



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



2022-1356

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

Investigative Activity: Personnel File Review

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

Authoring Agent: Special Agent Joseph Goudy #83

**Narrative:**

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

Officer ██████████ has been a full-time police officer with the APD since May 29, 2020.

**Training:**

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

**Firearm Qualifications:**

Officer ██████████ qualified with his Glock 17 duty issued semi-automatic pistol, bearing serial number ██████████ on April 13, 2021.

Most recently, Officer ██████████ had "Rifle" training using an Aero Precision Rifle, bearing serial number ██████████ on March 3, 2022, and "Low Light" training using his Glock 17 duty weapon on December 15, 2021.

Officer ██████████'s personnel file, training records and firearm qualifications are attached to this report. Please refer to the attachments for further details.

**Attachments:**

- Attachment #01: Officer ██████████'s Personnel File
- Attachment #02: Officer ██████████'s OPOTA Certificate
- Attachment #03: Officer ██████████'s Firearms Qualifications
- Attachment #04: Officer ██████████'s Evaluations
- Attachment #05: Officer ██████████'s Employee Summary
- Attachment #06: Officer ██████████'s OPOTA Certificate and Work History

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency.

2019-O-5-510 - Police Officer

Contact Information -- Person ID: [REDACTED]

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

Personal Information

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

Preferences

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

Objective

I am a motivated individual who thrives under pressure and is looking for a police officer position with Akron Police Department in order to achieve new levels of community service and protection with your department. My criminal justice background paired with my work experience in corrections will benefit me moving forward into a career in law enforcement.

Education

College

Kent State University
https://www.kent.edu
8/2011 - 12/2018
Kent, Ohio

Did you graduate: Yes
College Major/Minor: Criminal Justice/Sociology
Units Completed: 12 Semester
Degree Received: Bachelor's

High School

GlenOak High School
https://www.plainlocal.org/17/Home
8/2007 - 5/2011
Canton, Ohio

Did you graduate: Yes
Highest Level Completed: Other
Did you receive a GED? No
Degree Received: No Degree

Work Experience

Case Manager

8/2017 - Present

Hours worked per week: 40
Monthly Salary: \$1,888.00
Name of Supervisor: Maria Augoustinos - Clinical Services Supervisor
May we contact this employer? Yes

Stark Regional Community Corrections Center
https://www.drc.ohio.gov/stark
4433 Lesh Street N.E.
Louisville, Ohio 44641

Duties

Teaching cognitive behavioral therapy class
Scheduling client appointments and occasionally providing transportation
Work with parole and probation in order to help clients complete anything that may be a special

condition to their individual situation  
Facilitate clients with finding housing  
Work with other programming staff in order to allow clients to have an immersive experience in cognitive behavioral therapy

**Reason for Leaving**

N/A

**Direct Care**

8/2015 - 12/2017

Northeast Developmental Services, Inc. - Direct  
Care

<http://northdsi.com>  
7790 Market Ave. N.  
Canton, Ohio 44721

Hours worked per week: 55

Monthly Salary: \$3,000.00

Name of Supervisor: Jason Bussey -  
Supervisor

May we contact this employer? Yes

**Duties**

Providing support services for the mentally handicapped  
Taking care of daily needs of the clients  
Interacting with clients case managers to keep them up to date on their progress

**Reason for Leaving**

Opportunity to work in corrections and use it as a stepping stone into a future law enforcement career.

**Resident Supervisor**

12/2016 - 8/2017

Stark Regional Community Corrections Center

<https://www.drc.ohio.gov/stark>

4433 Lesh St. N.E.  
Louisville, Ohio 44641

Hours worked per week: 40

Monthly Salary: \$1,600.00

Name of Supervisor: [REDACTED]

Operations Manager

May we contact this employer? Yes

**Duties**

Actively assisting clients to evolve their behavior habits  
Supervising residents during waking and sleeping hours  
Maintaining control of the facility  
Enforcing rules that have been set forth by the facility and DRC

**Reason for Leaving**

Was given an opportunity to move over to programing (case management).

**Security Guard**

2/2016 - 5/2016

Professional Security Consultants

4230 Belden Village St. N.W.

Canton, Ohio 44718

Hours worked per week: 40

Monthly Salary: \$1,200.00

Name of Supervisor: [REDACTED]

Supervisor

May we contact this employer? Yes

**Duties**

Patrolling the premises, securing exits  
Ensuring the safety of all of the facilities' occupants  
Maintaining a security presence

**Reason for Leaving**

Was given a raise at Northeast developmental services incorporated.  
- I worked for PSC during midnight shift while also working at NDSI during the day so i was working roughly 16 hour days. This allowed me to cut back my hours.

**Certificates and Licenses**

**Skills**

Office Skills

Typing: 45

Data Entry: 8000

**Additional Information**

Honors & Awards

While working for SRCCC I received and accommodation for going above and beyond in my job duties.

**References**

Professional

Chief of security

Canton, Ohio 44720

Professional

Director of Special Programming

Akron, Ohio 44308

Professional

Patrolman, Canton PD

Canton, Ohio 44702

Personal

Fiscal Office Clerk

Canton, Ohio 44709

Personal

Physical Education Teacher

Canal Fulton, Ohio 44614

Professional

Operations Manager

Louisville, Ohio 44641

Professional

Professor of Criminal & Justice Studies

Canton, Ohio 44720

**Resume**

Text Resume

**Attachments**

Attachment	File Name	File Type	Created By
BA CJ	[REDACTED] BA CJ	Copy of Degree	Stacey Doty
Residency Form	[REDACTED]	Other	Katherine Archual

**Agency-Wide Questions**

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

A: No

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

A: 240

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

A: [REDACTED] Canton Ohio [REDACTED]

The past 20 years

4. Q: Indicate an alternate contact person and telephone number.

A: [REDACTED]  
[REDACTED]

5. Q: Have you ever been employed by the City of Akron?

A: No

6. Q: Are you currently a permanent City of Akron employee in the classified service?

A: No

7. Q: If you were previously employed by the City of Akron, please indicate positions held and dates of employment.

A: N/A

8. Q: Have you ever been terminated from a public agency?

A: No

9. Q: If you have been terminated from a public agency, please indicate the employer, date of termination and reason.

A: N/A

10. Q: How did you hear about the position? Check all that apply.

A: Recruiter

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**Supplemental Questions**

1. Q: Did you graduate from an accredited high school or do you have a GED certificate?

A: Yes

2. Q: Applicants must be between the ages of 21 and 40 at the time of the written examination. What is your full date of birth? (MM/DD/YYYY)

A: [REDACTED]

3. Q: Will you be between the ages of 21 and 40 at the time of the examination?

A: Yes

4. Q: Select the category that defines your date of birth.

A: Born between May 10, 1978 and May 12, 1998.

5. Q: Do you possess a valid driver's license?

A: Yes

6. Q: Is your driver's license currently suspended?

A: No

7. Q: For the purpose of verifying my eligibility for positions requiring a valid driver's license, I authorize the City of Akron to obtain a consumer report from OPENonline to investigate my driving history for traffic violations and suspensions. I understand that I have a right to request disclosure of this consumer report under the Fair Credit Reporting Act. To print out a summary of your rights under the Fair Credit Reporting Act go to: <http://www.akronohio.gov/person.html>. Copies of the summary are also available from the City of Akron Department of Human Resources at 330-375-2720.

A: I consent

8. Q: In order to be awarded additional education credit for course work completed at an accredited college or university, you must submit a copy of your official transcripts or degree. Will you be submitting or attaching your college transcripts or copy of your degree? If yes, you must scan and attach a copy of your official transcripts or degree, mail or hand deliver them to Room 102, Municipal Bldg., 166 S. High St, or email them to [krininger@akronohio.gov](mailto:krininger@akronohio.gov).

A: Yes

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

A: No

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

A: No

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

A: No

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

A: N/A

12/9



# HIRE/PERSONNEL ACTION FORM

[Redacted]

## Employee Information

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

## Hire Information

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

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

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

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

Employee ID:  
 Pay Grade and Step: 80-3  
 Appointment Actions: Employment  
 Change Actions:  
 Appointment Code: Permanent Full-Time  
 Probation New  
 Status Code: Active  
 List Code: Open  
 Position Number: [Redacted]

**SSN (DEPARTMENT OF HR USE ONLY):**

**Marital Status (DEPARTMENT OF HR USE ONLY):**

**Comments:** 10000-130100

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<b>Approvers</b>		
Division Manager	BALL II, KENNETH	10/29/19 02:23 PM
Mayor	Akron, Mayor	10/29/19 04:42 PM

Printed on December 05, 2019





City of Akron Setup & Change Personal Information

Employee

[Redacted]

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

Employee ID Number

Social Security Number

[Redacted]

First Name

[Redacted]

Middle

[Redacted]

Last Name

[Redacted]

Date of Birth

[Redacted]

Gender

- Male
- Female

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

Street Address

[Redacted]

City

Canton

State

Ohio

Zip Code

[Redacted]

E-mail Address

[Redacted]

Cell Phone Number

[Redacted]

Home Phone Number

Please check your preferred method of contact below:

- Phone
- Mail
- E-mail

**Marital Status**

- Single
- Married
- Separated
- Divorced
- Widowed

**Highest Education Level completed**

- Less Than HS Graduate
- HS Graduate or Equivalent
- Some College
- Technical School
- 2 Year College Degree
- Bachelor's Level Degree
- Some Graduate School
- Master's Level Degree
- Doctorate (Academic)
- Doctorate (Professional)
- Post Doctorate

**In case of emergency please contact:**

First Name

[REDACTED]

Last Name

[REDACTED]

Phone Number

[REDACTED]

Street Address

[REDACTED]

City

Canton

State

Ohio

Zip Code

[REDACTED]

Relationship to Employee:

[REDACTED]

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

Signature

[REDACTED]

Date

10/25/2019

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

**ACKNOWLEDGMENT OF CONDITIONAL JOB OFFER  
FOR THE POSITION OF POLICE OFFICER**

**Do not resign from your current job in anticipation of employment**

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

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

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

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

Applicant's Initials: [REDACTED]

I understand that this is not a guarantee of employment. I understand that if I am sworn in to the position of Police Officer, I will be subject to a probationary period as required by the City of Akron and subject to all rules, policies and procedures of the City of Akron related to the probationary period and otherwise.

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

I agree to execute a separate agreement which demonstrates that I agree to reimburse the City of Akron for the cost of my training under certain circumstances detailed therein and a separate agreement regarding the property and equipment issued to me by the City of Akron.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS CONDITIONAL OFFER AND AGREE TO ABIDE BY THESE TERMS. I UNDERSTAND AND AFFIRM THAT IF THE CONDITIONS OF THIS JOB OFFER ARE MET, MY APPOINTMENT WILL BE TO PROBATIONARY EMPLOYMENT AND I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE A PROBATIONARY PERIOD UPON BEING SWORN AS A POLICE OFFICER.

Sgt. Nete Milted 1315  
Akron Police Department Witness (Print)

[REDACTED]  
Applicant (Print)

[Signature] 1315  
Witness (Signature)

[REDACTED]

[REDACTED]  
Address

NE Canton OH [REDACTED]

Date: 10/17/19

City of Akron Human Resources Department  
January 1999  
Revised January 2007, January 2012, July 2013, October 2015, May 2016, October 2016, May 2017, June 2017, August 2017, December 2017, January 2018, September 2019

[REDACTED]

**AGREEMENT**

I, \_\_\_\_\_, am scheduled to be enrolled in an Ohio Peace Officer training academy starting Nov. / Dec. 2019 to receive training prior to my appointment as a Police Officer for the City of Akron.

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

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

\_\_\_\_\_  
Applicant (Print)

\_\_\_\_\_  
Date

10/17/19

Sgt. Nate Milsted #1715  
Witness (Print)

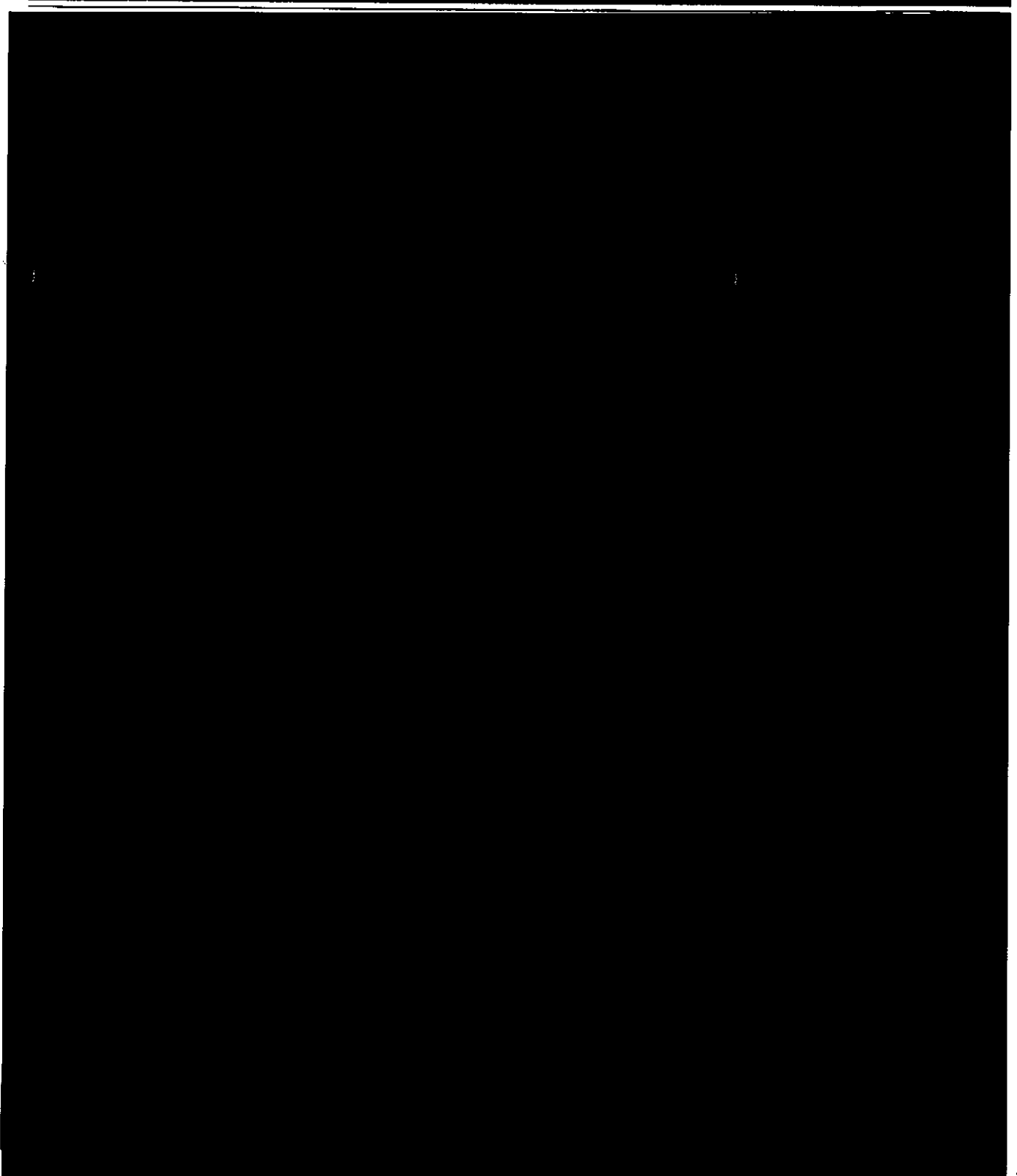
*Nate Milsted* 12/15  
Witness (Signature/Date)

\_\_\_\_\_



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

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

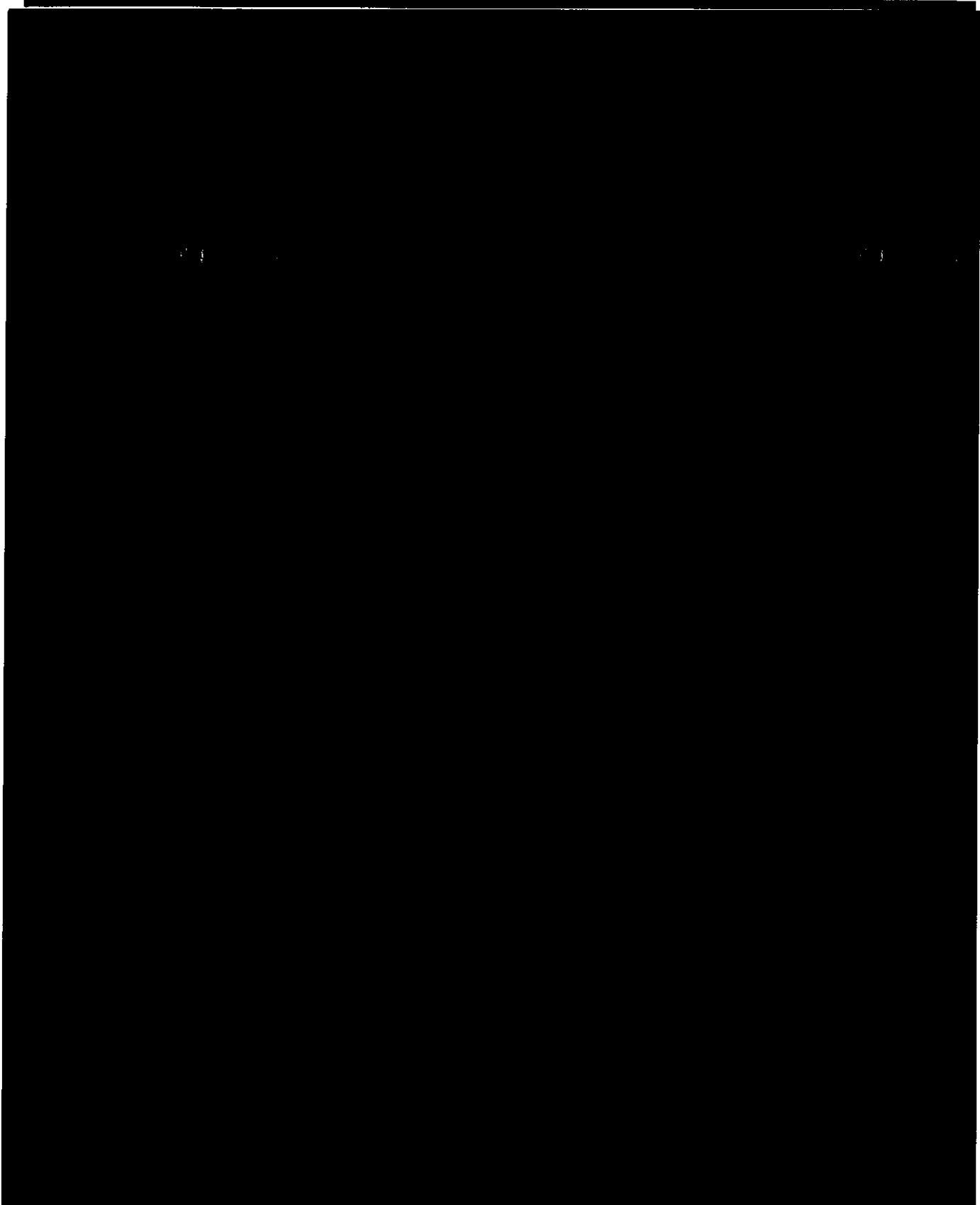


**STCP** *Employer Completes Next Page* **STCP**



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

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





**DAVE YOST**  
OHIO ATTORNEY GENERAL

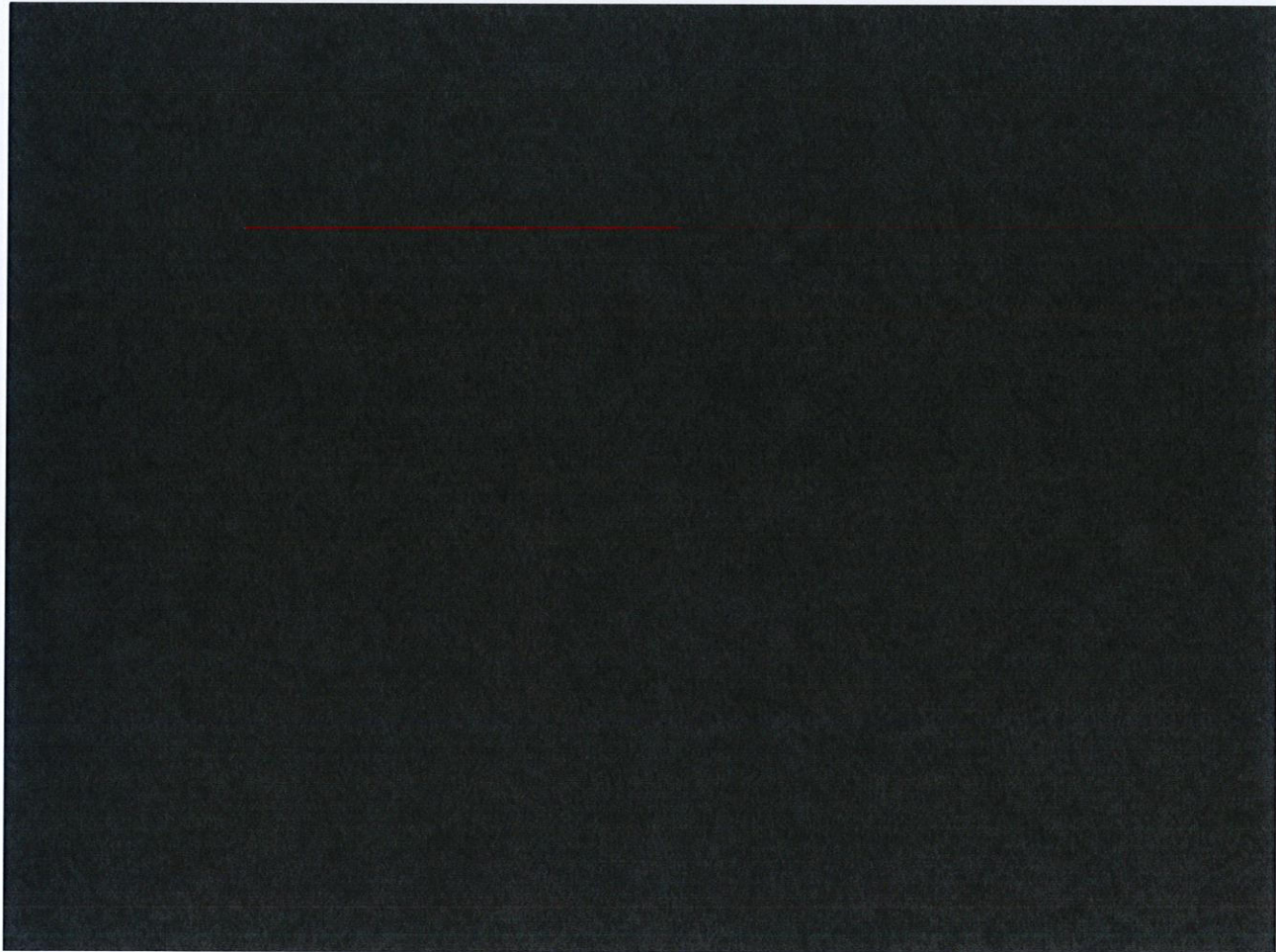


Civilian Identification  
Office 877-224-0043  
Fax 740-845-2633

P.O. Box 365  
London, OH 43140  
[www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)

July 02, 2019

CITY OF AKRON DEPT OF H.R.  
KRIS RININGER  
166 SOUTH HIGH ST  
102 MUNIPAL BUILDING  
AKRON, OH 44308



Joseph A. Morbitzer  
Superintendent  
Ohio Bureau of Criminal Investigation





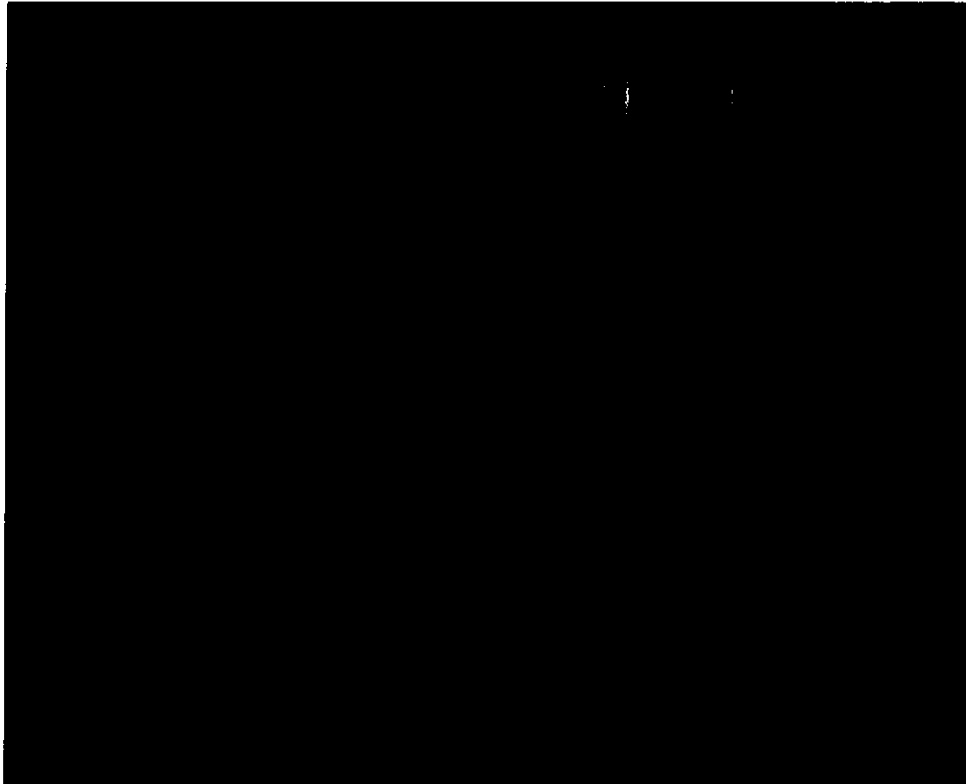
**DAVE YOST**  
OHIO ATTORNEY GENERAL



Civilian Identification  
Office 877-224-0043  
Fax 740-845-2633

P.O. Box 365  
London, OH 43140  
[www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)

July 02, 2019



Joseph A. Morbitzer  
Superintendent  
Ohio Bureau of Criminal Investigation

Ohio Department of Public Safety - Government Access

Last Name: [REDACTED]

**Driver Abstract**

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

Your License Status as of 11/20/2019: **Valid**

Endorsements: None

CDL Med Cert Not Certified

Restrictions: A: None

**- C O N V I C T I O N S -**

**C1 IN-STATE CONVICTION**

Court: CANTON MUNICIPAL COURT      Court Case: [REDACTED]

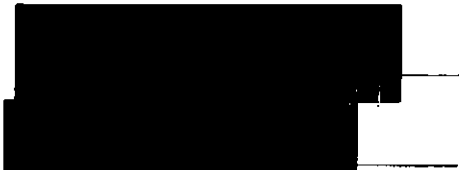
Offense Date: [REDACTED] 2017    Conviction Date: [REDACTED] 2017    Points: 0

Offense: MISCELLANEOUS

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

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

I acknowledge that on Monday, January 06, 2020, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.



Please print your name

Police

Title

Training

Department/Division

116/19

Date

2020 JAN 22 PM 3:21

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

**TRAINING EVALUATION**  
**SEXUAL HARASSMENT AWARENESS (SHA) TRAINING**

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

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

Additional Comments:

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**Fraternal Order of Police, Akron Lodge #7**  
217 S. High Street, Suite 404  
Akron, Ohio 44308

[REDACTED] Form

**Election to Enroll in Employer [REDACTED] Deductions**

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

X

[REDACTED]

[REDACTED]

Printed Name

[REDACTED]

Payroll ID Number



DANIEL HARRIGAN, MAYOR

# CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

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

**Please complete entire form**

Employee ID Number: [REDACTED] Social Security Number: [REDACTED]

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

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

**Contact Information**

Street Address: [REDACTED]

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

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED] Home Phone Number: N/A

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

**Personal Information**

Marital Status: [REDACTED] Divorced  Widowed  Married  Single  Separated

Highest Education Level completed:

<input type="checkbox"/> Less than HS graduate	<input type="checkbox"/> 2-year College Degree	<input type="checkbox"/> Doctorate (Academic)
<input type="checkbox"/> HS graduate or equivalent	<input checked="" type="checkbox"/> Bachelor's Level Degree	<input type="checkbox"/> Doctorate (Professional)
<input type="checkbox"/> Some College	<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> Post-Doctorate
<input type="checkbox"/> Technical School	<input type="checkbox"/> Master's Level Degree	

**In case of emergency please contact:**

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

Street Address: [REDACTED]

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

Relationship to Employee: [REDACTED]

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

Signature: [REDACTED] Date: 3/29/22

Department of Human Resources - Employee Records Office

Revised 2/2017



DANIEL HOUBGAN, MAYOR

# CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

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Please complete entire form

Employee ID Number: [REDACTED] Social Security Number: [REDACTED]

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

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

Street Address: [REDACTED]

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

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED] Please check your preferred method of contact below:  
 Phone  Mail  E-mail

Home Phone Number: N/A

Marital Status:  Single  Divorced  Married  Widowed  Separated

Highest Education Level completed:

<input type="checkbox"/> Less than HS graduate	<input type="checkbox"/> 2-year College Degree	<input type="checkbox"/> Doctorate (Academic)
<input type="checkbox"/> HS graduate or equivalent	<input checked="" type="checkbox"/> Bachelor's Level Degree	<input type="checkbox"/> Doctorate (Professional)
<input type="checkbox"/> Some College	<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> Post-Doctorate
<input type="checkbox"/> Technical School	<input type="checkbox"/> Master's Level Degree	

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

Street Address: [REDACTED]

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

Relationship to Employee: \_\_\_\_\_

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

Signature: [REDACTED] Date: 5/21/20

Form to Department of Human Resources - Employee Records Office Revbed 2/2017

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S DIRECTIVE**

**POLICE DIVISION**

**2022-CD-67**

**June 27, 2022**

**DIRECTIVE**

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

Officer [REDACTED]  
Officer [REDACTED]  
Officer [REDACTED]  
Officer [REDACTED]  
Officer [REDACTED]  
Officer [REDACTED]  
Officer [REDACTED]  
Officer [REDACTED]

*Stephen L. Mylett*

**Stephen L. Mylett  
Chief Of Police**





**DAVE YOST**  
OHIO ATTORNEY GENERAL



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

**NOTICE OF PEACE OFFICER APPOINTMENT**

Check Box if:  Correction to Record  Name Change

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

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

<b>AGENCY INFORMATION</b>		9. Agency Name			
		Akron Police Department			
10. Reporting Authority's Email Address		11. Agency Phone Number			
chiefsaide@akronohio.gov		330-375-2244			
12. Agency Mailing Address (If Street/PO Box)		(City)	(Zip Code)	(County Name)	
217 S. High Street		Akron	44308	Summit	

<b>APPOINTMENT INFORMATION</b>		(Complete Date, Status and ORC)	13. New Appointment Date	14. Status Change Date
15. Select New Status		<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Auxiliary
		<input type="checkbox"/> Reserve	<input type="checkbox"/> Special	<input type="checkbox"/> Seasonal
For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave, on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.				
16. Select New ORC				
<input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City Chief (737.02)		
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<input type="checkbox"/> Village Chief (737.16)		
<input type="checkbox"/> Township Police Officer (605.49)	<input type="checkbox"/> Township Constable (609.01)	<input type="checkbox"/> Other Chief - List ORC/Charter		
<input type="checkbox"/> Other - List ORC/Charter	<input type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311.01)		

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority	18. Printed Name and Title	19. Date	
<i>K. Ball</i>	Kenneth R. Ball, Chief of Police		
20. Signature of Witness	21. Printed Name (First, Middle, Last)	22. Date	
<i>C.A. Brown</i>	Charles A. Brown		

SF400adm  
Page 1 of 2  
Effective 02/05/2019

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

Officer Name (Last)

(First)

(Middle)

Social Security Number

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

[Redacted Signature]
Signature of Appointing Authority

Daniel Horrigan

Name of Appointing Authority (Typed or Printed Legibly)

Mayor, City of Akron

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

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

24. Appointed By (Agency Name and County): 25. From(mm/dd/yyyy): To(mm/dd/yyyy):
26. Appointment Status (Check Appropriate Box)
27. Appointed By (Agency Name and County): 28. From(mm/dd/yyyy): To(mm/dd/yyyy):
29. Appointment Status (Check Appropriate Box)
30. Appointed By (Agency Name and County): 31. From(mm/dd/yyyy): To(mm/dd/yyyy):
32. Appointment Status (Check Appropriate Box)
33. Appointed By (Agency Name and County): 34. From(mm/dd/yyyy): To(mm/dd/yyyy):
35. Appointment Status (Check Appropriate Box)
36. Appointed By (Agency Name and County): 37. From(mm/dd/yyyy): To(mm/dd/yyyy):
38. Appointment Status (Check Appropriate Box)
39. Appointed By (Agency Name and County): 40. From(mm/dd/yyyy): To(mm/dd/yyyy):
41. Appointment Status (Check Appropriate Box)



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

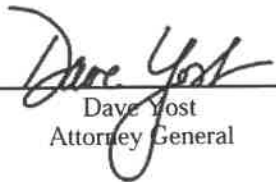
This is to certify that




has completed the Ohio  
Peace Officer Basic Training Program


Conducted by  
Akron Police Department

Awarded On  
May 29, 2020

  
\_\_\_\_\_  
Dave Frost  
Attorney General

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



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

\_\_\_\_\_  
School Commander

BAS19-090 200588



## Akron Police Department Weapons Training Report

Range Course Results  
Type: Any  
Officers filtered: 1

6 results returned

ID	Officer	Date/Time	Training Type	Weapon Type	Manufacturer	Model	Serial #	Result	Notes
		03/03/2022 08:00	Rifle	Rifle	Aero Precision			Passed	
		12/15/2021 05:00	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
		06/30/2021 08:00	Rifle	Rifle	Aero Precision			Passed	
		04/13/2021 12:30	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G4-17		Passed	
		01/11/2021 05:00	Low Light	Semi-Automatic Pistol	Glock	G4-17		Passed	
		05/08/2020 08:00	Rifle	Rifle	Aero Precision			Passed	

# EMPLOYEE PERFORMANCE EVALUATION REPORT

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

PLEASE USE #2 PENCIL

EMPLOYEE ID  
[REDACTED]

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

EVALUATOR 1 ID  
[REDACTED]

ITEMS	MO: 1 2 3 4 5 6 7 8 9 10 11 12	FACTORS	YR: 1 2 3 4 5 6 7 8 9						
<b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b> <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK		<b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b>	<b>3. EVALUATE PERFORMANCE BY</b> BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING	60	70	80	90	95
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT		<input type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION	<b>QUALITY OF WORK</b> EVALUATOR 1 EVALUATOR 2						
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE			<b>QUANTITY OF WORK</b> EVALUATOR 1 EVALUATOR 2						
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE		<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	<b>ATTENDANCE</b> EVALUATOR 1 EVALUATOR 2						
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY		<input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK	<b>WORK HABITS</b> EVALUATOR 1 EVALUATOR 2						
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS		<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input type="checkbox"/> PERSONAL APPEARANCE & CARE	<b>RELATIONSHIP WITH OTHERS</b> EVALUATOR 1 EVALUATOR 2						
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL		<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	<b>SUPERVISORY SKILLS</b> (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2						

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

Police Recruit is performing as expected of an employee at this point in their training.

**5. SIGNATURE OF EVALUATOR**

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

EVALUATOR 1 SIGNATURE: [Signature] 10177 3/4/20  
 EVALUATOR 2 SIGNATURE: [Signature] 10948 3/11/20

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

SIGNATURE OF REVIEWER: [Signature] 10449 3/12/20  
 SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] 3/13/20

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

**7. REPORT DISCUSSION**

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

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









CITY OF ALEXANDRIA  
EMPLOYEE RECORDS  
2020 APR 19 AM 9:39

# EMPLOYEE PERFORMANCE EVALUATION REPORT

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

EVALUATION FROM 12/9/15 TO 04/30/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 05/31/20
----------------------------------------	---------------------	-----------------------------------------------------

EMPLOYEE ID  
[REDACTED]

TYPE OF EVALUATION			
STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
INTERIM 6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE USE #2 PENCIL

EVALUATOR 1  
[REDACTED]

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12

FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:  
 = STRONG  
 = STANDARD  
 = WEAK

2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED

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

60 = UNSATISFACTORY  
 70 = IMPROVEMENT NEEDED  
 80 = SATISFACTORY  
 90 = VERY GOOD  
 95 = OUTSTANDING

FACTORS	EVALUATOR 1	EVALUATOR 2	60	70	80	90	95
QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUANTITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WORK HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELATIONSHIP WITH OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Recruit [REDACTED] is performing as expected of an employee at this point. Recruit [REDACTED] has successfully passed all required

testing to this point

5. SIGNATURE OF EVALUATOR

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

EVALUATOR 1 SIGNATURE: [Signature] 10791 5/20/20  
 EVALUATOR 2 SIGNATURE: [Signature] 10948 5/20/20

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

REVIEWER SIGNATURE: [Signature] 10449 6/30/2020

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

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature]

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] 5/21/20

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

CITY OF AKRON  
EMPLOYEE RECORDS  
0929 JUN 22 PM 2:38

CITY OF AKRON  
EMPLOYEE RECORDS  
0920 JUN 30 PM 2:49

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 05/09/20 TO 10/24/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12/27/20

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 [REDACTED]	EVALUATOR 2 [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER		
	INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY		
	6-MONTH					

PLEASE USE #2 PENCIL

ITEMS MO: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)	FACTORS YR: (1) (2) (3) (4) (5) (6) (7) (8)																																										
<b>1. MARK PERFORMANCE, IN</b> ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	<b>2. LINE OUT ITEMS</b> WHICH ARE NOT JOB-RELATED																																										
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK <input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP																																										
<b>3. EVALUATE PERFORMANCE BY</b> BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING																																										
	<table border="1"> <tr> <td></td> <td>60</td> <td>70</td> <td>80</td> <td>90</td> <td>95</td> </tr> <tr> <td>QUALITY OF WORK</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>QUANTITY OF WORK</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ATTENDANCE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WORK HABITS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>RELATIONSHIP WITH OTHERS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SUPERVISORY SKILLS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		60	70	80	90	95	QUALITY OF WORK						QUANTITY OF WORK						ATTENDANCE						WORK HABITS						RELATIONSHIP WITH OTHERS						SUPERVISORY SKILLS					
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SUPERVISORY SKILLS																																											

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

*Progressing as expected.*

**5. SIGNATURE OF EVALUATOR**

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

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 139718647 DATE: 12/5/20  
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 12-6-20

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11800 DATE: 10/10/20

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

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

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY: [REDACTED]

SIGNATURE: [REDACTED] DATE: [REDACTED]

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

CITY OF AKRON EMPLOYEE RECORDS

CITY OF AKRON EMPLOYEE RECORDS  
 7/20 DEC 29 PM 3:20  
 7/20 DEC 29 PM 3:20





CITY OF ANCHORAGE  
EMPLOYEE RECORDS  
JUL 13 AM 10:39



# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

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Name: [REDACTED] ID: [REDACTED] Badge#: [REDACTED] Payroll ID: [REDACTED]  
SSN: [REDACTED] DOB: [REDACTED] Status: ACTIVE Service Date: 12/09/2019  
Appointed: 12/09/2019 OPOTC: [REDACTED] Sworn In: 05/29/2020 Separation: [REDACTED]

---

### PROMOTIONS

---

### NOTES

EMERGENCY CONTACT [REDACTED] PHONE: [REDACTED]

PERSONAL EMAIL: [REDACTED]@GMAIL.COM

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### ASSIGNMENTS

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

---

### TRAINING

05-05-2020 OHLEG SECURITY TRAINING

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### COMPLAINTS

---

### DISCIPLINES

---

### FILE REVIEWS

---

### SHOTS FIRED

---

### AWARDS

---

### SPECIAL UNITS



Basic Training

School Number ( Facility Name (School Facility) (Facility)	From Date (Scho To Date (School)	Exam Date	Certificate Num:	Certificate Date
BAS19-090 Akron Police Department	12/11/2019 4/30/2020	5/18/2020		5/29/2020

██████████ Employment History

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