



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



2025-3711
Officer Involved Critical Incident - 1363 State Route 534
NW, Braceville Township, OH 44470, Trumbull County

Investigative Activity: Review of [REDACTED] Personnel and Training File

Involves: [REDACTED] (S)

Activity Date: 12/10/2025

Activity Location: BCI Boardman - 760 Boardman-Canfield Road, Boardman, OH 44512

Authoring Agent: SA Joseph Lamping #184

Narrative:

On Monday, December 01, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joe Lamping (SA Lamping) received training records from Trumbull County Sheriff's Office (TCSO) Major Douglas Bobovynik for [REDACTED]. SA Lamping reviewed the training records and noted the following:

Range Qualification Records

TCSO records indicate that [REDACTED] participated in firearms qualifications on August 13, 2025, for his Glock 22 pistol (serial number BHAM787) and on August 13, 2025, for an Aero Precision M4E1 (serial number M4-0591946). Both qualifications were completed successfully.

Personnel File

[REDACTED]'s personnel file contained a large amount of employer documents dealing with the application process, health care, equipment issuance, etc. No disciplinary records or commendations were located in the file.

Ohio Peace Officer Training Academy/Commission Records

In addition to the records received from the TCSO, SA Lamping also obtained the Ohio Peace Officer Training Commission (OPOTC) and Ohio Peace Officer Training Academy (OPOTA) records pertaining to [REDACTED].

Basic Training

[REDACTED] attended the Kent State University Police Academy from [REDACTED] through [REDACTED]. On [REDACTED] [REDACTED] successfully completed his final exam.

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.



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NW, Braceville Township, OH 44470, Trumbull County

Advanced Training

██████████ has attended an assortment of advanced training. A complete list of the training courses is provided in the attached files. However, only the training deemed most pertinent to this investigation are listed below:

- Active Shooter Response (Patrol) – October 2025
- BCI Lethal Use of Force and OIS Investigations – April 2025
- Critical Thinking in Use of Force Situations – April 2025
- Use of Force – 2025 – January 2025
- Crisis Mitigation – An Ohio Model – August 2024
- Responding to Mental Health Issues – July 2024
- Effective Communication and Safe Interaction with Persons in Crisis – February 2024
- Effective Communication and Safe Interaction with Persons in Crisis – June 2023
- Critical Thinking in Use of Force Situations – June 2022
- Objective Reasonableness – June 2022
- Mental Health Response – March 2022
- Use of Deadly Force and Legal Guidelines – January 2022
- BCI Lethal Use of Force and OIS Investigations – January 2022
- Crisis Intervention – January 2022
- BCI Lethal Use of Force and OIS Investigations – June 2021
- Use of Deadly Force and Legal Guidelines – June 2021
- Crisis Intervention – January 2021
- BCI Lethal Use of Force and OIS Investigations Parts 1-3 – January 2021
- Use of Force, Liability, and Standards – January 2021

Employment History

██████████ has been employed with the TCSO since ██████████. Prior to his employment at the TCSO, ██████████ was an officer with the Niles Police Department from ██████████ through ██████████. He resigned from the Niles Police Department in good standing.

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.

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

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



2025-3711

Officer Involved Critical Incident - 1363 State Route 534
NW, Braceville Township, OH 44470, Trumbull County

References:

None

Attachments:

1. Firearms Qualifications - [REDACTED]
2. Training Records - [REDACTED]
3. Personnel File - [REDACTED]
4. OPOTA Records - [REDACTED]

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OHIO PEACE OFFICER TRAINING ACADEMY
RANGE PROFICIENCY RECORD: SEMI AUTO PISTOL

NAME: [REDACTED] AGENCY: TC50

WEAPON MAKE: Arro MODEL: M45 SERIAL #: [REDACTED]
GLOCK 22

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF) ARE MINUS 1 (-1).

STAGE 1 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 2 2 HITS IN THE PREFERRED AREA, ONE HIT IN THE HEAD OR HIP

PA: _____ 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 5 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 6 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

SUB TOTALS: _____ MISS: _____ OT: _____ ERF: _____

TOTAL: 25 (PASSING IS A MINIMUM OF 20)

DATE TESTED: 8-13-25 PASSED: X FAILED: _____

TESTED BY: Det. Sgt. [Signature] REQ#: 05806 EXP: 12/26
Revised 26 September 2011

OPOTC STANDARD POLICE RIFLE/CARBINE QUALIFICATION COURSE

Individual Qualification Record

	RNDS	MISS (-1)	MISS (0)	HITS	INITIAL	DEDUCT	RAW	SCORE
AGENCY: <i>TC50</i>								

STAGE	RANGE	RNDS	TIME	PROCEDURE
1	15 Ft	3	4.0 sec	On signal, engage the target preferred area three rounds.
2	20 Ft	3	5.0 sec	On signal, engage the target head oval three rounds.
3	30 Ft	3	6.0 sec	On signal, engage the target preferred area two rounds, and one round to the target head oval.
4	50 Ft	2	5.0 sec	Non-dominant index: on signal engage the target preferred area two rounds.
5	75 Ft	1	1.5 sec	On signal, engage the target preferred area one round.
6	75 Ft	5	12 sec	Prep rifle/carbine, one round in the chamber and one round in the magazine, and one reserve magazine loaded to capacity. On signal, engage the target preferred area two rounds, assume a kneeling shooting position, reload, and engage the target preferred area three rounds.
7	150 Ft	3	10 sec	On signal, assume prone position engage the target preferred area three rounds.

RIFLE/CARBINE MANUFACTURER: <i>HK - GLOCK A20</i>			COURSE OF FIRE:	
MODEL: <i>HK 22 M4E1</i>	CALIBER: <i>HK 40</i>	SERIAL NUMBER: <i>[REDACTED]</i>	SCORE: <i>30</i>	INSTRUCTOR:

INSTRUCTOR: <i>KRATIK</i>	OPOTC INSTRUCTOR NUMBER: <i>06261650</i>	DATE: <i>8-13-25</i>
INSTRUCTOR SIGNATURE: <i>[Signature]</i>	AGENCY: <i>TC50</i>	

OHIO PEACE OFFICER TRAINING ACADEMY

EFFECTIVE DATE: JANUARY 1, 2014

OHIO ATTORNEY GENERAL



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

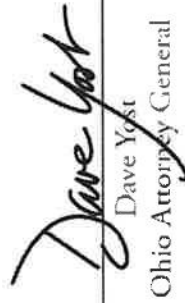
This is to certify that

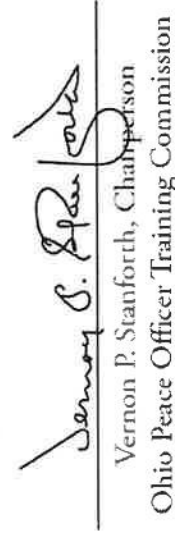


has successfully met the prescribed program requirements for

Ethics Law - 2025

January 06, 2025


Dave Yost
Ohio Attorney General


Vernon P. Stanforth, Chairman
Ohio Peace Officer Training Commission


Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission



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

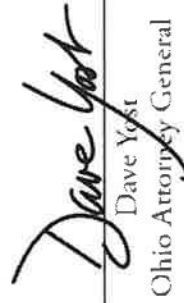
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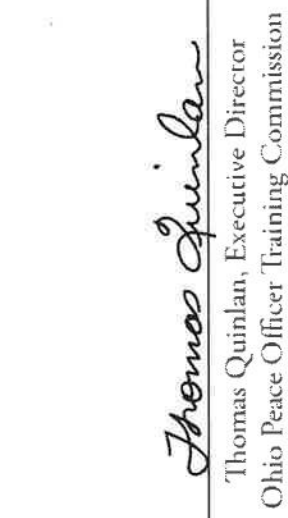


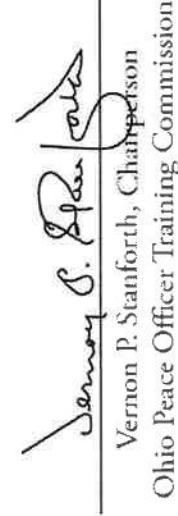
has successfully met the prescribed program requirements for

Use of Force - 2025

January 07, 2025


Dave Yost
Ohio Attorney General


Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

This is to certify that



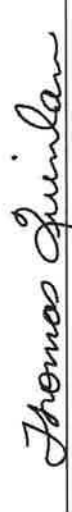
has successfully met the prescribed program requirements for

Arrest, Search, and Seizure - 2025

January 08, 2025


Dave Yost
Ohio Attorney General


Vernon P. Stanforth, Chairman
Ohio Peace Officer Training Commission


Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



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

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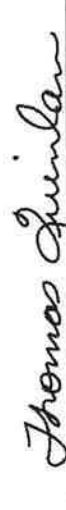
has successfully met the prescribed program requirements for

Legal Updates 2025

February 05, 2025


Dave Yost
Ohio Attorney General


Vernon P. Stanforth, Chairman
Ohio Peace Officer Training Commission


Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission

LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

April 8, 2024

by completing the following exam:

Inquiry Test

This certificate is good through

April 8, 2026

LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

April 8, 2024

by completing the following exam:

Security and Privacy - General User

This certificate is good through

April 8, 2025



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

This is to certify that



has successfully met the prescribed program requirements for

Ohio School Threat Assessment

March 07, 2023

Date: _____

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

Report Writing 2023

Date: November 25, 2023

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that



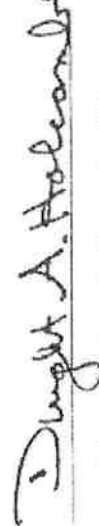
has successfully met the prescribed program requirements for

Distracted Driving

Date: July 27, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

**Responding to Sexual
Assault**

Date: June 15, 2023

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

**Communication
Disabilities**

Date: June 23, 2023

Dave Yost
Dave Yost
Attorney General

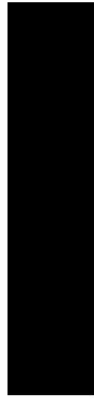
Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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



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

This is to certify that



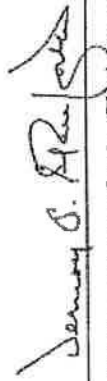
has successfully met the prescribed program requirements for

Human Trafficking

Date: June 22, 2023


Dave Yost
Attorney General


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


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

This is to certify that



has successfully met the prescribed program requirements for

**Effective
Communication and
Safe Interaction with
Persons in Crisis**

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

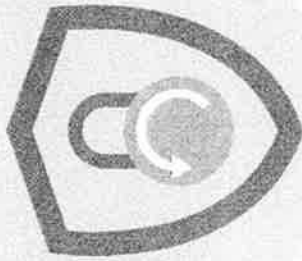
Community Diversity and Procedural Justice

Date: June 24, 2023

Dave Yost
Dave Yost
Attorney General

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

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

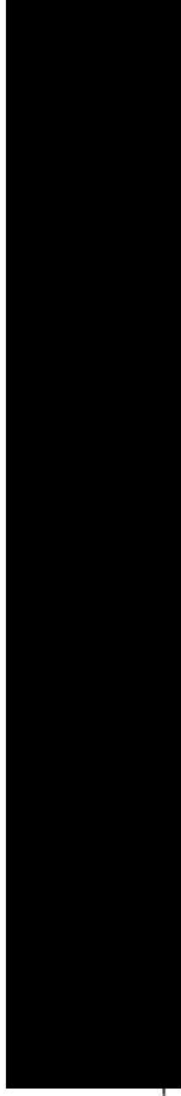


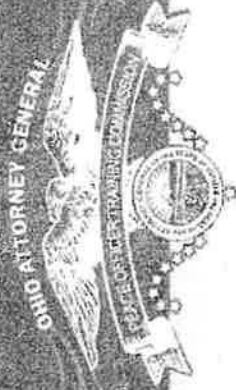
Certificate of Achievement

_____ has successfully completed

2023 Kevin Mitnick Security Awareness Training - 15 minutes

February 27, 2023





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

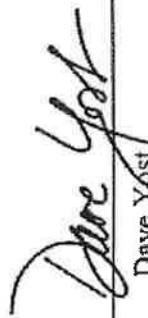
This is to certify that



has successfully met the prescribed program requirements for

Distracted Driving

Date: July 27, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

Community Diversity
and Procedural Justice

June 24, 2023

Date: _____


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

Effective
Communication and
Safe Interaction with
Persons in Crisis


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



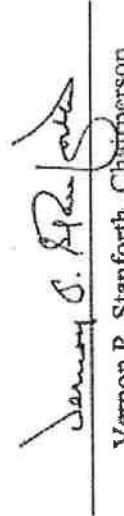
has successfully met the prescribed program requirements for

**Communication
Disabilities**

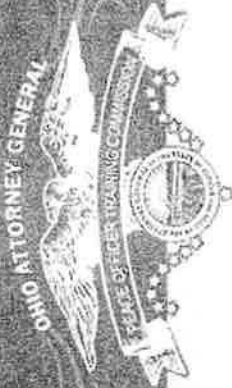
June 23, 2023

Date: _____


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

Human Trafficking

Date: June 22, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

Domestic Violence Legal Updates

Date: June 16, 2023

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

**Responding to Sexual
Assault**

Date: June 15, 2023

Dave Yost
Dave Yost
Attorney General

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

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



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

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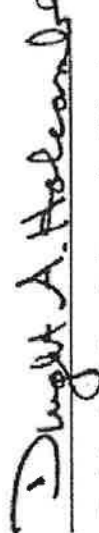
has successfully met the prescribed program requirements for

Safe at Home

Date: June 01, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

Safe At Home Program

Date: June 01, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that

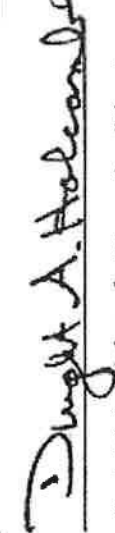


has successfully met the prescribed program requirements for

Legal Updates 2023 -
Part 3

Date: June 01, 2023


Dave Yost
Attorney General


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


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

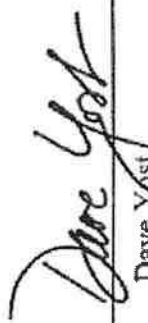
This is to certify that



has successfully met the prescribed program requirements for

Legal Updates - Part 2

Date: June 01, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

Legal Updates 2023 -
Part 1

Date: May 12, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

Date: May 05, 2023

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that

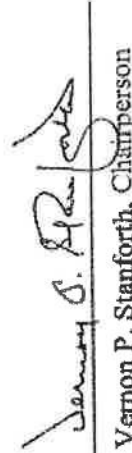


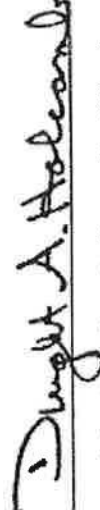
has successfully met the prescribed program requirements for

NIBIN

Date: May 05, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

**Arrest, Search, and
Seizure 2023**

Date: March 21, 2023

Dave Yost
Dave Yost
Attorney General

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

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



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

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has successfully met the prescribed program requirements for

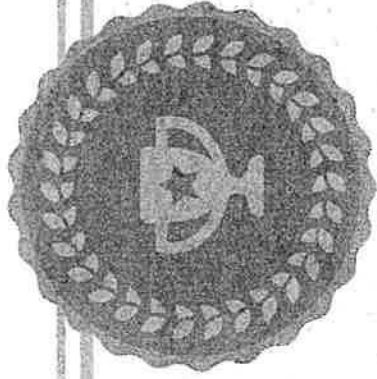
Ohio School Threat Assessment

Date: March 07, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



CERTIFICATE OF ACHIEVEMENT

PRESENTED TO



FOR THE SUCCESSFUL COMPLETION OF

Phishing: Don't Get Reeled In

June 01, 2023



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

This is to certify that

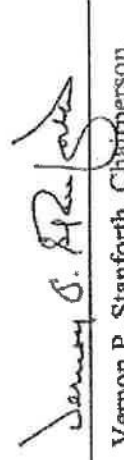


has successfully met the prescribed program requirements for

Safe At Home Program

Date: June 01, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

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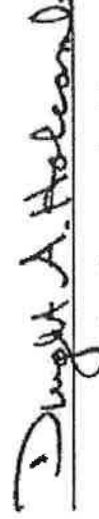
has successfully met the prescribed program requirements for

Legal Updates - Part 2

Date: June 01, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

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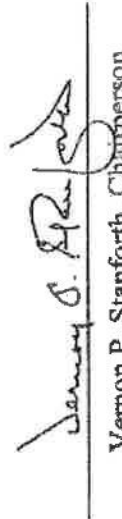


has successfully met the prescribed program requirements for

Legal Updates 2023 - Part 3

Date: June 01, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

Date: May 05, 2023


Dave Yost
Attorney General


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


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

Date: May 05, 2023

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

Legal Updates 2023 -
Part 1

May 12, 2023

Date: _____

Dave Yost
Dave Yost
Attorney General

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

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

CORTLAND POLICE DEPARTMENT

Certificate of Training

This certifies that



Has attended the course

Unmute the Uncomfortable:

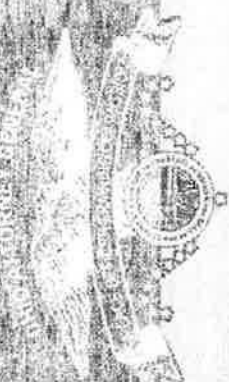
A Professional Development Symposium on Racial Justice, Mental Health Awareness & Suicide Prevention
OPOTA Approved for Diversity, Inclusion and Equity Training (4 hours)

OPOTA Approval Number: CPT037

A handwritten signature in black ink, appearing to read "Paul Martin", positioned above a horizontal line.

Chief of Police

February 4, 2022



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

This is to certify that



has successfully met the prescribed program requirements for

**Community Diversity
and Procedural Justice**

Date: March 23, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

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

This is to certify that



has successfully met the prescribed program requirements for

**Community Diversity
and Procedural Justice**

Date: March 23, 2022

Dave Yost
Attorney General

Vernon P. Stanford, Chairperson
Ohio Peace Officer Training Commission

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

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

This is to certify that



has successfully met the prescribed program requirements for

**Ethics and
Professionalism**

Date: March 03, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

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

This is to certify that



has successfully met the prescribed program requirements for

Domestic Violence Legal Updates

Date: January 08, 2022

Dee York
Dee York
Attorney General

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

Jason S. Stanforth
Jason S. Stanforth
Chairperson
Ohio Peace Officer Training Commission

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

May 27, 2022

Date:

Dave York
Dave York
Attorney General

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

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

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

This is to certify that

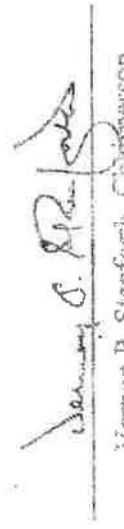


has successfully met the prescribed program requirements for

Custodial Interrogation

Date: February 20, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

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

This is to certify that



has successfully met the prescribed program requirements for

Hate Crimes

Date: February 02, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

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

This is to certify that



has successfully met the prescribed program requirements for

Hazing

Date: January 09, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

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

February 02, 2022

Date:


Dave Yoshi
Attorney General


Vernon P. Stanforth, Chairman
Ohio Peace Officer Training Commission


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

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: January 20, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



OHIO PEACE 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

Date: March 03, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

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

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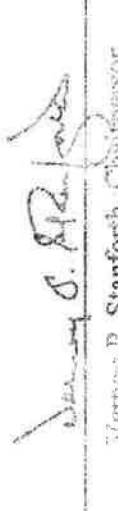


has successfully met the prescribed program requirements for

Ohio Public Records Law

Date: January 13, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

OHIO 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 Restraints

Date: January 20, 2022


David Yost
Attorney General


Dwight A. Holcomb
Ohio Peace Officer Training Commission


Verdon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

This is to certify that



has successfully met the prescribed program requirements for

**CAT and Officer
Wellness**

Date: July 01, 2022


Dave Yost
Attorney General


Dwight A. Holcomb
Ohio Peace Officer Training Commission


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



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

This is to certify that



has successfully met the prescribed program requirements for

Vicarious Trauma

Date: February 02, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

Officer Wellness Seminar

Date: January 12, 2022


Dave Yeat
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

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

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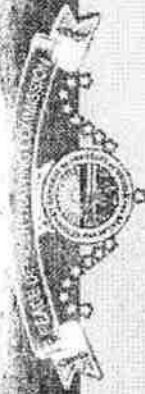
has successfully met the prescribed program requirements for

**Effective
Communication and
Safe Interaction with
Persons in Crisis**

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that

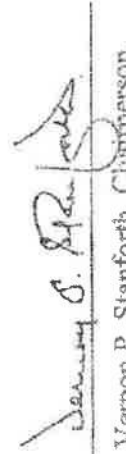


has successfully met the prescribed program requirements for

Mental Health Response

Date: March 10, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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



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

This is to certify that



has successfully met the prescribed program requirements for

**Biological Evidence
Collection for Sexual**

Date: August 3, 2022

Dave Yost
Dave Yost
Attorney General

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

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



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

This is to certify that



has successfully met the prescribed program requirements for

Crisis Intervention

Date: January 09, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

OHIO PEACE OFFICER TRAINING COMMISSION

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

**Responding to Sexual
Assault**

March 12, 2022

Date:


Dave Yost
Attorney General


Veronica P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


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

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

This is to certify that



has successfully met the prescribed program requirements for

**Sexual Assault
Investigations**

Date: February 02, 2022

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

Veronica P. Stanforth
Veronica P. Stanforth
Commissioner
Ohio Peace Officer Training Commission

OHIO 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

Date: February 02, 2022


David Yost
Attorney General


Dwight A. Holcomb
Ohio Peace Officer Training Commission


Veronica P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

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

This is to certify that



has successfully met the prescribed program requirements for

**BCI Lethal Use of Force
and OIS Investigations**

Date: January 28, 2022

Dave Yost
Dave Yost
Attorney General

Veronica P. Stanforth
Veronica P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

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

This is to certify that



has successfully met the prescribed program requirements for

**Critical Thinking in Use
of Force Situations**

Date: June 16, 2022

Dave York
Dave York
Attorney General

Vanessa P. Stanforth
Vanessa P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

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

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

This is to certify that



has successfully met the prescribed program requirements for

Objective

Reasonableness

Date: June 09, 2022

Dwight A. Holcomb
Dwight A. Holcomb
Attorney General

Thomas P. Stanforth
Thomas P. Stanforth
Ohio Peace Officer Training Commission

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

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

This is to certify that



has successfully met the prescribed program requirements for

Qualified Immunity

Date: June 20, 2022

[Signature]
Dwight A. Holcomb
Executive Director
Ohio Peace Officer Training Commission

[Signature]
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

OHIO 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

Date: January 29, 2022

Dwight A. Holcomb
Dwight A. Holcomb
Executive Director

Vernon P. Stanferth
Vernon P. Stanferth
Ohio Peace Officer Training Commission

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

Appointment of Deputy Sheriff

Commission

Revised Code, Secs. 311.04; 325.17

The State of Ohio, Trumbull County, ss.

To all to Whom these Presents Shall Come, Greetings:

KNOW YOU, That by virtue of the authority vested in me by the Laws of the State of Ohio, and reposing special trust and confidence in _____, I do hereby appoint and

commission him to be a Deputy Sheriff for said County for the term ending on Sunday, _____ (subject to

removal,) hereby authorizing and empowering him to execute and discharge all and singular the duties appertaining to said office.

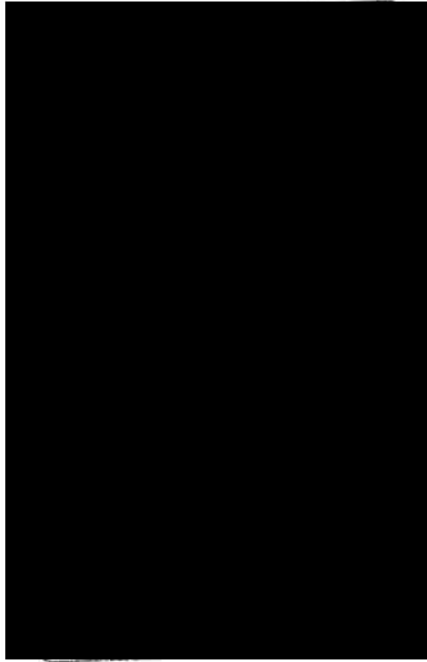
Witness my signature and seal of office this 22nd day

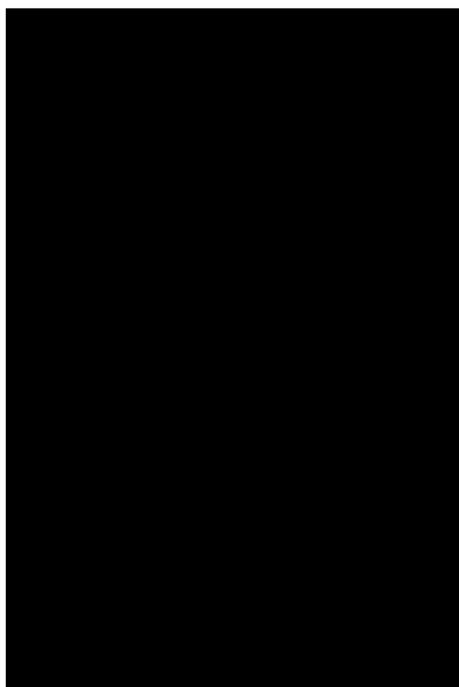
of _____

Paul J. Warner

Sheriff of Trumbull County, Ohio









This card is the official verification of your Social Security number.
Please sign it right away. Keep it in a safe place.

Improper use of this card or number by anyone is punishable by fine,
imprisonment or both.

This card belongs to the Social Security Administration and you must
return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration
P.O. Box 17087, Baltimore, MD 21235

For any other Social Security business/information, contact your
local Social Security office. If you write to the above address for any
business other than returning a found card, it will take longer for us
to answer your letter.

Social Security Administration
Form SSA-3000 (4-95)





Trumbull County Sheriff's Office Vehicle Damage Report

Date: 7-14-25

Time: 2245

Location: 7130 Milligan East Rd Vernon, Oh 44404

Deputy: [REDACTED]

Vehicle: [REDACTED]

List sustained damage: While backing out of drive brushed up against a small tree causing the retaining clips on the front fender to break.

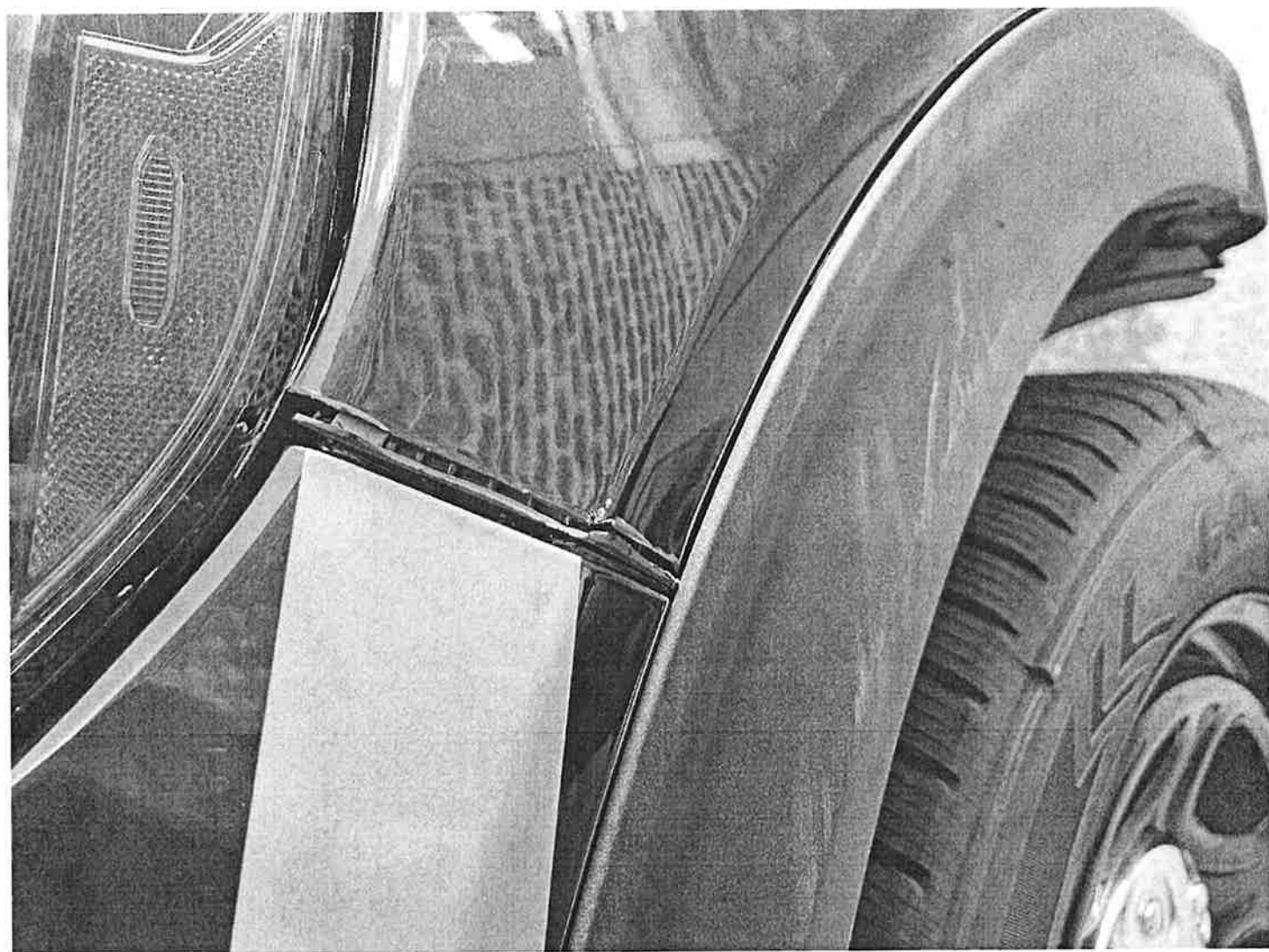
Agency handling crash/damage report: N/A

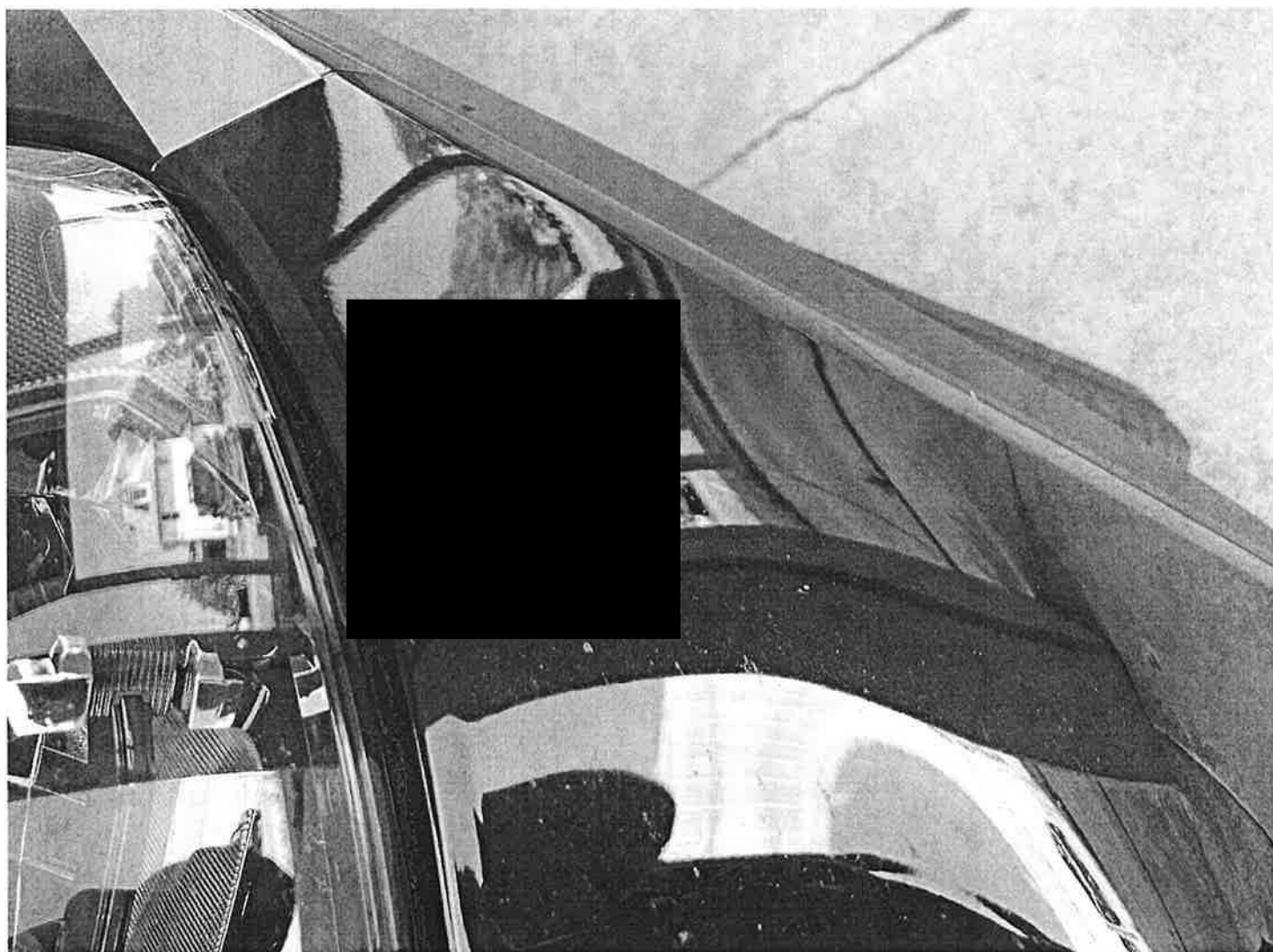
Report #:

Photographs attached: ☒ Yes ☐ No - E-mailed to Maj Bobovnyik

Supervisor: [REDACTED]

[Signature] 18





Trumbull County Sheriff's Office
Paul S. Monroe, Sheriff



I have received a copy of, I have read, and I understand
the New Trumbull County Sheriff's Office Deputy Policy
Manual.

[Redacted Name]

Name

[Redacted Signature]

Signature

11/08/2022

Date



Trumbull County Sheriff's Office

Sheriff Paul S. Monroe

**150 High Street NW
Warren, Ohio 44481**

August 19, 2022

Kim Engle
Health Insurance/Payroll
Trumbull County Auditor

Re: [REDACTED]

Dear Kim,

Please enroll [REDACTED] with Health Care insurance effective September 1, 2022.

[REDACTED] was hired on [REDACTED] I have attached his completed enrollment forms with the effective date of September 1, 2022.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Palmer".

Chief Deputy Jeffrey L. Palmer
Trumbull County Sheriff's Office

B. Family Information

List All Enrolling/Changing/Cancelling (Attach sheet if necessary)

Check appropriate box	Last Name	First Name	MI	Sex	Relationship**	Birthdate	Full Time Student***	Physician* (First and Last Name) Physician's ID Number
☐ Enroll ☐ Cancel ☐ Change				M F	Spouse			
Race – Check all that apply (Optional)**** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other—Please specify _____								Primary Care Dentist Number*
☐ Enroll ☐ Cancel ☐ Change				M F	Dependent		☐ Yes ☐ No	
Race – Check all that apply (Optional)**** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other—Please specify _____								Primary Care Dentist Number*
☐ Enroll ☐ Cancel ☐ Change				M F	Dependent		☐ Yes ☐ No	
Race – Check all that apply (Optional)**** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other—Please specify _____								Primary Care Dentist Number*
☐ Enroll ☐ Cancel ☐ Change				M F	Dependent		☐ Yes ☐ No	
Race – Check all that apply (Optional)**** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other—Please specify _____								Primary Care Dentist Number*
☐ Enroll ☐ Cancel ☐ Change				M F	Dependent		☐ Yes ☐ No	

* IMPORTANT: Please see employer representative as some plans require a Primary Physician (Primary Care) and/or a Primary Care Dentist (PCD) selection.

** For some cases, such as Qualified Medical Child Support, additional documentation may be required. Please see employer representative for more information.

*** Please see employer representative for student status qualifications.

**** Data collected will be used only to help communicate with enrollees and inform them of specific programs to enhance their well-being and not for eligibility or claim payment determination.

C. Product Selection

Please check all that apply. Benefit offerings are dependent upon employer selection.

Person	Medical	Dental	Vision	Life/Amount	Sup Life	Sup AD&D	STD	LTD	Dual Option Plan Selected
Employee	☐	☐	☐	☐ \$ _____	☐	☐	☐	☐	
Spouse	☐	☐	☐	☐					
Dependents	☐	☐	☐	☐					
				Salary _____ Required only if Life Plan based on salary					

Life Insurance Beneficiary's Full Name and Address

Relationship

D. Other Medical Coverage Information This section must be completed. (Attach sheet if necessary.)

On the day this coverage begins, will you, your spouse or any of your dependents be covered under any other medical health plan or policy, including another UnitedHealthcare plan or Medicare? ☐ YES (continue completing this section) ☐ NO (skip the rest of this section)

Name of other carrier _____

Other Group Medical Coverage Information (only list those covered by other plan)	Type (B/S/F)*	Effective Date	End Date	Name and date of birth of policyholder for other coverage
Spouse Name:				
Dependent Name:				
Dependent Name:				
Dependent Name:				

*B. Enter 'B' when this dependent is covered under both you and your spouse's insurance plan (married)

S. Enter 'S' if you are the parent awarded custody of this dependent and no other individual is required to pay for this dependent's medical expenses.

F. Enter 'F' if this dependent is covered by another individual (not a member of your household) required to pay for this dependent's medical expenses.

Medicare – Employee Information: If enrolled in Medicare, please attach a copy of your Medicare ID card.

☐ Enrolled in Part A: Effective Date _____ ☐ Ineligible for Part A* ☐ Not Enrolled in Part A (chose not to enroll)

☐ Enrolled in Part B: Effective Date _____ ☐ Ineligible for Part B* ☐ Not Enrolled in Part B (chose not to enroll)

☐ Enrolled in Part D: Effective Date _____ ☐ Ineligible for Part D* ☐ Not Enrolled in Part D (chose not to enroll)

Reason for Medicare eligibility: ☐ Over 65 ☐ Kidney Disease ☐ Disabled ☐ Disabled but actively at work

Medicare – Spouse/Dependent Name: _____

☐ Enrolled in Part A: Effective Date _____ ☐ Ineligible for Part A* ☐ Not Enrolled in Part A (chose not to enroll)

☐ Enrolled in Part B: Effective Date _____ ☐ Ineligible for Part B* ☐ Not Enrolled in Part B (chose not to enroll)

☐ Enrolled in Part D: Effective Date _____ ☐ Ineligible for Part D* ☐ Not Enrolled in Part D (chose not to enroll)

Reason for Medicare eligibility: ☐ Over 65 ☐ Kidney Disease ☐ Disabled ☐ Disabled but actively at work

*Only check "Ineligible" if you have received documentation from your Social Security benefits that indicate that you are not eligible for Medicare.

E. Waiver of Coverage

I decline coverage for:

☐ Myself

☐ Spouse

☐ Dependent Children

☐ Myself and all dependents

Declining coverage due to existence of other coverage:

☐ Spouse's Employer's Plan ☐ Individual Plan

☐ Covered by Medicare ☐ Medicaid

☐ COBRA from Prior Employer ☐ VA Eligibility

☐ Tri-Care

☐ I (we) have no other coverage at this time

☐ Other _____

I understand that by waiving coverage at this time, I will not be allowed to participate unless I experience a life change event, at the next open enrollment period or as a late enrollee, if applicable. I acknowledge that I have received the "Important Information" statement which is included with this form.

Employee Initials _____ Date _____

F. Signature

I confirm that the information I have provided on this form is complete and accurate.

I understand that the health benefit plan that I have selected provides reimbursement for certain medical costs, which are more fully described in the current Certificate of Coverage. I understand there may be instances where treatment decisions made by my physician or me or medical expenses which I have incurred may not be covered by my health benefit plan.

I understand that information collected in connection with administration of the benefit plan may be used to bring to my attention health products or services that might be valuable to me and otherwise as permitted by law. I understand that you may combine that information with other information so that it is no longer individually identifiable and use it for commercial and other purposes.

I acknowledge that I have received the "Important Information" statement which is included on the back of this form.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date 08/19/2022 Employee Signature (if not declining) _____ Spouse Signature (if applying for coverage) _____

Primary Language Spoken ☒ English ☐ Spanish ☐ Other _____

IMPORTANT INFORMATION

In order to make choices about your health care coverage and treatment, we believe that it is important for you to understand how your plan operates and how it may affect you. In an ever-changing environment, the information can never be complete and we urge you to contact us if, after enrollment, your Certificate of Coverage or other materials do not answer your questions. Further information is available at www.myuhc.com or at the toll-free Customer Care number located on the back of your identification card or on other plan materials.

1. We do not provide health care services or make treatment decisions. We help finance and/or administer the health benefit plan in which you are enrolled. That means:
 - We make decisions about whether the health benefit plan you chose will reimburse you for care that you may receive.
 - We do not decide what care you need or will receive. You and your provider make those decisions.
2. We may enter into arrangements where another entity carries out some of our duties, but those entities must operate consistently with our commitment to your plan.
3. We may use individually identifiable information about you to identify for you (and you alone) procedures, products, and services that you may find valuable.
4. We contract with networks of physicians and other providers. Our credentialing process confirms public information about the providers' licenses and other credentials, but does not assure the quality of the services provided.
5. Physicians and other providers in our networks are independent contractors and are not our employees or agents. We do not control nor do we have a right to control your provider's treatment or plan.
6. We may enter into agreements with your physician or other provider to share in the cost savings that our approach may generate. We encourage providers in our network to disclose the nature of those arrangements with you. If they do not, we encourage you to talk to your provider about these arrangements.
7. We encourage physicians and other providers to talk with you about care you or your provider think might be valuable.
8. We will use individually identifiable information about you as permitted by law, including in our operations and in our research. We will use anonymous data for commercial purposes including research.

Statement of affirmation and authorization to obtain and disclose information in connection with eligibility for coverage.

I (we) request the indicated group coverage for myself and, if the plan provides, for my dependents. I authorize any required premium contributions to be deducted from earnings.

I (we) authorize all providers of health services or supplies and any of their representatives to give the following to the HMO/insurance company(ies): any available information about the health history, condition, or treatment of any persons named in this request. I (we) authorize the HMO/insurance company(ies) to use this information to determine eligibility for health coverage and eligibility for benefits under an existing policy.

I (we) also authorize the HMO/insurance company(ies) to give this information to its (their) representatives or to any other organization for the reason notified above. I (we) agree that this authorization is valid for 30 months from the date below. I (we) know that I (we) have the right to ask for and to receive a copy of this authorization.

I understand that the Certificate of Coverage and other documents, notices, and communications regarding my health benefit plan may be transmitted electronically.

I (we) have not given the agent or any other persons any health information not included on the Request for Coverage. I (we) understand that the HMO/insurance company(ies) is not bound by any statements I (we) have made to any agent or to any other persons, if those statements are not written or printed on this Request for Coverage and any attachments.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.



DAVE YOST
OHIO ATTORNEY GENERAL



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

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: ☐ Correction to Record ☐ Name Change ☐ OSHP Trooper to Peace Officer
(OSHP certificate must be attached)

- Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email SF400@ohioattorneygeneral.gov, fax, or mail.
- Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
- Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
- Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
- Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

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

AGENCY INFORMATION		9. Agency Name Trumbull County Sheriff's Office	
10. Reporting Authority's Email Address sovillan@co.trumbull.oh.us		11. Agency Phone Number 330-675-2508	
12. Agency Mailing Address (#/Street/PO Box) 150 High St. NW		(City) Warren	(Zip Code) (County Name) 44481 Trumbull

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

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority [Signature]	18. Printed Name and Title Major Tony Villanueva		19. Date 8 / 22 / 22
20. Signature of Witness [Signature]	21. Printed Name (First, Middle, Last) Lt. Brian R. Kaintz		22. Date 8 / 22 / 22

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

41. Appointed By (Agency Name and County):		40. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /	
38. Appointed By (Agency Name and County):		37. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /	
35. Appointed By (Agency Name and County):		34. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /	
32. Appointed By (Agency Name and County):		31. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /	
29. Appointed By (Agency Name and County):		28. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /	
26. Appointed By (Agency Name and County):		25. From(mm/dd/yyyy): / / To(mm/dd/yyyy): / /	

OHIO PEACE OFFICER APPOINTMENT HISTORY
Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

23. OATH OF OFFICE	
I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.	
Paul S. Monroe Name of Appointing Authority (Typed or Printed Legibly) Trumbull County Sheriff Title of Appointing Authority (Typed or Printed Legibly)	
Signature of Appointing Authority Signature of Appointee	

Officer Name (Last)	(First)	(Middle)	SSN (last 5 only)
---------------------	---------	----------	-------------------



Trumbull County Sheriff's Office

Sheriff Paul S. Monroe

150 High Street NW
Warren, Ohio 44481

Jeffrey L. Palmer
Chief Deputy

Tony Villanueva
Major Patrol Division

Daniel J. Mason
Major Jail Division

Employee Equipment Issuance

All equipment initially supplied to Deputies by the Trumbull County Sheriff's Office upon the employee's initial employment date shall be returned to the Trumbull County Sheriff's Office upon the employee's separation from service prior to the employee's third year anniversary date. This initial equipment will include badges, leather equipment and any other non-clothing equipment initially supplied to the new hire at the discretion of the Sheriff based on length of service and the equipment's condition. Initial clothing equipment will be returned to the Trumbull County Sheriff's Office at the discretion of the Sheriff or his designee based on the length of service and the initial clothing's condition. This equipment shall not include the nameplate or worn boots.

[Redacted]

[Redacted]

Employee signature

8-22-22

Date

Qty.	Item	Received
1	Felt hat	
1	Hat badge	
1	Acorn	
1	Hat strap	
1	Cold weather cap-embroidered TCSO	
1	Collar brass	
1	Whistle chain	
2	Breast badges	
1	Name plate	
1	Duty belt- BW	
1	Magazine Pouch-BW	
1	Holster-BW	
1	Handcuff case-BW	
1	Belt keepers	
1	Tie	
1	Tie bar	
2	Short sleeve uniform shirts	
2	Long sleeve uniform shirts	
1	Long Sleeve Dress Shirt / Brass	
2	Uniform Pants	
1	Boots	
1	Coat	
1	Ballistic Vest	



Signature

8-22-22

Date

*Radio Holster
issued.*



Trumbull County Sheriff's Office

Deputy on-boarding Checklist

Deputy	Hire Date

Action	Date	By
Equipment/Uniform issuance	8-3-22	Lt. Kaintz
Added to LEADS / User list	8-4-22	Lt. Kaintz
Added to STEP programs	1	Lt. Kaintz
Added to ALL TEXT list	8-4-22	Lt. Kaintz
Added to OT list	8-4-22	Lt. Kaintz
Added to seniority list	1	Lt. Kaintz
Added to Court list	1	Lt. Kaintz
Added to Racial Diversity List	1	Lt. Kaintz
OPOTA SF400	8-22-22	Lt. Kaintz
Added to OPOTA roster	8-4-22	Lt. Kaintz
Added to CORSA Driver Summary	8-4-22	Lt. Kaintz
Added Unit #	8-4-22	Lt. Kaintz
Mailbox assignment	8-4-22	Lt. Kaintz
Gas Card/ Roll call key issuance	8-4-22	Lt. Kaintz
Building access card	8-4-22	Lt. Kaintz
OHLEG	8-22-22	Lt. Timko



Trumbull County Sheriff's Office

Officer Inventory Sheet



Item	Make	Model	County Tag #	Serial #	Return Date	Returned To
Handgun	Glock	22				
Portable Radio	Motorola	APX-8000				
County Gas Card #						
Mailbox Key						
Engineer Gas Key	n/a					
TCSO ID						
Bldg. Access Card						
Vehicle Keys						
Roll Call Key						
Veh. Maintenance Key						

Processed by Payroll



TRUMBULL COUNTY SHERIFF'S OFFICE

PAYROLL EMPLOYEE MAINTENANCE

New Employee ☒ - DEPUTY

Date Submitted

8/09/2022

Return to Work

Employee Number

[REDACTED]

Change of Information

Last Name

First

Middle Initial

Address

City

State

Zip

Date of Birth

Social Security Number

Gender

Hire Date

Job Anniversary Date

Marital Status for Federal Tax

Federal Tax Deductions Claimed

Additional Amount

State Tax Deductions Claimed

Additional Amount

01

2.5%

Primary City Tax Code

Percent

Secondary Tax Code

Percent

Hourly Pay Rate

Annual Salary

K

X

X

Department Code

Full or Part Time

Union Dues

Range

Step

Account Number

Position Control Number

4345

Job Code

X

Sick Leave

X

Vacation

X

Personal Leave

Previous Service - Attach Documentation

Years

Days

Accrued Sick Leave

MASTER
PAYROLL

AUG 10 22

ENTERED

AUG 10 22
MUNIS

CITY INCOME TAX CODES INSTALLED IN THE COUNTY PAYROLL SYSTEM

<u>PAYROLL CODE</u>	<u>CITY</u>	<u>TAX RATE</u>
01	Warren City	2.50%
02	Niles City	2.00%
03	Girard City	2.00%
04	McDonald Village	2.00%
05	Newton Falls City	1.00%
06	Youngstown City	2.75%
07	Hubbard City	1.50%
09	Columbiana S.D.	1.00%
10	Crestview L.S.D.	1.00%
11	Springfield L.S.D.	1.00%
12	Berkshire L.S.D.	1.00%

The city income tax in effect for the place where a person works always takes preference over the city income tax where a person lives. If the tax where the person lives is higher than the tax where he works, he may request the extra percentage to be withheld from his paycheck and forwarded to the appropriate city.

Please have the employee complete and return the form below if they would like to request a secondary city tax to be withheld from their paycheck.

Employee Name [REDACTED]
 Address [REDACTED]

Workplace is located in the city of Warren
 Residence is located in the city of [REDACTED]

I would like to request the following city taxes to be withheld from my paycheck:

Primary city Warren Percent 012.5%

Secondary [REDACTED] Percent

Signature [REDACTED]

Date 08/09/2022

***Primary city must be where the workplace is located.**

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

NILES TD

Employee Name

Employer ID#

Employer Name

Employer ID #

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefit

Signature of Employee

Date 08/09/2022

COUNTY OF TRUMBULL, OHIO

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Select one: New ☒ Change ☐ Cancel ☐

Name 

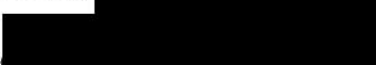
Social Security Number 

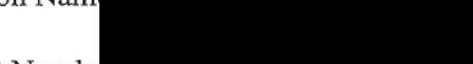
Employee Number _____ Department Trumbull County Sheriff's office

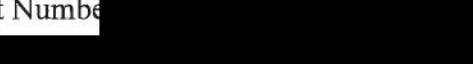
I hereby authorize the Trumbull County Auditor to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

Select one: Checking ☒ Savings ☐

Routing/ABA Number 

Institution Name 

Account Number 

Location 

This authority is to remain in full force until the Trumbull County Auditor has received written notification from me of termination in such timely manner as to afford the Trumbull County Auditor and the Financial Institution a reasonable opportunity to act on it. I have read, understand, and will comply with the policies and procedures involving Automatic Deposits.

Employee Signature  Date 08/09/2022

A voided check or bank/institution form with account information must be attached. Deposit slips cannot be accepted.



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org



Personal History Record/Elected Official Membership

INSTRUCTIONS

1. As a public employee you are required to complete this Form and return it to your employer within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in **blue or black ink**.
2. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions. Completion of this form indicates the elected official's irrevocable membership election.
3. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
4. Sign the form in SECTION 3 - **EMPLOYEE CERTIFICATION**. DO NOT print or type.
5. The employer is required to complete SECTION 4 - **EMPLOYER CERTIFICATION**.
6. The employer is required to return the **completed** form to OPERS no later than 30 days from when the public employee commenced employment.

Section 1 - Personal Information

Social Security Number

First Name

MI Last Name

Suffix

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Province

Country

Postal Code

Date Of Birth

Month Day Year

Gender

Male

Female

☒ ☐

Work Phone Number

Home Phone Number

Cell Phone Number

E-mail Address

Section 2 - Other Retirement System Information

Are you currently receiving a disability benefit or an age and service retirement from any of the following retirement systems? *If applicable, please check all that apply.*

Ohio Police and Fire Pension Fund (OP&F)

Receiving a Disability Benefit

1

Receiving a Retirement Benefit

□

State Highway Patrol Retirement System (HPRS)

1

☐

Cincinnati Retirement System (CRS)

11

9

Section 3 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Additionally, if an elected official, my signature below indicates that I am applying for membership in OPERS for my elective service pursuant to Section 145.20 of the Ohio Revised Code. The signature date indicates the date application is made for membership.

Employee signature (Do not print or type)

Month Day Year
08 09 2022

Section 4 - Employer Certification

Employer Code

				-		
--	--	--	--	---	--	--

Employer Name

[illegible]

Salary Begin Date

Month Day Year

Is this an elected position? Yes ☐ No ☒

Job Position Title

Deputy

Is this a full-time law enforcement position? Yes ☒ No ☐

If employed in a firefighting position, is firefighter training required? Yes ☐ No ☒

I certify that if the compensation paid to this individual is earnable salary, that OPERS retirement contributions are deducted with the above employer on the salary begin date indicated above, or beginning the month that contains the signature date on this form for elected officials, and the statements set forth are true and accurate as disclosed by this employer's records.

Signature of Certifying Officer (If Certifying Officer is the new member, form should be signed by both the Certifying Officer and a council member or trustee.)

Print Certifying Officer's Name

[illegible]

CODE OF CONDUCT



From: Sheriff Paul S. Monroe

Subject: Code of Conduct

Date: 8/9/2022

CC: File [REDACTED]

A copy of the Sheriff's Code of Conduct has been issued to you on this date.
Please sign below acknowledging you received a copy of the sheriff's code of conduct.

Within the next seven (7) to ten (10) days, please take the time to read the Code of Conduct. If you have any questions that may need answered concerning the code of conduct, please contact your supervisor.

I have received the Sheriff's Code of Conduct.

I agree to have the Sheriff's Code of Conduct read within the next seven (7) to ten (10) days.

I will contact my supervisor if there is anything within the Code of Conduct I do not understand.

[REDACTED] _____
Print Name

[REDACTED] _____
Employee Signature

Paul S. Monroe _____
Witness

08/09/2022
Date

8/9/2022
Date

NETWORK AUTHORIZATION

Please complete this profile for new employees, employees changing positions or leaving employment.

Print name as it appears in Payroll

Circle: 'A' to give user Authority to an Application or 'R' to remove Authority from an Application.

A	R	Courtview 2000
A	R	Courtview
A	R	Demand Online REP Posting
A	R	Disaster Recovery
A	R	E-mail Outlook
A	R	Haines Street Directory
A	R	Highway County Engineers
A	R	IBM *requires additional profile on appropriate form with approval signature
A	R	IJIS Data Warehouse
A	R	Internet access IP: 192.168
A	R	Jail Management System (JMS)
A	R	Main Domain
A	R	Munis
A	R	Ohio Jurisprudence
A	R	Ohio Jury Instructions
A	R	Real Estate
A	R	Reorder's system *Access via the intranet
A	R	Soil & Water conservation – Domain TCSWCD2
A	R	TC Board of Alcohol, Drug & Mental Health
A	R	Windows Password
A	R	Word & Office Directory

Deputy

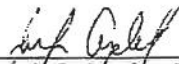
Supervisor's Signature

Date

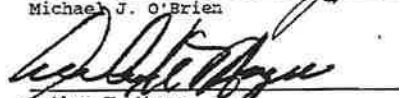
8/9/2022

We, the Board of Commissioners for Trumbull County, Ohio, recognize the impact of the above outlined policy and adopt the policy on October 17, 1996:

**BOARD OF COUNTY COMMISSIONERS
TRUMBULL COUNTY, OHIO**


Joseph J. Angelo, Jr., President


Michael J. O'Brien

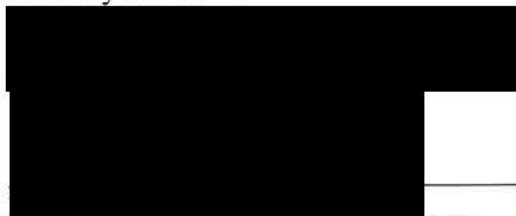

Arthur U. Magee

TRUMBULL COUNTY LOANED COMPUTER EQUIPMENT RESPONSIBILITY FORM

I,  _____, hereby accept full responsibility for the computer

Print name

equipment assigned to me in my current position or new position within the county. I acknowledge and understand the policies stated within this document and as a condition of my employment with Trumbull County I hereby will abide by the terms and conditions of this policy.

 _____

08/09/2022
Date


Witness

8/9/2022
Date

Copy of the last page of this document must accompany the creation of the User Account form, which must be signed by all employees who get a user account on the county network.

CODE OF RESPONSIBILITY FOR SECURITY AND CONFIDENTIALITY OF DATA FILES

Employee name _____ Division Deputy

Employee name as appears in Payroll _____

Department _____ Supervisor _____

Phone Number _____ Location _____

Security and confidentiality is a matter of concern to all employees of the Trumbull County Department of Data Processing and all other persons who have access to confidential data. Each person working at Trumbull county holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information. Trumbull County employees conduct either on or off the job may threaten the security to know and understand the following:

1. You must not enter or permit the entry of any unauthorized information to files maintained by Trumbull County.
2. You must not seek to benefit personally or permit others to benefit personally by any confidential information which has come to your work assignment.
3. You must not exhibit or divulge the contents of any record to any person except in the conduct of your work assignment or in accordance with the policies of Trumbull County.
4. You must not knowingly include or cause to be included in any record or report a false inaccurate or misleading entry.
5. You must not remove or cause to be removed copies of any official record or report from any file from the office where it is kept except in the performance of your duty.
6. You must not operate or request others to operate Trumbull county equipment for personal business.
7. You must not violate rules and regulations concerning access for controlled areas.
8. You must report any violation of this code by anyone to your supervisor immediately.
9. You must not aid, abet or act in conspiracy with another to violate any part of this code.
10. You must not divulge your password to any other individual at any time.

Violation of any portion of this code will result in disciplinary action such as reprimand, suspension or dismissal consistent with Civil Service Rules and Regulations and/or the appropriate Collective Bargaining Agreement. (Employees covered by collective Bargaining Agreement Local #2493: Failure to comply with the policy may result in discipline in accordance with the Collective Bargaining Agreement of Trumbull county Employees Local #2493.)

I acknowledge that I have received, have read and understand the Trumbull County Code of Responsibility for Security and Confidentiality of Data Files.

Employee Signature

Renee deS...
Supervisor

08/09/2022
Date

8/9/2022
Date



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	
[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☒ 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
☐ 2. A noncitizen national of the United States <i>(See instructions)</i>	
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR	
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____ Country of Issuance: _____	
[REDACTED]	
Today's Date (mm/dd/yyyy) 08/05/2022	

Preparer and/or Translator Certification (check one):

☒ I did not use a preparer or translator.	☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
<i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>	

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
[REDACTED]		[REDACTED]	
Last Name (Family Name)		First Name (Given Name)	
[REDACTED]		[REDACTED]	
Address (Street Number and Name)		City or Town	State ZIP Code
[REDACTED]		[REDACTED]	[REDACTED]



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	SSN	Citizenship/Immigration Status
	[REDACTED]	[REDACTED]	[REDACTED]	US

List A Identity and Employment Authorization	List B Identity	AND	List C Employment Authorization
Document Title	Document Title	Document Title	
Issuing Authority	Issuing Authority	Issuing Authority	
Document Number	Document Number	Document Number	
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	
Document Title	Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority			
Document Number			
Expiration Date (if any) (mm/dd/yyyy)			
Document Title			
Issuing Authority			
Document Number			
Expiration Date (if any) (mm/dd/yyyy)			

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy) [REDACTED] See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
[Signature]	8/9/2022	Civil Deputy Clerk	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Turnerling	Kenee	Franklin County Sheriff	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
150 High St NW	Warren	OH	44481

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

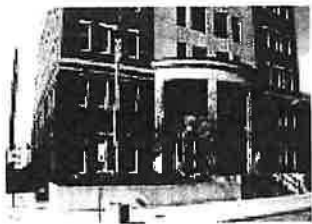
A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
[Signature]	8/9/2022	Kenee M Turnerling



TRUMBULL COUNTY HUMAN RESOURCES DEPARTMENT

160 High Street NW, Fifth floor

Warren, Ohio 44481

Telephone: (330) 675-2460, Fax: (330) 675-6646; TDD: (330) 675-6610

Email: hr@co.trumbull.oh.us

TRUMBULL COUNTY LIFE INSURANCE

Each eligible employee is covered in the amount of \$35,000.00 while maintaining full-time status.

The complete Certificate of Coverage, including reduced retirement coverage and conversion rights, may be viewed and copied by visiting the Human Resources Department website: www.humanresources.co.trumbull.oh.us

I, [REDACTED], have received notification of my Life Insurance

coverage through Trumbull County. I further acknowledge that I have been advised of access availability to view the Certificate of Coverage.

[REDACTED]

[REDACTED]

Employee Signature

[Handwritten Signature]

Witness

08/09/2022

Date

8/9/2022

Date

Acknowledgement of Receipt of Auditor of State Fraud Reporting System Information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio Fraud-Reporting System and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

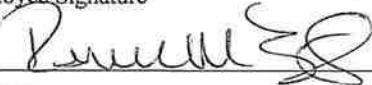
By signing below, you are acknowledging Trumbull County provided you information about the Fraud-Reporting System as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I  _____, have read the information provided by my
Print Name

employer regarding the Fraud-Reporting System operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

 _____
Print Name

 _____
Employee Signature

 _____
Witness

08/09/2022

Date

8/9/2022

Date



TRUMBULL COUNTY SHERIFF'S OFFICE

PERSONNEL INFORMATION SHEET

Employee Name: [Redacted] First Name [Redacted] M.I. [Redacted]

Address: [Redacted]

City: [Redacted] State: OH Zip: [Redacted]

Home Phone: [Redacted] Cell Phone: [Redacted]

Social Security Number: [Redacted] Date of Birth: [Redacted]

Driver License Number: [Redacted] Email: [Redacted]

Known Allergies: [Redacted]

Marital Status: [Redacted] Name of Spouse: [Redacted]

Emergency Contact Information:

1. [Redacted]
 2. [Redacted]
- | Name | Phone Number | Relationship |
|------------|--------------|--------------|
| [Redacted] | [Redacted] | [Redacted] |

Employee Signature: [Redacted] Date: 08/05/2022

For Office Use Only

Received by: [Signature] Date: 8/9/2022

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

L [REDACTED]		FIRST NAME [REDACTED]		MIDDLE INITIAL [REDACTED]
HOME ADDRESS [REDACTED]				
C [REDACTED]	STATE OH	Z [REDACTED]	COUNTY [REDACTED]	
HOME PHONE [REDACTED]		WORK PHONE [REDACTED]		

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
☐ Yes ☒ No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.



08/05/2022

Date

Contact Information: If you have questions or would like an additional copy of this notice, please contact the Trumbull County Human Resources Department.

Effective Date

The effective date of this notice is April 14, 2003. Trumbull County is required to follow the terms of this notice until it is replaced. Trumbull County reserves the right to change this Privacy Statement at any time as allowed by law and will notify you of any changes as required by law. Trumbull County reserves the right to make the changes apply to all information that it maintains.

WORKFORCE CONFIDENTIALITY AGREEMENT

I, [REDACTED], understand that Trumbull County has a legal and ethical responsibility to ensure that medical information remains confidential. As a condition of my employment with Trumbull County, I understand that I must sign and comply with this Agreement.

By signing this document, I understand and agree that:

- I will not discuss or disclose any confidential medical information unless such disclosure is in compliance with applicable privacy policies and procedures and is required for the performance of my job.
- I will not access or view any medical information other than is required to do my job.
- If I have any question about whether access to certain information is required for me to do my job, I will ask my supervisor, head of my department or the Privacy Officer for clarification.
- I will not make inquiries about any information on behalf of any individual or person or entity that does not have proper authority to have such information. If I have any question about whether certain persons or entities are permitted access to certain information, I will ask my supervisor, head of the department or the Privacy Officer for clarification.
- I will not discuss any information pertaining to any individual's medical care in an area where unauthorized individuals may hear such information, for example: in hallways, on staircases, on elevators, in the cafeteria, on public transportation, at restaurants or at social events. I understand that it is never acceptable to discuss such information in public areas, even if specific information, such as an individual's name, is not used.
- I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or expungements of information.
- I will keep my personal access codes, user IDs, access keys and passwords used to access computer systems, buildings, records or other County systems or equipment confidential and secured at all times.

Consequences for Violating this Agreement

I understand that violation of this Agreement may result in:

- Disciplinary action up to and including termination of my employment with Trumbull County and/or suspension, restriction or loss of privileges in accordance with Trumbull County policies.
- Potential personal, civil and criminal penalties.

I agree that my obligations under this Agreement regarding client information and organizational information will continue after the conclusion of my employment with Trumbull County. I have read the above Agreement and agree to comply with all its terms as a condition of my employment with Trumbull County.

[REDACTED]

Print Name

[REDACTED]

Employee Signature

[Signature]

Witness

08/09/2022

Date

8/9/2022

Date

If you do not choose continuation coverage, your group health insurance coverage will terminate in accordance with the provisions outlined in your benefits handbook or other applicable plan documents.

If you choose continuation coverage, your coverage will be identical to the coverage provided under the plan to similarly situated employees or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for three years unless you lost group health coverage because of a termination of employment or a reduction in hours. In that case, the required continuation coverage period is 18 months (an extension to 29 months is available under certain circumstances to disabled persons*).

However, the law also provides that your continuation coverage be terminated for any of the following reasons:

1. The employer/former employer no longer provides group health coverage to any of its employees;
2. the premium for your continuation coverage is not paid in a timely manner;
3. you first become, after electing COBRA continuation coverage, covered under any other group plan (as an employee or otherwise) which does not contain any exclusion or limitation with respect to any pre-existing condition;
4. you first become, after electing COBRA continuation coverage, entitled to Medicare.

***Note:** A Qualified Beneficiary who is determined under Title II or XVI of the Social Security Act, to have been disabled as of the date of termination of employment or reduction in hours, or within 60 days of COBRA coverage, may be eligible to continue coverage for an additional 11 months (29 total). You must notify the employer within 60 days of the determination of disability by the Social Security Administration and prior to the end of the 18-month continuation period. The employer can charge up to 150% of the applicable premium during the 11-month extension. The disabled individual must notify the employer within 30 days of any final determination that he or she is no longer disabled. If the coverage is extended to a total of 29 months, extended coverage will cease upon a final determination that the Qualified Beneficiary is no longer disabled.

You do not have to show that you are insurable to choose continuation coverage. However, you will have to pay the group rate premium plus a 2% administrative fee for your continuation coverage. The law also requires that, at the end of the 18-month, 29-month, or 36-month continuation coverage period, you must be allowed to enroll in an individual conversion health plan provided under the current group health plan, if the plan provides a conversion privilege.

If you have any questions about this, please contact the person or office shown below. Also, if you have changed marital status, or you, your spouse, or any eligible covered dependent have changed address, please notify in writing, the person or office shown below:

Human Resources Department
160 High Street NW
Warren, OH 44481

If any covered child is at a different address, please notify Human Resources in writing so that a separate notice may be sent. Please sign and date below to acknowledge that you received and read the above information.

[Redacted Signature]

Print Name

[Redacted Signature]

08/09/2022

Date

Renee M. E. J.

Witness

8/9/2022

Date

TRUMBULL COUNTY SEXUAL HARASSMENT POLICY

SEXUAL HARASSMENT

The Trumbull County Commissioners strongly condemn and strictly prohibit the Sexual Harassment of County employees working in Departments under the Board's jurisdiction. It is illegal under State and Federal law for any employee, male or female, to sexually harass another employee by:

- A. Making unwelcome sexual flirtations, advances or propositions;
- B. Creating an intimidating, hostile, or offensive working environment through verbal abuse or physical conduct of a sexual nature;
- C. Threatening or insinuating that an employee's refusal to submit to sexual advances will adversely affect that employee's employment, compensation, evaluation, or promotion.

Any employee who believes that he/she has been victimized of Sexual Harassment is encouraged to immediately report the incident to a supervisory employee (preferably, but not necessarily, the employee's supervisor) who will conduct a thorough and confidential investigation to determine the validity of the allegation. The Supervisor will report findings to the employee and to the Board of Commissioners within three (3) workdays if at all possible. If the employee is dissatisfied with the Supervisor's findings, he/she is encouraged to report the incident directly to the Board of Commissioners for immediate review by the Commissioners' Office. The Commissioners' Office shall, if at all possible, reply to the employee within five (5) workdays.

Any employee, at either level of the investigation of alleged Sexual Harassment, who has been found to have sexually harassed another employee, will be subject to discipline, which could include termination.

The Trumbull County Commissioners recognize and acknowledge that any employee may pursue appropriate remedial action through State and Federal Agencies.

Note: No part of this policy is intended to supersede or circumvent any Collective Bargaining Agreement in effect. Employees who are members of a union are encouraged to review their contract for sections which address this topic.

Print Name

Date

Date

Witness

TRUMBULL COUNTY DRUG AND ALCOHOL EMPLOYEE AFFIRMATION

Trumbull County certifies that it will provide a drug free workplace to its employees in compliance with the Drug Free Workplace Program of Ohio Bureau of Worker's Compensation. In addition, employees will receive on-going education about the County's Drug Free Workplace programs and the dangers of drug use. The County will also provide supervisory and Union training to assist in identifying and addressing illegal drug use by employees.

By signing below, the undersigned certifies that they have:

1. Read and understand the "Drug and Alcohol Policy Statement" and agree to abide by its full terms.
2. Read and understand the "Compliance with the Drug Free Workplace Act" statement and agree to abide by its full terms.
3. Agreed to make a good faith effort to continue to maintain a drug and alcohol free workplace.
4. Been provided with a written copy of this policy.

08/05/2022
Date

TRUMBULL COUNTY CONSENT & RELEASE FORM FOR EMPLOYEES

I, [REDACTED] (applicant or employee name), as an employee/applicant of Trumbull County, hereby acknowledge that the County's policy requires me to submit to urine drug testing and/or breath alcohol testing. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system. I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program. I hereby and herewith release Trumbull County, its employees, agents and contractors from any and all liability whatsoever arising from the outside agent completing the actual testing procedures, and from decisions made because of those test results concerning my application for employment, or continuation of, employment based on results from the analysis. I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the Contractor's Medical Review Officer (MRO), and/or to the County's examining physician, as provided by the County's Policy.

I further acknowledge that the County has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

[REDACTED]
Employee Signature

[REDACTED]
Witness

08/04/2022
Date

8/9/2022
Date

RECEIPT OF OHIO ETHICS LAW STATEMENT

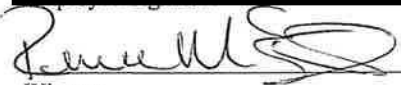
Public officials and public employees at (fill in your public entity) are subject to the requirements and restrictions of the Ohio Ethics Law. (Fill in your public entity) must provide each new employee or appointed or elected official with a copy of the Ohio Ethics Law and obtain written acknowledgement of receipt. Please acknowledge receipt by signing the form below.

The most current version of the Ohio Ethics Law and related statutes are available on-line at <https://www.ethics.ohio.gov/education/factsheets/ethicslaw.pdf> This link includes Chapter 102., and Sections 2921.42, 2921.421, and 2921.43 of the Revised Code.

I, , hereby acknowledge that I have
Print name

received from the public agency I serve (or the appointing authority) a copy of the Ohio Ethics Law and related statutes, Chapter 102., and Section 2921.42, of the Ohio Revised Code, in accordance with Section 102.09(D) of the Ohio Revised Code.


Print Name



Witness

08/09/2022
Date
8/9/2022
Date

Please note: The Ohio Ethics Commission also recommends that public entities furnish new public officials and employees with a document called "Overview of the Ohio Ethics Law." This document is a helpful accompaniment to the law itself as it explains and describes the law in layperson easy-to-understand terms. It also contains examples and links to fact sheets and advisory opinions that makes the Ethics Law understandable and relatable.



Instructions

- Complete this form to waive workers' compensation coverage for voluntary participation in employer-sponsored recreational activities or fitness programs.
- In the space provided, list all employer-sponsored recreational activities and fitness programs for which the employee wishes to waive workers' compensation coverage. Make a line through any blank spaces.
- The employee **must** sign and date this form to acknowledge agreement.
- The employer shall retain the original for his or her files and provide a copy to the employee.
- The employer should submit a copy to BWC **only when an employee files a claim** for an injury or occupational disease sustained in the employer-sponsored recreational activity or fitness program. For further information call 1-800-OHIOBWC (1-800-644-6292).

Employee name (please print)	[Redacted]	Date	[Redacted]
Employer name	Trumbull County Sheriff's Office	Risk number	20003881

Pursuant to Section 4123.01(C)(3) of the Ohio Revised Code (ORC), the employer and employee shall list those employer-sponsored recreational activities and fitness programs for which the employee wishes to waive all rights to compensation and benefits under Chapter 4123 of the ORC. The waiver must be signed and dated prior to the date of injury or, in an occupational disease claim, the date of disability. Should an employee sustain an injury or occupational disease in an employer-sponsored recreational activity or fitness program **which is not listed**, the employee may be eligible for workers' compensation benefits.

Recreational activities/Fitness programs -

- Excluding any injury or, in occupational disease during exercise or any activity in the Employer-Sponsored Fitness Center during both work and off duty hours.

The undersigned declares that he or she is a voluntary participant in the employer-sponsored recreational activities or fitness programs listed above. He or she hereby waives and relinquishes all rights to workers' compensation benefits under Chapter 4123 of the ORC for any injury or disability incurred while participating in the above activities or programs. This waiver is valid for two calendar years. The waiver may not bar any workers' compensation claim filed for death benefits by the employee's dependents.

[Redacted Signature]

Signature

08/09/2022

Date signed

U.S. Department of Labor

Wage and Hour Division

Fact Sheet #28: The Family and Medical Leave Act

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. This fact sheet provides general information about which employers are covered by the FMLA, when employees are eligible and entitled to take FMLA leave, and what rules apply when employees take FMLA leave.

COVERED EMPLOYERS

The FMLA only applies to employers that meet certain criteria. A covered employer is a:

- Private-sector employer, with 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including a joint employer or successor in interest to a covered employer;
- Public agency, including a local, state, or Federal government agency, regardless of the number of employees it employs; or
- Public or private elementary or secondary school, regardless of the number of employees it employs.

ELIGIBLE EMPLOYEES

Only eligible employees are entitled to take FMLA leave. An eligible employee is one who:

- Works for a covered employer;
- Has worked for the employer for at least 12 months;
- Has at least 1,250 hours of service for the employer during the 12-month period immediately preceding the leave*; and
- Works at a location where the employer has at least 50 employees within 75 miles.

* Special hours of service eligibility requirements apply to airline flight crew employees. See Fact Sheet 28J: Special Rules for Airline Flight Crew Employees under the Family and Medical Leave Act.

The 12 months of employment do not have to be consecutive. That means any time previously worked for the same employer (including seasonal work) could, in most cases, be used to meet the 12-month requirement. If the employee has a break in service that lasted seven years or more, the time worked prior to the break will not count unless the break is due to service covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA), or there is a written agreement, including a collective bargaining agreement, outlining the employer's intention to rehire the employee after the break in service. See "FMLA Special Rules for Returning Reservists".

LEAVE ENTITLEMENT

Eligible employees may take up to **12 workweeks** of leave in a 12-month period for one or more of the following reasons:

- The birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care;
- To care for a spouse, son, daughter, or parent who has a serious health condition;
- For a serious health condition that makes the employee unable to perform the essential functions of his or her job; or
- For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status.

An eligible employee may also take up to 26 workweeks of leave during a "single 12-month period" to care for a covered service member with a serious injury or illness, when the employee is the spouse, son, daughter, parent, or next of kin of the service member. The "single 12-month period" for military caregiver leave is different from the 12-month period used for other FMLA leave reasons. See Fact Sheets 28F: Qualifying Reasons under the FMLA and 28M: The Military Family Leave Provisions under the FMLA.

Under some circumstances, employees may take FMLA leave on an intermittent or reduced schedule basis. That means an employee may take leave in separate blocks of time or by reducing the time he or she works each day or week for a single qualifying reason. When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer's operations. If FMLA leave is for the birth, adoption, or foster placement of a child, use of intermittent or reduced schedule leave requires the employer's approval.

Under certain conditions, employees may choose, or employers may require employees, to "substitute" (run concurrently) accrued paid leave, such as sick or vacation leave, to cover some or all of the FMLA leave period. An employee's ability to substitute accrued paid leave is determined by the terms and conditions of the employer's normal leave policy.

NOTICE

Employees must comply with their employer's usual and customary requirements for requesting leave and provide enough information for their employer to reasonably determine whether the FMLA may apply to the leave request. Employees generally must request leave 30 days

8/09/2022

pc 8/9/2022

30 days in advance or is unforeseeable, employees must provide notice as soon as possible and practicable under the circumstances.

When an employee seeks leave for a FMLA-qualifying reason for the first time, the employee need not expressly assert FMLA rights or even mention the FMLA. If an employee later requests additional leave for the same qualifying condition, the employee must specifically reference either the qualifying reason for leave or the need for FMLA leave. See Fact Sheet 28E: Employee Notice Requirements under the FMLA.

Covered employers must:

- (1) Post a notice explaining rights and responsibilities under the FMLA. Covered employers may be subject to a civil money penalty for willful failure to post. For current penalty amounts, see www.dol.gov/whd/fmla/applicable_laws.htm;
- (2) Include information about the FMLA in their employee handbooks or provide information to new employees upon hire;
- (3) When an employee requests FMLA leave or the employer acquires knowledge that leave may be for a FMLA-qualifying reason, provide the employee with notice concerning his or her eligibility for FMLA leave and his or her rights and responsibilities under the FMLA; and
- (4) Notify employees whether leave is designated as FMLA leave and the amount of leave that will be deducted from the employee's FMLA entitlement.

See [Fact Sheet 28D](#): Employer Notice Requirements under the FMLA.

CERTIFICATION

When an employee requests FMLA leave due to his or her own serious health condition or a covered family member's serious health condition, the employer may require certification in support of the leave from a health care provider. An employer may also require second or third medical opinions (at the employer's expense) and periodic recertification of a serious health condition. See [Fact Sheet 28G](#): Certification of a Serious Health Condition under the FMLA. For information on certification requirements for military family leave, See [Fact Sheet 28M\(c\)](#): Qualifying Exigency Leave under the FMLA; [Fact Sheet 28M\(a\)](#): Military Caregiver Leave for a Current Service member under the FMLA; and [Fact Sheet 28M\(b\)](#): Military Caregiver Leave for a Veteran under the FMLA.

JOB RESTORATION AND HEALTH BENEFITS

Upon return from FMLA leave, an employee must be restored to his or her original job or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. An employee's use of FMLA leave cannot be counted against the employee under a "no-fault" attendance policy. Employers are also required to continue group health insurance coverage for an employee on FMLA leave under the same terms and conditions as if the employee had not taken leave. See Fact Sheet 28A: Employee Protections under the Family and Medical Leave Act.

OTHER PROVISIONS

Special rules apply to employees of local education agencies. Generally, these rules apply to intermittent or reduced schedule FMLA leave or the taking of FMLA leave near the end of a school term.

Salaried executive, administrative, and professional employees of covered employers who meet the Fair Labor Standards Act (FLSA) criteria for exemption from minimum wage and overtime under the FLSA regulations, 29 CFR Part 541, do not lose their FLSA-exempt status by using any unpaid FMLA leave. This special exception to the "salary basis" requirements for FLSA's exemption extends only to an eligible employee's use of FMLA leave.

ENFORCEMENT

It is unlawful for any employer to interfere with, restrain, or deny the exercise of or the attempt to exercise any right provided by the FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to the FMLA. See Fact Sheet 77B: Protections for Individuals under the FMLA. The Wage and Hour Division is responsible for administering and enforcing the FMLA for most employees. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress. If you believe that your rights under the FMLA have been violated, you may file a complaint with the Wage and Hour Division or file a private lawsuit against your employer in court.

For additional information, visit our Wage and Hour Division Website:

<http://www.wagehour.dol.gov> and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4-USWAGE (1-866-487-9243).

This publication is for general information and is not to be considered in the same light as official statements of position contained in the regulations.

U.S. Department of Labor
Frances Perkins Building
200 Constitution Avenue, NW
Washington, DC 20210

1-866-4-USWAGE
TTY: 1-866-487-9243
Contact Us

Lt. Timko,

[REDACTED] had been as assigned to afternoon turn for a couple weeks now with the patrol division. He has over [REDACTED] prior law enforcement experience with Niles Police Department prior to his employment with this agency. During the course of the last few weeks, I have been able to observe his performance and the way he speaks and interacts with the public on a variety of calls for service. I have not seen any issues with his conduct. He has acted in a safe professional manner at all times.

I see no issues with his ability to function in the capacity as deputy sheriff with this office. He has demonstrated a competent performance level and ability to work with his peers as a member of this team.

[REDACTED] has shown the ability to learn and retain new things and I see no further reason to keep him in a training status, there for I am clearing him from training to a bright future with the Trumbull County Sheriff Office.

Sgt Joseph E. Jones

8529069

eScreen

PO Box 25902

Overland Park, KS 66225-5902

(800) 881-0722



Lab Acct #: E0546640

Custody Control Form

7924359875

Lab ID: ALERE

Lab Panel ID: 1204

Lab Acct #: E0546640

Panels: 10 PANEL STANDARD (1204)



Toxicology

Lab Address:

450 Southlake Blvd
Richmond, VA 23200

eScreen

Company Account: 54664-0

STEP 1.

QUICKmed Urgent Care - Warren
2005 Elm Rd NE, Warren OH 44483
330-647-6800
Office Manager**Medical Review Officer**Heinen Medical Review
Dr. Brian N. Heinen
151 Leon Ave.
Eunice LA 70535

Step 2. TO BE COMPLETED BY COLLECTOR

Specimen temperature for urine specimens must be read within 4 minutes of collection.

Specimen temperature within range: Yes

Verified Donor ID ☒

Step 3. TO BE COMPLETED BY COLLECTOR AND DONOR

Collector affixes bottle seal on specimen.

Type:

☒ Urine ☐ Oral ☐ Blood ☐ Hair ☐ Breath ☐ Split Specimen

STEP 4. Reason For Test:

☐ Pre-employment ☐ Return To Duty ☐ Promotion ☐ Periodic Medical ☐ Random ☐ Diversion
☒ Post Accident ☐ Follow Up ☐ Transfer ☐ Reasonable suspicion/cause ☐ Other

Step 5. TO BE VERIFIED BY DONOR

Donor SSN

Date of Birth

Daytime Phone Number

Not Provided

Evening Phone Number

Drivers License

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, that the specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and on the label affixed to the specimen bottle is correct. I hereby authorize the collector and testing service or laboratory (specifically including, but not limited to, eScreen, Inc.) to release the results of the test to the Company/Employer or their Designee.

Donor's Name

3/18/2023 11:21 AM

Date & Time

Step 6. TO BE VERIFIED BY COLLECTOR

Name of Collection Site, Address, City, ST, Zip

QUICKmed Urgent Care - Warren

2005 Elm Rd NE

Warren OH 44483

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Step 5 of this custody control form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable requirements.

Kelly Reinhart

Collector's Name

3/18/2023 11:21 AM

Date & Time

Collection Site ID

54664

Signature of Collector

Remarks:

Step 7. RECEIVED AT LAB

Shipper:

X

Signature of Accessioner

PRINT Accessioner Name (First MI Last)

Date (Mo/Dy/Yr)

Primary Specimen Seal Intact?

☐ Yes ☐ NoSpecimen(s) Released To:
TEMPORARY STORAGE

Remarks:

LAB NUMBER

ORIGINAL MUST ACCOMPANY SPECIMEN TO LABORATORY

Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name

(Print)

B: SSN or Employee ID No.

C: Employer Name

Street

City, State, ZIP

DER Name and

Telephone No.

DER Name

DER (Area Code & Phone Number)

D: Reason for Test: ☐ Random ☐ Reasonable Susp. ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on

Signature of Employee

Date Month / Day / Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☒ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp. Date	Activation Time	Reading Time	Result
--------	---------------------	--------------------------------------	-----------------	--------------	--------

CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Alcohol Technician's Company

Company Street Address

(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company City, State, Zip

Phone Number (Area Code & Number)

Signature of Alcohol Technician

Date Month / Day / Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS POSITIVE

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee

Date Month / Day / Year

Intoximeters ASV XL

Test Number: 155

Serial Number: 20224

Test Date: 03/18/2023

Test Time: 11:12:01

Test Temperature: 21.8°C

Test Type: Screening

BAT ID:

kelly reinhart rtr

Donor ID:

Company Name:

Trumbull Con. Sheriff

Reason for Test:

Post Accident

Type	g/210L	Time
BLNK	0.000	11:12:59
SUBJ	0.000	11:13:23

Test Status: Success

Reasonable Cause
Drug & Alcohol Testing

- Remove employee from the work area and place in a private location.
- Contact *Toxicology Enterprises Inc.* at (330) 373-1259 to arrange an on-site drug and alcohol test.
- REFUSAL TO COOPERATE WITH TESTING WILL RESULT IN TERMINATION.
- If employee attempts to leave the premises, call the local authorities immediately. If possible, obtain the license number and make of the car.
- The employee is responsible for getting a ride home. DO NOT allow anyone from the facility to drive the employee home. DO NOT make any phone calls for the employee.
- Maintain confidentiality (need to know basis).
- Complete Reasonable Suspicion Checklist and turn in HR within 24 hours.
- Notify HR within 24 hours.

TOXICOLOGY ENTERPRISES, INC.
197 West Market Street Suite 501
Warren, Ohio 44481
Phone: (330) 373-1259

Reason: [REDACTED]Name of Observed Employee: [REDACTED]Location: MANROCK AND MAHONINGTime: 0853 a.m.

p.m.

Date: 3-18-23

When there is reasonable suspicion that an employee at work is unfit for duty, the supervisor or manager observing the behavior as well as another supervisor/manager as witness, if possible, must complete the checklist below. Where "Other" is checked, please describe.

Observation Checklist

Walking:

☐ Holding on
☐ Unsteady
☐ Falling

☐ Stumbling
☐ Staggering
☒ Other: NORMAL

☐ Unable to walk
☐ Swaying

Standing:

☐ Swaying
☐ Rigid
☒ Other: NORMAL

☐ Feet wide apart
☐ Staggering

☐ Unable to walk
☐ Sagging at knees

Speech:

☐ Whispering
☐ Incoherent
☐ Rambling
☒ Other: NORMAL

☐ Slurred
☐ Slobbering
☐ Mute

☐ Shouting
☐ Silent
☐ Slow

Demeanor:

☒ Cooperative
☐ Sarcastic
☐ Sleeping on the job
☐ Other: _____

☒ Calm
☐ Sleepy

☐ Talkative
☐ Crying
☐ Argumentative
☐ Polite
☐ Silent
☐ Excited

Actions:

☐ Hostile
☐ Threatening
☐ Resisting Communication
☐ Fighting
☐ Hyperactive

☐ Profanity
☐ Erratic
☐ Other: NORMAL
☐ Drowsy
☐ Calm

Eyes:

☐ Bloodshot
☐ Glassy

☐ Watery
☐ Closed

☐ Droopy
☐ Other: NORMAL
☐ Dilated

Face:

☐ Flushed
☐ Other: _____

☐ Pale

☐ Sweaty

Appearance/
Clothing:

☒ Neat
☐ Stains on clothing
☐ Unruly

☐ Messy
☐ Having odor
☐ Dirty
☐ Partially dressed

Breath:

☒ No alcoholic odor
☐ Alcoholic odor

☐ Faint alcoholic odor
☐ Sweet/Pungent tobacco odor

Movements:

☐ Fumbling
☐ Slow
☐ Other: _____
☐ Jerky
☒ Normal

☐ Nervous
☐ Hyperactive

Reasonable Suspicion/Post Accident Form, Page 2

Eating/Chewing: ☐ Gum ☐ Candy ☐ Mints
☐ Other: None

Miscellaneous: ☐ Presence of alcohol and/or drugs in associate's possession or vicinity.
☐ On-the-job misconduct by employee.
☐ Employee admission concerning alcohol use and/or drug use or possession.
☐ If there are witnesses to employee's conduct, list below:

Other Observations: (if accident, provide details)

Was Struck By Vehicle Making a Left Turn from Mahoning onto
Monroe St.

Employee's Explanation of Reasons for His/Her Conduct:

See Report 

Once above portion of form has been completed by you and a witness, you are now ready to take a position with the Employee. Be certain to follow company procedures as outlined in the Drug-Free Workplace Policy.

☒ Employee has agreed to testing (Check One)

☐ Employee has not agreed to testing.


Supervisor/Manager Signature

3-18-23
Date


Witness Signature

3-18-23
Date

REASONABLE SUSPICION/POST ACCIDENT FORM

Post Accident Checklist (Check item(s) that apply):

Accident resulting in a fatality

 Accident requires employee(s) to go for offsite medical attention

_____ Accident resulting in damage to property greater than \$500.00

 X Accident resulting in vehicle damage greater than \$1000.00

Comments: (describe employee's behavior at time of incident)

NO Adverse Behavior

Check One:

X Employee was reminded of testing.

 Employee has not agreed to testing

Supervisor's signature

Date _____

Witness signature

Date _____

Do not presume, demand proof

Best practices ensure consideration of rebuttable presumption

Under specified circumstances (noted below), effective for claims with dates of injury on or after Oct. 13, 2004, House Bill 223 – the rebuttable presumption law – places the burden of proof on an employee to prove that alcohol or drugs in his or her system was not the proximate cause of an injury at work. To maximize the likelihood of a successful challenge in relationship to a workers' compensation claim, an employer should:

- Have in place a written drug-free policy that addresses consequences of substance use in violation of the employer's policy, including, but not limited to, the employer's intent to seek disallowance of a workers' compensation claim documented by a positive drug or alcohol test or a refusal to test. Have the policy reviewed by legal counsel that has a background in employment law and drug-free case law;
- Use the Ohio Bureau of Workers' Compensation's (BWC's) drug-free program design as a model or participate in a BWC drug-free program to have testing in place that will allow consideration of rebuttable presumption. Clearly explain in policy that rebuttable presumption means a positive test for alcohol or any of nine specified controlled substances (drugs) or a refusal to be tested can create a presumption that the presence of alcohol/drugs in an employee's system is the proximate cause of a work-related injury, which may make the injured workers' claim non-compensable;
- Conspicuously post the required written notice, which BWC provided, to inform employees that the bureau may disallow workers' compensation benefits if they use drugs or alcohol and cause an injury to themselves. Then, educate all employees about this beyond simply posting the notice in the interest of compliance and prevention;
- If you have collective bargaining agreements, ensure you bargain this with all of your unions;
- Train all supervisors and managers to do a thorough post-accident investigation, especially when an injury occurs. They should be prepared to obtain documentation of a reasonable cause for testing to have occurred or to have been requested;
- Ensure you obtain eye-witness co-worker affidavits to confirm a reasonable cause for testing and provide clear documentation of reasonable cause for testing;
- Ensure all aspects of substance testing follow federal testing guidelines to obtain accurate test results, buffer the employer from legal liability and have in place maximum protections for employee rights;
- Ensure that specimen collection for an alcohol test occurs as close to the time of the injury as possible but no later than eight hours after this event and that specimen collection for a drug test occurs no later than 32 hours after the accident/injury;
- Arrange with a collection site or sites to do alcohol and drug testing in compliance with the federal testing model, and identify the drugs you want tested. Ensure the collection site uses the services of a certified medical review officer, and a laboratory certified by the Substance Abuse and Mental Health Services Administration for urine drug analysis.

CFS SUMMARY

CFS#				RECEIVED DATE/TIME		INCIDENT NUMBER		
				03-18-2023 08:53		INCIDENT DATE/TIME		
						03-18-2023 08:53 AM		
DESCRIPTIVES	ACTIVITY			OTHER CONTACTS				
	CALL ORIGIN			RP/DS				
	10 DIGIT LINE							
	DISPATCHER							
	0 -							
	RESPONSE							
	DISPOSITION							
	REPORT TAKEN							
CALLER	NAME			CALL BACK		PHONE		
	50							
LOCATION	ADDRESS							
	MAHONING AVE NW/MONROE ST NW, WARREN, OH 44483							
	LOCATION					TOWNSHIP		
						WARREN TOWNSHIP		
	GRID			PATROL AREA				
	CENTER			CENTER				
CALL DESCRIPTION	CALL TAKEN BY: 0 DISPATCHED BY: 0 03/18/2023 08:53:42 - GBAKER - CRUISER INVOLVED CRASH 03/18/2023 08:59:54 - GBAKER - REQ MAY'S FOR CRUISER 03/18/2023 09:01:59 - TBUZZELLI - 4724 MAYS ALSO FOR A SECOND UNIT 03/18/2023 09:04:00 - AGILGER - REGISTRATION BY PLATE (JLT2468, OH, PC, 2023) 03/18/2023 09:04:01 - AGILGER - PERSON BY SSN 03/18/2023 09:04:09 - TBUZZELLI - 4724 ALSO FD FOR FLUIDS ON ROADWAY 03/18/2023 09:04:38 - TBUZZELLI - MAYS SENDING FLATBED 03/18/2023 09:04:57 - TBUZZELLI - FD AND MAYS ADVISED/4724 UPDATED 03/18/2023 09:05:01 - AGILGER - REGISTRATION BY VIN (1FM5K8ABXNGB58712, OH) 03/18/2023 09:06:29 - AGILGER - PERSON BY OLN 03/18/2023 09:06:33 - AGILGER - PERSON BY SSN 03/18/2023 09:31:15 - TBUZZELLI - 4724 CLEAR/RPT							
	DISPATCHED UNITS	AGENCY	UNIT	OFFICER	DISPATCH	ENROUTE	ONSCENE	CLEAR
TCSO				08:53	08:53	08:53	09:25	32
WARREN PD		4724		08:54		08:57	09:31	37
TCSO		03378	WIX, SGT. HAROLD	08:57	08:57	09:15	09:25	28

ADMINISTRATIVE	AGENCY NAME TRUMBULL COUNTY SHERIFF'S OFFICE				*INCIDENT NUMBER INVESTIGATIVE NUMBER [REDACTED]						
	CALL NUMBER		*GEO CODE WARREN		*CLEARANCES						
	TOD 08:53		☒ INCIDENT (NON-CRIMINAL)		A ☐ Death of Suspect G ☐ Arrest - Juvenile						
	TOA 08:53		☐ OFFENSE		B ☐ Prosecution Declined H ☐ Warrant Issued						
	TOC 09:25		☐ SUPPLEMENT		C ☐ Extradition Denied I ☐ Invest Pending						
	Printed: 03-20-2023 07:19				*CLEARANCE DATE 03-18-2023						
	OHIO UNIFORM INCIDENT REPORT				Cleared BY 09128						
	*REPORT DATE/TIME				*INCIDENT OCCURED FROM						
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME			
	03	18	2023	08:53	03	18	2023	08:53			
	INCIDENT LOCATION (Street, Apt. City, State, Zip) MONROE ST NW/ MAHONING AVE NW, WARREN, OH 44481										
OFFENSE	*OFFENSE		*OFFENSE CODE		*A/C	*F/M & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY	
	1. ACCIDENT		1. ACC							1. 2. 3. (Enter up to three for each offense)	
	2.		2.							1. 2. 3. B - Buying/Rec.	
	3.		3.							1. 2. 3. C - Cultivating/Mfg./Pub.	
	4.		4.							1. 2. 3. D - Distributing/Selling	
	5.		5.							1. 2. 3. E - Exploiting Children	
										1. 2. 3. O - Oper/Promoting/Ass.	
										1. 2. 3. P - Possessing/Concealing	
										1. 2. 3. T - Transp/Transmitting	
										1. 2. 3. U - Using/Consuming	
	*LOCATION OF OFFENSE (Enter up to two)										
	1. 2. 12 Jail/Prison 59 Daycare Facility 40 Other Retail Store OTHER										
	RESIDENTIAL STR 13 Parking Garage 41 Factory/Mill/Plant 53 Abandoned /										
	01 Single Family 14 Other Public Access Build 42 Other Building 55 Arena / Stadium										
	02 Multiple Dweli 15 Auto Shop 43 Yard 58 Cargo Container										
	03 Residential Fa 16 Financial Institution 44 Construction Site 60 Dock/Wharf/Freight/										
	04 Other Resident 17 Barber/Beauty Shop 45 Lake/Waterway Modal Terminal										
	05 Garage/Shed 18 Hotel/Motel 46 Fields/Woods 61 Farm Facility										
	PUBLIC ACCESS B 19 Dry Cleaners/Laundry 47 Street 62 Gambling Facility/										
	06 Transit Facility 20 Professional Office 48 Parking Lot Casino/Race Track										
	07 Government O 21 Doctor's Office 49 Park/Playground 63 Military Installation										
	08 School 22 Other Business Office 50 Cemetery 65 Shelter-Mission/										
	09 College 23 Amusement Center 51 Public Transit Vehicle Homeless										
	67 Library 24 Rental Storage Facility 52 Other Outside Location 66 Tribal Lands										
	10 Church 25 Other Commercial Servc 57 Camp/Campground 77 Other										
	11 Hospital 56 ATM Machine Separate fr 64 Rest Area										
	*SUSPECTED OF USING										
	☐ A ALCOHOL										
	☐ D DRUGS										
	☐ C COMPUTER EQUIPMENT										
	☐ N NOT APPLICABLE										
	*TYPE WEAPON/FORCE USED										
	1. 2. 3. (Enter up to Three Codes)										
	*METHOD OF ENTRY										
	☐ FORCE										
	☐ NO FORCE										
	*NO. PREMISES ENTERED										
	*METHOD OF ENTRY - MOTOR VEHICLE THEFT										
	☐ 01 MOTOR RUNNING/KEYS IN CAR										
	☐ 02 UNLOCKED										
	☐ 03 DUPLICATE KEY USED										
	☐ 04 WINDOW BROKEN										
	☐ 05 TOWED										
	☐ 06 HOT WIRE										
	☐ 07 SLIM/JIM/COAT HANGER										
	☐ 08 TUMBLERS REMOVED										
	☐ 09 COLUMN PEELED										
	☐ 10 IGNITION PEELED										
	*METHOD OF ENTRY - BURGLARY/B & E										
	ENTRY EXIT ENTRY EXIT ENTRY EXIT										
	☐ 1. BASEMENT ☐ 1. DOOR ☐ 1. FRONT ☐										
	☐ 2. 1st FLOOR ☐ 2. WINDOW ☐ 2. SIDE ☐										
	☐ 3. 2nd FLOOR ☐ 3. GARAGE ☐ 3. REAR ☐										
	☐ 4. OTHER ☐ 4. SKYLIGHT ☐ 4. ROOF ☐										
	☐ 5. OTHER ☐ 5. OTHER ☐										
	METHODS OF OPERATION										
	CARGO THEFT										
	☐ Y ☐ N										
VICTIM	*NO.	*TOTAL VICTIMS	*VICTIM TYPE	☐ I INDIVIDUAL	☐ F FINANCIAL INSTITUTION	☐ P POLICE OFFICER (IN THE LINE OF DUTY)	☐ S SOCIETY	☐ O OTHER			
				☐ B BUSINESS	☐ G GOVERNMENT	☐ R RELIGIOUS ORGANIZATION	☐ U UNKNOWN				
	NAME (Last, First, Middle)								PHONE		
	ADDRESS (Street, Apt., City, State, Zip)								PHONE		
	EMPLOYER NAME AND (Street, Apt., City, State, Zip)								ADDRESS		
	*AGE/ D.O.B.	*SEX	*RACE	☐ B ☐ A	HEIGHT	WEIGHT	HAIR	EYES			
				☐ W ☐ I ☐ U							
	OCCUPATION	SSN	*RESIDENT STATUS	☐ RESIDENT	☐ MILITARY	☐ OTHER					
				☐ TOURIST	☐ STUDENT	☐ UNKNOWN					
	☐ VICTIM INJURED	IF INJURED DESCRIBE INJURIES									
*AGG. ASLT/HOMICIDE CIR.		*VICTIM/SUSPECT RELATIONSHIP			*VICTIM/OFFENSE LINK						
		0 1 2 3 4 5									
My signature verifies that the information on this report is accurate and true											
DATE											
REPORTING OFFICER						BADGE NO.	DATE				
							03-18-2023				
APPROVING OFFICER						BADGE NO.	DATE				
WIX, SGT. HAROLD						03378					
☐ FOLLOW UP		If yes, follow-up assignment									
ADDITIONAL SUPPLEMENTS		☐ VICTIM/WITNESS	☐ PROPERTY	☐ STATEMENTS	FORM RECEIVED BY:	☐ INTELLIGENCE	SPECIAL COPIES				
		☐ SUSPECT/ARRESTEE	☐ NARRATIVE	☒ OTHER	☐ INVESTIGATION	☐ RECORDS					

INCIDENT REPORT - PART 2										INCIDENT NUMBER		[REDACTED]				
OFFENSE										INCIDENT DATE/TIME				03-18-2023 08:53		
REPORTER	NO. 1		NAME (Last, First, Middle)						[REDACTED]		*AGE/ D.O.B		SSN			
	ADDRESS (Street, Apt., City, State, Zip)											PHONE				
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)											PHONE				
	☐ STATEMENTS OBTAINED		TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER													
VEHICLE	CHECK CATEGORIES ☐ STOLEN ☐ RECOVERED ☐ IMPOUNDED ☐ RECEIVED ☐ SUSPECT'S VEHICLE ☐ VICTIM'S VEHICLE ☐ UNAUTH. USE ☐ ABANDONED															
	NO.		☐ DAMAGE TO VEHICLE ☐ THEFT FROM VEHICLE		LIC		LIS		LIY		LIT		VIN/OAN		*VALUE	
	VYR		VMA		VMO		VST		VCO TOP BOTTOM		☐ VEHICLE LOCKED		☐ KEYS IN VEHICLE		☐ HOLD VEHICLE ☐ RELEASE CONTENTS	
	VEHICLE ASSOC W/ SUSPECT #			VEHICLE ASSOC W/ VICTIM #			☐ VEHICLE TOWED		TOWED BY			OWNERSHIP VERIFIED BY: ☐ TAG RECEIPT ☐ TITLE ☐ BILL. OF SALE ☐ OTHER				
	STOLEN MOTOR VEHICLE ONLY		NO. STOLEN		AREA STOLEN: ☐ RESID. ☐ BUSINESS ☐ RURAL		ADDITIONAL DESCRIPTION									
	AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)											PHONE				
	MOTOR VEHICLE RECOVERY ONLY		NO. RECOVERED		DATE RECOVERED		☐ STOLEN IN YOUR JURISDICTION WHERE RECOVERED?									
	*TYPE PROPERTY LOSS (Enter Code Below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ECT. 6 SEIZED 7 RECOVERED U UNKNOWN P PHOTO E EVIDENCE														TOTAL VALUE	
	*LOSS CODE		QUANTITY		DESCRIPTION								*PROP CODE		*VALUE	
	VICT. NO		VEH. NO		MAKE/BRAND				MAKE/BRAND				DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER				OTHER NUMBER								
*LOSS CODE		QUANTITY		DESCRIPTION								*PROP CODE		*VALUE		
VICT. NO		VEH. NO		MAKE/BRAND				MAKE/BRAND				DATE RECOVERED				
		SERIAL NUMBER		NCIC NUMBER				OTHER NUMBER								
*LOSS CODE		QUANTITY		DESCRIPTION								*PROP CODE		*VALUE		
VICT. NO		VEH. NO		MAKE/BRAND				MAKE/BRAND				DATE RECOVERED				
		SERIAL NUMBER		NCIC NUMBER				OTHER NUMBER								
PROPERTY CODES:		EXCHANGE MEDIUMS		PERSONAL EFFECTS		22 Photographic Equipment		72 Musical Instruments		VEHICLES		STRUCTURES				
01 Money		11 Clothing/Furs		23 Farm Equipment		24 Heavy Construction		73 Portable Electronic Equip.		35 Aircraft		46 Single Occupancy				
02 Credit/Debit Card		12 Purses/Handbags/Wallets		25 Building Supplies		26 Tools		74 Watercraft Equip./Parts/ACC.		36 Automobiles		47 Other Dwellings				
03 Negotiable Instruments		13 Other Personal Effects		27 Vehicle Parts/Accessories		28 Aircraft Parts/Accessories		75 Other Equipment		37 Bicycles		48 Commercial/Bus.				
04 Other Exchange Mediums		HOUSHOLD ITEMS		29 School Supplies		30 Alcohol		76 Consumable Items		38 Buses		49 Indus./Mfg.				
DOCUMENTS		14 Household Items		50 Artistic Supplies/Accessories		51 Camping/Hunting/Fishing Equipment/Supplies		77 Drugs/Narcotics		39 Trucks		50 Public/Comm.				
05 Non-Negotiable Instruments		EQUIPMENT		52 Law Enforcement Equip.		60 Chemicals		78 Recreational Veh.		40 Trailers		51 Storage				
06 Personal Papers		15 Drug/Narcotic Equip.		53 Lawn/Yard/Garden Equip.		61 Crops		79 Other Motor Veh.		41 Watercraft		52 Other Structure				
07 Other Documents		16 Gambling Equipment		54 Logging Equipment		62 Explosives				42 Recreation Veh.		OTHER				
08 Jewelry/Precious Metals		17 Computer Hardware/Soft.		63 Law Enforcement Equip.		63 Explosives				43 Other Motor Veh.		53 Merchandise				
09 Art Objects, Antiques		18 Office Equipment		64 Lawn/Yard/Garden Equip.		64 Fuel				44 Firearms		54 Other Property				
		19 Stereo TV Equipment		65 Logging Equipment		65 Fuel				45 Other Weapons		55 Pending Inventory				
		20 Recordings -Audio Vis.		66 Medical/Medical Lab Equip.		66 Livestock				46 Firearm Accessories		56 Identity-Intangible				
		21 Sports Equipment				67 Household Pets						57 Metals, Non-Precious				
NARRATIVE																

ADDITIONAL PERSONS SUPPLEMENT

INCIDENT NUMBER				[REDACTED]	
VICTIM		OFFENSE		INCIDENT DATE/TIME	
				03-18-2023 08:53	

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	1	MALONEY, RONNA LEE			D - DRIVER OF VEHICLE	
	GENDER	F	RACE	W	AGE/ D.O.B	52 12-03-1970
	SSN					[REDACTED]
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
380 TOWSON DR NW, WARREN, OH 44483						
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE	
☐ STATEMENTS OBTAINED TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER						

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	2	[REDACTED]			D - DRIVER OF VEHICLE	
	GENDER	M	RACE	W	AGE/ D.O.B	[REDACTED]
	SSN					[REDACTED]
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
[REDACTED]						
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE	
☐ STATEMENTS OBTAINED TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER						

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	SSN					
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
[REDACTED]						
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE	
☐ STATEMENTS OBTAINED TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER						

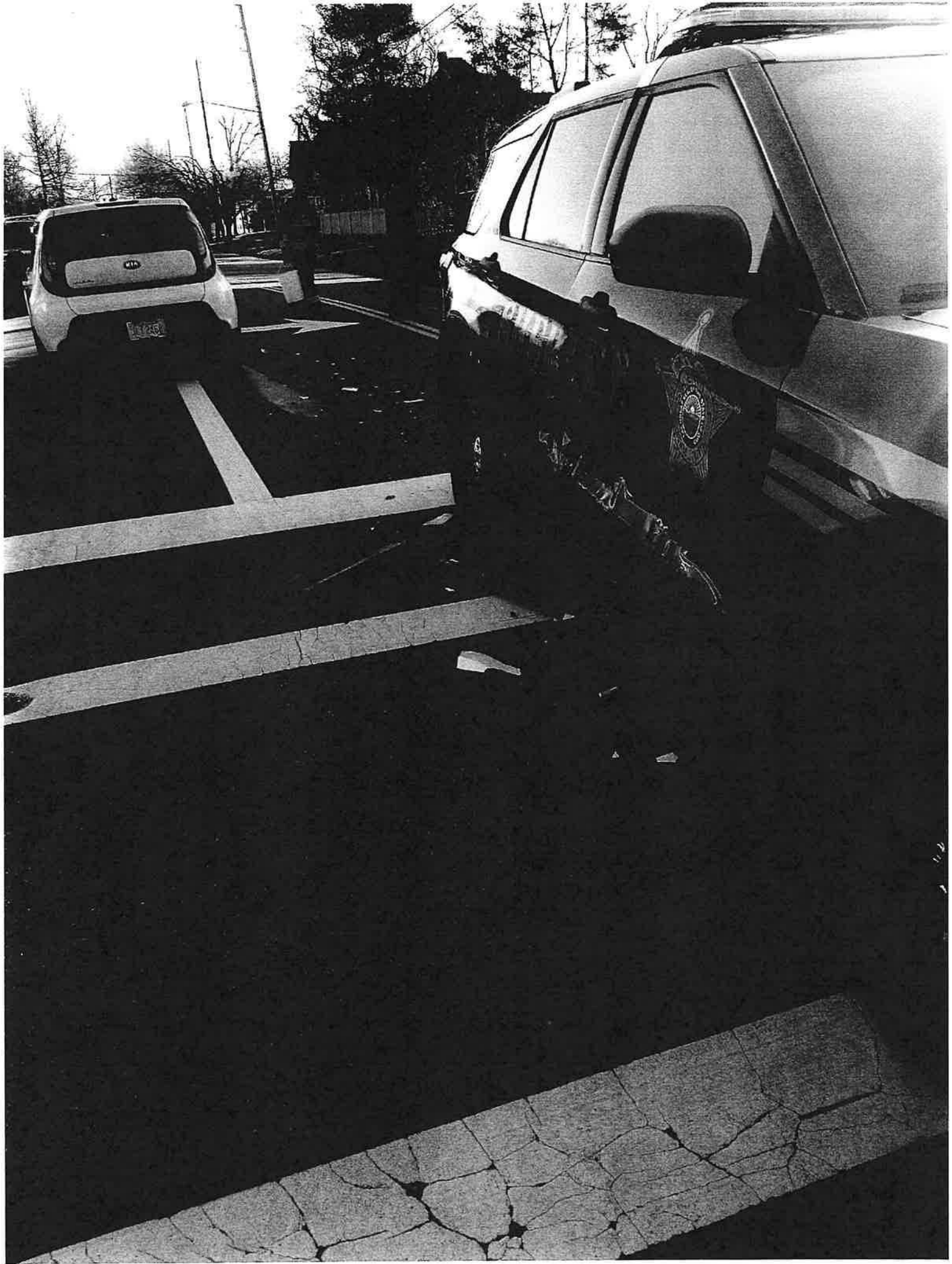
PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	SSN					
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
[REDACTED]						
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE	
☐ STATEMENTS OBTAINED TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER						

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	SSN					
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
[REDACTED]						
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE	
☐ STATEMENTS OBTAINED TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER						

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	SSN					
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
[REDACTED]						
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE	
☐ STATEMENTS OBTAINED TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER						

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	SSN					
	ADDRESS (Street, Apt., City, State, Zip)					PHONE
[REDACTED]						
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE	
☐ STATEMENTS OBTAINED TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER						

REPORTING OFFICER/ARRESTING OFFICER				BADGE NO.	DATE
[REDACTED]				[REDACTED]	03-18-2023
APPROVING OFFICER				BADGE NO.	DATE
WIX, SGT. HAROLD				03378	









TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

☐ PHOTOS TAKEN		☐ OH-2		☐ OH-3		LOCAL INFORMATION		NCIC *		HIT/SKIP 1 - SOLVED 2 - UNSOLVED		NUMBER OF UNITS 2		UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN	
☐ SECONDARY CRASH		☒ OH-1P		☐ OTHER		REPORTING AGENCY NAME *		07807		CRASH DATE / TIME *		03/18/2023 08:53		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY	
COUNTY * 78		LOCALITY * 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 1		LOCATION: CITY, VILLAGE, TOWNSHIP * WARREN		LOCATION ROAD NAME MONROE		ROAD TYPE ST		LATITUDE DECIMAL DEGREES 41.239529		LONGITUDE DECIMAL DEGREES -80.822708		INTERSECTION RELATED ☐ WITHIN INTERSECTION OR ON APPROACH ☐ WITHIN INTERCHANGE AREA	
ROUTE TYPE		ROUTE NUMBER		PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) MAHONING		ROAD TYPE AV		ROADWAY ☐ ROADWAY DIVIDED		NUMBER OF APPROACHES		ROADWAY	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE		ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS		RD - ROAD LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PL - PIKE PL - PLACE		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST		MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (> 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN			
DISTANCE FROM REFERENCE 5.00		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS		LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN		CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN		SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN	
☐ WORK ZONE RELATED ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT ☐ ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL		LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN		NARRATIVE Unit #1 was traveling South on Mahoning Ave. Unit #2 was sitting stationary on Monroe at the intersection of Mahoning Ave in the turning lane. Unit #1 made an East bound turn onto Monroe, driving directly into Unit #2 which was still sitting stationary in the turning lane. Unit #1's passenger side front bumper made contact with Unit #2's passenger side doors. Disabling damage caused to both units.		Mahoning Ave		Monroe St		South St	
CRASH REPORTED DATE / TIME 03/18/2023 08:53		DISPATCH DATE / TIME 03/18/2023 08:54		ARRIVAL DATE / TIME 03/18/2023 08:57		SCENE CLEARED DATE / TIME 03/18/2023 09:31		REPORT TAKEN BY ☐ POLICE AGENCY ☒ MOTORIST							
TOTAL TIME ROADWAY CLOSED 0		OTHER INVESTIGATION TIME 0		TOTAL MINUTES 37		OFFICER'S NAME * 2259		CHECKED BY OFFICER'S NAME * 630		OFFICER'S BADGE NUMBER * 4724		CHECKED BY OFFICER'S BADGE NUMBER * 4685		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	

OWNER	UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER MALONEY, RONNA, LEE	OWNER PHONE: INCLUDE AREA CODE () SAME AS DRIVER
	OWNER ADDRESS: STREET, CITY, STATE, ZIP () SAME AS DRIVER 380 TOWSON DR NW, WARREN, OH, 44483		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		

LP STATE OH	LICENSE PLATE # JLT2468	VEHICLE IDENTIFICATION # KNDJN2A29G7272002	VEHICLE YEAR 2016	VEHICLE MAKE KIA
☒ INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY #	COLOR WHI	VEHICLE MODEL SOUL

☐ COMMERCIAL	☐ GOVERNMENT	☐ IN EMERGENCY RESPONSE	US DOT #	TOWED BY: COMPANY NAME MAYS
☐ INTERLOCK DEVICE EQUIPPED	☐ HIT/SKIP UNIT	# OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR 1 - ≤ 10K LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS. 1	HAZARDOUS MATERIAL CLASS # PLACARD ID #

UNIT TYPE 1	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
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# OF TRAILING UNITS 0	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN 2	AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN
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SPECIAL FUNCTION 1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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CARGO BODY TYPE 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN / ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN
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VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN
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NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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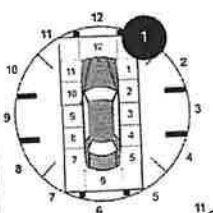
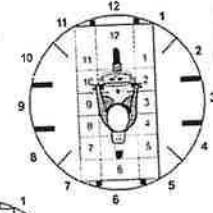
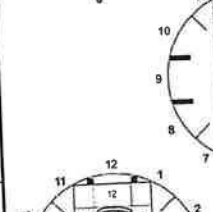
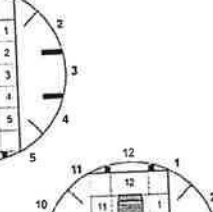
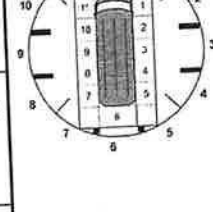
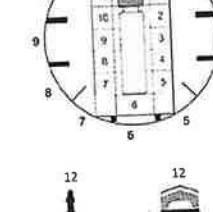
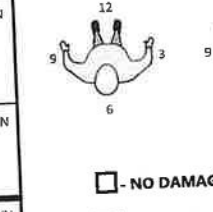
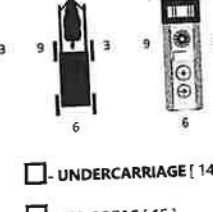
ACTION 3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 6 - PRE-CRASH ACTIONS 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST
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CONTRIBUTING CIRCUMSTANCES 99	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
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COLLISION WITH FIXED OBJECT - STRUCK	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1
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LOCAL REPORT NUMBER [REDACTED]	
DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 4	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
☐ - NO DAMAGE [0] ☐ - UNDERCARRIAGE [14] ☐ - TOP [13] ☐ - ALL AREAS [15] ☐ - UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 1	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL 6
# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 3	
UNIT SPEED 25	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

Ohio Department of Public Safety **UNIT**

OWNER		LOCAL REPORT NUMBER	
UNIT # 2		DAMAGE	
OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER		DAMAGE SCALE	
OWNER ADDRESS: STREET, CITY, STATE, ZIP () AS DRIVER		1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
150 HIGH STREET, WARREN, OH, 44483		DAMAGED AREAS	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		INDICATE ALL THAT APPLY	
COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE			
LP STATE			
LICENSE PLATE #			
VEHICLE IDENTIFICATION #			
1FM5K8ABXNGB58712		VEHICLE YEAR	
INSURANCE COMPANY		2022	
COUNTY RISK		VEHICLE MAKE	
INSURANCE POLICY #		FORD	
US DOT #		COLOR	
TOWED BY: COMPANY NAME		BLK	
MAYS		VEHICLE MODEL	
HAZARDOUS MATERIAL		EXPLORER	
CLASS #		PLACARD ID #	
PLACARD			
TYPE OF USE			
IN EMERGENCY RESPONSE			
COMMERCIAL			
GOVERNMENT			
INTERLOCK DEVICE EQUIPPED			
HIT/SKIP UNIT			
# OCCUPANTS			
1			
VEHICLE WEIGHT GVWR/GCWR			
1 - <10K LBS.			
2 - 10,001 - 26K LBS.			
3 - > 26K LBS.			
UNIT TYPE			
1			
# OF TRAILING UNITS			
0			
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?			
0 - NO AUTOMATION			
1 - DRIVER ASSISTANCE			
2 - PARTIAL AUTOMATION			
3 - FULL AUTOMATION			
1 - YES			
2 - NO			
3 - OTHER / UNKNOWN			
SPECIAL FUNCTION			
20			
CARGO BODY TYPE			
1			
VEHICLE DEFECTS			
1			
NON-MOTORIST LOCATION AT IMPACT			
4			
ACTION			
11			
CONTRIBUTING CIRCUMSTANCES			
1			
SEQUENCE OF EVENTS			
25			
EVENTS			
1			
COLLISION WITH FIXED OBJECT - STRUCK			
1			
FIRST HARMFUL EVENT			
1			

TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
FROM 3 TO 4	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
UNIT SPEED	DETECTED SPEED
0	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED	
25	

PAGE 3 OF 5

Motorist / Non-Motorist

LOCAL REPORT NUMBER																	
DATE OF BIRTH																	
AGE																	
GENDER																	
UNIT #	NAME: LAST, FIRST, MIDDLE																
1	MALONEY, RONNA, LEE																
ADDRESS: STREET, CITY, STATE, ZIP																	
380 TOWSON DR NW, WARREN, OH, 44483																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED								
5				4		1	1	1	1								
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER									
OH				331.34		"FAILURE TO CONTROL, WEAVING F		20917									
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)							
4			1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1		STATUS TYPE VALUE		STATUS TYPE RESULTS SELECT UP TO 4							
DATE OF BIRTH										AGE		GENDER					
CONTACT PHONE - INCLUDE AREA CODE																	
UNIT #	NAME: LAST, FIRST, MIDDLE																
2																	
ADDRESS: STREET, CITY, STATE, ZIP																	
150 HIGH STREET, WARREN, OH, 44483																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED								
5				4		1	1	1	1								
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER									
OH																	
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)							
4			1	☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG		1		STATUS TYPE VALUE		STATUS TYPE RESULTS SELECT UP TO 4							
DATE OF BIRTH										AGE		GENDER					
CONTACT PHONE - INCLUDE AREA CODE																	
UNIT #	NAME: LAST, FIRST, MIDDLE																
ADDRESS: STREET, CITY, STATE, ZIP																	
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	☐ DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED								
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER									
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		DRUG TEST(S)							
				☐ ALCOHOL ☐ MARIJUANA ☐ OTHER DRUG				STATUS TYPE VALUE		STATUS TYPE RESULTS SELECT UP TO 4							
DATE OF BIRTH										AGE		GENDER					
CONTACT PHONE - INCLUDE AREA CODE																	
INJURIES										SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED	
1 - FATAL										1		1		1		1	
2 - SUSPECTED SERIOUS INJURY																	
3 - SUSPECTED MINOR INJURY																	
4 - POSSIBLE INJURY																	
5 - NO APPARENT INJURY																	
INJURIES TAKEN BY																	
1 - NOT TRANSPORTED / TREATED AT SCENE																	
2 - EMS																	
3 - POLICE																	
9 - OTHER / UNKNOWN																	
SAFETY EQUIPMENT																	
1 - NONE USED																	
2 - SHOULDER BELT ONLY USED																	
3 - LAP BELT ONLY USED																	
4 - SHOULDER & LAP BELT USED																	
5 - CHILD RESTRAINT SYSTEM - FORWARD FACING																	
6 - CHILD RESTRAINT SYSTEM - REAR FACING																	
7 - BOOSTER SEAT																	
8 - HELMET USED																	
9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)																	
10 - REFLECTIVE CLOTHING																	
11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY																	
99 - OTHER / UNKNOWN																	
SEATING POSITION																	
1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)																	
2 - FRONT - MIDDLE																	
3 - FRONT - RIGHT SIDE																	
4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)																	
5 - SECOND - MIDDLE																	
6 - SECOND - RIGHT SIDE																	
7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)																	
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14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)																	
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99 - OTHER / UNKNOWN																	
AIR BAG																	
1 - NOT DEPLOYED																	
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3 - TOTALLY EJECTED																	
4 - NOT APPLICABLE																	
TRAPPED																	
1 - NOT TRAPPED																	
2 - EXTRICATED BY MECHANICAL MEANS																	
3 - FREED BY NON-MECHANICAL MEANS																	
OL CLASS																	
1 - CLASS A																	
2 - CLASS B																	
3 - CLASS C																	
4 - REGULAR CLASS (OHIO = D)																	
5 - M/C MOPED ONLY																	
6 - NO VALID OL																	
OL ENDORSEMENT																	
H - HAZMAT																	
M - MOTORCYCLE																	
P - PASSENGER																	
N - TANKER																	
Q - MOTOR SCOOTER																	
R - THREE-WHEEL MOTORCYCLE																	
S - SCHOOL BUS																	
T - DOUBLE & TRIPLE TRAILERS																	
X - TANKER / HAZMAT																	
GENDER																	
F - FEMALE																	
M - MALE																	
U - OTHER / UNKNOWN																	
OL RESTRICTION(S)																	
1 - ALCOHOL INTERLOCK DEVICE																	
2 - CDL INTRASTATE ONLY																	
3 - CORRECTIVE LENSES																	
4 - FARM WAIVER																	
5 - EXCEPT CLASS A BUS																	
6 - EXCEPT CLASS A & CLASS B BUS																	
7 - EXCEPT TRACTOR-TRAILER																	
8 - INTERMEDIATE LICENSE RESTRICTIONS																	
9 - LEARNER'S PERMIT RESTRICTIONS																	
10 - LIMITED TO DAYLIGHT ONLY																	
11 - LIMITED TO EMPLOYMENT																	
12 - LIMITED - OTHER																	
13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)																	
14 - MILITARY VEHICLES ONLY																	
15 - MOTOR VEHICLES WITHOUT AIR BRAKES																	
16 - OUTSIDE MIRROR																	
17 - PROSTHETIC AID																	
18 - OTHER																	
DRIVER DISTRACTION																	
1 - NOT DISTRACTED																	
2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)																	
3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE																	
4 - TALKING ON HAND-HELD COMMUNICATION DEVICE																	
5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE																	
6 - PASSENGER																	
7 - OTHER DISTRACTION INSIDE THE VEHICLE																	
8 - OTHER DISTRACTION OUTSIDE THE VEHICLE																	
9 - OTHER / UNKNOWN																	
TEST STATUS																	
1 - NONE GIVEN																	
2 - TEST REFUSED																	
3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE																	
4 - TEST GIVEN, RESULTS KNOWN																	
5 - TEST GIVEN, RESULTS UNKNOWN																	
ALCOHOL TEST TYPE																	
1 - NONE																	
2 - BLOOD																	
3 - URINE																	
4 - BREATH																	
5 - OTHER																	
DRUG TEST TYPE																	
1 - NONE																	
2 - BLOOD																	
3 - URINE																	
4 - OTHER																	
CONDITION																	
1 - APPARENTLY NORMAL																	
2 - PHYSICAL IMPAIRMENT																	
3 - EMOTIONAL (E.G. DEPRESSED, ANGRY, DISTURBED)																	
4 - ILLNESS																	
5 - FELL ASLEEP, FAINTED, FATIGUED, ETC																	
6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL																	
9 - OTHER / UNKNOWN																	
DRUG TEST RESULT(S)																	
1 - AMPHETAMINES																	
2 - BARBITURATES																	
3 - BENZODIAZEPINES																	
4 - CANNABINOIDS																	
5 - COCAINE																	
6 - OPIATES / OPIOIDS																	
7 - OTHER																	
8 - NEGATIVE RESULTS																	

OCCUPANT / WITNESS ADDENDUM

						LOCAL REPORT NUMBER																																																																							
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APPLICANT HOME VISIT REPORT

Date: Wednesday, July 20th, 2022

Applicant: [REDACTED]

On July 20th at 1010hrs, Myself and Det. Marcello went to [REDACTED] to speak with [REDACTED] in reference to his application for the position of Deputy Sheriff. [REDACTED] currently lives with [REDACTED] and is a lifelong resident of Trumbull County. His hobbies are Softball, Bowling and Fishing. He graduated from Kent State University with degrees in Criminology and Psychology. [REDACTED] has one sibling, a sister who lives in the [REDACTED] and works as an [REDACTED]. [REDACTED] has been employed by the city of Niles as a Police Officer since [REDACTED] and works the [REDACTED] shift. Prior to working for Niles P.D., he worked several retail jobs.

During his employment with Niles PD, he has had 2 complaints concerning how he spoke to people, but no "official" written complaint was ever filed. [REDACTED] likes the Niles community but has issues with other Niles Officers who he feels have created a hostile work environment.

[REDACTED] preference is to work the road but understands there is a process for new employee's at the TCSO. His goals would be to attain rank and work in a specialized unit.

He also has an application in with Solon PD. He has not been contacted by Solon and does not know his status. He stated that it made "more sense" to stay here. [REDACTED] stated that his parents are supportive of his career choice.



Gander Mountain / Dustin Sumner:

July 5, 2022; no contact information listed in applicable section of application.

Fin Feather & Fur / Drew Elliot / 330-729-1300

On July 5, 2022 at 1043 I attempted to make contact with Drew at the listed phone number in reference to [REDACTED] being "let go" due to company changes. I made contact with the office requesting to speak with Drew Elliot. The representative advised there was no employee working there by that name.

A handwritten signature in black ink, appearing to read "G. B. Kaintz", written over a horizontal line.

Lt. Brian R. Kaintz

PERSONAL REFERENCE

Applicant: Zachary T. Zigmont

1. References Name and Address:

Glen Burnett
5342 Marling Ave NW
Warren, OH 44483

2. How long has reference known the applicant?

I have known him

a. In what capacity? Friend of the family

3. When is the last time the reference saw or spoke to the applicant?

Last week

4. Does the reference consider the applicant to be honest?

Very honest

a. Reliable? YES

5. How does the reference describe the applicant's temperament?

Calm

6. Does the applicant drink?

NO

a. How much?

NO

b. Does the applicant gamble?

NO

Has the applicant ever used any addictive or hallucinogenic drugs in the reference's presence? If so what, etc?

NO

Is the applicant loud?

NO

a. Does the applicant

b. Argumentative?

NO

Has the applicant ever over-reacted to a situation?

NO

11. How would the reference describe the applicant's personality (i.e., introverted or extroverted)? Neither Just a good person
12. Does the applicant converse freely with others? Yes
13. Does the applicant blend well with a group? Yes
14. How does the reference describe the applicants self-pride in relation to his/her personal appearance? Clean cut he takes pride in his appearance
15. How would the reference describe the applicant's family life? Zach comes from a very close and loving family. I am proud to know them
16. Does the applicant exhibit close family relationships? Yes he does. Like I said he was my friends son, now he is a part of my family as well
17. Does the reference know of anything in the applicant's background which could prevent the applicant from functioning in a fair or impartial manner? NO If so what?

[Signature]

Reference Signature

[Signature]

Reference Signature



Trumbull County Sheriff's Office

Sheriff Paul S. Monroe



PERSONAL REFERENCES

Applicant: Zachary T. Zigmont

1. References Name and Address:

Edward Steigerwald
166 Aspen Dr. NW
Warren, OH 44483

2. How long has reference known the applicant? 20 years

a. In what capacity?

3. When is the last time the reference saw or spoke to the applicant? 1 month

4. Does the reference consider the applicant to be honest? yes, very much so

a. Reliable? yes, very much so

5. How does the reference describe the applicant's temperament? very even keel.

6. Does the applicant drink? no a. How much?

b. Does the applicant gamble? no

7. Has the applicant ever used any addictive or hallucinogenic drugs in the references presence? If so what, etc? no

8. Is the applicant loud? no a. Does the applicant brag? no

b. Argumentative? no

9. Has the applicant ever over-reacted to a minor situation? no

10. Does the applicant make friends easily? yes
- a. Does he/she keep to themselves? no
11. How would the reference describe the applicant's personality, i.e., introverted or extroverted? extroverted
12. Does the applicant converse freely with others? yes
13. Does the applicant blend well with a group? yes
14. How does the reference describe the applicants self-pride in relation to his/her personal appearance? [REDACTED] takes Pride in his Personal appearance
15. How would the reference describe the applicant's family life? very stable
16. Does the applicant exhibit close family relationships? yes
17. Does the reference know of anything in the applicant's background which could prevent the applicant from functioning in a fair or impartial manner? no If so what?

Edmund H. Hargis
Reference's Signature

5/1/22
Date

H. B. Hargis
Investigators Signature

5-2-22
Date

TRUMBULL COUNTY SHERIFF'S OFFICE

SHERIFF PAUL MONROE

150 HIGH ST N.W. WARREN OH. 44481

PHONE: (330)-675-2440 FAX: (330)-675-7882

S.O.R.N. UNIT

SEX OFFENDER REGISTRATION & NOTIFICATION

On 07-21-22 Detective David Hoover and I traveled to the neighborhood of [REDACTED] as part of a background investigation of [REDACTED]

[REDACTED] having applied for fulltime employment with the Trumbull County Sheriff's Office Uniform Division.

We first arrived at [REDACTED] speaking with resident Amy Clark. Amy was not able to identify [REDACTED] via the photo we provided. She instructed us she has lived at this address for the last six years, and stated she did not know [REDACTED] or anyone at the listed address.

Amy went on to say she has never known there to be any problems in this neighborhood in regard to anybody from that address, saying she and her family just keeps to themselves and they don't really know many people in the neighborhood.

We then met with Cary and Lee Carter residents for the past seventeen years at [REDACTED]. Both Cary and Lee were able to identify [REDACTED] via the photo we provided. They stated [REDACTED] is a good kid who has grown up in this neighborhood. They went on to say there has never been any problems that they are aware of with him in any way.

We attempted to speak with the resident at [REDACTED] there was no answer.



Det. Russ Molinatto
TCSO



Det. David Hoover
TCSO



Candidate Background Checklist

Candidate: [REDACTED] Applicant #: [REDACTED]

		Date:	Completed By:
LEADS / CCH	x	4-25-22	Lt. Kaintz
NIBRS	x	4-25-22	Lt. Kaintz
OHLEG	x	4-27-22	Lt. Timko
Local Police Check	x	4-25-22	Lt. Kaintz
Home Visit Check			
Employer History Check	x	4-25-22	Lt. Kaintz
Neighborhood Check			
Personal Reference Check	x	4-25-22	Lt. Kaintz
Financial History Check			
Physical Agility Test			
Panel Interview			
Psychological			
Fingerprints			
Sheriff's Interview			
VSA			
Medical Exam			

- PRADO EMAILED
4/25/22 -TV-

AGREEMENT

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE
SIGNING THIS DOCUMENT

As an applicant for employment with the Trumbull County Sheriff's Office, I understand and agree that the Sheriff's Office may make a thorough investigation of my past employment and activities. (This may include, but not be limited to, a motor vehicle operator, police record and credit record investigation.) I hereby release you, your organization or others from any liability or damages which may result from the exchange of the information requested.

I hereby attest that the information provided on this employment application (and accompanying resume, if any) is true, accurate and complete to the best of my knowledge. I understand that any misrepresentation, falsification or significant omissions of information may disqualify me from further consideration for employment, and may be considered as grounds for dismissal if discovered following employment.



Signature of Applicant

04/10/2022

Date

UPON COMPLETION

Thank you for your interest and applying for employment at the Trumbull County Sheriff's Office.

Please include color copies of both sides of your Driver's License, Social Security card, High School and College transcripts with your completed application.

Submit your employment application by one of the following:

- Email: sozumerl@co.trumbull.oh.us
- Mail: Trumbull County Sheriff's Office
Attention Renee Zumerling
150 High Street NW
Warren, Ohio 44481
- Hand deliver

**NOTARIZATION OF CERTIFICATION WILL BE DONE IN PERSON
AT THE TRUMBULL COUNTY SHERIFF'S OFFICE.**





Trumbull County Sheriff's Office

Sheriff Paul S. Monroe

150 High Street
Warren, Ohio 44481
(330) 675-2508

PURPOSE

To obtain information from prospective candidates / applicants and to assist with the overall process of candidate selection.

USE

The information obtained from the Employment Questionnaire will be used to determine if the applicant meets specified requirements for the position being sought. The applicant must type or print all answers to the questionnaire legibly in black ink.

THE FORM

A formal request will be accepted for an application which can be emailed in electronic format to sozumerl@co.trumbull.oh.us or may be hand delivered. Acknowledgement of receipt will be provided.

APPLICANT INFORMATION

Name _____
Address _____
Phone _____ Email _____

Position Applying for:



Sworn Deputy



Corrections



Support Services

Received by _____

Date _____

BACKGROUND INVESTIGATION

I,  _____, authorize the Trumbull County Sheriff's Office to make an independent investigation of my background, criminal, and/or police records.

The intent of this authorization is to give my full consent for the full and complete disclosure of certain documents and records, including, but not limited to, records of education institutions; records of financial or credit institutions; records of commercial or retail credit agencies, including credit reports and/or ratings; past employment and pre-employment records, including background reports, polygraph and/or voice stress analysis examinations, efficiency ratings, performance evaluations, attendance records, investigator files, disciplinary records, complaints filed against me, salary records, and data contained within the application of employment; military service records; real and personal property tax records, and other financial statements and records wherever filed; records of arrest, criminal, and/or traffic offenses, including records relative to any trial proceedings; the results of past polygraph and/or voice stress analysis examinations; records of civil complaints made against me, including records relative to any trial proceedings and records and recollections of attorneys at law, or other counsel, whether representing me or another person in a case in which I presently have, or previously had, an interest, including any files which are deemed to be confidential, expunged, or sealed pursuant to R.C. 2953.33.

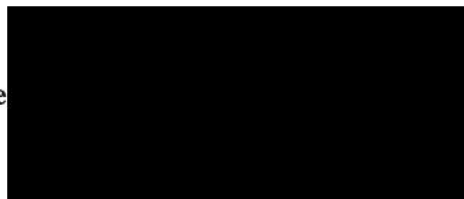
I agree that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of completing a background investigation, which may provide pertinent data to the Trumbull County Sheriff's Office for its consideration in determining my suitability for employment. It is my specific intent to provide access to information, however personal or confidential it may be, including, but not limited to, the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Trumbull County Sheriff's Office, and will not be returned to me.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and all amendments and revisions there to, with regard to access and disclosure of records, and I waive those rights, with the understanding that the information furnished will be used by the Trumbull County Sheriff's Office in conjunction with employment procedures.

I understand that should information of a serious criminal nature be revealed as a result of this background investigation; such information may be disclosed to all proper authorities.

Applicant Signature



BACKGROUND INVESTIGATION CONSENT FORM

I, for myself, successors, assigns, heirs, executors, and administrators, hereby release, hold harmless, and forever discharge the Trumbull County Sheriff's Office and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims, lawsuits, damages, losses and expenses, including reasonable attorney's fees, which I, my successors, assigns, heirs, executors, or administrators have now or may ever have resulting from, out of, or in connection with the information obtained from, but not limited to, any and all of the above referenced sources.

I agree that a photocopy, facsimile, or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile, or other electronic reproduction does not contain an original writing of my signature or witness thereof.

I understand that this background investigation requires that I notify the Trumbull County Sheriff's Office relative to any change of my name, address, phone number, marital status, or other personal information.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Name

[REDACTED]

Maiden or other names used

[REDACTED]

Present Address

[REDACTED]

Provide five years of address history

Same as present, lived at this address, [REDACTED]

Date of Birth

[REDACTED]

Social Security Number

[REDACTED]

Driver's License Number & State

[REDACTED]

Ohio

Signature

[REDACTED]

Date

04/20/2022

PRE-EMPLOYMENT EXAMINATIONS CONSENT FORM

I, , do voluntarily consent to pre-employment medical, psychological, drug screen, and polygraph and/or voice stress analysis examinations conducted at the request of the Trumbull County Sheriff's Office. I understand that the offer of employment, if received, is conditioned upon the successful completion of the aforementioned examinations. Additionally, I understand that, if I cannot perform essential job functions relative to the position I have been offered, even with reasonable accommodation, I will not be employed. Further, I understand that I will receive copies of written reports pertaining to the noted examinations and evaluations of my ability to perform essential job functions. In response to the noted written evaluations, I will be offered the opportunity to provide additional information. I understand that I may ask questions of the examiners concerning any portion of the noted examinations, and that I may stop the examinations at any time. However, if I do not complete the noted examinations, I understand that the offer of employment will be withdrawn, as the Trumbull County Sheriff's Office will not have been able to determine whether I can perform essential job functions, even with reasonable accommodation.

I have had the opportunity to ask a representative of the Trumbull County Sheriff's Office about these examinations, and any questions I had, have been completely and satisfactorily answered.

I consent to the release of the results of the preceding examinations to the Trumbull County Sheriff's Office, as well as consent to the release of all my medical records, as evidenced by my signature on any attached HIPAA authorization forms.

I represent that I am in good physical and mental condition, and I know of no physical or mental ailments or conditions that may be impaired by the noted examinations.

I, for myself, successors, assigns, heirs, executors, and administrators, hereby release, hold harmless, and forever discharge the Trumbull County Sheriff's Office, and/or their designee(s) from any and all claims, liabilities, lawsuits, damages, losses, and expenses, including reasonable attorney's fees, which I, my successors, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from, out of, or in connection with the: (1) examinations to be conducted by the above-named examiners and/or the above-named laboratory; (2) the diagnosis or results of the examinations; and (3) the use of any diagnosis or results.

I agree that a photocopy, facsimile, or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile, or other electronic reproduction does not contain an original writing of my signature or witness thereof.

Applicant Initials here 

AUTHORIZATION FOR RELEASE OF INFORMATION

I,  do hereby authorize the Veterans Administration, U.S. Navy, Army, Air Force, Marine Corps, Coast Guard, Medical Doctors, Insurance Companies, State and Federal Tax Bureaus, and the Credit Bureaus to furnish with any and all available information regarding me in order that he may determine my suitability for emergency services.

I authorize the Trumbull County Sheriff's Office, to make inquiries of my present and past employers regarding my character, integrity, and reputation.

Exceptions & Explanations

Please note if you do not wish your present employer or any past employer contacted and provide an explanation

Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held?

☒ Yes ☐ No

Applicant



Signature



Date

04/29/2022

IMPORTANT

Read these instructions carefully before completing this Questionnaire.

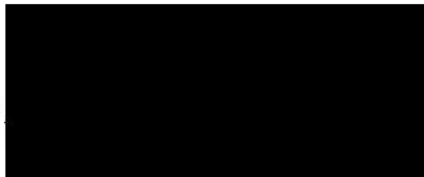
You must be complete and truthful in ALL your answers. All answers that you give in this application, or during subsequent interviews, are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as an employee. All Information will be considered confidential to the extent that this information is excluded from disclosure under state and federal law. The information provided will be used to assist the Trumbull County Sherriff's Office in determination of the qualifications of the applicant.

The answers to this questionnaire are subject to verification by polygraph, 'lie detector,' and/or voice stress analysis, interviews, psychological testing, drug screen, and a complete background investigation.

Print your answers in black ink. Do not leave any questions blank. If a question does not apply to you, write "DNA" Your answers must be legible. If additional space is needed to explain an answer, please use the continuation (supplemental) sheets provided and reference the specific question number and letter.

Be aware that your spelling, grammar, and neatness will be considered part of your personal attributes involved in the selection process. Also, your dress, speech, and manner will be scrutinized during all phases of the background investigation process and will be similarly considered.

Signature



Date

04/20/2022

PERSONAL INFORMATION

Snapchat:
Youtube:

MARITAL STATUS

Marital Status () Married () Separated () Divorced () Widowed (X) Single

Spouse's Maiden Name DNA

Spouse's DOB DNA Spouse's Social Security Number DNA

Name and Address of Spouse's Employer, if any

DNA

What does your spouse think of you becoming an employee of the Trumbull County Sheriff's Office? DNA

Do you have income from other sources other than your salary and spouse's salary? () Yes (X) No
If Yes, explain DNA

If previously married, disposition of former marriage DNA

Name of Ex-Spouse DNA DOB DNA

Are you paying alimony or child support? () Yes (X) No

If yes, amount DNA Estimated date for termination of payment DNA

Are you now supporting all dependents you are required to support? () Yes () No (X) N/A

Have you ever been sued for alimony or child support? () Yes (X) No

Are you in arrears or have your wages been garnished for back child support or alimony payments? () Yes (X) No

List all Former Spouse/Spouses:

Name DNA

Address DNA

DOB DNA

Phone DNA

Name DNA

Address DNA

DOB DNA

Phone DNA

Name DNA

Address DNA

DOB DNA

Phone DNA

Have you ever been separated from your spouse due to marital problems? () Yes (X) No

Do you have any serious problems with any family members or In-Laws? () Yes (X) No

FAMILY

Do you have any children? () Yes (X) No

Complete the following information about all of your children, biological and non-biological:

Name DNA

Address DNA

DOB DNA Phone DNA

Name DNA

Address DNA

DOB DNA Phone DNA

Name DNA

Address DNA

DOB DNA Phone DNA

Name DNA

Address DNA

DOB DNA Phone DNA

Name DNA

Address DNA

DOB DNA Phone DNA

Name DNA

Address DNA

DOB DNA Phone DNA

FAMILY CONTINUED

Do you have any siblings? (X) Yes () No If Yes, complete the following:



Name DNA
Address DNA
DOB DNA Phone DNA

Name DNA
Address DNA
DOB DNA Phone DNA

Name DNA
Address DNA
DOB DNA Phone DNA

Name DNA
Address DNA
DOB DNA Phone DNA

Do you have any members of your family or in-laws that are employed or have been previously employed by the Trumbull County Sheriff's Office? () Yes (X) No

If Yes, complete the following information regarding past and present employees:

Name DNA
Address DNA
DOB DNA Phone DNA

Name DNA
Address DNA
DOB DNA Phone DNA

Name DNA
Address DNA
DOB DNA Phone DNA

REFERENCES

List three (3) references (NOT relatives, former employers or neighbors) who are responsible adults, and who have known you well during the past five years:

Name Michael Russell
Address 171 Aspen Dr NW, Warren, OH 44483
Years known 12 Phone [REDACTED]

Name Edward Steigerwald
Address 1166 Aspen Dr NW, Warren, OH 44483
Years known 15 Phone [REDACTED]

Name Glenn Burnett
Address 5342 Mahoning Ave NW, Warren, OH, 44483
Years known 20 Phone [REDACTED]

EMPLOYMENT HISTORY

List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Employer Name & Address Niles City Police Department
15 E State St, Niles, OH 44446
Employed from (Month/Year) [REDACTED] to (Month/Year) [REDACTED] Salary \$44,728.83
Immediate Supervisor Name Chief Jaisan Holland Phone (330) 652-9944

Employer Name & Address unemployment due to being in the police academy
and looking for a job
Employed from (Month/Year) [REDACTED] to (Month/Year) [REDACTED] Salary DNA
Immediate Supervisor Name DNA Phone DNA

Employer Name & Address McMuster Carr
200 Aurora Industrial Pkwy, Aurora, OH 44202
Employed from (Month/Year) [REDACTED] to (Month/Year) [REDACTED] Salary \$15 an hour
Immediate Supervisor Name Jay Young Phone (330) 995-5500

EMPLOYMENT HISTORY CONTINUED

Employer Name & Address Unemployment, looking for another job

Employed from (Month/Year) [REDACTED] to (Month/Year) [REDACTED] Salary DNA

Immediate Supervisor Name DNA Phone DNA

Employer Name & Address Fin Feather Fur

1136 Boardman Poland Rd. Youngstown, OH 44514

Employed from (Month/Year) [REDACTED] to (Month/Year) [REDACTED] Salary \$10 an hour

Immediate Supervisor Name Drew Elliott Phone (330) 729-1300

Employer Name & Address Unemployment, looking for another job

Employed from (Month/Year) [REDACTED] to (Month/Year) [REDACTED] Salary DNA

Immediate Supervisor Name DNA Phone DNA

Employer Name & Address Gander Mountain

2390 Niles Cantland Rd. Warren, OH 44484

Employed from (Month/Year) [REDACTED] to (Month/Year) [REDACTED] Salary \$8.50 an hour

Immediate Supervisor Name Dustin Sumner Phone DNA due to store being closed

Employer Name & Address Unemployment due to graduating high school and start of college

Employed from (Month/Year) [REDACTED] to (Month/Year) [REDACTED] Salary DNA

Immediate Supervisor Name DNA Phone DNA

Employer Name & Address DNA

Employed from (Month/Year) DNA to (Month/Year) DNA Salary DNA

Immediate Supervisor Name DNA Phone DNA

EMPLOYMENT HISTORY CONTINUED

Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? () Yes (X) No

If yes, please provide name of agency and date of application or service. _____

Do you own a business, or are you a partner or corporate officer in a business or organization not listed previously as a current or former employer? () Yes (X) No

If yes, provide name and address of business, corporation, or organization and describe the business, relationship or position.

Have you ever applied for a position with any government agency, county, police or fire department(s)? (X) Yes () No

List any current applications you have submitted with other Law Enforcement Agencies:

Solon city Aurora city
Stow city Warren city
Streetsboro city

Do you object to the need for immediate availability in time of disaster? () Yes (X) No

Do you object to being available on-call for job duties and responsibilities? () Yes (X) No

Do you object to wearing a uniform to work? () Yes (X) No

Have you ever been terminated, dismissed or asked to resign? (X) Yes () No

If Yes, explain:

Got fired from Gander Mountain for violating company policy
When I cut my hand with my personal knife. Got let go from
Fin Feather fur due to company changes

Have you ever received any Fire/EMS/Police or EMA training? (X) Yes () No If Yes, provide dates, locations and types of training completed:

ARIDE Tiffin, OH 04/19/2021 - 04/19/2021 Identifying criminal vehicles and

occupants (street cop) 02/21/2022, Drug Identification, Paraphernalia, and the motor vehicle stop
New Castle, PA (street cop) 03/28/20

Have you ever received unemployment compensation or other federal, state, or local benefits or assistance? () Yes (X) No If Yes, explain the type of Assistance, Dates, and Agency

MILITARY INFORMATION

Selective Service Record

Have you registered with the Selective Service System? ☒ Yes ☐ No

If yes, provide your registration number

If no, show the reason of your legal exemption

Have you ever served in the Military? ☐ Yes ☒ No

If Yes, list Branch of Service DNA

Dates served list (MONTH/YR) From DNA To DNA

Highest Rank Held DNA Specialty DNA

Date of Discharge DNA Type DNA

If discharged was anything else but Honorable, please explain DNA

Are you now, or have you ever been a member of the US Reserves or National Guard?

☐ Yes ☒ No If Yes, provide Unit and Location DNA

Do you receive any Disability from the Military? ☐ Yes ☒ No

If yes, explain: DNA

Were you ever overseas? ☐ Yes ☐ No DNA

Were you ever AWOL? ☐ Yes ☐ No DNA

Ever given non-jurisdictional punishment? (Article 15) ☐ Yes ☐ No DNA

If yes, how many occurrences DNA

Ever Reduced in Rank? ☐ Yes ☐ No DNA

Ever Received a Court Martial? ☐ Yes ☐ No DNA

Ever Spend Time in a Brig or Stockade? ☐ Yes ☐ No DNA

Did you ever convert or sell any government property? ☐ Yes ☐ No DNA

Thank you for your Service.
Please submit a copy of your DD-214 with application.

DRIVING HISTORY

Do you have a valid Ohio driver's license? (☒) Yes () No

License Number

Status valid

How long have you been a licensed driver?

Any Restrictions? () Yes (☒) No

Any Suspensions? () Yes (☒) No

If Yes, explain:

Approximately how many miles do you drive each year? 8,000

Do you have liability/property damage insurance on vehicles owned by you? (☒) Yes () No

Have you ever had your insurance cancelled? () Yes (☒) No

Have you ever been sentenced to a driver improvement school? () Yes (☒) No

If Yes, explain when and where:

Do you currently or have you ever held another Driver's License issued by another state?

If Yes, list State, License Number and Date Issued:

DNA

List all accidents you were involved in as the driver. Include the dates, investigating agency if you were issued a citation and if there were injuries. List all unreported accidents also.

Date of Accident 02/11/2017 Investigating Agency Not Reported

Citation Issued No Injuries No

Date of Accident DNA Investigating Agency DNA

Citation Issued DNA Injuries DNA

Date of Accident DNA Investigating Agency DNA

Citation Issued DNA Injuries DNA

DRIVING HISTORY CONTINUED

List all traffic violations, convictions and bond forfeitures:

Date DNA Place of Arrest DNA Amount Owed DNA
Offense DNA Issuing Agency DNA

Date DNA Place of Arrest DNA Amount Owed DNA
Offense DNA Issuing Agency DNA

Date DNA Place of Arrest DNA Amount Owed DNA
Offense DNA Issuing Agency DNA

Date DNA Place of Arrest DNA Amount Owed DNA
Offense DNA Issuing Agency DNA

Date DNA Place of Arrest DNA Amount Owed DNA
Offense DNA Issuing Agency DNA

Date DNA Place of Arrest DNA Amount Owed DNA
Offense DNA Issuing Agency DNA

FINANCIAL STATUS

Are you currently:

Buying/Own a Home () Yes (X) No Renting () Yes (X) No
Living with Another () Yes (X) No Living with Parents (X) Yes () No
Other: DNA

Are you the co-maker on a loan for another person? () Yes (X) No

Explain: DNA

Have you ever been taken to court over a debt? () Yes (X) No

Explain: DNA

Fill in the amount of financial obligations below:

	<u>Amount Owed</u>	<u>Number Times Late</u>
Home Loan/Rent	<u>DNA</u>	<u>DNA</u>
Auto Loans	<u>DNA</u>	<u>DNA</u>
Credit Cards	<u>charges monthly</u>	<u>DNA/None</u>
Student Loans	<u>DNA</u>	<u>DNA</u>
Financial Institutions	<u>DNA</u>	<u>DNA</u>
Internal Revenue Service	<u>DNA</u>	<u>DNA</u>
Court Judgements	<u>DNA</u>	<u>DNA</u>
Employment Agency	<u>DNA</u>	<u>DNA</u>
Others	<u>DNA</u>	

Have you ever had a debt turned over to a collection agency? () Yes (X) No

Are any Creditors pressing you for a payment? () Yes (X) No

Have you ever declared or filed bankruptcy? () Yes (X) No

Have you ever had anything repossessed? () Yes (X) No

Have you ever had your wages garnished? () Yes (X) No

Have you ever been refused credit? () Yes (X) No

Did you ever knowingly write a check with insufficient funds? () Yes (X) No

How many times DNA Explain DNA

Banking institution name DNA

EDUCATION

Name and Address of High School

Champion High School 5976 Mahoning Ave NW Warren OH 44483

Highest grade completed 12 If Graduated, what year [REDACTED]

List other Equivalency Certificates and Years obtained:

Certificate DNA Year DNA

Certificate DNA Year DNA

List College/Universities, Years Attended, Major of Study and Date Degree was obtained:

College Kent State Trumbull University Years Attended 5

Major of Study Criminology Degree Obtained Date [REDACTED]

College Kent State Trumbull University Years Attended 5

Major of Study Psychology Degree Obtained Date [REDACTED]

College DNA Years Attended DNA

Major of Study DNA Degree Obtained Date DNA

List any other Education or Special Schooling received ~~DNA~~ Kent State Trumbull
Police Academy [REDACTED]

Do you speak any other languages? () Yes (X) No

MISCELLANEOUS

Have the police ever been called to your home for any reason? () Yes (X) No If Yes, explain DNA Do

you have any problems controlling your temper? () Yes (X) No If Yes, explain: DNA

Have you ever traveled outside the United States? (X) Yes () No

If Yes, where Mexico Canada and Bahamas

Do you own any business or commercial properties? () Yes (X) No

If Yes, list DNA

MISCELLANEOUS CONTINUED

Other than a driver's license, do you possess any permit or license by a unit of the government?

(☒) Yes () No

Do you possess any other licenses or certifications (e.g. Corrections, Police Academy, Nurse, Real Estate, etc.)?

(X) Yes () No If yes, provide the information requested below:

License Type Padi open water diver Issuing Entity Padi

License Type Ohio Boating Education Course Issuing Entity ODNR Division of Watercraft

License Type Hunter Education card Issuing Entity QDNR Division of Wildlife

Were any complaints or grievances filed against you? () Yes (X) No

If Yes, explain:

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- Since the age of 16, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.) or prescription drugs?
- Have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

If Yes, explain:

Date *PNA* Controlled substance/prescription drug used

DNA	# of times	DNA
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
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12	12	12
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100	100	100

Date ^{DMA} Controlled substance/prescription drug used

DNA # of times DNA

Date	Controlled substance/prescription drug used
1/1/2024	Hydrocodone
2/1/2024	Hydrocodone
3/1/2024	Hydrocodone
4/1/2024	Hydrocodone
5/1/2024	Hydrocodone
6/1/2024	Hydrocodone
7/1/2024	Hydrocodone
8/1/2024	Hydrocodone
9/1/2024	Hydrocodone
10/1/2024	Hydrocodone
11/1/2024	Hydrocodone
12/1/2024	Hydrocodone

DNA # of times DNA

Date DNA Controlled substance/prescription drug used

DNA	# of times	DNA
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
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97	97	97
98	98	98
99	99	99
100	100	100

Date DNA Controlled substance/prescription drug used

DNA # of times DNA

Date DNA Controlled substance/prescription drug used

DNA # of times DNA

SUPPLEMENTAL SHEET

Use this sheet if you need additional room to explain or add to your answers to a specific question. State the Section and question to correspond with the information you are adding.

Page 13 police training continuation: Gun game Highland Heights, OH 04/11/2022
Ohio Tactical Officers Association Basic SWAT [REDACTED]
Youngstown, OH. Axon Laser Completion Niles PD 10/22/2021 Niles OH.
LEADS Certification Niles PD 04/20/2022 Niles, OH. Numerous Popota,
PoliceOne, Street Cop training live webinars, ICAC, NCJTC online
training

APPLICANT CERTIFICATION

I understand that my appointment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Trumbull County Sheriff's Office and that it and the information received in response to the background examination are public records. I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment. I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test. I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees. I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the Trumbull County Sheriff's Office. I understand the following types of information will be collected: employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and police records; information about your abilities, family, character, lifestyle, and organization memberships, and information about any current drug use via drug testing. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions. I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise regarding my ability and fitness for employment or appointment with the Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office. I agree to conform to the rules, regulations, and orders of the Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Sheriff's Office at its discretion, at any time and without any prior notice to me.

Signature of Applicant

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS 21 DAY OF

IN THE COUNTY OF Trembule,
STATE OF OHIO.

NOTARY SIGNATURE:

MY COMMISSION EXPIRES:

NOTARIZATION OF CERTIFICATION WILL BE DONE IN PERSON AT THE TREMBULL COUNTY CLERK'S OFFICE.



DANIEL J. MASON

Notary Public, State of Ohio

My Commission Expires'S OFFICE.



Office of Ohio Attorney General

Ohio Peace Officer Training Academy

Officer Record



OPOTA London Campus
1650 State Route 56 SW
P.O. Box 309
London, OH 43140
Phone: 740-845-2700

Trumbull County Sheriff's Office, ID

Appointment History*

Agency	Employee Status	Start Date	End Date	Separation Reason
Trumbull County Sheriff's Office	Full-time			
Niles Police Department	Full-time			Resignation - In good standing (No Pending discipline)

Basic Academy Records

School Number	School	Start Date	End Date	Exam Date	Certificate Number	Certificate Date	Appointed By	Appointed Date
	Kent State University						Niles Police Department	

Advanced Certifications

Certification Date	Certification	Officer Number	Officer
No Records Found			

OPOTA Advanced Training Records**

Course Title	Start Date	End Date
Active Shooter Response (Patrol)	10/21/2025	10/22/2025
ARIDE (Advanced Roadside Impaired Driving Enforcement)	4/19/2021	4/20/2021

LMS Training Records

Date Completed	Course Title	Officer Number	Officer
11/12/2025	Responding to Domestic Violence Incidents with Sensitivity and Professionalism		
11/12/2025	Officer Trauma and Wellness in Crisis Situations		
11/12/2025	Officer Trauma & Wellness in High-Stress Domestic Violence Calls		
11/11/2025	Report Writing in Crisis Interventions with Mentally Challenged Individuals		
10/28/2025	Effective Report Writing for Mental Health Crisis Intervention		
10/27/2025	Effective Report Writing for High-Stakes School Crisis Incidents		
10/27/2025	Effective Report Writing for Adolescent Interactions		
10/27/2025	Documenting Complex Crisis Intervention		
5/20/2025	Sierah's Law		
5/20/2025	Missing Child		
4/10/2025	BCI Lethal Use of Force and OIS Investigations		
4/10/2025	Critical Thinking in Use of Force Situations		
4/9/2025	Vicarious Trauma		
3/12/2025	Report Writing 2025		
3/11/2025	Victims' Rights - Marsy's Law - 2025		
3/9/2025	CAT and Officer Wellness - 2025		
2/5/2025	Legal Updates 2025		
1/8/2025	Arrest, Search, and Seizure - 2025		
1/7/2025	Use of Force - 2025		
1/6/2025	Ethics Law - 2025		
9/7/2024	OHLEG LIMS Prelog Training		
9/4/2024	Crime Gun Evidence		
9/4/2024	Dementia and Related Disorders		

Date Completed	Course Title	Officer Number	Officer
9/4/2024	Public Records - 2024		
8/15/2024	Crisis Mitigation - An Ohio Model		
8/7/2024	Legal Updates 2024		
7/18/2024	Responding to Mental Health Issues		
6/23/2024	Veterans In Crisis		
6/23/2024	NIBIN III		
6/23/2024	Victims' Rights - Marsy's Law		
6/9/2024	NIBIN Overview		
2/21/2024	Arrest, Search, and Seizure 2023		
2/20/2024	Ohio School Threat Assessment		
2/19/2024	Ohio Public Records Law		
2/19/2024	Community Diversity and Procedural Justice		
2/18/2024	Effective Communication and Safe Interaction with Persons in Crisis		
2/18/2024	Responding to Sexual Assault		
2/18/2024	Domestic Violence Legal Updates		
11/25/2023	Report Writing 2023		
7/27/2023	Distracted Driving		
6/24/2023	Community Diversity and Procedural Justice		
6/23/2023	Effective Communication and Safe Interaction with Persons in Crisis		
6/23/2023	Communication Disabilities		
6/22/2023	Human Trafficking		
6/16/2023	Domestic Violence Legal Updates		
6/15/2023	Responding to Sexual Assault		
6/1/2023	Safe at Home		

Date Completed	Course Title	Officer Number	Officer
6/1/2023	Part 3 - Legal Updates 2023		
6/1/2023	Part 2 - Legal Updates 2023		
5/12/2023	Part 1 - Legal Updates 2023		
5/5/2023	NIBIN II		
5/5/2023	NIBIN		
3/21/2023	Arrest, Search, and Seizure 2023		
3/7/2023	Ohio School Threat Assessment		
8/13/2022	First Amendment Auditing		
7/8/2022	Use of Body-Worn Cameras		
7/1/2022	CAT and Officer Wellness		
6/20/2022	Qualified Immunity		
6/16/2022	Critical Thinking in Use of Force Situations		
6/9/2022	Objective Reasonableness		
6/8/2022	Effective Communication and Safe Interaction with Persons in Crisis		
6/6/2022	Communication Disabilities		
5/27/2022	Biological Evidence Collection for Sexual Assaults		
5/27/2022	Concealed Firearm Carry Changes		
3/24/2022	Community Diversity and Procedural Justice		
3/13/2022	Responding to Sexual Assault		
3/11/2022	Mental Health Response		
3/4/2022	Ohio Forfeiture Laws		
3/4/2022	Ethics and Professionalism		
2/21/2022	Custodial Interrogation		
2/3/2022	Vicarious Trauma		

Date Completed	Course Title	Officer Number	Officer
2/3/2022	Trauma and the Brain		
2/3/2022	Sexual Assault Investigations		
2/3/2022	Hate Crimes		
2/3/2022	Medical Marijuana		
1/31/2022	Interviewing the Crime Victim		
1/29/2022	Use of Deadly Force and Legal Guidelines		
1/29/2022	BCI Lethal Use of Force and OIS Investigations		
1/21/2022	Use of Restraints		
1/21/2022	New and Updated Criminal Charges		
1/17/2022	Response to Mass Violence and Mass Protest Seminar		
1/16/2022	National Center for Missing & Exploited Children – Harnessing Resources Seminar		
1/13/2022	Ohio Public Records Law		
1/13/2022	Officer Wellness Seminar		
1/10/2022	Crisis Intervention		
1/10/2022	Hazing		
1/9/2022	Domestic Violence Legal Updates		
12/3/2021	Hate Crimes		
10/17/2021	Evidence Collection Procedures		
10/17/2021	Report Writing		
10/16/2021	Vicarious Trauma		
10/16/2021	Impacting Narcotics in Ohio		
10/4/2021	Impacting Narcotics in Ohio		
10/4/2021	Victim Advocates		
8/24/2021	Ethics and Professionalism		

Date Completed	Course Title	Officer Number	Officer
8/9/2021	Submitting Evidence to the Lab		
7/16/2021	Social Media Precautions		
7/16/2021	Requesting Police Canines		
7/7/2021	Ohio Public Records Law		
7/5/2021	Sexual Assault Investigations		
7/5/2021	Roadside Questioning		
7/1/2021	Ohio School Threat Assessment		
7/1/2021	Clandestine Drug Lab Recertification/Refresher		
6/25/2021	BCI Lethal Use of Force and OIS Investigations		
6/25/2021	Medical Marijuana		
6/22/2021	Use of Deadly Force and Legal Guidelines		
6/20/2021	Search Warrant Preparation		
6/20/2021	Missing Children Investigation		
6/19/2021	Crisis Intervention		
6/19/2021	Companion Animal Encounters		
6/19/2021	Child Abuse and Neglect		
6/19/2021	Missing Persons		
6/19/2021	Domestic Violence Legal Updates		
6/18/2021	Testifying in Court		
6/18/2021	Drafting Search Warrants		
6/17/2021	Direct and Circumstantial Evidence		
6/17/2021	Victim Advocates		
6/17/2021	Vehicle Inventory		
6/17/2021	Trauma and the Brain		

Date Completed	Course Title	Officer Number	Officer
6/17/2021	OPOTA: Redesign and Modernization		
6/16/2021	Sexual Assault Investigations		
6/16/2021	Ohio Forfeiture Laws		
6/16/2021	Preserving Cellphone Evidence		
6/15/2021	Human Trafficking		
4/5/2021	Restraint or Confinement of a Pregnant Suspect		
1/28/2021	Responding to Human Trafficking		
1/28/2021	Ohio Human Trafficking		
1/28/2021	Missing Persons		
1/28/2021	Missing Children Investigation		
1/28/2021	Crisis Intervention		
1/27/2021	Procedural Justice and Police Legitimacy		
1/27/2021	Narcan eLearning Course		
1/27/2021	Human Trafficking 2016 Update		
1/27/2021	Domestic Violence with Lethality Factors		
1/26/2021	Disability Training for First Responders		
1/24/2021	Communication Disability Law Training		
1/22/2021	Guide to the Ohio School Vulnerability Assessment		
1/22/2021	Conclusion - Ohio School Threat Assessment Training		
1/22/2021	Conduct Training for All Stakeholders		
1/22/2021	Create and Promote Safe School Climates		
1/22/2021	Develop Risk Management Options		
1/22/2021	Establish Assessment Procedures		
1/22/2021	Determine the Threshold for Law Enforcement Intervention		

Date Completed	Course Title	Officer Number	Officer
1/22/2021	Create a Central Reporting Mechanism		
1/21/2021	Define Prohibited and Concerning Behaviors		
1/21/2021	Establish a Multidisciplinary Threat Assessment Team		
1/21/2021	Introduction - Ohio School Threat Assessment Training		
1/21/2021	Dose of Reality: We've Got a Problem (Module 2 of 5)		
1/21/2021	Dose of Reality: Use as Directed (Module 4 of 5)		
1/21/2021	Dose of Reality: Handle with Care (Module 5 of 5)		
1/21/2021	Dose of Reality: Just ASK! (Module 3 of 5)		
1/18/2021	04 Blue Courage Health and Wellness		
1/17/2021	03 Blue Courage Positive Psychology		
1/17/2021	02 Blue Courage The Nobility of Policing		
1/17/2021	01 Blue Courage Foundations		
1/14/2021	Election Day Refresher for Law Enforcement		
1/14/2021	BCI Lethal Use of Force and OIS Investigations Part 3		
1/14/2021	BCI Lethal Use of Force and OIS Investigations Part 2		
1/13/2021	BCI Lethal Use of Force and OIS Investigations Part 1		
1/11/2021	Use of Force, Liability and Standards		
1/9/2021	SB 77's Effect on Investigative Procedures		
1/9/2021	Miranda Rights Overview		
1/9/2021	Ethics and Professionalism		
1/9/2021	Consent to Search with Updates		
1/7/2021	Automobile Searches		
1/7/2021	Automobile Inventory		
1/7/2021	2017 Legal Update: Search and Seizure Law		

Date Completed	Course Title	Officer Number	Officer
1/6/2021	2017 Legal Update: Domestic Violence Refresher		
1/5/2021	2017 Legal Update: Issues in Interrogations and Confessions		
1/4/2021	2017 Legal Update: Civil Liability for Officers		
1/3/2021	West Memphis Arkansas Stop		
1/3/2021	Trooper Vetter Murder		
1/3/2021	Trooper Coates Murder		
1/3/2021	Trooper Coates Killer Interview		
1/3/2021	The Timothy McVeigh Stop		
1/3/2021	Kehoe Brothers Shootout		
12/31/2020	Clandestine Drug Lab Recertification/Refresher Module 7		
12/31/2020	Clandestine Drug Lab Recertification/Refresher Module 6		
12/30/2020	Clandestine Drug Lab Recertification/Refresher Module 5		
12/30/2020	Clandestine Drug Lab Recertification/Refresher Module 4		
12/30/2020	Clandestine Drug Lab Recertification/Refresher Module 3		
12/30/2020	Clandestine Drug Lab Recertification/Refresher Module 2		
12/30/2020	Clandestine Drug Lab Recertification/Refresher Module 1		
12/30/2020	Clandestine Drug Lab Recertification/Refresher Module 1		
12/30/2020	Location and Recovery		
12/30/2020	Electronic Evidence Gathering		
12/29/2020	Terrorism Awareness		
12/29/2020	Terrorism		
12/29/2020	Title IX		
12/29/2020	Street Smart Series: Steroids and Prescription Drugs		
12/29/2020	Street Smart Series: Shrooms LSD Huffing		

Date Completed	Course Title	Officer Number	Officer
12/29/2020	Street Smart Series: Overview		
12/29/2020	Street Smart Series: Methamphetamine		
12/29/2020	Street Smart Series: Marijuana Salvia Kratom Khat		
12/27/2020	Street Smart Series: Heroin		
12/26/2020	Street Smart Series: Ecstasy		
12/25/2020	Companion Animal Encounters		
12/24/2020	Child Abuse and Neglect		
12/24/2020	Street Smart Series: Cough Suppressants Alcohol GHB		
12/24/2020	Street Smart Series: Concealment		
12/24/2020	Street Smart Series: Cocaine and Crack		
12/23/2020	Street Cons		
12/23/2020	Rx Abuse: The Scope of the Problem		
12/23/2020	Responding to Sexual Assault		
12/23/2020	OARRS for Law Enforcement		
12/22/2020	Missing Children Clearinghouse		
12/21/2020	Medical Fraud		
12/20/2020	Investment Fraud		
12/16/2020	Identity Theft		
12/16/2020	Document Authentication		
12/15/2020	Cybercrime		
12/15/2020	Criminal Gang Awareness		
12/14/2020	Credit Card Fraud		
12/14/2020	CODIS Arrestee and Convicted Offender DNA Collections		
12/13/2020	Biological Evidence Collection and Retention		

Date Completed	Course Title	Officer Number	Officer
12/12/2020	Victims with Special Needs		
12/12/2020	The Science of Victimology		
12/11/2020	The Role of the Crime Victim Advocate		
12/11/2020	Interviewing the Crime Victim		
12/9/2020	Fraud Against Seniors		
12/8/2020	Finding Words		
12/7/2020	Financial Exploitation of Seniors		
12/7/2020	Death Notification		
12/6/2020	Crimes Against Children		
12/6/2020	Crime Victim's Rights Introduction		
12/5/2020	Bridging the Gap		
12/5/2020	Responding to Sexual Assault Module 4 - Evidence Collection		
12/5/2020	Responding to Sexual Assault Module 3 - Report Writing		
12/5/2020	Responding to Sexual Assault Module 2 - Initial Response and Understanding Trauma		
12/5/2020	Responding to Sexual Assault Module 1 - Realities Myths and Misconceptions		
12/3/2020	Awareness of Human Trafficking		
12/2/2020	Domestic Violence Legal Updates: Ohio Stalking Laws		
12/1/2020	Domestic Violence Legal Updates: Ohio Protection Order Laws		
11/30/2020	Domestic Violence Legal Updates: Ohio Domestic Violence Laws		
11/30/2020	BCI High Risk Youth Initiative		

Canine Training Records

Canine School	Certificate Date	Canine Unit	Certificate Type	Specialty	Renewal Date
No Records Found					

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

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

*****Officer separation reasons are displayed only for separations that occurred on 7/1/2021 or later. For separations prior to 7/1/2021 this information may be obtained by submitting a public records request through the OPOTA Public Records Portal under "Request other records".**