain sound and video. The system may be used to provide audio recordings of the officer contacts in circumstances that do not permit video recording.
- D. Once the system is activated during an officer contact, the officer will not stop the recording until the contact has concluded.
- E. The digital mobile video system, when activated, will automatically record all video and audio to the systems hard drive.
 - 1. Each officer will ascertain that the digital recordings of DUI's, pursuits and arrests are saved in DVD format.
 - 2. An officer may request that a DVD copy be made of other types of incidents or of any incident when he believes such recordings may serve evidentiary or documentary purpose or has training value.
 - 3. Each officer will make written notification to their supervisor requesting a DVD copy of any digital recording that is needed for any of the above stated purposes.

I have reviewed and understand Policy and Procedure #441, Section IV.

		10-24-17
Printed Name	Signature	Date

POLICY AND PROCEDURE ACKNOWLEDGMENT

Policy and Procedure 441 covering the use of police vehicle mobile video systems and body cameras is currently under review for an update. Until such time that a new Policy and Procedure is issued, the current Policy and Procedure remains in effect.

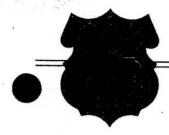
Policy #441, Section IV

IV. Mobile Systems

- A. When an Officer is assigned a police vehicle that is equipped with a mobile video system, that officer will set up and use the system throughout the tour of duty.
- B. The wireless microphone will be used to provide audio narration at all times when the recording equipment is in operation.
- C. The mobile video system will be used during all enforcement and investigative contacts when these contacts are in sufficient proximity to the police vehicle to obtain sound and video. The system may be used to provide audio recordings of the officer contacts in circumstances that do not permit video recording.
- D. Once the system is activated during an officer contact, the officer will not stop the recording until the contact has concluded.
- E. The digital mobile video system, when activated, will automatically record all video and audio to the systems hard drive.
 - 1. Each officer will ascertain that the digital recordings of DUI's, pursuits and arrests are saved in DVD format.
 - 2. An officer may request that a DVD copy be made of other types of incidents or of any incident when he believes such recordings may serve evidentiary or documentary purpose or has training value.
 - 3. Each officer will make written notification to their supervisor requesting a DVD copy of any digital recording that is needed for any of the above stated purposes.

I have reviewed and understand Policy and Procedure #441, Section IV.

Printed Name



545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234 email: euclidpd@apk.net

ACKNOWLEDGMENT FORM

Procedures:

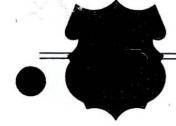
#303 Discrimination and Sexual Harassment Prohibited

#305 Code of Ethics

I have received, read and understand the Euclid Police Department, City of Euclid's policies regarding Discrimination and Sexual Harassment and the 2011 revision of the Ethics Policy. I will act in accord with these policies and procedures as a condition of my employment with The City of Euclid.

I understand that if I have questions or concerns at any time about the policies and procedures of the Euclid Police Department, or the City of Euclid, I should consult my immediate supervisor, the Chief of Police, the <u>Human Resources Manager</u>, or the <u>Director of Law for clarification</u>.

2-8-17



545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234 email: euclidpd@apk.net

ACKNOWLEDGMENT FORM

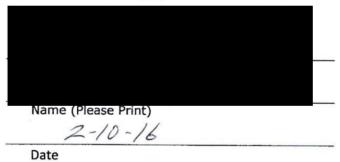
Procedures:

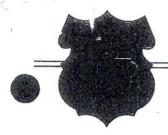
#303 Discrimination and Sexual Harassment Prohibited

#305 Code of Ethics

I have received, read and understand the Euclid Police Department, City of Euclid's policies regarding Discrimination and Sexual Harassment and the 2011 revision of the Ethics Policy. I will act in accord with these policies and procedures as a condition of my employment with The City of Euclid.

I understand that if I have questions or concerns at any time about the policies and procedures of the Euclid Police Department, or the City of Euclid, I should consult my immediate supervisor, the Chief of Police, the Human Resources Manager, or the Director of Law for clarification.





545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234 email: euclidpd@apk.net

ACKNOWLEDGMENT FORM

Procedures:

#303 Discrimination and Sexual Harassment Prohibited

#305 Code of Ethics

I have received, read and understand the Euclid Police Department, City of Euclid's policies regarding Discrimination and Sexual Harassment and the 2011 revision of the Ethics Policy. I will act in accord with these policies and procedures as a condition of my employment with The City of Euclid.

I understand that if I have questions or concerns at any time about the policies and procedures of the Euclid Police Department, or the City of Euclid, I should consult my immediate supervisor, the Chief of Police, the Human Resources Manager, or the Director of Law for clarification.

12-16-14
Date

SIGNATURE SHEET

Annual review of the following policies and procedures:

#303 Discrimination and Sexual Harassment Prohibited

#305 Code of Ethics

The City of Euclid requires that the above procedures shall be distributed to each applicant for employment. Upon receipt, each applicant shall be required to sign a written statement verifying that he/she has received a copy of this procedure.

In addition, The City of Euclid requires that these procedures be distributed to each employee annually. Upon receipt of this procedure, each employee shall be required to sign a verification of this distribution and review. Their supervisor will also sign this copy verifying that the policy and procedure was read by the employee in the presence of the supervisor.

A copy of this Signature Sheet will be sent to the Chief's office to be placed in the employee's personnel file.

Printed name or employee	⊨mployee's signature	11-26-12 Date
MTTE WASH Printed name of supervisor	Supervisor's signature	/1-25-12 Date

Return this form to Capt. Roller.



545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234 email: euclidpd@apk.net

ACKNOWLEDGMENT FORM

Procedures:

#303 Discrimination and Sexual Harassment Prohibited

#305 Code of Ethics

I have received, read and understand the Euclid Police Department, City of Euclid's policies regarding Discrimination and Sexual Harassment and the 2011 revision of the Ethics Policy. I will act in accord with these policies and procedures as a condition of my employment with The City of Euclid.

I understand that if I have questions or concerns at any time about the policies and procedures of the Euclid Police Department, or the City of Euclid, I should consult my immediate supervisor, the Chief of Police, the Human Resources Manager, or the Director of Law for clarification.

Name (Please Print)

2/23/11

Date



545 East 222nd Street Euclid, Ohio 44123 (216) 731-1234 email: euclidpd@apk.net

ACKNOWLEDGMENT FORM

Procedures:

#303 Discrimination and Sexual Harassment Prohibited

#305 Code of Ethics

I have received, read and understand the Euclid Police Department, City of Euclid's policies regarding Discrimination and Sexual Harassment and the 2011 revision of the Ethics Policy. I will act in accord with these policies and procedures as a condition of my employment with The City of Euclid.

I understand that if I have questions or concerns at any time about the policies and procedures of the Euclid Police Department, or the City of Euclid, I should consult my immediate supervisor, the Chief of Police, the Human Resources Manager, or the Director of Law for clarification.

Name (Please Print)

2/25/201/

01-19-12

Euclid Police Department Officer Year-End Evaluation Report

	//// PL TRAISCING	ration Report	
Officer's	s Name:	Assignment:	
Supervis	sor: CT. KEUY Asse	essing Officer: SGT Me	AROWSKY
	n Period: <u>5 - 71 - 11</u> to <u>17 - 31 - 1</u> / Number of		,
Short Terr	m Goals from Last Assessment Period:	wn	
Progress 0	Gained Toward Those Objectives:		
2) Re1	Qualified With: HandgunShotgun	Patrol Rifle Asp/Baton _	OC Spray
	ossesses a Valid Driver's License: (Y) or N	y Weapons Specialty/Sw CRIS/LEADS Certification:	yor N
STA	ATEMENTS and EXPLANATIONS	SCA	ALE
	(Note – All responses marked Needs to Imp	rove require an explanation on page 4)	
Professio	onalism & Safety	1-Needs to Improv	e 2-Proficient
1. C	Consistently exhibits a professional appearance		D
2. D	isplays adaptability and flexibility		Ň
3. Sł	hows Initiative in improving skills		X
4. E>	xercises prudent care and use of equipment		X
5. Is	open to corrective guidance		TX
6. Us	ses caution when handling suspects/prisoners		*
7. M	laintains self-control in stressful situations		M
	onsistently operates police vehicles in a safe man dhering to policies and procedures	ner,	X
	ollows Departmental Policies and Procedures and ules and Regulations		X
10. Pr	roperly completes routine forms		X
	dheres to Departmental policies regarding time of tendance and punctuality	f,	Ø

W. Lt.

STATEMEN	TS and	EXPLA	NATI	ONS

SCALE

espor	nsibilities	1-Needs to Improve	2-Proficient	3-More than Proficie
12.	Effectively expresses oneself, consistently representing the Department in a positive manner	er 🗆	Ø.	
13.	Successfully interacts with other officers and civilian employees		4	
14.	Treats others fairly and with respect		A	
15.	Effectively manages uncommitted time; patrols assigned area and conducts business checks		A	
16.	Consistently self-initiates enforcement activity		₹	
17.	Completes acceptable incident reports which are accurate and thorough		K	
18.	Efficiently manages time on assigned calls		X	
19.	Consistently conducts appropriate follow-up on ca	alls	\$	
20.	Completes reports/assignments in a timely manne	er 🗌	\sqrt{\sq}\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sqrt{\sq}}}}}}}}}}}} \sqite\seption}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sqrt{\sqrt{\sq}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \sqrt{\sqrt{\s	
	Effectively keeps supervisors apprised of necessar information	у 🗌	Ø.	
22.	Demonstrates the ability to communicate in an effective manner both verbally and in writing		X	
23.	Meets Departmental enforcement goals		[*	
24.	Carries out instructions with minimum supervision	n 🗌	P	
25.	Identifies and addresses problems in his/her assigned area		<u>Q</u>	

Disciplinary Adjustments: Subtract ½ point for each Documented Counseling, 1 point for each Oral Reprimand, 2 points for each Written Reprimand and 3 points for any Formal Charges

Points Earned this Assessment	50	Minus Discipline	0	Total 50
-------------------------------	----	------------------	---	----------

type of discipline (Note - Any discipline taken during this evaluation period — include date and
in a "Needs to Improve" rating in the applicable proficiency statement):
NO DISCIPLINARY ANDON TANCON
Goals agreed upon for next evaluation period:
BUILDING MORE SEXT-CONFIDENCE IN DECISION MAXING
Supervisor's Comments:
ENTHYSIASOL AND SHOW GREAT POTENTIAL. HE IS SOCIALIZING INTO
SWATTOWN AND HAS DESIGNETO DOIN THE 11-9 GIVIT.
This evaluation is based on my observations and/or personal knowledge. It
represents my best judgment of the evaluated officer's performance.
Assessing Officer: SGI MINANSKY
I certify this evaluation has been discussed with me. My signature indicate that I agree disagree with this evaluation.
☐ I appeal this evaluation to the next highest Supervisor ☐ No appeal
Officer Comments:
1-17-B
Evaluated Officer: Date

Pg4 – Supervisor Explanations:

Statement #	Explanation/Comment

Mentioners	
Michilarye signicipa	
- Commence	
-	
indistributions.	

Euclid Police Department SELF-PERFORMANCE REVIEW

This form must be completed and brought to your Assessment Review.

In reviewing your service this past asser	ssment period what are your:
Accomplishments: Successful completion of	FTO process
Strengths: Communication skills Physical Litness	
Areas where you can improve: Better understanding of persons	search/scizure laws when individuals in my beat/ most affected
What are your future goals?	
Short term: (within the next evaluation Found on drug enforce Continue to better under Building more confidence	period) ment stand eity fellow officers en dealing with calls / suspects
Long term: (career goals) K-9 SWAT Member	
Signature of Person Evaluated	Signature of Person Evaluating
1-17-12 Date	1-17-12 Date

Euclid Police Department Mid-Year Evaluation

Officer Name	Mid Year (January-June) 200
Assignment:	Sick Days Used:
Assessing Supervisor: M. WALSH	Attachment Day pattern noted:
Short Term Goals From Last Assessment Period	d: IMPROJE DECISION MAHAG.
Progress Gained Toward Those Objectives Dur ATTENDED SWAT DTO A TRAINING HAS A DESTRE TO BECOME Individual's Strengths:	DIFFERENCE CAUS (FORNIGE FROM FACH) ring This Assessment Period: N.C. CONFERENCE, CONTINUED SWAT TRAINED A BETTER OFFICER POTEG TO FOR SCHOOLS,
COUTINUE TO IMPROVE PROCE Areas in Need of Improvement:	EDURE FROM SECTION OFFICES
COMFORT LEVEL IN HANDLE Goal Adjustments:	NG AUTYPES OF CALLS
CONTINUE TRAINING WITH S Comme Individual:	SWAT TO BECOME A PROBATLONARY ents MEMBER.
Supervisor: HAS VOUENTERS TRAIN WITH SWAT ALWAYS	WILLIE TO TAKE CALLS,
Assessed Individual	Assessing Supervisor
Date: 8-5-12	Date: 8/1/12

WKL+.

Euclid Police Department SELF-PERFORMANCE REVIEW

This form must be completed and brought to your Assessment Review.

In reviewing your service this past asses	sment period what are your:
Accomplishments: Successful completion of	probation
Strengths: Continued understanding ability to handle co Physical fitness	of city geography and
Areas where you can improve: Understanding of more	complicated calls.
What are your future goals? Short term: (within the next evaluation Using Karmledge learn K	period) to enhance officer safety
Long term: (career goals) K-9 office SWAT nember	
Signature of Person Evaluated	Signature of Person Evaluating
7-13-12	8/1/12

Date

Euclid Police Department

Officer Year-End Evaluation Report

Officer's Name	Assignment:		
Supervisor: LT KELY Assessing Officer: SGT WASH.			
Evaluation Period: 1-1-12to 12-31-12 Number of Sick Days Used: O Attachment Pattern Y or (N			
Short Term Goals from Last Assessment Period: U.S.T.G. EVOLUEDGE TO EVHACE OFFICER SAFTET.			
Progress Gained Toward Those Objectives: ATTENDED SEVERAL TRATIVING SESSIONS WITH ERT TEAM.			
Special Recognition (Awards, Letters, etc.): 4			
Officer Possesses a Valid Driver's License: Y or N	CRIS/LEADS Certification:	Yor N	
STATEMENTS and EXPLANATIONS	SCA	ALE	
(Note – All responses marked Needs to Improve require an explanation on page 4)			
Professionalism & Safety	1-Needs to Improv	e 2-Proficient	
Consistently exhibits a professional appearance		7.	
2. Displays adaptability and flexibility			
3. Shows Initiative in improving skills			
4. Exercises prudent care and use of equipment		Z.	
5. Is open to corrective guidance			
6. Uses caution when handling suspects/prisoners			
7. Maintains self-control in stressful situations			
 Consistently operates police vehicles in a safe mannadhering to policies and procedures 	ner,	A	
 Follows Departmental Policies and Procedures and Rules and Regulations 			
10. Properly completes routine forms		Z ,	
 Adheres to Departmental policies regarding time of attendance and punctuality 	f,		

in a "Needs to Improve" rating in the applicable proficie	ency statement):
Goals agreed upon for next evaluation period: AUDID MISTAKES T	
Supervisor's Comments: SHOWED IMPROVEMENT TO AS A OFFICER, NO ST LISED (AST YEAR)	AS CONSISTANTO HIS DEVELOPA
This evaluation is based on my observations and represents my best judgment of the evaluated of Assessing Officer:	
I certify this evaluation has been discussed with that I agree disagree with this ev	
I appeal this evaluation to the next highest	Supervisor No appeal
Officer Comments:	
	2.5-13
/ \/ Evaluated Officer:	Date

•

¥:



Euclid Police Department SELF-PERFORMANCE REVIEW

This form must be completed and brought to your Assessment Review.

In reviewing your service this past assess	sment period what are your:
Accomplishments: Recent underwer drug arrest	Via witnessed hand-to-hand
Strengths: Increased comfort level in calls for service	handling the majority of
Areas where you can improve: Becoming more attuned with	the various city ordinances
What are your future goals?	
Short term: (within the next evaluation p	eriod) at the upuming 0.T.o. A in Spring
Long term: (career goals) S. W. A. T	
Signature of Person Evaluated	Signature of Person Evaluating
1-1/-13 Date	2-6-13 Date

Euclid Police Department Mid-Year Evaluation

Officer Name:	Mid Year (January-June) 20
Assignment:	Sick Days Used:
Assessing Supervisor:	Attachment Day pattern noted:
Short Term Goals From Last Assessment Peri	od: ATTENDE GENET EXPLOSIO
Progress Gained Toward Those Objectives Du	uring This Assessment Period:
Individual's Strengths:	
WITH 34FACS ON the SO Areas in Need of Improvement: AND INC.	SELF INITIATED ACTIONS
	MUNIC AGRESTS (AT VERST I PER
Individual:	<u>ents</u>
Supervisor MAS GOOT TO AST INVIOLED TO AST INVIOLED AGAINST AGAING. ACTIVITY IS lacking.	HUALTRICHUS USUNTES
Assessed Individual	Assessing Supervisor
Date: 9-17-13	Date: 07-17-13
	KK Lt.
	10-3-13

Euclid Police Department SELF-PERFORMANCE REVIEW

This form must be completed and brought to your Assessment Review.

In reviewing your service this past assessment period what are your:

Accomplishments:
- Performing CPR on a female involved with an M.V.A which was
the while of a heart attack while driver EMS advised her
survival was attributed to the CPR administered to hero Several SWAT callouts successfully completed without injury to suspect
- Several SWAT callouts successfully completed without injury to suspect
·
Strengths:
- Multiple training days per month which allow continued learning and exhausement of tactical ability physical fitness
and enhancement of tactical ability.
- physical fitness
Areas where you can improve:
- General Knowledge of specific, uncommon truffic violations.
What are your future goals?
Short term: (within the next evaluation period)
Successful conduction of an analysis and a second second
Successful completion of O.T. 2A Basic SWAT School (October, 2013) SWAT Team Meader
Just Care
Long term: (career goals)
SWAT Team header
Min Sut into and
Signature of Person Evaluated Signature of Person Evaluating
2813
9-8-13 Date Date
Date

Officer Year-End Evaluation Report Officer's Name: Assignment: Supervisor: TREUT Assessing Officer: WAISH Evaluation Period: 1-1-13 to 12-31-13 Number of Sick Days Used: Attachment Pattern Y or N Short Term Goals from Last Assessment Period: ATTEDED SCHOOL SWAT 2013 Progress Gained Toward Those Objectives: HTENDED OTOA BASIC SWAT/TACTICAL OPERATOR Special Recognition (Awards, Letters, etc.): Currently Qualified With: Handgun ____ Shotgun ___ Patrol Rifle ___ Asp/Baton ___ OC Spray ____
Taser ___ Off-Duty Weapons ___ Specialty/Swat Weapons ____ Officer Possesses a Valid Driver's License: (Y) or N CRIS/LEADS Certification: (y) or N STATEMENTS and EXPLANATIONS SCALE (Note - All responses marked Needs to Improve require an explanation on page 4) Professionalism & Safety 1-Needs to Improve 2-Proficient Consistently exhibits a professional appearance Displays adaptability and flexibility Shows Initiative in improving skills Exercises prudent care and use of equipment Is open to corrective guidance Uses caution when handling suspects/prisoners Maintains self-control in stressful situations 7. Consistently operates police vehicles in a safe manner, adhering to policies and procedures Follows Departmental Policies and Procedures and Rules and Regulations 10. Properly completes routine forms 11. Adheres to Departmental policies regarding time off, attendance and punctuality

UK LA. W

	ST	ATEN	MENTS	and	EXPL	ANAT	IONS
--	----	------	-------	-----	------	------	------

SCALE

(Note - All responses marked Needs to Improve or More than Proficient require an explanation on page 4)

spo	nsibilities <u>1</u>	-Needs to Improve	2-Proficient	3-More than Proficien
12.	Effectively expresses oneself, consistently representing the Department in a positive manner	r 🔲 🗀		
13.	Successfully interacts with other officers and civilian employees			
14.	Treats others fairly and with respect			
15.	Effectively manages uncommitted time; patrols assigned area and conducts business checks		D	
16.	Consistently self-initiates enforcement activity			2
17.	Completes acceptable incident reports which are accurate and thorough			
18.	Efficiently manages time on assigned calls			
19.	Consistently conducts appropriate follow-up on call	ls		
20.	Completes reports/assignments in a timely manner			
21.	Effectively keeps supervisors apprised of necessary information		X	
22.	Demonstrates the ability to communicate in an effective manner both verbally and in writing		p/	
23.	Meets Departmental enforcement goals			
24.	Carries out instructions with minimum supervision			
25.	Identifies and addresses problems in his/her assigned area			

Disciplinary Adjustments: Subtract ½ point for each Documented Counseling, 1 point for each Oral Reprimand, 2 points for each Written Reprimand and 3 points for any Formal Charges

Points Earned this Assessment	52	Minus Discipline	0	Total	52
-------------------------------	----	------------------	---	-------	----

type of discipline (Note - Any discipline taken during this in a "Needs to Improve" rating in the applicable proficiency	evaluation period will result
NO DISCIPLIE	statement):
The programme of the second control of the s	A 10.10 July 10.10 10.10 10.10
Goals agreed upon for next evaluation period:	BECOME A
ALTIUE SUAT TEA	M MEMBER,
Supervisor's Comments:	BEEN UERY
ACTIVE IN TRAINING AND	
OFFICERS, ALSO HIS	1 SICK DAY
ISED WAS USED DUE TO 1	
This evaluation is based on my observations and/or	
represents my best judgment of the evaluated office	er's performance.
Assessing Officer:	61.
certify this evaluation has been discussed with methat I agree disagree with this evaluation	
I appeal this evaluation to the next highest Sup	ervisor 🗌 No appeal
Officer Comments:	
	1-18-14
valuated Officer:	

Date

Pg4 – Supervisor Explanations:

2	
Statement #	Explanation/Comment
16	IS ALWAYS ON THE TOP OF THE SHIFT WITH ENFORCEMENT ACTIVITY, HE TAKES GREAT PRIDE IN HIS WORK AND ALL THEE NOTICE WITH HIS PROFESSIONAUSM
25	IS ALWAYS AWARE OF WHO THE "PURYERS" ARE ON THE STREET. HE HAS MADE GREAT STRIDES
	IN HIS ASSIGNED AREA!

Euclid Police Department SELF-PERFORMANCE REVIEW

in reviewing your service this past assessment	period what are your:
Accomplishments:	
Successful completion of 0, No sick days used	TO A BOX'S SWAT Chan
11. 0 15 da s (10)	1. O. A BUSIC SUM SCIEN
The sier days used	
:	
Strengths:	
Continued exposure to tactical to	
Continued exposure to tactical to	raining via SWAT
	1
Areas where you can improve:	
Attend more communication and	officer safety schools
	/
Wall 4	
What are your future goals?	9
Short town (within the next evaluation - will)	
Short term: (within the next evaluation period)	
SWAT Team Member	
Long term: (career goals)	
SWAT TERM Leader	200
JUV 7 1 (ERM ZEGUE)	
3	<u> </u>
	$\Omega\Omega\Lambda$ V $(1)\Lambda$
Signature of Person Evaluated	Signature of Person Evaluating
1-10-14 Date	1-18-14.
Date	Date

Euclid Police Department Mid-Year Evaluation

Officer Name:_	Mid Year (January-June) 2012
Assignment:	Sick Days Used:
Assessing Supervisor: SGT. VERH	Attachment Day pattern noted: _ ~/A
Short Term Goals From Last Assessment Peri	iod:
Progress Gained Toward Those Objectives Du	TEAM MEMBER uring This Assessment Period:
HAS BECOME A ME	MBER OF THE SWAT TEAM.
RELIABILITY, TEAM PLAYER	
Goal Adjustments: INCREASE CRIMINAL ARREST	
ndividual:	<u>ients</u>
Supervisor: IS DOING A C	GOOD JOB HE'S VERY RELIAGE OF THE GOOD WORK.
Assessed Individual	Assessing Supervisor
Date: 7-22-14	Date: 7/22/14

Euclid Police Department SELF-PERFORMANCE REVIEW

in reviewing your service this past assessment period what are your:
Accomplishments:
Simple repolition of O.T.O.A Turtical SWAT Conference
Sulley tul condition of O.T.O. A Hadane Rescue (SWAT)
Successful completion of O.T.O.A Tactical SWAT conference Successful completion of O.T.O.A Hostage Rescue Course (SWAT) Successful completion of N.T.O.A Armored Tactical Rescue Versiele Course (SWAT)
Successful for the format of t
Strengths:
Physical Fitness
continued swat training allows for a higher level of officer
Physical Fitness continued swat training allows for a higher level of officer situational awareness on patrol
Areas where you can improve:
city ordinance codes
What are your future goals?
Tride and your material goods.
Short term: (within the next evaluation period)
Successful completion of E.O. G.E. Swat week in Suprember
Long term: (career goals)
Veteran SWAT member / Instructor
SGT. V.V.
Signature of Person Evaluated Signature of Person Evaluating
7-22-14 07/22/14 Data
Data



Officer Year-End Evaluation Report

Officer's Na	me:	Assignm	nent:		
Supervisor:	Lt M Houser	Assessing Office	r: <u>Sgt A Beese</u>		
Evaluation Per	iod: <u>01/01/14</u> to <u>12/31/14</u>	Number of Sick Days Used	: Attach	ment Pattern	No
	pals from Last Assessment Periogoal was to become an active Star evaluation his,		ests		
	ed Toward Those Objectives: ttended several tactical courses	including the Ohio tactical C	Officer's Associati	on Annual Trai	nina
Conference ar	nd the EDGE 40 hour SWAT train	ing week; he became a full n	nember of the ED		
Special Recogn	inal arrests increased approximo nition (Awards, Letters, etc.): izen (assistance returning home	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.580 • 50.00000	teered to assis	t with
	r), Letter of Recognition (re. arre				
	alified With: Handgun <u>X</u> S Taser ₋ sses a Valid Driver's License:	X Off-Duty Weapons	Specialty/Sv	wat Weapons	
STATE	MENTS and EXPLANATION	S	SCA	ALE	
	(Note – All responses mark	ed Needs to Improve require an ex	planation on page 4)	
Professional	ism & Safety	<u>1-1</u>	leeds to Impro	ve 2-Profic	<u>ient</u>
1. Cons	istently exhibits a professional a	ppearance		×	
2. Displa	ays adaptability and flexibility			×	
3. Show	s Initiative in improving skills			×	
4. Exerc	ises prudent care and use of equ	uipment		×	
5. Is ope	n to corrective guidance			×	
6. Uses	caution when handling suspects	/prisoners		×	
7. Maint	ains self-control in stressful situ	ations		×	9
	stently operates police vehicles ing to policies and procedures	in a safe manner,		×	
	ws Departmental Policies and Policies and Policies and Policies and Regulations	ocedures and		×	
10. Prope	rly completes routine forms			×	
	res to Departmental policies reg	arding time off,		×	

STATEMENTS and EXPLANATIONS	STATE	MENTS	and EXPL	ANATIO	NS
-----------------------------	-------	--------------	----------	--------	----

SCALE

(Note - All responses marked Needs to Improve or More than Proficient require an explanation on page 4)

espoi	<u>nsibilities</u>	1-Needs to Improve	2-Proficient	3-More than Proficien
12.	Effectively expresses oneself, consistently representing the Department in a positive mann	er 🗌	\boxtimes	
13.	Successfully interacts with other officers and civilian employees		\boxtimes	
14.	Treats others fairly and with respect		\boxtimes	
15.	Effectively manages uncommitted time; patrols assigned area and conducts business checks		\boxtimes	
16.	Consistently self-initiates enforcement activity	×		
17.	Completes acceptable incident reports which are accurate and thorough		\boxtimes	
18.	Efficiently manages time on assigned calls		\boxtimes	
19.	Consistently conducts appropriate follow-up on c	calls	\boxtimes	
20.	Completes reports/assignments in a timely mann	er 🗌	\boxtimes	
21.	Effectively keeps supervisors apprised of necessal information	ry 🔲	×	
22.	Demonstrates the ability to communicate in an effective manner both verbally and in writing			
23.	Meets Departmental enforcement goals		\bowtie	
24.	Carries out instructions with minimum supervision	on 🗌	\boxtimes	
25.	Identifies and addresses problems in his/her assigned area		\boxtimes	

Points Earned this Assessment <u>49</u> Minus Discipline <u>0</u> Total <u>49</u>

Disciplinary Action taken during this evaluation period - include date and type of discipline (Note - Any discipline taken during this evaluation period will result in a "Needs to Improve" rating in the applicable proficiency statement): None

Goals agreed upon for next evaluation period: will increase his self-initiated criminal enforcement activity by making at least three non-traffic-related contacts (consensual encounters, Terry stops, etc.) per week. manner that he can present to his supervisor upon request. one training class dealing with street crime or patrol criminal interdiction.
Supervisor's Comments:
has the ability to be an excellent police officer. He has been focusing a great deal of his attention on SWAT training and achieving his goal of becoming a SWAT team member. Now that that goal has been achieved, needs to translate his tactical skills to the patrol context. documents his calls for service thoroughly and can always be counted on to perform the appropriate follow-up
This evaluation is based on my observations and/or personal knowledge. It
represents my best judgment of the evaluated officer's performance.
Assessing Officer: 4.
I certify this evaluation has been discussed with me. My signature indicates that I agree disagree with this evaluation.
☐ I appeal this evaluation to the next highest Supervisor ☐ No appeal
Officer Comments:
1-21-15
Evaluated Officer: Date

Date

Pg4 – Supervisor Explanations:

Statement #	Explanation/Comment
16	vacillates from month-to-month on his self-initiated criminal enforcement activity. While he always exceeds his traffic enforcement goals, he could improve his criminal enforcement. In the needs to learn to "look beyond the ticket" while conducting traffic stops.
	a A

Euclid Police Department SELF-PERFORMANCE REVIEW

In reviewing your service this past asse	essment period what are your:
Accomplishments: Successful completion of 4 multiple, successful SWAT	raids and callouts
Strengths: Continued tartical training Confidence with report with	provided by E.D.G.E. SWAT
Areas where you can improve: Knewledge of all city ord	L'agrees
What are your future goals? Short term: (within the next evaluation Successful completion of any	period)
Long term: (career goals) SWAT Sytractor	
Signature of Person Evaluated	Signature of Person Evaluating
12-28-14 Date	12-28-14 Date

Euclid Police Department Mid-Year Evaluation

Officer Nam	Mid Year (January-June) 2012
Assignment	Sick Days Used:
Assessing Supervisor: J. Coruk	Attachment Day pattern noted: 10
Short Term Goals From Last Assessm	ent Period: MURE CHUNTIATED CAMUAL HA
EME CEIF WITTAKE VILIM	
TACTICAL BULLET, Condividual's Strengths:	WILLIAMES to SO AUT THER , FI
RIMINAL ATROL ON Areas in Need of Improvement:	VIEW CAMUAL SHOREMENT
Goal Adjustments:	o. / ATTEND day WELLETTON Blog
ndividual:	Comments
Supervisor (Supervisor (Super	HORESTICATED TERMIS
Assessed Individual	Assessing Supervisor
Date: 77.15	Date: 7/7/15

Euclid Police Department SELF-PERFORMANCE REVIEW

TT				200	0.0					
<u>H</u> m	reviewing	Your	service	this	past	assessment	period	what	are	VOUR:

Accomplishments:	
Successful completion of Mid-ohio emergency rehicle of	perations trouving (8 hours
Successful completion of Controlled Force Detensive Tauties	instructor school (40 hos
Successful completion of O.T.D.A. Executive Protection	Course (16 hou
Several successful SWAT operations and callowess. Two letters of commendations one letter of 1860gniti	
	en from a citizen
Strengths:	
Continued training involving various Tactical and	patrol aspects
pravided by E.D.G.E. SWAT.	
Physical finess	
Continued training involving various tactical and pravided by E.D.G.E. SWAT. Physical fitness Contidence with report writing and patrol investig	6707.
Areas where you can improve:	
	21
Knowledge and understanding at various city	or elinunces
What are your future goals?	
Short term: (within the next evaluation period)	
Successful completion of any upcoming school	is it approved.
, , J	
Long term: (career goals)	
SWAT instructor	
JWAI MATALTON	
	111.
(M) est.	7000
Signature of Person Evaluated Signature of P	erson Evaluating
6-20-15	
Date	ate

			B	Kn
	Euclid Police Dep	artment		AXI.
	Officer Year-End Evaluation	tion Report	(0	9
Office	r's Name A	ssignment:		
Superv	visor: LT Cuturight Assessing (Officer: Soft	Jolden	
valuati	on Period: 115 to 1231 5 Number of Sick Day	ys Used: Attac	chment Pattern Y or N	0
	Complete DGE (SWAT) week we Self initiated Comman or	Successful rests	4	
0	s Gained Toward Those Objectives:	maino mari, ante eras	sama yaca-asasas 2.3 usyatana nadiwa	
pecial Onc	Recognition (Awards, Letters, etc.):	es all bettimercoms es	gantin yasabata Er 1	
	tly Qualified With: Handgun Shotgun Patrol Taser Off-Duty Weal Possesses a Valid Driver's License: Y or N CRIS/	pons Specialty/	Swat Weapons	
S	TATEMENTS and EXPLANATIONS	S	CALE	
Profes	(Note – All responses marked Needs to Improve requ	ire an explanation on page 1-Needs to Impl	of the skinemiy manage	
1.	Consistently exhibits a professional appearance		9	
2.	Displays adaptability and flexibility			
3.	Shows Initiative in improving skills			
4.	Exercises prudent care and use of equipment	mlayer		
5.	Is open to corrective guidance	A III Dam Lee Hee		
6.	Uses caution when handling suspects/prisoners	and the self	B'	
7.	Maintains self-control in stressful situations	wenga		
7. 8.	Maintains self-control in stressful situations Consistently operates police vehicles in a safe manner, adhering to policies and procedures	of all zare and a second		¥
	Consistently operates police vehicles in a safe manner,			v
9.	Consistently operates police vehicles in a safe manner, adhering to policies and procedures Follows Departmental Policies and Procedures and			*

type of discipline (Note - Any discipline taken during this e in a "Needs to Improve" rating in the applicable proficiency s	
INDERSON DATE COMMENT	SIN I
A ASAIN STATE AND DESCRIPTION	
SHO SHERHAL THE MILLIONISM ST.	
Goals agreed upon for next evaluation period:	
training in tactics regarding situation	the involving uccomi
Republican National Convertion (ED	
Notify Soft Holder of Criminal arrests !	elong crosss he has in
Supervisor's Comments:	opha his shills
and is a resource to the shift	. He brings
humor & optimism to the workp	lace and is
professional and factically Sound	on the road.
This evaluation is based on my observations and/or p	personal knowledge. It
represents my best judgment of the evaluated office	r's performance.
	46-
Assessing Officer:	(al)
Good 2000/10 / 2/02 1100/03/	
I certify this evaluation has been discussed with me.	My signature indicates
that I agree disagree with this evaluat	A
☐ I appeal this evaluation to the next highest Supe	ervisor No appeal
Officer Comments:	
	1-27/
Tuelueted Office	1-27-16
Evaluated Officer:	Date

Euclid Police Department SELF-PERFORMANCE REVIEW

In reviewing your service this past assessi	ment period what are your:
Accomplishments: Successful completion of E.D Letter of commendation	.G.E. SWAT week
Strengths: Physical fitness Firearm and tactical knowledge co Report writing and investigation	entinuously provided by SWAT reaining
Areas where you can improve:	
What are your future goals? Short term: (within the next evaluation po	eriod)
Long term: (career goals)	
Signature of Person Evaluated	Signature of Person Evaluating
12-27-15 Date	1 27 15 Date

Euclid Police Department Mid-Year Evaluation

Officer Name	Mid Year (January-June) 200
Assignment:	Sick Days Used:
Assessing Supervisor:	Attachment Day pattern noted:
Short Term Goals From Last Assessment Per Ending Progress Gained Toward Those Objectives D	riod: Trading in factice regarding situation of the state of the state of the language of the Assessment Period:
Individual's Strengths:	
Agod oniting Tockes Areas in Need of Improvement:	
	akity (calls OIC more than any other
Mork on Making sound do Come Individual:	ments
Supervisor: is a good of report, and is a pleasur, supervise	fices uniter a good re to work with and
Assessed Individual	Assessing Supervisor
Date: 7-9-16	Date:

Euclid Police Department SELF-PERFORMANCE REVIEW

In reviewing your service this past assess	sment period what are your:
Accomplishments:	
	5.10014
he called a will the house	s at gunpoint.
Several successful SWAT ope	and garps. As.
The state of the s	777
Strengths:	
Meeting Monthly pertorman	le gouls
Continuous SWAT training	related to patel and safety
Documentation	
£	
Areas where you can improve:	
Learning various city ordine	20111
- Ing variable of the same	
What are a few and a few a	
What are your future goals?	
Short term: (within the next evaluation p	pariod)
The To plant Metal	my goals set by management
	2
Long term: (career goals)	
Safely reach retirement	2:
/	
Signature of Person Evaluated	Signature of Person Evaluating
	Signature of Lerson Evaluating
<u>6-7-16</u> Date	
Date	Date

Euclid Police Department Officer Year End Evaluation Report

Office	er's Name:	Assignment:_		_			
Supervisor: LT. CUTWRIGHT Assessing Officer: SGT. WALSH.							
Evalua	Evaluation Period: 1-16 to 12-31-16 Number of Sick Days Used: 2 Attachment Pattern Y or N						
	Term Goals from Last Assessment Period:	on Scen	E DECISTO	×			
Progre	ass Gained Toward Those Objectives: AS MADES EVERAL TIMES AND ADVISES	ARRESTS F SUPERVISOR	FOR UARTON	SECT			
	Recognition (Awards, Letters, etc.): TOZ OF COMMENDATION only Qualified With: Handaux	,	,	ST			
	ntly Qualified With: Handgun Shotgun Pat Taser Off-Duty W r Possesses a Valid Driver's License: Y or N CR	eapons V Specialty/S	wat Weapons				
	TATEMENTS and EXPLANATIONS	SC	ALE				
	(Note – All responses marked Needs to Improve	require an explanation on page	4)				
Profes	ssionalism & Safety	1-Needs to Impro	ve 2-Proficient				
1.	Consistently exhibits a professional appearance						
2.	Displays adaptability and flexibility		1				
3.	Shows Initiative in improving skills		7				
4.	Exercises prudent care and use of equipment						
5.	Is open to corrective guidance		9				
6.	Uses caution when handling suspects/prisoners						
7.	Maintains self-control in stressful situations		V				
8.	Consistently operates police vehicles in a safe manner, adhering to policies and procedures		d				
9	Follows Departmental Policies and Procedures and Rules and Regulations		D	×			
10.	Properly completes routine forms		\rightarrow				
11.	Adheres to Departmental policies regarding time off, attendance and punctuality		g				

Statement #	Explanation/Comment
13	VERT PROFESSIONAL APPEARAGE AND WORKS WELL WITH STAFF AND PEERS.
14	THE LETTER OF THE LAW WHEN ENFORCIES THE LAW, HE IS CONSTERT WITH DEATER WITH THE PUBLIC
23	ACHIEUFS HTS GOALS OF
**************************************	THE MONTH. HE ALSO HAS MAPE MAN'T COMPUTATED DOMESTIC VIOLENCE ARRESTS
-	HE IS ALWAYS STANPING UP FOR THOSE WHO CAN'T FIGHT FOR THEMSELF, A TRUE VICTIMS ADJUGATE

STA	TEN	AFNITS	and	EXDI	ANA	TIONS
211	1 5 16	/HEIN H.S	anu		And I Was	

SCALE

(Note – All responses marked Needs to Improve or More than Proficient require an explanation on page 4)

Respo	nsibilities	1-Needs to Improve	2-Proficient	3-More than Proficient
12.	Effectively expresses oneself, consistently representing the Department in a positive mann	ner		
13.	Successfully interacts with other officers and civilian employees			
14.	Treats others fairly and with respect			\square
15.	Effectively manages uncommitted time; patrols assigned area and conducts business checks			
16.	Consistently self-initiates enforcement activity			
17.	Completes acceptable incident reports which are accurate and thorough			
18.	Efficiently manages time on assigned calls		V	
19.	Consistently conducts appropriate follow-up on	calls		
20.	Completes reports/assignments in a timely mann	ner 📗		
21.	Effectively keeps supervisors apprised of necessal information	ary	d	
22.	Demonstrates the ability to communicate in an effective manner both verbally and in writing		9	
23.	Meets Departmental enforcement goals			
24.	Carries out instructions with minimum supervisi	on		
25.	Identifies and addresses problems in his/her assigned area		ď	

Disciplinary Adjustments: Subtract ½ point for each Documented Counseling, 1 point for each Oral Reprimand, 2 points for each Written Reprimand and 3 points for any Formal Charges

Points Earned this Assessment	53	Minus Discipline 💍	Total 53.
-------------------------------	----	--------------------	-----------

Disciplinary Action taken during this evaluation period – include date and type of discipline (Note - Any discipline taken during this evaluation period will result
in a "Needs to Improve" rating in the applicable proficiency statement):
んのんと
*
Goals agreed upon for next evaluation period: CONTINUE TO
GROW AND EXCEL WITHIN THE
DEPARTMENT.
Supervisor's Comments:
BECOME A MASTER WITH D.V. ARRES
HE IS VERT FROM LEXABLE WITH
THE LAWS OF THE STATE.
This evaluation is based on my observations and/or personal knowledge. It
represents my best judgment of the evaluated officer's performance.
represents my best judgment of the evaluated officer's performance.
Assessing Officer:
Assessing Officer.
I certify this evaluation has been discussed with me. My signature indicates
that I 🔽 agree 🗌 disagree with this evaluation.
I appeal this evaluation to the next highest Supervisor V No appeal
Officer Comments:
12-31-16

Date

Evaluated Officer:

Officer Year-End Evaluation Report

Officer's Name:		Assignment:				
Supervi	isor: <u>Lt. Cutwrig</u> ht	Assessing Of	ficer: <u>Sgt. B</u>	arron		
Evaluatio	on Period: <u>1/1/17</u> to <u>12/31/.</u>	17 Number of Sick Days	Jsed: 1	Attachme	nt Pattern	No
	rm Goals from Last Assessment Pe e to grow and excel within the Eucl					
	Gained Toward Those Objectives doing very well. He handles his be		writes very th	orough rep	orts.	
Special F Letter of Chief.	Recognition (Awards, Letters, etc.) f Commendation: assisting a moth	: er and daughter who were	impressed en	ough to wri	ite a letter t	to the
	ly Qualified With: Handgun <u>X</u> Tase Possesses a Valid Driver's Licens	er 🗶 Off-Duty Weapo	ns X Spec	ialty/Swat	OC Spray Weapons	×
ST	ATEMENTS and EXPLANATION	ONS		SCALE		
	(Note – All responses n	narked Needs to Improve require	an explanation	on page 4)		
Profess	sionalism & Safety		1-Needs to	<i>Improve</i>	2-Profic	<u>ient</u>
1.	Consistently exhibits a profession	al appearance			\boxtimes	
2.	Displays adaptability and flexibility	у			\boxtimes	
3.	Shows Initiative in improving skills	;			\boxtimes	
4.	Exercises prudent care and use of	equipment			\boxtimes	
5.	Is open to corrective guidance				\boxtimes	
6.	Uses caution when handling suspe	ects/prisoners			\boxtimes	
7.	Maintains self-control in stressful	situations			\boxtimes	
8.	Consistently operates police vehic adhering to policies and procedur				\boxtimes	
9.	Follows Departmental Policies an Rules and Regulations	d Procedures and			V	
10.	Properly completes routine forms				V	
11.	Adheres to Departmental policies attendance and punctuality	regarding time off,			V	

OH

STATEMENTS	and EVDI	ANATIONS	:
NI A I FIVIFIXIA	and FXPI	ANAIIONS	3

SCALE

(Note – All responses marked Needs to Improve or More than Proficient require an explanation on page 4)				
Responsibilities	1-Needs to Improve	2-Proficient	3-More than Proficient	
12. Effectively expresses oneself, consistently representing the Department in a positive man	ner 🗌	×		
13. Successfully interacts with other officers and civilian employees		\boxtimes		
14. Treats others fairly and with respect		\boxtimes		
15. Effectively manages uncommitted time; patrols assigned area and conducts business checks		\boxtimes		
16. Consistently self-initiates enforcement activity		\boxtimes		
17. Completes acceptable incident reports which are accurate and thorough				
18. Efficiently manages time on assigned calls		\bowtie		
19. Consistently conducts appropriate follow-up on	calls	\boxtimes		
20. Completes reports/assignments in a timely man	iner 🗌		\boxtimes	
21. Effectively keeps supervisors apprised of necess information	sary	\boxtimes		
22. Demonstrates the ability to communicate in an effective manner both verbally and in writing		\boxtimes		
23. Meets Departmental enforcement goals		\boxtimes		
24. Carries out instructions with minimum supervis	sion 🔲	\bowtie		
25. Identifies and addresses problems in his/her assigned area		\boxtimes		
Disciplinary Adjustments: Subtract ½ point for Dral Reprimand, 2 points for each Written Reprimand, 2 points for each Written Reprimand Language Points Earned this Assessment	orimand and <u>3 p</u>	oints for any		

Disciplinary Action taken during this evaluation period - include date and type of discipline (Note - Any discipline taken during this evaluation period will result in a "Needs to Improve" rating in the applicable proficiency statement): None Goals agreed upon for next evaluation period: Finish 1st in class at the upcoming Sniper School(s). Complete the scheduled DT Instructor School. Continue to have perfect attendance. Make self initiated criminal arrests. Supervisor's Comments: is a pleasure to supervise. He is competent, articulate and handles his beat. This evaluation is based on my observations and/or personal knowledge. It represents my best judgment of the evaluated officer's performance. I certify this evaluation has been discussed with me. My signature indicates disagree with this evaluation. I appeal this evaluation to the next highest Supervisor No appeal Officer Comments:

Evaluated Officer: 1-3/-18

Pg4 – Supervisor Explanations:

Statement #	Explanation/Comment
17	incident reports are always comprehensive and completed in a timely manner.
	completes his investigations and reports, without sacrificing needed content, quicker than most officers in the platoon.

Euclid Police Department SELF-PERFORMANCE REVIEW

In reviewing your service this past assessment period what are your:
Accomplishments: Successful completion of Rescue Task Force school (June 17) No sick time use
Strengths: Physical fitness Confidence with investigating any call related to Domestic Violence
Areas where you can improve: Knowing all city ordinances
What are your future goals? Short term: (within the next evaluation period)
Successful completion of DT instructor school (Feb 18) Successful completion of Basic & Advanced sniper school (April 18) Long term: (career goals)
Reach retirement
Signature of Person Evaluated Signature of Person Evaluating
$\frac{12-20-17}{Date}$

Euclid Police Department – Civilian EmployeeMid-Year Evaluation

Employee Name: Mid Year (January-June) 200 Assignment Sick Days Used: Assessing Supervisor: SGT WAGH Attachment Day pattern noted: Short Term Goals From Last Assessment Period: Progress Gained Toward Those Objectives During This Assessment Period: TAKES THE MAJORITY OF CALLS JUHFS Individual's Strengths: VERT THOROUGH REPORTS COMPLETED ON TIME.

Areas in Need of Improvement: IN CREASE PARKER ENFORCEMET AT APARTMENTS. Goal Adjustments: ATTENDING FTO SCHOOL TRAK NEW HIRES. Comments Individual: Supervisor: Assessed Individual Assessing Supervisor Date: 6 - 15 - 17



Mid-Year Evaluation

Officer Name	Mid-Year (Jan-Jun) 201
Assignment:	Sick Days Used:
Assessing Supervisor:	Officer Engagement #
Short term goals and progress from lass Completion of Dillia Basic & Advanced A Active use and documentation of 4 pills Actively USIN 4 pills	nstructor School and Sniper Schools The Schools Completed (FEB & APRIL 2018 ars of procedural justice (Attach documentation):
Incidents of de-escalation/ conflict reso	olution absent use of force:
Areas in need of improvement: Draffic exforcement Goal Adjustment(s): Actively instruct depart	Anest M Defusive Tackes
Individual:	Comments
Supervisor:	
	Date Needs to improve his

EUCLID POLICE DEPARTMENT

SELF PERFORMANCE REVIEW WORKSHEET

JANUARY THRU JUNE PERFORMANCE: 201 **ACCOMPLISHMENTS:** Successful Completion of Subject Control Instructor school (OPOTA) Successful Completion of Center Mass Basic Police Suizer school Successful Completion of Center Mass Advanced Police Spiger school ON DUTY DOCUMENTED EXAMPLE DEMONSTRATING FAIRNESS APPLIED TO PUBLIC CONTACT WITH REPORT # Adult make was placed under agest for public inducery. Before the arest, the male asked why he was be ON DUTY DOCUMENTED EXAMPLE DEMONSTRATING VOICE APPLIED TO PUBLIC CONTACT WITH REPORT# Female suspect of an assault was in ON DUTY DOCUMENTED EXAMPLE DEMONSTRATING TRANSPARENCY

APPLIED TO PUBLIC CONTACT WITH REPORT #

Invenile Detention accidently relans	sed a junerile male
and requested EPD arest him at the	Le Enclid High School. The
male was arrested and was up	set Transparency was
used in explaining the situation,	and the male was returned
ON DUTY DOCUMENTED EXAMPLE OF I	MPARTIALITY APPLIED TO
PUBLIC CONTACT WITH REPORT #	
Spoke with a male who was to kill employees at an apt. with all parties, I demonstrate derision making by advising the ma parties, including his, and the report	I imparitiality and unbiased
AREAS IN NEED OF IMPROVEMENT	
throwledge of all city on	dinances
SHORT TERM GOALS JULY- DECEMBER _	Not get injured on duty
	Sgt Hall
SIGNATURE OF PERSON EVALUATED	SIGNATURE OF PERSON EVALUATING
6-7-18	6-26-18
DATE	DATE

Officer Year-End Evaluation Report

Omee		
Assign	nment:	
upervisor: CUTWRIGHT Assessing Offi	icer: SGT. D.	NOVITSKI
raluation Period: 1-1-18 to 12-31-18 Sick Days Used:	Excused N/A Attachment	Pattern Y or N
raluation Period: 1-1-18 to 12-31-18 Sick Days Used: 2	Excused Typ	Act Description
Top IN CLASS "	iod: R Scituon AND	OMENTO
TOP IN CLASS"		
pecialized skill sets/responsibilities (range ofc., swat, fto) SUBJECT CONTROL INSTRU	CTOK.	
Currently Qualified With: Handgun Shotgun Patrol F Taser Off-Duty Weap Officer Possesses a Valid Driver's License: Or N CRIS/L	Rifle X Asp/Baton X	Weapons X
	SCAL	F
STATEMENTS and EXPLANATIONS		
(Note – All responses marked Needs to Improve requ		a D. Salant
Professionalism & Safety	1-Needs to Improve	2-Proficient
Consistently exhibits a professional appearance		M
Displays adaptability and flexibility		<u> </u>
Shows Initiative in improving skills		
Exercises prudent care and use of equipment		M
5. Is open to corrective guidance		
6. Uses caution when handling suspects/prisoners		<u> </u>
7. Maintains self-control in stressful situations		M
 Consistently operates police vehicles in a safe manner, adhering to policies and procedures 		
 Follows Departmental Policies and Procedures and Rules and Regulations 		g
10. Properly completes routine forms		De la company de
11. Adheres to Departmental policies regarding time off, attendance and punctuality	The sales and some	d

3.22-19

Officer Year-End Evaluation Report

Officer's Name: Assignment:						
Supervisor: Lt Holden Assessing Officer: Softwilliam S.						
Supervisor: Lt Holden Assessing Officer: Starlham S. Evaluation Period: Tan 19 to Decl 9 Sick Days Used: Excused Attachment Pattern Y or N						
Progress gained toward Short Term Goals from Last Assessment Period: is diligent about working out regularly.						
Specialized skill sets/responsibilities (range ofc., swat, fto)						
Special Recognition (Awards, Letters, etc.):						
Currently Qualified With: Handgun Shotgun Patrol Rifle Asp/Baton OC Spray Off-Duty Weapons Specialty/Swat Weapons Officer Possesses a Valid Driver's License. Y or N CRIS/LEADS Certification: Y or N						
S	STATEMENTS and EXPLANATIONS SCALE					
(Note – All responses marked Needs to Improve require an explanation on page 4)						
Professionalism & Safety 0-Needs to Improve 1-Proficient						
1.	Consistent of the contract of		1			
1.	Consistently exhibits a professional appearance		otag			
2.	Displays adaptability and flexibility					
2.	Displays adaptability and flexibility					
2.	Displays adaptability and flexibility Shows Initiative in improving skills					
2.	Displays adaptability and flexibility Shows Initiative in improving skills Exercises prudent care and use of equipment					
2. 3. 4.	Displays adaptability and flexibility Shows Initiative in improving skills Exercises prudent care and use of equipment Is open to corrective guidance					
2. 3. 4. 5.	Displays adaptability and flexibility Shows Initiative in improving skills Exercises prudent care and use of equipment Is open to corrective guidance Uses caution when handling suspects/prisoners					
2. 3. 4. 5. 6.	Displays adaptability and flexibility Shows Initiative in improving skills Exercises prudent care and use of equipment Is open to corrective guidance Uses caution when handling suspects/prisoners Maintains self-control in stressful situations Consistently operates police vehicles in a safe manner,					
2. 3. 4. 5. 6. 7. 8.	Displays adaptability and flexibility Shows Initiative in improving skills Exercises prudent care and use of equipment Is open to corrective guidance Uses caution when handling suspects/prisoners Maintains self-control in stressful situations Consistently operates police vehicles in a safe manner, adhering to policies and procedures Follows Departmental Policies and Procedures and					

STATEMENTS and EXPLANATIONS

SCALE

(Note - All responses marked Needs to Improve or More than Proficient require an explanation on page 4)

Respo	nsibilities	0-Needs to Improve	1-Proficient	2-More than Proficient
12.	Effectively expresses oneself, consistently applies four pillars of procedural justice		P	
13.	Successfully interacts with other officers and civilian employees		D	
14.	Treats others fairly and with respect and docum such conduct in official reports	nents		
15.	Effectively manages uncommitted time; patrols assigned area and conducts business checks			
16.	Consistently self-initiates enforcement activity		U	
17.	Completes acceptable incident reports which are accurate and thorough		U	
18.	Efficiently manages time on assigned calls			
19.	Consistently conducts appropriate follow-up on	calls		
20.	Completes reports/assignments in a timely manu	ner 🗌		
21.	Effectively keeps supervisors apprised of necessal information	ary		
22.	Demonstrates the ability de-escalate conflict and resolve problems without use of force			
23.	Meets Departmental enforcement goals		d /	
24.	Carries out instructions with minimum supervisi	on		
25.	Identifies/addresses problems in assigned area a maintains positive contacts with residents/busin # of documented positive engagements per year	esses		

Disciplinary Adjustments: Subtract 1 point for each Documented Counseling, 2 points for each Oral Reprimand, 3 points for each Written Reprimand and 4 points for any Formal Charges

Points Earned this Assessment Minus Discipline March Total



Disciplinary Action taken during this evaluation period – include date and
type of discipline (Note - Any discipline taken during this evaluation period will result
in a "Needs to Improve" rating in the applicable proficiency statement):
Example of de-escalation/ conflict resolution without use of force: <u>recieved</u>
a commendation for this call where he dealt with
a young girl with
Report#
Goals agreed upon for next evaluation period:
fitness is a mark prior ty for him-
Supervisor's Comments.
Supervisor's Comments: is a pleasure to work with and supervise.
with and supervise.
This was the state of the state
This evaluation is based on my observations and/or personal knowledge. It
represents my best judgment of the evaluated officer's performance.
CANDO B
Assessing Officer:
I certify this evaluation has been discussed with me. My signature indicates
that I 🗹 agree 🗌 disagree with this evaluation.
☐ I appeal this evaluation to the next highest Supervisor ☐ No appeal
Officer Comments/Long term Goals :

Pg. 4-Supervisor Explanations:

Statement #	Explanation/Comment

3-7-20 DATE

Euclid Police Department Mid-Year Evaluation

Officer Name: Mid Year (January-June) 20
Assignment: Sick Days Used:
Assessing Supervisor: Set Lillace Attachment Day pattern noted: Mt
Short Term Goals From Last Assessment Period:
Progress Gained Toward Those Objectives During This Assessment Period:
Progress Gained Toward Those Objectives During This Assessment Period:
Successful Individual's Strengths:
Fitness / Overall Knowledge of the job Areas in Need of Improvement:
Areas in Need of Improvement:
NA
Goal Adjustments:
Complete apcoming Instructor school Comments
Individual:
Supervisor:_ is a Knowledgethe officer, and maintains his calm under stress very well. He's a pleasure to have on the shift
The Suga
Assessed individual Assessing Supervisor
Date: 10 · 1 · 2 - Date: 8/25/20

Euclid Police Department

Officer Year-End Evaluation Report

Officer's Name: Assignment:										
Supervisor: <u>Lt Holden</u> Assessing Officer: <u>Sqt Williams</u>										
Evaluatio	on Period: _	1/20	_to _	12/20	_ Number of Sick Day	s Used: _	0_	Attachmen	t Pattern	No
	erm Goals fr althy this ye		Assess	sment Peri	od:					
	s Gained To has manage									
Special 4 letters	Recognition s of Recogni	(Awards, tion	, Lett	ers, etc.):						
				Taser	Shotgun X Patrol X Off-Duty Wear : Yes CRIS/LI	oons <u>X</u>	Specia	alty/Swat	OC Spray Weapons	×
S	TATEMEN	TS and I	EXPL	ANATION	NS .			SCALE		
1B	ffter tyr	(Note	– All r	esponses mar	ked Needs to Improve requ	ire an explo	nation o	n page 4)		
Profes	sionalism 8	& Safety				<u>1-Ne</u>	eds to	<u>Improve</u>	2-Profic	ient
1.	Consistent	ly exhibit	s a pr	rofessional	appearance				\boxtimes	
2.	Displays ac	laptability	, and	flexibility	of recursive			,	\boxtimes	
3.	Shows Initi	ative in in	nprov	ving skills					\boxtimes	
4.	Exercises p	rudent ca	are ar	nd use of ec	quipment			3	\boxtimes	
5.	Is open to	corrective	guid	lance	IXS				\boxtimes	Harry 1115 -
6.	Uses caution	on when h	nandl	ing suspect	s/prisoners				\boxtimes	-1
7.	Maintains	self-contr	ol in	stressful sit	:uations				\boxtimes	
8.				lice vehicles procedures	s in a safe manner,				×	
9.	Follows De			olicies and I	Procedures and	winers		es Tis		er each
10.	Properly co	ompletes	routi	ne forms	5.73 BALAN - 13			7.5 Tes		377
11.	Adheres to				garding time off,					

Euclid Police Department Mid-Year Evaluation

Officer Name: Mid Year (January-June) 20
Assignment: Sick Days Used: Attachment Day pattern noted: Mt
Assessing Supervisor: Set rellaces Attachment Day pattern noted:
Short Term Goals From Last Assessment Period:
Progress Gained Toward Those Objectives During This Assessment Period:
Successful
Individual's Strengths:
Areas in Need of Improvement:
Areas in Need of Improvement:
NA
Goal Adjustments:
Complete upcoming Instructor school
Individual:
Supervisor: is a Knowledgettle officer, and maintains his calm order stress very well. He's a pleasure to have or
The shift
Stoll
Assessed Individual Assessing Supervisor
Date: 10:1.20

Euclid Police Department SELF-PERFORMANCE REVIEW

This form must be completed and brought to your Assessment Review.

In reviewing your service this past assessm	nent period what are your:
Accomplishments:	
Still Working	
Not injuned	
Not sick	
Strengths:	
Unwavering calm Unprecedented physical Report writing	
Unprecedented physical	strength
Kepert writing	
Areas where you can improve:	
Nothing correct to mind	
What are your fatous as 1-2	
What are your future goals?	
Short torm: (within the next evaluation no	
Short term: (within the next evaluation pe	
Not get COVID	
Long term: (career goals)	
Long term. (career goals)	- 1 1
Complete upcoming 2021	5 (403/5
¥	
	Sittante
Signature of Person Evaluated	Signature of Person Evaluating
~-gameate of a crossin Evaluated	y in
12.8.20	12/13/20
12 · 8 · 2 0 Date	Date



City of Euclid **Employee Status Notice**

Employee	No:	

PAYROLL DEPARTMENT			Department:			42 - POL	ICE	
Name:			Division:		4	243 -		
Address:			Social Security No.:					
City:		_	Date Effectiv	e:				
Employment Changes: (くてheck one	e from ea	ch section	1)			A PARAMETER STATE OF THE STATE		A AL
1 ,	Permanen Femp./Sea							
Status changes:	The same	F	rom		A STATE	Т	0	* 248
Position Title:								
	Grade		Step		Grade		Step	
Pay Rate:	\$		Hourly or An	nual	\$ 23	.13	Hourly or	Unnual
Probationary Period:								
Term Dates: (if Board or Commission Member)								
Union Local No:		7				8-START 3 TER HIRE	Initiation Fo	ee: Y/N
Hours scheduled to work per week:					DELLO SEL	4-6465 93-64563		
General Ledger Distribution: (list account numbers and % of each)	Fund	Dept.	Sub-Dept	<u>%</u>	Fund 101	Dept. 421	Sub-Dept 212	<u>%</u>
Health Care Benefits: (full time only)	1	Yes	or No		101	Yes o		
Suspension/Leave of Absence Dates:								
Type of Leave or Reinstatement:	Susp	ension	FMLA (med	ical)	Susp	ension	FMLA	1
	Worke	rs Comp.	Other		Worke	rs Comp	Other	
Other:								
Reason for Change: (check one) Merit Increase Promotion Job Re Probationary Period Completion Other:	evaluatio	on .	Reason for S Lay of Expira Unsatis	f tion of sfactor	f Term	Resi Retionary Ser	ignation irement vice	
BB 100000000000000000000000000000000000	FOR	RPAYROL	L USE ONLY					
EEOC Function Benefit Group	Deduc	tions List	I.	lenefits	List	Accrual	Time card	Fob

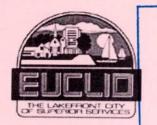
Life Ins Monthly Health Care Waiver Flex Budget Ext. EEOC volume Contribution Yes or No S Spending WS Category Work site APPROVALS: (sign and date) So Ordered: Dept. Dir/Chief/Judge Originated by: **Finance Director** Mayor



City of Euclid Employee Status Notice

Employee	No:	
Limpiojec	110.	

						Depar	tment		42 - P	OLICE.		<u> </u>
Name:						Divisio	n:	4	243 -			
Address:					Social	Securi	ity No.	:				
City:					Date E	ffectiv	/e:					
	4 CI										٠,	
Employmen			THE PARTY NAMED IN	NAME OF TAXABLE PARTY.								
	New Rehire	Employee Type:	-	Permar	Seasonal		t Time		Class		Hourly	/
	tatus ch			emp./s		rom	l Time		Unci	assified T	☐ Salary	
Position Title		anges.				VIII			~ 4	-		
				Grade		Step			Grade 2	3.1	Step 1() - 7	3 77 7
Pay Rate:					3.60		ly or Ar	inual	\$ 25.	A Section of the sect	Hourly or	
Probationary	v Period	:			DEOEIL	/ED			1			
Term Dates:	(if Board or	Commission Men	iber)		RECE!	YEU_	7					
Union Local	No:										Initiation F	ee: Y/N
Hours schedi	uled to w	vork per wee	k:									
General Ledg				Fund	Dept. OF E	Sub-DO	ept	<u>%</u>	Fund	Dept.	Sub-Dept	%
Health Care	Benefits	: (full time only))	Yes or No					Yes or No			
Suspension/L	eave of	Absence Da	tes!			1						
Type of Leave	e or Rein	nstatement:		S	uspension	FMLA (medical)			Susp	ension	FML	A
				Wor	rkers Comp.	Other			Workers Comp Other			
Other:												-
Reason for C		THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	AND DESCRIPTION OF THE PERSON NAMED IN				The Part of the Pa		tion: (ch			
Merit In			omoti	on evalua	tion		Lay of		f Term		signation tirement	
		eriod Comp			tion					tionary Se		
X Other:		IN STATU			ONTRACT		Γransf		Other	The state of the s		
	767			F	OR PAYROL	L USE C	DNLY	8-185 L				
EEOC Function	Benefit	Group		Ded	uctions List		1	Benefits	List	Accrual	Time card	Fob
EEOC				fe Ins	Monthl	3	Heal	th Care	Waiver	Flex	Budget	Ext.
Category	Work si	ite	\$	dume	Contribut	ion	Yes ar	No S	X	Spending \$	WS	
APPROVAI	S: (sign	and date)								S	o Ordered:	
Origina			ept. D	ir/Chie	ef/Judge		Finance	e Direc	tor	3	Mayor	
		7.	73	ue	brian)	Na	ne	4	ely.	131	2	
							1	111111111	1 1 the state of the		641	2411



Name:

City of Euclid aployee Status Notice

Employee	No:	

CITY OF EUCLID
PAYROLL DEPARTMENT

RECEIVED

Department: 42 - POLICE

Division: 4243
Social Security No.:

Address: _	10-4	Social Securi	ity No.	:				
City:	012345		Date Effectiv	/e:	12/1	13/2012		
Employment Changes: (✓ Check one	e from eac	ch section)					NIE.
Status: New Employee	Permanent Temp./Sea	t	☐ Part Time ☐ Full Time			sified assified	☐ Hourly ☐ Salary	
Status changes:		F	rom	A STATE OF		THE REAL PROPERTY.	О	
Position Title:								
	trane		Mell		Crrance.		Step	
Pay Rate:	\$ 25.	10	Hourly or An	nual	\$ 26	.70	Hourly or A	nnual
Probationary Period:				221			Ved	31
Term Dates: (if Board or Commission Member)								
Union Local No:				Initiation Fee: Y/N				
Hours scheduled to work per week:						Photography		AF 16
General Ledger Distribution: (list account numbers and % of each)	<u>Fund</u>	Dept.	Sub-Dept	<u>%</u>	Fund	Dept.	Sub-Dept	<u>%</u>
Health Care Benefits: (full time only)		Yes	or No			Yes o	or No	
Suspension/Leave of Absence Dates:								
Type of Leave or Reinstatement:	Suspe	ension	FMLA (med	ical)	Susp	ension	FMLA	
	Workers	s Comp.	Other		Worke	rs Comp	Other	
Other:								
Reason for Change: (check one)	Mrs. 708		Reason for S	Separa	tion: (ch	eck one)		
Merit Increase Promoti Demotion Job Re- Probationary Period Completion Other: CHANGE IN STATUS AS P	evaluatior 1		Lay offResignationExpiration of TermRetirementUnsatisfactory Probationary ServiceTransferOther:					
PARTIES AND SHOP OF THE	FOR	PAYROL	L USE ONLY					

		FC	OR PAYROLL US	E ONLY	Albania Par		
EEOC Function	Benefit Group		actions List	Benefits List	Acerual	Time card	Fob
EEOC Category	Work site	Life Ins volume S	Monthly Contribution 8	Health Care Waiver Yes or No. S	Flex Spending \$	Budget WS	Ext.
	LS: (sign and date)	Pent Dir/Chief	STATE OF	Finance Director	So	Ordered	10,00

APPROVALS: (sign and date)

Originated by:

Dept. Dir/Chief/Judge

Finance Director

Mayor

Four Walous

12/1/12

Buttering



City of Euclid Employee Status Notice

Employee No: _

2.			(9)	(4)	Depa	i imeni.		42 -	POLICE))
Name:					Divisi	ion:		4243 -			
Address:					Socia	l Securi	ity No.		8		
				_							
City:					Date .	Effectiv	/e:	V9			
Employmen	nt Changes:	(√Check (one from ea	ach sectio	n)						
Status:	Section of Section 1	nployee [Permaner			rt Time	~ ~ 1		sified	☐ Hourly	7
S	Rehire Ty	pe:	Temp./Se	SHOWER BOOK STORES	rom	ıll Time		Unci	assified T	☐ Salary	
Position Tit	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					建筑建筑		Marie State Control		Maria di Maria da	
			Cirade		Sten			Creste		Sup	
Pay Rate:			\$25	.10	Но	urly XXXX	XXX	\$26	.70	Hourly XX	XXXX
Probationar	y Period:										
Term Dates.	(if Board or Comr	mission Member)									
Union Local	l No:			- 1						Initiation F	ee: Y/N
Hours sched	luled to work	per week:		200							
	lger Distribut nbers and % of ed		Fund	Dept.	Sub-I	Dept	<u>%</u>	Fund	Dept.	Sub-Dept	%
Health Care	Benefits: (ful	l time only)		Yes	or	No	L		Yes o	r No	
Suspension/	Leave of Abso	ence Dates.									
Type of Leave or Reinstatement:			pension	FM	ILA (med	dical)	-	ension	FML	A	
0.1			Work	ers Comp.	Other	r		Worke	Workers Comp Other		
Other:	Change: (ch	aak ana)			Dage	on for	Conor	ation: (ch	aak ana)	州大学院 1875年187	Contract the
Merit I Demot Probat	ncrease	Prom Job I d Comple				Lay of Expira	f ation o sfacto	of Term	Res	ignation tirement rvice	
的 数图 解		1.28 (2.12)		R PAYROI	LL USE	ONLY					
EEOC Function	Beach Gre	up	Dedu	ations List	93		Berlie (Fre		Accrual	Time . eard	Fub
EEOC Category	Workship		Life tas valuure S	(Touch Contribu			na Car Can S	- Waiver	Flex Spending	Budget NS	Ext.
THE RESIDENCE OF THE PARTY OF T	LS: (sign an ated by:	CONTRACTOR OF THE PARTY OF THE	t. Dir/Chief/	Judge		Financ	e Dira	ctor	S	o Ordered Mayor	21.4
Origin	accus of t		Buch			rmanc	C Direct	CLUI		1714 901	





Officer:			Date:			
Agency:			Range:			
Semi-autom	natic Pistol Man	nufacturer:	Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Semi-automatic Pistol Manufacturer:			Instructor Nam	Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Back-up/Sub Caliber Manufacturer:			Instructor Nam	Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Revolver Manufacturer:			Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Shotgun Ma	nufacturer:		Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Rifle/Carbine Manufacturer:			Instructor Name/Requal #:			
Model:	Model: Caliber: Serial Number:		Score:	Instructor:		
SMG Manu	facturer:	,	Instructor Name/Requal #:			
Model: Caliber: Serial Number:			Score:	Instructor:		





Officer:			Date:			
Agency:			Range:			
Semi-automat	ic Pistol Man	ufacturer:	Instructor Name	e/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Semi-automatic Pistol Manufacturer:			Instructor Name	Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Back-up/Sub Caliber Manufacturer:			Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Revolver Manufacturer:			Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Shotgun Manufacturer:			Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Rifle/Carbine Manufacturer:			Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
SMG Manufacturer:			Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		





Officer:			Date:			
Agency:	Agency:			Range:		
Semi-automat	ic Pistol Man	ufacturer:	Instructor Name/R	Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Semi-automatic Pistol Manufacturer:			Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Back-up/Sub Caliber Manufacturer:			Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Revolver Manufacturer:			Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Shotgun Man	ufacturer:		Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Rifle/Carbine Manufacturer:			Instructor Name/Requal #:			
Model: Caliber: Serial		Serial Number:	Score:	Instructor:		
SMG Manufa	cturer:	i vanibei .	Instructor Name/Requal #:			
		Sovial				
Model:	Caliber:	Serial Number:	Score:	Instructor:		





Officer:			Date:	Date:		
Agency:			Range:			
Semi-autom	atic Pistol Mai	ıufacturer:	Instructor Nam	ne/Requal #:		
Model:	Caliber:	Serial Number	Score:	Instructor:		
Semi-automatic Pistol Manufacturer:			Instructor Nam	ne/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Back-up/Sub Caliber Manufacturer:			Instructor Nam	Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Revolver Manufacturer:			Instructor Nam	Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Shotgun Ma	nufacturer:		Instructor Name/Requal #:			
Model:	Caliber:	Serial Number:	Score:	Instructor:		
Rifle/Carbine Manufacturer:			Instructor Name/Requal #:			
Model: Caliber: Serial Number:		Score:	Instructor:			
SMG Manut	facturer:	1 (united)	Instructor Nam	ne/Requal #:		
SMG Manufacturer: Model: Caliber: Serial Number:			Score:	Instructor:		





Officer:			Date:		
Agency:			Range:		
Semi-automat	ic Pistol Man	ufacturer:	Instructor Name/Req	ual #:	
Model:	Caliber:	Serial Number:	Score:	Instructor:	
Semi-automat	ic Pistol Man	ufacturer:	Instructor Name/Req	ual #:	
Model:	Caliber:	Serial Number:	Score:	Instructor:	
Back-up/Sub Caliber Manufacturer:			Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	
Revolver Man	ufacturer:		Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	
Shotgun Man	ufacturer:		Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	
Rifle/Carbine Manufacturer:			Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	
SMG Manufa	cturer:		Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	

Individual Firearms Training/Activity Log

Officer

DATE	WEAPON (Make, Model, Ser.#)	INSTRUCTOR NOTES: Activity (Training, Qualification, Test-fire, etc.); List Courses of Fire & Scoring information here
12/14/10	:	
05-19-11	95-2011 PATROL	Refle Refle School & Quer.
11-1872	Gloch23	QUAL MSU
11-18-12	SHOTGUN	QUAC. MS
1-4-13	Groce 22	CAPS TRAINING GOOD SHOTS -NO ISSUES GC
1/8/13	622 + 9mm	Cops SWAT Westshore Disc #1 - Several shoot/
	,	NO 5hot SCENATiOS - good judgement + hits
5/14/13	14-5	OPOTA Safeet Fre 1057
12/13/13	Em 21 C17	OPOTA QUAL - JUJE 18
10/30/14	617	OPOTA-HG Qualities
10/30/14	Pool Roch River AR-15	OPOTA . 56 /PATO 1 RIGHT 683
4.5.15	Remington SG. 870 Glock HG	OPOTA - SG/ Handgun Aqual A Scation ARB
	GLOCK 43	OPOTC-2000-HOLOB-PU-1 OUNIGIES 1
8/27/19	GENY CLOCK 17 RAM 870 GLOCK	DAOTA QUAL TAPETO
	*	
7 =	,	¥



Extra Weapon Authorization

Chief Brickman, Sir:

DATE: 9-12-16

Pursuant to Procedure #421 (Use of Firearm) I hereby request permission to carry the following firearm(s) on-duty (in addition to my issued sidearm) and/or off-duty. All firearms listed below will be carried concealed and loaded only with the ammunition below when carried. All firearms listed below have been inspected by a firearms instructor. I have qualified with each weapon according to department standards as set forth in Procedure #421 as listed below. Any modification to these weapons are listed below. I will notify the department at such time as I no longer use any of the listed weapons for law enforcement purposes.

2 [∞] WEAPON	Make: 640CK Model: 4 Barrel Length: 3, 39 4 Ammo. Capa Qual. Date: 2-12-16 Ammo Modifications: The above weapon is fully functional and suitable for law according to department standards on the above date.	acity: 6+/ . (Manufacturer/Weight/Configu	(Note: Semi-auto = Magazine Capacity +1) ration): SPER GOW DOT 12	246R			
14		Instructor Signature	Date				
3≈ W	Make: Model: Barrel Length: Ammo. Capa	Serial #:	Caliber:				
E	Qual. Date: Ammo. (Manufacturer/Weight/Configuration):						
A							
(P O Z	Modifications: The above weapon is fully functional and suitable for law according to department standards on the above date.	enforcement use. Any modifications a	are noted above. The requesting officer qualifi	ed with the weapor			
IN		Instructor Signature	Date				
4тн	Make: Model:	Serial #:	Caliber:				
7	Demail Landille	acity:	(Note: Semi-auto = Magazine Capacity +1)				
	Barrei Length: Ammo. Capa	Barrel Length: Ammo. Capacity: (Note: Semi-auto = Magazine Capacity +1)					
w							
Е	Qual. Date: Ammo	. (Manufacturer/Weight/Configur	ration):				
E A	Qual. Date: Ammo Modifications:	. (Manufacturer/Weight/Configu	ration):				
E A P	Qual. Date: Ammo Modifications: The above weapon is fully functional and suitable for law	. (Manufacturer/Weight/Configu	ration):				
EAPO	Qual. Date: Ammo Modifications:	. (Manufacturer/Weight/Configu	ration):				
E A P	Qual. Date: Ammo Modifications: The above weapon is fully functional and suitable for law according to department standards on the above date.	. (Manufacturer/Weight/Configur	ration):are noted above. The requesting officer qualifi				
EAPON	Qual. Date: Ammo Modifications: The above weapon is fully functional and suitable for law according to department standards on the above date.	. (Manufacturer/Weight/Configurer) enforcement use. Any modifications a	ration): are noted above. The requesting officer qualifi	ed with the weapor			
EAPO	Qual. Date: Ammo Modifications: The above weapon is fully functional and suitable for law according to department standards on the above date. Make: Model:	. (Manufacturer/Weight/Configurent use. Any modifications a Instructor Signature	ration): are noted above. The requesting officer qualifi Date Caliber:	ed with the weapor			
E A P O N 5 [™]	Qual. Date: Ammo Modifications: The above weapon is fully functional and suitable for law according to department standards on the above date. Make: Model:	. (Manufacturer/Weight/Configurent use. Any modifications a Instructor Signature	ration): are noted above. The requesting officer qualifi Date Caliber:	ed with the weapor			
EAPOZ 5 [™] 8	Qual. Date: Ammo Modifications: The above weapon is fully functional and suitable for law according to department standards on the above date. Make: Model: Barrel Length: Ammo. Capa	enforcement use. Any modifications a Instructor Signature Serial #:	nation): are noted above. The requesting officer qualifit Date Caliber: (Note: Semi-auto = Magazine Capacity +1)	ed with the weapor			
ш∢рОх 5 ≷ш	Qual. Date: Ammo Modifications: The above weapon is fully functional and suitable for law according to department standards on the above date. Make: Model: Barrel Length: Ammo. Capa Qual. Date: Ammo	. (Manufacturer/Weight/Configurent use. Any modifications a Instructor Signature Serial #:	Date Caliber: (Note: Semi-auto = Magazine Capacity +1)	ed with the weapor			
шарох ₅ ≷ша	Qual. Date: Ammo Modifications:	. (Manufacturer/Weight/Configurent use. Any modifications a Instructor Signature Serial #:_acity: (Manufacturer/Weight/Configure	ration): are noted above. The requesting officer qualifit Date Caliber: (Note: Semi-auto = Magazine Capacity +1) ration):	ed with the weapor			
ш∢рОх 5 ≷ш	Qual. Date: Ammo Modifications: The above weapon is fully functional and suitable for law according to department standards on the above date. Make: Model: Barrel Length: Ammo. Capa Qual. Date: Ammo	. (Manufacturer/Weight/Configurent use. Any modifications a Instructor Signature Serial #:_acity: (Manufacturer/Weight/Configure	ration): are noted above. The requesting officer qualifit Date Caliber: (Note: Semi-auto = Magazine Capacity +1) ration):	ed with the weapor			
⊞4₽0 Z	Qual. Date: Ammo Modifications:	. (Manufacturer/Weight/Configurent use. Any modifications a Instructor Signature Serial #:_acity: (Manufacturer/Weight/Configure	ration): are noted above. The requesting officer qualifit Date Caliber: (Note: Semi-auto = Magazine Capacity +1) ration):	ed with the weapor			
шарох № ≶шаро	Qual. Date: Ammo Modifications:	. (Manufacturer/Weight/Configurent use. Any modifications a Instructor Signature Serial #:acity: (Manufacturer/Weight/Configurent use. Any modifications a Instructor Signature	ration): are noted above. The requesting officer qualifit Date Caliber: (Note: Semi-auto = Magazine Capacity +1) ration): are noted above. The requesting officer qualifit Date	ed with the weapor			

This request is effective on the date at the top of this form. At such time as I no longer use any of the above weapons for law enforcement purposes, or if I obtain a weapon I wish to use in place of any of the above weapons, I will submit a new form, which will supercede this one. I understand that my issued sidearm and the above firearm(s) are the only firearms I am authorized to carry. I understand that I am not authorized to carry any of the above weapons until I am specifically authorized by the Chief of Police.

<u>Pr</u>	int Name	e/Sign R	equest	

DISTRIBUTION:

ORIGINAL - PERSONNEL FILE (CHIEF'S OFFICE)
COPY OF SIGNED FORM - REQUESTING OFFICER
COPY OF SIGNED FORM - TRAINING FILE

Extra Weapon Authorization

Chief Brickman, Sir:

Pursuant to Procedure #421 (Use of Firearm) I hereby request permission to carry the following firearm(s) on-duty (in addition to my issued sidearm) and/or off-duty. All firearms listed below will be carried concealed and loaded only with the ammunition below when carried. All firearms listed below have been inspected by a firearms instructor. I have qualified with each weapon according to department standards as set forth in Procedure #421 as listed below. Any modification to these weapons are listed below. I will notify the department at such time as I no longer use any of the listed weapons for law enforcement purposes.

belo	ow. I will notify the department at such time as	I no longer use any of the list	ted weapons for law enforcement purposes.					
2 ND W E	Make: Glock Model: 43 Serial #: Caliber: 9mm Barrel Length: 3.39. Ammo. Capacity: 7 (Note: Semi-auto = Magazine Capacity +1) Qual. Date: 11/22/15 Ammo. (Manufacturer/Weight/Configuration): Federal 9mm +P							
A	Modifications:							
POZ	The above weapon is fully functional and suitable for law according to department standards on the above date.	PLYMBA#78 nstructor Signature/	re noted above. The requesting officer qualified with the weapon					
3110	Make: Model:	Serial #:	Caliber:					
	Barrel Length: Ammo. Capa	city:	(Note: Semi-auto = Magazine Capacity +1)					
W E	Qual. Date: Ammo.							
Ā	Modifications:							
P	The above weapon is fully functional and suitable for law according to department standards on the above date.	The above weapon is fully functional and suitable for law enforcement use. Any modifications are noted above. The requesting officer qualified with the weapon						
N		nstructor Signature	Date					
-								
4™	Make: Model:	Serial #:	Caliber:					
w	Barrel Length: Ammo. Capacity: (Note: Semi-auto = Magazine Capacity +1)							
Ε	Qual. Date: Ammo.							
A P	Modifications:							
0	The above weapon is fully functional and suitable for law enforcement use. Any modifications are noted above. The requesting officer qualified with the weapon according to department standards on the above date.							
N	i i	nstructor Signature	Date					
5™	Make: Model:	Serial #:	Caliber:					
J	Barrel Length: Ammo. Capa	city:	(Note: Semi-auto = Magazine Capacity +1)					
W E	Qual. Date: Ammo. (Manufacturer/Weight/Configuration):							
A	Modifications:							
P O	The above weapon is fully functional and suitable for law enforcement use. Any modifications are noted above. The requesting officer qualified with the weapon according to department standards on the above date.							
N	-							
		nstructor Signature on of this form. At such time a	s I no longer use any of the above weapons for					
law which	enforcement purposes, or if I obtain a weapon h will supercede this one. I understand that	I wish to use in place of any time issued sidearm and the	of the above weapons, I will submit a new form, e above firearm(s) are the only firearms I am bove weapons until I am specifically authorized					

KANGE

DISTRIBUTION:

ORIGINAL - PERSONNEL FILE (CHIEF'S OFFICE) COPY OF SIGNED FORM - REQUESTING OFFICER COPY OF SIGNED FORM - TRAINING FILE



	407 1211	OMITON	DAIE	11120
POLICE OFFICER:_		× 1		
		a		
<u>Handgun</u>	x		# # # # # # # # # # # # # # # # # # #	e e
Issued 9x19mm Glock Mo	odel:	Glock S/N	v:	
BU/OD Make:	Model:	·	BU/OD S/N:	
BU/OD Make:	Model:		BU/OD S/N:	
BU/OD Make:	Model:		BU/OD S/N:	B B B B B B B B B B B B B B B B B B B
BU/OD Make:	Model:	a .	BU/OD S/N:	XXX
Range Officer:	3//			
REMINGTON MODEL 870 PUM Range Officer:	P SHOTGUN (12 GAUGE		
R-15 Type Rifle/Carbine ((5,56x45mm)			
ODA: ON OY PODA Model:		PC	DA S/N: _	<u> </u>
Range Officer:	<u>dl</u>			
EMINGTON MODEL 700 PREC	SISION RIFLE	(7.62x51m	<u>M)</u>	
Range Officer:				
THER TYPE:				
		a II was		Address of the same

Range Officer:



B	10/	1	6
DATE	10/2	≯ /	1

POLICE	₹:	
HANDGUN		
Issued 9x19mm Gloc	« Model:	Glock S/N:
BU/OD Make:	Model:	BU/OD S/N:
BU/OD Make:	Model:	BU/OD S/N:
BU/OD Make:	Model:	BU/OD S/N:
BU/OD Make:	Model:	BU/OD S/N:
REMINGTON MODEL 870 I	PUMP SHOTGUN (12	2 GAUGE)
Range Officer:		
PODA: শN □Y PODA Mo	del:	PODA S/N:
REMINGTON MODEL 700 I		<u>7.62x51mm)</u>
OTHER TYPE:		

Range Officer:



DATE 8-27-19

OFFICER:_

HANDGUN

Issued 9x19mm Glock	Model: 17 Gen 4 Glo	ck S/N:	8
BU/OD Make: Glock	Model: 43	BU/OD S/N:	
BU/OD Make:	Model:	BU/OD S/N:	
BU/OD Make:	Model:	BU/OD S/N:	
BU/OD Make:	Model:	BU/OD S/N:	
Range Officer:	MAR B		
			e g - Ene
REMINGTON MODEL 870 PL	JMP SHOTGUN (12 G	AUGE)	
Range Officer: far fr	1/4/-23		
AR-15 TYPE RIFLE/CARBIN	<u>E (5.56х45мм)</u>		
PODA: ON OY PODA Mode	ol:	PODA S/N:	
Range Officer:			
REMINGTON MODEL 700 PR	ECISION RIFLE (7.62	2x51mm)	
Range Officer:			
OTHER TYPE:			
Make:	Model:	S/N:	
Range Officer:			



FIREARM QUALIFICATION DATE 9-27-18

OFFICER:

HANDGUN		
Issued 9x19mm Glock	Model: <u>17</u>	Glock S/N: _
BU/OD Make:	Model:	BU/OD S/N:
BU/OD Make:	Model:	BU/OD S/N:
BU/OD Make:	Model:	BU/OD S/N:
BU/OD Make:	Model:	BU/OD S/N:
Range Officer: Pro	D. Z (175	
REMINGTON MODEL 870 P		2 GAUGE)
Range Officer:	11.s Trend	e e
AR-15 TYPE RIFLE/CARBI	NE (5.56x45MM)	
PODA: IN ITY PODA Mod	del:	PODA S/N:
Range Officer: Pro	1. hly	
REMINGTON MODEL 700 P	RECISION RIFLE (7	<u>.62х51мм)</u>
Range Officer:	\	
OTHER TYPE:		*
Make:	Model:	S/N;
Range Officer:		



DATE 10-31-17

OFFICER:__

HANDGUN		9
Issued 9x19mm Glock Mode	el: 17 her 4 Glock	S/N: _
BU/OD Make:	Model:	BU/OD S/N:
BU/OD Make:	Model:	BU/OD S/N:
BU/OD Make:	Model:	BU/OD S/N:
BU/OD Make:		BU/OD S/N:
Range Officer: Byth B	eese AB	
REMINGTON MODEL 870 PUMP	SHOTGUN (12 GAL	JGE)
Range Officer: P+/,	Trend DT	
AR-15 Type RIFLE/CARBINE (5	.56х45мм)	
PODA: □N □Y PODA Model: _		PODA S/N:
REMINGTON MODEL 700 PRECI	SION RIFLE (7.62x	<u>:51мм)</u>
Range Officer:		
OTHER TYPE:		
Make: Ma	odel:	S/N:
Range Officer:		

Weapons Qualification Form

Officer: _	
Duty Handgun: Glock Model:	Serial #:
Qualification Date:	Range Officer:
Shotgun (Remington 870)	
Qualification Date:	Range Officer:
Patrol Rifle (Bushmaster or Rock River)	
Qualification Date:	Range Officer:
Special Weapons (SWAT)	
Submachine Gun (HK MP5)	
Qualification Date: 5/14/13	Range Officer:
Sniper Rifle (Remington 700)	
Qualification Date:	Range Officer:
<u>Tactical Assault Rifle</u> Make:	Model:
Qualification Date:	Range Officer:

Weapons Qualification Form

Officer:	
Duty Handgun: Glock Model:	Serial #:
Duty Handgun: Glock Model: Qualification Date: 10-10-11	Range Officer: Aunus
Shotgun (Remington 870)	· ·
Qualification Date: 10-10-11	Range Officer: Awoves
Patrol Rifle (Bushmaster or Rock River)	req
Qualification Date: 10-10-11	Range Officer: Avoles
	, ,
Special Weapons (SWAT)	
Submachine Gun (HK MP5)	
Qualification Date:	Range Officer:
Sniper Rifle (Remington 700)	
Qualification Date:	Range Officer:
<u>Tactical Assault Rifle</u> Make:	Model:
Qualification Date:	Range Officer:

Weapons Qualification Form

Officer:
Duty Handgun: Glock Model: TT Serial #: _
Qualification Date: 12.14.10 Range Officer: Kelly Tanavics
Shotgun (Remington 870)
Qualification Date: 12-14-10 Range Officer: Kelly Krauavices
Patrol Rifle (Bushmaster or Rock River)
Qualification Date: 05-20-11 Range Officer: Amount Carpental
Special Weapons (SWAT)
Submachine Gun (HK MP5)
Qualification Date: Range Officer:
Sniper Rifle (Remington 700)
Qualification Date: Range Officer:
Tactical Assault Rifle Make: Model:
Qualification Date: Range Officer:

and the same of th	RANGE PROFICIENCY RECORD: PRECISON RIFLE						
Name:				Agency:t	EPGE	SWAT	
Weapon mak	ke: REMI	VGTON N	lodel:	00	Serial #:		
Hits in the pr	eferred area	a (PA) count	t as a plus c	ne (+1).	09		
Hits in the no	on-preferred	area (NPA)	and inside	of the silhoue	tte outline a	re zero (0).	
Rounds not f	fired (NF) ar	e zero (0).					
				, off the target are minus 1 (-1		d over the	
Stage 1A &	1B are pass	/fail and mu	st be in the	preferred area	a (PA).		
Stage 1A	PA:	NPA:	_NF:	_MISS:	_OT:	ERF:	
Stage 1B	PA:	NPA:	_NF:	_MISS:	OT:	ERF:	
Stage 2	^			_MISS:			
Stage 3A	PA: _ \	NPA:	_NF:	_MISS:	OT:	ERF:	
Stage 3B	PA:	NPA:	_NF:	_MISS:	_OT:	ERF:	
Stage 4				_MISS:			
Stage 5A	PA:	NPA:	_ NF:	_MISS:	OT:	ERF:	
Stage 5B	PA:	NPA:	_NF:	_MISS:	OT:	ERF:	
Subtotals:	10			MISS:	OT:	_ERF:	
Total:(PASSING IS A MINIMUM OF 9)							
Date tested:	13-27-2	3	Passed:		_ Failed:		
Tested by:	71/6	2	RF0#	t: 107767	Exp:	1-23-24	

	RANGE PROFICIENCY RECORD: PRECISON RIFLE						
Name:				Agency:E	D6E	SWAT	
Weapon mal	ke: ADM	Me	odel: A	2-10	Serial #:		
Hits in the pr	eferred area	(PA) count	as a plus o	ne (+1).	19.		
Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).							
Rounds not	fired (NF) are	zero (0).					
				off the target re minus 1 (-1		ed over the	
Stage 1A &	1B are pass/f	ail and mus	t be in the	preferred area	a (PA).		
Stage 1A	PA: N	NPA:	NF:	_MISS:	OT:	ERF:	
Stage 1B	PA:1	NPA:	NF:	_MISS:	OT:	ERF:	
Stage 2	PA: <u>2</u> 1	NPA:	NF:	_MISS:	OT:	ERF:	
Stage 3A	PA:	NPA:	NF:	_MISS:	OT:	ERF:	
Stage 3B	PA: _ _	NPA:	NF:	_MISS:	_OT:	_ERF:	
Stage 4	PA: _2_1	NPA:	NF:	_MISS:	OT:	ERF:	
Stage 5A	PA:!	NPA:	NF:	MISS:	OT:	_ERF:	
Stage 5B	PA:I	NPA:	NF:	_MISS:	OT:	_ERF:	
Subtotals:				d	_OT:	_ERF:	
Total: PASSING IS A MINIMUM OF 9)							
Date tested: 12-37-23 Passed: Failed:							
Tested by: _	sur M/2	2	REQ#	07763	Ехр	1-25-24	

RANGE PROFICIENCY RECORD: PRECISON RIFLE								
Name:	JASON	Moz	E	Agency:	CHPD	EDGE SWAT		
Weapon ma	ke: REMIN	JUTON	Model:	700	_ Serial #	£;		
Hits in the pr	Hits in the preferred area (PA) count as a plus one (+1).							
Hits in the n	on-preferre	d area (NI	PA) and insid	e of the silho	ouette outlin	e are zero (0).		
Rounds not	fired (NF) a	are zero (0).			8		
Rounds outs time limit (O	side of the s T) or any e	silhouette xtra round	outline (MISS s fired (ERF)	6), off the targ are minus 1	get (MISS), (-1).	fired over the		
Stage 1A &	1B are pas	s/fail and	must be in the	e preferred a	rea (PA).			
Stage 1A	PA:	_ NPA:	NF:	MISS:	OT:	ERF:		
Stage 1B	PA:	_ NPA:	NF:	MISS:	OT:	ERF:		
Stage 2	PA: 2	_ NPA:	NF:	MISS:	OT:	ERF:		
Stage 3A	PA:	_ NPA:	NF:	MISS:	OT:	ERF:		
Stage 3B	PA:	_NPA: _	NF:	MISS:	OT:	ERF:		
Stage 4	PA: _2	_ NPA:	NF:	MISS:	OT:	ERF:		
Stage 5A	PA:	_ NPA: _	NF:	MISS:	OT:	ERF:		
Stage 5B	PA:	_ NPA: _	NF:	MISS:	OT:	ERF:		
Subtotals:	10			MISS:	OT:	ERF:		
Total:(PASSING IS A MINIMUM OF 9)								
Date tested	: 12-22-	-23	Passed:	V	Faile	ed:		
Tested by:	V	19.1.	REC	Q#: 0176	31	Exp: 1-25-24		

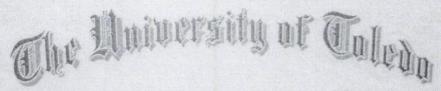
	RANGE PROFICIENCY RECORD: PRECISON RIFLE					
Name: Vo	lodynyr Savl	<i>ia</i>	Agency: Sha	wher Hts	b/EDGE	
Weapon mak	ce: Remington N	Model:	00	Serial #:		
Hits in the pr	eferred area (PA) coun	t as a plus o	ne (+1).			
Hits in the no	on-preferred area (NPA)) and inside	of the silhoue	tte outline a	re zero (0).	
Rounds not f	fired (NF) are zero (0).					
	ide of the silhouette out Γ) or any extra rounds fi				d over the	
Stage 1A & 1	1B are pass/fail and mu	st be in the p	oreferred area	(PA).		
Stage 1A	PA: NPA:	_NF:	MISS:	OT:	ERF:	
Stage 1B	PA: NPA:	_ NF:	MISS:	OT:	ERF:	
Stage 2	PA: <u>_</u> NPA:	_ NF:	MISS:	OT:	ERF:	
Stage 3A	PA: NPA:	_ NF:	MISS:	OT:	ERF:	
Stage 3B	PA: NPA:	_ NF:	MISS:	OT:	ERF:	
Stage 4	PA: NPA:	_ NF:	MISS:	OT:	ERF:	
Stage 5A	PA: _ NPA:	_ NF:	MISS:	OT:	ERF:	
Stage 5B	PA: NPA:	_NF:	MISS:	OT:	ERF:	
Subtotals: _	10		MISS:	OT:	ERF:	
Total:(PASSING IS A MINIMUM OF 9)						
Date tested:	12-27-23	Passed:	V	_ Failed:		
Tested by: 💋	in griffee	REQ#	07763	Exp:	1-25-24	

RANGE PROFICIENCY RECORD: PRECISON RIFLE							
Name:				Agency: _	Enclid	P.D. / EDGE S	
Weapon mak	ce: Remin	14,2	Model:	700	Serial #:		
Hits in the preferred area (PA) count as a plus one (+1).							
Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).							
Rounds not fired (NF) are zero (0).							
Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT) or any extra rounds fired (ERF) are minus 1 (-1).							
Stage 1A & 1B are pass/fail and must be in the preferred area (PA).							
Stage 1A	PA:	_NPA:	NF:	MISS:	_ OT:	ERF:	
Stage 1B	PA:	_ NPA:	NF:	MISS:	_ OT:	ERF:	
Stage 2	PA: 2	_NPA:	NF:	MISS:	_ OT:	ERF:	
Stage 3A	PA:	_NPA:	NF:	MISS:	OT:	ERF:	
Stage 3B	PA: _ \	_NPA:	NF:	MISS:	_ OT:	ERF:	
Stage 4	PA: _2_	_NPA:	NF:	MISS:	_ OT:	ERF:	
Stage 5A	PA: _ l	_NPA:	NF:	MISS:	OT:	ERF:	
Stage 5B	PA:	_NPA:	NF:	MISS:	OT:	ERF:	
Subtotals: _	10			MISS:	_ OT:	ERF:	
Total: (PASSING IS A MINIMUM OF 9)							
Date tested:	12-27	-23	Passed:		Failed	:	
Tested by: 441/19 REQ#: 02763 Exp: 1-25-24							





Officer:			Date:		
Agency:			Range:		
Semi-automatic Pistol Manufacturer:			Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	
Semi-automatic Pistol Manufacturer:			Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	
Back-up/Sub Caliber Manufacturer:			Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	
Revolver Manufacturer:			Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	
Shotgun Manufacturer:			Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	
Rifle/Carbine Manufacturer:			Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	
SMG Manufacturer:			Instructor Name/Requal #:		
Model:	Caliber:	Serial Number:	Score:	Instructor:	



College of Business Administration

Upon the recommendation of the Faculty, the Board of Crusters of the Mainersity by the authority of the statutes of the State of Ohio has conferred the Regree of

Bachelor of Business Administration

Cum Laude

upon

who, having honorably fulfilled all the requirements prescribed by the Animersity for this Dogree is obliged to the duties, diligences, and commitments of the profession and is entitled to all the honors, rights, and privileges pertaining thereands.

Per Lorda Milia

Thomas B. Buttering &

Rosemary & Haggest



The fund with

Miles H Larrows



OHIO PEACE OFFICER TRAINING COMMISSION

AND

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has completed the Ohio
Peace Officer Basic Training Program

Conducted by

Cleveland Heights Police Academy

Awarded on

Richard Cordray
Attorney General

Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



Porter A Fiatal Executive

Robert A. Fiatal, Executive Director Ohio Peace Officer Training Commission

School Commander



Achievement Certificate



LEADS/NCIC

Full Operator Exam



12/21/2010 2:11:40 PM





EUCLID POLICE DEPARTMENT

USE OF FORCE AND FIREARMS SAFETY TEST

EMPLOYE BADGE/RANK	DATE 12-14-10
INSTRUCTOR Sgt. Kelly	
1. There are three general guidelines for the use of any force. List them:	
a. Justified	
b. Necessary	
c. <u>Le asonable</u>	
2. Ohio recognizes two circumstances under which deadly force is justified:	
a. Self defense	
b. Defense of another	
3. The legal justification for the use of deadly force is based upon four import All four characteristics must be displayed before you are justified in using or the contract of the contract	
a. Intent for harm	
b. Ability to cause harm	
c. Opportunity to cause harm	
d. Most be placed in jegacdy	
4. The four universal rules of firearms safety are listed below. Fill in the blan	ıks:
a. Treat every weapon as if they were loaded at a	11 times.
b. Never point the muzzle at anything you are not willing to	
where an tention w (discharge will do harm.	
c. Keep your <u>Linger</u> off of the <u>trigger</u> until yo	ou are ready to fire.
d. Be sure of your +arget, backstop, and bey	and.

Minum Participation Certificate

Presented to

For Completion of

EPD 2-day Patrol Rifle Class

May 20th 2011





This Certifies that



and has passed the requirements of the Euclid Police Department TASER X26 training program under the supervision of a is trained in the proper and safe use of the TASER® X26 Electronic Control Device Certified Instructor.

In Witness Whereof, Certified Instructor

Michael Neibecker

has certified the successful completion of the training requirements this day:

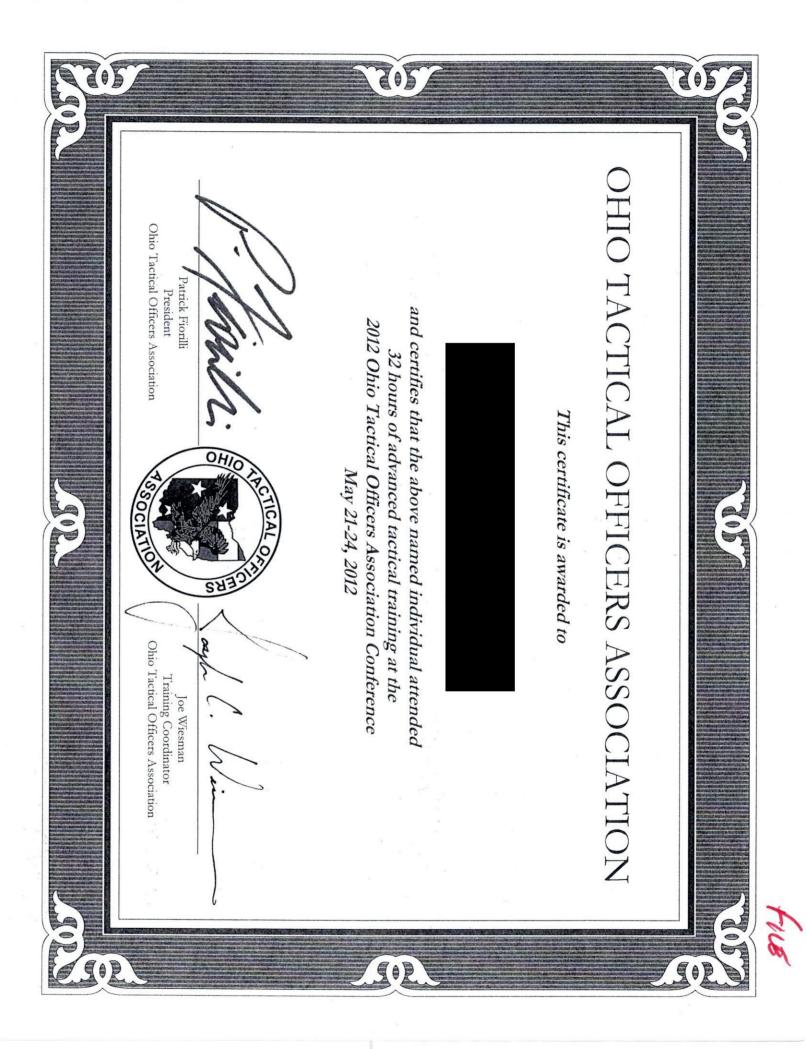
August 29, 2011

Certified Instructor:

Certified Instructor ID:

090416027821412871346C

n. Reilech





In Service Training

EUCLID POLICE DEPT.

On April 26th, 2013



Completed (8) Hours of

Drivers Training and Pursuit Policy Review

Signature

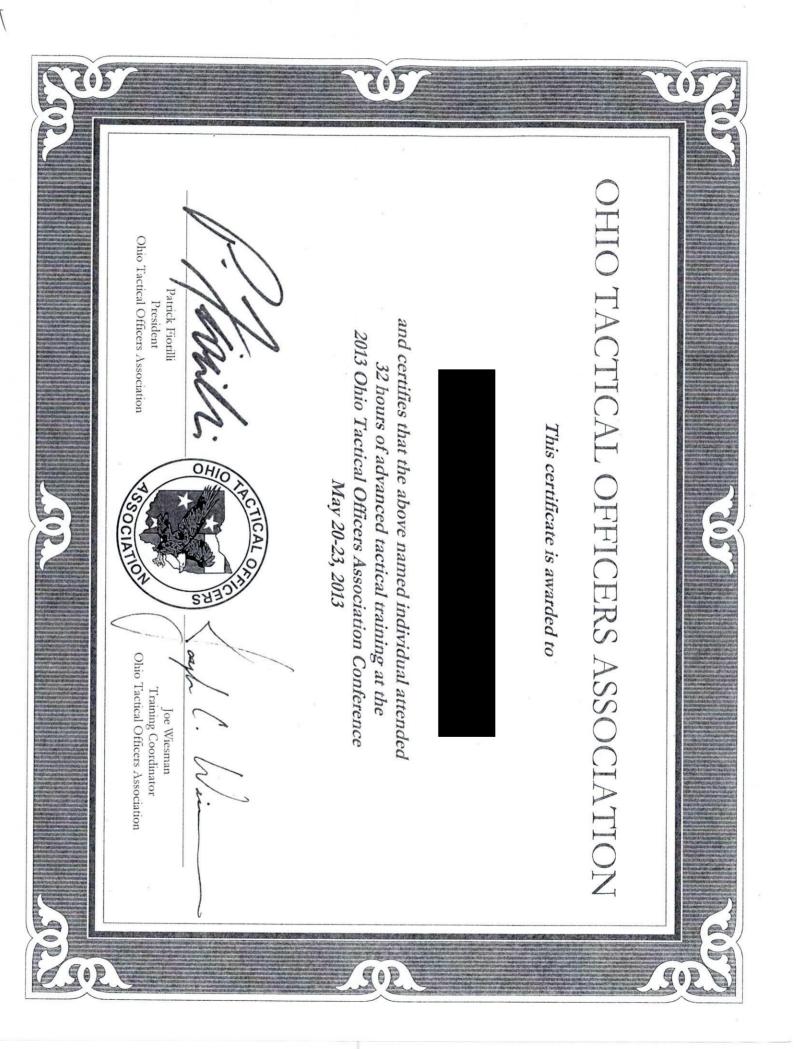
SGT. JOEL BARRON
Training Division

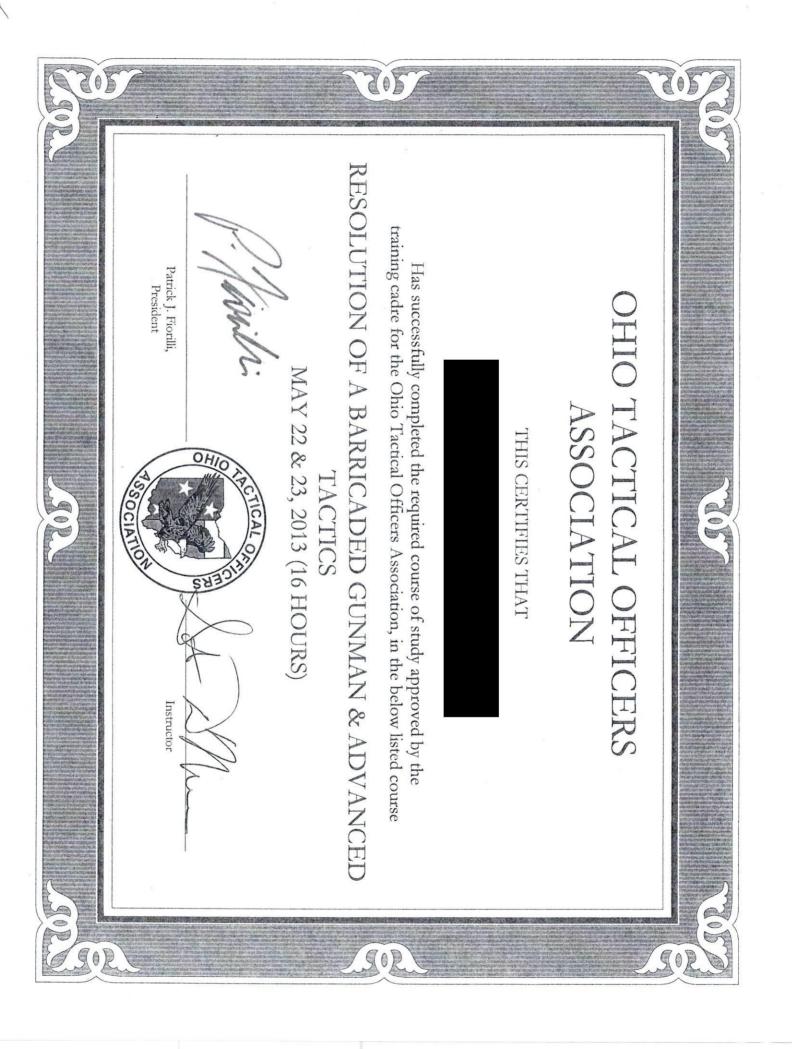
Sof MBBon

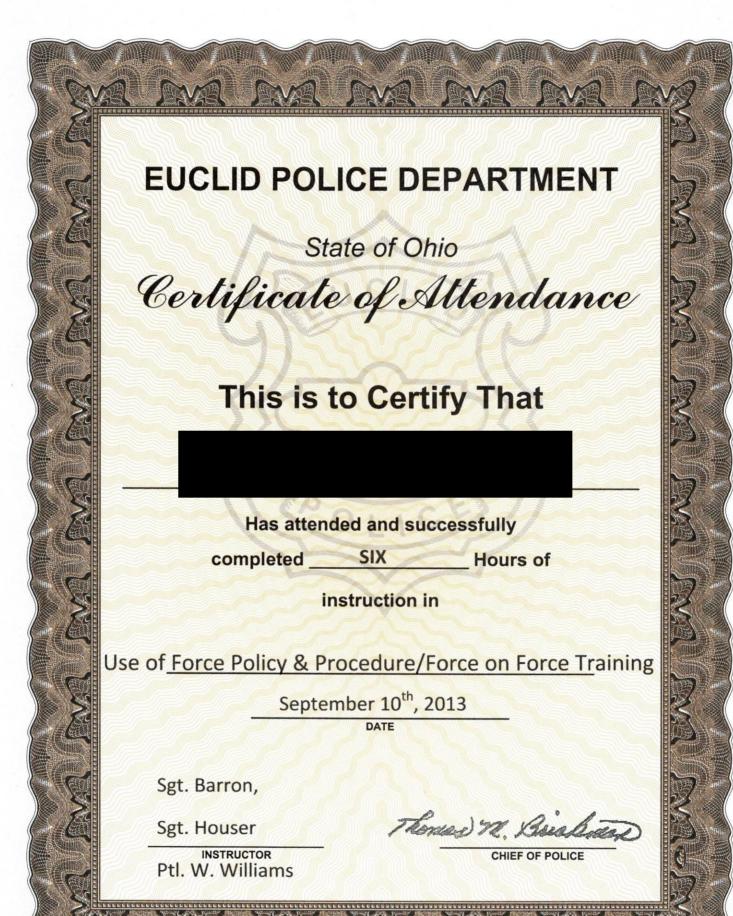
4/26/13 Date

Training Division







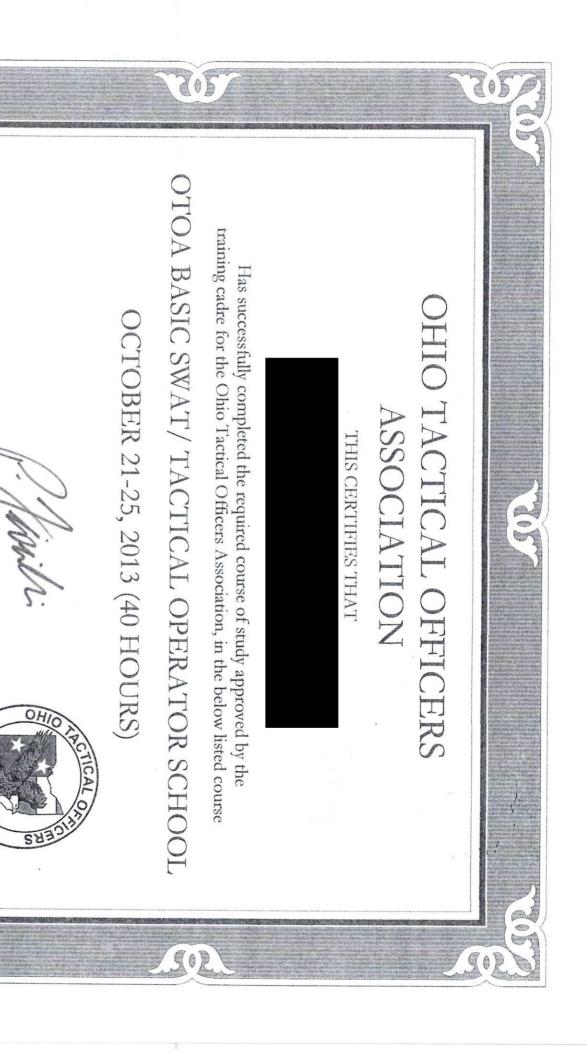


© 2004 GOES 441

EUCLID POLICE DEPARTMENT

USE OF FORCE AND FIREARMS SAFETY TEST

EMPLOYEE BADGE/RANK DATE 7-13-13
INSTRUCTOR Sgt. Barron
1. There are three general guidelines for the use of any force. List them: a. Dustified
b. Reasonable
c. Necessary
2. Ohio recognizes two circumstances under which deadly force is justified:
a. Defense of self from Serious harm
b. Defense of another from Serious harm
3. The legal justification for the use of deadly force is based upon four important characteristics. All four characteristics must be displayed before you are justified in using deadly force:
a. Intat
b. Apility
c. Upportunity
d. Jeopardy
4. The four universal rules of firearms safety are listed below. Fill in the blanks:
a. Treat every weapon as if they were loaded at all times.
b. Never print the gun at anything you are not willing to <u>Destroy</u> , or
where an Accidental Discharge will do harm.
c. Keep your Finger off of the trigge until you are ready to fire.
d. Be sure of your Target, Backstop, and Beyond.



Patrick J. Fiorilli,

President

SIN



POLYTECHNIC INSTITUTE

This is to certify that

has completed a course of instruction in

CPT - Domestic Violence (1 hr), Search and Seizure (4 hrs) and Laws of Arrest (2 hrs)

March 18, 2014 Date

William D. Healy

Training Director

OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT



has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

2014 Conference Registration - CONFERENCE REGISTRATION - May 19-22, 2014

Patrick J. Fiorilli

President

CTICAL

Phil Chaney Director of Training

And Charly

OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT



has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

Hostage Rescue Tactics / Columbus PD SWAT (16 hours) May 21 & May 22, 2014

Patrick J. Fiorilli
President

OHIO PAC

Phil Chaney Director of Training this Charley

National Sactical Officers Bracing

Is pleased to present this Certificate to

Euclid Police Department

In recognition of your successful completion of the 8-hour Armored Tactical Rescue Vehicle training June 9 – 10, 2014 Ashtabula, OH

mos m

EUCLID POLICE DEPARTMENT Use of Force/Firearms Safety Test

NA	BADGE/RANK
1.	There are three general guidelines to any use of force. List them. (Any use of force must be) a) Reasonable 5 b) Necessary c) Justified
2.	The State of Ohio recognizes two circumstances under which you are justified in using deadly force. List them. a) Protect oneself from serious physical harm or death b) Protect another from serious physical harm or death
3.	The legal justification for the use of deadly force is based on four important characteristics. The suspect must display all four of these characteristics before you are justified in using deadly force. List them. a)
4.	There are four basic rules of firearms safety. Complete them below. a) Treat _ary fram _ as if it were loaded at _all thes b) point the _fram at anything you are not willing to or where anaccidental dishargh will do harm. c) Keep your off the trigger until you are ready to fire.
	d) Be sure of your target , backsty , and beyord .



POLYTECHNIC INSTITUTE

This is to certify that

has completed a course of instruction in

Diversity (1 hr), Response to Mental Illness/ Verbal Judo (2 hrs) and Civil Liability (3 hr) CPT - Domestic Violence (1 hr),

February 17, 2015

William D. Healy

Training Director

PEEL

HERE

Heartsaver® CPR AED





the objectives

and skills evaluations in accordance with the curriculum of the AHA Heartsaver CPR AED Program. Optional completed modules are those NOT marked out: Infant CPR Written test 03/2017

Name

Instructor

Steven Fleck 11102102734 Inst. ID #

Recommended Renewal Date

Child CPR AED 03/2015

HEARTSAVER CPR AED HEARTSAVER CPR AED

Training Cleveland Clinic OH01877 $^{TC \mid D \mid \#}$

9500 Euclid Ave 2166362900

Info

Course Cleveland, OH 44195

Signature Holder's

© 2011 American Heart Association Tampening with this card will alter its appearance. 90-1813

Strike through the modules NOT completed.

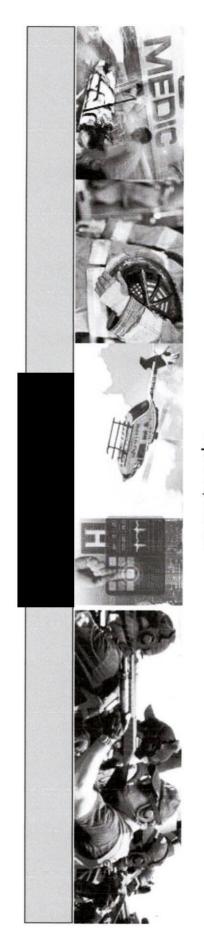
This card contains unique security features to protect against forgery.



MetroHealth Medical Center **EMS** Continuing Education

Tactical Medical Simulation Exercise

April 2, 2015



Uma E Collin Ms

Thomas E. Collins, MD EMS Director
MetroHealth Medical Center



David Yarmesch, AAS, Paramedic, EMS-I EMS Coordinator Emergency Medicine & Metro Life Flight MetroHealth Medical Center

Craig Bates, MD Medical Director Metro Life Flight MetroHealth Medical Center

STAN MO

MetroHealth Medical Center is an Approved Continuing Education Site by the State of Ohio Board of Emergency Services, Approval #1202









This certificate is awarded to

training cadre for the Ohio Tactical Officers Association, in the below listed course has successfully completed the required course of study approved by the

902

3.5

EXECUTIVE PROTECTION COURSE JUNE 3-4, 2015 (16-HOURS)

Manual.

Patrick Fiorilli
President
Ohio Tactical Officers Association

305

1000



thic Charge

Director of Training Ohio Tactical Officers Association





has completed the Ohio Attorney General's online training course on

Narcan eLearning Course

Completed on: 6/22/2015 9:11:06 AM





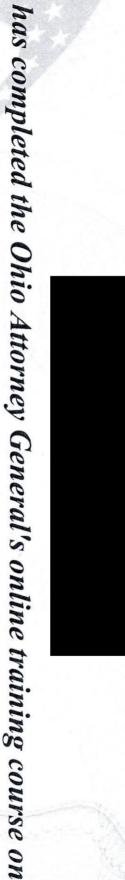
Companion Animal Encounters

has completed the Ohio Attorney General's online training course on

Completed on: 5/7/2016 6:59:27 AM





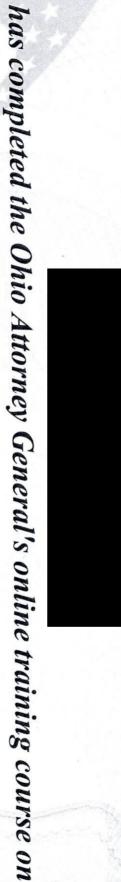


Procedural Justice and Police Legitimacy

Completed on: 5/6/2016 1:57:24 PM







Human Trafficking 2016 Update

Completed on: 5/6/2016 2:04:38 PM





Animal Encounters

has completed the Ohio Attorney General's online training course on

Completed on: 5/6/2016 2:00:04 PM



has successfully completed the Ohio LEADS testing on

December 13, 2016

by completing the following exam:

Inquiry Test

This certificate is good through

December 13, 2018

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT 2017 WINTER IN-SERVICE TRAINING

FEBRUARY 14TH, 2017

SUBJECTS

3 Hours Subject Control

1 Hour Implicit Bias Awareness

2 Hours Legal Update

2 Hours Detective Bureau Instruction

ATTENDEES

Sgt. William Williams

Det. Mike Caruso

Det. Greg Costello

P.O. Josh MacDonald #77

P.O. Steve McGrain #37

P.O. Ken Horna #1

P.O. Bill Brooks #88

P.O. Derek Kocsis #20

Scott Meyer

Chief of Police

Lt. Mitchell Houser

Training Officer







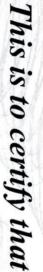
has completed the Ohio Attorney General's online training course on

Awareness of Human Trafficking

Completed on: 3/14/2017 5:36:22 PM







has completed the Ohio Attorney General's online training course on

Responding to Human Trafficking

Completed on: 3/14/2017 5:46:59 PM







Completed on: 3/14/2017 5:40:58 PM

EUCLID POLICE DEPARTMENT

USE OF FORCE AND FIREARMS SAFETY TEST

EMPLOYEE_	BADGE/RANK DATE 9-20-/
INSTRUCTOR	Sg+. Williams / Sgt. Barron
1. There are	e three general guidelines for the use of any force. List them:
a	Veieslay
bK	essonal/2
c) us to fiel
2. Ohio reco	ognizes two circumstances under which deadly force is justified:
a. <u>D</u>	efend him/herself from serious physical injury or death
b. D	etend another person from serious physical injury or deat
_	l justification for the use of deadly force is based upon four important characteristics. characteristics must be displayed before you are justified in using deadly force:
a	Intent
	AL:1:+y
c <i>û</i>	pportunity
d	Deopardy
4. The four	universal rules of firearms safety are listed below. Fill in the blanks:
a. Tr	reat every weapon as if they were loaded at all times.
b. No	ever Point the weapon at anything you are not willing to destay, or
	nere an accidental discharge will do harm.
c. Ke	eep your <u>finger</u> off of the <u>trigge</u> until you are ready to fire.
d. Be	e sure of your target, backstop, and beyond.

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT 2017 SPRING IN-SERVICE TRAINING

MARCH 28TH, 2017

SUBJECTS

2 Hours C.P.R.

1 Hour Standardized Field Sobriety Tests

5 Hours Driver's Training

ATTENDEES

Lt. Mitch Houser

Sgt. Craig Murowsky

Sgt. Mike Walsh

Det. William Rogers

Det. Daniel Sawyer

P.O. Nolan Ellis #21

P.O. John Foran #34

P.O. Ken Horna #1

P.O. Fred Stoldt #54

P.O. Paul Wittreich #70

Attendance Certified By:

Lt. Mitchell Houser

Training Officer

PARTICIPANT PROFICIENCY EXAMINATION STANDARDIZED FIELD SOBRIETY TEST BATTERY

Participant Name:	Date: 3-28-17
I. HORIZONTAL GAZE NYSTAGMUS	
1.) Have subject remove glasses if worn.	8
Stimulus held in proper position (approximately slightly above eye level.	12"-15" from nose, just
3.) Check for equal pupil size and resting nystagm	nus.
4.)Check for equal tracking.	
5.) * Smooth movement from center of nose to max approximately 2 seconds and then back acros maximum deviation in right eye, then back to other right eye. (Repeat)	s subject's face to
6.) * Eye held at maximum deviation for a minimum showing). Check left eye, then right eye. (Re	
7.) * Eye moved slowly (approximately 4 seconds) f Check left eye, then right eye. (Repeat)	rom center to 45 angle.
8.) Check for Vertical Gaze Nystagmus. (Repeat	:)
II. WALK-AND-TURN	
1.)Instructions given from a safe position.	
2.) * Tells subject to place feet on a line in heel-to-to-right foot) with arms at sides and gives demon	
3.) * Tells subject not to begin test until instructed to understands.	o do so and asks if subject
4.) * Tells subject to take nine heel-to-toe steps on t	the line and demonstrates.
5.) * Explains and demonstrates turning procedure.	
6.) *Tells subject to return on the line taking nine he	eel-to-toe steps.
7.) * Tells subject to count steps out loud.	
HS 178 R5/13	4 of 5

HS 178 R5/13

	8.) *	Tells subject to look at feet while walking.	
	9.) *	Tells subject not to raise arms from sides.	
	10.)	* Tells subject not to stop once they begin.	
	11.)	* Asks subject if all instructions are understood.	
III.	ONE L	EG.STAND	
	1.)	Instructions given from a safe position.	
	2.)	Tells subject to stand straight, place feet together, and hold arms at sides.	
	3.)	Tells subject not to begin test until instructed to do so and asked if subject understands.	
	4.) *	Tells subject to raise one leg, either leg, approximately 6" from the ground, keeping raised foot parallel to the ground, and gives demonstration.	
	5.)	Tells subject to keep both legs straight and to look at elevated foot.	
	6.) *	Tells subject to count out loud in the following manner: one thousand one, one thousand two, one thousand three, until told to stop, and gives demonstration.	
	7.)	Checks actual time subject holds leg up. (Time for 30 seconds.)	
Ins	structor:	Syt. Murowsky 50	

Note: In order to pass the proficiency examination, the student must explain and cannot omit the numbers marked with an asterisk (*).

BASIC LIFE SUPPORT

BLS Provider



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

Issue Date

03/28/2017

Training Center Name

Cleveland Clinic Foundation

Training Center ID

OH01877

Training Center Address

9500 Euclid Ave Mail Code: HSB-164A Cleveland OH 44195-0001 USA

Training Center Phone Number

(216) 636-2900

Recommended Renewal Date

03/2019

Instructor Name

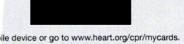
Steven Fleck

Instructor ID

11102102734

eCard Code

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

© 2016 American Heart Association. All rights reserved. 15-3001 3/16

OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT



has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

Rescue Task Force (16 Hours) June 7 & 8, 2017

Patrick J. Fiorilli

Phil Chaney Director of Training

And Charay







Victims with Special Needs

Completed on: 10/10/2017 2:25:57 PM







Completed on: 10/10/2017 1:15:34 PM

EUCLID POLICE DEPARTMENT 2017 FALL IN-SERVICE TRAINING

OCTOBER 31st, 2017

SUBJECTS

2 Hours: Annual Firearms Qualification (HG/SG/AR)

6 Hours: CQB In & Around Vehicles

Force-on-Force Scenarios

ATTENDEES

Det. Orlando Almonte P.O. Kyle Nyman #31

P.O. Greg Drew #33 P.O. Matt Rhodes #39

P.O. Ken Horna #1 Captain Jim Savage

P.O. Jeff Krysiak #81 P.O. Steve Shubert #26

P.O. Dave Maslyk #62

Chief Scott Meyer

Attendance Certified By:

Lt. Mitchell Houser

Training Officer

m / 4.

EUCLID POLICE DEPARTMENT

USE OF FORCE AND FIREARMS SAFETY TEST

Expression and the second	D'ADGD/DANK	DATE 10-31-(7
EMPLOYEE	BADGE/RANK	_ DATE / V) / · ()
INSTRUCTOR Nolan Ellis		* * * * * * * * * * * * * * * * * * * *
1. There are three general guidelines for the use of	of any force. List them:	
a. Reasonable		
b. Just Ked		
c. Necessor		
2. Ohio recognizes two circumstances under which	ch deadly force is justifie	d :
a. Defense of self from	serious physical	harm or death
b. Defense of others from		
3. The legal justification for the use of deadly for All four characteristics must be displayed befo		
	io you are justified in usi	ng deadiy force.
a. Intent		
b. Deportunity		
c. Ability		* 1 *
d. Jeopordy		4
4. The four universal rules of firearms safety are	listed below. Fill in the b	olanks:
a. Treat All weepons as if they	were loaded at	all times
b. Never point the weapon at any	thing you are not willing	to destroy, or
where an accidental dicha	will do harm.	
c. Keep your off of the	tagge until	you are ready to fire.
d. Be sure of your target,	uckstop, and be	yord



OHIO PEACE OFFICER TRAINING COMMISSION

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully completed the advanced training course

05-484-18-01: Subject Control Instructor

at the Ohio Peace Officer Training Academy given

February 05 - 16, 2018

Mike DeWine Attorney General

Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission

Mary E. Davis, Executive Director

May Dun

Ohio Peace Officer Training Commission DATE CERTIFICATE PRINTED: February 20, 2018

OHIO ATTORNEY GENERAL

OHIO PEACE OFFICER TRAINING ACADEMY

Subject Control Instructor Instructor Assessment Guidelines

Student Name:		ss Fail
Group #3	Topic: Ground Defense	
Instructor: Micah Stoll	Date:02/15/2018 Time:/ C	<u>e</u> min.

Each student must address all of the below objectives during their final instructor assessment.

St	udent Performance	Incomplete	Poor	Fair	Good	Excellent
1.	Introduction (instructor & topic)	0	1	2	3	4
2.	Verbal communication skills (volume, tone, pitch, etc.)	0	1	2	3	(4)
3.	Addressed any safety concerns for training in the area of instruction	0	1	2	3	4
4.	Addressed the appropriate legal considerations for the topic	0	1	2	3	4
5.	Addressed realistic tactics applicable to the topic	0	1	2	3	4
6.	Explained the principles/techniques being taught?	0	1	2	3	4
7.	Demonstrated the principles/techniques being taught?	0	1	2	3	4
8.	Time Management	0	1	2	3	4
9.	Professional control of the room	0	1	2	3	4
10.	Addressed student questions and/or deficiencies	0	1	2	3	\

Comments. #6 ##) - very good explanations & demonstrations
#3 - talked safety throughout your block & not just at the kning
#3 - tolled softh throughout your block & not just at the beginning #9 - walled he mak & tolled to stude to while they practicity. At times
this can be distructly but you did a great job
Very god job



OHIO PEACE OFFICER TRAINING ACADEMY

Subject Control Instructor Student Training & Assessment Record

Student Name:		Course Dates: Feb. 5-16, 2018

Assignment	1 st Attempt	2 nd Attempt
	Status/Score	Status/Score
✓ Pre-course assignment	Complete	
✓ Week 1 skills assessment	Complete	
✓ Scenario #1 – Officer Down	Complete	
✓ Scenario #2 – Refusing to Leave	Complete	
✓ Scenario #3 – Immediate Threat Response	Complete	
✓ Scenario #4 – Shot Avoidance	Complete	
✓ Individual presentation #1	Complete	
✓ Individual presentation #2	Complete	
✓ Final Instructor Assessment	100%	
✓ Written Exam	100%	
✓ Student led group scenario	Complete	

OPOTA Instructors: Aaron Coey, Joel Seibert, Micah Stoll	Date: 02/16/18
OF OTA Instructors. Aaron Coey, Joer Seibert, Mican Stoll	Date: 02/16/18

OHIO ATTORNEY GENERAL

OHIO PEACE OFFICER TRAINING ACADEMY

Subject Control Instructor Week 1 Skills Assessment

		,				
	Student's Name: Date:	18				
Stati	ion #1					
	os assessed: approach & control, takedowns, handcuffing, weapon retention,	Instructor				
	weapon defense, shot avoidance	Initials				
1.	Approach from front, control hold, takedown, stabilize, handcuff, search, standup (must	Tilliais				
	demonstrate all control holds taught)	ALC				
2.	Intermittently the officer must demonstrate weapon retention principles. The subject will	<u> </u>				
	attempt a holstered weapon grab when the officer is approaching	ALC				
3.	Intermittently the officer must demonstrate defense of a close quarters weapon attack.					
	The subject will attempt an attack with a gun, knife, or impact weapon when the officer	ALC				
	is approaching	, Acc				
		1				
Stati	on #2	Instructor				
	s assessed: bodylocks & hold releases, ground defense	Initials				
1.	A failed approach from front results in the officer being placed in a bodylock. Officer	T				
	must successfully defend/escape from this attack	SRC				
2.	A failed approach from front results in the officer being placed in a bodylock. Officer is ta	ken to the				
	ground and must defend/escape from this attack from the ground (engage & disengage options)					
	a Mount defense					
	b. Side control	ARC ARC				
	c. Guard	ARC				
		AICC				
Statio	on #3	Instructor				
	s assessed: strike defense, striking, approach & control, takedowns, hold releases	Initials				
1.	Approach from the front, subject attempts to punch the officer. Officer demonstrates	ililiais				
	strike defense and counter striking	h_				
2.	Approach from the front, subject attempts to punch the officer. Officer demonstrates					
	strike defense, to a body lock, and loads a takedown	~				
3.	Approach from the front, subject attempts to punch the officer. Officer demonstrates					
	strike defense, to a body lock. From the bodylock, the suspect places the officer in a	l.				
	side headlock or front strangle (depending on head placement). Officer defends the	~				
	attack (engage & disengage options)					
		2				
	Instructor: Instructor:					
	Instructory A Ch - Al					
	Instructor: Instructor:					

EUCLID POLICE DEPARTMENT 2018 WINTER IN-SERVICE TRAINING

FEBRUARY 20[™], 2018

SUBJECTS

4 Hours: Subject Control & ASP baton

3 Hours: Verbal De-Escalation

ATTENDEES

Det. John Braun

P.O. John Foran #34

P.O. Franco Gianfagna #92

Lt. Mitch Houser

P.O. Richard Jackson #89

Det. Casey Kleckner

P.O. John Selig #17

Attendance Certified By:

Lt. Mitchell Houser

Training Officer

m/2-1-.

ENER MASS TRANSMISSING INSTITUTE

(A Division of Center Mass, Inc.)

Hereby Certifies That

Has Satisfactorily Completed All Course Requirements

BASIC POLICE SNIPER SCHOOL

April 09-13, 2018

Multi-Lakes Conservation Association Jeff Felts, President

5-days, 50+ Hours







ENTER MASSIFIED TO THE STATE OF THE STATE OF

(A Division of Center Mass, Inc.)

Hereby Certifies That

Has Satisfactorily Completed All Course Requirements

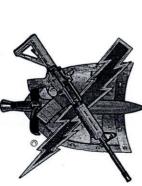
ADVANCED POLICE SNIPER SCHOOL

Jeff Felts, President

April 19-20, 2018

Multi-Lakes Conservation Association 2-days, 16 Hours





Certificate of Completion

This is to certify

successfully completed the IPICD Online Program (2 hours)

One Breath: The Importance of Recognizing Agonal & Other Breathing Problems (User-level Version 1.0e) on



September 25, 2018

John G. Peters, Jn., Ph.D., CTC, CLS IPICD President and Chief Learning Officer

Brian Casey
Instructor

Copyright 2005 - 2015, IPICD, Inc. All Rights Reserved

EUCLID POLICE DEPARTMENT 2018 FALL IN-SERVICE TRAINING

SEPTEMBER 27TH, 2018

SUBJECTS

Annual Firearms Qualification (HG/SG/AR)

Weapon-Flow

Use of Force & De-Escalation Scenarios

ATTENDEES

P.O. Chris Chambers #22

P.O. John Selig #17

Sgt. Donna Holden

Det. Josh Schultz

P.O. Scott Jares #74

Lt. Terry Styles

P.O. Jason Mausar #52

Det. Paul Wittreich

P.O. Michael Roulan #42

Attendance Certified By:

Lt. Mitchell Houser



FIREARM SAFETY & USE OF FORCE DATE 4-27-18

OFFICER

OUSAL BUAD INSTRUCTOR PRINT NAME INST'S INITIALS INDICATE

EVAIL IN DEED OF LONED
FUNDAMENTAL RULES OF FIREARM SAFETY
Treat All fineums as if they are loaded at all
times. Never Point the Muzzleat anything you are not willing to
shoot, or where a negligent discharge will cause harm. Keep your
fingle off of the trigge until you have made the decision to fire and have
consciously begun the process of firing. When shooting, always be sure of your <u>Taryet</u> ,
Backstop, and Blyond.
GRAHAM V. CONNOR: RELEVANT FACTORS CONSIDERED WHEN USING PHYSICAL FORCE
1. The Severity of the crime suspected
2. Whether the suspect poses an Innediate threat to the safety of the
officers or others.
3. Whether the suspect is Actively vesisting.
4. Whether the suspect is attempting to <u>Evade</u> by
flight.
EPD P&P 419: USE OF FORCE & FIREARMS
Officers may use only the degree of force which is flusenubly nelessary to effect
lawful objectives. Deadly force may be used only to protect Vourself and otle-s
against death and serious physical harm

EUCLID POLICE DEPARTMENT 2019 WINTER IN-SERVICE TRAINING

JANUARY 22ND, 2019

SUBJECT

(7 HOURS) BEHAVIOR-BASED HIGH THREAT C.Q.B.

ATTENDEES

Sgt. Donna Holden

P.O. Nate Reed #3

P.O. Sam Thirion #87

Attendance Certified By:

Lt. Mitchell Houser

EUCLID POLICE DEPARTMENT

2019 SPRING IN-SERVICE TRAINING

MARCH 13TH, 2019

SUBJECTS

SUBJECT CONTROL TACTICS (4 HRS)
O.C. TRAINING & Lv. 2 VOLUNTARY CONTAMINATION (3 HRS)

(CONTAMINATION INDICATED BY Y/N)

ATTENDEES

Det. J. Braun Y

P.O. T. Coyne #16 Y

Det. D. Olszewski Y

P.O. E. Rodriguez #94 Y

Cpt. S. Roller Y

P.O. A. Schwedt #43 Y

Attendance Certified By:

Lt. Mitchell Houser

EUCLID POLICE DEPARTMENT

OFFICER CONTAMINATION AFFECTS SHEET

Name: Day / Date: Wed / 3-13-19me: 13>>
Location: <u>175 E. 222</u> Indoor or Outdoor (Circle One)
Weather / Temperature:
Method of Contamination: Swipe under nose and eyes with gel
Initial effects on contaminated person:
Light burning
How long did contaminated person decontaminate? What items were used in decontamination?
2-3 minutes / water and hard soap
What are effects on contaminated person after 30 minutes from initial contamination?
Moderate burning
What are effects on contaminated person after 1 hour from initial contamination?
Slight burning still
What are effects on contaminated person after 2 hours from initial contamination?
Mostly, if not all, gone
Additional Comments:
Simunition training with the contamination was a great addition,
Chosen not to participate in voluntary contamination: (Sign)
Reason Officer has selected not to participate? (Please provide an explanation on back of form)







Awareness of Cultural Diversity

Completed on: 4/3/2019 12:47:26 PM







Ethics and Professionalism

Completed on: 4/2/2019 2:27:27 PM







Law Enforcement Sexual Harassment Awareness Training

Completed on: 4/2/2019 2:30:54 PM

		DIVERS	SITY TRAINING VID	EO
				Today's date: $5-4-19$
Print N	Name:		Signa	
Job Ti	tle:	_	Depar	rtment: Folice
After v	watching the video:			
1.)	I have a better under	standing of what divers	sity in the work	cplace means.
	Strongly agree	Somewhat agree□	Disagree□	Strongly disagree□
2.)	I am better equipped	to recognize diversity	and filter my c	omments when in the workplace.
	Strongly agree	Somewhat agree□	Disagree□	Strongly disagree□
3.)				eers and that any derogatory or discriminatory
	Strongly agree	some and potentially ii Somewhat agree□	Disagree□	Strongly disagree□
•	The Euclid Police De Strongly agree□ Comments:	epartment is committed Somewhat agree□	d to diversity. Disagree□	Strongly disagree□
•	I am comfortable talk	ring about my backgro	ound and cultura	al experiences with my peers.
	Strongly agree□	Somewhat agree□	Disagree□	Strongly disagree□
	Comments:		2	
•	People of all cultures	and backgrounds are	respected and v	ralued here
	Strongly agree	Somewhat agree□	Disagree□	Strongly disagree
		Somewhat agree		Secretary and a Copy of the Co
Additio	onal comments:			NO.

I understand if I ever feel uncomfortable in the work place I should immediately report it to my supervisor or Human Resources.

OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

Sniper Equipment Calibration and Mindset (8 Hours) June 6, 2019

Patrick J. Fiorilli
President



John Chapman Director of Training

OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT



has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

Ambidextrous Carbine (8 Hours) June 7, 2019

Patrick J. Fiorilli

President



Director of Training John Chapman

Performance Flashlight Instructor

AIC Registration Number ASPL-0312

Awarded in recognition of technique, ability and knowledge that have been demonstrated and tested in a competency based Instructor Certification Program for the ASP

Performance Flashlight sanctioned by

Training and Certification Section of

Armament Systems and Procedures.

8. HRS

* | NOWARD
HANDCUFFING

Awarded in OTOA Sandusky, Ohio on 5 June 2019

> Kevin Parsons, PhD Chairman and CEO

OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT



has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

2019 OTOA Conference June 3-7

Patrick J. Fiorilli President



John Chapman Director of Training

EUCLID POLICE DEPARTMENT 2019 FALL IN-SERVICE TRAINING

OCTOBER 2ND, 2019

SUBJECTS

AR-15 QUALIFICATION
LOW-LIGHT & NIGHT SHOOTING
RESCUE TASK FORCE LECTURE

ATTENDEES

P.O. J. Aoki #7

Sgt. T Arriza

Det. J. Braun

P.O. S. Hogrefe #65

Det. C. Kleckner

Sgt. D. Kocsis

P.O. A. Malone #27

Sgt. D. Novitski

P.O. F. Stoldt #54

Attendance Certified By:

Lt. Mitchell Houser



	FIREARM	SAFETY & USE	OF FORCE	DATE /0 2-19	
POLICE	OFFICER	· · · · · · · · · · · · · · · · · · ·	OIOIVAT UKE.		
				011	

INSTRUCTOR SCHULTZ PRINT NAME INST'S INITIALS INDICATE **EXAM HAS BEEN CHECKED**

FUNDAMENTAL RULES OF FIREARM SAFETY times . Never point the Muzzle at anything you are not willing to short , or where a negligent discharge will cause harm. Keep your off of the ______ until you have made the decision to fire and have backstop, and beyord. GRAHAM V. CONNOR: RELEVANT FACTORS CONSIDERED WHEN USING PHYSICAL FORCE 1. The <u>severity</u> of the crime suspected officers or others. 3. Whether the suspect is actively revisiting. 4. Whether the suspect is attempting to __eve de EPD P&P 419: USE OF FORCE & FIREARMS Officers may use only the degree of force which is reasonably necessary to effect lawful objectives. Deadly force may be used only to protect yourself and others against death and serious physical nyury

EUCLID POLICE DEPARTMENT

2019 ROLL CALL TRAINING: EXCITED DELIRIUM

	ADMINISTRATION	Date	- Alter		Date
CHIEF	MEYER, SCOTT	9/26/2019	38	KAMAN, SCOTT	10/2/2019
CAPT	CUTWRIGHT, JEFFREY	9/26/2019	63	AMIOTT, MICHAEL	10/2/2019
CAPT	JANSON, MICHAEL	9/26/2019	27	MALONE, ANTHONY	10/3/2019
CAPR	ROLLER, SCOTT	9/25/2019	52	MAUSAR, JASON	10/2/2019
	TRAINING & LIGHT DUTY		47	CATALANI, LOUIS	10/4/2019
LT	HOUSER, MITCHELL	9/24/2019	17	SELIG, JOHN	10/4/2019
76	LINDER, ROOSEVELT	9/27/2019	94	RODRIGUEZ, ERICA	10/10/2019
91	REESE, DANIEL	10/2/2019	85	TRUSSO, VINCENT	10/7/2019
60	LALLY, JOHN	10/9/2019		PATROL DIVISION	
13/29/5/8/8	DETECTIVE BUREAU		LT	STYLES, TERRY	9/26/2019
LT	KNACK, MICHAEL	9/24/2019	SGT	KOCSIS, DEREK	9/26/2019
SGT	MUROWSKY, CRAIG	9/24/2019	SGT	WILLIAMS, VASHON	9/27/2019
DET	ROGERS, WILLIAM	9/26/2019	54	STOLDT, FREDERICK	9/30/2019
DET	SCHMID, SUSAN	9/25/2019	65	HOGREFE, STEVEN	10/1/2019
DET	CARUSO, MICHAEL	9/25/2019	49	STUDLY, CHRISTIAN	9/29/2019
DET	SAWYER, DANIEL	9/25/2019	88	BROOKS, WILLIAM, JR.	9/29/2019
DET	CARPENTER, DAVID	9/26/2019	62	MASLYK, DAVID	9/30/2019
DET	WITTREICH, PAUL	9/30/2019	5	HEROLD, JEFFREY	9/29/2019
DET	TSCHETTER, PHILIP	9/24/2019	92	GIANFAGNA, FRANCO	10/1/2019
DET	BRAUN, JOHN	9/30/2019	82	RIVERA, SHANE W.	12/19/2019
DET	KLECKNER, CASEY	9/29/2019	18	GILMER, MATTHEW	9/27/2019
DET	KROCZAK, JENNIFER	9/29/2019	55	BLAKEMORE, KERRY	9/29/2019
DET	SCHULTZ, JOSHUA	9/25/2019	61	FLAGG, KYLE D.	9/27/2019
	NARCOTICS & VICE	PARTY TO THE PERTY OF	40	LEYDE, MATTHEW R.	9/27/2019
SGT	ARRIZA, THOMAS	9/26/2019	79	EDINGTON, NICHOLAS	9/27/2019
DET	ALCANTARA, JOSE	9/25/2019	20, 150	The state of the s	9/27/2019
DET	ALMONTE, ORLANDO	9/26/2019	23	HARPER, GEORGE	9/27/2019
DET	BUCHS, BRETT	9/25/2019	42	ROULAN, MICHAEL	10/3/2019
DET	KREISCHER, BENJAMIN	9/25/2019	87	THIRION, SAMUEL	9/27/2019
	COMMUNITY POLICING		57	MOORE, BRANDON	10/7/2019
SGT	BARRON, JOEL	9/27/2019	H. 10	PATROL DIVISION	456 Cx. 1845/2
26	SHUBERT, STEVEN	9/26/2019	LT	WALSH, MICHAEL	9/30/2019
66	PANAGIOTOU, GEORGE	9/25/2019	SGT	NOVITSKI, DANIEL	9/30/2019
	TRAFFIC		SGT	BEESE, ADAM	9/30/2019
11	DOYLE, PAUL	9/26/2019	22	CHAMBERS, CHRISTOPHER	9/30/2019
77	MACDONALD, JOSHUA	9/24/2019	74	JARES, SCOTT	9/30/2019
45	BRENTAR, ANTHONY	9/25/2019	51	COSTELLO, GREGORY	10/1/2019
21	ELLIS, NOLAN	9/25/2019	75	TREND, DAVID	10/1/2019
	PATROL DIVISION		81	KRYSIAK, JEFFREY	9/30/2019
LT	HOLDEN, DONNA	9/25/2019	37	MCGRAIN, STEPHEN	9/30/2019
SGT	WILLIAMS, WILLIAM	9/26/2019	1	HORNA, KENNETH	10/2/2019
SGT	OLSZEWSKI, DAVID	10/3/2019	83	PAVKOV, KIRK	10/2/2019
16	COYNE, THOMAS	10/2/2019	43	SCHWEDT, ALEXANDER	12/20/2019
78	ROYCE, FRANK	10/2/2019	10	FERRITTO, DANIEL	9/30/2019
19	IVORY, DONALD	10/2/2019	71	KOTLAR, JEFFREY	9/30/2019
		10/3/2019	3	REED, NATHANIEL	9/30/2019
90	BROOKS, MICHAEL	10/2/2019	34	FORAN, JOHN	10/27/2019
89	JACKSON, RICHARD	10/2/2019	39	RHODES, MATTHEW	9/30/2019
7	AOKI, JAMES	10/5/2019	25	KOVACH, HUNTER	9/30/2019

Attendance Certified By:

Lt. Mitchell Houser

OHIO ATTORNEY GENERAL

This certificate of completion is awarded to

For successfully completing the Webcast course

OHLEG Security Training

Issued on
November 22, 2019
Expires in 2 years

JA Mountyr

Joseph A. Morbitzer, BCI SUPERINTENDENT

* No CPT Hours 539d9a6b1dc4f8757914e798fb39df276834fb9a



EUCLID POLICE DEPARTMENT 2020 WINTER IN-SERVICE TRAINING

JANUARY 23RD, 2020

SUBJECTS

CPR RECERTIFICATION (EFD)
HOBBLE
SUBJECT CONTROL
ATTENDEES

P.O. Jeff Kotlar #71

P.O. Jeff Krysiak #81

P.O. Matt Leyde #40

P.O. Steve McGrain #37

Sgt. Dan Novitski

P.O. Nate Reed #3

P.O. Dan Reese #91

Det. Bill Rogers

P.O. John Selig #17

P.O. Fred Stoldt #54

Sgt. Dave Williams

Attendance Certified By:

Cpt. Mitchell Houser

EUCLID POLICE DEPARTMENT

2019 ROLL CALL TRAINING: HOBBLE RESTRAINT

	ADMINISTRATION	Date		PATROL DIVISION	Date
CHIEF	MEYER, SCOTT	12/16/2019	16	COYNE, THOMAS	12/11/2019
CAPT	CUTWRIGHT, JEFFREY	12/16/2019	79	EDINGTON, NICHOLAS	12/7/2019
CAPT	JANSON, MICHAEL	12/16/2019	10	FERRITTO, DANIEL	12/8/2019
CAPR	ROLLER, SCOTT	12/16/2019	61	FLAGG, KYLE D.	12/4/2019
	TRAINING & LIGHT DUTY		34	FORAN, JOHN	12/15/2019
LT	HOUSER, MITCHELL	12/4/2019			12/5/2019
60	LALLY, JOHN	12/9/2019	92	GIANFAGNA, FRANCO	12/6/2019
76	LINDER, ROOSEVELT	12/11/2019	18	GILMER, MATTHEW	12/5/2019
91	REESE, DANIEL	12/5/2019	23	HARPER, GEORGE	
	DETECTIVE BUREAU		5	HEROLD, JEFFREY	12/10/2019
DET	BRAUN, JOHN	1/7/2020	65	HOGREFE, STEVEN	12/5/2019
DET	CARPENTER, DAVID	1/3/2020	LT	HOLDEN, DONNA	12/9/2019
DET	CARUSO, MICHAEL	12/31/2019	1	HORNA, KENNETH	12/11/2019
DET	KLECKNER, CASEY	12/24/2019	19	IVORY, DONALD	12/11/2019
LT	KNACK, MICHAEL	12/24/2019	89	JACKSON, RICHARD	12/10/2019
DET	KROCZAK, JENNIFER	12/24/2019	74	JARES, SCOTT	12/8/2019
SGT	MUROWSKY, CRAIG	12/24/2019	38	KAMAN, SCOTT	12/10/2019
DET	ROGERS, WILLIAM	12/24/2019	SGT	KOCSIS, DEREK	12/4/2019
DET	SAWYER, DANIEL	12/24/2019	71	KOTLAR, JEFFREY	12/8/2019
DET	SCHMID, SUSAN	12/24/2019	25	KOVACH, HUNTER	12/16/2019
		12/24/2019	81	KRYSIAK, JEFFREY	12/8/2019
DET	SCHULTZ, JOSHUA	1/7/2020	40	LEYDE, MATTHEW R.	12/5/2019
TO STATE OF THE ST	TSCHETTER, PHILIP	1/7/2020	27	MALONE, ANTHONY	12/20/2019
DET	WITTREICH, PAUL	1/7/2020	62	MASLYK, DAVID	12/5/2019
DET	NARCOTICS & VICE	12/23/2019	52	MAUSAR, JASON	12/4/2019
DET	ALCANTARA, JOSE	12/24/2019	37	MCGRAIN, STEPHEN	12/8/2019
DET	ALMONTE, ORLANDO	12/23/2019	57	MOORE, BRANDON	12/0/2019
SGT	ARRIZA, THOMAS		SGT	NOVITSKI, DANIEL	12/18/2019
DET	BUCHS, BRETT	12/23/2019	SGT	OLSZEWSKI, DAVID	12/10/2019
DET	KREISCHER, BENJAMIN	12/23/2019	83		12/10/2019
COM	COMMUNITY POLICING	10 /05 /0010	3	PAVKOV, KIRK	12/9/2019
SGT	BARRON, JOEL	12/25/2019	7900-7	REED, NATHANIEL	12/9/2019
26	SHUBERT, STEVEN	12/30/2019	39 82	RHODES, MATTHEW	12/5/2019
66	PANAGIOTOU, GEORGE	12/25/2019	94	RIVERA, SHANE W.	12/3/2019
	TRAFFIC	10/02/2010	1227274	RODRIGUEZ, ERICA	12/5/2019
45	BRENTAR, ANTHONY	12/23/2019	42	ROULAN, MICHAEL	12/3/2019
11	DOYLE, PAUL	12/24/2019	78	ROYCE, FRANK	12/12/2019
21	ELLIS, NOLAN	12/24/2019	43	SCHWEDT, ALEXANDER	12/12/2019
77	MACDONALD, JOSHUA	12/20/2019	17	SELIG, JOHN	
	PATROL DIVISION	10/11/2010	54	STOLDT, FREDERICK	12/9/2019
63	AMIOTT, MICHAEL	12/11/2019	49	STUDLY, CHRISTIAN	12/9/2019
7	AOKI, JAMES	12/11/2019	LT	STYLES, TERRY	12/4/2019
SGT	BEESE, ADAM	12/8/2019	87	THIRION, SAMUEL	12/12/2019
55	BLAKEMORE, KERRY	12/7/2019		IMPENIE PALVIE	12/10/2019
90	BROOKS, MICHAEL	12/24/2019	75	TREND, DAVID	12/10/2019
88	BROOKS, WILLIAM, JR.	12/22/2019	85	TRUSSO, VINCENT	12/13/2019
47	CATALANI, LOUIS	12/13/2019	LT SGT	WALSH, MICHAEL WILLIAMS, VASHON	12/18/2019
22	CHAMBERS, CHRISTOPHER	12/8/2019	-(1	HAVE LAND VASHUN	1 1//4//119

Attendance Certified By:

Lt. Mitchell Houser Training Officer



Certificate of Training

This is to certify that



Has attended a live webinar in

Warrantless Entries of Homes, Curtilage, and Open Fields (1.5 Hours)

Anthony Bandiero, JD, ALM



May 13th, 2020 Date Attended



TRAINING ACADEMY

THIS CERTIFICATION IS HEREBY GRANTED TO

FOR COMPLETION OF

MEB INSTRUCTOR COURSE CERTIFICATION

VALID FROM: 09/03/2020 THROUGH: 09/03/2023

INSTRUCTOR: David Standen

of Safariland Training, in care of Safariland Academy. individual is hereby certified as a Safariland training instructor and may certify others as users under the guidelines This certifies that the above named individual has completed the required training program. The above named

signed by its duly authorized representative By accepting this MEB Instructor Course Certificate, the Student accepts the terms of the Training Materials License Training Academy. In witness whereof, Safariland Training Academy, Incorporated has caused this certificate to be Agreement, incorporated herein by reference, and agrees to be bound by its terms as a Licensee of Safariland

09/03/2020

DATE



The Contract of the Contract o

Edward Kappler

Director Defense Technology Training Academy

Content download: olt.defense-

technology.policeoneacademy.com/events/evt_k6Gpr6H96elj9vNR/view/#files

EUCLID POLICE DEPARTMENT 2020 FALL IN-SERVICE TRAINING

SEPTEMBER 9TH, 2020

SUBJECTS

FIREARM QUALIFICATION (HG, SH, PR)
WEAPON HANDLING
HIGH RISK VEHICLE STOPS

ATTENDEES

Det. J. Alcantara #8

P.O. James Aoki #7

P.O. K. Banary #72

P.O. N. Ellis #21

P.O. R. Jackson #89

P.O. J. Krysiak #81

Det. J. Schultz #13

Det. P. Wittreich #70

Attendance Certified By:

Cpt. Mitchell Houser



FIREARM SAFETY & USE OF FORCE DATE 7-7-20

OFFICER

PRINT NAME	SIGNATURE		
() 1 10		110	

INSTRUCTOR CARPENTER

PRINT NAME INST'S INITIALS INDICA EXAM HAS BEEN CHEC	
FUNDAMENTAL RULES OF FIREARM SAFETY	
Treat All Eineans as if they are Loaded at all	
Never theat anything you are not willing	to
, or where a negligent will cause harm. Keep your	
off of theuntil you have made the decision to fire and have	
consciously begun the process of firing. When shooting, always be sure of your,	
beckstop , and beyond.	
GRAHAM V. CONNOR: RELEVANT FACTORS CONSIDERED WHEN USING PHYSICAL FORCE	
1. The Severity of the crime suspected	
2. Whether the suspect poses anto the safety of the	
officers or others.	
3. Whether the suspect is actively resisting.	
4. Whether the suspect is attempting to evade by	
-flight	
EPD P&P 419: USE OF FORCE & FIREARMS	
Officers may use only the degree of force which is	
awful objectives. Deadly force may be used only to protect and and	
against Acadh and Co.	



has successfully completed the Ohio LEADS testing on

December 15, 2020

by completing the following exam:

Inquiry Test

This certificate is good through

December 15, 2022

EUCLID POLICE DEPARTMENT

2019 ROLL CALL TRAINING: HARASSMENT & DIVERSITY: RESPECTING DIFFERENCES DVD

	ADMINISTRATION	Date		PATROL DIVISION	Date
CHIEF	MEYER, SCOTT	5-2-19	79	EDINGTON, NICHOLAS	5-14-19
CPT	CUTWRIGHT, JEFFREY	5-3-19	10	FERRITTO, DANIEL	5-3-19
CPT	HOUSER, MITCHELL	5-2-19	61	FLAGG, KYLE D.	5-3-19
CPT	JANSON, MICHAEL	5-6-19	34	FORAN, JOHN	5-4-19
CPR	ROLLER, SCOTT	4-29-19	T		5-3-19
	TRAINING & LIGHT DUTY		92	GIANFAGNA, FRANCO	5-2-19
SGT	OLSZEWSKI, DAVID	5-7-19	18	GILMER, MATTHEW	5-4-19
			23	HARPER, GEORGE	5-7-19
	DETECTIVE BUREAU		5	HEROLD, JEFFREY	5-6-19
DET	BRAUN, JOHN	5-3-19	65	HOGREFE, STEVEN	5-8-19
DET	CARPENTER, DAVID	5-14-19	LT	HOLDEN, DONNA	5-2-19
DET	CARUSO, MICHAEL	5-7-19	1	HORNA, KENNETH	5-2-19
DET	KLECKNER, CASEY	5-6-19	19	IVORY, DONALD	5-2-19
LT	KNACK, MICHAEL	5-15-19	89	JACKSON, RICHARD	5-4-19
DET	KROCZAK, JENNIFER	5-3-19	74	JARES, SCOTT	5-5-19
SGT	MUROWSKY, CRAIG	5-3-19	38	KAMAN, SCOTT	5-4-19
DET	ROGERS, WILLIAM	5-3-19	SGT	KOCSIS, DEREK	5-3-19
DET	SAWYER, DANIEL	5-6-19	71	KOTLAR, JEFFREY	5-3-19
DET	SCHMID, SUSAN	5-7-19	25	KOVACH, HUNTER	5-13-19
DET	SCHULTZ, JOSHUA	5-14-19	81	KRYSIAK, JEFFREY	5-6-19
DET	TSCHETTER, PHILIP	DNA	40	LEYDE, MATTHEW R.	5-3-19
DET	WITTREICH, PAUL	5-10-19	76	LINDER, ROOSEVELT	DNA
	NARCOTICS & VICE		27	MALONE, ANTHONY	5-2-19
DET	ALCANTARA, JOSE	5-13-19	62	MASLYK, DAVID	5-6-19
DET	ALMONTE, ORLANDO	5-10-19	52	MAUSAR, JASON	5-2-19
SGT	ARRIZA, THOMAS	5-13-19	37	MCGRAIN, STEPHEN	5-7-19
DET	BUCHS, BRETT	5-15-19	57	NOVITSKI, DANIEL	5-5-19
DET	KREISCHER, BENJAMIN	5-13-19	SGT	PARKIN, JOSEPH	5-7-19
	COMMUNITY POLICING		83	PAVKOV, KIRK	5-3-19
SGT	BARRON, JOEL	5-3-19	3	REED, NATHANIEL	5-3-19
26	SHUBERT, STEVEN	5-2-19	91	RHODES, MATTHEW	5-3-19
66	PANAGIOTOU, GEORGE	5-2-19	39	RIVERA, SHANE W.	5-3-19
	TRAFFIC		82	RODRIGUEZ, ERICA	5-2-19
45	BRENTAR, ANTHONY	5-7-19	94	ROULAN, MICHAEL	5-3-19
11	DOYLE, PAUL	5-13-19	42	ROYCE, FRANK	5-6-19
21	ELLIS, NOLAN	5-13-19	78	SCHWEDT, ALEXANDER	5-3-19
77	MACDONALD, JOSHUA	5-2-19	43	SELIG, JOHN	5-4-19
	PATROL DIVISION		17	STOLDT, FREDERICK	5-3-19
63	AMIOTT, MICHAEL	5-2-19	54	STUDLY, CHRISTIAN	5-7-19
7	AOKI, JAMES	5-4-19	49	STYLES, TERRY	5-2-19
SGT	BEESE, ADAM	5-2-19	LT	THIRION, SAMUEL	5-3-19
55	BLAKEMORE, KERRY	5-4-19			5-4-19
90	BROOKS, MICHAEL	5-2-19	30	TREND, DAVID	5-2-19
SGT	BROOKS, WILLIAM, JR.	5-6-19	75	WALSH, MICHAEL	5-8-19
47	CATALANI, LOUIS	5-4-19	85	WILLIAMS, VASHON	5-14-19
22	CHAMBERS, CHRISTOPHER	5-2-19	LT	WILLIAMS, WILLIAM	5-14-19
51	COSTELLO, GREGORY	5-12-19	SGT		
16	COYNE, THOMAS	5-2-19	SGT		

Attendance Certified By:

Lt. Mitchell Houser

2021 Roll Call Training Policy and Procedure #419: Use of Force & Firearms Policy& Procedure Update

	ADMINISTRATION	Date		PATROL DIVISION	Date
CHIEF	MEYER, SCOTT	1/28/2021	52	MAUSAR, JASON	1/28/2021
CPT	CUTWRIGHT, JEFFREY	1/28/2021	31	NYMAN, KYLE	1/28/2021
CPT	HOUSER, MITCHELL	1/28/2021	83	PAVKOV, KIRK	2/1/2021
CPT	JANSON, MICHAEL	1/28/2021	82	RIVERA, SHANE	1/28/2021
	TRAINING & LIGHT DUTY		17	SELIG, JOHN	1/26/2021
SGT	OLSZEWSKI, DAVID	1/27/2021	54	STOLDT, FREDERICK	2/9/2021
56	HONKALA, NICHOLAS	Academy	87	THIRION, SAMUEL	1/28/2021
36	WILCOX, BENJAMIN	Academy			1/28/2021
	DETECTIVE BUREAU		LT	STYLES, TERRY	2/1/2021
LT	KNACK MICHAEL	2/10/2021	SGT	KOCSIS, DEREK	1/30/2021
DET	BRAUN, JOHN	2/10/2021	SGT	WILLIAMS, WILLIAM	1/31/2021
DET	CARPENTER, DAVID	2/10/2021	63	AMIOTT, MICHAEL	2/1/2021
DET	CARUSO, MICHAEL	2/10/2021	72	BANARY, KYLE	1/30/2021
DET	COYNE, THOMAS	2/10/2021	55	BLAKEMORE, KERRY	2/3/2021
DET	KLECKNER, CASEY	2/10/2021			1/30/2021
DET	KROCZAK, JENNIFER	2/10/2021	92	GIANFAGNA, FRANCO	2/1/2021
DET	ROGERS, WILLIAM	2/10/2021	18	GILMER, MATTHEW	1/30/2021
DET	SAWYER, DANIEL	2/11/2021	23	HARPER, GEORGE	1/30/2021
DET	SCHMID, SUSAN	2/10/2021	71	KOTLAR, JEFFREY	1/30/2021
DET	SCHULTZ, JOSHUA	2/9/2021	40	LEYDE, MATTHEW	2/9/2021
DET	TSCHETTER, PHILIP	2/10/2021	27	MALONE, ANTHONY	2/9/2021
DET	WITTREICH, PAUL	2/11/2021	62	MASLYK, DAVID	2/3/2021
	NARCOTICS & VICE		57	MOORE, BRANDON	1/30/2021
LT	ARRIZA, THOMAS	1/26/2021	91	REESE, DANIEL	2/4/2021
DET	ALCANTARA, JOSE	1/26/2021	94	RODRIGUEZ, ERICA	1/30/2021
DET	ALMONTE, ORLANDO	1/26/2021	42	ROULAN, MICHAEL	1/30/2021
DET	BUCHS, BRETT	1/26/2021	78	ROYCE, FRANK	1/31/2021
	COMMUNITY POLICING		85	TRUSSO, VINCENT	1/30/2021
SGT	BARRON, JOEL	1/26/2021	LT	WALSH, MICHAEL	1/28/2021
26	SHUBERT, STEVEN	2/1/2021	SGT	BEESE, ADAM	1/28/2021
	TRAFFIC	' '	SGT	NOVITSKI, DANIEL	1/27/2021
45	BRENTAR, ANTHONY	1/29/2021	47	CATALANI, LOUIS	1/29/2021
11	DOYLE, PAUL	1/29/2021	51	COSTELLO, GREGORY	1/31/2021
21	ELLIS, NOLAN	1/29/2021	79	EDINGTON, NICHOLAS	1/30/2021
	PATROL DIVISION		10	FERRITTO, DANIEL	1/28/2021
LT	HOLDEN, DONNA	1/27/2021	34	FORAN, JOHN	1/30/2021
SGT	BROOKS, WILLIAM, JR.	2/1/2021	5	HEROLD, JEFFREY	1/31/2021
SGT	WILLIAMS, VASHON	2/1/2021	1	HORNA, KENNETH	1/28/2021
1	AOKI, JAMES	2/1/2021	81	KRYSIAK, JEFFREY	1/28/2021
90	BROOKS, MICHAEL	1/28/2021	37	MCGRAIN, STEPHEN	2/4/2021
6	CROMBIE, GABRIELLE	1/29/2021	66	PANAGIOTOU, GEORGE	1/28/2021
65	HOGREFE, STEVEN	1/27/2021	3	REED, NATHANIEL	1/28/2021
19	IVORY, DONALD	Leave	39	RHODES, MATTHEW	1/29/2021
89	IACKSON, RICHARD	1/27/2021	43	SCHWEDT, ALEXANDER	1/28/2021
38	KAMAN, SCOTT	1/27/2021	49	STUDLY, CHRISTIAN	1/31/2021
76	LINDER, ROOSEVELT	1/26/2021	75	TREND, DAVID	1/31/2021

Certified by: ______

Cpt. Mitch Houser, Training Officer

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT 2021 WINTER IN-SERVICE TRAINING

FEBRUARY 23RD, 2021

SUBJECTS

BEHAVIORAL BASED COB **CRITICAL THINKING IN CONDENSED TIME FRAMES (PIETO) EVIDENCE HANDLING & COLLECTION**

ATTENDEES

Det. Jose Alcantara #8 P.O. Samuel Thirion #87

Det. Brett Buchs #80

P.O. Anthony Malone #27

P.O. David Maslyk #62

P.O. Shane Rivera #82

P.O. Steve Shubert #26

Lt. Mike Walsh #218

Sgt. Vashon Williams #109

Sgt. William Williams #172

Attendance Certified By:

Cpt. Mitchell Houser

Training Officer



INSTITUTE FOR THE **PREVENTION**OF IN-CUSTODY DEATHS, INC.

This is to certify

Successfully completed the IPICD

Managing Abnormal Breathing: LEO Recognizing and

2

Mar-03-2021

John G. Peder JR Pho.

John G. Peters, Jr., Ph.D., CTC, CLS, President and Chief Learning Officer

Copyright 2021 IPICD. All Rights Reserve

2021 Roll Call Training Recognizing & Managing Abnormal Breathing: LEO- Version 2.0 IPICD Online Training Course

	ADMINISTRATION	Date		PATROL DIVISION	Date
CHIEF	MEYER, SCOTT	2-25-21	89	JACKSON, RICHARD	3-23-21
CPT	CUTWRIGHT, JEFFREY	3-5-21	38	KAMAN, SCOTT	2-25-21
CPT	HOUSER, MITCHELL	2-24-21	60	LALLY, JOHN	3-29-21
CPT	JANSON, MICHAEL	3-26-21	76	LINDER, ROOSEVELT	3-25-21
	TRAINING & LIGHT DUTY		52	MAUSAR, JASON	3-25-21
SGT	OLSZEWSKI, DAVID	2-24-21	31	NYMAN, KYLE	3-14-21
41	BELT, DAVID	3-4-21	83	PAVKOV, KIRK	2-25-21
14	COLLINS, MARISSA	3-5-21	82	RIVERA, SHANE	2-26-21
64	GOODHEART, RONALD	3-2-21	17	SELIG, JOHN	3-5-21
36	HONKALA, NICHOLAS	3-25-21	54	STOLDT, FREDERICK	2-25-21
68	MILLER, BENJAMIN	3-23-21	87	THIRION, SAMUEL	3-27-21
56	WILCOX, BENJAMIN	3-25-21			3-3-21
			LT	STYLES, TERRY	ON LEAVE
	DETECTIVE BUREAU		SGT	KOCSIS, DEREK	3-2-21
LT	KNACK MICHAEL	3-31-21	SGT	WILLIAMS, WILLIAM	2-24-21
DET	BRAUN, JOHN	3-4-21	63	AMIOTT, MICHAEL	3-16-21
DET	CARPENTER, DAVID	3-3-21	72	BANARY, KYLE	3-15-21
DET	CARUSO, MICHAEL	3-5-21	55	BLAKEMORE, KERRY	3-4-21
DET	COYNE, THOMAS	3-24-21			3-6-21
DET	KLECKNER, CASEY	3-25-21	92	GIANFAGNA, FRANCO	3-5-21
DET	KROCZAK, JENNIFER	3-18-21	18	GILMER, MATTHEW	3-4-21
DET	ROGERS, WILLIAM	RETIRING	23	HARPER, GEORGE	3-7-21
DET	SAWYER, DANIEL	3-8-21	71	KOTLAR, JEFFREY	3-13-21
DET	SCHMID, SUSAN	3-12-21	40	LEYDE, MATTHEW	3-4-21
DET	SCHULTZ, JOSHUA	2-24-21	27	MALONE, ANTHONY	3-21-21
DET	TSCHETTER, PHILIP	3-4-21	62	MASLYK, DAVID	3-19-21
DET	WITTREICH, PAUL	3-3-21	57	MOORE, BRANDON	3-4-21
	NARCOTICS & VICE		91	REESE, DANIEL	3-3-21
LT	ARRIZA, THOMAS	2-25-21	94	RODRIGUEZ, ERICA	3-4-21
DET	ALCANTARA, JOSE	2-26-21	42	ROULAN, MICHAEL	3-6-21
DET	ALMONTE, ORLANDO	2-25-21	78	ROYCE, FRANK	3-24-21
DET	BUCHS, BRETT	2-25-21	85	TRUSSO, VINCENT	3-14-21
	COMMUNITY POLICING	2 20 21	LT	WALSH, MICHAEL	3-23-21
SGT	BARRON, JOEL	3-30-21	SGT	BEESE, ADAM	3-23-21
26	SHUBERT, STEVEN	3-3-21	SGT	NOVITSKI, DANIEL	3-14-21
66	PANAGIOTOU, GEORGE	3-4-21	47	CATALANI, LOUIS	3-23-21
	TRAFFIC		51	COSTELLO, GREGORY	3-12-21
45	BRENTAR, ANTHONY	3-11-21	79	EDINGTON, NICHOLAS	2-25-21
11	DOYLE, PAUL	2-26-21	10	FERRITTO, DANIEL	3-23-21
21	ELLIS, NOLAN	3-11-21	34	FORAN, JOHN	3-23-21
	PATROL DIVISION		5	HEROLD, JEFFREY	3-6-21
LT	HOLDEN, DONNA	3-3-21	1	HORNA, KENNETH	ON LEAVE
	BROOKS, WILLIAM, JR.	3-2-21	81	KRYSIAK, JEFFREY	3-4-21
	WILLIAMS, VASHON	3-3-21	60	MCGRAIN, STEPHEN	3-23-21
	AOKI, JAMES	3-7-21	3	REED, NATHANIEL	3-23-21
90	BROOKS, MICHAEL	3-5-21	39	RHODES, MATTHEW	2-28-21
6	CROMBIE, GABRIELLE	3-12-21	43	SCHWEDT, ALEXANDER	3-23-21
	HOGREFE, STEVEN	3-30-21	49	STUDLY, CHRISTIAN	3-15-21
	IVORY, DONALD	ON LEAVE	75	TREND, DAVID	3-14-21

Certified by: Chr. Mitch Pouser, Training Officer 03/31/21



CERTIFICATE OF COMPLETION

This Certifies That



Has Successfully Completed The

PER-231 Prevention of and Response to Suicide Bombing Incidents, Tactical, 03.2018

Recipient Has Been Awarded 3.2 Continuing Education Units (CEUs) for 32 Contact Hours) Certified by The US Department of Homeland Security (DHS), FEMA National Training and Education Division (NTED) Training Program Developed by New Mexico Tech (NMT) Energetic Materials Research and Testing Center (EMRTC)

Joel Haley, Associate Director of Training



EPD 2021 Roll Call Training Addendum Policy #445-1 Restraint of Pregnant and Postpartum Females

	ADMINISTRATION	Date		PATROL DIVISION	Date
CHIEF	MEYER, SCOTT	4-27-21	89	JACKSON, RICHARD	4-16-21
CPT	CUTWRIGHT, JEFFREY	4-26-21	38	KAMAN, SCOTT	4-19-21
CPT	HOUSER, MITCHELL	4-16-21	60	LALLY, JOHN	4-19-21
CPT	JANSON, MICHAEL	4-25-21	76	LINDER, ROOSEVELT	4-19-21
CPT	KNACK MICHAEL	4-18-21	52	MAUSAR, JASON	4-16-21
	TRAINING		31	NYMAN, KYLE	4-17-21
LT	OLSZEWSKI, DAVID	4-19-21	SGT	PAVKOV, KIRK	4-19-21
41	BELT, DAVID	4-21-21	82	RIVERA, SHANE	4-16-21
14	COLLINS, MARISSA	4-16-21	17	SELIG, JOHN	4-16-21
64	GOODHEART, RONALD	4-17-21	54	STOLDT, FREDERICK	4-16-21
36	HONKALA, NICHOLAS	4-16-21	87	THIRION, SAMUEL	4-16-21
68	MILLER, BENJAMIN	4-19-21		- Control of the Cont	4-16-21
4	SMITH, DAYLAN	4-21-21	LT	STYLES, TERRY	*ON LEAVE
56	WILCOX, BENJAMIN	4-16-21	SGT	KOCSIS, DEREK	4-17-21
	DETECTIVE BUREAU		SGT	WILLIAMS, WILLIAM	4-18-21
LT	ARRIZA, THOMAS	4-16-21	63	AMIOTT, MICHAEL	4-19-21
DET	BRAUN, JOHN	4-19-21	55	BLAKEMORE, KERRY	4-18-21
DET	CARPENTER, DAVID	4-26-21			4-18-21
DET	CARUSO, MICHAEL	4-20-21	92	GIANFAGNA, FRANCO	4-18-21
DET	COYNE, THOMAS	4-26-21	18	GILMER, MATTHEW	4-18-21
DET	KLECKNER, CASEY	4-19-21	23	HARPER, GEORGE	4-18-21
DET	KROCZAK, JENNIFER	4-19-21	71	KOTLAR, JEFFREY	4-20-21
DET	SAWYER, DANIEL	4-20-21	40	LEYDE, MATTHEW	4-20-21
DET	SCHMID, SUSAN	4-14-21	27	MALONE, ANTHONY	4-24-21
DET	SCHULTZ, JOSHUA	4-16-21	62	MASLYK, DAVID	4-26-21
DET	TSCHETTER, PHILIP	4-16-21	57	MOORE, BRANDON	4-22-21
DET	WITTREICH, PAUL	4-19-21	91	REESE, DANIEL	4-18-21
			94	RODRIGUEZ, ERICA	4-23-21
	NARCOTICS & VICE		42	ROULAN, MICHAEL	4-19-21
DET	ALCANTARA, JOSE	4-19-21	78	ROYCE, FRANK	*ON LEAVE
DET	ALMONTE, ORLANDO	4-19-21	85	TRUSSO, VINCENT	4-18-21
DET	BUCHS, BRETT	4-19-21	LT	WALSH, MICHAEL	4-18-21
	COMMUNITY POLICING		SGT	BEESE, ADAM	4-20-21
SGT	BARRON, JOEL	4-22-21	SGT	NOVITSKI, DANIEL	4-18-21
26	SHUBERT, STEVEN	4-22-21	72	BANARY, KYLE	4-18-21
66	PANAGIOTOU, GEORGE	*ON LEAVE	47	CATALANI, LOUIS	4-17-21
	TRAFFIC		51	COSTELLO, GREGORY	4-18-21
45	BRENTAR, ANTHONY	4-16-21	79	EDINGTON, NICHOLAS	4-17-21
11	DOYLE, PAUL	5-3-21	10	FERRITTO, DANIEL	4-17-21
21	ELLIS, NOLAN	4-16-21	SGT	FORAN, JOHN	4-17-21
	PATROL DIVISION		5	HEROLD, JEFFREY	4-17-21
LT	HOLDEN, DONNA	4-16-21	1	HORNA, KENNETH	*ON LEAVE
SGT	WILLIAMS, VASHON	4-19-21	81	KRYSIAK, JEFFREY	4-19-21
SGT	BROOKS, WILLIAM JR.	*ON LEAVE	60	MCGRAIN, STEPHEN	4-19-21
7	AOKI, JAMES	*ON LEAVE	3	REED, NATHANIEL	4-17-21
90	BROOKS, MICHAEL	4-16-21	39	RHODES, MATTHEW	4-17-21
6	CROMBIE, GABRIELLE	4-16-21	43	SCHWEDT, ALEXANDER	4-17-21
65	HOGREFE, STEVEN	4-16-21	49	STUDLY, CHRISTIAN	4-18-21
19	IVORY, DONALD	*ON LEAVE	75	TREND, DAVID	4-18-21

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT 2021 SPRING IN-SERVICE TRAINING

MAY 18^{TH} , 2021

SUBJECTS

DRIVER'S TRAINING CLASSROOM (1 HR)
OFFICER WELLNESS CLASSROOM (1 HR)
DRIVER'S TRAINING PRACTICAL (6 HRS)

ATTENDEES

P.O. G. Costello #51
Sgt. J. Foran
P.O. N. Honkala #56
Cpt. M. Houser
Cpt. M. Janson
P.O. J. Krysiak #81
P.O. J. Lally #60
Chief S. Meyer
P.O. F. Stoldt #54

Sgt. V. Williams

Attendance Certified By:

Cpt. Mitchell Houser

Training Officer

THIS CERTIFIES THAT



has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

Contemporary Tactical Issues (3 Hours) June 7, 2021 0900-1200 (Approved for TEMS)



Patrick J. Fiorilli

Executive Director

THIS CERTIFIES THAT



has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

Street Combatives, Evolution of a Violent Encounter (8 Hours) June 9, 2021



Patrick J. Fiorilli Executive Director

THIS CERTIFIES THAT



Intro to Krav Maga (8 Hours) June 10, 2021



Patrick J. Fiorilli Executive Director

THIS CERTIFIES THAT



2021 OTOA CONFERENCE - FULL

course;

OHIO TACTICAL OF SHEDIHA

Patrick J. Fiorilli Executive Director

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT 2021 FALL IN-SERVICE TRAINING OCTOBER 28TH, 2021

SUBJECTS

ANNUAL DUTY FIREARMS QUALIFICATIONS (HG, SG, PR)
WEAPONS FLOW
OFFICER RESCUE; RESCUE TASK FORCE

ATTENDEES

PO H. Kovach #25 Det. T. Coyne PO N. Reed#3 LT. T. Arriza

PO J. Mausar #52 Lt. D. Olszewski Lt. D. Holden PO B. Moore#57 Cpt. M. Janson PO F. Royce #78

Attendance Certified By:

Cpt. Mitchell Houser

Training Officer

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT 2022 WINTER IN-SERVICE TRAINING

JANUARY 18TH, 2022

SUBJECTS

SUBJECT CONTROL/DEFENSIVE TACTICS
THERAPY/SUPPORT K9
CHILD ABUSE INVESTIGATIONS

ATTENDEES

Cpt. Jeff Cutwright #368

P.O. Demarko Johnson #29

P.O. Jeff Krysiak #81

P.O. Steve McGrain #37

Lt. David Olszewski #235

P.O. Erica Rodriguez #94

P.O. Daylan Smith #4

Attendance Certified By:

Cpt. Mitchell Houser

Training Officer

WATCH GUARD

Certificate of Completion

presented to

has successfully completed online training for the course WatchGuard V300 Body Camera

awarded on

April 24, 2022

MARK MCHENRY, VICE PRESIDENT OF SERVICE AND SUPPORT

http:// training.watchgaurdvideo.com

Certificate of Completion

presented to

has successfully completed online training for the course

4RE - Basic Operation for In-Car Officers

awarded on

April 24, 2022

Course Grade:100.00 %

Basic Operation

http:// training.watchgaurdvideo.com for In-Car Officers

MARK MCHENRY, VICE PRESIDENT OF SERVICE AND SUPPORT

WATCH GUARD

Certificate of Completion

presented to

has successfully completed online training for the course

Evidence Library On-Premise

awarded on

April 24, 2022



EVIDENCE LIBRARY

MARK MCHENRY, VICE PRESIDENT OF SERVICE AND SUPPORT

http:// training.watchgaurdvideo.com

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT 2022 SPRING IN-SERVICE TRAINING

APRIL 6TH, 2022

SUBJECTS

SUBJECT CONTROL **GUNSHOT RESIDUE KIT** MOBILE VIDEO RECORDING

ATTENDEES

Det. Brett Buchs #80

P.O. Nicholas Honkala #56

P.O. Kerry Blakemore #55 P.O. Michael Hounshell #77

Sgt. Will Brooks #188

P.O. Alex Schwedt #43

Det. Dave Carpenter #2

P.O. Chardelle Wills #67

Attendance Certified By:

Cpt. Mitchell Houser

Training Officer



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Awareness of Cultural Diversity

April 03, 2019

Dave Yost / Attorney General

1 8. AL / mis

Vermon P. Stanforth, Chairperson

Note of the Commission

Ohio Peace Officer Training Commission



This is to certify that

THE OFFICE OF THE ATTORNEY GENERAL

and Procedural Justice **Community Diversity** has successfully met the prescribed program requirements for

Date: October 07, 2022

Dave Yost Attorney General

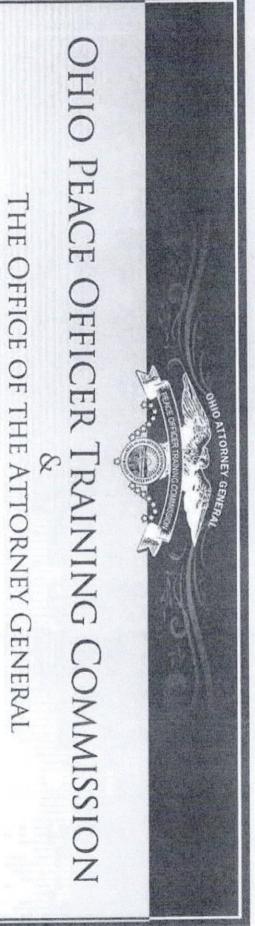
Vernon P. Stanforth, Chairperson

Nemon P. Stanforth, Chairperson

P. Stanforth, Chairperson

On Peace Officer Training Commission

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



This is to certify that

Ethics and Professionalism

has successfully met the prescribed program requirements for

te: April 02

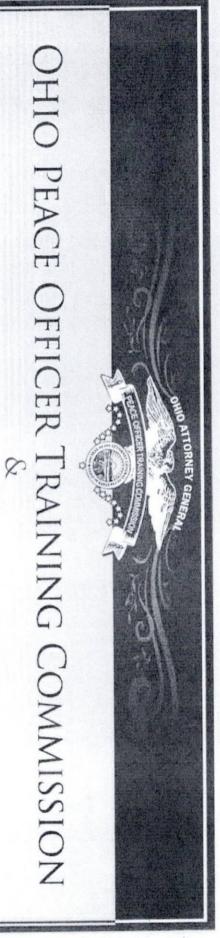
April 02, 2019

Attorney General

Vernon P. Stanforth, Chairperson

Note of the Peace Officer Training Commission

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



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Communication
Disabilities

has successfully met the prescribed program requirements for

Date: September 01, 2022

Dave Yost Attorney General

Vernon P. Stanforth, Champerson

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

https://opotaonline.inquisiqlms.com/dashboard/



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Domestic Violence Legal **Updates**

April 15, 2022

Dave Yost Attorney General

Dwight A. Holcomb, Executive Director Make A. Holean Johio Peace Officer Training Commission

Ohio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson

m G. Aleland

https://opotaonline.inquisialms.com/dashboard/



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Mental Health Response

Date: September 03, 2022

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson January O. April John

May A. Halean Johio Peace Officer Training Commission

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



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Custodial Interrogation

Date.

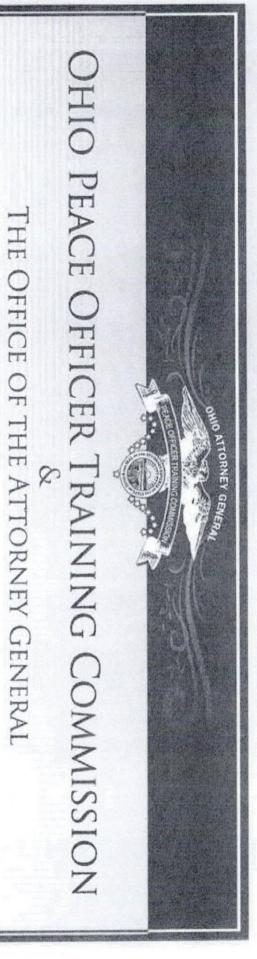
April 08, 2022

Vernon P. Stanforth, Chattperson
Vernon P. Stanforth, Chattperson
P. A. Halen, J. Dhio Peace Officer Training Commission

....

Dave Yost Attorney General

Ohio Peace Officer Training Commission



This is to certify that

has successfully met the prescribed program requirements for

Hate Crimes

April 15, 2022

Dave Yost Attorney General

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

Vernon P. Stanforth, Chairperson

Wernon P. Stanforth, Chairperson

Officer Training Commission

https://opotaonline.inquisialms.com/dashboard/



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Hazing

April 15, 2022

Dave Yost Attorney General

Vernon P. Stanforth, Chattperson

Wernon P. Stanforth, Chattperson

Officer Training Commission

January J. Alex John

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Medical Marijuana

April 15, 2022

Dave Yost Attorney General

A. Halean Johio Peace Officer Training Commission

Vernon P. Stanforth, Champerson

January S. After John

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

New and Updated **Criminal Charges**

Date: June 07, 2022

Dave Yost Attorney General

Ohio Peace Officer Training Commission Dwight A. Holcomb, Executive Director Vernon P. Stanforth, Chairperson

Wernon P. Stanforth, Chairperson

P. Stanforth, Chairperson

Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Ohio Forfeiture Laws

April 15, 2022

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

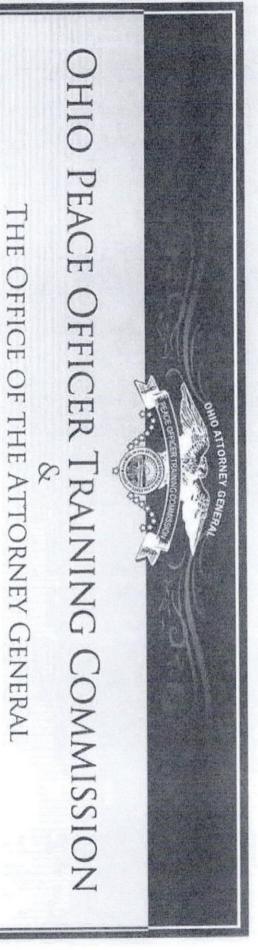
Male and Phio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson

January G. April roles

Dave Yost Attorney General

https://opotaonline.inquisialms.com/dashboard/



This is to certify that

Ohio Public Records Law

has successfully met the prescribed program requirements for

April 22, 2022

Dave Yost Attorney General

Vernon P. Stanforth, Chattperson

Wernon P. Stanforth, Chattperson

Population Peace Officer Training Commission

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



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Use of Restraints

April 20, 2022

Dave Yost Attorney General

A. Halean Johio Peace Officer Training Commission Vernon P. Stanforth, Champerson January S. Stal John

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Concealed Firearm Carry Changes

June 15, 2022

Dwight A. Holcomb, Executive Director Make A. Holean Johio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson

January J. April rola

Ohio Peace Officer Training Commission

Dave Yost Attorney General

https://opotaonline.inquisiqlms.com/dashboard/



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Officer Wellness Seminar

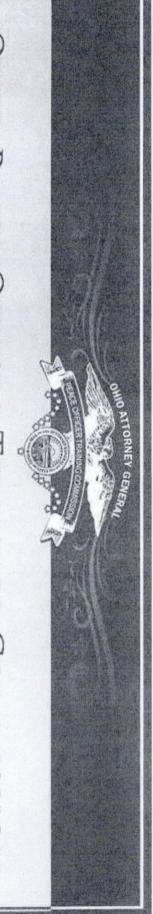
April 22, 2022

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson

A Holean Johio Peace Officer Training Commission

Ohio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Vicarious Trauma

has successfully met the prescribed program requirements for

April 22, 2022

Ohio Peace Officer Training Commission A. Holean Johio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson

January S. Afail order

Dave Yost Attorney General



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Responding to Sexual

has successfully met the prescribed program requirements for

Assault

Date: September 01, 2022

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson

Dwight A. Holcomb, Executive Director A. Holean Johio Peace Officer Training Commission

Ohio Peace Officer Training Commission

https://opotaonline.inquisiqlms.com/dashboard/



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Crisis Intervention

April 08, 2022

Dave Yost Attorney General

January S. Stal order

Vernon P. Stanforth, Chatrperson

A. Halean Johio Peace Officer Training Commission

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



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Sexual Assault

has successfully met the prescribed program requirements for

Investigations

April 15, 2022

Dave Yost Attorney General

Vernon P. Stanforth, Champerson

Mak A. Holean Johio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Trauma and the Brain

April 15, 2022

Dave Yost Attorney General

Malt A. Holean Johio Peace Officer Training Commission

Vernon P. Stanforth, Champerson

January S. Afail outs



THE OFFICE OF THE ATTORNEY GENERAL

has successfully met the prescribed program requirements for

BCI Lethal Use of Force and OIS Investigations

April 08, 2022

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson

m 6. 842/00

A. Holean Johio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Use of Deadly Force and **Legal Guidelines**

April 22, 2022

Dave Yost Attorney General

A. Holean Johio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson

January S. Stanford

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



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Objective

has successfully met the prescribed program requirements for

Objective Reasonableness

Date: September 03, 2022

Vermon P. Stanforth, Chairperson
Vermon P. Stanforth, Chairperson
Vermon P. Stanforth, Chairperson
Vermon P. Stanforth, Chairperson

Dwight A. Holcomb, Executive Director Ohio Peace Officer Training Commission Dave Yost Attorney General



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Qualified Immunity

Date: September 01, 2022

Vernon P. Stanforth, Chairperson

Vernon P. Stanforth, Chairperson

Officer Training Commission January O. After John

Ohio Peace Officer Training Commission Dwight A. Holcomb, Executive Director Dave Yost Attorney General



has successfully completed the Ohio LEADS testing on

December 13, 2022

by completing the following exam:

Inquiry Test

This certificate is good through

December 13, 2024

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT

2022 FALL IN-SERVICE TRAINING

OCTOBER 12TH, 2022

SUBJECTS

ANNUAL FIREARMS QUALIFICATION (HG, AR)
WEAPONS HANDLING
DOOR BREACHING

ATTENDEES

Sgt. W. Brooks

PO N. Honkala #56

Det. J. Kroczak

Chief S. Meyer

Det. J. Schultz

PO S. Thirion #87

PO B. Wilcox #36

Attendance Certified By:

Cpt. Mitchell Houser

Training Officer

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT 2023 WINTER IN-SERVICE TRAINING

FEBRUARY 1st, 2023

SUBJECTS

DEFENSIVE TACTICS 4 HR
SPIT HOOD 1 HR
DETECTIVES UPDATE 1.5 HR
DOOR BREACHING 0.5 HR

ATTENDEES

Cpt. D. Holden

PO S. Kaman #38

Lt. D. Olszewski

PO D. Reese #91

Sgt. M. Rhodes

PO F. Stoldt #54

PO D. Trend #75

Attendance Certified By:

Cpt. Mitchell Houser

Training Officer

my cr.



OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT

HAS SUCCESSFULLY COMPLETED THE ADVANCED TRAINING COURSE INDICATED BELOW

OTOA Tactical Team Response to Active Threat Course April 25, 2023

Patrick Fiorilli Executive Director



Terry Graham President

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT 2023 SPRING IN-SERVICE TRAINING

MAY 17TH, 2023

Motorola PremierOne RMS

P1 MDT MOBILE CLIENT
P1 STANDARD DESKTOP CLIENT
P1 HIGH AVAILABILITY MOBILE CLIENT

Officer Attendees

PO James Aoki PO Mike Hounshell Det. Jennifer Kroczak

PO James Lindsey
Det. Anthony Malone

Civilian Attendees

Matthew Mizak

Debbie Mott

Tina Roeder

Attendance Certified By:

Cpt. Mitchell Houser

Training Officer



TRAVIS THOMPSON

has successfully completed the Ohio LEADS testing on

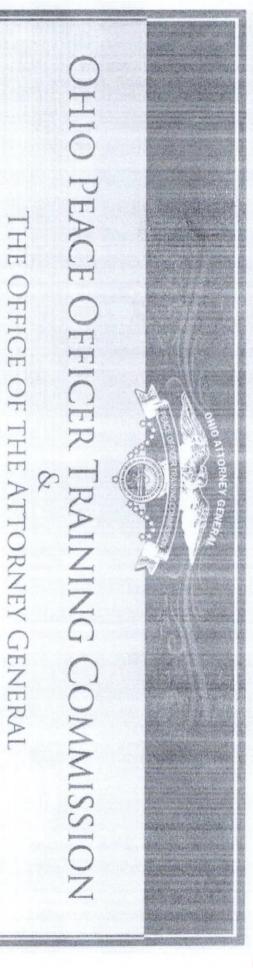
August 25, 2023

by completing the following exam:

Inquiry Test

This certificate is good through

August 24, 2025



Ohio School Threat

has successfully met the prescribed program requirements for

Assessment

Date: August 25, 2023

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson

Vernon P. Stanforth, Chairperson

Physical Peace Officer Training Commission

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



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Legal Updates 2023

has successfully met the prescribed program requirements for

Part 1

July 15, 2023

Dave Yost Attorney General

https://opotaonline.inquisiqlms.com/dashboard/

Vernon P. Stanforth, Chairperson January S. ARa/order

A. Holean Johio Peace Officer Training Commission

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



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Legal Updates - Part 2

July 15, 2023

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

Vernon P. Stanforth, Chairperson

January S. After Joses

Dave Yost Attorney General



Legal Updates 2023 -

has successfully met the prescribed program requirements for

Part 3

e. August 01, 2023

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson
Weight A Holcomb Executive Director

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



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Arrest, Search, and Seizure 2023

has successfully met the prescribed program requirements for

Date: August 01, 2023

Dave Yost Attorney General

A. Halean Johio Peace Officer Training Commission Vernon P. Stanforth, Champerson



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

Critical Thinking in Use of Force Situations

has successfully met the prescribed program requirements for

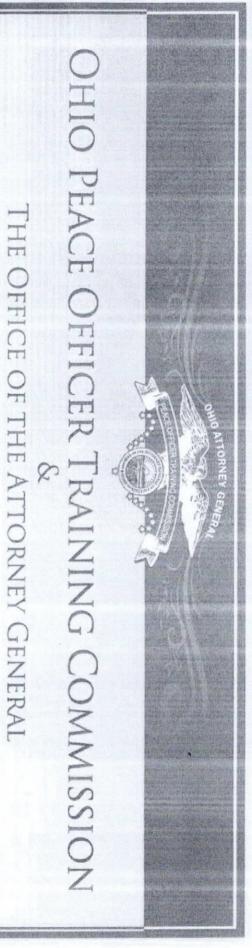
Date: August 01, 2023

https://opotaonline.inquisiqlms.com/dashboard/

Dave Yost Attorney General

Vernon P. Stanforth, Champerson January S. Africa

A Holean Johio Peace Officer Training Commission



National Center for Missing & Exploited Children Aug Mishing Seminar Resources Seminar

has successfully met the prescribed program requirements for

Dave Yost Attorney General

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

A Holean Johio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson

0. AL NO



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Evidence Collection Procedures

August 08, 2023

work A. Holean Johio Peace Officer Training Commission Vernon P. Stanforth, Chairperson

Ohio Peace Officer Training Commission

Dave Yost Attorney General



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

First Amendment Auditing

August 08, 2023

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson

January S. April only

A. Halean J. Dhio Peace Officer Training Commission

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



has successfully met the prescribed program requirements for

Report Writing

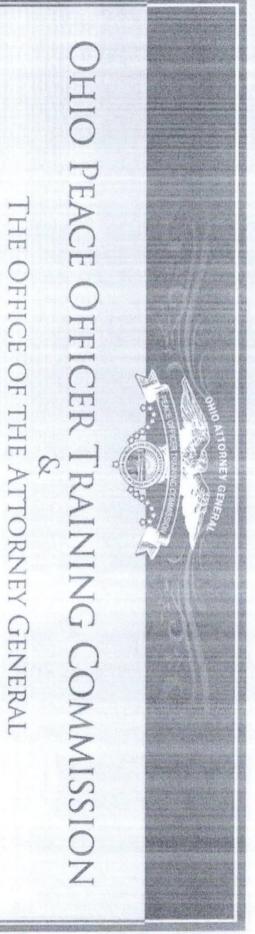
August 10, 2023

Dave Yost Attorney General

Dwight A. Holcomb, Executive Director Vernon P. Stanforth, Chairperson

Vernon P. Stanforth, Chairperson

Peace Officer Training Commission



Social Media

has successfully met the prescribed program requirements for

Precautions

August 25, 2023

Dave Yost Attorney General

Vernon P. Stanforth, Champerson January S. Stan olas

A. Holean Johio Peace Officer Training Commission



has successfully met the prescribed program requirements for

Testifying in Court

Date: August 25, 2023

Dave Yost Attorney General

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

W. A. Halean Johio Peace Officer Training Commission

Vernon P. Stanforth, Chairperson

5. Stal ()



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Vehicle Inventory

August 08, 2023

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson Janey J. Ala John

A. Halean Johio Peace Officer Training Commission



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

NIBIN

August 09, 2023

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson January S. Africa

Mark A. Holean bohio Peace Officer Training Commission

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



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

NIBIN II

ate: Augu

August 09, 2023

Vernon P. Stanforth, Chariperson
Wender Officer Training Commission

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

Dave Yost Attorney General

https://opotaonline.inquisiqlms.com/dashboard/



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Circumstantial Evidence Direct and

Date: __August 01, 2023

Dave Yost Attorney General

A. Holean Johio Peace Officer Training Commission Vernon P. Stanforth, Chairperson January S. April ones



Preserving Cellphone Evidence has successfully met the prescribed program requirements for

ריומנו מיים

Date:

August 09, 2023

Dave Yost Attorney General

https://opotaonline.inquisiqlms.com/dashboard/

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

Vernon P. Stanforth, Chairperson

January J. April order



THE OFFICE OF THE ATTORNEY GENERAL

Impacting Narcotics in

has successfully met the prescribed program requirements for

August 02, 2023

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson

Vernon P. Stanforth, Chairperson

Vernon P. Stanforth, Chairperson

Vernon P. Stanforth, Chairperson

Dwight A. Holcomb, Executive Director



THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has successfully met the prescribed program requirements for

Professionalism **Ethics and**

Date: August 31, 2023

Dave Yost Attorney General

Vernon P. Stanforth, Chairperson January O. A. Ralanda

A. Holean Johio Peace Officer Training Commission

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

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT 2024 FALL IN-SERVICE TRAINING

NOVEMBER 8TH, 2023

SUBJECTS

ANNUAL DUTY FIREARMS QUALIFICATIONS (HG, AR)
*WEAPONS TACTICS AND FIRST AID

(*SATISFIES 6.0 HOURS OF C.P.T. FOR COURSE 23CPT719)

ATTENDEES

PO D. Ferritto #10 PO M. Green #45 PO N. Honkala #56 PO A. Schwedt #43 PO J. Selig #17

PO B. Wilcox #36 Sgt. V. Williams

Attendance Certified By:

Cpt. Mitchell Houser

Training Officer

Euclid PD Fall In-Service Training

November 8, 2023

Annual Firearms Qualifications and Training; O.C. Inspection; Use of Force; TQ Refresher

		Print Name & Badge #	Signature	Glock Model	Glock S/N	OC Y/N
٠,	1	BEN WILLOX #36	Rules +3L	945		2
••	2	Michael Green #45	Wige 245	G45		N
٠.	3	VASHON WILLIAMS#709	West thoy	017		Y
٠.	4			G19		r
٠.	5	Daniel Ferritto 10	7/2	645		\sim
	6	John Selig 17	MISS	617		N
	7	Nicholas Honkais	12-1	645		Y
	8	Alex School 1 43	4.460	617		Y
	9		ć.			+
	10					
	11					
	12					

instructors:	
1. J. Schul	2. D. Teens
3	4

CERTIFICATE OF ATTENDANCE

EUCLID POLICE DEPARTMENT 2024 WINTER IN-SERVICE TRAINING

FEBRUARY 14TH, 2024

SUBJECTS

OFFICER WELLNESS: 1 HR

SUBJECT CONTROL: 3 HRS (24CPT052)

STOP THE BLEED: 2 HRS (24CPT063)

C.P.R. RECERTIFICATION: 2 HRS (24CPT062)

ATTENDEES

Lt. J. Barron

Det. M. Brooks

Det. J. Kroczak

P.O. A. Mitchell #40

P.O. N. Reed #3

P.O. F. Royce #78

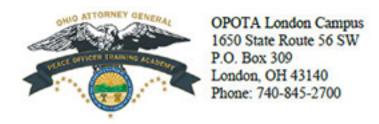
P.O. S. Thirion #87

Attendance Certified By:

Cpt. Mitchell Houser

Training Officer





, Euclid Police Department, ID:

Appointment History*

Agency	Employee Status	Start Date	End Date
Euclid Police Department	Full-time		

Basic Academy Records

School Number	School	Start Date	End Date	Exam Date	Certificate Number	Certificate Date	Appointed By	Appointed Date
	Cleveland Heights Police Academy						Euclid Police Department	

OPOTA Advanced Training Records**

Course Title	Start Date	End Date
Policing in the 21st Century: Community Policing Relations Webcast	1/1/2016	12/13/2016
Subject Control Instructor	2/5/2018	2/16/2018

LMS Training Records

Date Completed	Course Title	Officer Number	Officer
6/22/2015	Narcan eLearning Course		
5/6/2016	Procedural Justice and Police Legitimacy		
5/6/2016	Animal Encounters		
5/6/2016	Human Trafficking 2016 Update		
5/7/2016	Companion Animal Encounters		

LMS Training Records

3/15/2017	Awareness of Human Trafficking	
3/15/2017	Ohio Human Trafficking	
3/15/2017	Responding to Human Trafficking	
10/10/2017	Disability Training for First Responders	
10/10/2017	Victims with Special Needs	
4/2/2019	Ethics and Professionalism	
4/2/2019	Law Enforcement Sexual Harassment Awareness Training	
4/3/2019	Awareness of Cultural Diversity	
4/8/2022	BCI Lethal Use of Force and OIS Investigations	
4/8/2022	Crisis Intervention	
4/8/2022	Custodial Interrogation	
4/15/2022	Domestic Violence Legal Updates	
4/15/2022	Ethics and Professionalism	
4/15/2022	Hate Crimes	
4/15/2022	Hazing	
4/15/2022	Medical Marijuana	
4/15/2022	Ohio Forfeiture Laws	
4/15/2022	Sexual Assault Investigations	
4/15/2022	Trauma and the Brain	
4/20/2022	Use of Restraints	
4/22/2022	Use of Deadly Force and Legal Guidelines	
4/22/2022	Officer Wellness Seminar	
4/22/2022	Ohio Public Records Law	
4/22/2022	Vicarious Trauma	
6/7/2022	New and Updated Criminal Charges	

LMS Training Records

		1	
6/15/2022	Concealed Firearm Carry Changes		
9/2/2022	Qualified Immunity		
9/2/2022	Communication Disabilities		
9/2/2022	Responding to Sexual Assault		
9/4/2022	Objective Reasonableness		
9/4/2022	Mental Health Response		
10/7/2022	Community Diversity and Procedural Justice		
7/15/2023	Part 1 - Legal Updates 2023		
7/15/2023	Part 2 - Legal Updates 2023		
8/1/2023	Part 3 - Legal Updates 2023		
8/1/2023	Arrest, Search, and Seizure 2023		
8/2/2023	Critical Thinking in Use of Force Situations		
8/2/2023	Direct and Circumstantial Evidence		
8/2/2023	Impacting Narcotics in Ohio		
8/8/2023	Vehicle Inventory		
8/8/2023	Evidence Collection Procedures		
8/9/2023	First Amendment Auditing		
8/9/2023	NIBIN		
8/9/2023	NIBIN II		
8/10/2023	Preserving Cellphone Evidence		
8/10/2023	Report Writing		
8/25/2023	Ohio School Threat Assessment		
8/25/2023	Social Media Precautions		
8/25/2023	Testifying in Court		
8/25/2023	National Center for Missing & Exploited Children Harnessing Resources Seminar		

LMS Training Records

8/31/2023	Ethics and Professionalism	
0/31/2023	Demes and Processionalism	

Canine Training Records

Canine School	Certificate Date	Canine Unit	Certificate Type	Specialty	Renewal Date
		No Re	ecords Found		

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

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