

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:  
**Santana, Felix**

FROM: (Check only one)

City  County  Town  Village or District

ADDRESS:  
[REDACTED]

DEPARTMENT:  
**Police Department**

TITLE OF POSITION:  
**Police Officer**

SALARY:  
[REDACTED]

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

Veteran  Non-Veteran  
 Disabled Veteran  Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:  
[REDACTED]

	<i>Check Nature of Personnel Change</i>	<i>Date Effective</i>	<i>Action Necessary by Appointing Officer:</i>
A P P O I N T M E N T S	<input checked="" type="checkbox"/> Permanent	3/29/19	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
	<input type="checkbox"/> Labor Class		Attach application (MSD-330)
T E R M I O N N A S	<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
	<input type="checkbox"/> Layoff (Lack of Work or Funds)		Give facts under Remarks
O T H E R  C H A N G E S	<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 checked="" type="checkbox"/> Change in Salary	4/1/20	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)

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

New employee eff. 3/29/19, on payroll  
4/1/19.

Appointing Officer

Title

Address

*Mark J. Miller*

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  
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MONTH 04 DAY 01 YEAR 2019

TO:  
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**Santana, Felix**

FROM: (Check only one)  
 City  County  Town  Village or District

ADDRESS:  
[REDACTED]

DEPARTMENT:  
**Police Department**

TITLE OF POSITION:  
**Police Officer**

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

SALARY:  
[REDACTED]

DATE OF BIRTH:  
[REDACTED]

SOCIAL SECURITY NUMBER:  
[REDACTED]

	<i>Check Nature of Personnel Change</i>	<i>Date Effective</i>	<i>Action Necessary by Appointing Officer:</i>
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	<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. 3/29/19, on payroll  
4/1/19.

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)

# 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:* Felix Santana

*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 03/29/2019*

*the term to end*

*filling unexpired term of (if applicable)*

*Signed*

*Mayor*

*Title of Official*

**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.



COPY

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:	Felix Santana	DATE OF APPOINTMENT:	4/1/19
SOCIAL SECURITY NUMBER:	[REDACTED]	DEPARTMENT OR AGENCY:	Utica Police Dept.
STATUS/TITLE OF POSITION:	Police Officer	JURISDICTIONAL CLASSIFICATION:	
ORIGINAL LENGTH OF THE PROBATIONARY TERM AS SHOWN ON THE GCCS-12(AorB):		1 year	
NUMBER OF DAYS ABSENT DURING THE PROBATIONARY TERM:		0	
NUMBER OF DAYS PROBATIONARY TERM IS TO BE EXTENDED:		0	
DATE PROBATIONARY TERM ENDS:		4/1/20	
IF SATISFACTORY, DATE PERMANENT STATUS BEGINS:		4/2/20	

**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]  
 Signature of Employee

3/25/2020  
 Date

COPY

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

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

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

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

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

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

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

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write in This Space</p>

Signature of Employee <i>Felix Santana</i>	Today's Date (mm/dd/yyyy) <i>03/29/2019</i>
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I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date (mm/dd/yyyy)
Last Name (Family Name)	First Name (Given Name)

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

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



Employee Info from Section 1	Last Name (Family Name) <b>SANTANA</b>	First Name (Given Name) <b>FELIX</b>	M.I.	Citizenship/Immigration Status
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**List A** OR **List B** AND **List C**  
 Identify and Employment Authorization Identity Employment Authorization

Document Title	Document Title <b>NY LIC</b>	Document Title <b>SS CARD</b>
Issuing Authority	Issuing Authority <b>NYS</b>	Issuing Authority <b>N</b>
Document Number	Document Number [REDACTED]	Document Number [REDACTED]
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)

Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

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

The employee's first day of employment (mm/dd/yyyy): 4/1/19 (See instructions for exemptions)

Signature of Employer or Authorized Representative [REDACTED]	Today's Date (mm/dd/yyyy) <b>4/1/19</b>	Title of Employer or Authorized Representative <b>OFFICE MANAGER</b>
Last Name of Employer or Authorized Representative [REDACTED]	First Name of Employer or Authorized Representative [REDACTED]	Employer's Business or Organization Name <b>UTICA POLICE DEPT</b>
Employer's Business or Organization Address (Street Number and Name) <b>413 ORISKANY ST W</b>	City or Town <b>UTICA</b>	State <b>NY</b>
		ZIP Code <b>13502</b>

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
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**Homeland Security  
and Emergency Services**

**State Preparedness  
Training Center**

# **Certificate of Completion**

Awarded to

**Felix Santana**

For completing:

**Initial Response to Active Shooters  
September 9-10, 2019  
17 hours**

Delivered at:

**State Preparedness Training Center  
Oriskany, New York**

## Concise OfficerStacked Incidents Listing

Police Officer Felix Santana [REDACTED]

[REDACTED] Hire date: Apr 01, 2019

## 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
Oct 16, 2019 Officer [REDACTED]	MVA2019-0012	Vehicle accident	5	Police

On October 16, 2019 Officer [REDACTED] was assigned to car 56 along with Recruit Officer [REDACTED]. At approximately 1757 Officer [REDACTED] was parked in the St. Agnes Cemetery, located at 605 Arthur Street, when car 55 called out with a dispute on Miller Street. Officer [REDACTED] attempted to complete a 3 point turn to the left to go back up car 55. As he went forward he struck a low line thumb stone that was positioned directly along the road edge near the mausoleum.

Officer [REDACTED] and Recruit Officer [REDACTED] did not sustain any injuries. Unit 56 sustained minor damage to the front bumper. I responded to the scene. Photographs were secured. Captain [REDACTED] was notified about the incident.

Unit 55 Officer [REDACTED] completed Tracs accident report. The damage on the vehicle was cosmetic, therefore it was not taken out of service. The supervisor investigation is pending under RMS # [REDACTED]

Jun 26, 2020 Officer [REDACTED] Santana	UOF2020-0098	Use of force [REDACTED]	5	Police
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On June 26, 2020 I, PO Felix Santana reported for work at the Utica Police Department for the 1600-0000 hour shift. Assigned to the Uniformed Patrol Division, in full uniform, I was assigned to car/zone 56, per the acting Squad Commander, Lt. [REDACTED]

At approximately 1859 hours I responded to a failure to comply that occurred at the 1500 block of Dudley Ave.

While in route Officer [REDACTED] gave out the description of a B/M with a red sweat shirt with a black durag and black face mask riding a mini bike.

I arrived with the other units at South St. at Conkling Ave pursuing the suspect. We all began to pursue the suspect going in and out of traffic and into the plaza on Mohawk St.

While helping the other units, I saw the suspect and exited my vehicle going northbound on Mohawk St at around 19:02 hours. I began to pursue the suspect on foot going southbound up the Mohawk St Plaza parking lot.

The suspect was going around 15-25mph and at this time I felt was able to purse him by foot.

When I approached the suspect I grabbed him from the back and advised him to get off, to which the suspect refused. I then grabbed him off the bike and the suspect turned around and attempted to strike me with his hands. I then utilized a takedown to avoid getting hit.



Inv. [REDACTED] assisted in detaining the suspect and notice the suspect was going for his fanny pack. Inv. [REDACTED] took the fanny pack from the suspect and discovered a firearm.

4 Multiple other officers were also on scene and handcuffed the suspect who I now know to be [REDACTED] ([REDACTED]) without further incident.

Once in custody all necessary force being used was ceased.

Response to Resistance completed.

BWC footage tagged.

Narrative report completed.

Respectfully,

Report summary: totals by incident type:

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

Printed: Jun 30, 2020 07:44 By: Sgt [REDACTED]

**Utica Police Department**

Professional Standards

Officer Disciplinary History

Police Officer Felix Santana [7455]

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Part I - Personal Information

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Name: Police Officer Felix Santana  
: 7455 Badge No: 7455 Hire Dt: 04/01/2019

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

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Part II - Discipline History

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Printed: Jul 01, 2020 09:33 By: 

**NO RECORD**

# Training Course Summary

Print Date: June 30, 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>
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

<u>Schedule</u>	<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
		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

# Training Course Summary

Print Date: June 30, 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>
202000000002	2020 February in-service	In Service	0.00	8.00			CPR recert/ DV/ Workplace Violence/Sexual Harassment

Course Schedule

<u>Schedule</u>	<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
		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

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

# Training Course Summary

Print Date: June 30, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Hours</u>	<u>Course 1</u>	<u>Course 2</u>	<u>Comments</u>
202000000001	2020 January inservice	In Service	8.00			Discovery/Bail reform/UOF

Course 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>

# Training Course Summary

Print Date: June 30, 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>
202000000023	TASER inservice	In Service	0.00	4.00			

## Course Schedule

### Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	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

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