

In the  
**Supreme Court of Ohio**

**THE STATE OF OHIO ex rel.** : Case No. \_\_\_\_\_  
**Copley Ohio Newspapers, Inc. d/b/a** :  
**Akron Beacon Journal,** :  
388 S. Main St. Suite 720, :  
Akron, Ohio 44309, :

Relator, : **Complaint for Writ of**  
 : **Mandamus R.C. 149.43**

v. :  
 : **Oral Argument Requested**

**The City of Akron, Ohio,** :  
c/o Department of Law :  
Eve V. Belfance, Director of Law :  
Ocasek Government Office Building :  
161 South High Street, Suite 202 :  
Akron, Ohio 44308, :

**The Akron Police Department,** :  
c/o Chief Stephen L. Mylett :  
217 South High Street, :  
Akron, Ohio 44308, :

Respondents. :

LYNN ROWE LARSEN\* (0055824)

*\*Counsel of Record*

DANIEL H. BRYAN (0095309)

CARY M. SNYDER (0096517)

Taft Stettinius & Hollister LLP

200 Public Square, Suite 3500

Cleveland, Ohio 44114-2302

Telephone: 216-241-2838

Facsimile: 216-241-3707

*llarsen@taftlaw.com*

*dbryan@taftlaw.com*

*csnyder@taftlaw.com*

*Counsel for Relator*

*Copley Ohio Newspapers, Inc. d/b/a*

*Akron Beacon Journal*

Relator Copley Ohio Newspapers, Inc. d/b/a *Akron Beacon Journal* for its complaint for writ of mandamus, states as follows:

**Preliminary Statement**

1. This is a mandamus action in which a newspaper, the *Akron Beacon Journal*, seeks to compel The City of Akron and its Police Department (collectively, “Akron” or “Respondents”) to provide personnel records of Akron police officers that used lethal force in three separate incidents in the past year. Relator seeks employment records that are unredacted at least as to reflect the identities of such officers, but does not object to Respondents’ redaction of other properly protected private information.

2. Despite repeated requests and contrary to Ohio’s Public Records Act, Respondents have refused to provide public records disclosing the identities of police officers involved in these lethal-force incidents and have, instead, improperly redacted such identifying information from the routine employment records that were provided.

3. Emblematic of Respondents’ refusal to provide this information, Akron’s Chief of Police, on or about July 14, 2022, orally countermanded the Akron Police Department’s long-standing written policy of requiring its uniformed police officers to wear name plates disclosing their identities to the public.

4. In short, in both its handling of public records requests and its recent protocol changes, Akron has taken the position that its uniformed civilian police officers can act with anonymity and in secret, even when using lethal force.

5. Purporting to operate such a police force with a culture of secrecy surrounding police officers’ use of lethal force is anathema to a democratic society and contrary to near-universal standards of policing in this Country.

6. As the United States Department of Justice has explained:

Officers wearing name plates while in uniform is a basic component of transparency and accountability. It is a near-universal requirement of sound policing practices and required under some state laws. Allowing officers to remain anonymous when they interact with the public contributes to mistrust and undermines accountability. The failure to wear name plates conveys a message to community members that, through anonymity, officers may seek to act with impunity. Further, the lack of name plates makes it difficult or impossible for members of the public to identify officers if they engage in misconduct, or for police departments to hold them accountable.

DOJ letter to Ferguson Chief of Police, September 23, 2014.<sup>1</sup>

7. Akron's refusal to provide public records, including records that would identify its uniformed police officers that use lethal force, is contrary to Ohio's Public Records Act.

8. Aside from being contrary to law, Akron's refusal is preventing the *Akron Beacon Journal* from investigating and reporting on events of significant public concern. In particular, by refusing to disclose the identities of police officers that used lethal force, Respondents are preventing the *Akron Beacon Journal* from investigating important questions, including whether these persons (i) were the subject of complaints at previous police departments; or (ii) were the subject of prior criminal or civil investigations, suits, or convictions, including for the improper use of force.

9. The citizens of Ohio and of Akron have vested their civilian police officers with significant powers and discretion, including the ability to dispense lethal force without arrest or trial. And rightly so in appropriate instances. But such power must, in all circumstances, be exercised with transparency and public oversight.

---

<sup>1</sup> [https://www.justice.gov/sites/default/files/crt/legacy/2014/11/04/ferguson\\_ltr\\_nameplates\\_9-23-14.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2014/11/04/ferguson_ltr_nameplates_9-23-14.pdf) (last accessed November 9, 2022).

10. While Ohio's Public Records Act is not concerned with a requestor's motivation, here the *Akron Beacon Journal* and the public it serves have a strong interest in transparency with regard to police shootings, to ensure that such awesome power is being exercised appropriately.

11. Finally, due to Akron's refusal to provide unredacted employment records which would disclose the identities of the police officers who used lethal force, certain community organizations have engaged in research to try to identify such police officers through various snippets of information gleaned from the public employment records which they believe provide a basis to identify the police officers involved.

12. Drawing their own conclusions in the absence of Akron transparently providing accurate information, a website ([releasethenames.com](http://releasethenames.com)) recently published a report listing the eight Akron police officers who they believe all used lethal force in the Jayland Walker shooting described below. The same names have likewise been stated by the public during an open meeting of Akron's City Council.

13. Akron has refused the request of the *Akron Beacon Journal*, and others, to provide records that would confirm or refute that these publicly named police officers are those who actually used lethal force in the Jayland Walker shooting.

14. Accordingly, as a result of Akron's complete lack of transparency, eight Akron police officers have now been identified to the public as having used lethal force without any confirmation that this information is accurate and the public is left to continue its speculation.

### **The Parties and Jurisdiction**

15. Relator Copley Ohio Newspapers, Inc. d/b/a *Akron Beacon Journal* is an Illinois corporation duly authorized and registered to do business in Ohio, which publishes the *Akron Beacon Journal*, the sole daily newspaper for the City of Akron, Ohio.

16. Respondent City of Akron is a political subdivision in the State of Ohio and is thus a “public office” within the meaning of Ohio’s Public Records Act, R.C. 149.43 (the “Act”) and R.C. 149.011(A).

17. Respondent Akron Police Department is an “organized body, office, agency, [] or institution” established under Ohio law for the “exercise of any government function” and is thus a “public office” within the meaning of the Act and R.C. 149.011(A).

18. This Court has jurisdiction based on Section 2 of Article IV, Ohio Constitution, which establishes original jurisdiction over petitions for writs of mandamus; R.C. 2731.01, *et seq.*, which govern mandamus actions; and R.C. 149.43, which establishes the public’s right to public records and permits Relator to commence a mandamus action for violations of the Act.

19. Venue is appropriate in this Court under R.C. 2731.02 and R.C. 149.43(C)(1)(b).

### **The Public Record Requests and Respondents’ Denials**

20. The *Akron Beacon Journal* has requested public records concerning three lethal use of force incidents, as set forth below. Requests as to each incident have been improperly denied by Respondents.

#### **A. Incident 2021-00163083 (Kenmore) and Incident 2022-021681 (Ritchie).**

##### **—*Background of Incidents.***

21. On December 23, 2021, the Akron police used lethal force against James Gross.

22. On information and belief, Akron police responded to a 911 call seeking assistance because Mr. Gross was trying to break down the door of his estranged wife's home at 4 a.m. in the morning. She advised the 911 dispatcher that she had obtained a restraining order against Mr. Gross the day before, due to seven prior incidents. Police officers made efforts to resolve the situation from outside the home when they arrived on the scene. When unsuccessful, police officers entered the home, and found Mr. Gross holding a knife to his estranged wife's neck. One police officer tased Mr. Gross, but he still did not drop the knife or release the intended victim. Another police officer then shot and killed Mr. Gross and the victim escaped uninjured.

23. On information and belief, Akron and its police have designated this incident "2021-00163083," sometimes referred to herein as the "2021 Kenmore Shooting," based on its location.

24. On February 22, 2022, the Akron police used lethal force against Lawrence Rodgers.

25. On information and belief, Akron police responded to a 911 call at 2:40 a.m. and when officers arrived on the scene two brothers ran out of the home where their cousin was armed and threatening another brother still in the home. Mr. Rodgers advised the 911 dispatcher and the police outside the home that he had a gun. Police officers repeatedly ordered Mr. Rodgers to drop the gun and put his hands up. Mr. Rodgers then appeared at a side door of the home with the handgun. Police officers opened fire and shot and killed him. After Mr. Rodgers was shot by police, he still shot and killed his cousin inside the home before he died.

26. On information and belief, Akron and its police have designated this incident “2022-00021681,” sometimes referred to herein as the “2022 Ritchie Shooting,” based on its location.

—***Initial Records Requests and Response; Incident Reports.***

27. On February 10, 2022, the *Akron Beacon Journal* informed Akron of its belief that the name of any police officers that used lethal force in the 2021 Kenmore Shooting is “a matter of public record” and requested that Akron provide the names of any police officers involved in the incident. A true and complete copy of this correspondence is attached as Exhibit A.

28. On March 3, Akron responded that it had previously responded or attempted to respond on February 23, 2022, but there may have been a “typo or email glitch,” and that it would interpret the *Akron Beacon Journal*’s email as a new or clarified request for the incident report for the 2021 Kenmore Shooting. A true and complete copy of this correspondence is attached as Exhibit B.

29. The *Akron Beacon Journal* acknowledged that its initial requests “could have been more clear,” clarifying that “we are asking for all incident reports and releasable documentation of the two recent officer-involved shootings,” *i.e.*, the 2021 Kenmore and 2022 Ritchie Shootings. A true and complete copy of this correspondence is included in the email thread attached as Exhibit C.

30. On March 10, 2022, Akron provided “a copy of the initial incident report for 21-163083,” the 2021 Kenmore Shooting, which Akron indicated “should be considered a partial response.” A true and complete copy of this correspondence, with the incident report is attached as Exhibit C.

31. On March 17, 2022, Akron further responded to Relator’s request concerning the 2021 Kenmore Shooting and provided “the incident report, which had already been released, and a supplemental report that was expressly incorporated by an Officer into the incident report.” A true and complete copy of this correspondence and the incident reports is attached as Exhibit D.

32. The incident report for the 2021 Kenmore Shooting did not name the police officer that shot James Gross. Indeed, the only “narrative” information, written by Officer N. Clark (whose name Respondents did not redact), was “See Case Supplemental.”

33. The supplemental report, which Akron stated it was releasing only because of its “express” incorporation, was also scant. It also did not identify which police officer used lethal force, though it did state that “Ofc. Luke” was taken “to be away from the scene.”

34. On March 29, 2022, Akron finally provided the incident report for Incident 22-021681, the 2022 Ritchie Shooting. A true and complete copy of the March 29, 2022 email attaching this incident report is attached as Exhibit E.

35. As with the 2021 Kenmore Shooting, this incident report did not identify the police officers that used lethal force; indeed, it did not even note that “lethal” force was used, instead stating “Officers used force.”

—*Supplemental Records Requests for Personnel Files and Response.*

36. On March 21, 2022, the *Akron Beacon Journal* issued additional public records requests concerning the officers involved in both Shootings. In particular, Relator requested:

- The personnel file, discipline records (if any), and completed internal investigation files (if any) for Officer Luke as identified in report 2021-00163083.
- All administrative leave or reinstatement notices issued to any employees of the Akron Police Department from Dec. 1, 2021 until March 18, 2022.



- The personnel file, discipline records (if any), and internal investigations (if any) for officers under investigation relating to report 2021-0016308 [sic] and/or the officer-involved shooting at 2470 26th St. SW, Akron, on Dec. 23, 2021.
- The personnel file, discipline records (if any), and internal investigations (if any) for officers under investigation relating report 2022-021681 and/or the officer-involved shooting at a home on the 500 block of Ritchie Avenue on Feb. 23, 2022.

A true and complete copy of this request is included in the email thread attached as Exhibit F.

37. Akron responded to these subsequent requests on April 14, 2022. It agreed to provide the personnel file for Officer Luke (for whom Akron has not provided records to determine whether or not he was a police officer that used lethal force). Akron likewise agreed to provide notices of administrative leave and reinstatements from December 1, 2021, through March 18, 2022. Akron otherwise declined to provide personnel or disciplinary files for the police officers involved in these two police shootings.

38. A true and correct copy of Akron's response and the documents provided by the city on April 14, 2022, which purport to include both (i) the personnel file of Officer Luke, and (ii) various administrative leave and reinstatement documents, which Akron provided all lumped together as a single file, are attached as Exhibit F.

39. While Akron did provide notices of police officer leave, reinstatements, and "directives" to return to duty, Akron providing these documents was nothing more than a charade. As shown in Exhibit F, in each instance, Akron redacted the names of the police officer placed on leave or reinstated, *i.e.*, the very subject-matter of the documents.

40. Despite Akron's contentions, there can be no disputing that a "Directive" for police officers "to return to their regular duty assignment" is not a confidential law enforcement investigatory record ("CLEIR") that would permit redaction. It is not. *E.g.*, *State ex rel. Morgan v. New Lexington*, 112 Ohio St.3d 33, 42 (2006) ("[R]ecords are not confidential law-

enforcement records if they relate to employment or personnel matters rather than directly to the enforcement of law.”).

41. On April 25, 2022, the *Akron Beacon Journal*, through counsel, asked Akron to explain the lack of detail in the incident reports and whether police officer names had been improperly redacted. A true and complete copy of this correspondence is attached as Exhibit G.

42. On May 2, 2022, Akron confirmed that the brevity of the incident reports was intentional. Akron stated that homicide incident reports “rarely, if ever” identify suspected shooters. Rather, to Akron, “[t]he incident report serves to generate a report number so an investigation can begin.” A true and complete copy of this correspondence is attached as Exhibit H.

43. In short, for all practical purposes, Akron treats the creation of an initial incident report as a formality to “generate” a case number, evading this Court’s decision in *State ex rel. Beacon Journal Publishing Co. v. Maurer*, 91 Ohio St.3d 54, 741 N.E.2d 511 (2001), which required the disclosure of an incident report identifying a police officer that used lethal force.

44. On May 6, 2022, the *Akron Beacon Journal*, through counsel, again sought copies of the administrative leave notices and return to duty directives without the police officer names redacted, explaining that such documents were not CLEIRs, as Akron was contending. The *Akron Beacon Journal* also requested time sheets, employment logs, and duty rosters from December 1, 2021 through present, in yet another attempt to learn which police officers used lethal force. A true and complete copy of this request is attached as Exhibit I.

45. On May 27, 2022, Akron responded, largely refusing to provide the requested information. A true and complete copy of this response, without enclosures, is attached as Exhibit J.

46. Akron's response claimed that it could not locate personnel files for the police officers involved in the shootings because "the City's files are organized by officer name" and Relator's "requests do not identify the officers."

47. Ohio's Public Records Act is not a game, nor should be it be construed by public offices to impose Catch-22 requirements.

48. Perhaps realizing the absurdity of its written response, Akron did provide the personnel files for the police officers involved in these Shootings with its May 27, 2022 correspondence. Akron, however, redacted the police officers' names from these employment records. In total, Akron provided 12 PDF files as enclosures to its May 27, 2022 letter, true and complete copies of which are attached as Exhibits K-1 through K-12.

49. Akron's redaction of many of these police officers' names from these employment records contradicts the practice of the Ohio Attorney General's Office, which has released, unredacted, documents disclosing the identity of the police involved in the 2021 Kenmore Shooting, with the exception of the officer who shot Mr. Gross. And the Ohio Attorney General's Office redacted that police officer's name from its investigatory documents only because Akron had not released it.

50. The employment files redacted by Akron are not CLEIRs. Many are "orders" or "directives" re-assigning police officers to different internal divisions, posts, or assignment. For example, one redacted document lists the names of dozens of police officers assigned to work at a marathon, with the names of the two police officers involved in the Shootings redacted. Another lists the names of police officers ordered to attend the "Rib, White, and Blue Festival," with only a single officer's name redacted. Yet another document contains a citizen's letter

thanking an officer for helping her with a flat tire. The citizen's name is not redacted, but the police officer's is.




51. These documents are not investigatory records at all, much less CLEIRs; rather, they are routine employment records—public records—that should not have redacted the police officers' names.

52. As in *State ex rel. Morgan v. New Lexington*, 112 Ohio St. 3d 33, 2006-Ohio-6365, 857 N.E.2d 1208, ¶ 51, the “records here were not generated by the various investigations concerning [the public employee]. Instead, they were records made in the routine course of public employment before those investigations began. Therefore, the requested records are not confidential law-enforcement records and are not excepted from disclosure under the Public Records Act.”

53. Akron itself does not even keep the underlying information confidential. By way of example, one redacted document concerns a Directive listing the seven Akron police officers sworn into duty on March 27, 2015, with a single redaction:

## **DIRECTIVE**

**Upon receiving their Oath of Office on Friday, March 27, 2015 at 1:00 p.m. in City Council Chambers, the following seven (7) officers are transferred from the Services Sub-Division to the Uniform Sub-Division effective Monday, March 30, 2015:**

<u><b>NAME</b></u>	<u><b>I.D.</b></u>	<u><b>BADGE</b></u>	<u><b>ASSIGNMENT</b></u>
<b>Barnes, Paul</b>	<b>1421</b>	<b>431</b>	<b>Platoon #1</b>
<b>Brandenburg, Anthony</b>	<b>1424</b>	<b>434</b>	<b>Platoon #1</b>
<b>Hunt, Timothy</b>	<b>1423</b>	<b>483</b>	<b>Platoon #5</b>
<b>King, Brandon</b>	<b>1422</b>	<b>392</b>	<b>Platoon #5</b>
<b>Nan, Samnang</b>	<b>1425</b>	<b>425</b>	<b>Platoon #5</b>
<b>Saunier, J. Devlin</b>	<b>1420</b>	<b>480</b>	<b>Platoon #4</b>
			<b>Platoon #1</b>

54. The identity of who became an Akron police officer on March 30, 2015, is not a secret CLEIR, and documents such as this are squarely public records. It is hard to fathom that if asked for public records concerning who became a police officer on this date, Akron would have any legitimate basis to deny the request. Yet Akron did so here, ostensibly (and incorrectly) arguing that the fact that a police officer used lethal force six years later, destroyed the public records status of earlier, unrelated documents concerning the same officer.

55. Akron has also publicly contradicted its own position, and routinely publicizes the identity of its police and their community involvement. For example, Akron rightfully publicly celebrated, and proudly named the seven persons who became police officers on March 30,

2015. It continues to publish, online, the information it now insists it may redact in response to a Public Records Act request:



Akron Police Department Facebook, March 27, 2015.<sup>2</sup>

56. In keeping with Akron Police Department's then-requirements and near-universal police practices, each police officer above also has a name plate displayed under his badge.

57. In fact, in prior years, the Akron Police Department identified and celebrated the valor of police officers who used deadly force in the line of duty.<sup>3</sup>

58. Yet Akron has refused to provide public records without redacting police officers' names as requested.

<sup>2</sup> [https://www.facebook.com/375323736952/photos/on-march-27-2015-the-akron-police-department-welcomed-7-new-police-officers-when/10153576904041953/?\\_rdr](https://www.facebook.com/375323736952/photos/on-march-27-2015-the-akron-police-department-welcomed-7-new-police-officers-when/10153576904041953/?_rdr) (last accessed November 9, 2022).

<sup>3</sup> [https://www.akronohio.gov/cms/resource\\_library/files/15054a17095a84fd/2005\\_annual\\_report3.pdf](https://www.akronohio.gov/cms/resource_library/files/15054a17095a84fd/2005_annual_report3.pdf), at p. 24 (last accessed November 9, 2022).

**B. Incident 2022-00078920 (Jayland Walker).**

*—Background of Incident.*

59. On June 27, 2022, the Akron police used lethal force against Jayland Walker.

60. On information and belief, the Akron police used lethal force against Mr. Walker following a vehicle pursuit in which the Akron police believed Mr. Walker had fired a gun from his car while being pursued by the police.

61. On information and belief, Akron and its police have designated this incident “2022-00078920,” sometimes referred to herein as the “2022 Jayland Walker Shooting.”

62. The Akron Police Department released body-worn camera footage of this Shooting to its YouTube channel. (<https://www.youtube.com/watch?v=pf5QkIpFWTU>).

63. The footage was edited by Respondents in an attempt to blur out the faces of the police officers who shot Mr. Walker.

*—Initial Records Requests and Response; Incident Reports.*

64. On June 28, 2022, the *Akron Beacon Journal* requested that Respondents provide the following public records:

- 911 recordings associated with the officer-involved shooting incident that occurred June 27 at approximately 12:30 a.m. in or near the parking lot of the Bridgestone Americas Center for Research and Technology.
- The incident report, including supplemental notes of the investigating officers, witness statements and narratives, for the above-referenced incident.
- The personnel file(s) of officer(s) placed on administrative leave pending investigation of the above referenced incident.
- The body-worn camera footage of responding officers directly involved in the above-referenced incident, including the officer(s) who used deadly force or gave chase to the suspect.

A true and complete copy of this request is attached as Exhibit L.

65. On or around July 3, 2022, Akron published a “Media Package” concerning the 2022 Jayland Walker Shooting, a true and complete copy of which is attached as Exhibit M. This report gave some information about the incident and the eight police officers involved, including a summary that stated that while working for the Akron Police Department none of the officers had prior “disciplines,” any “substantiated” complaints against them, or were involved in prior “fatal” shootings.

66. On July 5, 2022, the *Akron Beacon Journal*, through counsel, again requested the initial incident report as well as supplementing reports, notes, and narratives as described in *State ex rel. Myers v. Meyers*, Slip Opinion No. 2022-Ohio-1915 (June 9, 2022). A copy of this correspondence is attached as Exhibit N.

67. Shortly before this follow-up request was transmitted, Akron disclosed the initial incident report, as well as a “traffic crash report,” but withheld other requested documents. True and complete copies of these reports are attached as Exhibits O and P.

68. Neither report disclosed the names of any police officers that used lethal force. Rather, the incident report states it was created by Officer Tersigni, whose name Akron did not redact, presumably because he or she did not shoot at Mr. Walker. Similarly, the traffic crash report was created by Officer Mokodean and “checked by” Officer Pasternak, whose names Respondents also did not redact.

69. On July 7 and July 12, 2022, the *Akron Beacon Journal*, through counsel, again requested that any supplementing reports, notes, and narratives be provided, as well as the personnel files for the police officers involved. True and complete copies of these emails are attached as Exhibits Q and R.



70. On July 18, 2022, Akron provided a response to the *Akron Beacon Journal's* request for personnel files for the police officers involved in the 2022 Jayland Walker Shooting. A true and correct copy of this response is attached as Exhibit S. Yet again, Akron's response argued that Relator's requests were improper because "the City's files are organized by officer name," and Relator's "requests do not identify the officers."

71. Akron nonetheless provided partial personnel records for the eight police officers involved in the 2022 Jayland Walker Shooting, true and complete copies of which are attached as Exhibits T-1 to T-8.

72. As before, these personnel files were improperly redacted to remove all references to the names of the police officers involved in the shooting.

73. The *Akron Beacon Journal* believed these were complete personnel files, similar to what Akron had provided on May 27, 2022, in connection with the two prior officer-involved shootings. Those files, for example, contained officer "discharge of firearm" reports for police officers that had previously used their service weapon, as well as reports of officer discipline. On July 20, 2022, the *Akron Beacon Journal* published an article based on its understanding of these personnel files.

74. The following day, on July 21, 2022, Akron informed Relator that the personnel files it had provided were not complete. Instead of providing complete files as it had previously done for the other shootings, Akron stated that it had only provided personnel files held by Akron's human resources division, not any personnel files held by Akron's Police Department. Akron stated it would provide supplemental documents at a later time. A true and correct copy of this correspondence is attached as Exhibit U.

75. Akron separately acknowledged in such email correspondence that at least one of the police officers involved in the 2022 Jayland Walker Shooting had used his or her service weapon previously or had otherwise been involved in a “non-fatal use of force.”

76. The same day, the *Akron Beacon Journal* requested documents concerning that officer’s prior “non-lethal use of force.” A true and correct copy of correspondence concerning this request is attached as Exhibit V.

77. On July 22, 2022, Akron supplemented its production of public records with the employment application of “Officer 3,” an unidentified police officer involved in the Jayland Walker shooting, which redacted the officer’s name throughout. A true and correct copy of this correspondence, with the attachments is attached as Exhibit W.

78. The *Akron Beacon Journal*’s counsel requested again the report as to the officer’s prior use of non-lethal use of force the same day. A true and correct copy of this correspondence is attached as Exhibit X.

79. On July 26, 2022, Akron disclosed supplemental incident reports concerning the 2022 Jayland Walker Shooting. A true and complete copy of Akron’s written response and the supplemental reports are attached as Exhibit Y. The reports were redacted by Akron to remove all references to police officer names.

80. On information and belief, none of these supplemental incident reports was written by a police officer that shot at Mr. Walker. Rather, to the extent that these reports reference the shooting at all, they refer to it being done by other police officers.

81. None these supplemental incident reports provided by Respondents contain any notes or summaries of interviews of the eight police officers that used lethal force.

82. Nonetheless, Akron improperly redacted the names of the police officers that created these supplemental reports, even though these officers did not shoot at Mr. Walker. Such redactions of the names of non-shooting officers is at odds with Akron's releasing, unredacted, the names of the non-shooting officers that prepared the initial incident report and the traffic crash report, and is contrary to Akron's purported rationale for not releasing such names.

83. On July 28, 2022, Akron provided additional documents and a supplemental responsive letter, a true and complete copy of which is attached as Exhibit Z.

84. This transmission included a heavily redacted document concerning prior use of force incident(s) by the police officers. Details concerning the event—which occurred in 2019—were redacted, including, among other things, street and location names, police officer names, witness names, suspect names, dates, and times. The investigation into this use of force incident was closed, with the investigation concluding that the officers had acted properly.

85. Akron's July 28, 2022 transmission also provided a summary of citizen complaints against the police officers, from 2019 to 2021. Police officer names, as well as the day and month of the thirteen complaints, were redacted.

86. One of these complaints was "adjudicated in Court," underscoring that Akron is improperly cloaking, as confidential, public records concerning public judicial proceedings.

87. None of the records provided by Akron are CLEIR, and none should have redacted the employees' names. Most are routine personnel records, not involving the enforcement of law, or (as to the prior use of force investigation) that concern investigations from years ago that have long since been closed.

**Akron Is Not Entitled To Maintain a Culture of Secrecy Around Officers' Use of Lethal Force, and Having a Public Police Force Does Not Jeopardize Officer Safety**

88. Akron's police force is composed of civilians.

89. The names of Akron's uniformed police are not secret. Rather, Akron's own police procedures have long required that police officers must wear name plates, *i.e.*, name tags, when in uniform:

Name plate shall be worn parallel to the seam attaching the picket flat to the garment and centered between the seam and top of the buttonhole on the left breast pocket. "Proudly Serving" pins may be attached to the name plate.

Akron Police Department Procedure P-2015-033, "Authorized Uniform and Equipment," §

1.A.6.b.<sup>4</sup> A true and complete copy of this procedure is attached as Exhibit AA.

90. This is in keeping with standard and near-universal police procedure, as stated by the U.S. Department of Justice (discussed above).

91. On-duty, uniformed Akron police officers do not have an expectation of or right to privacy while fulfilling their duties in public. Rather, their purpose is frequently to be highly visible, seen, and heard.

92. The Akron Police Department routinely publicizes its police officers' appointments and community participation, including through its Facebook page. These publications frequently identify police officers by name and show their faces.

93. Akron police officers' names and identities are frequently disclosed in court and official proceedings, including in connection with matters ranging from minor traffic infractions to serious crimes.

94. Akron police officers' faces are frequently captured on body-worn camera footage and often are not redacted by Akron prior to being released to the public.

---

<sup>4</sup>[https://www.akronohio.gov/cms/resource\\_library/files/07b0d365f97725ea/authorized\\_uniform\\_and\\_equipment\\_procedure.pdf](https://www.akronohio.gov/cms/resource_library/files/07b0d365f97725ea/authorized_uniform_and_equipment_procedure.pdf) (last accessed November 9, 2022).

95. Pursuant to Akron’s ordinance,<sup>5</sup> Respondents have publicly published, on the internet, body-camera footage of several of these Shootings that plainly show the faces of the police officers involved in these incidents.

96. These video publications were widely disseminated and reported upon, including by national and international press.

97. On information and belief, there are no credible or specific threats of bodily harm or death against the police officer that used lethal force in connection with the 2021 Kenmore Shooting. Akron’s Police Chief confirmed this to the *Akron Beacon Journal* in February of 2022. The Police Chief indicated that Mr. Gross’s brother had initially expressed anger regarding the shooting, but that they were able to resolve those concerns and had no other known threats to any police officers related to this shooting as of February 15, 2022.

98. In fact, the 2021 Kenmore Shooting was investigated by both the Akron Police Department and the Ohio Attorney General’s Office Bureau of Criminal Investigation (“BCI”) and no wrongdoing was found. BCI published extensive investigatory records regarding the 2021 Kenmore Shooting to the public on its website.<sup>6</sup>

99. The Attorney General’s office has identified multiple Akron police officers that were involved in the 2021 Kenmore Shooting, but redacted the name of the particular police officer that killed Mr. Gross because the Akron Police Department has withheld it from the public. The Ohio Attorney General’s spokesman noted that many jurisdictions do not ask BCI to

---

<sup>5</sup> Title 3, Chapter 33, Art. 3 of the Akron Municipal Code (Ord. 159-2021), known as the “Disclosure of Use-of-Force Recordings Ordinance.”

<sup>6</sup>Such records can be found here under the BCI case file for James Gross: [Investigative Documents - Ohio Attorney General Dave Yost](#) (last accessed November 9, 2022).

redact the name of the officer using lethal force, but that Akron had not released the officer's name and so BCI would not.

100. Respondents' disclosing the identity of the police officer that used lethal force in the 2021 Kenmore Shooting would not jeopardize his or her physical safety or life.

101. On information and belief, there are no credible or specific threats of bodily harm or death against the police officers that used lethal force in connection with the 2022 Ritchie Shooting.

102. Respondents' disclosing the identity of the two police officers that used lethal force in the 2022 Ritchie Shooting would not jeopardize their physical safety or life.

103. On information and belief, there are not currently any credible or specific threats of bodily harm or death against the police officers that used lethal force in connection with the 2022 Jayland Walker Shooting.

104. On July 7, 2022, the Cleveland Division of the FBI issued a Situational Information Report ("FBI Alert") distributed to certain law enforcement agencies that advised "potential violent extremists advocated for violence against police officers in retaliation" for the 2022 Jayland Walker Shooting. A copy of this FBI Alert is attached as Exhibit BB.

105. The FBI Alert did not focus on the officers involved in the 2022 Jayland Walker Shooting, but referred to threats of violence against Akron police generally, including during protests that occurred in Akron during the first few weeks after the 2022 Jayland Walker Shooting.

106. Now, more than four months later, any basis this FBI Alert could have provided for Akron to withhold the identities of the police officers involved in the 2022 Jayland Walker Shooting due to the threats of violence against the Akron police, has since dissipated.

107. Despite repeated requests, Akron has not provided any additional FBI or other reports which would indicate any current credible threat of harm to any of the police involved in the 2022 Jayland Walker Shooting.

108. In fact, and to the contrary, the identities of eight police officers believed by community activists to have been involved in the 2022 Jayland Walker Shooting were revealed to the public more than two weeks ago and Akron has not advised the *Akron Beacon Journal* of any current credible threat of harm to any of these officers which has developed since they were identified. A true and correct copy of a report released by this organization to the public is attached as Exhibit CC.

109. Akron will not confirm or deny whether these police officers were those who used lethal force in the 2022 Jayland Walker Shooting, nor will Akron release records that would allow Relator to do so with full certainty.

110. Nonetheless, the report is not a mere list of names, but instead cites voluminous sources and records to support its conclusions as to the identities of the police officers involved in the 2022 Jayland Walker Shooting.

111. The names of these police officers were also read during public comment during Akron's October 31, 2022 City Council meeting, which Akron has published online.<sup>7</sup>

112. Respondents officially disclosing the identity of the eight police officers involved in the 2022 Jayland Walker Shooting would thus not jeopardize physical safety or life, even were there current credible threats to officer safety, which, on information and belief, there are not. In all likelihood, many if not all of the names of the police officers at issue have already been

---

<sup>7</sup> <https://youtu.be/28IyABLSNzM?t=3767> (last accessed November 15, 2022).

disclosed, and certainly the public and any (hypothetical or imagined) threat actor believes the names have been disclosed.

113. Had Mr. Walker survived the police shooting and been arrested and charged for attempted murder or similar offenses related to his allegedly shooting at pursuing police officers, the officers involved would have been publicly identified at any trial of the matter.

### **Violations of Ohio's Public Records Act**

114. As set forth above, Relator requested public records from Respondents, which Respondents have either refused to provide or failed to provide in a reasonable time.

115. These records include as to each of the three Shootings, personnel files of the police officers involved in the lethal force incidents, without redactions of the officers' names.

116. Respondents' redactions of names constitutes a denial of the request. R.C. 149.43(B)(1).

117. These failures, refusals, and denials are in violation of R.C. 149.43.

118. The public interest strongly favors release of such information, so that Relator, a newspaper, and the public may appropriately monitor uses of lethal use of force by uniformed police officers.

119. Each such failure, refusal, and denial by Respondents constitutes a separate violation of the Act, is independently actionable, and is, thus, a separate count to Relator's complaint.

120. A well-informed public office or person responsible for the requested records could not reasonably believe that the failure to make the requested records available to Relator did not constitute a failure to comply with Respondents' obligations under the Act.



121. Likewise, a well-informed public office or person responsible for the requested records could not reasonably believe that the failure to make the requested records available to Relator served the public policy that underlies the authority that is asserted as permitting such conduct on the part of Respondents.

122. Relator is entitled to statutory damages arising out of these violations and this action pursuant R.C. 149.43(C).

123. Relator is entitled to an award of its attorneys' fees arising out of these violations and this action pursuant R.C. 149.43(C).

### **ORAL ARGUMENT**

124. Relator has a clearly established legal right to the requested records. Nonetheless, to the extent this Court concludes that its decisional processes would be aided by such, Relator respectfully requests oral argument.

### **PRAYER FOR RELIEF**

WHEREFORE, Relator respectfully requests the following relief:

- a. Issuance of a writ of mandamus directing Respondents to provide the requested records, without redactions as to police officer names;
- b. Alternatively, issuance of an alternative writ permitting Relator to file a Merit Brief and additional evidence to support why a writ of mandamus should issue;
- c. An award of statutory damages;
- d. An award of costs and expenses in bringing this action, including Court costs and reasonable attorneys' fees as provided in the Act; and

- e. Such other and further relief for Relator as the Court deems just and proper.

*/s/ Lynn Rowe Larsen*

LYNN ROWE LARSEN\*

(0055824)

*\*Counsel of Record*

DANIEL H. BRYAN (0095309)

CARY M. SNYDER (0096517)

Taft Stettinius & Hollister LLP

200 Public Square, Suite 3500

Cleveland, OH 44114-2302

Telephone: 216-241-2838

Facsimile: 216-241-3707

*llarsen@taftlaw.com*

*dbryan@taftlaw.com*

*csnyder@taftlaw.com*

*Counsel for Relator*

*Copley Ohio Newspapers, Inc., d/b/a*

*Akron Beacon Journal*

**PRAECIPE FOR SERVICE**

TO THE CLERK:

Please issue a Summons along with a copy of this COMPLAINT FOR WRIT OF MANDAMUS to the Respondents identified in the caption on page one via Certified U.S. Mail service, return receipt requested.

/s/ Lynn Rowe Larsen  
Lynn Rowe Larsen (0055824)

75449065v1

---

**From:** Mackinnon, James  
**Sent:** Thursday, February 10, 2022 12:14 PM  
**To:** PRBrown@akronohio.gov <PRBrown@akronohio.gov>  
**Subject:** Akron Beacon Journal records request

Hi,  
I'm Jim Mackinnon, reporter at the Akron Beacon Journal.  
I am writing to request the names of the Akron Police Department officers involved in the Dec. 23, 2021, James Gross shooting. It is my understanding that the names are a matter of public record. If you have any questions, please write back or call me on my cell, 330 780-7257.

Regards,

Jim

Jim Mackinnon  
Reporter  
Akron Beacon Journal  
388 S. Main St.  
Suite 720  
Akron OH 44311  
[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)  
Office: (330) 996-3544  
Cell: (330) 780-7257  
Web: [BeaconJournal.com](http://BeaconJournal.com)  
Facebook: @jimmackinnonabj  
Twitter: @JimMackinnonABJ

---

**From:** Walsh, Michael <[MWalsh@akronohio.gov](mailto:MWalsh@akronohio.gov)>

**Date:** Thursday, March 3, 2022 at 8:38 AM

**To:** Shearer, Michael <[MShearer@gannett.com](mailto:MShearer@gannett.com)>

**Cc:** Press <[press@akronohio.gov](mailto:press@akronohio.gov)>, Miller, Michael A. <[MAMiller@akronohio.gov](mailto:MAMiller@akronohio.gov)>, Mackinnon, James <[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)>, Werbeck, Darrin <[dwerbeck@thebeaconjournal.com](mailto:dwerbeck@thebeaconjournal.com)>, Powell-Fuller, Cheryl <[cpowell-fuller@thebeaconjournal.com](mailto:cpowell-fuller@thebeaconjournal.com)>, Defibaugh, Michael <[MDefibaugh@akronohio.gov](mailto:MDefibaugh@akronohio.gov)>

**Subject:** RE: [External]Re: Re: Akron Beacon Journal records request

**CAUTION:** This email originated from outside the organization. The sender was Walsh, Michael "[mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)". Do not interact with the email unless you know the content is safe. If you are unsure, please forward to [byteback@gannett.com](mailto:byteback@gannett.com)

Good morning,

Thank you for checking. There's a very real possibility that we had a typo or email glitch on our end, so I'm glad you followed up with us.

A new copy of my original response letter is attached (I don't have the original; I typed the letter but someone else was asked to handle it from there).

However, I'm interpreting your email from yesterday as either a new public record request or a clarification of the prior public record request for the incident report from the James Gross shooting. I've asked the Police Records Room to begin processing that request, and will see to it that it comes out quickly.

I'm not involved in your public record request for the Ritchey Avenue incident, but will also check on the status of that request.

Thank you,

Michael A. Walsh (# 0100097)  
Assistant Director of Law—Civil Division  
City of Akron Department of Law  
Office: (330) 375-2030 ex. 4177  
Cell: (330) 671-5503  
Email: [mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)



Both Michael A. Walsh and the City of Akron Law Department intend that this message be used exclusively by the addressee(s). This message may contain information that is privileged, confidential, and exempt from disclosure under applicable law. Unauthorized disclosure or use of this information is strictly prohibited. If you have received this communication in error, please permanently dispose of the original message and notify Michael A. Walsh immediately at (330) 375-2730 ext. 4177.

---

**From:** Shearer, Michael [<mailto:MShearer@gannett.com>]  
**Sent:** Wednesday, March 2, 2022 4:57 PM  
**To:** Walsh, Michael <[MWalsh@akronohio.gov](mailto:MWalsh@akronohio.gov)>  
**Cc:** Press <[press@akronohio.gov](mailto:press@akronohio.gov)>; Miller, Michael A. <[MAMiller@akronohio.gov](mailto:MAMiller@akronohio.gov)>; Mackinnon, James <[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)>; Werbeck, Darrin <[dwerbeck@thebeaconjournal.com](mailto:dwerbeck@thebeaconjournal.com)>; Powell-Fuller, Cheryl <[cpowell-fuller@thebeaconjournal.com](mailto:cpowell-fuller@thebeaconjournal.com)>  
**Subject:** [External]Re: Re: Akron Beacon Journal records request

Michael,

Thanks for the prompt response today. Jim has double checked and can't find any email from the city for the request in question.

If we somehow missed it, we apologize. We would appreciate a resend.

Thanks,

**Michael Shearer**

Editor Akron Beacon Journal/BeaconJournal.com  
Regional Editor Northern Ohio – USA TODAY Network  
Office: 330-996-3750  
Mobile: 330-968-8884  
[mshearer@thebeaconjournal.com](mailto:mshearer@thebeaconjournal.com)

**GANNETT** | **USA TODAY NETWORK**

---

**From:** Walsh, Michael <[MWalsh@akronohio.gov](mailto:MWalsh@akronohio.gov)>  
**Date:** Wednesday, March 2, 2022 at 3:38 PM  
**To:** Shearer, Michael <[MShearer@gannett.com](mailto:MShearer@gannett.com)>  
**Cc:** Press <[press@akronohio.gov](mailto:press@akronohio.gov)>; Miller, Michael A. <[MAMiller@akronohio.gov](mailto:MAMiller@akronohio.gov)>; Mackinnon, James <[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)>; Werbeck, Darrin <[dwerbeck@thebeaconjournal.com](mailto:dwerbeck@thebeaconjournal.com)>; Powell-Fuller, Cheryl <[cpowell-fuller@thebeaconjournal.com](mailto:cpowell-fuller@thebeaconjournal.com)>  
**Subject:** RE: Re: Akron Beacon Journal records request

**CAUTION:** This email originated from outside the organization. The sender was Walsh, Michael "[mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)". Do not interact with the email unless you know the content is safe. If you are unsure, please forward to [byteback@gannett.com](mailto:byteback@gannett.com)

February 23, 2022, rather.

Michael A. Walsh (# 0100097)  
Assistant Director of Law—Civil Division  
City of Akron Department of Law  
Office: (330) 375-2030 ex. 4177  
Cell: (330) 671-5503  
Email: [mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)



Both Michael A. Walsh and the City of Akron Law Department intend that this message be used exclusively by the addressee(s). This message may contain information that is privileged, confidential, and exempt from disclosure under applicable law. Unauthorized disclosure or use of this information is strictly prohibited. If you have received this communication in error, please permanently dispose of the original message and notify Michael A. Walsh immediately at (330) 375-2730 ext. 4177.

---

**From:** Walsh, Michael  
**Sent:** Wednesday, March 2, 2022 3:37 PM  
**To:** 'MShearer@gannett.com' <[MShearer@gannett.com](mailto:MShearer@gannett.com)>  
**Cc:** Press <[press@akronohio.gov](mailto:press@akronohio.gov)>; Miller, Michael A. <[MAMiller@akronohio.gov](mailto:MAMiller@akronohio.gov)>; 'jmackinnon@thebeaconjournal.com' <[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)>; 'dwerbeck@thebeaconjournal.com' <[dwerbeck@thebeaconjournal.com](mailto:dwerbeck@thebeaconjournal.com)>; 'cpowell-fuller@thebeaconjournal.com' <[cpowell-fuller@thebeaconjournal.com](mailto:cpowell-fuller@thebeaconjournal.com)>  
**Subject:** Re: Akron Beacon Journal records request

Good afternoon,

Our records show that James Mackinnon's February 10 public record request was responded to on February 23, 2021 (or possibly a day before). Please advise if you never received that response.

Thank you,

Michael A. Walsh (# 0100097)  
Assistant Director of Law—Civil Division  
City of Akron Department of Law  
Office: (330) 375-2030 ex. 4177  
Cell: (330) 671-5503  
Email: [mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)



Both Michael A. Walsh and the City of Akron Law Department intend that this message be used exclusively by the addressee(s). This message may contain information that is privileged, confidential, and exempt from disclosure under applicable law. Unauthorized disclosure or use of this information is strictly prohibited. If you have received this communication in error, please permanently dispose of the original message and notify Michael A. Walsh immediately at (330) 375-2730 ext. 4177.

---

This email originated outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

---

This email originated outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



**From:** Walsh, Michael <MWalsh@akronohio.gov>  
**Sent:** Thursday, March 10, 2022 1:59 PM  
**To:** Shearer, Michael  
**Cc:** Press; Miller, Michael A.; Mackinnon, James; Werbeck, Darrin; Powell-Fuller, Cheryl; Defibaugh, Michael; Brown, Pamela R (Records Supervisor)  
**Subject:** [SUSPICIOUS MESSAGE] RE: [External]Re: [External]Re: Re: Akron Beacon Journal records request  
**Attachments:** Initial Incident Report - 21-163083.pdf

**CAUTION! Mimecast has detected suspicious characteristics within this message originating outside of Gannett. Please use discretion before interacting with the message contents and sender.**

---

Good afternoon,

Please find attached a copy of the initial incident report for 21-163083, per your request. This should be considered a partial response; we are currently performing legal review on additional documents.

This document contains redactions under the following Ohio Revised Code provisions:

- R.C. 149.43(A)(1)(dd), personal information.
- R.C. 149.43(A)(1)(mm), telephone numbers for a victim.

As I said, additional documents, including the one referenced herein, are currently under legal review. I will provide an update and formal letter once that review is complete.

Thank you,

Michael A. Walsh (# 0100097)  
Assistant Director of Law—Civil Division  
City of Akron Department of Law  
Office: (330) 375-2030 ex. 4177  
Cell: (330) 671-5503  
Email: [mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)



Both Michael A. Walsh and the City of Akron Law Department intend that this message be used exclusively by the addressee(s). This message may contain information that is privileged, confidential, and exempt from disclosure under applicable law. Unauthorized disclosure or use of this information is strictly prohibited. If you have received this communication in error, please permanently dispose of the original message and notify Michael A. Walsh immediately at (330) 375-2730 ext. 4177.

---

**From:** Shearer, Michael [mailto:MShearer@gannett.com]  
**Sent:** Thursday, March 10, 2022 1:14 PM  
**To:** Walsh, Michael <MWalsh@akronohio.gov>  
**Cc:** Press <press@akronohio.gov>; Miller, Michael A. <MAMiller@akronohio.gov>; Mackinnon, James <jmackinnon@thebeaconjournal.com>; Werbeck, Darrin <dwerbeck@thebeaconjournal.com>; Powell-Fuller, Cheryl <cpowell-fuller@thebeaconjournal.com>; Defibaugh, Michael <MDefibaugh@akronohio.gov>  
**Subject:** [External]Re: [External]Re: Re: Akron Beacon Journal records request

Michael,

Please advise on the status of these requests. Another week has passed.

Thanks,

**Michael Shearer**

Editor Akron Beacon Journal/BeaconJournal.com  
Regional Editor Northern Ohio – USA TODAY Network  
Office: 330-996-3750  
Mobile: 330-968-8884  
[mshearer@thebeaconjournal.com](mailto:mshearer@thebeaconjournal.com)



---

**From:** Shearer, Michael <[MShearer@gannett.com](mailto:MShearer@gannett.com)>  
**Date:** Thursday, March 3, 2022 at 8:53 AM  
**To:** Walsh, Michael <[MWalsh@akronohio.gov](mailto:MWalsh@akronohio.gov)>  
**Cc:** Press <[press@akronohio.gov](mailto:press@akronohio.gov)>, Miller, Michael A. <[MAMiller@akronohio.gov](mailto:MAMiller@akronohio.gov)>, Mackinnon, James <[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)>, Werbeck, Darrin <[dwerbeck@thebeaconjournal.com](mailto:dwerbeck@thebeaconjournal.com)>, Powell-Fuller, Cheryl <[cpowell-fuller@thebeaconjournal.com](mailto:cpowell-fuller@thebeaconjournal.com)>, Defibaugh, Michael <[MDefibaugh@akronohio.gov](mailto:MDefibaugh@akronohio.gov)>  
**Subject:** Re: [External]Re: Re: Akron Beacon Journal records request

Michael,

Thanks. Our requests could have been more clear.

We are asking for all incident reports and releasable documentation of the two recent officer-involved shootings.

Thanks,

**Michael Shearer**

Editor Akron Beacon Journal/BeaconJournal.com  
Regional Editor Northern Ohio – USA TODAY Network  
Office: 330-996-3750  
Mobile: 330-968-8884  
[mshearer@thebeaconjournal.com](mailto:mshearer@thebeaconjournal.com)

---

**From:** Walsh, Michael <[MWalsh@akronohio.gov](mailto:MWalsh@akronohio.gov)>  
**Date:** Thursday, March 3, 2022 at 8:38 AM  
**To:** Shearer, Michael <[MShearer@gannett.com](mailto:MShearer@gannett.com)>  
**Cc:** Press <[press@akronohio.gov](mailto:press@akronohio.gov)>, Miller, Michael A. <[MAMiller@akronohio.gov](mailto:MAMiller@akronohio.gov)>, Mackinnon, James <[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)>, Werbeck, Darrin <[dwerbeck@thebeaconjournal.com](mailto:dwerbeck@thebeaconjournal.com)>, Powell-Fuller, Cheryl <[cpowell-fuller@thebeaconjournal.com](mailto:cpowell-fuller@thebeaconjournal.com)>, Defibaugh, Michael <[MDefibaugh@akronohio.gov](mailto:MDefibaugh@akronohio.gov)>  
**Subject:** RE: [External]Re: Re: Akron Beacon Journal records request

**CAUTION:** This email originated from outside the organization. The sender was Walsh, Michael "[mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)". Do not interact with the email unless you know the content is safe. If you are unsure, please forward to [byteback@gannett.com](mailto:byteback@gannett.com)

---

Good morning,

Thank you for checking. There's a very real possibility that we had a typo or email glitch on our end, so I'm glad you followed up with us.

A new copy of my original response letter is attached (I don't have the original; I typed the letter but someone else was asked to handle it from there).

However, I'm interpreting your email from yesterday as either a new public record request or a clarification of the prior public record request for the incident report from the James Gross shooting. I've asked the Police Records Room to begin processing that request, and will see to it that it comes out quickly.

I'm not involved in your public record request for the Ritchey Avenue incident, but will also check on the status of that request.

Thank you,

Michael A. Walsh (# 0100097)  
Assistant Director of Law—Civil Division  
City of Akron Department of Law  
Office: (330) 375-2030 ex. 4177  
Cell: (330) 671-5503  
Email: [mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)



Both Michael A. Walsh and the City of Akron Law Department intend that this message be used exclusively by the addressee(s). This message may contain information that is privileged, confidential, and exempt from disclosure under applicable law. Unauthorized disclosure or use of this information is strictly prohibited. If you have received this communication in error, please permanently dispose of the original message and notify Michael A. Walsh immediately at (330) 375-2730 ext. 4177.

---

**From:** Shearer, Michael [<mailto:MShearer@gannett.com>]  
**Sent:** Wednesday, March 2, 2022 4:57 PM  
**To:** Walsh, Michael <[MWalsh@akronohio.gov](mailto:MWalsh@akronohio.gov)>  
**Cc:** Press <[press@akronohio.gov](mailto:press@akronohio.gov)>; Miller, Michael A. <[MAMiller@akronohio.gov](mailto:MAMiller@akronohio.gov)>; Mackinnon, James <[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)>; Werbeck, Darrin <[dwerbeck@thebeaconjournal.com](mailto:dwerbeck@thebeaconjournal.com)>; Powell-Fuller, Cheryl <[cpowell-fuller@thebeaconjournal.com](mailto:cpowell-fuller@thebeaconjournal.com)>  
**Subject:** [External]Re: Re: Akron Beacon Journal records request

Michael,

Thanks for the prompt response today. Jim has double checked and can't find any email from the city for the request in question.

If we somehow missed it, we apologize. We would appreciate a resend.

Thanks,

**Michael Shearer**

Editor Akron Beacon Journal/BeaconJournal.com  
Regional Editor Northern Ohio – USA TODAY Network  
Office: 330-996-3750  
Mobile: 330-968-8884  
[mshearer@thebeaconjournal.com](mailto:mshearer@thebeaconjournal.com)



---

**From:** Walsh, Michael <[MWalsh@akronohio.gov](mailto:MWalsh@akronohio.gov)>  
**Date:** Wednesday, March 2, 2022 at 3:38 PM  
**To:** Shearer, Michael <[MShearer@gannett.com](mailto:MShearer@gannett.com)>  
**Cc:** Press <[press@akronohio.gov](mailto:press@akronohio.gov)>, Miller, Michael A. <[MAMiller@akronohio.gov](mailto:MAMiller@akronohio.gov)>, Mackinnon, James <[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)>, Werbeck, Darrin <[dwerbeck@thebeaconjournal.com](mailto:dwerbeck@thebeaconjournal.com)>, Powell-Fuller, Cheryl <[cpowell-fuller@thebeaconjournal.com](mailto:cpowell-fuller@thebeaconjournal.com)>  
**Subject:** RE: Re: Akron Beacon Journal records request

**CAUTION:** This email originated from outside the organization. The sender was Walsh, Michael "[mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)". Do not interact with the email unless you know the content is safe. If you are unsure, please forward to [byteback@gannett.com](mailto:byteback@gannett.com)

---

February 23, 2022, rather.

Michael A. Walsh (# 0100097)  
Assistant Director of Law—Civil Division  
City of Akron Department of Law  
Office: (330) 375-2030 ex. 4177  
Cell: (330) 671-5503  
Email: [mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)



Both Michael A. Walsh and the City of Akron Law Department intend that this message be used exclusively by the addressee(s). This message may contain information that is privileged, confidential, and exempt from disclosure under applicable law. Unauthorized disclosure or use of this information is strictly prohibited. If you have received this communication in error, please permanently dispose of the original message and notify Michael A. Walsh immediately at (330) 375-2730 ext. 4177.

---

**From:** Walsh, Michael  
**Sent:** Wednesday, March 2, 2022 3:37 PM  
**To:** 'MShearer@gannett.com' <[MShearer@gannett.com](mailto:MShearer@gannett.com)>  
**Cc:** Press <[press@akronohio.gov](mailto:press@akronohio.gov)>; Miller, Michael A. <[MAMiller@akronohio.gov](mailto:MAMiller@akronohio.gov)>; 'jmackinnon@thebeaconjournal.com' <[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)>; 'dwerbeck@thebeaconjournal.com' <[dwerbeck@thebeaconjournal.com](mailto:dwerbeck@thebeaconjournal.com)>; 'cpowell-fuller@thebeaconjournal.com' <[cpowell-fuller@thebeaconjournal.com](mailto:cpowell-fuller@thebeaconjournal.com)>  
**Subject:** Re: Akron Beacon Journal records request

Good afternoon,

Our records show that James Mackinnon's February 10 public record request was responded to on February 23, 2021 (or possibly a day before). Please advise if you never received that response.

Thank you,

Michael A. Walsh (# 0100097)  
Assistant Director of Law—Civil Division  
City of Akron Department of Law  
Office: (330) 375-2030 ex. 4177  
Cell: (330) 671-5503  
Email: [mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)



Both Michael A. Walsh and the City of Akron Law Department intend that this message be used exclusively by the addressee(s). This message may contain information that is privileged, confidential, and exempt from disclosure under applicable law. Unauthorized disclosure or use of this information is strictly prohibited. If you have received this communication in error, please permanently dispose of the original message and notify Michael A. Walsh immediately at (330) 375-2730 ext. 4177.

---

This email originated outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

---

This email originated outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

**AKRON POLICE DEPARTMENT**  
FIELD CASE REPORT

CASE# **2021-00163083**

<b>EVENT</b>	REPORTED DATE/TIME <b>12/23/2021 03:43</b>	OCCURRED INCIDENT TYPE <b>Domestic Incident</b>	
	OCCURRED FROM DATE/TIME <b>12/23/2021 03:35</b>	OCCURRED THRU DATE/TIME <b>12/23/2021 04:00</b>	LOCATION OF OCCURRENCE <b>2470 26TH ST SW Akron, OH 44314</b>

<b>OFFENSES</b>	STATUTE/DESCRIPTION	COUNTS	ATTEMPT/COMMIT
	<b>01</b>	<b>2919.25A Domestic Violence; Knowingly Cause Physical Harm</b>	<b>1</b>
<b>02</b>	<b>2919.27A1 Violate Protection Order - pursuant to 2919.26 or 3113.31</b>	<b>1</b>	<b>Completed</b>
<b>03</b>	<b>A610 Use Of Deadly Force</b>	<b>1</b>	<b>Completed</b>

<b>SUBJECT</b>	JACKET/SUBJECT TYPE <b>Adult</b>	NAME (LAST, FIRST, MIDDLE SUFFIX) <b>GROSS, JAMES WARREN</b>					
	<b>Suspect</b>	ADDRESS (STREET, CITY, STATE, ZIP)					
	DOB <b>07/02/1963</b>	AGE or AGE RANGE <b>58</b>					
	RACE <b>White</b>	SEX <b>Male</b>	HEIGHT or RANGE	WEIGHT or RANGE	HAR <b>Brown</b>	EYE <b>Brown</b>	
DL NUMBER/STATE	PRIMARY PHONE		PHONE #2		PHONE #3		

<b>SUBJECT</b>	JACKET/SUBJECT TYPE <b>Adult</b>	NAME (LAST, FIRST, MIDDLE SUFFIX) <b>GROSS, MARY ALICE</b>					
	<b>Victim</b>	ADDRESS (STREET, CITY, STATE, ZIP) <b>2470 26th ST SW Akron, OH 44314</b>					
	DOB <b>11/08/1966</b>	AGE or AGE RANGE <b>55</b>					
	RACE <b>White</b>	SEX <b>Female</b>	HEIGHT or RANGE	WEIGHT or RANGE	HAR <b>Brown</b>	EYE <b>Brown</b>	
DL NUMBER/STATE	PRIMARY PHONE		PHONE #2		PHONE #3		

<b>SUBJECT</b>	JACKET/SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE SUFFIX)					
	DOB	ADDRESS (STREET, CITY, STATE, ZIP)					
	AGE or AGE RANGE						
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAR	EYE	
DL NUMBER/STATE	PRIMARY PHONE		PHONE #2		PHONE #3		

REPORTING OFFICER <b>1560 Clark</b>	DATE <b>12/23/2021</b>	REVIEWED BY
--	---------------------------	-------------

**AKRON POLICE DEPARTMENT**

**FIELD CASE REPORT**

CASE# **2021-00163083**

**NARRATIVE**

See Case Supplemental.

Ofc. N. Clark #1560

REPORTING OFFICER

**1560 Clark**

DATE

**12/23/2021**

REVIEWED BY



---

**From:** Walsh, Michael <MWalsh@akronohio.gov>  
**Sent:** Thursday, March 17, 2022 4:18 PM  
**To:** Shearer, Michael <MShearer@gannett.com>  
**Cc:** Press <press@akronohio.gov>; Miller, Michael A. <MAMiller@akronohio.gov>; Mackinnon, James <jmackinnon@thebeaconjournal.com>; Werbeck, Darrin <dwerbeck@thebeaconjournal.com>; Powell-Fuller, Cheryl <cpowell-fuller@thebeaconjournal.com>; Defibaugh, Michael <MDefibaugh@akronohio.gov>; Brown, Pamela R (Records Supervisor) <prbrown@akronohio.gov>  
**Subject:** Your public record request

**CAUTION:** This email originated from outside the organization. The sender was Walsh, Michael "[mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)". Do not interact with the email unless you know the content is safe. If you are unsure, please forward to [byteback@gannett.com](mailto:byteback@gannett.com)

---

Editor Shearer,

As it works out, you had good timing with your call. I got the go-ahead from my supervisor to send you the releasable Kenmore documents at 3:55 today. Our response and letter are attached.

Like it says in the letter, the APD records room, to my knowledge, still has your request for the Ritchey Avenue shooting. To my knowledge they are gone for the day, but I'm leaving a note on my desk to check in with them tomorrow to make sure we're all on the same page of who is handling that request.

This email concludes your public record request re. the Kenmore officer-involved shooting with the City of Akron.

Thank you,

Michael A. Walsh (# 0100097)

Assistant Director of Law—Civil Division

City of Akron Department of Law

Office: (330) 375-2030 ex. 4177

Cell: (330) 671-5503

Email: [mwalsh@akronohio.gov](mailto:mwalsh@akronohio.gov)



Both Michael A. Walsh and the City of Akron Law Department intend that this message be used exclusively by the addressee(s). This message may contain information that is privileged, confidential, and exempt from disclosure under applicable law. Unauthorized disclosure or use of this information is strictly prohibited. If you have received this communication in error, please permanently dispose of the original message and notify Michael A. Walsh immediately at (330) 375-2730 ext. 4177.

**DEPARTMENT OF LAW**

**EVE V. BELFANCE**  
Director of Law



**DANIEL HORRIGAN, MAYOR**

March 17, 2022

Michael Shearer  
mshearer@thebeaconjournal.com

Dear Mr. Shearer,

This letter is in response to your public record request for:

*All incident reports and releasable documentation of the two recent officer-involved shootings.*

This letter pertains only to your request for information from the December 23, 2021 shooting. Your request for incident reports and releasable documentation from the Ritchey Avenue incident is being handled by the Akron Police Department Records Room.

Attached you will find the incident report, which had already been released, and a supplemental report that was expressly incorporated by an Officer into the incident report. Those documents contain redactions under the following Ohio Revised Code provisions: R.C. 149.43(A)(1)(dd), personal information; R.C. 149.43(A)(1)(mm), telephone numbers for a victim.

Your request pertains to records from a pending criminal investigation—officer involved shootings are investigated and presented to the Summit County Grand Jury by the Ohio Attorney General's Office. Therefore, records that are exempt under Ohio's Public Records Act, such as investigatory work product, are not being released at this time. *See* Ohio Revised Code section 149.43(A)(2)(c). Please renew your public record request for the remainder of the records you have requested when the criminal case is closed.

The explanation provided does not preclude the City from relying upon additional reasons or legal authority in defending an action brought under R.C. §149.43.

Sincerely,

The City of Akron Law Department

MJD/MAW

# AKRON POLICE DEPARTMENT

FIELD CASE REPORT

CASE# **2021-00163083**

<b>EVENT</b>	<small>REPORTED DATE/TIME</small> <b>12/23/2021 03:43</b>	<small>OCCURRED INCIDENT TYPE</small> <b>Domestic Incident</b>	
	<small>OCCURRED FROM DATE/TIME</small> <b>12/23/2021 03:35</b>	<small>OCCURRED THRU DATE/TIME</small> <b>12/23/2021 04:00</b>	<small>LOCATION OF OCCURRENCE</small> <b>2470 26TH ST SW Akron, OH 44314</b>

	<small>STATUTE/DESCRIPTION</small>	<small>COUNTS</small>	<small>ATTEMPT/COMMIT</small>
<b>OFFENSES</b>	<b>01 2919.25A Domestic Violence; Knowingly Cause Physical Harm</b>	<b>1</b>	<b>Completed</b>
	<b>02 2919.27A1 Violate Protection Order - pursuant to 2919.26 or 3113.31</b>	<b>1</b>	<b>Completed</b>
	<b>03 A610 Use Of Deadly Force</b>	<b>1</b>	<b>Completed</b>

<b>SUBJECT</b>	<small>JACKET/SUBJECT TYPE</small> <b>Adult</b>		<small>NAME (LAST, FIRST, MIDDLE SUFFIX)</small> <b>GROSS, JAMES WARREN</b>				
	<b>Suspect</b>		<small>ADDRESS (STREET, CITY, STATE, ZIP)</small>				
	<small>DOB</small> <b>07/02/1963</b>	<small>AGE or AGE RANGE</small> <b>58</b>					
	<small>RACE</small> <b>White</b>	<small>SEX</small> <b>Male</b>	<small>HEIGHT or RANGE</small>	<small>WEIGHT or RANGE</small>	<small>HAIR</small> <b>Brown</b>	<small>EYE</small> <b>Brown</b>	
<small>DL NUMBER/STATE</small>		<small>PRIMARY PHONE</small>		<small>PHONE #2</small>		<small>PHONE #3</small>	

<b>SUBJECT</b>	<small>JACKET/SUBJECT TYPE</small> <b>Adult</b>		<small>NAME (LAST, FIRST, MIDDLE SUFFIX)</small> <b>GROSS, MARY ALICE</b>				
	<b>Victim</b>		<small>ADDRESS (STREET, CITY, STATE, ZIP)</small> <b>2470 26th ST SW Akron, OH 44314</b>				
	<small>DOB</small> <b>11/08/1966</b>	<small>AGE or AGE RANGE</small> <b>55</b>					
	<small>RACE</small> <b>White</b>	<small>SEX</small> <b>Female</b>	<small>HEIGHT or RANGE</small>	<small>WEIGHT or RANGE</small>	<small>HAIR</small> <b>Brown</b>	<small>EYE</small> <b>Brown</b>	
<small>DL NUMBER/STATE</small>		<small>PRIMARY PHONE</small>		<small>PHONE #2</small>		<small>PHONE #3</small>	

<b>SUBJECT</b>	<small>JACKET/SUBJECT TYPE</small>		<small>NAME (LAST, FIRST, MIDDLE SUFFIX)</small>				
	<small>DOB</small>		<small>ADDRESS (STREET, CITY, STATE, ZIP)</small>				
	<small>AGE or AGE RANGE</small>						
	<small>RACE</small>	<small>SEX</small>	<small>HEIGHT or RANGE</small>	<small>WEIGHT or RANGE</small>	<small>HAIR</small>	<small>EYE</small>	
<small>DL NUMBER/STATE</small>		<small>PRIMARY PHONE</small>		<small>PHONE #2</small>		<small>PHONE #3</small>	

<small>REPORTING OFFICER</small> <b>1560 Clark</b>	<small>DATE</small> <b>12/23/2021</b>	<small>REVIEWED BY</small>
---	--	----------------------------

**AKRON POLICE DEPARTMENT**  
**FIELD CASE REPORT**

CASE# **2021-00163083**

**NARRATIVE**

See Case Supplemental.

Ofc. N. Clark #1560

REPORTING OFFICER  
**1560 Clark**

DATE  
**12/23/2021**

REVIEWED BY

**AKRON POLICE DEPARTMENT**  
**FIELD CASE SUPPLEMENT REPORT**

CASE# **2021-00163083**

<b>EVENT</b>	REPORTED DATE/TIME <b>12/23/2021 03:43</b>	OCCURRED INCIDENT TYPE	
	OCCURRED FROM DATE/TIME	OCCURRED THRU DATE/TIME	LOCATION OF OCCURRENCE <b>2470 26TH ST SW Akron, OH 44314</b>

<b>OFFENSES</b>	STATUTE/DESCRIPTION	COUNTS	ATTEMPT/COMMIT	

<b>SUBJECT</b>	JACKET/SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE SUFFIX)					
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE		PHONE #2	PHONE #3		

<b>SUBJECT</b>	JACKET/SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE SUFFIX)					
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE		PHONE #2	PHONE #3		

<b>SUBJECT</b>	JACKET/SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE SUFFIX)					
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE		PHONE #2	PHONE #3		

REPORTING OFFICER <b>1560 Clark</b>	DATE <b>12/23/2021</b>	REVIEWED BY
--	---------------------------	-------------

**AKRON POLICE DEPARTMENT**

**FIELD CASE SUPPLEMENT REPORT**

**CASE# 2021-00163083**

**NARRATIVE**

Nathaniel Clark #1560

Length of Service: 2 Months

Officer Cockrell and myself responded to the above listed address for a domestic while working in Car #2. We were enroute from district 2 when we heard over radio shots fired. We arrived on scene at approximately 0403 hours. Once on scene I was ordered by Sgt. Mara to take Ofc. Luke to a vehicle to be away from the scene. After awhile I was replaced by Ofc. Smith #1396 and informed to help Ofc. Abatangelo with the crime scene log, this is what I did for the remainder of my time on the scene.

It should be noted that I arrived sometime after the initial incident. I did not enter the home, nor did I speak to any witnesses.

BWC

REPORTING OFFICER

**1560 Clark**

DATE

**12/23/2021**

REVIEWED BY

**From:** Brown, Pamela R (Records Supervisor) <prbrown@akronohio.gov>  
**Date:** Tuesday, March 29, 2022 at 3:14 PM  
**To:** Shearer, Michael <MShearer@gannett.com>  
**Cc:** Miller, Michael A. <MAMiller@akronohio.gov>, Kalail, Tammy <TKalail@akronohio.gov>  
**Subject:** Ritchey Ave 22-021681

DO NOT RESPOND TO THIS EMAIL.

ALL REQUESTS SHOULD BE SENT TO [apdrecordsroom@akronohio.gov](mailto:apdrecordsroom@akronohio.gov) ONLY. Do not send requests to [publicrecords@akronohio.gov](mailto:publicrecords@akronohio.gov).

Find requested report. The report number previously sent on your request, was incorrect and please see actual report number above.

Pam



**AKRON POLICE DEPARTMENT**  
FIELD CASE REPORT

CASE# **2022-00021681**

<b>EVENT</b>	REPORTED DATE/TIME <b>2/22/2022 02:43</b>	OCURRED INCIDENT TYPE <b>Use of Force</b>	
	OCURRED FROM DATE/TIME <b>02/22/2022 02:43</b>	OCURRED THRU DATE/TIME <b>02/22/2022 02:43</b>	LOCATION OF OCCURENCE <b>507 RITCHE AVE Akron, OH 44320</b>

<b>OFFENSES</b>	STATUTE/DESCRIPTION	COUNTS	ATTEMPT/COMMIT
	<b>01 2903.01A Aggravated Murder</b>	<b>1</b>	<b>Completed</b>
	<b>02 A600 Use Of Force</b>	<b>1</b>	<b>Completed</b>

<b>SUBJECT</b>	JACKET/SUBJECT TYPE <b>Adult</b>	NAME (LAST, FIRST, MIDDLE SUFFIX) <b>Rodgers, Lawrence I</b>					
	<b>Suspect</b>						
	DOB <b>02/22/2022</b>	AGE or AGE RANGE <b>02</b>	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE <b>Black</b>	SEX <b>Male</b>	HEIGHT or RANGE <b>5'10" 5'10"</b>	WEIGHT or RANGE <b>235 235</b>	HAIR <b>Black</b>	EYE <b>Brown</b>	
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

<b>SUBJECT</b>	JACKET/SUBJECT TYPE <b>Adult</b>	NAME (LAST, FIRST, MIDDLE SUFFIX) <b>Jones, Raymond</b>					
	<b>Victim</b>						
	DOB <b>07/10/1983</b>	AGE or AGE RANGE <b>38</b>	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE <b>Black</b>	SEX <b>Male</b>	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

<b>SUBJECT</b>	JACKET/SUBJECT TYPE <b>Adult</b>	NAME (LAST, FIRST, MIDDLE SUFFIX) <b>jones, shawntea J</b>					
	<b>Witness</b>						
	DOB <b>12/06/1975</b>	AGE or AGE RANGE <b>46</b>	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE <b>Black</b>	SEX <b>Male</b>	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

REPORTING OFFICER <b>1384 Lucey</b>	DATE <b>2/22/2022</b>	REVIEWED BY <b>Orrand, Michael Jason</b>	<b>03/15/2022</b>
--	--------------------------	---	-------------------

**AKRON POLICE DEPARTMENT**  
FIELD CASE REPORT

CASE# **2022-00021681**

**ADDITIONAL SUBJECTS**

<b>SUBJECT</b>	JACKET/SUBJECT TYPE	<b>Adult</b>	NAME (LAST, FIRST, MIDDLE SUFFIX)				
		<b>Witness</b>	<b>Jones, Damian</b>				
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
		<b>11/27/1973</b>	<b>48</b>				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	<b>Black</b>	<b>Male</b>					
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

<b>SUBJECT</b>	JACKET/SUBJECT TYPE		NAME (LAST, FIRST, MIDDLE SUFFIX)				
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

<b>SUBJECT</b>	JACKET/SUBJECT TYPE		NAME (LAST, FIRST, MIDDLE SUFFIX)				
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

<b>SUBJECT</b>	JACKET/SUBJECT TYPE		NAME (LAST, FIRST, MIDDLE SUFFIX)				
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

<b>SUBJECT</b>	JACKET/SUBJECT TYPE		NAME (LAST, FIRST, MIDDLE SUFFIX)				
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

REPORTING OFFICER	DATE	REVIEWED BY	
<b>1384 Lucey</b>	<b>2/22/2022</b>	<b>Orrand, Michael Jason</b>	<b>03/15/2022</b>

**AKRON POLICE DEPARTMENT**  
FIELD CASE REPORT

CASE# **2022-00021681**

**NARRATIVE**

Suspect shot victim. Officers used force. DB and CSU on scene.

REPORTING OFFICER

**1384 Lucey**

DATE

**2/22/2022**

REVIEWED BY

**Orrand, Michael Jason**

**03/15/2022**

**From:** PublicRecords <PublicRecords@akronohio.gov>  
**Date:** April 14, 2022 at 4:47:39 PM EDT  
**To:** "Shearer, Michael" <MShearer@gannett.com>  
**Cc:** "Miller, Michael A." <MAMiller@akronohio.gov>, "Werbeck, Darrin" <dwerbeck@thebeaconjournal.com>, "Powell-Fuller, Cheryl" <cpowell-fuller@thebeaconjournal.com>, "Livingston, Douglas" <dlivingston@thebeaconjournal.com>, "Mackinnon, James" <jmackinnon@thebeaconjournal.com>  
**Subject:** RE: Akron Beacon Journal public records request

Please find the response to your public record request attached to this email.

---

**From:** Shearer, Michael <MShearer@gannett.com>  
**Sent:** Monday, April 11, 2022 8:52 AM  
**To:** Belfance, Eve <EBelfance@akronohio.gov>; PublicRecords <PublicRecords@akronohio.gov>; Walsh, Michael <MWalsh@akronohio.gov>; Mylett, Stephen <SMylett@akronohio.gov>  
**Cc:** Miller, Michael A. <MAMiller@akronohio.gov>; Werbeck, Darrin <dwerbeck@thebeaconjournal.com>; Powell-Fuller, Cheryl <cpowell-fuller@thebeaconjournal.com>; Livingston, Douglas <dlivingston@thebeaconjournal.com>; Mackinnon, James <jmackinnon@thebeaconjournal.com>  
**Subject:** [External]Re: Akron Beacon Journal public records request

City leaders,

Can you please advise on the status of this request filed three weeks ago?

Thanks,

**Michael Shearer**  
Editor Akron Beacon Journal/BeaconJournal.com  
Regional Editor Northern Ohio – USA TODAY Network  
Office: 330-996-3750  
Mobile: 330-968-8884  
[mshearer@thebeaconjournal.com](mailto:mshearer@thebeaconjournal.com)

---

**From:** Mackinnon, James <[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)>  
**Date:** Monday, March 21, 2022 at 1:21 PM  
**To:** [APDrecordsroom@akronohio.gov](mailto:APDrecordsroom@akronohio.gov) <[APDrecordsroom@akronohio.gov](mailto:APDrecordsroom@akronohio.gov)>  
**Cc:** [mamiller@akronohio.gov](mailto:mamiller@akronohio.gov) <[mamiller@akronohio.gov](mailto:mamiller@akronohio.gov)>, Werbeck, Darrin <[dwerbeck@thebeaconjournal.com](mailto:dwerbeck@thebeaconjournal.com)>, Powell-Fuller, Cheryl <[cpowell-fuller@thebeaconjournal.com](mailto:cpowell-fuller@thebeaconjournal.com)>, Livingston, Douglas <[dlivingston@thebeaconjournal.com](mailto:dlivingston@thebeaconjournal.com)>, Shearer, Michael <[MShearer@gannett.com](mailto:MShearer@gannett.com)>  
**Subject:** Akron Beacon Journal public records request

Please see the attached public records request from Akron Beacon Journal Editor Michael Shearer.

The text of the request is also included here:

March 21, 2022

Akron Beacon Journal  
388 S. Main Street, Suite 720  
Akron, OH 44311

Akron Police Dept.  
c/o Chief Steve Mylett  
217 S. High St.  
Akron, OH  
44308

Chief Mylett,

This is a request for access to public records under section 149.43 of the Ohio Revised Code, the Open Records Act. Under provisions of that statute, we are requesting immediate access to the following records:

- The personnel file, discipline records (if any), and completed internal investigation files (if any) for Officer Luke as identified in report 2021-00163083.
- All administrative leave or reinstatement notices issued to any employees of the Akron Police Department from Dec. 1, 2021 until March 18, 2022.
- The personnel file, discipline records (if any), and internal investigations (if any) for officers under investigation relating to report 2021-0016308 and/or the officer-involved shooting at 2470 26<sup>th</sup> St. SW, Akron, on Dec. 23, 2021.
- The personnel file, discipline records (if any), and internal investigations (if any) for officers under investigation relating report 2022-021681 and/or the officer-involved shooting at a home on the 500 block of Ritchie Avenue on Feb. 23, 2022.

We agree these requests may be responded to separately to allow for a faster resolution.

If the requested information is kept electronically, we would prefer to receive it in that format. If there are any categories of information that will be excluded, we want to know those categories and under what privacy law or provisions they are being withheld.

Should any portion of this request be denied, in part or in whole, we request a written justification for its denial, along with a citation of the appropriate Open Records act exemption being cited for each record, or portion thereof, that is withheld.

In the event that any of the records requested are under seizure by another agency, we are requesting copies of the receipts and/or inventories provided by the seizing authority.

As you know, the Open Records act requires you to promptly prepare the records we are requesting and to make them available for inspection at all reasonable times during regular business hours.

Thank you for your prompt attention. If you have any questions about this request, I can be reached at the numbers below.

Sincerely,

Michael Shearer  
Editor  
330-996-3750  
[mshearer@thebeaconjournal.com](mailto:mshearer@thebeaconjournal.com)

Jim Mackinnon  
Reporter  
Akron Beacon Journal  
388 S. Main St.  
Suite 720  
Akron OH 44311  
[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)  
Office: (330) 996-3544  
Cell: (330) 780-7257  
Web: [BeaconJournal.com](http://BeaconJournal.com)  
Facebook: @jimmackinnonabj  
Twitter: @JimMackinnonABJ

---

This email originated outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

## DEPARTMENT OF LAW

EVE V. BELFANCE  
Director of Law



DANIEL HORRIGAN, MAYOR

April 14, 2022

Michael Shearer  
Editor  
[mshearer@thebeaconjournal.com](mailto:mshearer@thebeaconjournal.com)  
Jim Mackinnon  
Reporter  
[jmackinnon@thebeaconjournal.com](mailto:jmackinnon@thebeaconjournal.com)  
Akron Beacon Journal

Dear Mr. Shearer and Mr. Mackinnon:

This letter is in response to your public record request for:

- *The personnel file, discipline records (if any), and completed internal investigation files (if any) for Officer Luke as identified in report 2021-00163083.*
- *All administrative leave or reinstatement notices issued to any employees of the Akron Police Department from Dec. 1, 2021 until March 18, 2022.*
- *The personnel file, discipline records (if any), and internal investigations (if any) for officers under investigation relating to report 2021-0016308 and/or the officer-involved shooting at 2470 26th St. SW, Akron, on Dec. 23, 2021.*
- *The personnel file, discipline records (if any), and internal investigations (if any) for officers under investigation relating report 2022-021681 and/or the officer-involved shooting at a home on the 500 block of Ritchie Avenue on Feb. 23, 2022.*

The response to your request is being sent to you via electronic mail. Records responsive to your request for the personnel file of “Officer Luke as identified in report 2021-00163083” are being provided in response to your request. There are not records responsive to your request for “discipline records (if any), and completed internal investigation files (if any) for Officer Luke as identified in report 2021-00163083.”

Records responsive to your request for, “All administrative leave or reinstatement notices issued to any employees of the Akron Police Department from Dec. 1, 2021 until March 18, 2022,” are being provided in response to your request.

Pursuant to Ohio Revised Code §149.43, the City of Akron is notifying you that redactions were made to the records you requested and providing you with the reasons why the redactions were made. The following redactions have been made to the records being provided in response to your request: records the release of which is prohibited by state or federal law, R.C. 149.43(A)(1)(v);



Social Security Numbers, Federal Privacy Act, 5 U.S.C. section 552a and *State ex rel. Beacon Journal Publishing Co. v. Akron*, 70 Ohio St.3d 605, 612, 1994-Ohio-6; Peace officer residential and familial information, R.C. §149.43(A)(1)(p) and (7); Employee's home address, *State ex rel. Dispatch Printing Co. v. Johnson* (2005), 106 Ohio St.3d 160; BCII employment report from retained applicant fingerprint database is not public record, R.C. §109.5721(E)(2); and confidential law enforcement investigatory records, R.C. 149.43(A)(1)(h) and (2)(a), (c) and (d). Further, the employee's Form I-9 is being withheld pursuant to 8 U.S.C. section 1324a (b)(5) (The I-9 form established by the Attorney General and any information contained in or appended to the form may not be used for any use other than those set forth in the U.S.C.). The City of Akron reserves the right to deny public record requests for reasons not included herein in accordance with applicable laws.

Your following requests are being denied at this time:

- *The personnel file, discipline records (if any), and internal investigations (if any) for officers under investigation relating to report 2021-0016308 and/or the officer-involved shooting at 2470 26th St. SW, Akron, on Dec. 23, 2021.*
- *The personnel file, discipline records (if any), and internal investigations (if any) for officers under investigation relating report 2022-021681 and/or the officer-involved shooting at a home on the 500 block of Ritchie Avenue on Feb. 23, 2022.*

The reason for the denial is that the records are confidential law enforcement investigatory records, R.C. 149.43(A)(1)(h) and (2)(a), (c) and (d). You may renew your request when the investigations are completed.

This concludes the City of Akron's response to your public record request.

Sincerely,

The City of Akron Law Department

Attachments

# 1587

VON

2019-O-5-510 - Police Officer

**Contact Information -- Person ID: 39752111**

Name: David J. Luke Address: [Redacted] East Canton, Ohio 44730 US  
 Home Phone: [Redacted] Alternate Phone:  
 Email: [Redacted] Notification Preference: Email  
 Former Last Name: 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? Some College

**Preferences**

Types of positions you will accept: Regular  
 Types of work you will accept: Full Time  
 Types of shifts you will accept: Day , Night , Rotating , Weekends

**Objective**

Police Officer for the City of Akron.

**Education**

**High School**  
 Perry High School  
 8/1999 - 5/2002  
 Massillon , Ohio

Did you graduate: Yes  
 Highest Level Completed: 12  
 Did you receive a GED? No  
 Degree Received: High School Diploma

**College**  
 Stark State College  
 [Unspecified Start] - [Unspecified End]  
 North Canton, Ohio

Did you graduate: No  
 College Major/Minor:  
 Degree Received: Associate's

**Work Experience**

**Staff Sergeant**  
 3/2017 - Present

US Air Force  
 www.youngstown.afrc.af.mil  
 Youngstown Air Reserve Station, 3976 King Graves Road  
 Vienna, Ohio 44473

Hours worked per week: 5  
 Monthly Salary: \$420.00  
 # of Employees Supervised: 4  
 Name of Supervisor: Tonya Fox - MSgt// Squad leader  
 May we contact this employer? Yes

**Duties**

Ensure safety of bases, weapons, property and personnel. To protect, defend, and fight. Uphold the UCMJ and keep fellow Airmen and America safe.

\*Hours worked is one weekend a month consisting of approximately 20 hours and 2 weeks a year. I will occasionally have additional training or assignments.

**Reason for Leaving**

I am currently in the Air Force Reserves Security Forces Squadron at Youngstown Air Reserve Station. My current enlistment will end in March 2023.

**Fire Technician**  
 4/2016 - Present

Hours worked per week: 44  
 Monthly Salary: \$4,150.00

TimkenSteel  
 www.timkensteel.com  
 1835 Dueber Ave. SW  
 Canton, Ohio 44706  
 330 471-3360

# of Employees Supervised: 0  
 Name of Supervisor: Kevin Faverty -  
 Supervisor  
 May we contact this employer? Yes

#### Duties

I work in the Emergency Services Department providing security, firefighting, fire prevention, ems, and technical rescue. A large part of the job is fire prevention and proactive security. I am not a commissioned police officer but I do provide security for the company. I am armed, carry a taser, body camera, pepper spray, and additional equipment. I respond to any emergency that arrives while on shift.

#### Reason for Leaving

I am currently working at TimkenSteel.

#### Firefighter/Paramedic 8/2009 - Present

Osnaburg Township Fire Department  
 www.osnaburgtwp.com/fire-dept/  
 110 West Church Street  
 East Canton, Ohio 44730  
 330 488-1547

Hours worked per week: 5  
 Monthly Salary: \$260.00  
 # of Employees Supervised: 0  
 Name of Supervisor: Amy Parker -  
 Assistant Chief  
 May we contact this employer? Yes

#### Duties

The firefighter/paramedic protects life and property by performing firefighting, emergency aid, hazardous materials and fire prevention duties. The position maintains fire equipment, apparatus and facilities.

\*I currently work 1-3 shifts per month at OTFD, and occasionally respond on additional calls. It is a volunteer/ part time position for me.

#### Reason for Leaving

I am currently working at Osnaburg Township Fire Department.

#### Security Officer 8/2009 - 1/2018

Aultman Hospital  
 www.aultman.org  
 2600 Sixth St. S.W  
 Canton, Ohio 44710  
 330 363 0000

Hours worked per week: 40  
 Monthly Salary: \$2,500.00  
 # of Employees Supervised: 0  
 Name of Supervisor: Mike Paxton - Shift  
 Lead  
 May we contact this employer? Yes

#### Duties

Provide a safe work environment to fellow employees, patients, and visitors.

\*During my time at Aultman I worked full time, part time, and casual. Full time was at least 32 hours a week, part time 16 hours a week, and casual when able and there was shifts available.  
 August 2009-November 2010 (Full Time)  
 22 November 2010- 30 April 2012 (Casual Employee)  
 1 May 2012-June 2014 (Part Time)  
 June 2014-April 2016 (Full Time)  
 April 2016- December 2016 (Part Time)  
 January 2017-January 2018 (Casual)

#### Reason for Leaving

Started a position at TimkenSteel. I initially stayed at Aultman part time, then cut back to casual, then I finished my time at Aultman in January of 2018.

**Certificates and Licenses**

Type: Paramedic/ Volunteer Firefighter  
 Number: 0147891  
 Issued by: Ohio Department Of Public Safety  
 Date Issued: 8 /2018 Date Expires: 8 /2021

**Skills**

Office Skills  
 Typing:  
 Data Entry:

Languages

English - Speak, Read, Write

**Additional Information**

Military Service  
 USMC- 06/2002-06/2006  
 US Air Force Reserve- 03/2017-Present

**References**

Personal  
**Kennedy, Michael**  
 Mr.  
 5455 Kieffer Ave. SW  
 Canton, Ohio 44706  
 (330) 936-3707

Personal  
**Rinehart, John**  
 Mr.  
 3777 Indian Run Ave. SE  
 East Canton, 44730  
 (330) 495-2235

**Resume**

**Text Resume**

**Attachments**

<b>Attachment</b>	<b>File Name</b>	<b>File Type</b>	<b>Created By</b>
Cover Letter Akron PD.doc	Cover Letter Akron PD.doc	<b>Cover Letter</b>	Job Seeker
David Luke, Resume.doc	David Luke, Resume.doc	<b>Resume</b>	Job Seeker
DD214.jpg	DD214.jpg	<b>Other</b>	Job Seeker
Residency Form	39752111	<b>Other</b>	Julia Toth

**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: 120
- 
3. Q: List all addresses where you have resided in the previous year including the dates you resided at each address.  
A: [REDACTED] East Canton Ohio 44730
- 
4. Q: Indicate an alternate contact person and telephone number.  
A: [REDACTED]
- 
5. Q: Have you ever been employed by the City of Akron?  
A: No
- 
6. Q: Are you currently a permanent City of Akron employee in the classified service?  
A: No
- 
7. Q: If you were previously employed by the City of Akron, please indicate positions held and dates of employment.  
A: 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:

**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: 08/06/1983
- 
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: No

---

**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: I completed OPOTA May 2007, but I never got commissioned.



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

---

**Union Dues Election Form**

---

**Election to Enroll in Employer Dues Deductions**

As a member of the Fraternal Order of Police, Akron Lodge #7, I hereby "Voluntarily" agree to have my union dues withheld from my weekly pay benefits by the City of Akron.

X David J Luke 1497

David LUKE  
Printed Name

20048  
Payroll ID Number

12/9



HIRE/PERSONNEL ACTION FORM

20048

Employee Information

Employee: Luke, David J.  
 Address 1: [REDACTED]  
 Address 2:  
 City: East Canton State: Ohio Zip: 44730  
 Phone: [REDACTED]

Hire Information

Person ID: 39752111  
 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. #: 2018-00233 Job Term: Permanent

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

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

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

Employee ID:

Pay Grade and Step: 80-3

Appointment Actions: Employment

Change Actions:

Appointment Code: Permanent Full-Time  
Probation New

Status Code: Active

List Code: Open

Position Number: 00001587



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

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

**Comments:** 10000-130100

---

<b>Approvers</b>		
Division Manager	BALL II, KENNETH	09/30/19 03:50 PM
Mayor	Akron, Mayor	09/30/19 04:42 PM



City of Akron Setup & Change Personal Information

Employee

David Luke

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

David

Middle

James

Last Name

Luke

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

East Canton

State

Ohio

Zip Code

44730

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

██████████

Last Name

██████████

Phone Number

██████████

Street Address

████████████████████

City

East Canton

State

Ohio

Zip Code

44730

Relationship to Employee:

Wife

**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

*David Luke*

Date

09/29/2019

*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: DJL

Page 1 of 2

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.

John Palmer  
Akron Police Department Witness (Print)

David J. LUKE  
Applicant (Print)

Sgt. John Palmer  
Witness (Signature)

David J. Luke  
Applicant (Signature)

  
Address

East Canton, OH 44730

Date: 9.25.2019

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

Page 2 of 2

H:/Community Relations/Background

**AGREEMENT**

I, David J. Luke, 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.

David J. Luke  
Applicant (Print)

David J. Luke  
Signature

9.25.19  
Date

Sgt. John Palmer  
Witness (Print)

Sgt. John Palmer 9/25/19  
Witness (Signature/Date)

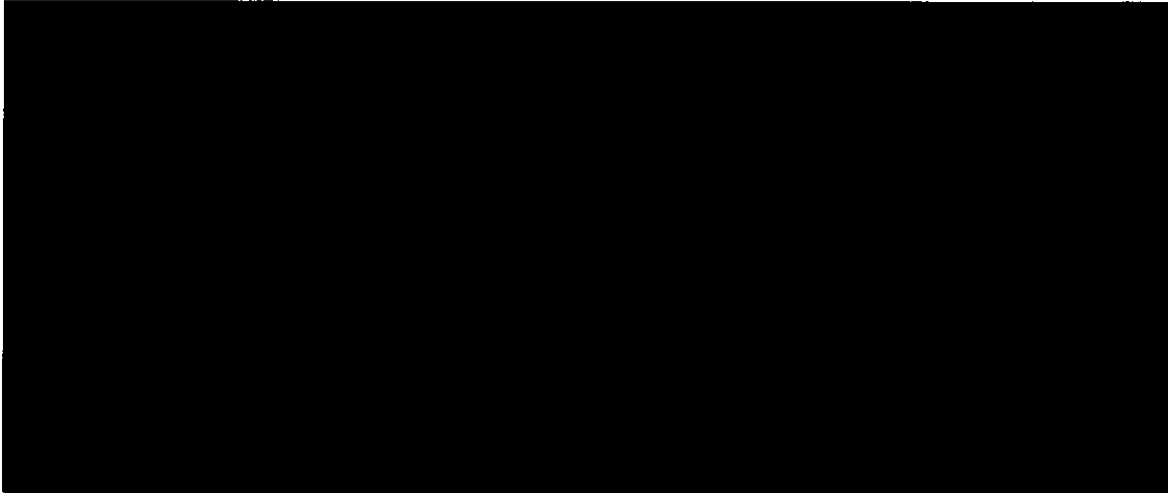


Civilian Identification  
Office 877-224-0043  
Fax 740-845-2633

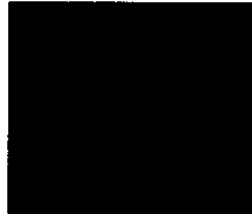
P.O. Box 365  
London, OH 43140  
[www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)

July 02, 2019

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



**Name:**  
**Date of Birth:**  
**SSN:**  
**BCI Completion Date:**  
**Reason Fingerprinted:**



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

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

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



**Applicant Name:**  
**Date of Birth:**  
**SSN:**  
**Completion Date:**  
**Reason Fingerprinted:**

Joseph A. Morbitzer  
Superintendent  
Ohio Bureau of Criminal Investigation



Ohio Department of Public Safety - Government Access

Last Name: LUKE

Driver Abstract

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

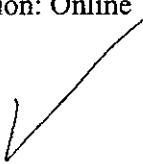
Your License Status as of 11/20/2019: **Valid**

Endorsements: M: Motorcycle

CDL Med Cert Not Certified

Restrictions: A: None

print this page  
close this window to return



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

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

David Luke  
Signature

David LUKE

Please print your name  
Police Recruit

Title  
Police Department

Department/Division  
1-2-2020

Date

2020 JAN 22 PM 3:23

[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:

---

---

---

---

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME Last: David J	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 12/9/19 TO 03/07/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/07/20

**PLEASE USE #2 PENCIL**

EMPLOYEE ID	1	1	2	3	4	5	6	7	8	9
	6	1	2	3	4	5	6	7	8	9
	7	1	2	3	4	5	6	7	8	9
	7	1	2	3	4	5	6	7	8	9

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

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

<p><b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b></p> <p><input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK</p>	<p><b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b></p>	<p><b>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.</b></p>	<p>60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING</p>																		
<p><input checked="" type="checkbox"/> ACCURACY</p> <p><input checked="" type="checkbox"/> THOROUGHNESS</p> <p><input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT</p>	<p><input checked="" type="checkbox"/> JUDGEMENT</p> <p><input checked="" type="checkbox"/> WRITTEN EXPRESSION</p> <p><input checked="" type="checkbox"/> ORAL EXPRESSION</p>	<p>QUALITY OF WORK</p> <p>QUANTITY OF WORK</p> <p>ATTENDANCE</p> <p>WORK HABITS</p> <p>RELATIONSHIP WITH OTHERS</p> <p>SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)</p>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>60</td> <td>70</td> <td>80</td> <td>90</td> <td>95</td> </tr> <tr> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		60	70	80	90	95	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	60	70	80	90	95																
EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.

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]* EMPLOYEE ID #: 16177 DATE: 3/4/20  
 EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: 10948 DATE: 3/11/20

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

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: 10449 DATE: 3/12/2020

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

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE: *[Signature]* AND DATE: 3/13/20

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

SIGNATURE AND DATE: *[Signature]* 1497 3-13-2020

CITY OF AKRON  
EMPLOYEE RECORDS

2020 MAR 18 AM 9:38

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME <b>Luke David J</b>	DIVISION <b>Police Uniformed</b>	CLASS TITLE <b>Police Officer</b>
EVALUATION FROM <b>12/9/19 TO 04/30/20</b>	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY <b>05/31/20</b>

PLEASE USE #2 PENCIL

E	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

E	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

<p><b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b></p> <p><input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK</p>	<p><b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b></p>	<p><b>3. EVALUATE PERFORMANCE BY</b></p> <p>BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.</p>	<p>60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING</p>												
<p><input checked="" type="checkbox"/> ACCURACY</p> <p><input checked="" type="checkbox"/> THOROUGHNESS</p> <p><input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT</p>	<p><input checked="" type="checkbox"/> JUDGEMENT</p> <p><input checked="" type="checkbox"/> WRITTEN EXPRESSION</p> <p><input checked="" type="checkbox"/> ORAL EXPRESSION</p>	<p><b>QUALITY OF WORK</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EVALUATOR 1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>EVALUATOR 2</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </table>	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										
EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										
<p><input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED</p> <p><input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE</p>		<p><b>QUANTITY OF WORK</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EVALUATOR 1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>EVALUATOR 2</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </table>	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										
EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										
<p><input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS</p> <p><input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE</p>	<p><input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT</p>	<p><b>ATTENDANCE</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EVALUATOR 1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td></tr> <tr><td>EVALUATOR 2</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td></tr> </table>	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										
EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>										
<p><input checked="" type="checkbox"/> DILIGENCE, EFFORT</p> <p><input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES</p> <p><input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY</p> <p><input checked="" type="checkbox"/> CONDUCT &amp; COOPERATION WITH SUPERVISION</p> <p><input checked="" type="checkbox"/> CONDUCT &amp; COOPERATION WITH CO-WORKERS</p>	<p><input type="checkbox"/> INITIATIVE</p> <p><input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL</p> <p><input type="checkbox"/> ORGANIZATION OF WORK</p>	<p><b>WORK HABITS</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EVALUATOR 1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>EVALUATOR 2</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </table>	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										
EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>										
<p><input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING</p> <p><input type="checkbox"/> TRAINING &amp; INSTRUCTING</p> <p><input type="checkbox"/> DISCIPLINARY CONTROL</p>	<p><input type="checkbox"/> EVALUATING PERFORMANCE</p> <p><input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP</p>	<p><b>RELATIONSHIP WITH OTHERS</b></p> <p><b>SUPERVISORY SKILLS</b> (LEAVE BLANK IF NOT APPLICABLE)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EVALUATOR 1</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>EVALUATOR 2</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </table>	EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EVALUATOR 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										
EVALUATOR 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										

**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 Luke is performing as expected of an employee at this point. Recruit Luke has successfully passed all required testing to this point.

**5. SIGNATURE OF EVALUATOR**

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

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

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

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

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

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

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY:

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

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

EMPLOYEE'S SIGNATURE AND DATE: [Signature] 5-21-2020

CITY OF AKRON  
EMPLOYEE RECORDS

09020 JUN 22 PM 2: 36

CITY OF AKRON  
EMPLOYEE RECORDS

09020 JUN 30 PM 2: 52

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME Luke David J	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 05/29/20 TO 10/24/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12-24-20 11/27/20

PLEASE USE #2 PENCIL

EMPLOYEE ID	2	0	1	2	3	4	5	6	7	8	9
	1	0	1	2	3	4	5	6	7	8	9
	0	0	1	2	3	4	5	6	7	8	9
	9	0	1	2	3	4	5	6	7	8	9
	8	0	1	2	3	4	5	6	7	8	9

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

EVALUATOR ID	1	0	1	2	3	4	5	6	7	8	9
	8	0	1	2	3	4	5	6	7	8	9
	5	0	1	2	3	4	5	6	7	8	9
	3	0	1	2	3	4	5	6	7	8	9
	0	0	1	2	3	4	5	6	7	8	9

ITEMS MO: 01 02 03 04 05 06 07 08 09 10 11 12      FACTORS YR: 01 02 03 04 05 06 07 08 09

<b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b> <input 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															
<input checked="" type="checkbox"/> ACCURACY <input type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	<b>QUALITY OF WORK</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	<b>QUANTITY OF WORK</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	<input type="checkbox"/> INITIATIVE <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK	<b>ATTENDANCE</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> CONDUCT WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT WITH CO-WORKERS	<b>WORK HABITS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	<b>RELATIONSHIP WITH OTHERS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	<b>SUPERVISORY SKILLS</b> (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

**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

CITY OF AKRON  
EMPLOYEE REPORTS  
2020 DEC 29 PM 3:35

**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: *Sgt. [Signature]* 1380      Date: 12/9/20  
 Evaluator 2: *[Signature]* 12061      Date: 12-9-20

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

Reviewer: *[Signature]* 11802      Date: 12/10/20  
 Department Head: *[Signature]*      Date:

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]* 1380      Date: 12-12-2020  
 Employee ID #: 1380      Date: 12-12-2020

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



# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME <b>DAVID LUKE</b>	DIVISION <b>POLICE UNIFORM</b>	CLASS TITLE <b>POLICE OFFICER</b>
EVALUATION FROM <b>5/29/20 TO 5/29/21</b>	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY

EMPLOYEE ID	2	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	TYPE OF EVALUATION				EVALUATOR ID	1	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
	0	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER		9	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
	0	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	INTERIM	45 DAY	45 DAY	FINAL		6	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
	4	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	6-MONTH	90 DAY	90 DAY	45 DAY		4	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

**PLEASE USE #2 PENCIL**

7	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
4	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
7	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

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**      **2. LINE OUT ITEMS**      **3. EVALUATE PERFORMANCE BY**      **60 = UNSATISFACTORY**  
 ITEMS WHICH ARE JOB-RELATED, WITH:      WHICH ARE NOT JOB-RELATED:      BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.      **70 = IMPROVEMENT NEEDED**  
 = STRONG       = WEAK      **80 = SATISFACTORY**  
 = STANDARD      **90 = VERY GOOD**  
 = WEAK      **95 = OUTSTANDING**

FACTORS	EVALUATOR 1	EVALUATOR 2	60	70	80	90	95
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> THOROUGHNESS <input type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input checked="" type="checkbox"/> ORAL EXPRESSION	QUALITY OF WORK	EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	QUANTITY OF WORK	EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	ATTENDANCE	EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	WORK HABITS	EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	RELATIONSHIP WITH OTHERS	EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1 EVALUATOR 2	<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.

*Off. Luke is progressing satisfactorily. Off. Luke had 0 unexcused sick call offs during this grading period.*

**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 SIGNATURE: *[Signature]*      EMPLOYEE ID #: 1397118647      DATE: 6-16-21  
 EVALUATOR 2 SIGNATURE: *[Signature]*      EMPLOYEE ID #: 10180      DATE: 6-16-21

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

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

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY: *[Signature]*      DATE: 7-14-21

SIGNATURE AND DATE: *[Signature]*      DATE: 7-14-21  
 TO THE EMPLOYEE YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE.

CITY OF ARLSON  
EMPLOYEE RECORDS

2021 JUL 22 AM 11:06

SSC



**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) Luke	(First) David	(Middle) James	2. Social Security Number [REDACTED]
3. Previous Name(s) or Alias (Last)		(First)		(Middle)	
4. Birth date (mm/dd/yyyy) 08/06/1983	5. Officer's Individual Email Address dluke@akronohio.gov			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box)		(City) East Canton	(State) Ohio	(Zip Code) 44730	(County Name) Stark
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name) Akron Police Department	(Academy Number) BAS19-090	(Dates of Training) 12/11/2019 - 5/1/2020	

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

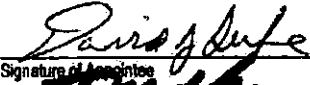
<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date 05 / 29 / 2020	14. Status Change Date / /
15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal			
For this purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.			
16. Select New ORC			
<input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)	<input type="checkbox"/> Township Constable (509.01)	<input type="checkbox"/> Other Chief - List ORC/Charter _____	
<input type="checkbox"/> Other - List ORC/Charter _____	<input type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311.01)	

<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 <i>K. Ball</i>	18. Printed Name and Title Kenneth R. Ball, Chief of Police		19. Date 05, 21, 2020
20. Signature of Witness <i>C.A. Brown</i>	21. Printed Name (First, Middle, Last) Charles A. Brown		22. Date 05, 21, 2020

Officer Name (Last) **Luke** (First) **David** (Middle) **James** Social Security Number [REDACTED]

**23. OATH OF OFFICE**

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

  
 Signature of Appointee

**Daniel Horrigan**  
 Name of Appointing Authority (Typed or Printed Legibly)  
**Mayor, City of Akron**  
 Title of Appointing Authority (Typed or Printed Legibly)

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

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

*10/15/19*



## 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: 20048 Social Security Number: [REDACTED]  
First Name: David Middle Name: James Last Name: LUKE  
\*If you have had a name change please submit a copy of your social security card with this form. Date of Birth: 6 Aug 1983 Gender:  Male  Female

Street Address: [REDACTED]  
City: East Canton State: Ohio Zip Code: 44730  
E-mail address: [REDACTED]  
Cell Phone Number: [REDACTED] Please check your preferred method of contact below:  
Home Phone Number: \_\_\_\_\_  Phone  Mail  E-mail

Marital Status:  Single  Divorced  Married  Widowed  Separated  
Highest Education Level completed:  Less than HS graduate  HS graduate or equivalent  Some College  Technical School  2-year College Degree  Bachelor's Level Degree  Some Graduate School  Master's Level Degree  Doctorate (Academic)  Doctorate (Professional)  Post-Doctorate

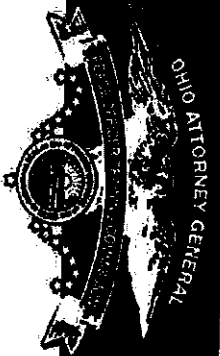
First Name: [REDACTED] Last Name: [REDACTED] Phone Number: [REDACTED]  
Street Address: [REDACTED]  
City: East Canton State: Ohio Zip Code: 44730  
Relationship to Employee: wife

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: David J Luke Date: 5-21-2020

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

Revised 2/2017



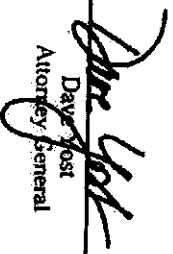
# OHIO PEACE OFFICER TRAINING COMMISSION


## THE OFFICE OF THE ATTORNEY GENERAL

&

This is to certify that  
**David James Luke**  
 has completed the Ohio  
 Peace Officer Basic Training Program  
 Conducted by  
**Akron Police Department**

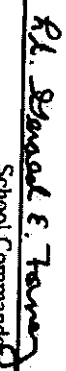
Awarded On  
 May 29, 2020

  
 Day Foster  
 Attorney General

  
 Vernon P. Stanforth, Challenge  
 Ohio Peace Officer Training Commission



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

  
 R.L. Starnod, School Commander  
 BAS19-090 200569

**OHIO ATTORNEY GENERAL**  
**RECOGNITION OF COMPLETION AWARD**

*This certificate of completion is awarded to*

**David Luke**

For successfully completing the Webcast course

**OHLEG Security Training**

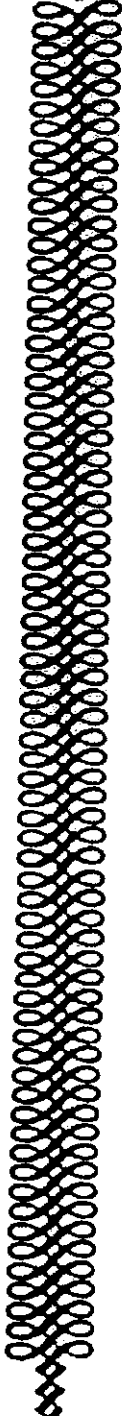
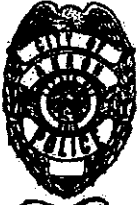
Issued on  
**May 06, 2020**  
Expires in 2 years



Joseph A. Morbitzer, BCI SUPERINTENDENT

\* No CPT Hours  
97c8276a9831d899a1556d19a79a15ca8a2





**I, DAVID LUKE, DO SOLEMNLY PLEDGE**

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

**I DO SO PLEDGE.**

  
\_\_\_\_\_  
Signature

**AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE  
THIS 29<sup>th</sup> DAY OF MAY, 2020.**

  
\_\_\_\_\_  
DANIEL HORRIGAN, MAYOR



CITY OF AKRON

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME  
**Luke, David J**

DIVISION  
**Police Uniformed**

CLASS TITLE  
**Police Officer**

EVALUATION FROM  
**12/9/19 TO 03/07/20**

MERIT INCREASE DATE

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY **04/07/20**

PLEASE USE #2 PENCIL

EMPLOYEE ID	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ITEMS	MO:	FACTORS	YR:
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK		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
2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED		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.	
<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	5. SIGNATURE OF EVALUATOR <b>[Signature]</b> 16177 3/12/20 EVALUATOR 1 SIGNATURE EMPLOYEE ID # DATE <b>[Signature]</b> 10948 3/11/20 EVALUATOR 2 SIGNATURE EMPLOYEE ID # DATE	
		QUALITY OF WORK QUANTITY OF WORK ATTENDANCE WORK HABITS RELATIONSHIP WITH OTHERS SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2 EVALUATOR 1 EVALUATOR 2

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.

**[Signature]** 16177 3/12/20  
EVALUATOR 1 SIGNATURE EMPLOYEE ID # DATE  
**[Signature]** 10948 3/11/20  
EVALUATOR 2 SIGNATURE EMPLOYEE ID # DATE

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

**[Signature]** 10949 3/12/20  
SIGNATURE OF REVIEWER EMPLOYEE ID # DATE

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]** 1497 3-13-20  
SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:  
SIGNATURE **[Signature]** 3/13/20  
AND DATE

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

**[Signature]** 1497 3-13-20  
EMPLOYEE'S SIGNATURE AND DATE

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME <b>DAVID LUKE</b>		DIVISION <b>POLICE UNIFORM</b>	CLASS TITLE <b>POLICE OFFICER</b>
EVALUATION FROM <b>5/29/20</b> TO <b>5/29/21</b>		MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY

**PLEASE USE #2 PENCIL**

EMPLOYEE ID	2	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	TYPE OF EVALUATION				EVALUATOR ID	1	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	0	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER		8	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	0	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	INTERIM 6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY		6	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9						4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	8	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9						7	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9

ITEMS	MO: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	FACTORS	YR: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10	
<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>		
<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 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		
		QUALITY OF WORK	EVALUATOR 1 EVALUATOR 2	<input type="radio"/> 60 <input type="radio"/> 70 <input checked="" type="radio"/> 80 <input type="radio"/> 90
		QUANTITY OF WORK	EVALUATOR 1 EVALUATOR 2	<input type="radio"/> 60 <input type="radio"/> 70 <input checked="" type="radio"/> 80 <input type="radio"/> 90
		ATTENDANCE	EVALUATOR 1 EVALUATOR 2	<input type="radio"/> 60 <input type="radio"/> 70 <input type="radio"/> 80 <input type="radio"/> 90
		WORK HABITS	EVALUATOR 1 EVALUATOR 2	<input type="radio"/> 60 <input type="radio"/> 70 <input checked="" type="radio"/> 80 <input type="radio"/> 90
		RELATIONSHIP WITH OTHERS	EVALUATOR 1 EVALUATOR 2	<input type="radio"/> 60 <input type="radio"/> 70 <input checked="" type="radio"/> 80 <input type="radio"/> 90
		SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1 EVALUATOR 2	<input type="radio"/> 60 <input type="radio"/> 70 <input type="radio"/> 80 <input type="radio"/> 90

**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.

*Off. Luke is progressing satisfactorily. Off. Luke had 0 unexcused sick call offs during this grading period 4/29-7*

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

*[Signature]* 1397/18647 6-16-21 *Captain [Signature]* 10180 6-16-21

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

*[Signature]* 11800 6/22/21 *[Signature]* 6/22/21

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

SIGNATURE AND DATE: *[Signature]* 1397/18647 7-14-21

EMPLOYEE'S SIGNATURE AND DATE: *[Signature]* 7-14-21

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME <b>Luke, David J</b>	DIVISION <b>Police Uniformed</b>	CLASS TITLE <b>Police Officer</b>
EVALUATION FROM <b>05/09/20 TO 10/24/20</b>	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY <b>12-24-20 11/27/20</b>

EMPLOYEE ID <b>20048</b>	0 1 2 3 4 5 6 7 8 9	TYPE OF EVALUATION				EVALUATOR ID <b>1550</b>	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER		0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	INTERIM	45 DAY	45 DAY	45 DAY		0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	6-MONTH	90 DAY	90 DAY	90 DAY		0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	180 DAY	180 DAY	180 DAY	180 DAY		0 1 2 3 4 5 6 7 8 9

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																																																																														
<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>																																																																														
<input checked="" type="checkbox"/> ACCURACY <input 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 type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input checked="" type="checkbox"/> INITIATIVE <input 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>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>QUANTITY OF WORK</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ATTENDANCE</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WORK HABITS</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RELATIONSHIP WITH OTHERS</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		60	70	80	90	95	QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WORK HABITS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	60	70	80	90	95																																																																										
QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
WORK HABITS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																										
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																										
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																										

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

*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.

Signature: *[Signature]* 1880      12/9/20      Signature: *[Signature]* 12061      12-9-20  
 EVALUATOR 1 SIGNATURE      EMPLOYEE ID #      DATE      EVALUATOR 2 SIGNATURE      EMPLOYEE ID #      DATE

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

Signature: *[Signature]* 11802      12/10/20      Signature: \_\_\_\_\_      \_\_\_\_\_  
 SIGNATURE OF REVIEWER      EMPLOYEE ID #      DATE      SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE      DATE

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE \_\_\_\_\_      DATE \_\_\_\_\_

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

EMPLOYEE'S SIGNATURE AND DATE \_\_\_\_\_

# Akron Police Department Awards And Commendations Report

Incident Entered By: CAPTAIN Melissa Schnee - 10180

## Incident Details

Date Received	Date of Occurrence	Time of Occurrence
1/14/2022	12/24/2021	02:23
Record ID #	SCAD	Tracking #
7455	21-163461	
Date/Time Entered		
1/14/2022 02:12		

## Incident Summary

Breaking & Entering: 840 Brittain Rd. (Walgreen's). Car 3, Officers Cunningham 1343 and Massengill 1538, along with multiple other units, responded to this location reference someone breaking into the pharmacy at this location. On scene, officers observed a broken W/S door window. The key holder provided the passcode to the video surveillance cameras which showed footage of two males wearing black enter through the door on the W/S of the building. One of the males used a crowbar to pry open the door. The males ran through the pharmacy with handbags taking unknown types of pharmaceutical medications. The males then exited through the point of entry and fled the scene. DB notified; Sgt. Mara and CSU on scene. Officers continued to canvass the area and recovered mail addressed to a Kia Tarver at 1120 Marysville, a CD, and disposable gloves believed to belong to the suspects. At 0442 hrs. Officers went to 1120 Marysville and located a vehicle that had a crowbar visible in the backseat. As officers were attempting to make contact at the Marysville address, two males ran from this location. One male was quickly apprehended. Car 25, Officer Barnes 1421 with K9 Officer Bruno, began a track at 0509 hours. Officer Cunningham reported to officers that the male they were tracking was not from this area and was only here because he is dating a female resident at 1120 Marysville. Officer Cunningham also reported that most/all the items taken in the B & E had been recovered. Officers continued to search the large area between Eastwood/Hazel/RR tracks, which contains a quarry/sandpit until approximately 0630 hrs. At that point, several officers returned to 1120 Marysville to assist Car 3 with the juvenile male who had been arrested. Officers then hung back in the area out of sight of the address, and within a few minutes, the female resident at 1120 Marysville came outside and began shouting a male's name. The male the officers had been searching for came into sight and was quickly apprehended.

The officers involved showed diligence and tenacity in their handling of this incident. In their initial search of the area, they discovered evidence that led them to a possible suspect location where they observed additional evidence further tying that location to the crime. Officers then searched a large area with rough terrain in cold temperatures for over an hour ceasing only as the end of the shift approached. Still unwilling to give up, they made one more attempt by causing the resident to believe the coast was clear, and they were able to finally apprehend the suspect. This was a great example of teamwork, dedication, and performance that was well above what would be considered a satisfactory level.

I am recommending a Captain's Commendation for the following officers: KS Cunningham 1343, RM Massengill 1538, DT Henry 1468, VM Mokodean 1555, ZO Oles 1525, ZP McCormick 1498, NE Film 1472, JC Bowers 1552, DJ Luke 1497, GR Parker 1523, TB Hunt 1423, DE Morgan 1549, and PM Barnes 1421 for their roles in this incident.

## Incident Location

• 840 Brittain Road, Akron, OH 44310 - Location of Occurrence: Summit - Precinct: District 3

## Involved Employees

**OFFICER Paul Barnes - Payroll ID: 18826 - Badge Number: 1421**

Assignment at time of incident: Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

Video Footage: [No Response]

Role

•

**OFFICER John Bowers - Payroll ID: 20516 - Badge Number: 1552**

**Assignment at time of incident:** Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

**Video Footage:** [No Response]

Role

•

**OFFICER Kyle Cunningham - Payroll ID: 18053 - Badge Number: 1343**

**Assignment at time of incident:** Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

**Video Footage:** [No Response]

Role

•

**OFFICER Nicholas Film - Payroll ID: 19613 - Badge Number: 1472**

**Assignment at time of incident:** Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

**Video Footage:** [No Response]

Role

•

**OFFICER Daniel Henry - Payroll ID: 19616 - Badge Number: 1468**

**Assignment at time of incident:** Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

**Video Footage:** [No Response]

Role

•

**OFFICER Timothy Hunt - Payroll ID: 18821 - Badge Number: 1423**

**Assignment at time of incident:** Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

**Video Footage:** [No Response]

Role

**OFFICER David Luke - Payroll ID: 20048 - Badge Number: 1497**

**Assignment at time of incident:** Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

**Video Footage:** [No Response]

**Role**

- 

**OFFICER Ronnell Massengill - Payroll ID: 20273 - Badge Number: 1538**

**Assignment at time of incident:** Title: Recruit Patrol Bureau/Platoon 1/10:30PM-7AM/Recruit

**Video Footage:** [No Response]

**Role**

- 

**OFFICER Zachary McCormick - Payroll ID: 20051 - Badge Number: 1498**

**Assignment at time of incident:** Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

**Video Footage:** [No Response]

**Role**

- 

**OFFICER Vladislav Mokodean - Payroll ID: 20526 - Badge Number: 1555**

**Assignment at time of incident:** Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

**Video Footage:** [No Response]

**Role**

- 

**OFFICER Donald Morgan - Payroll ID: 20275 - Badge Number: 1549**

**Assignment at time of incident:** Title: Recruit Patrol Bureau/Platoon 1/10:30PM-7AM/Recruit

**Video Footage:** [No Response]

**Role**

-

**OFFICER Geoffrey Parker - Payroll ID: 20053 - Badge Number: 1523**

**Assignment at time of incident:** Title: Officer Patrol Bureau/Platoon 1/10:30PM-7AM/Officer

**Video Footage:** [No Response]

**Role**

•

---

## Tasks

No tasks to show

---

## Running Sheet Entries

No running sheet entries to show

---

## Attachments

No attachments

---

## Assignment History

Sent Dt

From

To

---

## Chain of Command History

### Routing #1

Sent From: CAPTAIN Melissa Schnee  
Sent To: DEPUTY CHIEF Jesse Leaser  
CC: (none)  
Sent Date/Time: 1/14/2022 2:51 AM

### Instructions from CAPTAIN Melissa Schnee to DEPUTY CHIEF Jesse Leaser:

For your review. I am requesting a Captain's Commendation.

### Comments/Response from DEPUTY CHIEF Jesse Leaser:

#### Comments:

Great work by all involved. This incident demonstrates fantastic team work that led to the apprehension of a breaking and entering suspect. I concur with Capt. Schnee that these officers deserve a captain level commendation or their outstanding effort. They are a credit to the department and to the city.

### Routing #2

Sent From: DEPUTY CHIEF Jesse Leaser  
Sent To: SERGEANT Angela Falcone  
CC: CAPTAIN Melissa Schnee  
Sent Date/Time: 1/19/2022 8:26 AM

**Instructions from DEPUTY CHIEF Jesse Leeser to SERGEANT Angela Falcone:**

Captain level commendation is to be awarded to the officers listed. Outstanding effort and a credit to the police department.

**Comments/Response from SERGEANT Angela Falcone:**

Comments:

[Forward to OPSA by SERGEANT Angela Falcone]

**Author Signature Line**

---

CAPTAIN Melissa Schnee - 10180

**Chain of Command Signature Lines**

---

DEPUTY CHIEF Jesse Leeser

---

SERGEANT Angela Falcone



# AKRON POLICE DEPARTMENT

This Citation is awarded to

Officer David J. Luke #1497

in recognition of

Your role in the handling of the Breaking and Entering at the Walgreen's Pharmacy at 840 Britain Rd. on 12/24/21. You and the other officers involved showed diligence and tenacity in your handling of this incident that led to the arrest of two suspects and the recovery of the stolen property. This was a great example of teamwork, dedication, and performance that was well above what would be considered a satisfactory level.

**Captain Melissa Schnee #914**  
Shift / Unit Commander



January 14, 2022  
Date

# AKRON POLICE DEPARTMENT

This Citation is awarded to

Officer David J. Luke #1497

in recognition of

Your role in the handling of the Aggravated Robbery of the CVS Pharmacy at 590 E. Market St. on 12/8/21. This was a rapidly evolving incident that required teamwork and coordination of information to successfully resolve. Working together, officers tracked the suspects, discovered evidence, established a perimeter, and used new technology to help pinpoint suspect location. This was a great example of outstanding police work.

  
Sgt / Unit Commander

Date

12-31-21

CITY OF AKRON, OHIO

DEPARTMENT

POLICE

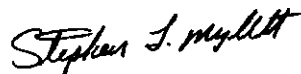
TO: [REDACTED]  
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT  
CHIEF OF POLICE

DATE: December 23, 2021

Effective December 23, 2021, you are hereby placed on administrative leave with pay per procedure following a critical incident.

During such time, you are prohibited from operating any city vehicle, working secondary employment or taking any police action whatsoever.



Stephen L. Mylett  
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director  
Randy Briggs, Deputy Mayor of Labor Relations  
Frank Williams, Assistant to the Mayor for Labor Relations  
Charles Brown, Deputy Mayor of Public Safety  
Clay Cozart, President, F.O.P. Akron Lodge #7  
Wendy Leslie, Payroll

CITY OF AKRON, OHIO

DEPARTMENT

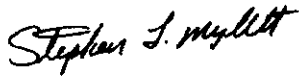
POLICE

TO: [REDACTED]  
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT  
CHIEF OF POLICE

DATE: February 21, 2022

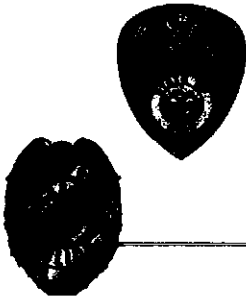
Effective immediately, you are hereby cleared to return to your regular duty assignment as you have completed all necessary requirements following a critical incident.



Stephen L. Mylett  
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director  
Randy Briggs, Deputy Mayor of Labor Relations  
Frank Williams, Assistant to the Mayor for Labor Relations  
Charles Brown, Deputy Mayor of Public Safety  
Clay Cozart, President, F.O.P. Akron Lodge #7  
Wendy Leslie, Payroll



# AKRON POLICE DEPARTMENT

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

Stephen L. Mylett, *Chief of Police*

## CITY OF AKRON, OHIO

**TO:** [REDACTED]  
**UNIFORM SUB-DIVISION**

**FROM:** **STEPHEN MYLETT**  
**CHIEF OF POLICE**

**DATE:** **FEBRUARY 22, 2022**

Effective February 22, 2022, you are hereby placed on Administrative Leave with pay per procedure following a critical incident.

Stephen L. Mylett  
Chief of Police

SLM/sjn

**cc:** **Eve Belfance, Law Director**  
**Randy Briggs, Deputy Mayor of Labor Relations**  
**Frank Williams, Assistant to the Mayor for Labor Relations**  
**Charles Brown, Deputy Mayor of Public Safety**  
**Clay Cozart, President, F.O.P. Akron Lodge #7**  
**Wendy Leslie, Payroll**

[www.akroncops.org](http://www.akroncops.org)  
Fax: (330) 375-2135 Phone: (330) 375-2244  
Address all correspondence to the Chief of Police



CITY OF AKRON, OHIO

DEPARTMENT

POLICE

TO:

[REDACTED]  
UNIFORM SUB-DIVISION

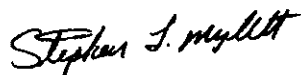
FROM:

STEPHEN MYLETT  
CHIEF OF POLICE

DATE:

January 4, 2022

Effective January 4, 2022 you are hereby officially returned to full duty status per procedure following a critical incident.



Stephen L. Mylett  
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director  
Randy Briggs, Deputy Mayor of Labor Relations  
Frank Williams, Assistant to the Mayor for Labor Relations  
Charles Brown, Deputy Mayor of Public Safety  
Clay Cozart, President, F.O.P. Akron Lodge #7  
Wendy Leslie, Payroll

# CITY OF AKRON, OHIO

DEPARTMENT  
POLICE DIVISION

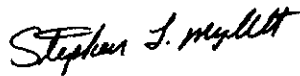
CHIEF'S DIRECTIVE  
2022-CD-32  
March 18, 2022

## DIRECTIVE

Effective Monday, March 21, 2022, the following officers are to return to their regular duty assignments:

	<u>FROM</u>	<u>TO</u>
[REDACTED] I.D. # [REDACTED]	Services Sub-Division Training Bureau	Uniform Sub-Division Platoon 1 10:30PM-7AM

	<u>FROM</u>	<u>TO</u>
[REDACTED] I.D. # [REDACTED]	Services Sub-Division Training Bureau	Uniform Sub-Division Platoon 1 10:30PM-7AM



Stephen L. Mylett  
Chief of Police

# CITY OF AKRON, OHIO

DEPARTMENT  
POLICE DIVISION

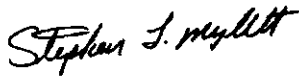
CHIEF'S DIRECTIVE  
2022-CD-32  
March 18, 2022

## DIRECTIVE

Effective Monday, March 21, 2022, the following officers are to return to their regular duty assignments:

	<u>FROM</u>	<u>TO</u>
[REDACTED] I.D. # [REDACTED]	Services Sub-Division Training Bureau	Uniform Sub-Division Platoon 1 10:30PM-7AM

	<u>FROM</u>	<u>TO</u>
[REDACTED] I.D. # [REDACTED]	Services Sub-Division Training Bureau	Uniform Sub-Division Platoon 1 10:30PM-7AM



Stephen L. Mylett  
Chief of Police



## Larsen, Lynn Rowe

---

**From:** Larsen, Lynn Rowe  
**Sent:** Monday, April 25, 2022 3:55 PM  
**To:** EBelfance@AkronOhio.gov  
**Cc:** Shearer, Michael; Bryan, Daniel H.  
**Subject:** Akron Beacon Journal Public Records' Requests  
**Attachments:** 21-163083 Incident Report and Incorporated Supplement.pdf; 22-021681.pdf

Ms. Belfance –

I represent the Akron Beacon Journal in connection with its public records requests directed to the City of Akron for the attached Incident Reports, and related public records. I note that that both of the Incident Reports appear to be incomplete, in that they do not identify the officers who used deadly force as reflected on the reports. Has Akron redacted that information from both reports or was it never completed at the time of the events? Could you please advise? Thank you.

Best regards,

Lynn Larsen

**Taft /** Lynn Rowe Larsen, Partner  
Litigation  
Direct: 216.706.3885 | Office Ext: 73885  
Taft Office: Cleveland

**AKRON POLICE DEPARTMENT**  
FIELD CASE REPORT

CASE# **2021-00163083**

<b>EVENT</b>	REPORTED DATE/TIME <b>12/23/2021 03:43</b>	OCCURRED INCIDENT TYPE <b>Domestic Incident</b>	
	OCCURRED FROM DATE/TIME <b>12/23/2021 03:35</b>	OCCURRED THRU DATE/TIME <b>12/23/2021 04:00</b>	LOCATION OF OCCURRENCE <b>2470 26TH ST SW Akron, OH 44314</b>

<b>OFFENSES</b>	STATUTE/DESCRIPTION	COUNTS	ATTEMPT/COMMIT
	01	<b>2919.25A Domestic Violence; Knowingly Cause Physical Harm</b>	<b>1</b>
02	<b>2919.27A1 Violate Protection Order - pursuant to 2919.26 or 3113.31</b>	<b>1</b>	<b>Completed</b>
03	<b>A610 Use Of Deadly Force</b>	<b>1</b>	<b>Completed</b>

<b>SUBJECT</b>	JACKET/SUBJECT TYPE <b>Adult Suspect</b>	NAME (LAST, FIRST, MIDDLE SUFFIX) <b>GROSS, JAMES WARREN</b>					
	DOB <b>07/02/1963</b>	AGE or AGE RANGE <b>58</b>	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE <b>White</b>	SEX <b>Male</b>	HEIGHT or RANGE	WEIGHT or RANGE	HAR <b>Brown</b>	EYE <b>Brown</b>	
	DL NUMBER/STATE [REDACTED]	PRIMARY PHONE	PHONE #2	PHONE #3			

<b>SUBJECT</b>	JACKET/SUBJECT TYPE <b>Adult Victim</b>	NAME (LAST, FIRST, MIDDLE SUFFIX) <b>GROSS, MARY ALICE</b>					
	DOB <b>11/08/1966</b>	AGE or AGE RANGE <b>55</b>	ADDRESS (STREET, CITY, STATE, ZIP) <b>2470 26th ST SW Akron, OH 44314</b>				
	RACE <b>White</b>	SEX <b>Female</b>	HEIGHT or RANGE	WEIGHT or RANGE	HAR <b>Brown</b>	EYE <b>Brown</b>	
	DL NUMBER/STATE [REDACTED]	PRIMARY PHONE [REDACTED]	PHONE #2	PHONE #3			

<b>SUBJECT</b>	JACKET/SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE SUFFIX)					
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

REPORTING OFFICER <b>1560 Clark</b>	DATE <b>12/23/2021</b>	REVIEWED BY
--	---------------------------	-------------

**AKRON POLICE DEPARTMENT**

FIELD CASE REPORT

CASE# **2021-00163083**

**NARRATIVE**

See Case Supplemental.

Ofc. N. Clark #1560

REPORTING OFFICER

**1560 Clark**

DATE

**12/23/2021**

REVIEWED BY

**AKRON POLICE DEPARTMENT**  
**FIELD CASE SUPPLEMENT REPORT**

CASE# **2021-00163083**

<b>EVENT</b>	REPORTED DATE/TIME <b>12/23/2021 03:43</b>	OCCURRED INCIDENT TYPE	
	OCCURRED FROM DATE/TIME	OCCURRED THRU DATE/TIME	LOCATION OF OCCURRENCE <b>2470 26TH ST SW Akron, OH 44314</b>

<b>OFFENSES</b>	STATUTE/DESCRIPTION	COUNTS	ATTEMPT/COMMIT	

<b>SUBJECT</b>	JACKET/SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE SUFFIX)					
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

<b>SUBJECT</b>	JACKET/SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE SUFFIX)					
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

<b>SUBJECT</b>	JACKET/SUBJECT TYPE	NAME (LAST, FIRST, MIDDLE SUFFIX)					
	DOB	AGE or AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE	SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
	DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3			

REPORTING OFFICER <b>1560 Clark</b>	DATE <b>12/23/2021</b>	REVIEWED BY
--	---------------------------	-------------

**AKRON POLICE DEPARTMENT**

FIELD CASE SUPPLEMENT REPORT

CASE# **2021-00163083**

**NARRATIVE**

Nathaniel Clark #1560

Length of Service: 2 Months

Officer Cockrell and myself responded to the above listed address for a domestic while working in Car #2. We were enroute from district 2 when we heard over radio shots fired. We arrived on scene at approximately 0403 hours. Once on scene I was ordered by Sgt. Mara to take Ofc. Luke to a vehicle to be away from the scene. After awhile I was replaced by Ofc. Smith #1396 and informed to help Ofc. Abatangelo with the crime scene log, this is what I did for the remainder of my time on the scene.

It should be noted that I arrived sometime after the initial incident. I did not enter the home, nor did I speak to any witnesses.

BWC

REPORTING OFFICER

**1560 Clark**

DATE

**12/23/2021**

REVIEWED BY

# AKRON POLICE DEPARTMENT

FIELD CASE REPORT

CASE# **2022-00021681**

<b>EVENT</b>	REPORTED DATE/TIME <b>2/22/2022 02:43</b>	OCCURRED INCIDENT TYPE <b>Use of Force</b>	
	OCCURRED FROM DATE/TIME <b>02/22/2022 02:43</b>	OCCURRED THRU DATE/TIME <b>02/22/2022 02:43</b>	LOCATION OF OCCURRENCE <b>507 RITCHIE AVE Akron, OH 44320</b>

	STATUTE/DESCRIPTION	COUNTS	ATTEMPT/COMMIT
<b>OFFENSES</b>	<b>01 2903.01A Aggravated Murder</b>	<b>1</b>	<b>Completed</b>
	<b>02 A600 Use Of Force</b>	<b>1</b>	<b>Completed</b>

<b>SUBJECT</b>	JACKET/SUBJECT TYPE <b>Adult</b>	NAME (LAST, FIRST, MIDDLE SUFFIX) <b>Rodgers, Lawrence I</b>					
	<b>Suspect</b>	ADDRESS (STREET, CITY, STATE, ZIP)					
	DOB 	AGE or AGE RANGE 					
	RACE <b>Black</b>	SEX <b>Male</b>	HEIGHT or RANGE <b>5'10" 5'10"</b>	WEIGHT or RANGE <b>235 235</b>	HAIR <b>Black</b>	EYE <b>Brown</b>	
DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3				

<b>SUBJECT</b>	JACKET/SUBJECT TYPE <b>Adult</b>	NAME (LAST, FIRST, MIDDLE SUFFIX) <b>Jones, Raymond</b>					
	<b>Victim</b>	ADDRESS (STREET, CITY, STATE, ZIP)					
	DOB <b>07/10/1983</b>	AGE or AGE RANGE <b>38</b>					
	RACE <b>Black</b>	SEX <b>Male</b>	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3				

<b>SUBJECT</b>	JACKET/SUBJECT TYPE <b>Adult</b>	NAME (LAST, FIRST, MIDDLE SUFFIX) <b>jones, shawntea J</b>					
	<b>Witness</b>	ADDRESS (STREET, CITY, STATE, ZIP)					
	DOB <b>12/06/1975</b>	AGE or AGE RANGE <b>46</b>					
	RACE <b>Black</b>	SEX <b>Male</b>	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE	
DL NUMBER/STATE	PRIMARY PHONE	PHONE #2	PHONE #3				

REPORTING OFFICER <b>1384 Lucey</b>	DATE <b>2/22/2022</b>	REVIEWED BY <b>Orrand, Michael Jason</b>	REVIEW DATE <b>03/15/2022</b>
--	--------------------------	---	----------------------------------

**AKRON POLICE DEPARTMENT**  
FIELD CASE REPORT

CASE# **2022-00021681**

**ADDITIONAL SUBJECTS**

<b>SUBJECT</b>	JACKET/SUBJECT TYPE <b>Adult</b>		NAME (LAST, FIRST, MIDDLE SUFFIX) <b>Jones, Damian</b>				
	DOB <b>11/27/1973</b> AGE or AGE RANGE <b>48</b>		ADDRESS (STREET, CITY, STATE, ZIP)				
	RACE <b>Black</b>		SEX <b>Male</b>	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
	DL NUMBER/STATE		PRIMARY PHONE		PHONE #2		PHONE #3

<b>SUBJECT</b>	JACKET/SUBJECT TYPE		NAME (LAST, FIRST, MIDDLE SUFFIX)				
	DOB		AGE or AGE RANGE		ADDRESS (STREET, CITY, STATE, ZIP)		
	RACE		SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
	DL NUMBER/STATE		PRIMARY PHONE		PHONE #2		PHONE #3

<b>SUBJECT</b>	JACKET/SUBJECT TYPE		NAME (LAST, FIRST, MIDDLE SUFFIX)				
	DOB		AGE or AGE RANGE		ADDRESS (STREET, CITY, STATE, ZIP)		
	RACE		SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
	DL NUMBER/STATE		PRIMARY PHONE		PHONE #2		PHONE #3

<b>SUBJECT</b>	JACKET/SUBJECT TYPE		NAME (LAST, FIRST, MIDDLE SUFFIX)				
	DOB		AGE or AGE RANGE		ADDRESS (STREET, CITY, STATE, ZIP)		
	RACE		SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
	DL NUMBER/STATE		PRIMARY PHONE		PHONE #2		PHONE #3

<b>SUBJECT</b>	JACKET/SUBJECT TYPE		NAME (LAST, FIRST, MIDDLE SUFFIX)				
	DOB		AGE or AGE RANGE		ADDRESS (STREET, CITY, STATE, ZIP)		
	RACE		SEX	HEIGHT or RANGE	WEIGHT or RANGE	HAIR	EYE
	DL NUMBER/STATE		PRIMARY PHONE		PHONE #2		PHONE #3

REPORTING OFFICER <b>1384 Lucey</b>	DATE <b>2/22/2022</b>	REVIEWED BY <b>Orrand, Michael Jason</b>	<b>03/15/2022</b>
--	--------------------------	---	-------------------

**AKRON POLICE DEPARTMENT**  
FIELD CASE REPORT

CASE# **2022-00021681**

**NARRATIVE**

Suspect shot victim. Officers used force. DB and CSU on scene.

REPORTING OFFICER  
**1384 Lucey**

DATE  
**2/22/2022**

REVIEWED BY  
**Orrand, Michael Jason**

**03/15/2022**



**Larsen, Lynn Rowe**

---

**From:** Reece, John Christopher <JReece@akronohio.gov>  
**Sent:** Monday, May 2, 2022 1:34 PM  
**To:** Larsen, Lynn Rowe  
**Cc:** Belfance, Eve; Defibaugh, Michael  
**Subject:** FW: [External]RE: [External]Akron Beacon Journal Public Records' Requests

[EXTERNAL MESSAGE]

Ms. Larsen,

I am responding to your emails below sent to Eve Belfance.

The incident reports are complete. No information was redacted regarding an officer involved in the use of deadly force.

In a Akron Police Department homicide incident report, suspects are rarely, if ever, listed or identified as a matter of course. An officer involved shooting is a homicide incident. The incident report serves to generate a report number so an investigation can begin.

I confirmed this information with the Commanders of the Investigative Subdivision (Detective Bureau) and the Uniform Subdivision (Patrol).

Best regards,

Christopher Reece  
Deputy Director of Law  
City of Akron, Ohio  
330-375-2030

---

**From:** Larsen, Lynn Rowe <[llarsen@taftlaw.com](mailto:llarsen@taftlaw.com)>  
**Sent:** Monday, May 2, 2022 9:30:08 AM  
**To:** Belfance, Eve <[EBelfance@akronohio.gov](mailto:EBelfance@akronohio.gov)>  
**Subject:** [External]RE: [External]Akron Beacon Journal Public Records' Requests

Ms. Belfance –

Can you please provide an answer to our inquiry today? The Akron Beacon Journal will be running a story online tomorrow morning and in print on Wednesday regarding the City's refusal to provide the names of the officers involved in the two incidents of use of deadly force. The editor has been reaching out to the City – initially through the Mayor – for two weeks without a response. Can you please get back to me as soon as possible? Thank you.

Lynn

**From:** Larsen, Lynn Rowe <[llarsen@taftlaw.com](mailto:llarsen@taftlaw.com)>  
**Sent:** Tuesday, April 26, 2022 7:30 PM  
**To:** Belfance, Eve <[EBelfance@akronohio.gov](mailto:EBelfance@akronohio.gov)>  
**Subject:** RE: [External]Akron Beacon Journal Public Records' Requests

Thank you for letting me know. I look forward to hearing from you when you are able. Thanks.

Lynn

**From:** Belfance, Eve <[EBelfance@akronohio.gov](mailto:EBelfance@akronohio.gov)>  
**Sent:** Tuesday, April 26, 2022 4:42 PM  
**To:** Larsen, Lynn Rowe <[llarsen@taftlaw.com](mailto:llarsen@taftlaw.com)>  
**Subject:** RE: [External]Akron Beacon Journal Public Records' Requests

[EXTERNAL MESSAGE]

Good afternoon Ms. Larsen,

I am writing to confirm receipt of your email correspondence. I have several individuals who I need to speak with who have been absent since my brief conversation with Mr. Shearer late last week. One is out of state, the other has a significant family hospitalization. I believe both will return no later than Thursday so I will be able to discuss your question.

I appreciate your client's patience and understanding.

Best regards,

---

**Eve V. Belfance**  
Director of Law  
City of Akron Law Department  
[ebelfance@akronohio.gov](mailto:ebelfance@akronohio.gov)  
P: (330) 375-2030  
F: (330) 375-2041



*This message is intended for use exclusively by the addressee(s). This message may contain information that is privileged, confidential and exempt from disclosure under applicable law. Unauthorized disclosure or use of this information is strictly prohibited. If you have received this communication in error, please permanently dispose of the original message and notify the undersigned immediately at (330) 375-2030. Thank you.*

**From:** Larsen, Lynn Rowe <[llarsen@taftlaw.com](mailto:llarsen@taftlaw.com)>  
**Sent:** Monday, April 25, 2022 3:55 PM  
**To:** Belfance, Eve <[EBelfance@akronohio.gov](mailto:EBelfance@akronohio.gov)>  
**Cc:** Shearer, Michael <[MShearer@gannett.com](mailto:MShearer@gannett.com)>; Bryan, Daniel H. <[dbryan@taftlaw.com](mailto:dbryan@taftlaw.com)>  
**Subject:** [External]Akron Beacon Journal Public Records' Requests

Ms. Belfance –

I represent the Akron Beacon Journal in connection with its public records requests directed to the City of Akron for the attached Incident Reports, and related public records. I note that that both of the Incident Reports appear

to be incomplete, in that they do not identify the officers who used deadly force as reflected on the reports. Has Akron redacted that information from both reports or was it never completed at the time of the events? Could you please advise? Thank you.

Best regards,

Lynn Larsen

**Taft /**

**Lynn Rowe Larsen**

Partner

llarsen@taftlaw.com

Dir: 216.706.3885

Tel: 216.241.2838 | Fax: 216.241.3707

200 Public Square, Suite 3500

Cleveland, Ohio 44114-2302

**taftlaw.com**

This message may contain information that is attorney-client privileged, attorney work product or otherwise confidential. If you are not an intended recipient, use and disclosure of this message are prohibited. If you received this transmission in error, please notify the sender by reply e-mail and delete the message and any attachments.

---

This email originated outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

---

This email originated outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

**From:** Larsen, Lynn Rowe  
**Sent:** Friday, May 6, 2022 8:00 AM  
**To:** Reece, John Christopher  
**Cc:** Belfance, Eve; Defibaugh, Michael; Bryan, Daniel H.  
**Subject:** RE: [External]RE: [External]Akron Beacon Journal Public Records' Requests

Mr. Reece –

Thank you for getting back to me to confirm that the Akron police did not include on the incident reports the officers who were present at the incidents or who used deadly force. Although the police may often not know the identity of a homicide suspect, that certainly is not the case when an officer uses deadly force, and, indeed, the identity of the officers is known regardless of the type of incident to which they are responding. Nor is it the typical procedure to exclude the identity of officers on the scene when there is a homicide. In fact, the Akron Police Department's use of deadly force procedures require an officer to obtain public safety information before commencing their investigation which would include the officer's information as well as basic suspect information. See [https://www.akronohio.gov/cms/resource\\_library/files/c4a6685828413286/in\\_custody\\_death\\_or\\_serious\\_injury\\_investigation\\_procedure1.pdf](https://www.akronohio.gov/cms/resource_library/files/c4a6685828413286/in_custody_death_or_serious_injury_investigation_procedure1.pdf):

**I. Initial Patrol Bureau responsibilities:**

- a. Officers shall render the scene safe and account for all possible suspects and victims, including having the involved officers check themselves for injuries. After the suspects are secured or known to have left the scene, render first aid / request medical assistance as needed and notify a supervisor.
- b. Officers shall promptly obtain public safety information from the officer(s) involved in the incident. The public safety interview shall be limited to obtaining outstanding suspect information, approximate number and direction of any shots fired, perimeter of the incident scene, identity of known or potential witnesses, and identity of injured parties. If practicable, the officer conducting the public safety interview shall record the information obtained in writing while the interview is occurring.

This "safety information," in addition to incident reports, is a public record because it occurs prior to an investigation commencing. See *State ex rel. Beacon Journal Publishing Co. v. Maurer*, 91 Ohio St.3d 54, 56, 741 N.E.2d 511, 513 (2001) ("We have stated that incident reports initiate criminal investigations but are not part of the investigation."). If such safety information was recorded, please consider this a public-records request that it be made available for both Incidents (*i.e.*, 2021-00163083 and 2022-00021681).

Setting aside incident and safety reports, and in response to your April 14, 2022 response to our public records request made in March, we do not understand Akron's basis for not providing un-redacted documents concerning (i) which officers were at the scene and involved in the shootings during these Incidents; (ii) which officers were placed on administrative leave following the Incidents; and (iii) which officers were permitted to resume duty once the administrative leave period ended. Akron provided some documents on April 14 that show that officers were placed on administrative leave (two documents) and some documents showing when a period of administrative leave ended and duties resumed (three unique documents, and one duplicate document), but the identity of the officers has been redacted. For ease of reference, this correspondence will refer to such documents as "Administrative Leave Notices." We don't believe such a withholding and/or redactions have any basis in law.

We note that the Ohio Supreme Court has previously determined that a city's records concerning officer "log sheets," "time sheets," and "patrol logs" were public records. *State ex rel. Kim v. Wachenschwanz*, 757 N.E.2d 367, 369 (2001). Indeed, the Ohio Supreme Court explained that such documents—showing when police were on duty (or in this case, on leave)—are akin to incident reports and must be disclosed. We view these types of documents—employment

logs, duty logs, and time sheets—as synonymous with the Administrative Leave Notices that Akron has redacted. Please consider this a public-records request for time sheets or similar documents as to the officers involved in the two incidents, including to show whether and when the officers were on active duty and their duty hours during the period from December 1, 2021, through present, including officer names. We note as well that Akron procedures require that the police keep a “current roster ... of all officers on the shift/unit” so that officers may be called to duty as the need arises. (See [https://www.akronohio.gov/cms/resource\\_library/files/0f54521df350821b/call\\_in\\_procedure.pdf](https://www.akronohio.gov/cms/resource_library/files/0f54521df350821b/call_in_procedure.pdf).) Please consider this a request for such rosters for the units involved in the incidents for December 1, 2021, through present (showing officer names, but contact numbers may be redacted). We will accept un-redacted Administrative Leave Notices in lieu of these two additional requests for records.

Akron’s April 14 letter was not clear as to the basis under which it believes it can properly redact officer names from the Administrative Leave Notices. That said, it appears Akron is relying on a R.C. 149.43(A)(1)(h) and, in particular, (A)(2)(a), (c), and (d), concerning certain types of confidential law enforcement investigatory records (“CLEIRs”). The Ohio Public Records Act is “construe[d] ... liberally in favor of broad access, with any doubt resolved in favor of disclosure of public records,” so it is Akron’s burden to “plead and prove facts showing the applicability of an exemption.” *State ex rel. Ware v. Crawford*, --- N.E.3d ---, 2022-Ohio-295, ¶ 12, 15. Ohio employs a two-part test to determine whether a record is a CLEIR: “First, is the record a confidential law enforcement record? Second, would release of the record ‘create a high probability of disclosure’ of any one of four kinds of information specified in R.C. 149.43(A)(2).” *State ex rel. Beacon Journal Publishing Co. v. Maurer*, 91 Ohio St.3d 54, 56, 741 N.E.2d 511, 513 (2001).

Similar to *Maurer*, the Administrative Leave Notices fail part one of the test because they are not confidential records related to law enforcement. As the Ohio Supreme Court has explained, the “R.C. 149.43(A)(2) phrase ‘law enforcement matter of a criminal, quasi-criminal, civil, or administrative nature’ refers ‘directly to the enforcement of the law, and not to employment or personnel matters ancillary to law enforcement matters.’” *State ex rel. Freedom Communications, Inc. v. Elida Community Fire Co.*, 82 Ohio St.3d 578, 581, 697 N.E.2d 210, 214 (1998). Here, reports concerning when an officer was placed on leave—much less reports stating when that leave ended and the officer resumed duties—have nothing to do with the “enforcement of the law,” and certainly not “directly” as required. Rather, they are personnel records that do not qualify. That is particularly true as to the “return to duty” notices, which either were generated after an investigation had concluded or else—if the investigation remained active—had nothing to do with it. One need look no further than the fact that “Wendy Leslie, Payroll” is a recipient of the notices, a department far removed from a direct investigation. Similarly, were these documents actual *confidential, investigatory records* of a homicide, we do not believe Akron would voluntarily turn them over to outsiders like the F.O.P., as was done here.

We note that the principles discussed in *Elida*, above, are well-established. *Accord State ex rel. Morgan v. New Lexington*, 112 Ohio St.3d 33, 42 (2006) (“[R]ecords are not confidential law-enforcement records if they relate to employment or personnel matters rather than directly to the enforcement of law.”); *State ex rel. Mahajan v. State Med. Bd. of Ohio*, 127 Ohio St.3d 497, 2010-Ohio-5995, 940 N.E.2d 1280, ¶ 30 (“Under the first requirement, records are not confidential law-enforcement records if they relate to employment or personnel matters rather than directly to the enforcement of law.”); *State ex rel. Multimedia, Inc. v. Snowden*, 72 Ohio St.3d 141, 142, 647 N.E.2d 1374, 1377 (1995) (“Personnel records of police officers reflecting the discipline of police officers are not confidential law enforcement investigatory records excepted from disclosure under R.C. 149.43(A)(2)”; *Toledo Police Patrolman’s Assn. Local 10 v. City of Toledo*, 6th Dist. Lucas No. L-99-1143, 2000 WL 262359, \*3 (collecting authority) (“Generally, records of a law enforcement matter of an administrative nature must relate directly to the enforcement of law and not to employment or personnel matters ancillary to law enforcement matters in order to be considered confidential law enforcement investigatory records.”). While this authority makes clear that disciplinary records cannot be exempted (as Akron’s letter purports is the case), in no event can simple notices of duty status and leave be exempted. If you believe there is on-point authority that permits Akron to shield documents concerning administrative leave or the resumption of duty following leave, please bring it to our attention.

We trust that these records are not being withheld due to Akron’s collective bargaining agreement with F.O.P. Lodge #7, which purports to require Akron to take “reasonable effort, *consistent with applicable law*” (emphasis added)

to withhold the names of the officers when disseminating information to the press. (See 2019 to 2021 CBA Article VIII.) Neither that contractual agreement nor any other can overcome Ohio's Public Records Act. *E.g., Keller v. Columbus*, 797 N.E.2d 964, 970, 100 Ohio St.3d 192, 196, 2003 -Ohio- 5599, ¶ 20 (Ohio 2003) (“[W]e do hold that the Public Records Act controls over any conflicting provision in a collective bargaining agreement.”).

In conclusion, we do not believe that the (A)(2) sub-sections Akron cites are implicated here. Nonetheless, it is irrelevant because Akron cannot satisfy “step one”: none of these documents are CLEIRs, so the (A)(2) sub-divisions are irrelevant. See *Maurer*. Akron should comply with the *Beacon Journal's* public records requests made in March and April, as supplemented by this correspondence, without additional delay.

Best regards,

Lynn Larsen

**Taft /** Lynn Rowe Larsen, Partner  
Litigation  
Direct: 216.706.3885 | Office Ext: 73885  
Taft Office: Cleveland

---

**From:** Reece, John Christopher <JReece@akronohio.gov>

**Sent:** Monday, May 2, 2022 1:34 PM

**To:** Larsen, Lynn Rowe <llarsen@taftlaw.com>

**Cc:** Belfance, Eve <EBelfance@akronohio.gov>; Defibaugh, Michael <MDefibaugh@akronohio.gov>

**Subject:** FW: [External]RE: [External]Akron Beacon Journal Public Records' Requests

[EXTERNAL MESSAGE]

Ms. Larsen,

I am responding to your emails below sent to Eve Belfance.

The incident reports are complete. No information was redacted regarding an officer involved in the use of deadly force.

In a Akron Police Department homicide incident report, suspects are rarely, if ever, listed or identified as a matter of course. An officer involved shooting is a homicide incident. The incident report serves to generate a report number so an investigation can begin.

I confirmed this information with the Commanders of the Investigative Subdivision (Detective Bureau) and the Uniform Subdivision (Patrol).

Best regards,

Christopher Reece  
Deputy Director of Law  
City of Akron, Ohio  
330-375-2030

**From:** Larsen, Lynn Rowe <[llarsen@taftlaw.com](mailto:llarsen@taftlaw.com)>  
**Sent:** Monday, May 2, 2022 9:30:08 AM  
**To:** Belfance, Eve <[EBelfance@akronohio.gov](mailto:EBelfance@akronohio.gov)>  
**Subject:** [External]RE: [External]Akron Beacon Journal Public Records' Requests

Ms. Belfance –

Can you please provide an answer to our inquiry today? The Akron Beacon Journal will be running a story online tomorrow morning and in print on Wednesday regarding the City's refusal to provide the names of the officers involved in the two incidents of use of deadly force. The editor has been reaching out to the City – initially through the Mayor – for two weeks without a response. Can you please get back to me as soon as possible? Thank you.

Lynn

---

**From:** Larsen, Lynn Rowe <[llarsen@taftlaw.com](mailto:llarsen@taftlaw.com)>  
**Sent:** Tuesday, April 26, 2022 7:30 PM  
**To:** Belfance, Eve <[EBelfance@akronohio.gov](mailto:EBelfance@akronohio.gov)>  
**Subject:** RE: [External]Akron Beacon Journal Public Records' Requests

Thank you for letting me know. I look forward to hearing from you when you are able. Thanks.

Lynn

---

**From:** Belfance, Eve <[EBelfance@akronohio.gov](mailto:EBelfance@akronohio.gov)>  
**Sent:** Tuesday, April 26, 2022 4:42 PM  
**To:** Larsen, Lynn Rowe <[llarsen@taftlaw.com](mailto:llarsen@taftlaw.com)>  
**Subject:** RE: [External]Akron Beacon Journal Public Records' Requests

[EXTERNAL MESSAGE]

Good afternoon Ms. Larsen,

I am writing to confirm receipt of your email correspondence. I have several individuals who I need to speak with who have been absent since my brief conversation with Mr. Shearer late last week. One is out of state, the other has a significant family hospitalization. I believe both will return no later than Thursday so I will be able to discuss your question.

I appreciate your client's patience and understanding.

Best regards,

---

**Eve V. Belfance**  
Director of Law  
City of Akron Law Department  
[ebelfance@akronohio.gov](mailto:ebelfance@akronohio.gov)  
P: (330) 375-2030  
F: (330) 375-2041



*This message is intended for use exclusively by the addressee(s). This message may contain information that is privileged, confidential and exempt from disclosure under applicable law. Unauthorized disclosure or use of this information is strictly prohibited. If you have received this communication in error, please permanently dispose of the original message and notify the undersigned immediately at (330) 375-2030. Thank you.*

---

**From:** Larsen, Lynn Rowe <[llarsen@taftlaw.com](mailto:llarsen@taftlaw.com)>  
**Sent:** Monday, April 25, 2022 3:55 PM  
**To:** Belfance, Eve <[EBelfance@akronohio.gov](mailto:EBelfance@akronohio.gov)>  
**Cc:** Shearer, Michael <[MShearer@gannett.com](mailto:MShearer@gannett.com)>; Bryan, Daniel H. <[dbryan@taftlaw.com](mailto:dbryan@taftlaw.com)>  
**Subject:** [External]Akron Beacon Journal Public Records' Requests

Ms. Belfance –

I represent the Akron Beacon Journal in connection with its public records requests directed to the City of Akron for the attached Incident Reports, and related public records. I note that that both of the Incident Reports appear to be incomplete, in that they do not identify the officers who used deadly force as reflected on the reports. Has Akron redacted that information from both reports or was it never completed at the time of the events? Could you please advise? Thank you.

Best regards,

Lynn Larsen

**Taft /** Lynn Rowe Larsen  
Partner  
[llarsen@taftlaw.com](mailto:llarsen@taftlaw.com)  
Dir: 216.706.3885  
Tel: 216.241.2838 | Fax: 216.241.3707  
200 Public Square, Suite 3500  
Cleveland, Ohio 44114-2302

[taftlaw.com](http://taftlaw.com)

This message may contain information that is attorney-client privileged, attorney work product or otherwise confidential. If you are not an intended recipient, use and disclosure of this message are prohibited. If you received this transmission in error, please notify the sender by reply e-mail and delete the message and any attachments.

---

This email originated outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



---

This email originated outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

---

DEPARTMENT OF LAW

EVE V. BELFANCE  
Director of Law



DANIEL HORRIGAN, MAYOR

May 27, 2022

*Sent via electronic mail*

Lynn Rowe Larsen  
Partner  
Taft/  
200 Public Square, Suite 3500  
Cleveland, Ohio 44114  
llarsen@taftlaw.com

**Re: Akron Beacon Journal Public Records Requests**

Dear Ms. Larson:

This letter is in response to your correspondence regarding the City of Akron's response to Akron Beacon Journal public records requests.

In your correspondence, you make three new public records requests, as follows:

1. "Safety information...for both Incidents (i.e., 2021-00163083 and 2022-00021681)," if it was recorded.
2. "time sheets or similar documents as to the officers involved in the two Incidents, including to show whether and when the officers were on active duty and their duty hours during the period from December 1, 2021, through present, including officer names."
3. "such rosters for the units involved in the Incidents for December 1, 2021, through present."

As to your first request, the safety information described in the Akron Police Department's deadly force procedure and described in your correspondence was not recorded in reference to the requested incident numbers. Therefore, the City of Akron does not create or maintain a record responsive to your request.

As to your second request, to the extent you requested "time sheets or similar documents...to show whether and when the officers were on active duty and their duty hours during the period from December 1, 2021, through present" your request is overly broad and ambiguous. R.C. 149.43(B)(2). Records must be identified with reasonable clarity. *State ex rel. Glasgow v. Jones*, 119 Ohio St. 3d 391, 2008-Ohio-4788. Without waiving this objection, the City is providing the employee summary reports containing the officers' assignments in response to your request. If the records being provided are not the records you intended to request, please clarify your request to identify what you mean by "similar documents." Officer names and identifying information has

been redacted. *State ex rel. Cincinnati Enquirer v. Craig*, 132 Ohio St.3d 68, 2012-Ohio-1999, 969 N.E.2d 243, ¶ 14 (“Officers have a fundamental constitutional interest in preventing the release of private information when disclosure would create a substantial risk of serious bodily harm, and possibly even death, “from a perceived likely threat”); *Kallstrom v. Columbus* (C.A.6, 1998), 136 F.3d 1055..

As to your third request, to the extent that you requested “such rosters for the units involved in the Incidents for December 1, 2021, through present,” your request is overly broad and/or ambiguous. In order to clarify the request, please provide more information that would help the City identify the records you are seeking. You may clarify your request by identifying what you mean by “units involved.”

The Akron Beacon Journal previously made a request for:

- *The personnel file, discipline records (if any), and internal investigations (if any) for officers under investigation relating to report 2021-0016308 and/or the officer-involved shooting at 2470 26<sup>th</sup> St. SW, Akron, on Dec. 23, 2021.*
- *The personnel file, discipline records (if any), and internal investigations (if any) for officers under investigation relating report 2022-021681 and/or the officer-involved shooting at a home on the 500 block of Ritchie Avenue on Feb. 23, 2022.*

These requests were denied since the requests are for records related to ongoing investigations. See R.C. 149.43(A)(1)(h) and (2)(a), (c) and (d). The City stated that the request could be renewed when the investigations were complete. In your correspondence, you conclude that, “Akron should comply with the Beacon Journal’s public record requests made in March and April, as supplemented by this correspondence...” Even though the investigations are still ongoing, the City is responding to the requests. The requests are overly broad and ambiguous as the requests do not identify the officers. See R.C. 149.43(B)(2). The City’s files are organized by officer name. Accordingly, the phrase “officers under investigation” does not identify the records being requested with reasonable clarity. The City does not have a legal obligation under Ohio’s Public Records Act to conduct research in order to respond to a public record request. Further, as evidenced by your email dated May 6, 2022, the requests are seeking information rather than records. The requests for the personnel files, disciplinary records and internal investigations “for officers under investigation” are in essence, a request for the City to identify the officers. This is an improper request. See, e.g., *State ex rel. Lanham v. Ohio Adult Parole Auth.*, 80 Ohio St.3d 425, 427, 1997-Ohio-104. Notwithstanding and without waiving these objections, the City is providing the personnel files of the officers believed to have been involved in the uses of force related to the two APD report numbers listed in the public record request. However, the City is not releasing the officers’ identities at this time. *State ex rel. Cincinnati Enquirer v. Craig*, 132 Ohio St.3d 68, 2012-Ohio-1999, 969 N.E.2d 243, ¶ 14 (“Officers have a fundamental constitutional interest in preventing the release of private information when disclosure would create a substantial risk of serious bodily harm, and possibly even death, “from a perceived likely threat”); *Kallstrom v. Columbus* (C.A.6, 1998), 136 F.3d 1055.

Additionally, pursuant to Ohio Revised Code §149.43, the City of Akron is notifying you that redactions were made to the personnel files and providing you with the reasons why the redactions

were made. The explanation provided does not preclude the City from relying upon additional reasons or legal authority in defending an action brought under R.C. §149.43. The City has redacted the following:

- Records the release of which is prohibited by state and federal law, R.C. 149.43(A)(1)(v);
- Peace officer residential and familial information, R.C. §149.43(A)(1)(p), (7) and (8).
- Driver's license numbers, R.C. 149.45(A)(1)(c) and Driver's Privacy Protection Act of 1994, 18 U.S.C. §2721.
- Military discharge records, Ohio Revised Code §317.24(B)(2)(a).
- Form I-9, 8 U.S.C. section 1324a (b)(5) (The I-9 form established by the Attorney General and any information contained in or appended to the form may not be used for any use other than those set forth in the U.S.C.).
- Non-record, R.C. §149.011 and *State ex rel. Fant v. Enright* (1993), 66 Ohio St.3d 186, 188 ("To the extent that any item contained in a personnel file is not a 'record,' i.e., does not serve to document the organization, etc., of the public office, it is not a public record and need not be disclosed.")
- Social security numbers, Federal Privacy Act, 5 U.S.C. section 552a and *State ex rel. Beacon Journal Publishing Co. v. Akron*, 70 Ohio St.3d 605, 612, 1994-Ohio-6.
- Medical/drug testing, *State v. Clark*, 2014-Ohio-4873 (3rd Dist. November 3, 2014)
- BCII employment report from retained applicant fingerprint database, R.C. §109.5721(E)(2).

The City of Akron reserves the right to deny public record requests for reasons not included herein in accordance with applicable laws.

This concludes the City of Akron's response to your public record request.

Sincerely,



Rebecca M. Advent  
Assistant Director of Law

Attachments



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: Akron State: OH Zip Code: 

4	4	3	1	2
---	---	---	---	---

E-mail address: [REDACTED] @AKRONOHIO.GOV

Cell Phone Number: [REDACTED] Home Phone Number: [REDACTED]

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

### Personal Information

Marital Status:  Single  Divorced  Married  Widowed  Separated

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

### In case of emergency please contact:

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

Street Address: [REDACTED]

City: WALTON State: OH Zip Code: 

4	4	4	8	5
---	---	---	---	---

Relationship to Employee: MOTHER

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 information may be grounds for dismissal.

Signature: [REDACTED] Date: 3-14-20

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

Revised 2/2017



DANIEL HORRIGAN, 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: 05/26/1990 Gender:  Male  Female

### Contact Information

Street Address: [REDACTED]

City: Akron State: Ohio Zip Code: 

4	4	3	1	2
---	---	---	---	---

E-mail address: [REDACTED]@akronohio.gov

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

Home Phone Number: \_\_\_\_\_

### Personal Information

Marital Status:  Single  Divorced  Married  Widowed  Separated

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

### In case of emergency please contact:

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

Street Address: [REDACTED]

City: Akron State: Ohio Zip Code: 

4	4	4	8	5
---	---	---	---	---

Relationship to Employee: Mother

I hereby certify that the information provided on this Setup & Change Personal Information form is true and complete. I understand that providing false information may result in disciplinary actions up to and including termination without notice and without funds for dismissal.

Signature: [REDACTED] Date: 12/18/2019



DANIEL KORRIGAN, MAYOR

# CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

RECEIVED  
AKRON POLICE DEPT.  
CHICAGO, ILL.

2017 DEC 13 AM 9:26

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: AKRON State: OH Zip Code: 44312

E-mail address: [REDACTED] @AKRON.GOV

Cell Phone Number: [REDACTED] Home Phone Number: [REDACTED]

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

### Personal Information

Marital Status:  Single  Divorced  Married  Widowed  Separated

Highest Education Level completed:

<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 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: WILSON State: OH Zip Code: 44405

Relationship to Employee: Mother

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that [REDACTED] for dismissal.

Signature: [REDACTED] Date: 12/13/17

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

Revised 2/11

EMPLOYEE ID NO.
[REDACTED]

RECEIVED  
AKRON POLICE DEPT.  
HR/PT'S OFFICE

### SETUP & CHANGE PERSONAL INFORMATION

2016 MAY 10 AM 8:59

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

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	CANTON, OH	44718

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
<input checked="" type="radio"/> Yes <input type="radio"/> No	CELL: [REDACTED] HOME:	<input checked="" type="radio"/> 1. Single <input type="radio"/> 2. Married <input type="radio"/> 3. Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent <input checked="" type="radio"/> D-Some College E-Technical School	F-2- Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree	J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
<input checked="" type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
WARREN, OH	[REDACTED]	1 Spouse 2 Child 3 Parent 4 Guardian	5 Other 3

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: 5/4/2016



CITY OF AKRON SAFETY COMMUNICATIONS  
CELL PHONE/PAGER PAGING AGREEMENT

Members of the City of Akron Safety Forces may now opt to have notification pages sent to their personal cell phones as well as their pagers. This county-wide system is an effort to deploy personnel and/or specialized units for emergency services only. The Daily Bulletin will be sent via a distribution list.

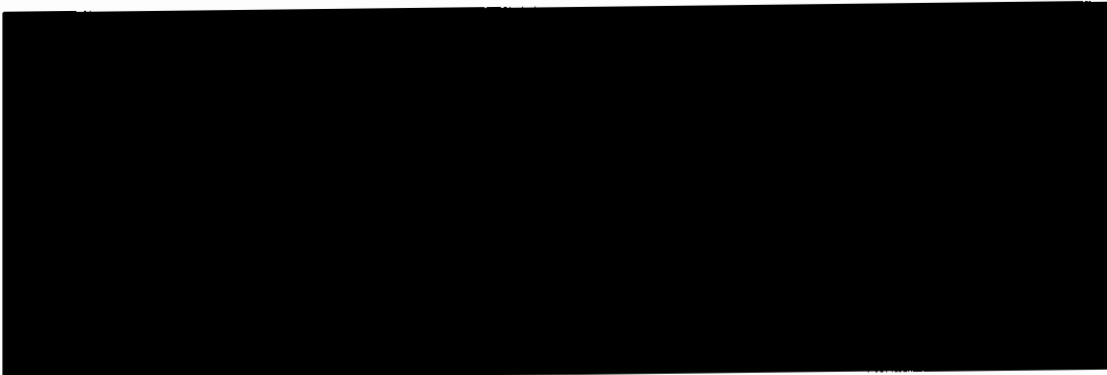
The following information and signed agreement must be received by Safetyforces Information Systems in order to receive the notifications on cellular devices. If you do not want to receive notifications sign and return without listing any groups.

NAME: [REDACTED] PAYROLL ID NO.: [REDACTED]

AGENCY/ASSIGNMENT: APD/\_\_\_\_\_

CELL PHONE/PAGER NUMBER(S)/E-MAIL ADDRESS YOU WOULD LIKE PAGED ON:  
[REDACTED] [REDACTED] @ AKRON.GOV  
(alpha pagers require us to know the provider)

CIRCLE ALL NOTIFICATION GROUPS APPLICABLE TO YOU (If a special unit is not listed, please mark it next to "Other"):



Office of Professional Standards and Accountability Other: \_\_\_\_\_

I, [REDACTED], UNDERSTAND THAT I MUST ASSUME RESPONSIBILITY FOR ALL CHARGES FROM MY CELLULAR CARRIER FOR ANY TEXT MESSAGING GENERATED BY THE SPECIAL OPERATIONS RESPONSE TEAM DISPATCH CENTER (i.e. Safety Communications).

MEMBER'S SIGNATURE: [REDACTED]

SUPERVISOR'S SIGNATURE: [Handwritten Signature] #1042

DATE: 9 Nov 15

Return completed form with signatures to the Chief's Office.

Please note: If you "opt out" of the notification pages and are needed for any reason, you will still be contacted via phone. "Opting out" does not mean that you will not be called to report to duty. See Akron Police Department Rules and Regulations 1100.01, 1100.05, 1100.06a and 1100.06b.

2015 NOV 10 AM 11:27  
AKRON POLICE DEPT  
CHIEF'S OFFICE



EMPLOYEE ID NO.
[REDACTED]

## 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.

16 JAN 2016  
 KROR PULLMAN  
 CHIEF OF STAFF

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	NORTH CANTON, OH	44700

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
<input checked="" type="radio"/> Yes <input type="radio"/> No	CELL: [REDACTED] HOME:	<input checked="" type="radio"/> 1. Single <input type="radio"/> 2. Married <input type="radio"/> 3. Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent <input checked="" type="radio"/> D-Some College E-Technical School	F-2-Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree	J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
<input checked="" type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
WILSON, OH	[REDACTED]	1 Spouse 2 Child	<input checked="" type="radio"/> 3 Parent 4 Guardian 5 Other

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 information provided may result in disciplinary action or dismissal.

SIGNATURE \_\_\_\_\_  
 [REDACTED]

DATE 16 JAN 2016

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S DIRECTIVE**

**CHIEF'S OFFICE**

**2021-CD-101**

**December 17, 2021**

**DIRECTIVE**

Effective Monday, January 10, 2022, through Friday, February 4, 2022, the following officers will be temporarily assigned to the Training Bureau, Monday thru Friday, to serve as Taser instructors:

	<u>FROM</u>	<u>TO</u>
Officer [REDACTED] I.D. # [REDACTED]	Uniform Sub-Division Platoon 1 10:30PM-7AM	Services Sub-Division Training Bureau 8AM-4PM Temporary
Officer Ryan McPherson I.D. #1415	Uniform Sub-Division Platoon 5 11AM-7:30PM	Services Sub-Division Training Bureau 8AM-4PM Temporary

*Stephen L. Mylett*

Stephen L. Mylett  
Chief of Police

## CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S ORDER

2015-CO-13

CHIEF'S OFFICE

September 16, 2015

**ORDER**

The following officers are ordered to work the Road Runner Akron Marathon Saturday, September 26, 2015:

1424	BRANDENBURG, ANTHONY	1381	ELAM, CARL	1331	ROUSE, DAVID
1422	KING, BRANDON	1380	SHMIGAL JR, TIMOTHY	1330	BERDYSZ, JEFFREY
1421	BARNES, PAUL	1378	HARRISON, MICHAEL	1324	DETRICK, MICHAEL
1420	SAUNIER, J. DEVLIN	1374	HARDING, MARK	1323	CARSON, CHRISTOPHER
1419	WHITMIRE, MATTHEW	1373	CRANSTON, ASHLEY	1322	SAMS, JASON
1417	LOWE, AMBER	1371	HAY, JOSEPH	1321	DISALVO, MICHAEL
1416	CAMPBELL, ADAM	1370	BOWER, ANTHONY	1320	MORRIS, WALTER
1412	TINNEY, FELICIA	1369	SOSENKO, JEREMY	1319	TURNURE, JOHN
1411	GUILMETTE, ADAM	1368	FANGMANN, JACOB	1315	MILSTEAD, NATHANIEL
1410	PASTERNAK, MICHAEL	1367	JACKSON, DERRICK	1314	REICHMANIS, ERIK
1409	BRUYARNY III, MICHAEL	1365	PFOUTS, MATTHEW	1313	REED, DREW
1408	BAKER, AMANDA	1364	RYBKA, KEVIN	1309	NEMETH, JOSEPH
1406	CULVER, WILLIAM	1363	MCDOWELL, RYAN	1305	LEPA, CHRISTOPHER
1405	INGERSOLL, DANIEL	1362	MATHEWS, TREVA	1304	NORTHUP, MARK
1404	SCHWAN, CHRISTOPHER	1361	TALCOTT, BRETT	1303	KUZNIK, RICHARD
1403	LYTLE, WALLACE	1360	RILEY, TRUMAINE	1300	TERSIGNI, VINCENT
1402	WESTLAKE, RYAN	1359	WOLFE, SARAH	1299	MILLER, ROBERT
1401	VARI, STEPHEN	1357	MOSS, ANDREW	1298	BELACIC, JASON
1400	BOWMAN, ANDREW	1356	MUSTER, MARCUS	1297	MOENICH, GREGORY
1399	SCHWARTING, CARL	1355	SEBASTIAN, MICHAEL	1296	HILL, PAUL
1398	ABER, THOMAS	1354	MANZO, NICK	1295	HILEMAN, JR., DAVID
1396	SMITH, RYAN	1353	WHITE, DAVID	1289	LEADBETTER, JAMES
1395	HUDNALL, THOMAS	1352	JOYCE, GREGORY	1288	MILES, MICHAEL
1393	BECK, JASON	1349	D'ANNUNZIO JR., DANNY	1286	TAYLOR, SEAN
1392	WOODIN, JOSEPH	1348	PARR JR., THOMAS	1283	MURPHY JR., MICHAEL
1391	SHAFFER, KYLE	1347	MYERS, SCOTT	1281	MORGAN, JON
1390	LANE, DEVIN	1346	FARWELL, RICHARD	1279	CRAFT, JAMES
1389	COLLINS, BRANDON	1345	PETIT III, LOUIS	1277	KOUBEK, MICHAEL
1388	FREED, ASHLEY	1344	WALTER, KYLE	1276	BODNAR, JOSEPH
1387	WILLIAMS, KIMBERLY	1343	CUNNINGHAM, KYLE	1271	URDIALES, BENJAMIN
1386	CLAYTOR, AMITA	1342	TASSONE, NATALIE	1267	DONEY JR., RICHARD
1385	TIETZE, JOSHUA	1338	DAVIS JR., STANLEY	1266	MEECH, TROY
1384	LUCEY, BRIAN	1336	SMITH, JOSEPH	1265	HADBAVNY, JAMES
		1334	CHETTO, SHAWN	1264	MORRIS, JUSTIN
		1333	STUMP, TODD	1261	BICKETT, DANIEL

CITY OF AKRON  
EMPLOYEE RECORDS

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S ORDER**

**CHIEF'S OFFICE**

**2015-CO-09**

**June 29, 2015**

**ORDER**

The following sergeants and officers are ordered to report for the Rib, White & Blue Festival on Saturday, July 4, 2015, and remain until the conclusion of the event. Instructions about roll call will be announced in a future Chief's Order.

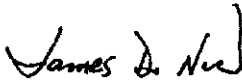
**Sergeants:**

S-89 1185 Dugan, Patrick	S-88 1324 Garrett, Gary	S-82 1124 Yurick, Vince
--------------------------	-------------------------	-------------------------

**Officers:**

[REDACTED]	1398 Aber, Thomas	1369 Sosenko, Jeremy
1425 Nan, Samnang	1391 Shaffer, Kyle	1367 Jackson, Derrick
1423 Hunt, Timothy	1387 Williams, Kimberly	1350 DiFrancesco, Michael
1422 King, Brandon	1381 Elam, Carl	1344 Walter, Kyle
1420 Saunier, J. Devlin	1377 Zelenka, David	1343 Cunningham, Kyle
1415 McPherson, Ryan	1373 Cranston, Ashley	1342 Tassone, Natalie
1414 Forsch, Christy	1370 Bower, Anthony	1339 Fendenheim, Erik
1409 Bruvarny III, Michael		

Personnel must wear their white dress uniform and summer uniform hat at all times as well as their fall duty leather, ballistic vest and fully charged flashlight.




James D. Nice  
Chief of Police

**CITY OF AKRON, OHIO****DEPARTMENT****CHIEF'S DIRECTIVE****CHIEF'S OFFICE****2015-CD-23****March 20, 2015****DIRECTIVE**

Upon receiving their Oath of Office on Friday, March 27, 2015 at 1:00 p.m. in City Council Chambers, the following seven (7) officers are transferred from the Services Sub-Division to the Uniform Sub-Division effective Monday, March 30, 2015:

<u>NAME</u>	<u>I.D.</u>	<u>BADGE</u>	<u>ASSIGNMENT</u>
Barnes, Paul	1421	431	Platoon #1
Brandenburg, Anthony	1424	434	Platoon #1
Hunt, Timothy	1423	483	Platoon #5
King, Brandon	1422	392	Platoon #5
Nan, Samnang	1425	425	Platoon #5
Saunier, J. Deylin	1420	480	Platoon #4
██████████	██████	██████	Platoon #1

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



**James D. Nice**  
Chief of Police

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S DIRECTIVE**

**CHIEF'S OFFICE**

**2022-CD-34**

**March 24, 2022**

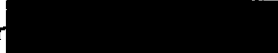
**DIRECTIVE**

National Police Week is May 11 through 16, 2022, and the City of Akron, along with Akron FOP Lodge 7, will be sending the below listed Honor Guard members to represent the Akron Police Department to pay respect to those officers who made the ultimate sacrifice. The dates of travel will be from May 13<sup>th</sup> through the 16<sup>th</sup>. Shift Commanders, please mark your respective details accordingly by placing these members on a Special Detail.

Sergeant Utomhin Okoh 1413

Officer Charles Artis 1135

Officer Patrick Mazzei 1327

Officer 

*Stephen L. Mylett*

Stephen L. Mylett

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S OFFICE**

**CHIEF'S DIRECTIVE**

**2021-CD-41**

**May 11, 2021**

**DIRECTIVE**

Effective Monday, May 24, 2021, the following officer is to return to his regular duty assignment:

Officer

A handwritten signature in cursive script that reads "Jesse Leaser".

**Jesse Leaser**

**Acting Chief of Police**



CITY OF AKRON, OHIO

DEPARTMENT  
CHIEF'S OFFICE

CHIEF'S ORDER  
2021-CO-13  
June 28, 2021

**ORDER**

The following sergeants and officers are ordered to report for the July 4<sup>th</sup> Fireworks on Sunday, July 4, 2021, and remain until the conclusion of the event. Roll call will be at 7 PM, location to be determined.

**Sergeants:**

1259 Gregory Kianos  
1400 Andrew Bowman  
1410 Michael Pasternak

**Officers:**

1409 Michael Bruvarny III	1460 Damber Subba	1511 Austin Mautz
1412 Felicia Behner	1465 Drew Fite	1513 Riley Jones
1420 J. Devlin Saunier	1466 Nicholas Smith	1520 Gavann Lockhart Jr
1421 Paul Barnes	1468 Daniel Henry	1525 Zacharia Oles
1423 Timothy Hunt	1472 Nicholas Film	1532 Ty Taylor
1424 Anthony Brandenburg	1478 Madison Hooper	
	1479 Orlando Romine	
1428 Justin Brumbaugh	1486 Aslea Williams	
1433 Brittany French	1492 Dylan Carmany	
1436 Michael Oesterle	1493 Paul Hood	
1439 Sarah Sapper	1499 Russell Kenney	
1441 Adem Hacimuezzin	1501 Cameron McGowan	
1442 Preston Arroyo	1504 Mason Hall	
1453 Adam Semchee	1507 Judd Bishop	
1454 Steven Orwick	1510 Truvonte Riley	



Michael J. Caprez  
Acting Chief of Police

# AKRON POLICE DEPARTMENT

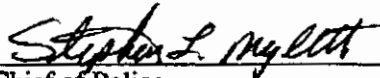
This certificate is awarded to

**OFFICER** [REDACTED]

*YOU ARE TO BE COMMENDED FOR THE OUTSTANDING EFFORT AND LEADERSHIP YOU DISPLAYED AT THE SCENE OF A HOUSE FIRE ON NOVEMBER 18, 2021.*

*UPON ARRIVAL AT 2164 11<sup>TH</sup> ST. SW, YOU, ALONG WITH SEVERAL OTHER OFFICERS ACTED IMMEDIATELY TO RESCUE RESIDENTS FROM A ROOFTOP AS THE HOUSE WAS ON FIRE. AN 8-YEAR-OLD CHILD REMAINED IN THE HOUSE, AND UPON AFD RECOVERING THE CHILD FROM INSIDE THE HOUSE, YOU DROVE THE MED UNIT AS OFFICER DEVIN LANE RENDERED CPR DURING THE TRANSPORT TO AKRON CHILDREN'S HOSPITAL WHICH ALLOWED AFD TO CONTINUE LIFE-SAVING EFFORTS ON THE CHILD.*

*YOUR ACTIONS ON THIS CALL ARE A REFLECTION OF YOUR COMPASSION AND COMMITMENT THAT YOU SHOW ON EVERY ASPECT OF YOUR WORK. YOUR DEDICATION SERVED THE POLICE DEPARTMENT, AND THE CITIZENS OF AKRON, FOR THIS YOU ARE BEING RECOGNIZED FOR OUTSTANDING WORK.*

  
\_\_\_\_\_  
Chief of Police

  
\_\_\_\_\_  
Date

# AKRON POLICE DEPARTMENT

This Citation is awarded to

**OFFICER** [REDACTED]

in recognition of *YOUR ACTIONS ON February 26, 2019 AT STATE ROUTE 8 AND PORTAGE TRAIL*

*CHIEF JACK DAVIS OF CUYAHOGA FALLS PD SENT A LETTER RECOGNIZING YOU FOR YOUR ACTIONS IN PROVIDING MEDICAL ASSISTANCE AT THE SCENE OF A CRASH. YOU WERE SENT TO INVESTIGATE A CRASH CAUSED BY A DRIVER OPERATING NORTHBOUND IN THE SOUTHBOUND LANE. YOU AND YOUR PARTNER LOCATED THE CRASH OUT OF OUR JURISDICTION BUT STOPPED TO PROVIDE AID. SHIANNE MCKINSTRY HAD A SEVERE GASH ON HER LEG. YOU STOPPED THE BLEEDING BY APPLYING A TOURNIQUETT. THE VICTIM WILL HAVE A CHANCE FOR A MORE SUCCESSFUL RECOVERY AS A RESULT. YOU AND YOUR PARTNER RESPONDED APPROPRIATLEY, ACTED DECISIVELY, AND REPRESENTED OUR DEPARTMENT WELL.*

*YOU ARE A CREDIT TO YOURSELF, YOUR UNIT AND THE AKRON POLICE DEPARTMENT. ON BEHALF OF THE UNIFORM SUB-DIVISION, THANK YOU AND CONGRATULATIONS ON A JOB WELL DONE.*

*Major Mike Coy*  
Sub-Division Commander

*3/13/19*  
Date

September 1, 2017

2017 09 01 10:28:50

Akron Police Department  
217 S. High Street  
Akron, Ohio 44308

RE: Exemplary Service of [REDACTED] and Officer French

Dear Sir or Madam:

On August 27, 2017, I had to facilitate a court ordered custody exchange in Akron, Ohio.

I reside in New Jersey, and have temporary custody of my two grandchildren. We are in a custody dispute with the children's biological father, who resides in Princeton, Indiana. The half way point between is the Dunkin Donuts on East Market Street in Akron, Ohio.

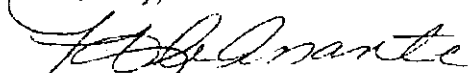
The court order stated I was to meet the biological father at the Dunkin Donuts on East Market Street in Akron at approximately 1pm on Sunday, August 27, 2017. I arrived at 12:37pm. I happened upon Officer [REDACTED] and Officer French in the parking lot upon my arrival. I explained why I was there and what was to happen, and the reason I was asking for a police escort for the exchange, but I didn't have an exact time of the exchange as the biological father kept delaying his arrival time.

I waited in the parking lot until 4:12 pm when the biological father finally arrived with my grandchildren. During that time period while I was waiting, both Officer French and Officer [REDACTED] checked on me in the parking lot multiple times on their rounds. It just so happened that as the biological father arrived, Officer French was pulling into the parking lot and was able to provide a police escort for the exchange.

I wanted to commend both officers on their exemplary performance. I believe they went above and beyond in their duty to ensure my safety. Both officers were extremely professional and sensitive to my situation.

I was only able to personally thank Officer French, but I am also extremely grateful to Officer [REDACTED] for what he did for me.

Sincerely,



Jennifer Assante  
25 Mountain View Drive  
Andover, NJ 07821  
201.317.8405

OFFICER [REDACTED]  
THANKS FOR HANDLING  
SO PERSONALLY & SO WELL.  
THIS TYPE OF SERVICE MAKES  
OUR COMMUNITY A BETTER PLACE.  
I kid K Bay

AKRON POLICE DEPARTMENT  
217 S. High St.  
AKRON, OH 44308

Great guy's job  
Quiet Nice  
CAR # 28  
BEN URDIALES

To Whom it May Concern,

Recently I accepted a job offer at the Horseshoe Casino, in Cleveland Ohio. I commute from Canton and have to be at work by 3:30 am. On Sat April 4 (the day before Easter), while on my way to work I got a blow out on a tire that was just purchased Feb 10, 2015. I was completely devastated & literally didn't know what to do. I couldn't call anybody from Massillon/Canton to come help, however, given the time (approx. 2:40 am) it may have taken quite a while for help to arrive.

Luckily, [redacted] & Ben, Car # [redacted] arrived, and helped me. They were both very kind and certainly went above and beyond the normal job description. Please extend my sincere appreciation for not only assisting me in a challenging situation but also for their kindness & positive attitude it means more than they may know.

Sincerely,  
Tommy Cobb

# CITY OF AKRON, OHIO

DEPARTMENT  
CHIEF'S OFFICE

May 22, 2020

OFFICER  
I.D. #



Your actions on April 7, 2020, whereby you failed to activate your BWC (Body Worn Camera) as required by P-2019-031, Section IV, B, 6, when on a call for service and likely to have citizen contact, caused you to violate the following rule of the Akron Police Department:

**RULE 700.05(c)** Officers/employees shall perform their duties in a manner, which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. For a violation of a procedure of the Division of Police, Section 700.05(c) is a minor offense of the first degree.

For violation of the above rule, you are hereby issued a WRITTEN REPRIMAND. This may be reflected in your next service rating.

  
CAPTAIN MELISSA SCHNEE  
SHIFT COMMANDER

  
KENNETH R. BALL II  
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.



5-22-20  
DATE

Refused  
F.O.P. REPRESENTATIVE

DATE

# CITY OF AKRON, OHIO

DEPARTMENT  
CHIEF'S OFFICE

May 22, 2020

OFFICER [REDACTED]  
I.D. # [REDACTED]

Your actions on April 7, 2020, whereby you failed to activate your BWC (Body Worn Camera) as required by P-2019-031, Section IV, B, 6, when on a call for service and likely to have citizen contact, caused you to violate the following rule of the Akron Police Department:

**RULE 700.05(c)** Officers/employees shall perform their duties in a manner, which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. For a violation of a procedure of the Division of Police, Section 700.05(c) is a minor offense of the first degree.

For violation of the above rule, you are hereby issued a WRITTEN REPRIMAND. This may be reflected in your next service rating.

*Captain M. Schneé* 5.27.20  
CAPTAIN MELISSA SCHNEE  
SHIFT COMMANDER

*Kenneth R. Ball II*  
KENNETH R. BALL II  
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED]

5-27-20  
DATE

Refused  
F.O.P. REPRESENTATIVE DATE

2020 MAY 28 PM 12:40  
AKRON POLICE DEPT.  
COMMUNITY OFFICE

**CITY OF AKRON, OHIO**

**DEPARTMENT  
UNIFORM SUB-DIVISION**

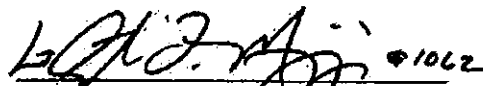
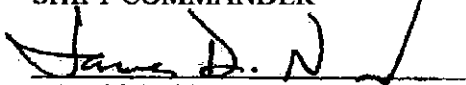
**February 24, 2016**

**OFFICER** [REDACTED]  
**I.D. #** [REDACTED]


Your actions on January 19, 2016, whereby you failed to appear for a scheduled court appearance, caused you to violate the following rule/procedure of the Akron Police Department:

**RULE 900.01:** Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

For violation of Rule 900.01 you are hereby ordered to forfeit four (4) hours of accumulated time. This may be reflected in your next service rating

  
CAPTAIN CLARK WESTFALL  
SHIFT COMMANDER  
  
JAMES D. NICE  
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED] \_\_\_\_\_ 2/29/2016  
DATE  
 1259 2/29/16  
F.O.P. REPRESENTATIVE DATE



CITY OF AKRON, OHIO

DEPARTMENT AKRON POLICE, Uniform Subdivision

To: Maj. Calvaruso  
From: Lt. Agostino Micozzi #1062  
Ref: Off. [REDACTED] Missed Court Appearance

February 24, 2016

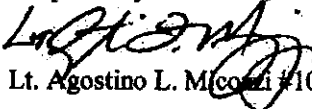
We received the notice that Officer [REDACTED] missed a court appearance on January 19, 2016. The attached sign off sheet indicates that he did sign for the notice.

On February 23, 2016 Sgt. Ross provided Officer [REDACTED] with an FOP representative and asked him to submit a written report in response. Officer [REDACTED] submitted his report on February 23, 2016. In his statement he acknowledged that he did miss the court appearance and took responsibility for failing to note the date in his calendar.

Based on the information available, Officer [REDACTED] did fail to appear for the court appearance and is in violation of Akron Police Rules and Regulations:


900.01 Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

Respectfully Submitted,

  
Lt. Agostino L. Micozzi #1062

cc: Cpt. Westfall

Capt. Westfall

We have received information that Officer  did not show up for court on 1/19/16 (See attached sheet). Can you please check with the officer to see if this is accurate, and if so, have them submit a written confidential as to the circumstances surrounding their missing court. Please then forward the confidential to Patrol Operations.

Thank you,

Capt. Trundle

Major Cal

## SUBPOENAS SERVED ON POLICE OFFICERS PLATOON ONE

DATE RC'D:	OFFICER'S NAME:	DATE/TIME	CASE NUMBER	OFFICER SIGNATURE	DATE RC'D.
1/8	M. Deitrick	1/20 e 1p	15-09-2738	[Signature] 1324	1/10/16
	Sgt. Armstead	1/25 e 1p	15-09-2887	[Signature] 1157	1/10/16
	M. Bruvarny	1/28 e 12 <sup>30</sup>	15-11-3470	[Signature] #1409	1-9-16
	K. Cunningham	1/28 e 12 <sup>30</sup>	15-11-3470	[Signature] 1323	1-8-16
	M. Miles	1/13 e 1(A)	15-09-2990 (w/ty)	[Signature] 1200	1-10-16
	M. Miles	1/19 e 1p	15-09-2990	[Signature] 1200	1-10-16
	A. Brandenburg	1/13 e 1(A)	15-09-2990 (w/ty)	[Signature] 1424	1-11-16
	A. Brandenburg	1/19 e 1p	15-09-2990	[Signature] 1424	1-11-16
	J. Belacic	1/13 e 1(A)	15-09-2990 (w/ty)	[Signature] 1298	1-9-16
	J. Belacic	1/19 e 1p	15-09-2990	[Signature] 1298	1-9-16
	T. Aber	1/25 e 8 <sup>30</sup>	DL15-08-1665	[Signature] 1398	1/9/16
	S. Wolfe	1/25 e 8 <sup>30</sup>	DL15-08-1665	S. Wolfe 1359	1/12/16
	P. Barnes	2/1 e 1 <sup>30</sup>	15-08-2570	[Signature] 1421	1-9-16
	P. Barnes	2/3 e 1(A)	15-08-2536	[Signature] 1421	1-9-16
	M. Bruvarny	2/3 e 1(A)	15-08-2536	[Signature] #1409	1-9-16
1/12	J. Belacic	1/19 e 9 <sup>30</sup>	94705	[Signature] 1359	1-15-16
	B. Collins	1/19 e 8 <sup>40</sup>	15-12-4025	[Signature] 1359	1/12/16
	[Redacted]	1/19 e 10 <sup>30</sup>	[Redacted]	[Redacted]	1/14/16
	A. Brandenburg	1/15 e 2p	15-10-3173 (w/ty)	[Signature] 1424	1-12-16
	A. Brandenburg	2/1 e 12 <sup>45</sup>	15-10-3173	[Signature] 1424	1-12-16
	A. Freed	1/20 e 10A	15-06-1760	[Signature] 1359	1-18-16
	J. Belacic	1/20 e 10A	15-06-1760	[Signature] 1298	1-15-16
	M. Miles	1/20 e 10A	15-06-1760	[Signature] 1200	1-15-16
	S. Wolfe	1/14 e 1p	15-10-3195	S. Wolfe 1359	1/12/16
	D. Zarembka	1/14 e 1p	15-10-3195	[Signature] 1359	1/15/16
	B. Collins	1/14 e 1p	15-10-3195	[Signature] 1359	1/12/16
	J. Tietze	1/14 e 1p	15-10-3195	[Signature] #1325	1/12/16

CITY OF AKRON

DEPARTMENT  
POLICE/ SERVICES

TO: <sup>W.F. Micozzi</sup> LT Micozzi, SGT Ross <sup>SR 1145</sup>

FROM: Ofr. 

RE: Missed Court Date 1/19/2016

Sirs,

I was scheduled for court on 1/19/2016, and forgot to attend for unacceptable reason. Normally, I place my court dates inside my FOP calendar as soon as I receive them as a reminder. I checked my calendar daily to remind myself of any upcoming court dates. However, I did not mark my calendar for the 19<sup>th</sup>, thus causing me to forget about it.



### CITY OF AKRON, OHIO

**DEPARTMENT  
UNIFORM SUB-DIVISION**

**December 2, 2016**


**OFFICER** [REDACTED]  
**I.D. #** [REDACTED]

Your actions on August 23, 2016, whereby you failed to appear for a scheduled court appearance, caused you to violate the following rule/procedure of the Akron Police Department:

**RULE 900.01:** Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

For your second violation of Rule 900.01 you are hereby ordered to forfeit eight (8) hours of compensatory time. This may be reflected in your next service rating.

  
CAPTAIN CHIP WESTFALL  
SHIFT COMMANDER

  
JAMES D. NICE  
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

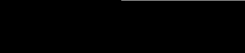
[REDACTED] 12/8/16  
DATE

 1385 12/8/16  
F.O.P. REPRESENTATIVE DATE

# CITY OF AKRON, OHIO

DEPARTMENT  
UNIFORM SUB-DIVISION

February 22, 2017

OFFICER   
I.D. #1426

Your actions on October 14, 2016, whereby you were involved in a chase and use of force incident, caused you to violate the following procedure and rule of the Akron Police Department:

<sup>2010</sup>  
**P-2015-017 Vehicle Pursuit Procedure (III B 1)** Activate both emergency lights and siren when engaged in a vehicle pursuit and continuously use both throughout the entire pursuit. Officers are reminded that the warning effect of the siren decreases rapidly as the speed of the vehicle increases.

**Rule 700.05** Officers/employees shall maintain sufficient competency to properly perform their duties and assume the responsibilities of their positions. Officers/employees shall perform their duties in a manner which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. Unsatisfactory performance shall include, but not be limited to the following: c) For violation of a procedure of the Division of Police. A violation of Section 700.05 (c) is a minor offense of the first degree.

For violation of the above rule, you are hereby served with this written reprimand. This may be reflected in your next service rating.



\_\_\_\_\_  
CAPTAIN TERRY PASKO  
UNIT COMMANDER



\_\_\_\_\_  
CHIEF JAMES D. NICE  
CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.



3/1/17

DATE



3-1-17

DATE

F.O.P. REPRESENTATIVE

CITY OF AKRON, OHIO

DEPARTMENT  
POLICE/CHIEF'S OFFICE

February 22, 2017

To: Marlene Long  
From: Lts. Allen Fite #865 and Brian Harding #1080  
Ref: Officer [REDACTED] Procedure and Rules Violations

Sir,

After thorough review of investigative and administrative reports regarding a chase and use of force incident involving Officer Anthony Brandenburg #1424 and [REDACTED] on October 14<sup>th</sup>, 2016, the facts led us to determine Officer [REDACTED] violated Akron Police Department Rules and Regulations. Officer [REDACTED] also violated Akron Police Procedure P-<sup>2015</sup>~~2016~~-017, Vehicle Pursuit Procedure.

(III B1)

**700.05** Officers/employees shall maintain sufficient competency to properly perform their duties and assume the responsibilities of their positions. Officers/employees shall perform their duties in a manner, which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Akron Police Division. Unsatisfactory performance shall include, but not be limited to the following:

- a. For violation of a procedure of the Division of Police. A violation of Section 700.05 (c) is a minor offense of the first degree.

C?

Respectfully Submitted,

Lts. Allen Fite 865 and Brian Harding #1080

### CITY OF AKRON, OHIO

**DEPARTMENT  
UNIFORM SUB-DIVISION**

**April 12, 2017**

**OFFICER** [REDACTED]  
**I.D. #** [REDACTED]

Your actions on February 21, 2017, whereby you failed to appear for a scheduled court appearance, caused you to violate the following rule/procedure of the Akron Police Department:

**RULE 900.01:** Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

For your third violation of Rule 900.01 you are hereby ordered to forfeit twelve (12) hours of compensatory time. This may be reflected in your next service rating.

*Terry Pasko*  
CAPTAIN TERRY PASKO  
SHIFT COMMANDER

*James D. Nice*  
JAMES D. NICE  
CHIEF OF POLICE *K2A*

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED]

*4/12/17*  
DATE

*WAIVED* *4/12/17*

F.O.P. REPRESENTATIVE

DATE



## CITY OF AKRON

DEPARTMENT  
POLICE/ SERVICES

TO: CPT Pasko

FROM: Ofc. 

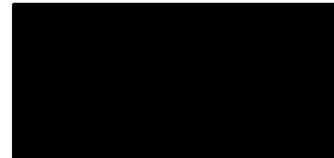
RE: Missing court 2-15-2017 & 2-21-2017

Sirs,

In reference to missing court on 2-15-2017 I had signed for on 2-13-2017. I had signed for the subpoena on 2-13-2017 after returning from military leave from 2-11-2017 thru 2-12-2017 at 18:00pm. With complete oversight, I failed to mark this date in my calendar to remind me of court that was schedule. I have also spoken to my supervisors about a conflict in military drill times ending later in the day not allowing me to have adequate rest before returning for my duty day that night at 22:30pm.

In reference to missing court on 2-21-2017, I failed to mark in my calendar that reminds me of upcoming court. Grand Jury for 2-21-2017 is rescheduled and I am set to testify on 3-9-2017 at 10:05am.

My current practice to remind myself I have court is to place the dates inside my calendar and place the subpoenas inside a folder at my residence. I check my calendar for upcoming court and take out the subpoenas needed for that day. With total oversight I failed to mark these dates into my regular calendar of reminder, therefor causing me to not check inside my folder for the subpoenas. To rectify this I have set up a cork board at home that allows my subpoenas to be hung up and visible in a common area, so that I am able to see the dates directly from the source along with placing the dates inside my regular calendar.



*Capt. B. Pasko  
1102*

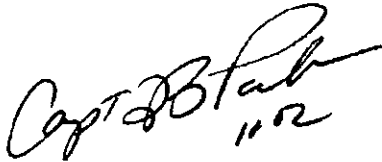
Major,

Although there are two instances of missed court cases by [REDACTED] Please consider only the second one. The 2/21/17 instance.

I am trying to resolve issues with the reservists on our shift, with drive time to various bases, and military release times varying on Sundays, those scheduled to work Mondays (Sunday night at 2230 hrs) are getting shafted occasionally. I believe I have a workable solution and will discuss it with the Sgt's and affected reservists on our shift.

This in no way excuses the missed court case on 2/21/17, and [REDACTED] acknowledges that. I believe it should be handled in the same manner as the precedent that you have already set on these cases. Again, I have made it clear on several occasions, not to miss court cases and not to miss range dates and to expect discipline for these unexcused absences.

Captain Pasko

Handwritten signature of Captain Pasko, written in cursive. The signature includes the name "Capt Pasko" and the number "1102" written below it.

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S OFFICE**

**TO:** Officer [REDACTED]  
Uniform Sub-Division

**FROM:** Chief James D. Nice

**DATE:** October 27, 2016

**SUBJ:** Firearms Review Board

The Firearms Review Board has reviewed the circumstances surrounding the one (1) shot fired by you on October 8, 2016 at 208 West Waterloo Road, which you responded to an injured deer call.

After careful review of this incident, it is the opinion of the Firearms Review Board that your actions did not violate any Rule or Regulation of the Akron Police Department.

I concur with the recommendation of the Firearms Review Board.



James D. Nice  
Chief of Police

JDN/mel

cc: Fraternal Order of Police

### CITY OF AKRON, OHIO

DEPARTMENT

UNIFORM SUB DIVISION

OCTOBER 20, 2016

TO: JAMES D. NICE  
CHIEF OF POLICE

RE: Findings and Recommendations of Firearms Review Board in the case of Officer [REDACTED] I.D. # [REDACTED]. This incident occurred on October 8, 2016 at 208 W. Waterloo Road.

Sir:

The Firearms Review Board met regarding the circumstances surrounding the shot fired by Officer [REDACTED] I.D. # [REDACTED]. Officer [REDACTED] fired one (1) shot from a Glock 17/GEN 4/9mm, shooting and killing an injured deer.

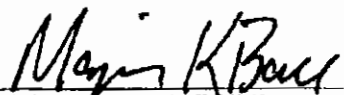
FINDINGS:

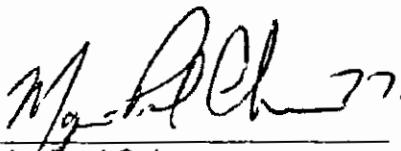
After careful review of the incident, it is our opinion that the actions of Officer [REDACTED] did not violate any Rule or Regulation of the Akron Police Department.

RECOMMENDATION:

It is the recommendation of the members of the Firearms Review Board that there is no basis for disciplinary action.

Respectfully,

  
Major Kenneth Ball II  
Investigative Sub-Division

  
Major Paul Calvaruso  
Uniform Sub-Division

## DISCHARGE OF FIREARMS REPORT

OFFICER/ID#: [REDACTED]	NUMBER SHOTS FIRED: 1	DATE/TIME: 10/08/2016 12:14
SUB-DIVISION: Patrol Division	ON DUTY <input checked="" type="checkbox"/> OFF DUTY <input type="checkbox"/>	UNIFORM <input checked="" type="checkbox"/> PLAINCLOTHES <input type="checkbox"/>
GUN MAKE/MODEL/TYPER: Glock 17/GEN 4/9mm	SERIAL NUMBER [REDACTED]	
SUPERVISOR NOTIFIED: SGT C. Davis #961	DATE AND TIME: 10/08/2016 12:20	
LOCATION OF SHOOTING: 208 W Waterloo Rd	AUTHORIZED AMMO?: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DESCRIBE INCIDENT. BE SURE TO INCLUDE DIRECTION SHOTS FIRED AND OBJECTS HIT I was dispatched to 208 W Waterloo Rd (Millers Towing) reference an animal complaint. On scene, a deer was laying along the inside of the fence line, directing west of the lot. The deer appeared to have been hit by a car and his rear hind legs were mangled. The deer could not stand up. I discharged my duty pistol west bound, aiming at the deer's head.		
SIGNED: [REDACTED]		
DIAGRAM: [REDACTED]	SHOOTING IN ACCORDANCE W/RULES & REGULATIONS? WHICH SECTION APPLIES?	
W. Waterloo R.D.	<input type="checkbox"/> 300.03 <input checked="" type="checkbox"/> 300.06A <input type="checkbox"/> 300.06B <input type="checkbox"/> N/A	
	SHOOTING WAS: <input checked="" type="checkbox"/> INTENTIONAL <input type="checkbox"/> UNINTENTIONAL FIRED AT: <input type="checkbox"/> HUMAN <input checked="" type="checkbox"/> ANIMAL <input type="checkbox"/> OTHER	
SUPERVISOR'S REVIEW: <u>JUSTIFY SHOOTING</u> - OR - RECOMMEND CORRECTIVE ACTION: THE DEER WAS BADLY INJURED AND POSED A RISK TO THE COMMUNITY. IT OBVIOUSLY WAS IN PAIN AND WAS GOING TO DIE. EUTHANIZING THE ANIMAL QUICKLY TO END IT'S SUFFERING WAS OPTIMAL.		
SIGNED: Sgt J. Davis #961		
SHIFT COMMANDER'S REVIEW: The only humane thing to do was to put the deer down. Off [REDACTED] discharged his firearm in a safe direction and killed the deer.		
SIGNED: [REDACTED]		

Chief's Office (Original)  
Sub-Division Commander  
Shift Commander

Major K. Bell  
Page 1

see Officer Hankins' report (attached.)

## DISCHARGE OF FIREARMS REPORT

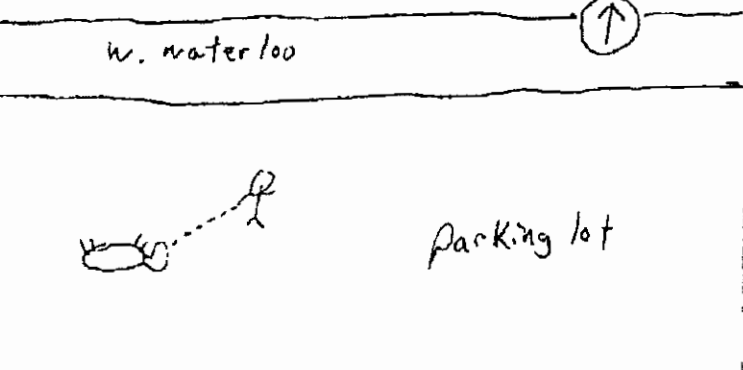
OFFICER/ID#: 1183	NUMBER SHOTS FIRED: 1	DATE/TIME: 10/8/16 1300
SUB-DIVISION: Patrol	ON DUTY <input checked="" type="checkbox"/> X OFF DUTY <input type="checkbox"/>	UNIFORM <input checked="" type="checkbox"/> X PLAINCLOTHES <input type="checkbox"/>
GUN MAKE/MODEL/TYPE: Mossberg 590	SERIAL NUMBER	

SUPERVISOR NOTIFIED: Sg. Goring	DATE AND TIME: 10/8/16 1300
LOCATION OF SHOOTING: 208 W. Waterloo	AUTHORIZED AMMO?: Yes <input checked="" type="checkbox"/> X No <input type="checkbox"/>

DESCRIBE INCIDENT. BE SURE TO INCLUDE DIRECTION SHOTS FIRED AND OBJECTS HIT  
 A deer was injured after being struck by a car. The Radio room authorized officers to put the deer down. I was facing west, making sure the area was clear. My gun was pointed down approximately 45 degrees. I was approximately 5 feet away. One round went through the deer's left shoulder. The deer was then deceased.

SIGNED: *[Signature]* 1183

DIAGRAM OF SCENE (INDICATE NORTH WITH ARROW)



SHOOTING IN ACCORDANCE W/RULES & REGULATIONS? WHICH SECTION APPLIES?	
<input type="checkbox"/> 300.03	<input checked="" type="checkbox"/> 300.06A
<input type="checkbox"/> 300.06B	<input type="checkbox"/> N/A
SHOOTING WAS:	<input checked="" type="checkbox"/> INTENTIONAL
	<input type="checkbox"/> UNINTENTIONAL
FIRED AT:	<input type="checkbox"/> HUMAN
	<input checked="" type="checkbox"/> ANIMAL
	<input type="checkbox"/> OTHER

SUPERVISOR'S REVIEW: JUSTIFY SHOOTING - OR - RECOMMEND CORRECTIVE ACTION:  
 OFFICER HANKINS ASSISTED AFTER SEVERAL REQUESTS FOR A SHOTGUN OVER THE RADIO. CAR 17, [REDACTED] HAD DISCHARGED ONE 9MM ROUND INTO DEER'S HEAD BUT DEER CONTINUED TO STRUGGLE SUFFERING EVEN MORE. OFFICER HANKINS FOLLOWED TRAINING, RULES AND REGULATIONS BY PROPERLY DISCHARGING SHOTGUN TO DISPATCH ANIMAL. LT. ERWIN ON DUTY AT TIME.

SIGNED: *[Signature]* 757

SHIFT COMMANDER'S REVIEW:  
 Officer Hankins discharged his shotgun in accordance to Rules, Regulations & Procedures.

SIGNED: *[Signature]* 769

Chief's Office (Original)  
 Sub-Division Commander  
 Shift Commander

*[Signature]* 771  
*[Signature]* K. Bull

CITY OF AKRON, OHIO

DEPARTMENT

POLICE

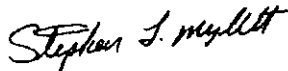
TO: OFFICER [REDACTED]  
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT  
CHIEF OF POLICE

DATE: December 23, 2021

Effective December 23, 2021, you are hereby placed on administrative leave with pay per procedure following a critical incident.

During such time, you are prohibited from operating any city vehicle, working secondary employment or taking any police action whatsoever.



Stephen L. Mylett  
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director  
Randy Briggs, Deputy Mayor of Labor Relations  
Frank Williams, Assistant to the Mayor for Labor Relations  
Charles Brown, Deputy Mayor of Public Safety  
Clay Cozart, President, F.O.P. Akron Lodge #7  
Wendy Leslie, Payroll

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 10/1/19 TO 9/30/20		MERIT INCREASE DATE 2/9/19	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/20

PLEASE USE #2 PENCIL

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR ID 1830	[BUBBLES]															
	STD	EMPLOY PROBATION		SEASON TEMP		PROM TRANSFER	[BUBBLES]														
	INTERIM 6-MONTH	45 DAY	90 DAY	180 DAY		270 DAY	45 DAY	90 DAY	FINAL	45 DAY	90 DAY	[BUBBLES]									
	[BUBBLES]	[BUBBLES]	[BUBBLES]	[BUBBLES]		[BUBBLES]	[BUBBLES]	[BUBBLES]	[BUBBLES]	[BUBBLES]	[BUBBLES]	[BUBBLES]									

ITEMS MO: [BUBBLES]      FACTORS YR: [BUBBLES]

<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 BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.</b>	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING															
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	<b>QUALITY OF WORK</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> </table>	60	70	80	90	95	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
60	70	80	90	95														
[ ]	[ ]	[ ]	[ ]	[ ]														
[ ]	[ ]	[ ]	[ ]	[ ]														
<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"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	<b>QUANTITY OF WORK</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> </table>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]				
[ ]	[ ]	[ ]	[ ]	[ ]														
[ ]	[ ]	[ ]	[ ]	[ ]														
<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>ATTENDANCE</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> </table>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]					
[ ]	[ ]	[ ]	[ ]	[ ]														
[ ]	[ ]	[ ]	[ ]	[ ]														
<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 checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	<b>WORK HABITS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> </table>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]					
[ ]	[ ]	[ ]	[ ]	[ ]														
[ ]	[ ]	[ ]	[ ]	[ ]														
<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>RELATIONSHIP WITH OTHERS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> </table>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]					
[ ]	[ ]	[ ]	[ ]	[ ]														
[ ]	[ ]	[ ]	[ ]	[ ]														
<input type="checkbox"/> SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> <tr><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td><td>[ ]</td></tr> </table>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]						
[ ]	[ ]	[ ]	[ ]	[ ]														
[ ]	[ ]	[ ]	[ ]	[ ]														

**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.

Ofc [REDACTED] handled 2,073 calls this period. He is highly motivated, handles his district, does proactive work when his district is clear, and is always the last officer in the station at the end of shift. He was commended by DB for finding multiple persons of reference a double homicide. His attention to detail and knowledge of his district later led him to arrest a suspect for other offenses that ended up giving a full confession to the double homicide. He volunteered to be and FTO this period. He has great relationships with his co-workers, supervisors, and the public.

**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 #: [REDACTED]      DATE: [REDACTED]

EVALUATOR 2 SIGNATURE: [Signature]      EMPLOYEE ID #: [REDACTED]      DATE: [REDACTED]

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

SIGNATURE OF REVIEWER: [Signature]      EMPLOYEE ID #: 11800      DATE: 10/1/20

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:

SIGNATURE: [Signature]      AND DATE: 3/1/20

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

[REDACTED]      10-21-20      RE AND DATE











CITY OF AKRON  
EMPLOYEE NAME

# EMPLOYEE PERFORMANCE EVALUATION REPORT

CSC 1-0

DIVISION  
Police Uniformed

CLASS TITLE  
Police Officer

EVALUATION FROM 4/1/17 TO 9/30/17

MERIT INCREASE DATE 2/9/18

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/17

EMPLOYEE ID

TYPE OF EVALUATION			
STD	EMPLOY PROBATION		SEASON TEMP
	45 DAY	90 DAY	180 DAY
INTERIM			
6-MONTH			
	270 DAY	45 DAY	80 DAY
		FINAL	
		45 DAY	90 DAY

PLEASE USE #2 PENCIL

EVALUATOR 1

1  
2  
3  
4  
5  
6  
7  
8

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

ITEMS	MO:	FACTORS	YR:	60	70	80	90	95
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK		2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED						
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT		<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	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				
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE			QUALITY OF WORK EVALUATOR 1 EVALUATOR 2					
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE		<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	QUANTITY OF WORK 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	ATTENDANCE 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 checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	WORK HABITS 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	RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2					
			SUPERVISORY SKILLS (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.

Officer [redacted] is a very enthusiastic officer who is a self-starter and highly proactive. Officer [redacted] is assigned as a fill officer for the east side jump car. Even though Officer [redacted] is not assigned to a steady district he is always aware of the problem areas in each district and takes action to resolve the problems. Officer [redacted] answered 1311 calls for service including 212 self-initiated suspicious person stops and 200 traffic stops. One of Officer [redacted] traffic stops started as a vehicle pursuit where the suspect was later apprehended and found to be a homicide suspect. Officer [redacted] displays a positive attitude towards his job and is always eager to learn more. Officer White did not have any call offs during this grading period.

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 #: 1158 DATE: 10/21/17

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 10/21/17

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11509 DATE: 11/5/17

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

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] DATE: 10/22

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











# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION POLICE	CLASS TITLE POLICE OFFICER
EVALUATION FROM 2/9/15 TO 5/9/15	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 6/9/15

PLEASE USE #2 PENCIL

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

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  10

<b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b> <input 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 BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.</b>	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING															
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	<b>QUALITY OF WORK</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	<input type="checkbox"/> ADHERENCE TO WORKING HOURS <input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	<b>QUANTITY OF WORK</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input 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	<b>ATTENDANCE</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	<b>WORK HABITS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> TRAINING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL		<b>RELATIONSHIP WITH OTHERS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL		<b>SUPERVISORY SKILLS</b> (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

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

OFFICER [REDACTED] IS PROGRESSING WELL TO THIS POINT IN HIS PROBATIONARY PERIOD. HE HAD NO CALLOFFS DURING THIS TIME.

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] 12061 5-9-15

EVALUATOR 2 SIGNATURE: [Signature] 835/12672 5-20

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

REVIEWER SIGNATURE: [Signature] 771 5-21-15

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 AUTHORITY: [REDACTED]

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE: [Signature] 1119 6-7-15

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

DATE: 6/7/15

CITY OF AKRON, OHIO

DEPARTMENT

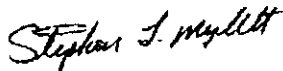
POLICE

TO: OFFICER [REDACTED]  
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT  
CHIEF OF POLICE

DATE: January 4, 2022

Effective January 4, 2022, you are hereby placed on restrictive duty with pay per procedure following a critical incident. You will be assigned to the Services Subdivision, Training Bureau, until the completion of the steps required following a critical incident.



Stephen L. Mylett  
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director  
Randy Briggs, Deputy Mayor of Labor Relations  
Frank Williams, Assistant to the Mayor for Labor Relations  
Charles Brown, Deputy Mayor of Public Safety  
Clay Cozart, President, F.O.P. Akron Lodge #7  
Wendy Leslie, Payroll

CITY OF AKRON, OHIO

DEPARTMENT

POLICE

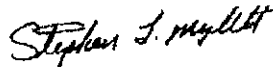
TO: OFFICER [REDACTED]  
UNIFORM SUB-DIVISION

FROM: STEPHEN MYLETT  
CHIEF OF POLICE

DATE: December 23, 2021

Effective December 23, 2021, you are hereby placed on administrative leave with pay per procedure following a critical incident.

During such time, you are prohibited from operating any city vehicle, working secondary employment or taking any police action whatsoever.



Stephen L. Mylett  
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director  
Randy Briggs, Deputy Mayor of Labor Relations  
Frank Williams, Assistant to the Mayor for Labor Relations  
Charles Brown, Deputy Mayor of Public Safety  
Clay Cozart, President, F.O.P. Akron Lodge #7  
Wendy Leslie, Payroll

EMPLOYEE ACKNOWLEDGMENT

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

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

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

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

[Redacted Signature]

[Redacted ID No.]

*I.D. No.*

17-Feb-2015  
*Date*

## BOWLING. BROTHERHOOD AT PJ&E EVENT AT STONEHEDGE

Normally, on a warm weekend evening in May, time is spent at the baseball field or the backyard barbeque. But for over 130 Akron residents and a dozen Akron Police Department representatives, it was bowling that provided the backdrop for an evening of fun and fellowship.

The unique event was part of the Peace, Justice & Equality Committee's ongoing mission to bring together the community's youth and law enforcement members at a facility where they can share common ground and hopefully, from that experience, foster understanding. On May 15th, Stonehedge Entertainment Center on Akron's North Hill offered that site.

"In September of last year, we held a basketball event at East Community Learning Center," said Keysha Myers, who co-chairs the PJ&E Committee with Ken Jones. "The event was a success. We drew over 200 people, but we looked for a way for everyone to participate and bowling seemed to provide that opportunity."

The PJ&E Committee found a willing partner at Stonehedge. The venue offered 20 lanes of open bowling for three hours and the PJ&E Committee set about the task of getting out the word. The committee cobbled together a list of 40 names of youth who contacted the committee to indicate they would attend. Not bad. Myers and committee member Brittany Neal pitched the idea to local law enforcement. Then, the night of the event, 6pm rolled around, and a crowd began to roll in, and they kept coming. By the time everyone checked in, signed the PJ&E Peace Pledge, got their bowling shoes and found a suitable bowling ball, over 100 kids hit the lanes. For many of the younger ones, it was their first time bowling. It didn't matter. Nor did their score. They were having a ball, no pun intended.



Akron Police Department Det. Gary Shadie provides some instruction.



Akron Police Lt. Roger Erwin awards his trophy for high score to 11 year old Reggie Boyer, who rolled a 148.

So were the police officers. Capt. Sylvia Trundle moved to different lanes to interact with the kids. Detective Gary Shadie provided lessons and a lot of encouragement for the little ones trying to heave the ball down the lane. Prizes were given out if bowlers knocked down a certain amount of pins. During the 7pm hour, the bowler with the highest score received an actual bowling pin with the PJ&E logo applied to it.

The high score was rolled by Lieutenant Roger Erwin with an impressive game of 232. He immediately awarded the prize to 11-year old Reggie Boyer, who was pretty impressive himself, rolling a 148.

An announcement was made explaining what just happened: "That's what this event is about, that gesture by Roger Erwin." The rest of the assembled bowlers agreed, stopping their own activity to acknowledge Lt. Erwin and Reggie and giving them a round of applause.

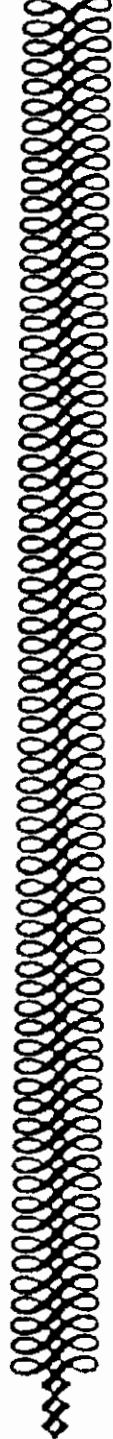
Joining Lt. Erwin, Det. Shadie and Capt. Trundle were the following Akron Police Department officers: Ofc. Paul Barnes, Ofc. Rodney Brock, Det. Clay Cozart, Ofc. James Conley, Ofc. Michael Gould, Sgt. Brian Harding, Ofc. Michael Kulick, Det. Tony Sutton and [REDACTED]

"Words can't describe how grateful we are to the police officers who took time out of their schedules to contribute to the success of this event," said Myers. "Their presence made all the difference."



Capt. Sylvia Trundle with some of the youngest bowlers who were at the PJ&E bowling event.

Making a difference is the goal of the Peace, Justice & Equality Committee. To learn more about PJ&E, you are encouraged to contact committee representatives at [PJE@cpcourt.summitoh.net](mailto:PJE@cpcourt.summitoh.net) or go to the PJ&E Facebook page at [www.facebook.com/peacejusticeequality](http://www.facebook.com/peacejusticeequality).



I, [REDACTED] DO SOLEMNLY PLEDGE

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

I DO SO PLEDGE.

[REDACTED]

Signature

AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE  
THIS 27<sup>TH</sup> DAY OF MARCH, 2015.

  
DONALD L. PLUSQUELLIC, MAYOR

\*Gary's appointment with the Akron Police Department began on 02/09/2015 but he was not sworn in as a police officer until 03/27/2015.



**MIKE DEWINE**  
OHIO ATTORNEY GENERAL



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

P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

**NOTICE OF PEACE OFFICER APPOINTMENT**

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
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.
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. Alias (Last) (First) (Middle)		N/A	
4. Birth date (mm/dd/yyyy)	5. Email Address	6. Phone Number	
	N/A		
7. Home Mailing Address (#/Street/PO Box)		(City)	(State) (Zip Code) (County Name)
		Warren	OH 44485 Trumbull
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training)			
(Only complete if this is the officer's first appointment or OSP) Kent State University Police Academy BAS-14-085		09/08/2014-01/17/2015	

<b>AGENCY INFORMATION</b>		9. Agency Name	
		Akron Police Department	
10. Agency Email Address		11. Agency Phone Number	
MLong@akronohio.gov (contact person)		330-375-2244	
12. Agency Mailing Address (#/Street/PO Box)		(City)	(Zip Code) (County Name)
217 South High Street		Akron	44308 Summit

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date	14. Status Change Date
		*03/27/2015	/ /
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			
16. Select New ORC			
<input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02)		<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City Chief (737.02)	
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)		<input type="checkbox"/> Village Auxiliary/Reserve (737.161) <input type="checkbox"/> Village Chief (737.15)	
<input type="checkbox"/> Township Police Officer (505.49)		<input type="checkbox"/> Township Constable (509.01) <input type="checkbox"/> Other Chief - List ORC/Charter	
<input type="checkbox"/> Other - List ORC/Charter		<input type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Sheriff (311.01)	


<b>ATTESTATION OF REPORTING AUTHORITY</b>		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.	
17. Signature of Reporting Authority	18. Name and Title	19. Date	
<i>James D. Nice</i>	James D. Nice, Chief of Police	03/27/2015	
<b>NOTARY</b>			
Sworn to and subscribed before me this <u>27th</u> day of <u>March</u> , 20 <u>15</u> in the county of <u>Summit</u> , Ohio.			
<i>Martene E. Long</i> Signature of Notary		My commission expires <u>April 18, 2017</u>	

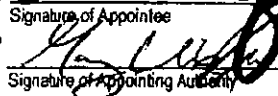


Officer Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_

**20. OATH OF OFFICE**

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

  
 \_\_\_\_\_  
 Signature of Appointee

  
 \_\_\_\_\_  
 Signature of Appointing Authority

Donald L. Plusquellic  
 \_\_\_\_\_  
 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.*

21. Appointed By (Agency Name and County): Akron Police Department Summit	22. From(mm/dd/yyyy): *03 / 27 / 2014	To(mm/dd/yyyy): / /
23. Appointment Status (Check Appropriate Box) <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		

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		



*This is to certify that*



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

***Companion Animal Encounters***

***Completed on: 11/23/2016 10:50:42 PM***

This is to Certify that

**OFFICER** [REDACTED]

Has Successfully Completed the 14 Hour Course of Instruction  
Attended from 4/18/2016 to 4/19/2016

### 2016 In-Service

**Constitutional Use of Force, Defensive Tactics, Body Worn Cameras, Nuisance Calls, Human Trafficking, Heroin Investigations, Drug Enforcement Issues & Techniques, De-Escalation, Mobile Field Force**



*James D. Nice*

**James D. Nice**  
Chief of Police

*Lt. Michael Yohe*

**Lt. Michael Yohe**  
Director of Training

--  
Instructor

This is to Certify that

**OFFICER** [REDACTED]

Has Successfully Completed the 14 Hour Course of Instruction  
Attended from 10/12/2015 to 10/13/2015

**2015 In-Service**

**Vicarious Trauma, Critical Incident Response, Range Do's & Don'ts, CCW/Language Line/Ease@Work, Procedural Justice, Rules & Regulations Update, CPR & AED, Domestic Violence, Use of Force, Defensive Tactics**



*James D. Nice*

**James D. Nice**  
Chief of Police

*Sgt. Jeff R. Mullins*

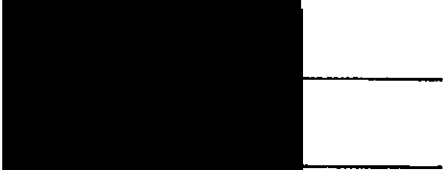
**Sgt. Jeff R. Mullins**  
Director of Training

\_\_\_\_\_  
--  
Instructor

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

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

I acknowledge that on Friday, March 06, 2015, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.



Please print your name

POLICE OFFICERS

Title

PUBLIC SAFETY / POLICE

Department/Division

6 March 2015

Date



# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that



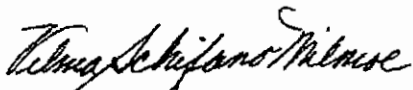
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00100.LEb**

**Introduction to the Incident Command System  
(ICS 100) for Law Enforcement**

*Issued this 18th Day of March, 2011*



  
Vilma Schifano Milmo  
Superintendent (Acting)  
Emergency Management Institute

0.3 IACET CEU

# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that



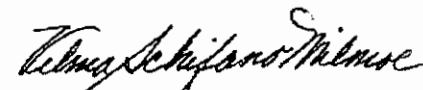
has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

**IS-00200.b**

**ICS for Single Resources and  
Initial Action Incident, ICS-200**

*Issued this 7th Day of March, 2011*



  
Viltria Schifano Milmo  
Superintendent (Acting)  
Emergency Management Institute

# Emergency Management Institute



## FEMA

This Certificate of Achievement is to acknowledge that



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

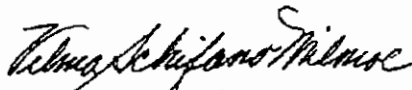
**IS-00700.a**

**National Incident Management System (NIMS)**

**An Introduction**

*Issued this 7th Day of March, 2011*



  
Vilma Schifano Milmo  
Superintendent (Acting)  
Emergency Management Institute

0.3 IACET CEU



**AKRON POLICE DEPARTMENT**

**SPECIAL WEAPONS AND TACTICS**

This certificate is awarded to:

Officer [REDACTED]

for successful completion of the

Akron Police Department's 40 Hour SWAT Basic Course

1975

MAY 17TH - 18TH, 2021

*Capt. Michael Yohe*

**CAPT. MICHAEL YOHE  
SWAT COMMANDER**





**COMMAND  
PRESENCE**

TRANSFORMING GOOD OFFICERS INTO GREAT ONES

# Certificate of Training

Presented to

For successfully completing

**Leading Without Rank: Leadership for the Line Officer  
8 Hrs**

Completed on August 4, 2021

**John Bostain  
President**

**Michael Warren  
Director of Training**

12/9



# HIRE/PERSONNEL ACTION FORM

[Redacted]

## Employee Information

Employee: [Redacted]  
 Address 1: [Redacted]  
 Address 2:  
 City: Akron State: Ohio Zip: 44312  
 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: 00001349

K-2

[Redacted]

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

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

**Comments:** 10000-130100

---

<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

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

akron

State

OH

Zip Code

44312

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

akron

State

OH

Zip Code

44312

Relationship to Employee:

Domestic Partner

**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

10/21/2019

*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: 

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 Nate Milstead #1315  
Akron Police Department Witness (Print)

  
Applicant (Print)

 1315  
Witness (Signature)

  
Applicant (Signature)

  
Address

Akron, OH 44312

Date: 09-10-2019





AGREEMENT

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

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

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

[REDACTED]  
Applicant (Print)

[REDACTED]  
Signature

09-10-2019  
Date

Sgt. Nate Milstead 1315  
Witness (Print)

[Signature] 1315  
Witness (Signature/Date)

[REDACTED]

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



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

I acknowledge that on Friday, January 10, 2020, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.

[Redacted Signature]

Signature

[Redacted Name]

Please print your name

Police Recruit

Title

Uniformed Division

Department/Division

01-10-2020

Date

2020 JAN 22 PM 3: 24

[Redacted Footer]

[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:

---

---

---

---





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

---

**Union Dues Election Form**

---

**Election to Enroll in Employer Dues Deductions**

As a member of the Fraternal Order of Police, Akron Lodge #7, I hereby "Voluntarily" agree to have my union dues withheld from my weekly pay benefits by the City of Akron.

[Redacted Signature]

[Redacted Printed Name]

Printed Name

[Redacted Payroll ID Number]

Payroll ID Number

# EMPLOYEE PERFORMANCE EVALUATION REPORT

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

EMPLOYEE ID  
[REDACTED]

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

PLEASE USE #2 PENCIL

EVALUATOR 1

EVALUATOR 2

60	70	80	90	95
----	----	----	----	----

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

**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 <sup>OF</sup> AN EMPLOYEE AT THIS POINT IN HIS TRAINING

**5. SIGNATURE OF EVALUATOR**

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

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 10791 DATE: 3/12/20  
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10948 DATE: 3/11/20

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 10449 DATE: 3/12/2020

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

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: 3/13/20

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE: [Signature] AND DATE: 3/13/20

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

EMPLOYEE'S SIGNATURE AND DATE: [REDACTED] 3/13/20

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 10/9/19 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	45 DAY	90 DAY	180 DAY	45 DAY	90 DAY	FINAL	45 DAY
6-MONTH	90 DAY	180 DAY	270 DAY	45 DAY	90 DAY	FINAL	90 DAY

PLEASE USE #2 PENCIL

EVALUATOR 1 ID [REDACTED]

ITEMS	MO:	FACTORS	YR:						
<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 BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.</b>	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING					
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT		<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	<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 checked="" 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.**

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

to this point.

**5. SIGNATURE OF EVALUATOR**

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

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 10791 DATE: 5/20/20  
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10948 DATE: 5/20/20

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

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

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: [Signature] DATE: [REDACTED]

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: [Signature] 5/21/20

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

[REDACTED] 05-21-20

CITY OF AHRON  
EMPLOYEE RECORDS

3122 JUN 22 PM 2: 37

CITY OF AHRON  
EMPLOYEE RECORDS

3122 JUN 22 PM 2: 50



# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION [REDACTED]	CLASS TITLE [REDACTED]
EVALUATION FROM 08-29-20 TO 11-4-20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12-24-20

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

PLEASE USE #2 PENCIL

EVALUATOR ID  
[REDACTED]

ITEMS MO: 01 02 03 04 05 06 07 08 09 10 11 12	FACTORS YR: 01 02 03 04 05 06 07 08 09 10 11 12																																										
<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>																																										
<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 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 type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION <input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input checked="" type="checkbox"/> INITIATIVE <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input 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 <input type="checkbox"/> 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><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>QUANTITY OF WORK</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ATTENDANCE</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WORK HABITS</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RELATIONSHIP WITH OTHERS</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SUPERVISORY SKILLS</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		60	70	80	90	95	QUALITY OF WORK			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QUANTITY OF WORK			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ATTENDANCE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORK HABITS			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RELATIONSHIP WITH OTHERS			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUPERVISORY SKILLS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	60	70	80	90	95																																						
QUALITY OF WORK			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
QUANTITY OF WORK			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
ATTENDANCE			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
WORK HABITS			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
RELATIONSHIP WITH OTHERS			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
SUPERVISORY SKILLS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						

**4. COMMENT** ARE 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 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 CREDITABILITY.

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: [Signature] DATE: [Blank]

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY

SIGNATURE: [Signature] AND DATE: 5/20/20 1380

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

SIGNATURE AND DATE: [Signature] 1506 12/13/20



# EMPLOYEE PERFORMANCE EVALUATION REPORT

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

EMPLOYEE ID  
[REDACTED]

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

PLEASE USE #2 PENCIL

EVALUATOR ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

ITEMS	MO:	FACTORS	YR:						
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK		2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED		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
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT		<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION		QUALITY OF WORK	EVALUATOR 1	EVALUATOR 2			
<input 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		ATTENDANCE	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		WORK HABITS	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 checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE		RELATIONSHIP WITH OTHERS	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		SUPERVISORY SKILLS (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.

OFC [REDACTED] is progressing as expected and is eager to continue learning. OFC [REDACTED] had 2 call offs this period. 5/20/20

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 #: 118530 DATE: 6/10/21

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 101806 DATE: 6/10/21

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 118502 DATE: 6/10/21

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: 6/10/21

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

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE: [Signature] AND DATE: 5-27-21

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

EMPLOYEE RECORDS

9021 JUL 13 AM 10:39



AKRON POLICE DEPARTMENT

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

Stephen L. Mylett, *Chief of Police*

## CITY OF AKRON, OHIO

**TO:** OFFICER [REDACTED]  
UNIFORM SUB-DIVISION

**FROM:** STEPHEN MYLETT  
CHIEF OF POLICE

**DATE:** FEBRUARY 22, 2022

Effective February 22, 2022, you are hereby placed on Administrative Leave with pay per procedure following a critical incident.

*Stephen L. Mylett*

Stephen L. Mylett  
Chief of Police

SLM/sjn

cc: Eve Belfance, Law Director  
Randy Briggs, Deputy Mayor of Labor Relations  
Frank Williams, Assistant to the Mayor for Labor Relations  
Charles Brown, Deputy Mayor of Public Safety  
Clay Cozart, President, F.O.P. Akron Lodge #7  
Wendy Leslie, Payroll

[www.akroncops.org](http://www.akroncops.org)  
Fax: (330) 375-2135 Phone: (330) 375-2244  
Address all correspondence to the Chief of Police





# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, April 12, 2022

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

SSN: [REDACTED] DOB: [REDACTED] Status: ACTIVE Service Date: 07/21/2014

Appointed: 07/21/2014 OPOTC: 07/21/2014 Sworn In: 07/17/2014 Separation: [REDACTED]

### PROMOTIONS

Sgt: 11/17/2020

### NOTES

[REDACTED]

### ASSIGNMENTS

01-22-2021 UNIFORM, PLATOON 1 10:30PM-7AM  
06-04-2018 UNIFORM, PLATOON 1 10:30PM-7AM  
03-30-2015 UNIFORM, PLATOON 3 2:30PM-11PM  
09-08-2014 UNIFORM, PLATOON 5 11AM-7:30PM  
07-21-2014 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

### TRAINING

10-24-2021 IS-00800.D NATIONAL RESPONSE FRAMEWORK, AN INTRODUCTION  
02-15-2019 ELECTRONIC CONTROL DEVICE USER  
10-18-2018 LEGAL UPDATES  
10-18-2018 BODY WORN CAMERAS BWC  
10-18-2018 IMPROVING PERFORMANCE THROUGH ANALYSIS  
10-18-2018 COMMUNITY ENGAGEMENT/OFFICER WELLNESS  
10-17-2018 RTF/SUBJECT CONTROL  
03-29-2018 CRIMINAL PATROL - DRUG INTERDICTION  
03-26-2018 ELECTRONIC CONTROL DEVICE USER  
11-02-2017 CPR/FIRST AID KIT/NARCAN  
11-02-2017 INTERVIEWING SKILLS  
10-04-2017 PROCEDURAL JUSTICE & POLICE LEGITIMACY  
10-03-2017 PRACTICAL APPLICATIONS OF FORCE  
10-03-2017 LEGAL UPDATES  
10-03-2017 AOIBRS  
10-02-2017 TRAUMA INFORMED POLICING  
10-02-2017 BODY WORN CAMERAS BWC  
05-31-2017 CHAARACTERISTICS OF AN ARMED GUNMAN  
12-07-2016 ELECTRONIC SURVEILLANCE  
11-20-2016 EOPOTA COMPANION ANIMAL ENCOUNTERS  
10-31-2016 CONFRONTATION SIMULATION  
10-31-2016 AFD CRITICAL INCIDENTS



# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, April 12, 2022

---

10-31-2016	OPOTA COMMUNITY RELATIONS
10-31-2016	DRIVING
10-31-2016	CSU
10-31-2016	LEGAL UPDATES
10-31-2016	COUNTER AMBUSH
05-23-2016	CONSTITUTIONAL USE OF FORCE
05-23-2016	DEFENSIVE TACTICS
05-23-2016	BODY WORN CAMERAS
05-23-2016	NUISANCE CALLS
05-23-2016	HUMAN TRAFFICKING
05-23-2016	HEROIN INVESTIGATIONS
05-23-2016	DRUG ENFORCEMENT ISSUES & TECHNIQUES
05-23-2016	DE-ESCALATION
05-23-2016	MOBILE FIELD FORCE
02-16-2016	IS-00100.B - INTRODUCTION TO INCIDENT COMMAND SYSTEM - ICS-100
02-16-2016	IS-00200.B - ICS FOR SINGLE RESOURCES AND INITIAL ACTION INCIDENT, ICS-200
02-16-2016	IS-00700.A - NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) - AN INTRODUCTION
10-12-2015	VICARIOUS TRAUMA
10-12-2015	CRITICAL INCIDENT RESPONSE
10-12-2015	RANGE DO'S AND DON'TS
10-12-2015	CCW/LANGUAGE LINE/EASE@WORK
10-12-2015	PROCEDURAL JUSTICE - RELATING TO LEGITIMACY
10-12-2015	PROCEDURAL JUSTICE - FOCUS ON STOPS AND FRISKS
10-12-2015	RULES & REGULATIONS UPDATE
10-12-2015	CPR & AED
10-12-2015	DOMESTIC VIOLENCE
10-12-2015	USE OF FORCE - PROCEDURE REVIEW
10-12-2015	USE OF FORCE - INCIDENT ANALYSES
10-12-2015	DEFENSIVE TACTICS
12-12-2014	MOBILE FIELD FORCE
09-16-2014	FINDING WORDS
07-21-2014	RECRUIT SCHOOL/POLICE ACADEMY - FAST TRACK ACADEMY SESSION
02-03-2014	PEACE OFFICER BASIC TRAINING PROGRAM

---

### COMPLAINTS

COMPLAINT#: 17-C-052

DATE: 7/20/2017

**COMPLAINANT(S):**

WELCH, SANITHIA K.

1377 MASSILLON DR. AKRON, OH 44306

3304694316

**COMPLAINT(S):**

1. OFFICER WAS RUDE AND NASTY TOWARD COMPLAINANT; AND IS THEREFORE A DANGER TO THE COMMUNITY



# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, April 12, 2022

Found UNFOUNDED on 9/12/2017

2. OFFICER REFUSED TO LOOK AT WITNESS VIDEO AND PHOTOGRAPH AS EVIDENCE

Found EXONERATED on 9/12/2017

3. OFFICER LIED ABOUT STATEMENTS MADE BY THE COMPLAINANT'S SON

Found UNSUBSTANTIATED on 9/12/2017

**COMPLAINT#:** 16-C-017      **DATE:** 3/15/2016

**COMPLAINANT(S):**

PETO, CATHERINE L.      859 CLIFFORD AVE. AKRON, OH 44306

**COMPLAINT(S):**

1. OFFICERS IMPROPERLY HANDLED COMPLAINANT'S CALL FOR SERVICE, REFERRED HER TO THE PROSECUTOR'S OFFICE AND FAILED TO MAKE AN ARREST

Found WITHDRAWN on 4/22/2016

**COMPLAINT#:** 15-C-091      **DATE:** 9/21/2015

**COMPLAINANT(S):**

RIDDICK, CHRISTINE      569 MULL AVE. AKRON, OH 44313      3305249162

**COMPLAINT(S):**

1. OFFICERS YELLED AT COMPLAINANT AND WERE DISRESPECTFUL TOWARD HER

Found EXONERATED on 9/15/2015

**COMPLAINT#:** 15-C-099      **DATE:** 8/22/2015

**COMPLAINANT(S):**

HUMPHREY, ROY A.      1296 HARMON AVE. AKRON, OH 44307      3303792112

**COMPLAINT(S):**

1. OFFICER WAS ABRASIVE AND RUDE TOWARD COMPLAINANT AND FAILED TO BE CORDIAL

Found UNFOUNDED on 9/18/2015

2. OFFICERS CITED COMPLAINANT FOR NOT HAVING A FRONT BRACKET

Found ADJUDICATED IN COURT on 9/18/2015

3. OFFICER WROTE COMPLAINANT A CITATION BECAUSE HE ASKED FOR HIS NAME

Found EXONERATED on 9/18/2015

**COMPLAINT#:** 15-C-019      **DATE:** 2/25/2015

**COMPLAINANT(S):**

RUMPH, ANTHONY D.      20641 BOWLING GREEN RD. MAPLE HEIGH

**COMPLAINT(S):**

1. OFFICERS USED RACIAL BIAS AGAINST COMPLAINANT TO HARRASS HIM, PULL HIM OVER AND ISSUE HIM A CITATION

Found EXONERATED on 4/1/2015

**DISCIPLINES**

**FILE REVIEWS**



# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

*Printed on: Tuesday, April 12, 2022*

---

---

### SHOTS FIRED

---

### AWARDS

---

### SPECIAL UNITS



# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, April 12, 2022

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

SSN: [REDACTED] DOB: [REDACTED] Status: ACTIVE Service Date: 07/21/2014

Appointed: 07/21/2014 OPOTC: 07/21/2014 Sworn In: 07/17/2014 Separation: \_\_\_\_\_

### PROMOTIONS

Sgt: 11/17/2020

### NOTES

[REDACTED]

### ASSIGNMENTS

01-22-2021 UNIFORM, PLATOON 1 10:30PM-7AM  
 06-04-2018 UNIFORM, PLATOON 1 10:30PM-7AM  
 03-30-2015 UNIFORM, PLATOON 3 2:30PM-11PM  
 09-08-2014 UNIFORM, PLATOON 5 11AM-7:30PM  
 07-21-2014 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

### TRAINING

10-24-2021 IS-00800.D NATIONAL RESPONSE FRAMEWORK, AN INTRODUCTION  
 02-15-2019 ELECTRONIC CONTROL DEVICE USER  
 10-18-2018 LEGAL UPDATES  
 10-18-2018 BODY WORN CAMERAS BWC  
 10-18-2018 IMPROVING PERFORMANCE THROUGH ANALYSIS  
 10-18-2018 COMMUNITY ENGAGEMENT/OFFICER WELLNESS  
 10-17-2018 RTF/SUBJECT CONTROL  
 03-29-2018 CRIMINAL PATROL - DRUG INTERDICTION  
 03-26-2018 ELECTRONIC CONTROL DEVICE USER  
 11-02-2017 CPR/FIRST AID KIT/NARCAN  
 11-02-2017 INTERVIEWING SKILLS  
 10-04-2017 PROCEDURAL JUSTICE & POLICE LEGITIMACY  
 10-03-2017 PRACTICAL APPLICATIONS OF FORCE  
 10-03-2017 LEGAL UPDATES  
 10-03-2017 AOIBRS  
 10-02-2017 TRAUMA INFORMED POLICING  
 10-02-2017 BODY WORN CAMERAS BWC  
 05-31-2017 CHAARACTERISTICS OF AN ARMED GUNMAN  
 12-07-2016 ELECTRONIC SURVEILLANCE  
 11-20-2016 EOPOTA COMPANION ANIMAL ENCOUNTERS  
 10-31-2016 CONFRONTATION SIMULATION  
 10-31-2016 AFD CRITICAL INCIDENTS





# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, April 12, 2022

---

10-31-2016	OPOTA COMMUNITY RELATIONS
10-31-2016	DRIVING
10-31-2016	CSU
10-31-2016	LEGAL UPDATES
10-31-2016	COUNTER AMBUSH
05-23-2016	CONSTITUTIONAL USE OF FORCE
05-23-2016	DEFENSIVE TACTICS
05-23-2016	BODY WORN CAMERAS
05-23-2016	NUISANCE CALLS
05-23-2016	HUMAN TRAFFICKING
05-23-2016	HEROIN INVESTIGATIONS
05-23-2016	DRUG ENFORCEMENT ISSUES & TECHNIQUES
05-23-2016	DE-ESCALATION
05-23-2016	MOBILE FIELD FORCE
02-16-2016	IS-00100.B - INTRODUCTION TO INCIDENT COMMAND SYSTEM - ICS-100
02-16-2016	IS-00200.B - ICS FOR SINGLE RESOURCES AND INITIAL ACTION INCIDENT, ICS-200
02-16-2016	IS-00700.A - NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) - AN INTRODUCTION
10-12-2015	VICARIOUS TRAUMA
10-12-2015	CRITICAL INCIDENT RESPONSE
10-12-2015	RANGE DO'S AND DON'TS
10-12-2015	CCW/LANGUAGE LINE/EASE@WORK
10-12-2015	PROCEDURAL JUSTICE - RELATING TO LEGITIMACY
10-12-2015	PROCEDURAL JUSTICE - FOCUS ON STOPS AND FRISKS
10-12-2015	RULES & REGULATIONS UPDATE
10-12-2015	CPR & AED
10-12-2015	DOMESTIC VIOLENCE
10-12-2015	USE OF FORCE - PROCEDURE REVIEW
10-12-2015	USE OF FORCE - INCIDENT ANALYSES
10-12-2015	DEFENSIVE TACTICS
12-12-2014	MOBILE FIELD FORCE
09-16-2014	FINDING WORDS
07-21-2014	RECRUIT SCHOOL/POLICE ACADEMY - FAST TRACK ACADEMY SESSION
02-03-2014	PEACE OFFICER BASIC TRAINING PROGRAM

---

### **COMPLAINTS**

**COMPLAINT#:** 17-C-052

**DATE:** 7/20/2017

**COMPLAINANT(S):**

WELCH, SANITHIA K.

1377 MASSILLON DR. AKRON, OH 44306

3304694316

**COMPLAINT(S):**

1. OFFICER WAS RUDE AND NASTY TOWARD COMPLAINANT; AND IS THEREFORE A DANGER TO THE COMMUNITY



# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

Printed on: Tuesday, April 12, 2022

Found UNFOUNDED on 9/12/2017

2. OFFICER REFUSED TO LOOK AT WITNESS VIDEO AND PHOTOGRAPH AS EVIDENCE

Found EXONERATED on 9/12/2017

3. OFFICER LIED ABOUT STATEMENTS MADE BY THE COMPLAINANT'S SON

Found UNSUBSTANTIATED on 9/12/2017

**COMPLAINT#:** 16-C-017

**DATE:** 3/15/2016

**COMPLAINANT(S):**

PETO, CATHERINE L.

859 CLIFFORD AVE. AKRON, OH 44306

**COMPLAINT(S):**

1. OFFICERS IMPROPERLY HANDLED COMPLAINANT'S CALL FOR SERVICE, REFERRED HER TO THE PROSECUTOR'S OFFICE AND FAILED TO MAKE AN ARREST

Found WITHDRAWN on 4/22/2016

**COMPLAINT#:** 15-C-091

**DATE:** 9/21/2015

**COMPLAINANT(S):**

RIDDICK, CHRISTINE

569 MULL AVE. AKRON, OH 44313

3305249162

**COMPLAINT(S):**

1. OFFICERS YELLED AT COMPLAINANT AND WERE DISRESPECTFUL TOWARD HER

Found EXONERATED on 9/15/2015

**COMPLAINT#:** 15-C-099

**DATE:** 8/22/2015

**COMPLAINANT(S):**

HUMPHREY, ROY A.

1296 HARMON AVE. AKRON, OH 44307

3303792112

**COMPLAINT(S):**

1. OFFICER WAS ABRASIVE AND RUDE TOWARD COMPLAINANT AND FAILED TO BE CORDIAL

Found UNFOUNDED on 9/18/2015

2. OFFICERS CITED COMPLAINANT FOR NOT HAVING A FRONT BRACKET

Found ADJUDICATED IN COURT on 9/18/2015

3. OFFICER WROTE COMPLAINANT A CITATION BECAUSE HE ASKED FOR HIS NAME

Found EXONERATED on 9/18/2015

**COMPLAINT#:** 15-C-019

**DATE:** 2/25/2015

**COMPLAINANT(S):**

RUMPH, ANTHONY D.

20641 BOWLING GREEN RD. MAPLE HEIGH

**COMPLAINT(S):**

1. OFFICERS USED RACIAL BIAS AGAINST COMPLAINANT TO HARRASS HIM, PULL HIM OVER AND ISSUE HIM A CITATION

Found EXONERATED on 4/1/2015

**DISCIPLINES**

**FILE REVIEWS**



# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

*Printed on: Tuesday, April 12, 2022*

---

---

### SHOTS FIRED

---

### AWARDS

---

### SPECIAL UNITS

2/9



# HIRE/PERSONNEL ACTION FORM

18822

LP

## Employee Information

Employee: [REDACTED]  
 Address 1: [REDACTED]  
 Address 2:  
 City: Warren State: Ohio Zip: 44485  
 Phone: [REDACTED]

## Hire Information

Person ID: [REDACTED]  
 Job Class #: 510S Job Class: Police Officer  
 Hire Date: 02/09/15 Pay Rate: \$0.00  
 Department: Public Safety Department  
 Division: Police Uniformed Division - 751  
 Hire Req. #: 2013-00242 Job Term: Permanent

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

Employee ID: [REDACTED]  
 Pay Grade and Step: 86-1  
 Appointment Actions: Employment  
 Change Actions:  
 Appointment Code: Permanent Full-Time  
 Probation New  
 Status Code: Active  
 List Code: Open  
 Position Number: 00001570  
 SSN (PERSONNEL DEPARTMENT USE ONLY): [REDACTED]

90 5-9-15  
 270 4-5-15  
 K-5

**Marital Status (PERSONNEL DEPARTMENT USE ONLY):**

Single

**Comments:** 10000-130100

---

**Approvers**

---

Division Manager	Nice, James	02/02/15 01:04 PM
Mayor	Plusquellic, Mayor	02/03/15 09:29 AM

EMPLOYEE ID NO.

**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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	CANTON, OH	44706

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
Yes No	CELL [REDACTED] HOME: [REDACTED]	1. Single 2. Married 3. Separated 4. Divorced 5. Widowed	[REDACTED]	MALE FEMALE

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent D-Some College E-Technical School	F-2- Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree	J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
MR. MRS. MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
WALTON, OH	[REDACTED]	1 Spouse 2 Child	3 Parent 4 Guardian 5 Other

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 16 JULY 2014

2013-O-2-510 - Police Officer

**Contact Information -- Person ID:** [REDACTED]

Name: [REDACTED] Address: [REDACTED] CANTON, Ohio 44706 US  
 Home Phone: [REDACTED] Alternate Phone:  
 Email: [REDACTED] Notification Preference: Email  
 Former Last Name: [REDACTED] Month and Day of Birth:

**Personal Information**

Driver's License: Yes, Ohio [REDACTED], Class D  
 Can you, after employment, submit proof of your legal right to work in the United States? Yes  
 What is your highest level of education? Some College

**Preferences**

Types of positions you will accept: Regular  
 Types of work you will accept: Full Time  
 Types of shifts you will accept: Day , Evening , Night , Rotating , Weekends

**Objective**

My objectives are to one day become a sucessfull Police Officer, that is both firm and fair, and does not discriminate against any citizen. My objective is to fulfill my passion to help others in need of a Police Officer, and everything in my power to provide a great and honorable service to citizens that I may come across.

**Education**

**High School** Did you graduate: Yes  
 Warren G Harding HS Degree Received: High School Diploma  
 8/2004 - 6/2008  
 Warren, Ohio

**Work Experience**

**HRF Logistic and Supply** Hours worked per week: 40  
 10/2011 - Present Monthly Salary: \$33,000.00  
 Name of Supervisor: SFC Troy P. Cihan - Readiness  
 Army National Guard 583rd Military Police NCO  
 Company May we contact this employer? Yes  
 5990 West Airport Dr  
 Canton, Ohio 44720  
 (614) 336-6738

**Duties**

Serve as a first responder and responded to chemical and biological, terrorist, domestic, or natural disaster. Serve as a security force and provide security at incident site for teams such as Decon and Search RECON while they perform their own mission.

**Military Police Officer**

11/2008 - Present Hours worked per week: 40  
 Monthly Salary: \$33,000.00  
 Name of Supervisor: SFC Troy P. Cihan - Readiness  
 583rd Military Police Company NCO  
 5990 West Airport Dr May we contact this employer? Yes  
 Canton, Ohio 44720  
 (314) 336-6817

**Duties**

Uphold the code of the UCMJ. To assist protect and defend this nation when called to respond.

**Intelligence Analyst**

7/2011 - 10/2011

Counter Drug Task Force  
 984 Keynote Circle  
 Brooklyn Heights, Ohio 44131-1828  
 (216) 739-3019

Hours worked per week: 40  
 Monthly Salary: \$33,000.00  
 # of Employees Supervised: 3  
 Name of Supervisor: SSG Lauren C. Pirchner - Team Leader  
 May we contact this employer? Yes

**Duties**

Provide analytical support to federal and local law enforcement and drug agencies using systems such as BCI, Lexis-Nexis, I2 etc.

**Reason for Leaving**

Budget Cuts

**Certificates and Licenses**

**Skills**

Office Skills  
 Typing:  
 Data Entry:

**Additional Information**

**References**

**Resume**

**Text Resume**

**Attachments**

Attachment	File Name	File Type	Created By
cert of residency Police	SCAN8178_000	Other	Kris Rininger

**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: 3

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

A: ██████████ Canton, OH 44706  
 Aug 2012 - Present

██████████ Warren, OH 44485



Jan 2005 - July 2012

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

A: [REDACTED]

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

A: No

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

A: No

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

A:

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

A: No

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

A:

10. Q: Conviction(s) of a crime is(are) not an automatic disqualification; however, certain convictions will disqualify you from consideration for certain positions. You will be fingerprinted prior to appointment and your complete conviction record reviewed. NOTE: Failure to disclose a conviction may be sufficient cause for disqualification or termination of employment. Have you ever been convicted of a felony?

A: No

**Supplemental Questions**

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

A: Yes

2. Q: Applicants must be between the ages of 21 and 31 at the time of the written examination. What is your full date of birth (MM/DD/YYYY)?

A: [REDACTED]

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

A: No

4. Q: Have you ever been convicted of the crime of Domestic Violence?

A: No

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

A: Yes

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

A: I consent

7. Q: In order to be awarded additional education credit for course work completed at an accredited college or university, you must submit a copy of your official transcripts or degree. Will you be submitting or attaching your college transcripts or copy of your degree? If yes, you must scan and attach a copy of your official transcripts or degree to your application, mail or hand deliver them to Suite 130, Citicenter Bldg., 146 S. High St, email them to [krininger@akronohio.gov](mailto:krininger@akronohio.gov), or submit them at the written examination.

A: No

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

A: No

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

A:

ACKNOWLEDGMENT OF CONDITIONAL JOB OFFER  
FOR THE POSITION OF POLICE OFFICER

Do not resign from your current job in anticipation of employment


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

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

OPOTA training and certification process must be successfully completed by or before September 7, 2014, unless otherwise agreed to.

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

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

Applicant's Initials: 

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

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

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

Sgt Allen Fite  
Akron Police Department Witness (Print)

all Fite  
Witness (Signature)

[REDACTED]  
Applicant (Print)

[REDACTED]  
Applicant (Signature)

[REDACTED]  
Address

CANTON, OH 44706

12 July 2014  
Date

**AGREEMENT**

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

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

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

[REDACTED]  
Applicant (Print)

[REDACTED]

16 July 2014  
Date

Sgt Allen Fite  
Witness (Print)

all of it 7/16/14  
Witness (Signature/Date)

[REDACTED]



## Authorization for Release of Information for Employment



As part of the employment process, the City of Akron, Ohio may obtain a consumer report and/or Investigative Consumer Report from an external Consumer Reporting Agency to be generated for employment, promotion, reassignment or retention as an employee. As an applicant or an employee, you are considered a "consumer" under the Fair Credit Reporting Act. The Fair Credit Reporting Act requires that we advise you that for the purposes of employment, a Consumer Report may be made which may include information about your character, general reputation, personal characteristics and/or mode of living. An investigative consumer report involves personal interviews with sources such as employers, associates, educators, etc. A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the City of Akron obtains about you. You also have other rights under the Fair Credit Reporting Act, a summary of which has been given to you. You can access this summary directly at: [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

### AUTHORIZATION AND RELEASE:

During the application process and at any time during any subsequent employment, I, [REDACTED], hereby authorize the City of Akron to obtain "consumer reports" and "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, the City of Akron or an agent acting on its behalf to procure information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education, employment and other experiences. This report may be compiled with information from but not limited to credit bureaus, court record repositories, military records, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, any public domain, insurance company, and any other source required to verify information that I have voluntarily supplied.

I understand that I may request, in writing and within a reasonable amount of time, a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, facsimile (fax), or copy form. Furthermore, if I am offered employment or am already employed by the City of Akron, I further authorize the City to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment.

[REDACTED] \_\_\_\_\_  
Applicant's Signature

16 July 2014  
Date

[REDACTED] \_\_\_\_\_  
Social Security Number



# Authorization for Release of Information for Employment



The following information is required by law enforcement agencies and other entities for accuracy in identification when checking records. It is confidential and will not be used for any other purpose.

*(Please Print Clearly)*

[REDACTED]		[REDACTED]		[REDACTED]	
Last Name		First Name		Middle Name	
Please list any alias you may have:					
[REDACTED]		CANTON		OH	
Address (include apartment number)		City		State	
[REDACTED]		OH		44706	
Driver's License Number		Issuing State		[REDACTED]	
Other License		Number		Issuing State	
Please list other states in which you have held a license:					
I understand that I must provide my date of birth in order to confirm my identity for purposes of completing an accurate background investigation. It is not provided to the hiring official for any purpose in connection with consideration of your application for employment.				Date of Birth: 05/26/1990 <del>07/16/2014</del> (MM/DD/YYYY)	

I acknowledge receipt of the FCRA CONSUMER RIGHTS NOTICE, "A Summary of Your Rights under the Fair Credit Reporting Act."

[REDACTED Signature]

16 July 2014  
Date





## APPLICATION AFFIDAVIT

I, [REDACTED] certify that as of 16 July 2014  
(Your name) (today's date)

all information on my application is updated and current, including my education and employment history, and my conviction record.

I further understand that false or incomplete statements shall be sufficient cause for disqualification or dismissal.

State of Ohio  
Summit County  
Sworn to and subscribed in my presence

[REDACTED] This 16 Day of July 2014

16 July 2014  
Date


Sandy Moss  
Notary Public/Examiner





**CITY OF AKRON  
ANTI-HARASSMENT/SEXUAL HARASSMENT POLICY  
ACKNOWLEDGEMENT FORM**

I hereby acknowledge that I have been provided a copy of "The City of Akron's Anti-Harassment/Sexual Harassment Policy (Executive Order #6-2009)." I further agree to read and follow the policy.

  
Print name



AKRON POLICE DEPARTMENT  
Department

16 JULY 2014  
Date



**Acknowledgement of Receipt of City and 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 that the City of Akron has provided you information about the City of Akron fraud hotline and email and 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 the City of Akron regarding the fraud reporting system operated by the City and the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

[Redacted Signature]

16 JULY 2014  
Date

[Redacted Name]

Print Name

POLICE OFFICER  
Title

AKRON POLICE DEPARTMENT  
Department

**CITY OF AKRON ETHICS ACKNOWLEDGEMENT  
FORM**

**ETHICS POLICY &  
OHIO ETHICS LAW AND RELATED STATUTES**

I hereby acknowledge the receipt of the *Ohio Ethics Law and Related Statutes* published by the Ohio Ethics Commission, dated February 2013, which contains Ohio Revised Code Chapter 102 and related statutes in Ohio Revised Code Section 2921. I understand that it is my responsibility to read and adhere to these provisions.

  
Employee Name (Print)

  
Employee Signature

16 July 2014  
Date

State of Ohio  
New Hire Reporting Form 7048

Effective October 1, 1997, all Ohio employers are required to report certain information about employees who have been newly hired, rehired, or have returned to work. Employers must either (1) complete this form, or (2) submit a copy of the employee's IRS W-4 form with the "other information section" completed on this form, or (3) submit the information by e-mail, electronic tape or floppy diskette. *Call 1-888-872-1490 to obtain information on submitting new hire reports electronically.* Reports must be made within 20 calendar days of date of hire.

To ensure accuracy, please print (or type) neatly in upper-case letters and numbers using a dark ballpoint pen.

MANDATORY INFORMATION

**EMPLOYEE INFORMATION:**

Social Security Number: [REDACTED]  
State of Hire: Ohio

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

Address 1: [REDACTED] CANTON, OH 44706

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

City/State/Zip: CANTON / OH / 44706

Employee Date of Hire: 2/9/2015      Date of Birth: 05/26/1990

**EMPLOYER INFORMATION:**

Employer Federal EIN: 34-6000020

Employer Name: City of Akron

Payroll Address: Citicenter Building Suite 110, 146 South High Street

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

City/State/Zip: Akron, Ohio 44308

**REPORTS WILL NOT BE PROCESSED WITHOUT MANDATORY INFORMATION**

Send Reports to:  
Ohio New Hire Reporting Program  
P.O. Box 15309  
Columbus, Ohio 43215-0309  
Fax: (614) 221-7088 or (888) 872-1611



Products Review/Retrieve Reports Utilities Customer Support New Settings Logout

### Ohio Driving Records Detail

SSN: [REDACTED]

Date/Time Searched: 02/03/2015 09:59 AM

#### Record Detail

Name	[REDACTED]	License #	[REDACTED]	Deceased	
DOB	[REDACTED]	Age		Weight	[REDACTED]
SSN	[REDACTED]	Height	[REDACTED]	Eyes	[REDACTED]
Gender	MALE	Hair	[REDACTED]	AKA	
Race		County		Type	
As Of	N/A				
Address	[REDACTED] CANTON, OH 44706-5161				

Orig Issue Date Non-Res Military State

#### License and Permit Information

License #	[REDACTED]	License Type	Status	VALID	
Status Date	02/03/2015	Issue Date	09/06/2012	Expire Date	05/26/2015
Class	OPERATOR	Class Description	N/A	CDL Status	
Commercial DL		CDL Disqualified		Probation	
Limited Priv		Cond Rest		Org Issue Date	
Endorsements	NONE				
Restrictions	NONE				
Total Points					

#### Driving Record Detail

##### CONVICTION DETAILS

Record Type	IN-STATE CONVICTION		
Modified Date			
State	County		
Court Case #	[REDACTED]	Court Name	WARREN MUNICIPAL COURT
Offense Details	OPERATING UNSAFE VEHICLE	Offense Date	11/12/2014
Convicted Date	11/21/2014	Accident Date	
Suspended Start		Suspended End	
FRA Start		FRA End	
Points Assessed	00	BMV Case #	
Conviction Details		Withdrawal Details	
Posted Speed		Actual Speed	

##### CONVICTION DETAILS

Record Type	IN-STATE CONVICTION		
Modified Date			
State	County		
Court Case #	[REDACTED]	Court Name	NORTH OLMSTED MAYOR CRT
Offense Details	EQUIPMENT MISUSE	Offense Date	08/30/2014
Convicted Date	09/10/2014	Accident Date	
Suspended Start		Suspended End	
FRA Start		FRA End	
Points Assessed	00	BMV Case #	
Conviction Details		Withdrawal Details	
Posted Speed		Actual Speed	

##### CONVICTION DETAILS

Record Type	IN-STATE CONVICTION		
Modified Date			
State	County		
Court Case #	[REDACTED]	Court Name	CANTON MUNICIPAL COURT
Offense Details	SPEED 4511.21D	Offense Date	11/22/2013
Convicted Date	12/06/2013	Accident Date	

Suspended Start		Suspended End	
FRA Start		FRA End	
Points Assessed	02	BMV Case #	
Conviction Details		Withdrawal Details	
Posted Speed	55	Actual Speed	077

**CONVICTION DETAILS**

Record Type IN-STATE CONVICTION  
Modified Date

State		County	
Court Case #	[REDACTED]	Court Name	ROCKY RIVER MUNI COURT
Offense Details	SPEED	Offense Date	05/14/2012
Convicted Date	05/30/2012	Accident Date	
Suspended Start		Suspended End	
FRA Start		FRA End	
Points Assessed	02	BMV Case #	
Conviction Details		Withdrawal Details	
Posted Speed	60	Actual Speed	082

**CONVICTION DETAILS**

Record Type IN-STATE CONVICTION  
Modified Date

State		County	
Court Case #	[REDACTED]	Court Name	BROOK PARK MAYORS COURT
Offense Details	SPEED	Offense Date	01/30/2012
Convicted Date	02/24/2012	Accident Date	
Suspended Start		Suspended End	
FRA Start		FRA End	
Points Assessed	02	BMV Case #	
Conviction Details		Withdrawal Details	
Posted Speed	60	Actual Speed	081

**MESSAGE**

END OF DRIVER RECORDS

*OPENonline cannot warrant or guarantee the accuracy or completeness of data. By accepting this transmission, users certify that they are in compliance with the FCRA and any other applicable federal, state and local laws. Users are responsible for the proper use of this account as stated in the notification of use and the Terms of Service Agreement. Any violation is grounds for termination and submission to the FTC or other appropriate agency.*

Copyright © 2008 - 2015 OPENonline LLC. All rights reserved. Use of this website signifies your agreement to the Terms of Service Agreement and Online Privacy Policy.

A13

## EMPLOYMENT TRANSACTIONS AND LEAVE REPORT CITY OF AKRON, OHIO

EMPLID or SSN [REDACTED]	Last Name [REDACTED]	First Name [REDACTED]	Initial
-----------------------------	-------------------------	--------------------------	---------

Effective Date <b>03/30/15</b>	Division Number <b>751</b>	Hours
-----------------------------------	-------------------------------	-------

PLEASE REFER TO YOUR MANUAL FOR DEFINITIONS, PROCEDURES ON COMPLETING THIS FORM AND INSTRUCTIONS CONCERNING ACTIONS WHICH REQUIRE ADDITIONAL AUTHORIZING DOCUMENTS

<b>A APPOINTMENT ACTIONS</b> 01 <input type="checkbox"/> EMPLOYMENT 02 <input type="checkbox"/> EMPLOYMENT RESTORATION 03 <input type="checkbox"/> REEMPLOYMENT 04 <input type="checkbox"/> MILITARY RESTORATION 05 <input type="checkbox"/> RETURN FROM LEAVE WITHOUT PAY 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> <b>B SEPARATION ACTIONS</b> 09 <input type="checkbox"/> RESIGNATION 10 <input type="checkbox"/> RESIGNATION BAD STANDING 11 <input type="checkbox"/> LAYOFF-PERMANENT 12 <input type="checkbox"/> LAYOFF-NONPERMANENT 13 <input type="checkbox"/> PROBATIONARY SEPARATION 14 <input type="checkbox"/> DISABILITY SEPARATION 15 <input type="checkbox"/> MILITARY SEPARATION 16 <input type="checkbox"/> RETIREMENT-VOLUNTARY 17 <input type="checkbox"/> RETIREMENT-DISABILITY 18 <input type="checkbox"/> RETIREMENT-MANDATORY 19 <input type="checkbox"/> DEATH 20 <input type="checkbox"/> DISMISSAL 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/>	<b>C CORRECTION ACTION</b> 24 <input type="checkbox"/> CHANGE PREVIOUS ACTION <b>D CHANGE ACTIONS</b> 25 <input type="checkbox"/> PROMOTION 26 <input type="checkbox"/> DEMOTION-VOLUNTARY 27 <input type="checkbox"/> DEMOTION-DISCIPLINARY 28 <input type="checkbox"/> DEMOTION-FAILED PROBATION 29 <input type="checkbox"/> DEMOTION-IN LIEU OF LAYOFF 30 <input type="checkbox"/> TRANSFER - POSITION 31 <input type="checkbox"/> TRANSFER - DIVISION 32 <input type="checkbox"/> TRANSFER - CLASS 33 <input type="checkbox"/> SERVICE RATING INCREASE 34 <input type="checkbox"/> REALLOCATION 35 <input type="checkbox"/> CHANGE APPOINTMENT CODE 36 <input type="checkbox"/> CHANGE STATUS CODE 37 <input type="checkbox"/> CHANGE SRI DATE 38 <input type="checkbox"/> CHANGE SERVICE DATE 39 <input type="checkbox"/> TEMPORARY CLASS CHANGE 40 <input type="checkbox"/> PAY CHANGE CODE 41 <input type="checkbox"/> SPECIAL PROGRAM PROMOTION 42 <input type="checkbox"/> SPECIAL EMPLOYMENT APPOINTMENT 43 <input type="checkbox"/> RETURN TO FORMER POSITION 44 <input type="checkbox"/> CHANGE FF CODE	<b>E PAID ABSENCE</b> 45 <input type="checkbox"/> SICK LEAVE 46 <input type="checkbox"/> ANNUAL LEAVE 47 <input type="checkbox"/> ANNUAL LEAVE PREPAID 48 <input type="checkbox"/> TERMINAL LEAVE SICK 49 <input type="checkbox"/> TERMINAL LEAVE ANNUAL 50 <input type="checkbox"/> INJURY LEAVE 51 <input type="checkbox"/> JURY LEAVE 52 <input type="checkbox"/> COURT LEAVE 53 <input type="checkbox"/> MILITARY RES. TRAINING LEAVE 54 <input type="checkbox"/> PERSONAL DAY 55 <input type="checkbox"/> TERMINAL PAID LEAVE 56 <input type="checkbox"/> <b>F UNPAID ABSENCE</b> 57 <input type="checkbox"/> SICK LEAVE WITHOUT PAY 58 <input type="checkbox"/> PERSONAL LEAVE W/O PAY 59 <input type="checkbox"/> 60 <input type="checkbox"/> WORKERS' COMPENSATION 61 <input type="checkbox"/> SUSPENSION 62 <input type="checkbox"/> ABSENCE WITHOUT LEAVE* 63 <input type="checkbox"/> ABSENCE NO REPORT* 64 <input type="checkbox"/> 65 <input type="checkbox"/> <b>G CORRECT LEAVE HOURS</b> 66 <input type="checkbox"/> ADD TO SICK LEAVE BALANCE 67 <input type="checkbox"/> ADD TO ANNUAL LEAVE BALANCE 68 <input type="checkbox"/> ADD TO PAID LEAVE 69 <input type="checkbox"/> DEDUCT PAID LEAVE
--	---	---

<b>H APPOINTMENT CODE</b>			
01 <input type="checkbox"/> PERMANENT FULL-TIME PROBATION NEW	07 <input type="checkbox"/> SEASONAL PART-TIME	13 <input type="checkbox"/> PROBATIONARY	
02 <input checked="" type="checkbox"/> PERMANENT FULL-TIME	08 <input type="checkbox"/> TEMPORARY FULL-TIME	14 <input type="checkbox"/>	
03 <input type="checkbox"/> PERMANENT PART-TIME PROBATION NEW	09 <input type="checkbox"/> TEMPORARY PART-TIME	15 <input type="checkbox"/>	
04 <input type="checkbox"/> PERMANENT PART-TIME	10 <input type="checkbox"/> PROVISIONAL	16 <input type="checkbox"/>	
05 <input type="checkbox"/> PERMANENT-NO LEAVE ACCUM.	11 <input type="checkbox"/> UNCLASSIFIED	17 <input type="checkbox"/>	
06 <input type="checkbox"/> SEASONAL FULL-TIME	12 <input type="checkbox"/> CO-OP	18 <input type="checkbox"/>	

**\*EXPLANATION REQUIRED**  
 Officer Finished Training Effective 03/30/15.  
 From: 86/1 to 80/3

<b>L PAID LEAVE PROGRAM</b>	
70 <input type="checkbox"/>	
71 <input type="checkbox"/> PRE-APPROVED-ANNUAL	
72 <input type="checkbox"/> PRE-APPROVED SICK LEAVE	
73 <input type="checkbox"/> PRE-APPROVED-*	
74 <input type="checkbox"/> PAID LEAVE SICK	
75 <input type="checkbox"/> PAID LEAVE-*	
76 <input type="checkbox"/> PREPAID PREAPPROVED ANNUAL	
77 <input type="checkbox"/>	

<b>J STATUS CODE</b>	<b>K LIST CODE</b>
01 <input type="checkbox"/> ACTIVE	01 <input type="checkbox"/> OPEN
02 <input type="checkbox"/> INACTIVE	02 <input type="checkbox"/> PROMOTIONAL
03 <input type="checkbox"/>	03 <input type="checkbox"/> NONE
04 <input type="checkbox"/>	

**PAID LEAVE APPROVAL**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. / P.M.

Prepared By WENDY LESLIE	Title ADMINISTRATIVE ASSISTANT II	Date 03/24/15
Approved By <i>James D. Nye</i>	Title CHIEF OF POLICE	Date 03/24/15
Approved By	Title	Date



2/9/2015

### OFFER PROCESSING CHECKLIST

Name: [REDACTED]		Job Title: Police Officer
Employment Status: <input checked="" type="checkbox"/> Permanent FT <input type="checkbox"/> Permanent PT <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		
Hiring Dept.: Public Safety	Contact: Chief Nice	Date of Selection: 5/16/14.

	DATE	INITIAL	COMMENTS
<b>PRE-EMPLOYMENT:</b>			
<input checked="" type="checkbox"/> Conditional Job Offer	7-16-14	DM	Given by Police at interview. File with paperwork.
<input checked="" type="checkbox"/> PCRA Release			
<input checked="" type="checkbox"/> Application Affidavit			
<input checked="" type="checkbox"/> Federal I-9 Form	8/11/14	JC	will bring in doc.
<input checked="" type="checkbox"/> Anti-Harassment Acknowledgement			
<input checked="" type="checkbox"/> Executive Order #3-89			
<input checked="" type="checkbox"/> Policy on Alcohol Use/Possession			
<input checked="" type="checkbox"/> Fraud-Reporting system information			
<input checked="" type="checkbox"/> Ethics Acknowledgement Form			
<input checked="" type="checkbox"/> Ohio Form 7048			
<input checked="" type="checkbox"/> Tax Forms			
<input checked="" type="checkbox"/> Health Ins Mrkpl Acknowledgement			
<input checked="" type="checkbox"/> Auth. for Automatic Deposit	8/11/14	JC	will bring in doc.
<input checked="" type="checkbox"/> Set-up Information Form	7-16-14	DM	
<input type="checkbox"/> National WebCheck Release	2013		Completed after fitness test
<input checked="" type="checkbox"/> BWC HIPAA Release	7-16-14	DM	mailed 5/17/14
<input checked="" type="checkbox"/> Drivers' License Points	2/3/15	JC	valid - 6pts - 4pts in 2012
<input type="checkbox"/> ID Photograph			

	DATE	INITIAL	COMMENTS
<b>MEDICAL EXAMINATION:</b>			
<input checked="" type="checkbox"/> Medical Exam Scheduled			7-30-14 at 10:00 starts 28/14
<input checked="" type="checkbox"/> Medical Results Returned	8/19/14	KR	
<input checked="" type="checkbox"/> Medical Exam Reviewed			recommended
<input checked="" type="checkbox"/> Worker's Comp History	7/29/14	KR	[REDACTED]

<b>DRUG SCREEN:</b>			
<input checked="" type="checkbox"/> Drug Screen Data base reviewed	11/2/15	KR	O.K.

	DATE	INITIAL	COMMENTS
<b>PSYCHOLOGICAL EVALUATION:</b>			
<input checked="" type="checkbox"/> Psychological Release Form	7-16-14	DM	scheduled 7-18-3:00
<input checked="" type="checkbox"/> SPA Instruction Forms (2)	7-16-14	DM	e-mailed 5/17/14
<input type="checkbox"/> Additional Record Release Form	N/A		If candidate answers yes to questions on SPA Instruction form, this release must be completed.
<input checked="" type="checkbox"/> Psychological Exam Scheduled			
<input checked="" type="checkbox"/> Psych. Exam Results Returned	8/4/14	KR	
<input checked="" type="checkbox"/> Psych. Exam Reviewed			recommended

<b>APPROVAL:</b>			
<input checked="" type="checkbox"/> Approval Slip Completed	2/6/15	JC	
<input type="checkbox"/> Approval E-mailed to Hiring Dept.			
<input type="checkbox"/> Employee Records Set-up			
<input type="checkbox"/> ID Badge Delivered			



# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]	DIVISION POLICE	CLASS TITLE POLICE OFFICER
EVALUATION FROM 2/9/15 TO 5/9/15	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 6/9/15

PLEASE USE #2 PENCIL

E M P L O Y E E  I D	[REDACTED]	TYPE OF EVALUATION				E V A L U A T O R I D	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
		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														
		[REDACTED]	[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]														

ITEMS	MO: [REDACTED]	FACTORS	YR: [REDACTED]																																								
<p>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</p> <p><input checked="" type="checkbox"/> = STRONG</p> <p><input checked="" type="checkbox"/> = STANDARD</p> <p><input type="checkbox"/> = WEAK</p>	<p>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</p>	<p>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.</p>	<p>60 = UNSATISFACTORY</p> <p>70 = IMPROVEMENT NEEDED</p> <p>80 = SATISFACTORY</p> <p>90 = VERY GOOD</p> <p>95 = OUTSTANDING</p>																																								
<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 type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION <input 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	<p>QUALITY OF WORK</p> <p>EVALUATOR 1</p> <p>EVALUATOR 2</p> <p>QUANTITY OF WORK</p> <p>EVALUATOR 1</p> <p>EVALUATOR 2</p> <p>ATTENDANCE</p> <p>EVALUATOR 1</p> <p>EVALUATOR 2</p> <p>WORK HABITS</p> <p>EVALUATOR 1</p> <p>EVALUATOR 2</p> <p>RELATIONSHIP WITH OTHERS</p> <p>EVALUATOR 1</p> <p>EVALUATOR 2</p> <p>SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)</p> <p>EVALUATOR 1</p> <p>EVALUATOR 2</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>60</td> <td>70</td> <td>80</td> <td>90</td> <td>95</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">●</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">●</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">●</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> </table>	60	70	80	90	95	○	○	●	○	○	○	○	●	○	○	○	○	●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
60	70	80	90	95																																							
○	○	●	○	○																																							
○	○	●	○	○																																							
○	○	●	○	○																																							
○	○	○	○	○																																							
○	○	○	○	○																																							
○	○	○	○	○																																							
○	○	○	○	○																																							

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

OFFICER [REDACTED] IS PROGRESSING WELL TO THIS POINT IN HIS PROBATIONARY PERIOD. HE HAD NO CALLOFFS DURING THIS TIME.

5. SIGNATURE OF EVALUATOR

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

[Signature] 12061 5-9-15 [Signature] 835/12672 5-2015  
EVALUATOR 1 SIGNATURE      EMPLOYEE ID #      DATE      EVALUATOR 2 SIGNATURE      EMPLOYEE ID #      DATE

<p>6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY</p> <p>[Signature] 771 5-21-15  <small>SIGNATURE OF REVIEWER      EMPLOYEE ID #      DATE</small></p>	<p>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</p> <p>[Signature] [REDACTED]  <small>SIGNATURE OF DEPARTMENT HEAD      DATE</small></p>
---	--

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE

[Signature] 1119 6-7-15

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

[Signature] 6/7/15  
DATE

EMPLOYEE NAME [REDACTED]	DIVISION POLICE	CLASS TITLE POLICE OFFICER
EVALUATION FROM 2/9/15 TO 11/5/15	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 12/5/15

PLEASE USE #2 PENCIL

EMPLOYEE ID  
[REDACTED]

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

EVALUATOR ID 1 0 4 4 9	60	70	80	90	95
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<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> <input type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION	<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															
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION	<b>QUALITY OF WORK</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<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	<b>QUANTITY OF WORK</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> 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	<b>ATTENDANCE</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<b>WORK HABITS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	<b>RELATIONSHIP WITH OTHERS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
		<b>SUPERVISORY SKILLS</b> (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

**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.

Off. [REDACTED] HAS SATISFACTORILY COMPLETED HIS PROBATIONARY PERIOD. HE HAS NOT CALLED OFF.

**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 #: 10449 DATE: 11/4/2015  
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12622 DATE: 11-5-15

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 771 DATE: 11-3-15

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

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

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] DATE: 11/3/2015

SIGNATURE AND DATE: [Signature] 11/3/15

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

SIGNATURE AND DATE: [REDACTED] 11/5/15

Personal Information Form

1/10/15

The Chief's Office is updating database files on sworn, civilian and safety communications employees as well as Reserve Officers. The required information is **bolded**. All other information is optional. Cross off any information listed below that is incorrect and neatly print the correct information on the line provided.

Rule and Regulation 600.01: Officers/employees of the Police Division are required to have a telephone at their place of residence, and shall submit a report of their address and telephone number to their commanding officer.

- a. All changes of address or telephone number shall be reported to the officer's/employee's commanding officer within twenty-four (24) hours after such change.
- b. This rule shall be complied with by all officers/employees of the Police Division whether such officer/employee is working or on leave.

This signed form is due in the Chief's Office by Monday, September 14, 2015.

ID# [redacted] Badge# [redacted] DB Badge# \_\_\_\_\_

Last: [redacted] \_\_\_\_\_

First: [redacted] \_\_\_\_\_

Middle: [redacted] \_\_\_\_\_

Address [redacted] [redacted] \_\_\_\_\_

City: ~~WARREN~~ N. Canton Zip: ~~44485~~ 44720

Phone #1: [redacted] \_\_\_\_\_

Phone #2: \_\_\_\_\_

Spouse/Significant Other: \_\_\_\_\_

College Degree(s): *Example – B.S. in Political Science; Assoc. in Criminal Justice*

\_\_\_\_\_

**Emergency Contact Information:**

Name: [redacted] \_\_\_\_\_

Relationship: Mother \_\_\_\_\_

Phone #1: [redacted] Phone #2: \_\_\_\_\_

Employee's Signature: [redacted] Date: 3 SEP 15

Supervisor's Signature: [Signature] 835

1119

EMPLOYEE ID NO.
[REDACTED]

## 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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	NORTH CANTON, OH	44720

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
Yes No	CELL: [REDACTED] HOME:	1. Single 2. Married 3. Separated 4. Divorced 5. Widowed	[REDACTED]	MALE FEMALE

Education (Circle response below)		
B-Less Than HS Graduate C-HS Graduate or Equivalent D-Some College E-Technical School	F-2-Year College Degree G-Bachelor's Level Degree H-Some Graduate School I-Master's Level Degree	J-Doctorate (Academic) K-Doctorate (Professional) L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
MR. MRS. MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code
WILLOW, OH	[REDACTED]	1 Spouse 2 Child 3 Parent 4 Guardian 5 Other

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 result in my suspension or dismissal.

SIGNATURE:

[REDACTED SIGNATURE]

DATE 15 JAN 2016

EMPLOYEE ID NO.
[REDACTED]

CITY OF AKRON  
EMPLOYEE RECORDS

## SETUP & CHANGE PERSONAL INFORMATION

FORM NO. TK001 (April/2008)

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

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	W. Lakewood Akron, OH	44720

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
<input checked="" type="radio"/> Yes <input type="radio"/> No	CELL: [REDACTED] HOME: [REDACTED]	<input checked="" type="radio"/> 1. Single <input type="radio"/> 2. Married <input type="radio"/> 3. Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE

Education (Circle response below)		
B-Less Than HS Graduate	F-2- Year College Degree	J-Doctorate (Academic)
C-HS Graduate or Equivalent	G-Bachelor's Level Degree	K-Doctorate (Professional)
<input checked="" type="radio"/> D-Some College	H-Some Graduate School	L-Post-Doctorate
E-Technical School	I-Master's Level Degree	

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
<input checked="" type="radio"/> MR. <input checked="" type="radio"/> MRS. <input type="radio"/> MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
Lakewood, OH	[REDACTED]	1 Spouse 2 Child	<input checked="" type="radio"/> 3 Parent 4 Guardian 5 Other

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

SIGNATURE: [REDACTED]

DATE: 12 Feb 2010

# CITY OF AKRON, OHIO

DEPARTMENT  
UNIFORM SUB-DIVISION

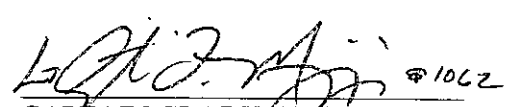
February 24, 2016


OFFICER [REDACTED]  
I.D. # [REDACTED]

Your actions on January 19, 2016, whereby you failed to appear for a scheduled court appearance, caused you to violate the following rule/procedure of the Akron Police Department:

**RULE 900.01:** Attendance at a court, quasi-judicial hearing, or deposition, as required by subpoena or other official notice is an official duty assignment and shall be carried out. Where there is sufficient reason, permission to omit this duty must be obtained from the attorney serving the subpoena or other official notice, prior to the hearing.

For violation of Rule 900.01 you are hereby ordered to forfeit four (4) hours of accumulated time. This may be reflected in your next service rating

  
 CAPTAIN CLARK WESTFALL  
 SHIFT COMMANDER

  
 JAMES D. NICE  
 CHIEF OF POLICE

I ACCEPT THE ABOVE DISCIPLINARY ACTION.

[REDACTED]

29 FEB 2016  
DATE

  
F.O.P. REPRESENTATIVE

1289 2/29/16  
DATE

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 10/1/15	TO 3/31/16	MERIT INCREASE DATE 2/9/17	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 4/30/16

EMPLOYEE ID  
[REDACTED]

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

PLEASE USE #2 PENCIL

EVALUATOR 1 ID  
[REDACTED]

ITEMS MO: [0] [1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11] [12]	FACTORS YR: [0] [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 BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.</b>	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING															
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	<b>QUALITY OF WORK</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<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	<b>ATTENDANCE</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK	<b>WORK HABITS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<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 checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	<b>RELATIONSHIP WITH OTHERS</b> EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	<b>SUPERVISORY SKILLS</b> (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	70	80	90	95														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

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

Officer [REDACTED] is assigned to very busy districts; working both North Hill and the east side of the city. He is progressing as a young officer is expected to be. He answers a high volume of calls both dispatched and self-initiated. Officer [REDACTED] had no call-offs during this grading period.

**5. SIGNATURE OF EVALUATOR**

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

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 10791 DATE: 4/16/16  
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10449 DATE: 4/17/2016

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 711 DATE: 4-27-16

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: [Signature] DATE: [Blank]

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE: [Signature] 4/28/16

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

[REDACTED]

DATE: 4/27/2016

EMPLOYEE ID NO.
[REDACTED]

2016 MAY 10 AM 9:59  
 AKRON POLICE DEPT.  
 HR/PT OFFICE

### 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.

Social Security Number	Last Name	First Name	Middle Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

New Social Security Number (if applicable)	New Last Name	New First Name	New Middle Name

Street Address	City and State	Zip Code
[REDACTED]	CANTON, OH	44718

Resident (Circle response below)	Phone Number (complete the information below)	Marital Status (Circle response below)	Birth Date	Gender (Circle response below)
<input checked="" type="radio"/> Yes <input type="radio"/> No	CELL: [REDACTED] HOME:	<input checked="" type="radio"/> 1. Single <input type="radio"/> 2. Married <input type="radio"/> 3. Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Widowed	[REDACTED]	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE

Education (Circle response below)		
<input type="radio"/> B-Less Than HS Graduate <input type="radio"/> C-HS Graduate or Equivalent <input checked="" type="radio"/> D-Some College <input type="radio"/> E-Technical School	<input type="radio"/> F-2- Year College Degree <input type="radio"/> G-Bachelor's Level Degree <input type="radio"/> H-Some Graduate School <input type="radio"/> I-Master's Level Degree	<input type="radio"/> J-Doctorate (Academic) <input type="radio"/> K-Doctorate (Professional) <input type="radio"/> L-Post-Doctorate

Emergency Contact Information				
Title	Last Name	First Name	Middle Name	Street Address
<input checked="" type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS.	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

City and State	Phone Number	Relationship Code	
Warren, OH	[REDACTED]	<input type="radio"/> 1 Spouse <input type="radio"/> 2 Child <input checked="" type="radio"/> 3 Parent <input type="radio"/> 4 Guardian <input type="radio"/> 5 Other	3

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]

2575 ...  
 5070922 ...

DATE 5/4/2016



# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME ██████████	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 12/1/15 TO 9/30/16	MERIT INCREASE DATE 2/9/17	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/16

PLEASE USE #2 PENCIL

EMPLOYEE ID ██████████	TYPE OF EVALUATION				EVALUATOR ID 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
	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
	6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY		

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																																																																															
<b>1. MARK PERFORMANCE.</b> IN 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 type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION	<b>3. EVALUATE PERFORMANCE BY</b> 60 = UNSATISFACTORY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT. 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING																																																																														
<input checked="" type="checkbox"/> ACCURACY <input type="checkbox"/> THOROUGHNESS <input type="checkbox"/> NEATNESS OF WORK PRODUCT	<input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	<input 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 type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL																																																																														
<input type="checkbox"/> INITIATIVE <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input 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>4. COMMENT</b> 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.		<table border="1"> <thead> <tr> <th></th> <th>60</th> <th>70</th> <th>80</th> <th>90</th> <th>95</th> </tr> </thead> <tbody> <tr> <td>QUALITY OF WORK</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>QUANTITY OF WORK</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ATTENDANCE</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WORK HABITS</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RELATIONSHIP WITH OTHERS</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)</td> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		60	70	80	90	95	QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORK HABITS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	60	70	80	90	95																																																																											
QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
WORK HABITS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											

Officer ██████ has done well this evaluation period. He and his partner are very proactive officers evidenced by the 208 traffic stops, 125 "9" stops, 28 Park and Walks, and 51 CIP's. Officer ██████ went to and successfully completed training for "Non-Lethal Weapons Instructor" at the National Guard, including TASER Instructor. He had an accident in a cruiser that was preventable. Officer ██████ did not call off this evaluation period. *OFFICER ██████ IS REGULAR IN ATTENDANCE. HE TAKES PRIDE IN HIS JOB. 11/15*

**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: *Steve J. Fyfe* 1138  
 EMPLOYEE ID #: 10-2546  
 DATE: 10-25-16  
 EVALUATOR 2 SIGNATURE: *Carol...* 10699  
 EMPLOYEE ID #: 10-2516  
 DATE: 10-25-16

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

SIGNATURE OF REVIEWER: *Mark...* 771  
 EMPLOYEE ID #: 10/26/16  
 DATE: 10/27/16

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

AUTHORIZED REPRESENTATIVE: *...*  
 DATE: 10/27/16

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY

SIGNATURE: *...* 1145  
 AND DATE: 10/27/16

TO THE EMPLOYEE SHOWS THAT YOU OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE.

SIGNATURE AND DATE: *...* 10/27/16

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME <b>[REDACTED]</b>	DIVISION Police	CLASS TITLE Police Officer
EVALUATION FROM 10/1/16 TO 9/30/17	MERIT INCREASE DATE 1-1-18	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 1/30/17

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

ITEMS	MO: 1 2 3 4 5 6 7 8 9 10 11 12	FACTORS	YR: 1 2 3 4 5 6 7 8 9 10 11 12
1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH: <input checked="" type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED	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

			60	70	80	90	95
<input checked="" type="checkbox"/> ACCURACY	<input type="checkbox"/> JUDGEMENT	QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> THOROUGHNESS	<input checked="" type="checkbox"/> WRITTEN EXPRESSION	QUALITY OF WORK	EVALUATOR 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input type="checkbox"/> ORAL EXPRESSION	QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED		QUANTITY OF WORK	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> ADHERENCE TO WORKING HOURS	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE		ATTENDANCE	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> DILIGENCE, EFFORT	<input type="checkbox"/> INITIATIVE	WORK HABITS	EVALUATOR 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL	WORK HABITS	EVALUATOR 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input type="checkbox"/> ORGANIZATION OF WORK	RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC	RELATIONSHIP WITH OTHERS	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input type="checkbox"/> PERSONAL APPEARANCE & CARE	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING	<input type="checkbox"/> EVALUATING PERFORMANCE	SUPERVISORY SKILLS	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TRAINING & INSTRUCTING	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP						
<input type="checkbox"/> DISCIPLINARY CONTROL							

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

Officer [REDACTED] did an outstanding job conducting himself internally with regards to supervision and colleagues, and exceeds the standard in personal appearance and self-care. He called off only once, and has continued his reputation for embracing the proactive style of policing as evidenced by handling 1,358 total calls including 136 Sig-9 stops and 209 Sig-39s. His work habits were downgraded from being disciplined for violating procedure during a chase and for missing court appearances.

5. SIGNATURE OF EVALUATOR

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

*[Signature]* 17665 4/12/2017 *[Signature]* 1102/10757 4/19/17

EVALUATOR 1 SIGNATURE EMPLOYEE ID # DATE EVALUATOR 2 SIGNATURE EMPLOYEE ID # DATE

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

*[Signature]* 771 5-1-17

SIGNATURE OF REVIEWER EMPLOYEE ID # DATE

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

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY SIGNATURE AND DATE *[Signature]* 71321 5/2/17

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

\_\_\_\_\_  
DATE



## CITY OF AKRON EMPLOYMENT TRANSACTION FORM

*Form to be completed by Payroll Clerk*

Employee ID #: [REDACTED]  
Employee Name: [REDACTED]  
Department/Division: 751 - Police Uniformed  
Effective date: October 2, 2017

### Change Actions

- |   |  |
|---|--|
| <input type="checkbox"/> Change service rating increase date              | <input type="checkbox"/> Reallocation - contact Employee Records                               |
| <input type="checkbox"/> Change service date                              | <input type="checkbox"/> Return from leave without pay    Number of days on unpaid leave _____ |
| <input type="checkbox"/> End of Provisional appointment                   | <input type="checkbox"/> Service Rating Increase    Pay Range _____ Pay Step _____             |
| <input type="checkbox"/> No leave accumulation    Unpaid leave type _____ | <input type="checkbox"/> Other _____    Prior Hourly _____ New Hourly _____                    |

### Leave Actions

- |   |   |
|---|---|
| <input type="checkbox"/> Absence without Leave (AWOL)     | <input type="checkbox"/> Suspension                               |
| <input type="checkbox"/> Administrative Leave without Pay | <input checked="" type="checkbox"/> Administrative Leave with Pay |

### Appointment Actions - to be used for Unclassified positions only

- |  |                                    |                  |                                 |
|--|------------------------------------|------------------|---------------------------------|
| <input type="checkbox"/> New hire      | <input type="checkbox"/> Promotion | Position # _____ | Fund/Account Code _____         |
| <input type="checkbox"/> Re-employment | <input type="checkbox"/> Transfer  | Pay Range _____  | Pay Step _____ Class Code _____ |

### Separation Actions - attach resignation letter/documentation

- |  |  |
|--|--|
| <input type="checkbox"/> Resignation - Good standing | <input type="checkbox"/> Retirement            |
| <input type="checkbox"/> Resignation - Bad standing  | <input type="checkbox"/> Disability Retirement |
| <input type="checkbox"/> Lay off                     | <input type="checkbox"/> Death                 |
| <input type="checkbox"/> Separation                  | <input type="checkbox"/> Discharge             |
| <input type="checkbox"/> Medical Separation          | <input type="checkbox"/> Other _____           |

Last day of compensation: \_\_\_\_\_

Additional comments:

**Upon separation of employment, list all leave hour accumulation including the following:**

Vacation _____	Bonus Sick Leave _____	Paid Leave _____
Vacation Next Year _____	Compensatory Time _____	Frozen Paid Leave _____
Sick Leave _____	Old Compensatory Time _____	Other please specify: _____
Frozen Sick Leave _____	Banked Vacation _____	

CITY OF AKRON  
EMPLOYEE RECORDS  
2017 OCT 11 AM 8:17

Prepared by: Wendy Leslie Title: Administrative Assistant III Date: Oct 3, 2017  
Manager/Supervisor Signature: *K Ball* Employee ID #: 883/10704 Date: Oct 3, 2017

*Please submit completed original form to Employee Records*

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION [REDACTED]	CLASS TITLE [REDACTED]
EVALUATION FROM [REDACTED] TO [REDACTED]		MERIT INCREASE DATE [REDACTED]	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY [REDACTED]

PLEASE USE #2 PENCIL

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

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.</b> IN ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	<b>2. LINE OUT ITEMS</b> WHICH ARE NOT JOB-RELATED <input type="checkbox"/> ACCURACY <input type="checkbox"/> THOROUGHNESS <input type="checkbox"/> NEATNESS OF WORK PRODUCT <input type="checkbox"/> JUDGEMENT <input type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION	<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																		
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	<input type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input type="checkbox"/> DILIGENCE, EFFORT <input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	QUALITY OF WORK QUANTITY OF WORK ATTENDANCE WORK HABITS RELATIONSHIP WITH OTHERS SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	<table border="1"> <tr> <td></td> <td>60</td> <td>70</td> <td>80</td> <td>90</td> <td>95</td> </tr> <tr> <td>EVALUATOR 1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>EVALUATOR 2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		60	70	80	90	95	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	60	70	80	90	95																
EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
EVALUATOR 2	<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.

Officer [REDACTED] is a very enthusiastic officer who is a self-starter and highly proactive. Officer [REDACTED] is assigned as a fill officer for the east side jump car. Even though Officer [REDACTED] is not assigned to a steady district he is always aware of the problem areas in each district and takes action to resolve the problems. Officer [REDACTED] answered 1311 calls for service including 212 self-initiated suspicious person stops and 200 traffic stops. One of Officer [REDACTED] traffic stops started as a vehicle pursuit where the suspect was later apprehended and found to be a homicide suspect. Officer [REDACTED] displays a positive attitude towards his job and is always eager to learn more. Officer [REDACTED] did not have any call offs during this grading period.

**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 #: 16158 DATE: 10-9-17  
 EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 12061 DATE: 10-21-17

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

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 11802 DATE: 11/8/17

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 SIGNATURE AND DATE: [Signature] 1233

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



DANIEL HARRIGAN, MAYOR

# CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

RECEIVED  
AKRON POLICE DEPT.  
CHIEF OF POLICE

2017 DEC 13 AM 9:07

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: AKRON State: OH Zip Code: 44310

E-mail address: [REDACTED] @ AKRON.GOV

Cell Phone Number: [REDACTED] Home Phone Number: \_\_\_\_\_

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

### Personal Information

Marital Status:  Single  Divorced  Married  Widowed  Separated

Highest Education Level completed:

<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 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-Doctoral
<input type="checkbox"/> Technical School	<input type="checkbox"/> Master's Level Degree	

2017 DEC 14 PM 2:38  
CITY OF AKRON  
EMPLOYEE RECORDS

### In case of emergency please contact:

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

Street Address: [REDACTED]

City: AKRON State: OH Zip Code: 44405

Relationship to Employee: Mother

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 answers may result in disciplinary action or dismissal.

Signature: [REDACTED] Date: 12/13/17

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

Revised 2/2017

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME ██████████		DIVISION ██████████	CLASS TITLE ██████████
EVALUATION FROM ██████████ TO ██████████		MERIT INCREASE DATE ██████████	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY ██████████

EMPLOYEE ID ██████████	TYPE OF EVALUATION				EVALUATOR ID ██████████
	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	

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

FACTORS YR: 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12

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	70	80	90	95	
<input type="checkbox"/> ACCURACY	<input type="checkbox"/> JUDGEMENT	QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> THOROUGHNESS	<input type="checkbox"/> WRITTEN EXPRESSION			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NEATNESS OF WORK PRODUCT	<input type="checkbox"/> ORAL EXPRESSION	QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> ADHERENCE TO WORKING HOURS	<input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DILIGENCE, EFFORT	<input type="checkbox"/> INITIATIVE	WORK HABITS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES	<input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input type="checkbox"/> ORGANIZATION OF WORK	RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION	<input type="checkbox"/> CONDUCT WITH PUBLIC			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input type="checkbox"/> PERSONAL APPEARANCE & CARE	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING	<input type="checkbox"/> EVALUATING PERFORMANCE			EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TRAINING & INSTRUCTING	<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DISCIPLINARY CONTROL				<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.

Officer ██████████ is a very proactive officer who is highly knowledgeable about the problems that exist in his districts. For example, on one occasion Officer ██████████ identified known criminals and was able to prevent them from stealing cars in the Ellet area and on a second occasion he helped Auto Theft in identifying three criminals in a stolen credit card/auto theft case. Officer ██████████ answered 1099 calls for service, where 287 of them were self-initiated traffic stops or suspicious person stops, and completed 94 reports. Officer ██████████ continues to show a consistent presence in the high crime areas, such as 26 E. Tallmadge Ave, where the owner wrote a thank you letter for his hard work. Officer ██████████ did not have any call offs.

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 #: 112158 DATE: 4-14-18

EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: 12061 DATE: 4-17-18

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

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: 11800 DATE: 4/17/18

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: \_\_\_\_\_ DATE: \_\_\_\_\_

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY

SIGNATURE AND DATE: *[Signature]* 1033/16158 4/17/18

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

DATE: \_\_\_\_\_

# EMPLOYEE PERFORMANCE EVALUATION REPORT

EMPLOYEE NAME [REDACTED]		DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 4/1/18 TO 9/30/18		MERIT INCREASE DATE 2/9/19	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 10/31/18

PLEASE USE #2 PENCIL

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

ITEMS MO: [REDACTED] FACTORS YR: [REDACTED]

**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
<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 type="checkbox"/> INITIATIVE <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input type="checkbox"/> ORGANIZATION OF WORK <input type="checkbox"/> CONDUCT WITH PUBLIC <input type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	QUALITY OF WORK EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE		QUANTITY OF WORK EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> ADHERENCE TO WORKING HOURS <input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	<input type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	ATTENDANCE EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input type="checkbox"/> PERSONAL APPEARANCE & CARE	RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.**

Officer [REDACTED] is a very pro-active police officer on Platoon 1. He has handled 1,281 calls for service this grading period, 70 of which involved a gun. Officer [REDACTED] has done 90 reports and 48 FI cards this grading period. On September 3, he made a traffic stop on a vehicle which resulted in a gun being found search incident to tow, while doing an inventory of the motor. Officer [REDACTED] is always researching, trying to keep up with the problem areas in his districts and knowing who the known criminals are in the city of Akron. Officer [REDACTED] had one call off this grading period. *NOTHING TO FOLLOW - 1329 EDM*

**5. SIGNATURE OF EVALUATOR**

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

EVALUATOR 1 SIGNATURE: [Signature] 17478      DATE: 10/17/18      EVALUATOR 2 SIGNATURE: [Signature] 12061      DATE: 10-22-18

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

SIGNATURE OF REVIEWER: [Signature]      EMPLOYEE ID #: 11802      DATE: 10/24/18

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

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

**7. REPORT DISCUSSION**

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE AND DATE: [Signature] \*170      10-26-18

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

[REDACTED]      DATE: [REDACTED]