

City of Utica



Utica, New York

To The City Clerk of Utica

As provided by Section 12 of the Second Class Cities Laws, I hereby certify that

Name: *Amanda L. Maciol*

Address: [REDACTED]

Telephone:

has this day been appointed to the position of *Police Officer*

in the department of *Public Safety Bureau Of Police*

the term to commence *June 26, 2017*

the term to end

filling unexpired term of (if applicable)

Signed

Mayor

Title of Official

PERFORMANCE EVALUATION REPORT

NAME (FIRST, LAST, MI) Amanda Maciol	ID # 5150	RANK PO	DIVISION/UNIT [REDACTED]
DUTY ASSIGNMENT (I.E. DESK, STREET PATROL, BOOKING) Street Patrol	PERIOD COVERED Annual	FROM 1/1/19	TO 12/31/19

PERFORMANCE LEVEL DEFINITIONS
 OUTSTANDING = 5 VERY GOOD = 4 ACCEPTABLE = 3 NEEDS IMPROVEMENT = 2 UNSATISFACTORY = 1
 In making the evaluation of each category below, supervisors are to evaluate the employee's performance only for the past Twelve month period and compare that performance to guidelines established in section 6.15 C (1 through 18) of General Order # 02-47 Personnel Performance Evaluations.

1. DUTY PERFORMANCE (ALL EMPLOYEES)

4 PERSONAL APPEARANCE	3 COMMAND PRESENCE	4 REPORT WRITING ABILITY	3 INTERPERSONAL SKILLS (VERBAL)
4 RESPONSIVENESS TO SUPERVISION	4 ATTENDANCE	3 RELIABILITY	3 PERFORMANCE UNDER STRESS
2 PERFORMANCE	4 PUNCTUALITY	3 INVESTIGATIVE/PROBLEM SOLVING SKILLS	
3 JUDGMENT	3 CARE AND USE OF EQUIPMENT	3 KNOWLEDGE OF LAWS, POLICIES, ETC	

2. DAYS LOST DURING PERIOD COVERED BY THIS REPORT

SICK: 0 INJURED ON-DUTY: 0 INJURED OFF-DUTY: 0 OTHER: **TOTAL OCCURENCES: 0**

3. SUPERVISORY PERSONNEL ONLYLEADERSHIP
QUALITIESEFFECTIVENESS OF
DELEGATIONTRAINING/COACHING
OF SUBORDINATESEVALUATION OF
SUBORDINATES

4. NARRATIVE SECTION (This section is to be used to record specific and personal characteristics of this employee which are not adequately covered in the rating sections above. Any factors rated as a 1 or a 5 in the above sections must be articulated in this section.)

General Appearance-Officer Maciol consistently displays a professional appearance. She passed unannounced weapon inspections and unannounced uniform inspection.

Response to Supervision-Officer Maciol responds to supervision in a professional manner. She accepts constructive criticism as a learning experience.

Attendance and Punctuality-Officer Maciol used 0 sick days for the entire year. She is punctual and reliable officer. She routinely arrives for work early to prepare for the ensuing shift and is ready to be deployed at a moment's notice.

Initiative-Officer Maciol had 29 arrests from 1/1/19 to 12/31/19. All of these arrests are call related. None of them were self-initiated. Officer Maciol needs to be more proactive.

Report Writing-Officer Maciol reports are well written, thorough, and done in a timely manner.

Communication-Officer Maciol has good communication skills. She interacts professionally with members of the community and other members of the department.

How can this employee best improve his/her performance? (Include setting Career /Performance Goals).

Officer Maciol needs to improve her productivity. She did not self-initiate any arrests for this period. She is a relatively new officer and should be more proactive. She should put in for training to better herself as a police officer.

(Continue on Back)

(Goal settings Continue From Front)

5. OVERALL PERFORMANCE RATING: This overall rating is to be based on the following factors:

- A. The employee's performance in his/her present assignment during the evaluation period; AND
B. Consideration of the general needs of the Department, comparing the capabilities and characteristics of this employee to all other employees of equal rank and pay grade known to the evaluator.

☐ OUTSTANDING ☐ VERY GOOD ☒ ACCEPTABLE ☐ NEEDS IMPROVEMENT ☐ UNSATISFACTORY

6. REVIEWING COMMANDING OFFICER: (Immediate Supervisor) Name:

Signature James Holt Jr. / James B. Holt Jr. Rank Lieutenant Date 2/3/20
Print / Signature

7. SUPERVISOR REVIEWING WITH EMPLOYEE: Name:

Signature Dzenan Sabanovic / [Signature] Rank Sergeant Date 2/3/20
Print / Signature

8. EMPLOYEE'S COMMENTS: (Optional)

9. EMPLOYEE'S SIGNATURE: This signature does not necessarily indicate agreement with this report. It verifies that this report has been personally reviewed with me and that I have received a copy of this report. If I do not agree with this report, I have indicated this by writing "under protest" next to my signature. I have also indicated whether I "request appeal" or "waive appeal" on this report.

Signature Amanda Maciol / [Signature] Rank Police Officer Date _____
Print / Signature

PERFORMANCE EVALUATION REPORT

NAME (FIRST, LAST, MI) Amanda Maciol	ID # 5150	RANK PO	DIVISION/UNIT [REDACTED]
DUTY ASSIGNMENT (I.E. DESK, STREET PATROL, BOOKING) Street Patrol	PERIOD COVERED Annual	FROM 1/1/18	TO 12/31/18

PERFORMANCE LEVEL DEFINITIONS

EXCELLENT = 5

GOOD = 4

ACCEPTABLE = 3

NEEDS IMPROVEMENT = 2

UNSATISFACTORY = 1

In making the evaluation of each category below, supervisors are to evaluate the employee's performance only for the past Twelve month period and compare that performance to guidelines established in section 6.15 C (1 through 18) of General Order # 02-47 Personnel Performance Evaluations.

1. DUTY PERFORMANCE (ALL EMPLOYEES)

4	GENERAL APPEARANCE	3	ASSIGNMENT TASKS	4	WORK QUALITY	3	KNOWLEDGE OF LAWS, POLICIES, ETC.
4	RESPONSIVENESS TO SUPERVISION	5	ATTENDANCE	3	RELIABILITY	4	REPORT WRITING ABILITY
3	INITIATIVE	4	PUNCTUALITY	3	INVESTIGATIVE/PROBLEM SOLVING SKILLS	3	INTERACTION WITH PUBLIC
2	JUDGMENT	3	CARE AND USE OF EQUIPMENT	4	INTERACTION WITH OTHER MEMBERS OF THE DEPARTMENT		
2	COMMAND PRESENCE	2	PERFORMANCE UNDER STRESS	4	COMMUNICATION SKILLS (VERBAL)		

2. SUPERVISORY PERSONNEL ONLY

LEADERSHIP QUALITIES

EFFECTIVENESS OF DELEGATION

TRAINING/COACHING OF SUBORDINATES

EVALUATION OF SUBORDINATES

3. NARRATIVE SECTION (This section is to be used to record specific and personal characteristics of this employee which are not adequately covered in the rating sections above. Any factors rated as a 1 or a 5 in the above sections must be articulated in this section.)

General Appearance – Officer Maciol consistently displays a professional appearance.

Responsiveness To Supervision – Officer Maciol responds to supervision in a professional manner. She positively accepts direction and strives to complete the prescribed duties as directed.

Attendance and Punctuality – Officer Maciol did not utilized any sick days during this rating period. She routinely arrives for work early to prepare for the ensuing shift and is ready to be deployed at a moment's notice. Her attendance and punctuality is exemplary.

Report Writing Ability-While assigned to CID I commended Officer Maciol on a narrative she completed in a homicide investigation. It was free of errors and included every detail she observed or discovered during her interaction with a potential suspect and witness.

Officer Maciol, along with other officers, was involved in a lawn mower larceny investigation involving retired UPD Sgt. D. Matrulli. Sgt. Matrulli called the squad commander and expressed his gratitude towards all officers involved.

Work Quality-Officer Maciol completed ET work for a burglary investigation at the [REDACTED] Sgt. Facciolo, who is a well-respected evidence technician, commended Officer Maciol on a job well done in evidence processing and her overall involvement in the case.

Officer Maciol was advised in Roll Call to place barricades up at the Developmental Run immediately upon going in service, and failed to do so.

Officer Maciol passed her gun inspections.

Command Presence-Officer Maciol responded to back up Officer Flo regarding an uncooperative individual who had an open warrant and was walking away. Officer Flo relayed this information over the radio on channel 3. Upon arrival Officer Maciol was acting as a cover officer while Officer Flo was the contact officer. Officer Maciol stood by approximately 15 feet away from the wanted subject. If the situation escalated or the subject attempted to flee she was not close enough to go hands on. In future Officer Maciol should position herself in a tactical manner where she can immediately go hands on if necessary and she should communicate with other officers on scene.

Performance Under Stress/Judgement-On December 12 Officers DeTraglia and Ives-White were at Oneida Square investigating a trespassing complaint. Officer Maciol pulled up on scene to assist Officers DeTraglia and Ives-White. She exited her vehicle as the two officers were attempting to handcuff Jones, who was still actively resisting. Officer Maciol failed to recognize the seriousness of the situation and rush to assist Officers DeTraglia and Ives-White. She instead nonchalantly walked across the street to Officer DeTraglia and Ives-White's location.

How can this employee best improve his/her performance? (Include setting Career /Performance Goals).

Officer Maciol was appointed to the Utica Police Department on 6/26/17. She is a new and inexperienced officer. She failed to act appropriately on two occasions and raised some concerns over officer safety. Officer safety should always be her priority. With more exposure and experience I feel that Officer Maciol can develop into a well-rounded officer.

(Continue on Back)

(Goal settings Continue From Front)

4. OVERALL PERFORMANCE RATING: This overall rating is to be based on the following factors:
A. The employee's performance in his/her present assignment during the evaluation period; AND

B. Consideration of the general needs of the Department, comparing the capabilities and characteristics of this employee to all other employees of equal rank and pay grade known to the evaluator.

☐ EXCELLENT ☐ GOOD ☒ ACCEPTABLE ☐ NEEDS IMPROVEMENT ☐ UNSATISFACTORY

5. REVIEWING COMMANDING OFFICER: (Immediate Supervisor) Name:

Signature James Holt Jr. / James R. Holt Jr. Rank Lieutenant Date 1/15/19
Print / Signature

6. SUPERVISOR REVIEWING WITH EMPLOYEE: Name:

Signature Dzenan Sabanovic / [Signature] Rank Sergeant Date 1/15/19
Print / Signature

7. EMPLOYEE'S COMMENTS: (Optional)

8. EMPLOYEE'S SIGNATURE: This signature does not necessarily indicate agreement with this report. It verifies that this report has been personally reviewed with me and that I have received a copy of this report. If I do not agree with this report, I have indicated this by writing "under protest" next to my signature. I have also indicated whether I "request appeal" or "waive appeal" on this report.

Signature Amanda Maciol / [Signature] Rank Police Officer Date 1/15/19
Print / Signature

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 04 DAY 01 YEAR 2020

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Maciol, Amanda L.

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 63,967.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:
ID# 5150

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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- ☐ Permanent
☐ Provisional
☐ Temporary
☐ Substitute
☐ For Term of Office
☐ Permanent Promotion
☐ Provisional Promotion
☐ Non-Competitive Class
☐ Exempt Class
☐ Labor Class

From: To:
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From: To:

Return report of Certification
Attach application (MSD-330)
State length of employment
Give facts under Remarks
Give facts under Remarks
Return report of Certification
Attach nomination
Attach application (MSD-330)
Submit this form only
Attach application (MSD-330)

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- ☐ Resignation
☐ Retirement
☐ Deceased
☐ Removal
☐ Layoff (Lack of Work or Funds)

Submit signed resignation
Give effective date
Indicate date
Attach copy of proceedings
Give facts under Remarks

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- ☐ Military Leave of Absence
☐ Other Leave of Absence
☐ Transfer
☐ Demotion
☐ Suspension
☐ Reinstatement
☐ Change in Classification
☐ New Position
☒ Change in Salary
☐ Change in Name
☐ Other

From: To:

Give facts under Remarks
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Give facts under Remarks
Give facts under Remarks

Remarks: (Continue on back if necessary)

3.75% contract inc. eff. 4/1/20

Longevity inc. eff. 6/26/19.

3.75% contract inc. eff. 4/1/19

Appointing Officer

Title

Address

Chief of Police

CERTIFICATE
valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 06 DAY 26 YEAR 2019

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Maciol, Amanda L

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 61,655.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 5150

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☐ Permanent

Return report of Certification

☐ Provisional

Attach application (MSD-330)

☐ Temporary

From: To: State length of employment

☐ Substitute

From: To: Give facts under Remarks

☐ For Term of Office

From: To: Give facts under Remarks

☐ Permanent Promotion

Return report of Certification

☐ Provisional Promotion

Attach nomination

☐ Non-Competitive Class

Attach application (MSD-330)

☐ Exempt Class

Submit this form only

☐ Labor Class

Attach application (MSD-330)

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☐ Resignation

Submit signed resignation

☐ Retirement

Give effective date

☐ Deceased

Indicate date

☐ Removal

Attach copy of proceedings

☐ Layoff (Lack of Work or Funds)

Give facts under Remarks

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☐ Military Leave of Absence

Give facts under Remarks

☐ Other Leave of Absence

From: To: Give facts under Remarks

☐ Transfer

Give facts under Remarks

☐ Demotion

Give facts under Remarks

☐ Suspension

Give facts under Remarks

☐ Reinstatement

Give facts under Remarks

☐ Change in Classification

Give facts under Remarks

☐ New Position

Submit form MSD-222

☒ Change in Salary

6/26/19

Indicate new salary

☐ Change in Name

Give facts under Remarks

☐ Other

Give facts under Remarks

Remarks: (Continue on back if necessary)

Longevity inc. eff. 6/26/19.

3.75% contract inc. eff. 4/1/19

Address change eff. 9/10/18.

Longevity inc. eff. 6/26/18

Appointing Officer

Title

Address



Chief of Police

CERTIFICATE

valid until

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employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

(Date)

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 04 DAY 01 YEAR 2019

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Maciol, Amanda L

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

DEPARTMENT:
Police Department

TITLE OF EMPLOYEE:
Police Officer \$ 57,545.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:
ID# 5150

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☐ Permanent Promotion

☐ Provisional Promotion

☐ Non-Competitive Class

☐ Exempt Class

☐ Labor Class

Return report of Certification

Attach application (MSD-330)

State length of employment

Give facts under Remarks

Give facts under Remarks

Return report of Certification

Attach nomination

Attach application (MSD-330)

Submit this form only

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☐ Resignation

☐ Retirement

☐ Deceased

☐ Removal

☐ Layoff (Lack of Work or Funds)

Submit signed resignation

Give effective date

Indicate date

Attach copy of proceedings

Give facts under Remarks

Give facts under Remarks

From: To:

Give facts under Remarks

Give facts under Remarks

Give facts under Remarks

Give facts under Remarks

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Give facts under Remarks

Submit form MSD-222

Indicate new salary

Give facts under Remarks

Give facts under Remarks

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☐ Military Leave of Absence

☐ Other Leave of Absence

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☐ Reinstatement

☐ Change in Classification

☐ New Position

☒ Change in Salary

☐ Change in Name

☐ Other

4/1/19

Remarks: (Continue on back if necessary)

3.75% contract inc. eff. 4/1/19

Address change eff. 9/10/18.


Longevity inc. eff. 6/26/18

New Contract salary changes eff. 4/1/18

Appointing Officer

Title

Address



Chief of Police

CERTIFICATE
valid until

(Date)

This certifies that the above
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By

Date

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 09 DAY 10 YEAR 2018

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Maciol, Amanda L

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

DEPARTMENT:
Police Department

TITLE OR POSITION:
Police Officer \$ **55,465**

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 5150

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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- ☐ For Term of Office
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- ☐ Provisional Promotion
- ☐ Non-Competitive Class
- ☐ Exempt Class
- ☐ Labor Class

From: To:
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Return report of Certification
Attach application (MSD-330)
State length of employment
Give facts under Remarks
Give facts under Remarks
Return report of Certification
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Submit this form only
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- ☐ Resignation
- ☐ Retirement
- ☐ Deceased
- ☐ Removal
- ☐ Layoff (Lack of Work or Funds)

Submit signed resignation
Give effective date
Indicate date
Attach copy of proceedings
Give facts under Remarks

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- ☐ Military Leave of Absence
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Indicate new saalry
Give facts under Remarks
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Remarks: (Continue on back if necessary)

Address change eff. 9/10/18.

Longevity inc. eff. 6/26/18

New Contract salary changes eff. 4/1/18

pp. 6/8/18

Appointing Officer

Title

Address



Chief of Police

CERTIFICATE

valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 06 DAY 26 YEAR 2018

TO: Utica Civil Service Commission

NAME OF EMPLOYEE: Maciol, Amanda L

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

DEPARTMENT: Police Department

TITLE OF POSITION: Police Officer

SALARY: \$ 55,465

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 5150

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☐ Permanent Promotion
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☐ Non-Competitive Class
☐ Exempt Class
☐ Labor Class

From: To:
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Return report of Certification
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State length of employment
Give facts under Remarks
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Submit this form only
Attach application (MSD-330)

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- ☐ Resignation
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☐ Layoff (Lack of Work or Funds)

Submit signed resignation
Give effective date
Indicate date
Attach copy of proceedings
Give facts under Remarks

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- ☐ Military Leave of Absence
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Give facts under Remarks
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Submt form MSD-222
Indicate new saalry
Give facts under Remarks
Give facts under Remarks

Remarks: (Continue on back if necessary)

Longevity inc. eff. 6/26/18

New Contract salary changes eff. 4/1/18
pp. 6/8/18
Address change eff. 12/20/17.

Appointing Officer
Title
Address


Chief of Police

CERTIFICATE
valid until

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

(Date)

Report all personnel changes to this form
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SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 06 DAY 08 YEAR 2018

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Maciol, Amanda L

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:

Police Department

TITLE OF POSITION:

Police Officer

SALARY:
\$ 45,790.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 5150

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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- ☐ Permanent
☐ Provisional
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☐ Substitute
☐ For Term of Office
☐ Permanent Promotion
☐ Provisional Promotion
☐ Non-Competitive Class
☐ Exempt Class
☐ Labor Class

From: To:

From: To:

From: To:

Return report of Certification

Attach application (MSD-330)

State length of employment

Give facts under Remarks

Give facts under Remarks

Return report of Certification

Attach nomination

Attach application (MSD-330)

Submit this form only

Attach application (MSD-330)

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- ☐ Resignation
☐ Retirement
☐ Deceased
☐ Removal
☐ Layoff (Lack of Work or Funds)

Submit signed resignation

Give effective date

Indicate date

Attach copy of proceedings

Give facts under Remarks

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- ☐ Military Leave of Absence
☐ Other Leave of Absence
☐ Transfer
☐ Demotion
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☐ Change in Classification
☐ New Position
☒ Change in Salary
☐ Change in Name
☐ Other

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4/1/18

Indicate new salary

Give facts under Remarks

Give facts under Remarks

Remarks: (Continue on back if necessary)

New Contract salary changes eff. 4/1/18
pp. 6/8/18

Appointing Officer

Title

Address

Chief of Police

Address change eff. 12/20/17.

CERTIFICATE
valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 12 DAY 20 YEAR 2017

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Maciol, Amanda L

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 42,317.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 5150

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☐ Permanent
☐ Provisional
☐ Temporary
☐ Substitute
☐ For Term of Office
☐ Permanent Promotion
☐ Provisional Promotion
☐ Non-Competitive Class
☐ Exempt Class
☐ Labor Class

From: To:
From: To:
From: To:

Return report of Certification
Attach application (MSD-330)
State length of employment
Give facts under Remarks
Give facts under Remarks
Return report of Certification
Attach nomination
Attach application (MSD-330)
Submit this form only
Attach application (MSD-330)

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☐ Resignation
☐ Retirement
☐ Deceased
☐ Removal
☐ Layoff (Lack of Work or Funds)

Submit signed resignation
Give effective date
Indicate date
Attach copy of proceedings
Give facts under Remarks

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☐ Military Leave of Absence
☐ Other Leave of Absence
☐ Transfer
☐ Demotion
☐ Suspension
☐ Reinstatement
☐ Change in Classification
☐ New Position
☐ Change in Salary
☐ Change in Name
☒ Other

From: To:

Give facts under Remarks
Give facts under Remarks
Give facts under Remarks
Give facts under Remarks
Give facts under Remarks
Give facts under Remarks
Submit form MSD-222
Indicate new salary
Give facts under Remarks
12/20/17
Give facts under Remarks

Remarks: (Continue on back if necessary)


Address change eff. 12/20/17.

New employee eff. 6/26/17.

Appointing Officer

Title

Address


Chief of Police

CERTIFICATE
valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 06 DAY 26 YEAR 2017

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Maciol, Amanda L

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 42,317.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 5150

	<u>Check Nature of Personnel Change</u>	<u>Date Effective</u>	<u>Action Necessary by Appointing Officer:</u>
A P P O I N T M E N T S	<input checked="" type="checkbox"/> Permanent	6/26/17	Return report of Certification
	<input type="checkbox"/> Provisional		Attach application (MSD-330)
	<input type="checkbox"/> Temporary	From: To:	State length of employment
	<input type="checkbox"/> Substitute	From: To:	Give facts under Remarks
	<input type="checkbox"/> For Term of Office	From: To:	Give facts under Remarks
	<input type="checkbox"/> Permanent Promotion		Return report of Certification
	<input type="checkbox"/> Provisional Promotion		Attach nomination
	<input type="checkbox"/> Non-Competitive Class		Attach application (MSD-330)
	<input type="checkbox"/> Exempt Class		Submit this form only
T E R M I O N N A S	<input type="checkbox"/> Labor Class		Attach application (MSD-330)
	<input type="checkbox"/> Resignation		Submit signed resignation
	<input type="checkbox"/> Retirement		Give effective date
	<input type="checkbox"/> Deceased		Indicate date
	<input type="checkbox"/> Removal		Attach copy of proceedings
O T H E R C H A N G E S	<input type="checkbox"/> Layoff (Lack of Work or Funds)		Give facts under Remarks
	<input type="checkbox"/> Military Leave of Absence		Give facts under Remarks
	<input type="checkbox"/> Other Leave of Absence	From: To:	Give facts under Remarks
	<input type="checkbox"/> Transfer		Give facts under Remarks
	<input type="checkbox"/> Demotion		Give facts under Remarks
	<input type="checkbox"/> Suspension		Give facts under Remarks
	<input type="checkbox"/> Reinstatement		Give facts under Remarks
	<input type="checkbox"/> Change in Classification		Give facts under Remarks
	<input type="checkbox"/> New Position		Submit form MSD-222
	<input type="checkbox"/> Change in Salary		Indicate new salary
	<input type="checkbox"/> Change in Name		Give facts under Remarks
	<input type="checkbox"/> Other		Give facts under Remarks


Remarks: (Continue on back if necessary)

New employee eff. 6/26/17.

Appointing Officer:

Title

Address


Chief of Police

CERTIFICATE
valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date


CITY OF UTICA, CIVIL SERVICE COMMISSION

PROBATIONARY REPORT

To Appointing Officer:

Please complete this form in triplicate:

- Forward original to the Civil Service Commission.
- Give one copy to the employee.
- Retain one copy for your files.

DATE THIS REPORT DUE:	The Civil Service Commission requires that this report be filed <u>two weeks</u> prior to the end of the probationary term. See date probationary term ends below.	
EMPLOYEE'S NAME: <u>Amanda Maciol</u>	DATE OF APPOINTMENT: <u>6/26/17</u>	
SOCIAL SECURITY NUMBER: 	DEPARTMENT OR AGENCY: <u>Utica Police Dept.</u>	
STATUS/TITLE OF POSITION: <u>Police Officer</u>	JURISDICTIONAL CLASSIFICATION:	
ORIGINAL LENGTH OF THE PROBATIONARY TERM AS SHOWN ON THE GCCS-12(A or B): <u>1 year</u>		
NUMBER OF DAYS ABSENT DURING THE PROBATIONARY TERM:		
NUMBER OF DAYS PROBATIONARY TERM IS TO BE EXTENDED:		
DATE PROBATIONARY TERM ENDS: <u>6/26/18</u>		
IF SATISFACTORY, DATE PERMANENT STATUS BEGINS: <u>6/27/18</u>		

CERTIFICATE OF APPOINTING OFFICER:

I hereby certify that the probationer has been observed and it has been found that the conduct, capacity, and fitness of the probationer is:



SATISFACTORY. Employee will be retained as a permanent employee.
Employee has served (Maximum) (Shortened) probationary period.
Minimum probationary period is usually eight weeks,
except in the case of trainee positions (12 weeks) and Police Officer (26 weeks).



UNSATISFACTORY. Employee will be discharged or returned to prior permanent position.

☐ Copy of letter to employee attached.

☐ Copy of letter to employee to be submitted.

Mark Williams

Authorized Signature

Mark Williams

Print Name

Chief

Title

I have received a copy of this form.

Signature of Employee

Date

6/29/18



UTICA POLICE DEPARTMENT

Personnel Order

Issue date: 03/01/18	Subject: Assignment / Transfer Orders	P.O. 18-10
Issuing Authority Captain DE Cinque	Approved by: Chief M. Williams	

PO Kyle Fee

Will leave A Platoon Squad 2 on Thursday, March 1st, 2018 at the completion of his tour at 0800 hrs. He will report to Lieutenant Sean Dougherty on Monday, March 5th, 2018 at [REDACTED] hrs. for assignment in [REDACTED] Platoon Squad [REDACTED]

PO David Lentricchia

Will leave B Platoon Squad 3 on March 5th, 2018 at the completion of his tour at 1600 hrs. He will report to Lieutenant Michael D'Ambro on Weds. March 7th at 2345 hours for his tour which will commence at [REDACTED] hrs. on the 8th in [REDACTED] Platoon Squad [REDACTED]

PO Steven Gray

Will leave A Platoon Squad 2 on Wednesday, March 7th, 2018 at the completion of his tour at 0800 hrs. He will report to Lieutenant James Holt on Friday March 9th, 2018 at [REDACTED] hrs. for assignment in [REDACTED] Platoon Squad [REDACTED] His RDO will be March 8, 2018.

PO Marissa Vomer

Will leave C Platoon Squad 3 on Tuesday, March 6th, 2018 at the completion of her tour at 0000 hrs. She will report to Lieutenant Sean Dougherty on Thursday March 8th, 2018 at [REDACTED] hrs. for assignment in [REDACTED] Platoon Squad [REDACTED]

PO Daniel Zayas

Will leave B Platoon Squad 2 on Monday, March 5th, 2018 at the completion of his tour at 1600 hrs. He will report to Lieutenant Brian Bansner on Tuesday March 6th at [REDACTED] hrs. for assignment in the Tactical Unit.

PO Amanda Maciol

Will leave the A Platoon Squad 1 on Saturday, March 3rd, 2018 at the completion of her tour at 0800 hrs. She will report to Lieutenant Sean Dougherty on Tuesday March 6th, [REDACTED] at [REDACTED] hrs. for assignment in [REDACTED] Platoon Squad [REDACTED]

PO Brian Comesky

Will remain in B Platoon Squad 1.

PO Steven Gomez

Will leave the Tactical Unit on Saturday, March 3rd, 2018 at the completion of his tour at 0300 hrs. He will report to Lieutenant Michael D'Ambro on Monday March 5th at 2345 hours for his shift which will commence at [REDACTED] hours on March 6th, 2018 for assignment in the [REDACTED] Platoon Squad [REDACTED]

Captain Donald E. Cinque

New York State Division of Criminal Justice Services
POLICE OFFICER REGISTRY ENTRY FORM - CERTIFICATION OF INITIAL EMPLOYMENT
(Executive Law § 845)

COPY

SECTION I - REGISTRANT INFORMATION (To be completed by the registrant)

Were you previously a police officer in NYS? Yes <input type="radio"/> No <input checked="" type="radio"/>	Last Name Maciol	First Name Amanda	MI L	Date of Birth [REDACTED]	Gender M <input type="radio"/> F <input checked="" type="radio"/>	Social Security Number [REDACTED]
Home Residence Mailing Address [REDACTED]		City, State, Zip [REDACTED]				
Home Residence Street Address (if Different) [REDACTED]		City, State, Zip [REDACTED]				
I am the person named above. I understand that the information in Section I is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.						
Signature <i>Amanda Maciol</i>						Date 06/26/17

*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

SECTION II - AGENCY INFORMATION (To be completed by the chief law enforcement officer)

Last Name Williams	First Name Mark	MI W	Title of Person Signing Section II Chief of Police
Name of Law Enforcement Agency Utica Police Department			Telephone 315-223-3400
Address 413 Oriskany Street W.		City, State, ZIP Utica, NY, 13502	
Type of Appointment Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/>	Background Check Conducted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Residency Verified Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Fingerprints submitted to DCJS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
I am the chief law enforcement officer responsible for appointing the person named in Section I as a police officer of the above named law enforcement agency. I understand that the information in Section II is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief. I understand I am responsible for providing the registrant with the requisite training pursuant to §209-q of the General Municipal Law.			
Signature <i>Mark Williams</i>			Date 6/28/17

SECTION III - CIVIL SERVICE INFORMATION (To be completed by the civil service officer for all registrants Full or Part-time)

Last Name Wrobel	First Name Lori	MI A	Title of Person Signing Section III Executive Secretary
Name of Civil Service or Personnel Agency City of Utica Civil Service			Telephone 315-792-0227
Address 1 Kennedy Plaza		City, State, ZIP Utica, New York 13502	
Title and Civil Service Classification of the Registrant Police Officer - Competitive			
I am the civil service officer responsible for certifying the appointment of individuals appearing on the payroll of the law enforcement agency named in Section II. I understand that the information in Section III is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.			
Signature <i>Lori A. Wrobel</i>			Date 07-05-17

SECTION IV - OATH OF OFFICE (To be completed by the registrar responsible for recording oaths of office)

Last Name Lindsey	First Name Patricia	MI	Title of Person Signing Section IV City Clerk
Name of Recording Office City of Utica City Clerks Office			Telephone 315-792-0117
Address 1 Kennedy Plaza		City, State, ZIP Utica, New York 13502	
Oath of Office Date 6/26/17	Oath of Office Title of the Registrant Police Officer		
I am the officer responsible for recording the oaths of office of individuals appointed as police officers of the law enforcement agency named in Section II. The person named in Section I has filed an oath of office as a police officer, pursuant to an appointment received from the person named in Section II. I understand that the information in Section IV is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.			
Signature <i>Patricia A. Lindsey</i>			Date 06/30/17



CITY OF UTICA

Civil Service

1 Kennedy Plaza, Utica, New York 13502

(315) 792-0227 fax: (315) 792-0226

ROBERT M. PALMIERI
MAYOR

LORI A. WROBEL
SECRETARY TO THE CSC

CITY OF UTICA, NEW YORK POLICE OFFICER NEW HIRE MEMORANDUM OF AGREEMENT

In connection with my appointment as a Police Officer for the City of Utica, New York for the Spring 2017 Academy, I, Amanda Maciol
(print name), do hereby agree to the following:

- I understand and agree that, should I voluntarily terminate my employment with the City of Utica Police Department for any reason other than health related, within three (3) years of my date of hire (as listed above), I will be responsible for reimbursing the City of Utica for the cost of any uniforms or equipment issued to me by the City of Utica, as well as for the cost of all pre-employment processing expenses including the medical exam, drug testing, psychological testing, and polygraph testing. The amount of such reimbursement will be determined by the price in effect on the date of my hire. Current prices are listed on the attached sheet.
- In addition to the above, should I voluntarily terminate employment within five (5) years of my date of hire for the purpose of accepting other employment in law enforcement, I will be required to reimburse a percentage of my wages earned while at the Mohawk Valley Police Academy, in accordance with the attached schedule.

I also understand and agree that in the event of my voluntary termination, recovery of such monies owed may result in the City of Utica commencing a legal action to collect any money owed to the City of Utica under this Contract. I further agree that, in the event that I voluntarily terminate my employment as a City of Utica Police Officer within either of the two time periods set forth above, the City of Utica shall be permitted to initiate automatic payroll garnishment of any or all accumulated remaining time balances e.g., vacation time, sick time, personal leave, and holiday pay. If that amount is not sufficient to cover the total cost, I agree to fulfill my obligation to pay any remaining unpaid balances.

Print Name: Amanda Maciol

Signature: Amanda Maciol

Date: 06/27/17

STATE OF NEW YORK)
 ss:
COUNTY OF ONEIDA)

Amanda Maciol, being duly sworn, deposes says as follows: I

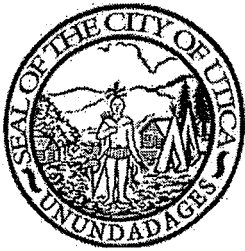
have been offered a Conditional Offer of Employment as a Police Officer for the City of Utica, New York.
I have read the foregoing **New Hire Memorandum of Agreement** and I understand all of the provisions
and conditions set forth therein. I further understand that it is a Contract between the City of Utica and me
and that I agree that I am bound by all of the provisions contained in that Memorandum of Agreement.

Signature Amanda Maciol

Sworn to before me this 27th
day of June, 2016/17

[Signature]
Notary Public
Commission Expires: 11/17/18

J. MEGHAN WOLF
Notary Public, State of New York
Qualified in Oneida County
Registration # 01WO6314763
My Commission Expires 11/17/18



CITY OF UTICA

Civil Service

1 Kennedy Plaza, Utica, New York 13502

(315) 792-0227 fax: (315) 792-0226

ROBERT M. PALMIERI
MAYOR

LORI A. WROBEL
SECRETARY TO THE CSC

CITY OF UTICA, NEW YORK POLICE OFFICER NEW HIRE MEMORANDUM OF AGREEMENT

In connection with my appointment as a Police Officer for the City of Utica, New York for the Spring 2017 Academy, I, Amanda Maciol
(print name), do hereby agree to the following:

- I understand and agree that, should I voluntarily terminate my employment with the City of Utica Police Department **for any reason other than health related, within three (3) years of my date of hire** (as listed above), I will be responsible for reimbursing the City of Utica for the cost of any uniforms or equipment issued to me by the City of Utica, as well as for the cost of all pre-employment processing expenses including the medical exam, drug testing, psychological testing, and polygraph testing. The amount of such reimbursement will be determined by the price in effect on the date of my hire. Current prices are listed on the attached sheet.
- In addition to the above, should I voluntarily terminate employment **within five (5) years of my date of hire for the purpose of accepting other employment in law enforcement**, I will be required to reimburse a percentage of my wages earned while at the Mohawk Valley Police Academy, in accordance with the attached schedule.

I also understand and agree that in the event of my voluntary termination, recovery of such monies owed may result in the City of Utica commencing a legal action to collect any money owed to the City of Utica under this Contract. I further agree that, in the event that I voluntarily terminate my employment as a City of Utica Police Officer within either of the two time periods set forth above, the City of Utica shall be permitted to initiate automatic payroll garnishment of any or all accumulated remaining time balances **e.g., vacation time, sick time, personal leave, and holiday pay**. If that amount is not sufficient to cover the total cost, I agree to fulfill my obligation to pay any remaining unpaid balances.

Print Name: Amanda Maciol

Signature: Amanda Maciol

Date: 06/27/17

STATE OF NEW YORK)
 ss:
COUNTY OF ONEIDA)

Amanda Maciol

, being duly sworn, deposes says as follows: I
have been offered a Conditional Offer of Employment as a Police Officer for the City of Utica, New York.
I have read the foregoing **New Hire Memorandum of Agreement** and I understand all of the provisions
and conditions set forth therein. I further understand that it is a Contract between the City of Utica and me
and that I agree that I am bound by all of the provisions contained in that Memorandum of Agreement.

Signature

Amanda Maciol

Sworn to before me this 27th
day of June, 2016 (17)

[Signature]
Notary Public

Commission Expires: 11/17/18

J. MEGHAN WOLF
Notary Public, State of New York
Qualified in Oneida County
Registration # 01WO6314763
My Commission Expires 11/17/18

jmorán

From: mwilliams
Sent: Thursday, October 25, 2018 11:38 AM
To: Mayor
Cc: nstrife; sacquaviva; jplatt; mflo; cvomer; amaciol; escorzafava; jdodge (Jessica); enoonan; jmorán
Subject: Re: Serve & Protect Event at Applebee's on Behalf of the Special Olympics

Good morning Mayor,

I want to make you aware about the above titled event that was held on Thursday, October 18, 2018. Several off-duty members of the Utica Police Department participated in a fundraiser on behalf of the Special Olympics at the North Utica "Applebee's Neighborhood Grill and Bar".

The following police officers volunteered their personal time for this excellent cause:

- *Police Officer Nicole Strife,
- *Police Officer Jessica Dodge,
- *Police Officer Christopher Vomer,
- *Police Officer Michael Flo,
- *Police Officer Jared Platt,
- *Police Officer Amanda Maciol,
- *Police Officer Eric Scorzafava, and
- *Investigator Shannon Acquaviva.

Overall the event was a huge success and the group collected \$1,158.00 for the Special Olympics.

Great job to all involved and thank you for representing the department proudly!

Megan, please place a copy of this email in each of the police officers personnel file.

Chief of Police Mark W. Williams



City of Utica Police Department

413 Oriskany Street West

Utica, New York 13502

Office Telephone: (315) 223-3400

E-mail address: [REDACTED]

CONFIDENTIALITY NOTICE: This electronic mail transmission may contain privileged and confidential information intended only for the individual or entity named above. Any dissemination, use, distribution, copying or disclosure of this communication by any other person or entity is strictly prohibited. Should you receive this transmission in error, please notify the sender by telephone or by return e-mail.



State of New York

Division of Criminal Justice Services

Municipal Police Training Council

Hereby Acknowledges and Declares that

Amanda L Maciol

has successfully completed the

Basic Course for Police Officers or Equivalent

which satisfies the minimum
criteria established by the

Municipal Police Training Council

Mohawk Valley Police Academy

Issue Date 04/20/2018

EXCELSIOR

Ronald G. Spike

Ronald G. Spike
Chairman
Municipal Police Training Council

Michael R. Wood

Michael R. Wood
Deputy Commissioner
Division of Criminal Justice Services

UTICA POLICE DEPARTMENT

Mayor Robert Palmieri

Chief Mark W. Williams

LETTER FOR FILE

**Sergeant Frank Sarchilli, Officer Sean Bubnis and K-9 "Wolf" and
Officer Amanda Maciol**

In the early morning hours of February 18th, 2018, officers were dispatched to Riverside Drive in north Utica regarding a motor vehicle accident involving a tow truck that had struck a tree with injured parties inside. Upon their arrival, there were two injured passengers inside of the tow truck. The driver, smelling of alcohol, was walking around the accident scene and being extremely uncooperative.

As the officers repositioned their squad cars to direct traffic, the driver vanished. Sergeant Frank Sarchilli contacted Officer Sean Bubnis to assist with his K-9 partner "Wolf" to track the driver. Once Officer Bubnis and K-9 "Wolf" arrived, he and Officer Maciol searched the area and were able to locate a fresh set of footprints in the snow. K-9 "Wolf" immediately picked up the scent and began leading Officer Bubnis from the accident scene to the back of the North Utica Senior Center. The tracks continued northbound through the deep snow and wooded area to the property line of Patriot Circle. The scent then turned back southbound through the wooded area toward the side streets. As Officer Bubnis and K-9 "Wolf" exited the wooded area, K-9 "Wolf" began to alert to the suspect by barking.

At this time, Officer Bubnis was able to visually see the suspect running. Officer Bubnis advised the suspect to stop or K-9 "Wolf" would be released. The suspect attempted to conceal himself behind a vehicle parked in a driveway but he was no match for K-9 "Wolf". Sgt. Sarchilli and Officer Maciol arrived on scene and placed the suspect into custody without further incident.

The relationship between a K-9 and his handler is imperative. As demonstrated here, it is an essential part of today's police work. Due to the communication between Sgt. Sarchilli and Officer Maciol, and the regimented training between Officer Bubnis and K-9 "Wolf", a drunk driver who fled the scene of a personal injury accident was tracked over one mile and captured to face his charges. These officers bring honor to themselves, the City of Utica and to the Utica Police Department.

Dated: May 24, 2018


Mark W. Williams, Chief of Police

Utica Police Department

Professional Standards

Officer Disciplinary History

Police Officer Amanda L Maciol [5150/5150]

Part I - Personal Information

Name: Police Officer Amanda L Maciol
: 5150 Badge No: 5150 Hire Dt: 06/26/2017

Department: Patrol Division
Bureau: Uniformed Patrol
Division: Uniformed Patrol

Part II - Discipline History

No Disciplinary History

Printed: Aug 04, 2020 10:30 By: Sgt Hiram Rios

Concise OfficerStacked Incidents Listing

Police Officer Amanda L Maciol [5150/5150]

: 5150 Hire date: Jun 26, 2017

Current assignment(s):

Department: Patrol Division
 Bureau: Uniformed Patrol
 Division: Uniformed Patrol

Incidents Listing -----

Received Dt Officers	IA No	Incident type Involved Citizens	Acc Lev	Involved
Feb 12, 2018 Officer Sean F Bubnis	EF2018-0005	Internal/Department [REDACTED]	5	Police
Officer Amanda L Maciol				Police

On February 14, 2018, I received a printed email notifying me of a possible complaint that would like to be made by [REDACTED]. The email was from City of Utica Chief of Staff [REDACTED] and contained a contact number of [REDACTED]. I called the number and spoke with a male that claimed to be [REDACTED]. After speaking with [REDACTED] it appeared his complaint was that his muffler was adequate and he did not want to make a personal complaint. He was advised that this would have to be determined by the court system. [REDACTED] understood and admitted to being agitated and confrontational with the Officers. [REDACTED] stated he wants better Police relations with the community and is going to do what he can to improve the relations.

In reviewing all reports and evidence related to this incident it appears as though police services were provided in a competent and professional manner in accordance with Utica Police Department, Policy and Procedure and State and Federal laws. The allegations of this complaint have not been verified by facts and at this time I am unable to establish any basis for sustaining this complaint. Should any further information be obtained to contradict any information contained in this report, I will prepare an addendum report and re-evaluate my recommendation at that time.

This investigation is closed and has been registered into the Professional Standards database as, "Unfounded"

Assignment / Professional Standards Investigation Unit
 Sgt. Hiram Rios # 7083
 Inv. A.N. Howe
 Respectfully Submitted;

Jun 25, 2018 Officer Amanda L Maciol	2018-0016	External/Citizen [REDACTED]	5	Police
---	-----------	--------------------------------	---	--------

This evening I took a personnel complaint from [REDACTED] regarding the handling of incident 18-25260 by PO A. Maciol.

[REDACTED] came to headquarters and expressed his desire to file a formal complaint in the matter. The summary of his complaint is as follows;

On June 22nd he was involved in a call for service at [REDACTED] on N. Genesee St. He was terminated from his employment there on June 15th. He went to the business with two friends, and the police were called them by the [REDACTED] for suspicious activity. PO Maciol responded and encounter [REDACTED] the other friends had left prior to her arrival. Business owner [REDACTED] arrived and was threatening to [REDACTED]

PO Macio failed to quell the situation that had the potential for violence. She left prior to the incident was diffused. After she left [REDACTED] assaulted [REDACTED] [REDACTED] sought medical treatment and at 0200 hours that morning UPD secured an assault report from him against [REDACTED] (see complaint form attached above).

PO Maciol's BWC was viewed and tagged. The original was placed under Professional Standards door.

The investigation is assigned to Sgt Carville.

Mar 31, 2020	UOF2020-0045	Use of force	5	Police
Officer Kyle T Murphy		[REDACTED]		Police
Officer Michael L Flo Jr.		[REDACTED]		Police
Officer Richard V Lange				Police
Officer Daniel R Zayas				Police
Officer Amanda L Maciol				Police

On March 31st 2020 while attempting to stop a fleeing suspect from a larceny at [REDACTED] St PO Flo was forced to utilize a takedown in order to gain a position of advantage to take the suspect, A [REDACTED] into custody. Once in that position of advantage, PO Flo was able to secure [REDACTED] in custody without further escalation of force.

Report summary: totals by incident type:

Incident type	Received
Anonymous	0
Background Investigation	0
Department Discipline	0
Discretionary arrest	0
Drug test	0
E-File	0
External/Citizen	1
Firearm discharge	0
Foil Request	0
Forced entry	0
Generic incident	0
Integrity test	0
Internal/Department	1
K9 Utilization	0
Notice of Claim	0
Personnel Complaints	0
Show of force	0
Stop	0
UPD Damaged Prop Car/Equip	0
Use of force	1
Vehicle accident	0
Vehicle pursuit	0
Total	3

Printed: Aug 04, 2020 10:20 By: Sgt Hiram Rios

Training Course Summary

Print Date: August 06, 2020

Course Information

Course NO	Title	Type	Prerequisites			Comments
			Credits	Hours	Course 1	
20180000000036	2018 April In Service/EVOC	In Service	0.00	8.00		EVOC Instructors: Geddes, Berger, Howe, Grande, Acquaviva

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	04/09/2018 08:00	04/09/2018 16:00		
	04/17/2018 08:00	04/17/2018 16:00		
	04/19/2018 08:00	04/19/2018 16:00		
	04/23/2018 08:00	04/23/2018 16:00		
	04/25/2018 08:00	04/25/2018 16:00		
	04/27/2018 08:00	04/27/2018 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: August 06, 2020

Course Information

		Prerequisites			
<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Credits</u>	<u>Hours</u>	<u>Course 1</u> <u>Course 2</u> <u>Comments</u>
2019000000005	2018 December Inservice	In Service	0.00	8.00	Active Shooter/ Inv Amerosa

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
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	12/03/2018 08:00	12/03/2018 16:00		
	12/07/2018 08:00	12/07/2018 16:00		
	12/11/2018 08:00	12/11/2018 16:00		
	12/17/2018 08:00	12/17/2018 16:00		
	12/19/2018 08:00	12/19/2018 16:00		
	12/21/2018 08:00	12/21/2018 16:00		

Instructor

<u>Instructor</u>	<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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Training Course Summary

Print Date: August 06, 2020

Course Information

Course NO	Title	Type	Prerequisites			Comments
			Credits	Hours	Course 1	
2018000000009	2018 February In-Service	In Service	0.00	0.00		CPR/Cultural Diversity/Workplace Violence-Sexual Harassment

Course Schedule

Class ID	Schedule		Company	Course Location	
	Start Date/Time	End Date/Time		Course Location	Course Location
	02/02/2018 08:00	02/02/2018 16:00		---	---
	02/06/2018 08:00	02/06/2018 16:00		---	---
	02/08/2018 08:00	02/08/2018 16:00		---	---
	02/12/2018 08:00	02/12/2018 16:00		---	---
	02/16/2018 08:00	02/16/2018 16:00		---	---
	02/22/2018 08:00	02/22/2018 16:00		---	---

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: August 06, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2018000000001	2018 January Inservice UOF/Person With Diss.	In Service	0.00	8.00			Use of Force and Person with disabilities.

Course Schedule

Schedule	Class ID	Start Date/Time	End Date/Time	Company	Course Location
		01/03/2018 08:00	01/03/2018 16:00		
		01/05/2018 08:00	01/05/2018 16:00		
		01/09/2018 08:00	01/09/2018 16:00		
		01/11/2018 08:00	01/11/2018 16:00		
		01/19/2018 08:00	01/19/2018 16:00		
		01/25/2018 08:00	01/25/2018 16:00		

Instructor

Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: August 06, 2020

Course Information

Course NO	Title	Type	Prerequisites			Comments
			Credits	Hours	Course 2	
2019000000004	2018 September Inservice	In Service	0.00	0.00		Firearms/ Inv Amerosa

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	09/10/2018 08:00	09/10/2018 16:00		
	09/14/2018 08:00	09/14/2018 16:00		
	09/18/2018 08:00	09/18/2018 16:00		
	09/20/2018 08:00	09/20/2018 16:00		
	09/24/2018 08:00	09/24/2018 16:00		
	09/28/2018 08:00	09/28/2018 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: August 06, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Prerequisites</u>			<u>Comments</u>
			<u>Credits</u>	<u>Hours</u>	<u>Course 1</u>	
2019000000007	2019 Feb Inservice	In Service	0.00	8.00	<u>Course 2</u>	Legal Updates/ Alcohol awareness/ EAP services

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	02/05/2019 08:00	02/05/2019 16:00		
	02/07/2019 08:00	02/07/2019 16:00		
	02/11/2019 08:00	02/11/2019 16:00		
	02/15/2019 08:00	02/15/2019 16:00		
	02/21/2019 08:00	02/21/2019 16:00		
	02/25/2019 08:00	02/25/2019 16:00		

Instructor

<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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Training Course Summary

Print Date: August 06, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2019000000003	2019 January Inservice	In Service	0.00	8.00			Infectious Disease (Phil Taurisano UFD)/Use of Force (LT Holt)/ DV/Work place violence/Sexual Harassment (PO Jess Dodge)

Course Schedule

Schedule	Class ID	Start Date/Time	End Date/Time	Company	Course Location
		01/08/2019 08:00	01/08/2019 16:00		
		01/10/2019 08:00	01/10/2019 16:00		
		01/14/2019 08:00	01/14/2019 16:00		
		01/16/2019 08:00	01/16/2019 16:00		
		01/18/2019 08:00	01/18/2019 16:00		
		01/24/2019 08:00	01/24/2019 16:00		

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: August 06, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Credits</u>	<u>Hours</u>	<u>Course 1</u>	<u>Course 2</u>	<u>Comments</u>
2019000000031	2019 May Inservice Firearms	In Service	0.00	8.00			Lead Instructor Inv. Amerosa

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	05/06/2019 05:00	05/06/2019 13:00		
	05/08/2019 05:00	05/08/2019 13:00		
	05/10/2019 05:00	05/10/2019 13:00		
	05/16/2019 05:00	05/16/2019 13:00		
	05/20/2019 05:00	05/20/2019 13:00		
	05/24/2019 05:00	05/24/2019 13:00		

Instructor

<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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Training Course Summary

Print Date: August 06, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2019000000050	2019 November inservice defensive Tac	In Service	0.00	8.00			Defensive tactics/ CIT/Sexual Harassment / Critical Incident and continuity / Supervisor performance Eval training

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	11/04/2019 08:00	11/04/2019 16:00		
	11/08/2019 08:00	11/08/2019 16:00		
	11/12/2019 08:00	11/12/2019 16:00		
	11/14/2019 08:00	11/14/2019 16:00		
	11/18/2019 08:00	11/18/2019 16:00		
	11/22/2019 08:00	11/22/2019 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: August 06, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2020000000002	2020 February in-service	In Service	0.00	8.00			CPR recert/ DVI Workplace Violence/Sexual Harassment

Course Schedule

Schedule	Class ID	Start Date/Time	End Date/Time	Company	Course Location
		02/04/2020 08:00	02/04/2020 16:00		
		02/10/2020 08:00	02/10/2020 16:00		
		02/12/2020 08:00	02/12/2020 16:00		
		02/20/2020 08:00	02/20/2020 16:00		
		02/24/2020 08:00	02/24/2020 16:00		
		02/26/2020 08:00	02/26/2020 16:00		

Instructor

Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: August 06, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Prerequisites</u>			<u>Comments</u>
			<u>Credits</u>	<u>Hours</u>	<u>Course 1</u>	
2020000000001	2020 January inservice	In Service	0.00	8.00	<u>Course 2</u>	Discovery/Bail reform/UOF

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	01/07/2020 08:00	01/07/2020 16:00		
	01/13/2020 08:00	01/13/2020 16:00		
	01/15/2020 08:00	01/15/2020 16:00		
	01/21/2020 08:00	01/21/2020 16:00		
	01/23/2020 08:00	01/23/2020 16:00		
	01/29/2020 08:00	01/29/2020 16:00		

Instructor

<u>Instructor</u>	<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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Training Course Summary

Print Date: August 06, 2020

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<u>Course Information</u>					
<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Prerequisites</u>		
			<u>Credits</u>	<u>Hours</u>	<u>Course 1</u> <u>Course 2</u>
					<u>Comments</u>
2017000000089	ET School	State Sponsored Certifications	0.00	80.00	
<u>Course Schedule</u>					
<u>Schedule</u>					
<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>	
	12/11/2017 08:00	12/22/2017 16:00			
<u>Instructor</u>					
	<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>	

Training Course Summary

Print Date: August 06, 2020

Course Information

Course NO	Title	Type	Prerequisites		Comments
			Credits	Hours	
2019000000029	June Inservice 2019	In Service	0.00	8.00	Narcan Refresher training/ Leads On-Line training/ Taserrecert

Course Schedule

Schedule	Class ID	Start Date/Time	End Date/Time	Company	Course Location
		06/07/2019 08:00	06/07/2019 16:00		
		06/11/2019 08:00	06/11/2019 16:00		
		06/13/2019 08:00	06/13/2019 16:00		
		06/17/2019 08:00	06/17/2019 16:00		
		06/21/2019 08:00	06/21/2019 16:00		
		06/27/2019 08:00	06/27/2019 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Course Information

Course NO	Title	Type	Prerequisites		Comments
			Credits	Hours	
2018000000048	Recognize Impaired Pers.	Other Outside agency sponsored	0.00	4.00	STOP DWI Spon sored

Course Schedule

Schedule	Class ID	Start Date/Time	End Date/Time	Company	Course Location
		09/25/2018 08:00	09/25/2018 12:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: August 06, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Credits</u>	<u>Hours</u>	<u>Course 1</u>	<u>Course 2</u>	<u>Comments</u>
2019000000056	Sexual offense trauma informed Victim response	State Sponsored Training	0.00	8.00			

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	11/13/2019 08:00	11/13/2019 16:00		

Instructor

<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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Training Course Summary

Print Date: August 06, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2020000000023	TASER inservice	In Service	0.00	4.00			

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	04/03/2020 08:00	04/03/2020 12:00		
	04/06/2020 08:00	04/06/2020 12:00		
	04/07/2020 08:00	04/07/2020 12:00		
	04/14/2020 08:00	04/14/2020 12:00		
	04/15/2020 08:00	04/15/2020 12:00		
	04/16/2020 08:00	04/16/2020 12:00		
	04/20/2020 08:00	04/20/2020 12:00		
	04/23/2020 08:00	04/23/2020 12:00		
	04/24/2020 08:00	04/24/2020 12:00		
	04/28/2020 08:00	04/28/2020 12:00		
	04/30/2020 08:00	04/30/2020 12:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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