

Application For Employment

City of North Charleston
Personnel Department
PO Box 190016
North Charleston, SC 29419-9016



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For <i>Police Officer</i>		Date of Application <i>01/13/2009</i>	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input checked="" type="checkbox"/> Other <i>OFFICER William Janicki</i>			
Last Name <i>SIAGER</i>		First Name <i>Michael</i>	
Middle Name <i>Thomas</i>			
Address Number <i>██████████</i>	Street <i>██████████</i>	City <i>Ladson North Charleston</i>	State Zip Code <i>S.C. 29486</i>
Telephone Number(s) <i>856-816-7187</i>	Driver's License # <i>██████████</i>	State <i>FLORIDA</i>	Social Security Number <i>██████████</i>

*Received
1-29-09*

If you are under 18 years of age, can you provide required proof of your eligibility to work?

27 Yes No
 Yes No
 If yes, give date *___/___/___*

Have you ever filed an application with us before?

Yes No
 If yes, give date *___/___/___*

Have you ever been employed with us before?

Yes No

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment.

01/21/2009

On what date would you be available for work?

Are you available to work: Full Time Part Time

Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony within the last 7 years?
Conviction will not necessarily disqualify an applicant from employment.

Yes No

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		Work Performed
	United States Coast Guard	From	To	
	Address	Jan 20, 03 Present		Mechanics, Boarding team Member,
	9235 Grayser Road, Port Canaveral FL			47 MLB Engineer,
	Telephone Number(s)	Hourly Rate/ Salary		Enforced Federal Laws &
	- - 321-868-4200	Starting	Final	
	Job Title	Supervisor		treaties, Port security
	Fireman	ROB Almond		
	Reason for Leaving			
	Military time is up			
2.	Employer	Dates Employed		Work Performed
	Ventures	From	To	
	Address			waiter
	103 S.R. 73 Vooches, WJ			
	Telephone Number(s)	Hourly Rate/ Salary		
	- -	Starting	Final	
	Job Title	Supervisor		
	waiter			
	Reason for Leaving			
	Joined Military			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/ Salary		
	- -	Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/ Salary		
	- -	Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

See Attached

Education

	Elementary School					High School				Undergraduate College/ University				Graduate/ Professional			
School Name and Location						Lenape High School MEDFORD, MS											
Years Completed	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Diploma/ Degree						<input checked="" type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
Describe Course of Study						General Study											
Describe any specialized training, apprenticeship, skills, and extra-curricular activities	See attached																
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application	See attached																

Indicate any foreign languages you can speak, read, and/ or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business, or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.
 See attached

References

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

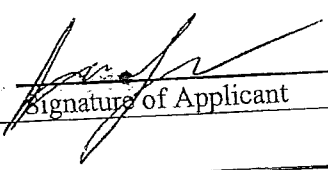
- Ryan Smith, 85 Skyline Blvd, Merritt Island, FL 32953 321-868-2625
- William Janicki, 9345 Blue house RD, Apt 8108, North Charleston, 843-534-3993
- Rob Almond, 9235 Groupe RD, Port Canaveral, FL 32920 321 403 6405

Have you ever had any job-related training in the United States Military? Yes No

If Yes, please describe: see attached

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 This application for employment shall be considered active for a period of time not to exceed 45 days.
 Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.


 Signature of Applicant

11/13/09
 Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks: _____

 Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly rate/ Salary _____ Department _____

By _____
 Name and Title Date

NOTES: _____

CITY OF NORTH CHARLESTON, SOUTH CAROLINA
JOB DESCRIPTION, MAY 2003

JOB TITLE: POLICE OFFICER
POLICE DEPARTMENT

GENERAL STATEMENT OF JOB

Under regular supervision, enforces all federal and state laws and City ordinances relating to public safety and welfare. Performs general uniform patrol, investigative, special operations or other police duties as assigned; responds to calls for service. Works under stressful, high-risk conditions. Reports to the assigned Sergeant.

SPECIFIC DUTIES AND RESPONSIBILITIES

ESSENTIAL JOB FUNCTIONS

Enforces all federal and state laws and City ordinances relating to public safety and welfare; performs all duties in compliance with applicable policies, procedures, laws, regulations and standards of safety.

Performs general or specialized police duties peculiar to the unit to which assigned.

Performs general police work, including but not limited to maintaining public order, responding to calls for service, and apprehending, arresting and detaining criminals, suspects and law violators; transports prisoners and mental patients as necessary.

Provides testimony and presents evidence in court as necessary.

Receives and responds to citizen inquiries, complaints and requests for assistance.

Prepares and submits daily records and reports as required.

Maintains assigned equipment and vehicles.

Assists other law enforcement agencies and jurisdictions as required.

Participates in public relations efforts necessary to maintain cooperative and positive relationships between the department and community.

Maintains required certifications and training as mandated by the Department.

Performs general clerical work as required, including entering and retrieving computer data, preparing reports, copying and filing documents, sending and receiving faxes, attending meetings, answering the telephone, etc.

Receives and reviews various documents, which may include case folders, incident reports, investigative reports, statements, evidence reports, etc.

Prepares various documents, which may include daily activity reports, incident / accident reports, citizen complaint forms, citations/warnings, arrest reports, case reports, investigative reports, injury reports, various other records, logs, reports, etc.

Michael Slager

City of North Charleston, SC

R. KEITH SUMMEY, MAYOR
HUMAN RESOURCES DEPARTMENT CHRISTINE A. RUTH, DIRECTOR

#1299

This is to certify that I have received a City of North Charleston employee proximity card that provides me with access to specific areas of the North Charleston City Hall building. I understand and agree that I am responsible for this card and if it is lost, stolen, or damaged during my possession that I will inform the Human Resources Department immediately, and that I will be responsible for paying the amount of \$20.00 for a replacement card.

EMPLOYEE SIGNATURE

Michael SLAGER

WITNESS

7 Dec 09

DATE

12/7/09

DATE



City of North Charleston

SOUTH CAROLINA

Human Resources Department

Christine A. Ruth, PHR, IPMA-CP
DIRECTOR

South Carolina
Legal Notice

Wages, Fringe Benefits, Hours, Payday and Deductions from Wages

In accordance with South Carolina State Employment Law we are providing you with a written notice regarding specific aspects of your employment with the City of North Charleston.

- **Wages** – As an employee you will be paid the hourly rate or salary as set forth in the Classification and Compensation Plan and Salary Plan
- **Fringe Benefits** – Outlined below are the fringe benefits and group health insurance provided to all full-time employees who have completed the required probationary periods and any extension periods that may be required. These fringe benefit policies were written to cover the most usual and typical situations. The policies may contain ambiguities and may not be readily applicable to all fact situations. When there is a doubt as to how a policy should be interpreted, the City will interpret the policy on a case-by-case basis.
- **Hours of Work**
 - **General** – Each employee is subject to being required to work between 1 and 168 hours each week, any, all, or no days of the week, and any, all, or no hours of each day. The fact that an employee may be tentatively scheduled for particular hours in a day or days in a week does not change the fact that the employee is hereby given notice that he./she may be required to work additional hours, or fewer hours than those tentatively scheduled.
 - **Attendance Policy** – We expect every employee to be here on time, fully prepared, every day the employee is scheduled to work. We expect every employee to strive for perfect attendance.
 - **Layoff or Shutdown** - The City may at any time layoff one (1) or more employees, or may shutdown an operation temporarily or permanently, totally, or partially.
 - **Suspension or Termination** – An employee may be suspended or terminated with or without cause, and at the time of his/her notice of suspension or termination, his/her tentative schedule hours to be worked will be modified.
- **Payday** - Wages will be distributed at the work site on alternate Thursday or Fridays, unless equipment failure, lack of sufficient information to calculate wages, or other such problems that may cause a delay, in which case wages will be paid as soon as possible after the normal payday.

South Carolina
Legal Notice
Wages, Fringe Benefits, Hours, Payday and Deductions from Wages

I understand that I have been hired as a Police Officer at Grade 13. I understand that I am normally scheduled to work 86 hours per pay period and will be paid at my work site on alternate Thursday or Fridays. I understand that all overtime must be approved by my department head, except in emergency situations. In emergency situations, the hours worked and the reason must be reported to the department head, no later than the next regular working day. I further understand that no deductions will be made from my wages other than those required by State and/or Federal Law, or upon written request, or upon written notification by my employer prior to the deduction.

Initial
NS

It is understood and agreed that this notice does not constitute a contract of employment for any fixed time period nor does it create a property right in employment, as all employment with the City of North Charleston is "at will" with the City. The employee may terminate his/her employment at any time, with or without cause, and with or without notice. The City retains the same right.

Initial
NS

I have read, received and understand the City's policy on alcohol and drug testing, and I agree to abide by that policy. I understand that under these policies positive test results may result in my discharge and that I would then be ineligible for workers' compensation or unemployment benefits. I also promise to notify the City within five days if I am convicted of a criminal drug violation that occurred while I was on the job. I also understand that the City may either sanction me for a drug conviction or require that I participate in a rehabilitation program. I understand that my failure to sign this agreement will result in my being ineligible for employment on any State or Federal contract.

Initial
NS

I have read the City of North Charleston's Notice of Privacy Practices and understand that I may request and be provided with a copy of this notice.

Initial
NS

I understand that it is mandatory for me to participate in the South Carolina Retirement System pension plan and currently I will be required to deduct 7.5% of my wages for the pension plan.

Initial
NS

I understand that I am required to pay a co-payment for my dependent's health, prescription and dental coverage and this amount may be subject to change.

Initial
NS

FRINGE BENEFITS

Holidays	
Observed by the City of North Charleston	
New Years Day	Veteran's Day
Martin Luther King Jr. Day	Thanksgiving Day
President's Day	Friday after Thanksgiving Day
Memorial Day	Christmas Eve
Independence Day	Christmas Day
Labor Day	

THIS APPRAISAL HAS NOT BEEN REVIEWED BY THE EMPLOYEE.

APPRAISAL PERCENTAGE:	100
TOTAL RAW SCORE:	26.5
TOTAL WEIGHTED SCORE:	3.24
APPRAISAL SCORE:	3.24

SUPERVISOR SIGNATURE AND DATE: *Eric M. Jourdan* 11-27-2010
JOURDAN, ERIC M

LEVEL ONE REVIEWER SIGNATURE AND DATE: *[Signature]* 11-28-2010
NONE

LEVEL TWO SIGNATURE AND DATE: NONE

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and entering the date of the review in the space below.

FINAL OVERALL SCORE:

3.24

SIGNATURE AND DATE: *[Signature]* 11-27-10
SLAGER, MICHAEL S

THIS APPRAISAL HAS NOT BEEN REVIEWED BY THE EMPLOYEE.

APPRAISAL PERCENTAGE:	100
TOTAL RAW SCORE:	26.75
TOTAL WEIGHTED SCORE:	3.24
APPRAISAL SCORE:	3.24

SUPERVISOR SIGNATURE AND DATE: C. Prosser 11/29/2012
PROSSER, CHARITY L

LEVEL ONE REVIEWER SIGNATURE AND DATE: Kam Khan 12-3-12
NONE

LEVEL TWO SIGNATURE AND DATE: Dep. Chief J. Chitt 12-6-12
NONE

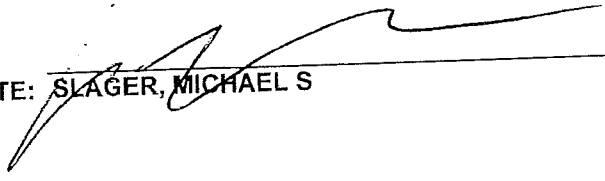
Please acknowledge that this performance appraisal has been reviewed with you by signing your name and entering the date of the review in the space below.

FINAL OVERALL SCORE: 3.24

SIGNATURE AND DATE: [Signature] 11-29-12
SLAGER, MICHAEL S

date of the review in the space below.

FINAL OVERALL SCORE:

SIGNATURE AND DATE:  12-4-13

3 Meets Expectations - USUALLY plans and organizes work/tasks.
Avoids having to repeat a procedure or duplicate a task to get the job done

3 Meets Expectations - SELDOM has to do work over again.
Supplies, materials, equipment, or work time effectively and efficiently

3 Meets Expectations - SELDOM wastes the organizations resources/supplies.
JUSTIFICATION: Ptl Slager demonstrates good time management in completing all assigned duties and case reports.

GOALS:

SAFETY AND HOUSEKEEPING

RATING: 3.00 WEIGHT: 0.040 WEIGHTED SCORE: 0.12

Keeps work area clean and neat

3 Meets Expectations - Does a GOOD job of housekeeping.

Follows safety rules for use of machinery plus safety equipment and clothing

3 Meets Expectations - CONSISTENTLY observes safety rules and regulations.

Shows interest in safety of others working together

3 Meets Expectations - Shows SUBSTANTIAL concern for safety of co-workers.

JUSTIFICATION:

GOALS:

THIS APPRAISAL HAS NOT BEEN REVIEWED BY THE EMPLOYEE.

APPRAISAL PERCENTAGE:	100
TOTAL RAW SCORE:	28.
TOTAL WEIGHTED SCORE:	3.41
APPRAISAL SCORE:	3.41

SUPERVISOR SIGNATURE AND DATE: C Prosser 12/3/13
PROSSER, CHARITY L

LEVEL ONE REVIEWER SIGNATURE AND DATE: Dep. Chief J. Smith 12-6-13
NONE

LEVEL TWO SIGNATURE AND DATE: Capt. J. Smith 12-5-13
NONE

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and entering the

SAFETY AND HOUSEKEEPING

RATING: 3.33 WEIGHT: 0.040 WEIGHTED SCORE: 0.13
Keeps work area clean and neat

- 4 Exceeds Expectations - Usually does an EXCEPTIONAL job of housekeeping.
 - 3 Meets Expectations - CONSISTENTLY observes safety rules and regulations.
- Follows safety rules for use of machinery plus safety equipment and clothing
- Shows interest in safety of others working together
- 3 Meets Expectations - Shows SUBSTANTIAL concern for safety of co-workers.

JUSTIFICATION: On 10-29-2014, an inspection was conducted on PFC Slager's assigned patrol unit. It was found to be extremely clean and neat in order.

GOALS:

THIS APPRAISAL HAS NOT BEEN REVIEWED BY THE EMPLOYEE.

APPRAISAL PERCENTAGE:	100
TOTAL RAW SCORE:	27.75
TOTAL WEIGHTED SCORE:	3.37
APPRAISAL SCORE:	3.37

SUPERVISOR SIGNATURE AND DATE: R. Webb 11-30-2014
WEBB, RONALD D

LEVEL ONE REVIEWER SIGNATURE AND DATE: [Signature] #12 12-1-2014
NONE

LEVEL TWO SIGNATURE AND DATE: [Signature] 12-5-14
NONE

Please acknowledge that this performance appraisal has been reviewed with you by signing your name and entering the date of the review in the space below.

FINAL OVERALL SCORE:

SIGNATURE AND DATE: [Signature] 11-22-2014
SLAGER, MICHAEL T



South Carolina Criminal Justice Academy

5400 Broad River Rd., Columbia, SC 29212

March 22, 2013

RE: CERTIFICATION RENEWAL LETTER

North Charleston Police Dept.
Attn: Training Officer
PO Box 62558
North Charleston, SC 29419

Dear Training Officer:

The following officer currently employed with your agency has met and successfully completed the in-service requirements for recertification as set forth by the South Carolina Law Enforcement Training Act & Regulation, Section 23-23-60(C), Reg. 38-012 and Reg. 38-013(B) (1):

Name: Michael Slager **Academy Number:** 5728-2851
Certification: Class 1 Law Enforcement Officer

Expiration Date: 2/26/2016

Should this officer separate/terminate employment with your agency, please forward in accordance with Reg. 38-009 (B) a Personnel Change In Status Form confirming this separation/termination along with an MRN (Mandatory Retraining Notification) form listing all training received since the officer's last certification renewal.

Sincerely,

Hubert F. Harrell

Hubert F. Harrell, Director

RECEIVED
MAR 2 - 2013

Training Division



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: Taser Certification

Course Hours: 8 Hrs.

Course Location: NCPD Training Room

Instructor (s): Sgt Dean Hatchell; Pfc Joseph Niemiec; MPO James Gann

Date(s): 1/8/10

CDV

LEGALS

IN-SERVICE XXX

ADVANCED

Please Print Information Listed Below

Student Name: SLAGER MICHAEL
Last First MI

Social Security Number: _____ Badge: _____

Unit of Division Assigned: TRAINING

Sworn: XXXX

Non-Sworn: _____

Hours Qualified for Re-Certification
Yes: XX No: _____

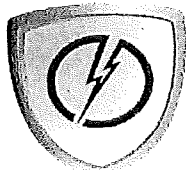
During this training, I have been instructed on all aspects of the Use of Force Policy # O-02. I have been provided an additional copy of this policy in writing during this course. I have had all questions about this policy answered during this training to my complete satisfaction.

Signature of Student _____ Date: 1/8/10

Signature of Instructor / Proctor Sgt Dean Hatchell; Pfc Joseph Niemiec Date: 1/8/10

ENTERED

MAR 15 2010



TASER TRAINING ACADEMY

TASER® ECD User Certification Form PRINT LEGIBLY AND CLEARLY PLEASE!

Which device were you certified in (Check all that apply): M26 X26

Rank: PHI. Name: Michael Slager

Agency: NCPD Email: _____

Phone: _____ Fax: _____

Address/State/Zip: _____

Number of test answers correct: 50 out of 50 (X26) (80% minimum = 40) or out of 45 (M26) (80% minimum = 36)

Instructor to initial that student has successfully completed the following practical application tests:

- KP Demonstration of proper finger positions for aiming and firing.
- Z Control TASER ECD adequately when commanded "Arm - Spark - Safe" at random.
- Z Demonstrate the ability to load and unload the TASER ECD under stress.
- KP Remove and reinstall batteries in TASER ECDs correctly.
- KP Hit targets from various distances and place both probes in the preferred target zones

RECEIVED
FEB 10 2011

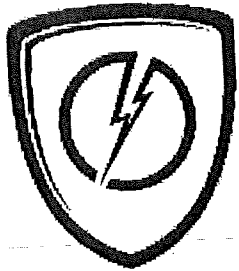
Training Division

I hereby certify that the above named applicant has passed the appropriate TASER Certification Test with a minimum score of 80% and has met the above criteria for sufficient knowledge and skills in the use of the TASER ECD system checked above and is hereby certified as a user of this system.

Attested by Certifying Instructor: K. Pumphrey Pumphrey
(Print Name) (Signature)

Date: 2.9.11 Location: NCPD

Keep this Form for Department Training Records



TASER TRAINING ACADEMY

TASER® ECD User Certification Form PRINT LEGIBLY AND CLEARLY PLEASE!

Which device were you certified in (Check all that apply): M26 X26

Rank: PII Name: Michael SLAGER

Agency: NCPS Email: _____

Phone: 554-5700 Fax: _____

Address/State/Zip: 2500 city hall Ln., N. Charleston SC

Instructor to initial that student has successfully completed the following practical application tests:

- ___ Demonstration of proper finger positions for aiming and firing.
- ___ Control TASER ECD adequately when commanded "Arm - Spark - Safe" at random.
- ___ Demonstrate the ability to load and unload the TASER ECD under stress.
- ___ Remove and reinstall batteries in TASER ECDs correctly.
- ___ Hit targets from various distances and place both probes in the preferred target zones

I hereby certify that the above named applicant has passed the appropriate TASER Certification Test with a minimum score of 80% and has met the above criteria for sufficient knowledge and skills in the use of the TASER ECD system checked above and is hereby certified as a user of this system.

Attested by Certifying Instructor: GANN (Print Name) [Signature] (Signature)

Date: 12/13/12 Location: [Signature]

Keep this Form for Department Training Records

ENTERED

DEC 20 2012

RECEIVED
DEC 20 2012



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

ANNUAL IN-SERVICE MANDATORY TRAINING Training Year - 2013

<u>Course Subject</u>	<u>Hours</u>	<u>Date</u>	<u>Instructor</u>	<u>Instructor Initials</u>
FIRST AID / CPR	2	12/17/12	R. DEAN	<u>JKS</u>
BLOODBORNE	1	12/17/12	R. DEAN	
HAZMAT	1	12/17/12	P. KIRKLAND	
BIAS	1	12/17/12	A. KING	
FIREARMS CLASS	2	12/17/12	W. HUMPHRIES	
FIREARMS QUAL.	2	12/18/12	W.HUMPHRIES/S. HILLE	
VICTIM SERVICES TR.	1	12/17/12	M.HOSSEINI	<u>JKS</u>
EVO CLASS	2	12/18/12	W.JANICKI / K. SPEARS	
TASER CLASS	2	12/18/12	J. GANN	
{Prof.}		12/19/12	GANN / GHI / JANICKI	
DRIVING Prof.	4	12/19/12	W.JANICKI / S.JANOWSKI	
			K. SHARP / P. KIRKLAND	
TACTICAL PRACTICAL	3	12/19/12	J. GANN / D. GHI	<u>JKS</u>
			W. JANICKI	

STUDENT INFORMATION (Please Print)

Student Name: SLAGER Last Michael First T MI
 Social Security Number: XXX-XX-1488 Area Assigned: South Nights team 2
 Sworn: Non-Sworn: Qualified Re-Certification Hours: _____

During this training, I have been instructed on all aspects of the Use of Force Policy # O-02. I have been provided an additional copy of this policy in writing during this course. I have all questions about this policy answered during this training to my complete satisfaction

Student Signature: _____ Date: 12-17-12

Training Signature: _____ Date: 12-19-12

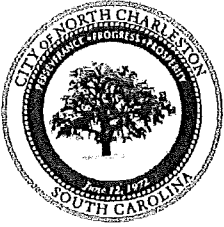
Training hours and proficiency is based on the experience and ability of the class as a whole.
 *Indicates course does not currently qualify for recertification hours.
 N/A - Indicates course is not required for this training year.

ENTERED

DEC 18 2012

DEC 18 2012

Training Division



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

ANNUAL IN-SERVICE MANDATORY TRAINING Training Year

2014

Course Subject	Hours	Date	Instructor	Instructor Initials
Bloodborne Pathogen	1	5/6/14	R. Dean	RDA
Ethics	1	5/6/14	J. Dandridge	JD
Haz Mat	1	5/6/14	P. Kirkland	PK
Bias Base Profiling	1	5/6/14	A. King	AK
EVO Classroom	2	5/6/14	R. Heid	RH
Taser Classroom	1	5/6/14	M. Powitchko	MP
Driving Range	4	5/7/14	R. Heid/ R. Dean/ H. Roper	RH
Legal Discussion	2	5/7/14	Legal	SV
Firearms Classroom	2	5/7/14	R. Dean/ S. Evans	RE
Firearms Qualification	4	5/8/14	R. Dean/ S. Evans	RE
Tactical Practical (DT/Taser)	4	5/8/14	Pumphrey/ Sanchez/ M. Powitchko	P/S/MP

During this training, I have been instructed on all aspects of the Use of Force Policy # O - 02. I have been provided an additional copy of this policy in writing during this course. I have all questions about this policy answered during this training to my complete satisfaction.

STUDENT INFORMATION

(Please Print)

Student Name: SLAGER Michael I
Last First MI

Social Security Number: XXX-XX-1488 Area Assigned: SWT2

Sworn: Non-Sworn: Qualified Re-Certification Hours: _____

Student Signature: [Signature] Date: 5-6-14
 Training Signature: [Signature] Date: 5-8-14

Training hours and proficiency is based on the experience and ability of the class as a whole.
 *Indicates course does not currently qualify for recertification hours.



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
FIREARMS QUALIFICATION**



PRINT NAME	BADGE #	DATE
Michael SLAGER	259	8-15-14

MAKE	MODEL	SERIAL #
GLOCK	21	X HF 314

40 Round Course – Minimum Score of 80 % required. (160)

YARDS	ROUNDS	TIME (SEC)	Unless noted, shooting positions will be from the Weaver or Natural Point.
3	5	6	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	5	7	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	7	15	From the holster, fire 4 rounds, combat magazine exchange, fire 3 rounds and scan threat area.
7	8	12	From the holster, fire 4 rounds strong hand, transition, fire 4 rounds reaction hand, transition to strong hand, and return to the holster.
10	8	20	From the holster, fire 2 rounds standing, combat magazine exchange, fire 3 rounds strong side kneeling, fire 3 rounds weakside kneeling and scan threat area.
15	7	Timed	From the ready position, fire 2 rounds two seconds, fire 2 rounds two seconds, fire 3 rounds three seconds, and scan the threat area.

Pass

Fail

Required remedial training: Yes No

RECEIVED
AUG 18 2014
TRAINING DIVISION

<i>A. Brown</i>	<i>[Signature]</i>	8-15-14
Instructor (Print)	Instructor's Signature	Date

14-022938

Accident No.

Last Number Used

Officer Involved Accident

View This Officer's Accidents During Current Alert Limits

Outcome Of Accident Review

Completed Date

Finalized

Review Date

Time

Officer Invited

Invited to Accident Review By

Driver Was At Fault

Disciplinary Action Taken

Location of Accident Review
NON-PREVENTABLE

Final Disposition

Include With Alert

7/8/2014

Accident Date

Tuesday

Day of Week

2232

Time

1832 ARAGON ST

Accident Location

PATROL

Division

NORTH CHARLESTON

City

1ST

Shift

14-022938

Case No

SLAGER, MICHAEL

Officer Driving

Vehicle Information

510-163

Department No.

PATROL CAR

Type of Vehicle

2011

Year

MG-52162

License

FORD

Vehicle Make

PATROL

Vehicle Assigned To

CROWN VICTORIA

Vehicle Model

MARKED

Type of Markings

TRAFFIC

Call Type

CLEAR

Weather Conditions

ALLEN, DARYL

Supervisor

Accident Information

AUTO

Officer Collided With

STOPPED

What The Officer Was Doing

NONE

Injuries

YES

801 Form

BUMPER FRONT

Damage

LIGHTS

Signals Used

0

Speed

YES

Photos

Notes And Comments

Officer conducted a traffic stop. As he approached the vehicle the driver placed his vehicle in reverse and struck the patrol car. The driver fled the scene and a pursuit was initiated. The driver fled the scene after abandoning the vehicle on railroad tracks.

Locate Accidents

Add A New Accident

Accident Main Menu

Reports

Delete This Accident

Drop Down Lists

Print This Screen

Print Review Invitation

Help

Files Attached (0)

Attach File

Open File

Type Of Complaint And Disposition By Officer

Officer	Type of Complaint	Officer Disposition
SLAGER, MICHAEL	2 100.0%	1 50.0%
	CODE OF CONDUCT	SUSTAINED
	USE OF FORCE	EXONERATED
	1 Different Officers Involved	2 Different Types Of Action Taken
2 Total Number Of Incidents	2 Different Disposition Types	2 Totals Entries (Officers *Plus* Complaint Violations Alleged)
2 Different Types Of Complaints		

Full Details Report

Complaint Number: **13-EX012** Date Complaint Taken: 9/16/2013 Date Occurred: 9/15/2013 Case No.: 13-031956 No. Type: WALK-IN

Incident: Citizen - Formal Type: Racial: No Occurred: ON Duty

Location Occurred: 2025 DELAWARE AVE Race: BLACK District/Area: 1 Gender: M

Complainant: GIVENS, MARIO Home Phone: Email Address: Days Case Due In: 30 Date Due: 10/17/2013

Complainant's Address: 2025 DELAWARE AVE, N. CHARLESTON SC 29405

Cell Phone: (843) 518-2621 Business Phone: Date Assigned: 9/17/2013 Date Completed: 10/4/2013

Assigned: JOHNSON, TESS Satisfaction Comments: Current Case Disposition: EXONERATED

Complaintant Satisfaction: Unknown-Not Entered

Summary: PTL SLAGER RESPONDED TO A BURGLARY ON ECHO AVE. THE VICTIM SHOWED HIM WHERE THE SUSPECT LIVED AND HE AND PTL HUGGINS APPROACHED THE RESIDENCE. PTL HUGGINS WENT TO THE REAR AND PTL. SLAGER MADE CONTACT AT THE FRONT DOOR. MR GIVENS REFUSED TO EXIT THE RES

Type Of Complaint	Description	USE OF FORCE/TASER	Complaint Disposition	Officer Disposition	On Alert
Complaint #: 1	USE OF FORCE		EXONERATED	EXONERATED	YES
Officer #: 1	Name: SLAGER, MICHAEL	ID Number:	Rank: PTL	Division: PATROL	Shift: Not Stated
Witness #: 1	Name: BROWN, MALEAH KIARA	F	BLACK	Type Witness: CITIZEN	Contacted: Friday, August 16, 2013
	Address: 1987 ECHO AVE, N. CHARLESTON SC 29405	B Phone:		C Phone: Cell #:(843) 442-6978	
Witness #: 2	H Phone:	Witness Notes: SHE WAS THE VICTIM OF THE BURGLARY. SHE DROVE TO THE SUSPECT'S ADDRESS TO SHOW OFFICERS AND WAITED IN HER VEHICLE WHILE OFFICERS MADE CONTACT. SHE STATED AS MR GIVENS OPENED THE DOOR THAT SHE YELLED TO OFFICERS THAT HE WAS NOT THE SUSPECT.			
	Name: HUGGINS, MAURICE	M	BLACK	Type Witness: POLICE OFFICER	Contacted
	Address: 2500 CITY HALL LN, N CHARLESTON SC 29406	B Phone: B #:(843) 554-5700		C Phone:	
	H Phone:	Witness Notes: OFFICER HUGGINS WAS COVERING THE REAR OF THE RESIDENCE AND OFFICER SLAGER WAS ATTEMPTING TO MAKE CONTACT WITH THE SUBJECT AT THE FRON DOOR. OFFICER HUGGINS HEARD THE OFFICER YELLING COMMANDS AND HE CAME AROUND THE FRONT OF THE RESIDENCE TO ASSIST. A PHYSICAL STRUGGLE ENSUED BETWEEN BOTH OFFICERS AND SUSPECT. SLAGER WAS FORCED TO USE HIS TASER THEN DRIVE STUN TO GAIN COMPLIANCE.			

Full Details Report

Witness #: 3

WHITAKER, YOLANDA J

F BLACK

Type Witness: CITIZEN

Contacted Monday, September 16, 201

Address: 7920 PARKLANE CT #H, N. CHARLESTON SC 29418

C Phone: Cell #:(843) 442-7346

H Phone:

B Phone:

Witness Notes: SHE CLAIMS TO HAVE BEEN ASLEEP WHEN MR GIVENS OPENED THE DOOR AND THAT SHE WOKE UP AND WITNESSED THE ENTIRE INCIDENT. HER STATEMENT IS THE SAME AS MR. GIVENS.

Narrative:

PTL SLAGER AND PTL HUGGINS RESPONDED TO A BURGLARY ON ECHO AVE. OFFICERS WERE LED TO 2025 DELAWARE AVE WHERE THE SUSPECT LIVES. PTL HUGGINS WENT TO THE REAR AND PTL SLAGER WENT TO THE FRONT. PTL SLAGER MADE CONTACT WITH THE COMPLAINANT, MR GIVENS, WHO REFUSED TO EXIT THE RESIDENCE AND TRIED TO CLOSE THE DOOR BECAUSE HE IS AFRAID OF THE POLICE. PTL SLAGER ATTEMPTED TO DETAIN MR GIVENS AND ENDED UP STRUGGLING WITH HIM AND TASSING HIM. HE STATED HE PROVIDE PTL SLAGER WITH HIS NAME AND THAT HE DOES NOT LOOK AT ALL LIKE THE SUSPECT WHO IS 5'5" AND HE IS 6'3". HE SAID PTL SLAGER TOLD HIM HE WOULD BE TASED IF HE DID NOT EXIT AND HE ADVISED HE DID INFACIT EXIT THE RESIDENCE AND WAS TASED FOR NO REASON AND THAT HE SLAMMED HIM AND DRAGGED HIM. HE ALSO STATED THAT THE VICTIM, WHO WAS OUTSIDE OF HIS RESIDENCE AT THE TIME, TOLD PTL SLAGER THAT HE WAS NOT THE GUY BEFORE HE WAS TASED.

Complaint Number
15-EX003

Date Complaint Taken: 1/26/2015

Date Occurred: 1/24/2015

Case No.: 15-EX003

No. Type: WALK-IN

Incident: Citizen - Formal

Type:

Racial: No

Occurred: ON Duty

District/Area: 4

Gender: FEMALE

Race: AFRICAN AMERICA

Home Phone: (843) 364-723

Location Occurred: 4567 PIGGLY WIGGLY DR.

Complainant: JUNELLE VANHANNAGEYN

Complainant's Address: 4525 DEAS HILL LANE, NORTH CHARLESTON SC 29405

Email Address:

Date Assigned: 1/27/2015

Days Case Due In: 30

Date Due: 2/26/2015

Cell Phone: ROONEY, MICHAEL

Date Completed: 2/18/2015

Current Case Disposition: SUSTAINED

Satisfaction Comments:

Complainant Satisfaction: Unknown-Not Entered

Summary:

Description

Complaint Disposition

Complaint #: 1

Type Of Complaint
CODE OF CONDUCT

FAILURE TO PROVIDE POLICE REPORT

SUSTAINED

Name
SLAGER, MICHAEL

ID Number

Rank
PTL

Division
PATROL

Shift
Not Stated

Officer Disposition
SUSTAINED

On Alert
YES

Officer #: 1

Narrative:

The complainant called the police due to her children being harassed by a neighbor and requested a police report. The complainant stated that the officer told her that he was not doing a report due to the ongoing back and forth problems that the complainant and the suspect are having.

SECTION II: ROSTER OF OFFICER(S) RENEWING CERTIFICATION - M-R-N FORM

The listed officer(s) have completed or exceeded the minimum hours and required coursework for re-certification as a law enforcement officer, pursuant to South Carolina Code Section 23-23-60(C) 23-23-50(A) 38-013, as amended, as well as met the requirements for law enforcement vehicle training as required in Regulation 38-021, 022, 024, 025.

CLASS 1 & CLASS 1 LECO: Enter Hours Earned Under Criminal Domestic Violence, Legal, In-Service & EVO

CLASS 2: Enter Total In-Service Hours Earned Each Year In Electives Column

CLASS 3: Enter Legal Hours Earned (only)

IN-SERVICE: CJA Approved Lesson Plans & CJA Approved Institutional Provider Classes Taught In The Field

Separate Certification Hours: Classes that grant you a Certification (other than Basic Training)

Instructions: (1) Enter Officer's Name, SS#, Classification (2) Enter Month, Day, Year, Number of Hrs. (if a Makeup Check Box) GDV Year Viewed = Enter (example: 2011,2012,2013, etc.) *** Legal Year Viewed = Enter (example: 11/12,12/13, 13/14etc.)**

OFFICER'S NAME	SOCIAL SECURITY #	CERT CLASS	CRIMINAL DOMESTIC VIOLENCE 4+ HRS.			LEGAL HOURS 2+ HRS.			IN-SERVICE & EVO Hrs.	Separate Certification Hours	
			M/D/Y	MAKE UP	Year Viewed	M/D/Y	MAKE UP	Year Viewed			
SLAGER, MICHAEL T.	[REDACTED]	1	Yr.1 02/09/11	<input type="checkbox"/>	2011	Yr.1 06/12/11	<input type="checkbox"/>	2011	28	105	
			Yr.2 01/15/12	<input type="checkbox"/>	2012	Yr.2 01/15/12	<input type="checkbox"/>	2012	17	3	
			Yr.3 12/13/12	<input type="checkbox"/>	2013	Yr.3 12/14/12	<input type="checkbox"/>	2013	21	5	
			Yr.1	<input type="checkbox"/>		Yr.1	<input type="checkbox"/>				
			Yr.2	<input type="checkbox"/>		Yr.2	<input type="checkbox"/>				
			Yr.3	<input type="checkbox"/>		Yr.3	<input type="checkbox"/>				
			Yr.1	<input type="checkbox"/>		Yr.1	<input type="checkbox"/>				
			Yr.2	<input type="checkbox"/>		Yr.2	<input type="checkbox"/>				
			Yr.3	<input type="checkbox"/>		Yr.3	<input type="checkbox"/>				

SECTION III: SCCJA INSTRUCTOR ACCREDITATION MAINTENANCE REPORT FORM

The following S.C. Criminal Justice Academy accredited instructor(s) have completed or exceeded the minimum of twelve (12) hours of instructional activities required annually, in accordance with Instructor Re-Accreditation Policy of the South Carolina Criminal Justice Academy.

OFFICER'S NAME	SOCIAL SECURITY NUMBER	CHECK REPORTING YEARS	ENTER NO. OF INSTRUCTOR TEACHING HRS.						
			001	002	003	004	005	006	007
[REDACTED]	[REDACTED]	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1-3							
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1-3							

KEY-INSTRUCTOR CODES
 CODE 001 - BASIC INST.
 CODE 002 - DEFENSIVE TACTICS INST.
 CODE 003 - DRIVING INST.
 CODE 004 - FIREARMS
 CODE 005 - OC INST.
 CODE 006 - SPEED MEASURING DEVICE INST.
 CODE 007 - GROUND DEFENSE INST.



South Carolina Criminal Justice Academy

5400 Broad River Rd., Columbia, SC 29212

March 22, 2013

RE: CERTIFICATION RENEWAL LETTER

North Charleston Police Dept.
Attn: Training Officer
PO Box 62558
North Charleston, SC 29419

Dear Training Officer:

The following officer currently employed with your agency has met and successfully completed the in-service requirements for recertification as set forth by the South Carolina Law Enforcement Training Act & Regulation, Section 23-23-60(C), Reg. 38-012 and Reg. 38-013(B) (1):

Name: Michael Slager **Academy Number:** 5728-2851
Certification: Class 1 Law Enforcement Officer

Expiration Date: 2/26/2016

Should this officer separate/terminate employment with your agency, please forward in accordance with Reg. 38-009 (B) a Personnel Change In Status Form confirming this separation/termination along with an MRN (Mandatory Retraining Notification) form listing all training received since the officer's last certification renewal.

Sincerely,

Hubert F. Harrell

Hubert F. Harrell, Director

RECEIVED
MAR 22 2013

Training Division



SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY
 5400 BROAD RIVER ROAD
 COLUMBIA, SC 29212-3540



M R N
(MANDATORY RETRAINING NOTIFICATION)

SECTION I: ATTESTATION

AGENCY: North Charleston Police Department				
REPORTING FOR:	YEAR 1 <input type="checkbox"/>	YEAR 2 <input type="checkbox"/>	YEAR 3 <input type="checkbox"/>	YEARS 1-3 <input checked="" type="checkbox"/>

By my signature hereto, I certify and make an official statement, that pursuant to South Carolina Code Section 23-23-60(C), as amended, the officer(s) identified on SECTION II of the Mandatory Retraining Notification Form, have completed the claimed number of hours and required coursework as reported herein and evidence of such completion is maintained in the official records of the employing agency and is subject to verification by the South Carolina Criminal Justice Academy or its designated representative.

I further certify and hereby make an official statement, that the officer(s) identified on SECTION III of the SCCJA Instructor Accreditation Maintenance Report Form, are in compliance with the Instructor Re-Accreditation Policy of the South Carolina Criminal Justice Academy, and evidence of such completion is maintained in the official records of the employing agency and is subject to verification by the South Carolina Criminal Justice Academy or its designated representative.

James James
 SIGNATURE OF EMPLOYING AGENCY REPRESENTATIVE

2/22/12
 DATE

Sworn & Subscribed before me

This 22nd day of February, 2013

[Signature]
 NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires: Oct 16, 2017

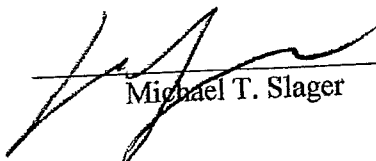
CJ 330-570/126/5-95R
 Revised 05/10

“OATH OF OFFICE”
FOR THE
NORTH CHARLESTON POLICE DEPARTMENT

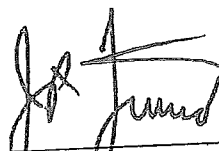
I, Michael T. Slager, do solemnly affirm that as a Police Officer for the City of North Charleston, South Carolina, I will faithfully serve the citizens of this City to the best of my abilities, to safeguard their lives and property, to protect the innocent against deception, the weak against oppression, the peaceful against violence and to respect the right of all men and women to liberty, equality, and justice.

I shall never abuse my authority either by words or acts, nor shall I allow my personal feelings, prejudices or friendships to influence my decisions in the performance of duty. I shall uphold the Constitutions of the United States and the State of South Carolina and I shall enforce the laws of the State and the City impartially, courteously and without fear; never employing unnecessary force or accepting gratuity in any form.

I recognize my badge as a symbol of public trust, and I shall strive to justify this trust as a law enforcement officer to the best of my ability. SO HELP ME GOD.


Michael T. Slager

Given this 1st day of March, 2010 for the City of North Charleston.


Chief Jon R. Zumalt

Law Enforcement Code of Ethics

As a law enforcement officer, my fundamental duty is to serve the community; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the constitutional rights of all to liberty, equality, and justice.

I will keep my private life unsullied as an example to all, I will maintain courage and calm in the face of danger, scorn, or ridicule; develop self restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the law and the regulations of my department. Whatever I see or hear of a confidential nature of that which is confided to me in my official capacity will be kept ever secret unless a revelation is necessary in the performance of my duty.

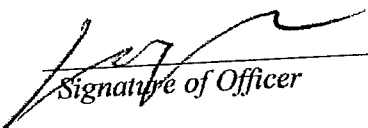
I will never act officiously or permit personal feelings, prejudices, political beliefs, animosities, or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice, or ill will, never employing unnecessary force or violence, and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith and I accept it, as a public trust to be held so long as I am true to the ethics of police service. I will never engage in acts of corruption or bribery, nor will I condone such acts by other police officers. I will cooperate with all legally authorized agencies and their representatives in the pursuit of justice.

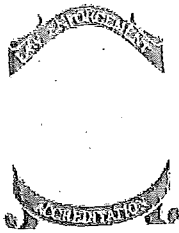
I know that I alone am responsible for my own standard of professional performance and will take every reasonable opportunity to enhance and improve my level of knowledge and competence.

I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession... Law Enforcement.

Michael T. Slager
Printed Name of Officer


Signature of Officer

March 1, 2010
Date



CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
Policy and Procedure
Receipt Form



Michael SLAGER

Name (please print)

Patrol

Division (please print)

Description: Updated Policies 2012 Manual # N/A
Flash Drive # 268

I acknowledge receipt of the above listed Policy and Procedure. I understand that it is my responsibility to review, read, and understand the above listed policy as written. I also understand that this policy is critical to the agency and will be followed to the best of my ability. At this time I do not have any questions relating to this Policy and Procedure, but understand that it is my responsibility to bring forth any questions that I may have to my immediate supervisor.

EMPLOYEES OF THE CITY OF NORTH CHARLESTON ARE EMPLOYED AT WILL. THAT MEANS THAT EITHER THE EMPLOYEE OR THE CITY MAY END EMPLOYMENT AT ANY TIME AND FOR ANY REASON. NOTHING IN THE CITY'S HANDBOOKS, MANUALS, POLICIES, RULES, OR OTHER WRITTEN DOCUMENTS CREATES ANY CONTRACT OF EMPLOYMENT. CURRENT OR PAST POLICIES, PRACTICES OR PROCEDURES DO NOT INCLUDE A PROMISE OR CONTRACT THAT THOSE POLICIES OR PROCEDURES WILL CONTINUE IN THE FUTURE, ANY AND ALL POLICIES, PRACTICES OR PROCEDURES MAY BE CHANGED BY THE CITY FROM TIME TO TIME. ORAL OR WRITTEN ASSURANCES AND / OR REPRESENTATIONS OF THE CITY AND / OR ITS MANAGERS, SUPERVISORS OR AGENTS DO NOT FORM A CONTRACT OF EMPLOYMENT UNLESS (1) THE TERMS ARE IN WRITING AND INCLUDE THE DURATION OR TERM OF THE CONTRACT; (2) THE WRITING OR DOCUMENT IS LABELED "CONTRACT OF EMPLOYMENT;" AND (3) THE DOCUMENT IS SIGNED BY THE MAYOR.

[Signature] 821
Signature Badge #

9-8-12
Date

Captain J. Smith
Issued By [Signature]

Date RECEIVED
SEP 12 2012

Training Division



South Carolina Criminal Justice Academy

TO: Training Department
North Charleston Police Dept.
PO Box 62558
North Charleston, SC 29419-2558

FROM: Donna K. Dowd
Certification Unit
(803) 896-7150

Re: Candidate: Michael T. Slager
SSN: [REDACTED]

OFFICER SLAGER HAS SUCESSFULLY COMPLETED REGISTRATION AND IS CONFIRMED INTO THE FOLLOWING BASIC TRAINING CLASS:

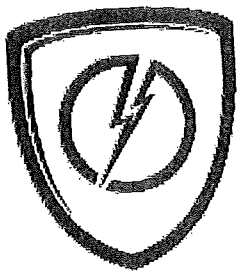
Basic Law Enforcement Session No. 549

Date of Class: December 28-February 26, 2010 (9 Wk. Class)

**Mandatory: Report to Gym in Khaki Classroom Uniform
at 4:00 pm on the Sunday before class begins.**

Please advise Officer Slager to read the Student Rules and Regulations Handbook that he/she received at registration and bring it to class when reporting to the Academy.

If your candidate is unable to attend this class, please contact me as soon as possible at (803) 896-7150 or you may email me at DKDowd@SCCJA.org.



TASER TRAINING ACADEMY

TASER® ECD User Certification Form PRINT LEGIBLY AND CLEARLY PLEASE!

Which device were you certified in (Check all that apply): M26 X26

Rank: PII Name: Michael SLAGER

Agency: NCPD Email: _____

Phone: 554.5700 Fax: _____

Address/State/Zip: 2500 city hall Ln, N. Charlotte NC

Instructor to initial that student has successfully completed the following practical application tests:

- _____ Demonstration of proper finger positions for aiming and firing.
- _____ Control TASER ECD adequately when commanded "Arm - Spark - Safe" at random.
- _____ Demonstrate the ability to load and unload the TASER ECD under stress.
- _____ Remove and reinstall batteries in TASER ECDs correctly.
- _____ Hit targets from various distances and place both probes in the preferred target zones

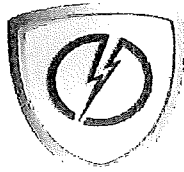
I hereby certify that the above named applicant has passed the appropriate TASER Certification Test with a minimum score of 80% and has met the above criteria for sufficient knowledge and skills in the use of the TASER ECD system checked above and is hereby certified as a user of this system.

Attested by Certifying Instructor: GAWW (Print Name) [Signature] (Signature)

Date: 12/19/12 Location: [Signature]

Keep this Form for Department Training Records

ENTERED
DEC 20 2012



TASER TRAINING ACADEMY

TASER® ECD User Certification Form PRINT LEGIBLY AND CLEARLY PLEASE!

Which device were you certified in (Check all that apply): M26 X26

Rank: PH Name: Michael Stager

Agency: NCPD Email: _____

Phone: _____ Fax: _____

Address/State/Zip: _____

Number of test answers correct: 50 out of 50 (X26) (80% minimum = 40) or out of 45 (M26) (80% minimum = 36)

Instructor to initial that student has successfully completed the following practical application tests:

- EP Demonstration of proper finger positions for aiming and firing.
- 7 Control TASER ECD adequately when commanded "Arm - Spark - Safe" at random.
- 7 Demonstrate the ability to load and unload the TASER ECD under stress.
- 7 Remove and reinstall batteries in TASER ECDs correctly.
- EP Hit targets from various distances and place both probes in the preferred target zones

RECEIVED
FEB 10 2011

Training Division

I hereby certify that the above named applicant has passed the appropriate TASER Certification Test with a minimum score of 80% and has met the above criteria for sufficient knowledge and skills in the use of the TASER ECD system checked above and is hereby certified as a user of this system.

Attested by Certifying Instructor: K. Pumphrey [Signature]
(Print Name) (Signature)

Date: 2-9-11 Location: NCPD

Keep this Form for Department Training Records

Michael Slager

Has successfully completed

LEGAL UPDATE 2012-2013

011

December 14, 2012

ENTERED

DEC 17 2012

RECEIVED
DEC 17 2012

Training Division

5 12/17



RECEIVED
JAN 17 2012

Training Division

michael slager

ENTERED

JAN 17 2012

Has successfully completed

5

LEGAL UPDATE 2011-2012

on

January 15, 2012



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: 2011 Legal Update (January 2011 version)

Course Hours: 2 Hrs.

Course Location: NCPD Training Room

Instructor (s): SCCJA Staff

Date(s): _____

CDV LEGALS XXX IN-SERVICE ADVANCED

Please Print Information Listed Below

Student Name: SLAGTER Mike T
Last First MI

Social Security Number: XXX-X1-1488 Badge: 321
(LAST 5)

Unit of Division Assigned: patrol

Sworn: Non-Sworn:

Hours Qualified for Re-Certification
Yes: No:

Signature of Student: [Signature] Date: 6-12-11
Signature of Instructor / Proctor: R. K. Asano Date: 6/12/2011

ENTERED



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: 2009-2010 Legal Update

Course Hours: 2 Hrs.

Course Location: NCPD Training Room

Instructor (s): SCCJA Staff

Date(s): 5-5-10

CDV LEGALS XXX IN-SERVICE ADVANCED

Please Print Information Listed Below

Student Name: SIAGER Michael T
Last First MI

Social Security Number: [REDACTED] Badge: 439

Unit of Division Assigned: South Evening team 2

Sworn: X Non-Sworn:

Hours Qualified for Re-Certification
Yes: X No:

Signature of Student [Signature] Date: 5-5-10

Signature of Instructor / Proctor [Signature] Date: 5-5-10

ENTERED
RECEIVED
Training Division

Michael Slager

Has successfully completed

LEGAL UPDATE 2013-2014

on

March 27, 2014

APR 21 2014

APR 21 2014

TRAINING DIVISION

APR 21 2014

TRAINING DIVISION

Date: 1-25-13

ROLL CALL TRAINING

RESPONSE TO SEXUAL ASSAULTS

Print Name & Badge #& Shift

Print Name & Badge #& Shift

1. J. PARDUE #273 CNII
2. A. DOVEY # 183 CNII
3. B. HEID # 207 TRAFFIC
4. J. NUSBAUMER #417 CNII
5. S. FORTIS #94 CNII
6. C. WAINES #399 CN2
7. D. BROWN 393 SNT2
8. J. CLEMENS 359 SNT2
9. A. Gray 279 SNT2
10. B. Woods 371 SNT2
11. M. SLAGER 321 SNT2
12. F. Lawler 389 NNT2
13. J. Woods 311 NNT2
14. V. Hendrix 366 NNT2
15. A. Kaufman 421 NNT2
16. M. Bidges #320 NNT2
17. C. Prosser #183 SNT2
18. _____
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50. _____

RECEIVED
JAN 28 2013

Training Division

Memorandum _____ City of North Charleston Police Department



Capt. J.I. Stephens Jr. _____
Central Bureau Commander

Date: December 7th, 2013

Re: Active Shooter Incident Response Training

On December 7th, 2013 the below listed officers participated in active shooter incident response training. The summary details the training session as well as a roster of the participating officers. The active shooter instructors were Capt. J. Stephens and Lt. Victor Buskirk. Pfc. Dandridge assisted with the equipment during the session. The role players were Pfc. Reiter, Pfc. Sherwood and Pfc. VanAusdal.

The members participated in the department mandated 10 hour active shooter training session. Initially, the officers met at headquarters and were given instruction about the why and how we will be conducting the training as a department. A PowerPoint was presented that included such topics as the O.O.D.A. Loop (Observe-Orient-Decide-Act), weapon safety, room clearing and other instruction necessary for a successful active shooter response. The officers then traveled to the old naval hospital on McMillan Ave. and were instructed on the cone course/glass house. This course of instruction included room entry, stimulus considerations, hallway/room clearing, a brief course on weapon handling/arrest procedures, and contact/cover on approach. The latter part of the day was utilized conducting scenarios that involved reality/historical incidents.

Participating Officers
Sgt. Steven Evans
Sgt. Matthew Lawless
Pfc. Brian West
Pfc. Anthony Doxey
Pfc. Charles Wohlleb
Pfc. Michael Slager
Pfc. Jeramie Woods
Ptl. Darnell Johnson
Ptl. Jerome Clemens
Ptl. Bradley Woods
Ptl. Kevin Whitfield
Ptl. Victor Hendrix
Ptl. Eugene Lawless
Ptl. Alexander Kaufman
Ptl. Bethany Horn

ENTERED

DEC 10 2013

Capt. J.I. Stephens Jr.
Central Bureau Commander
N.C.P.D.

13753



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: Bond Hearing Packets Course Hours: 1

Course Location: NCPD Training

Instructor (s): Sgt. C. Talbot

Date(s): 08/03/2013

CDV LEGALS IN-SERVICE XXX ADVANCED

Please Print Information Listed Below

Student Name: SLAGER Michael R
Last First MI

Social Security Number: XXX-XX-1488 Badge: 259

Unit of Division Assigned: South nights team 2

Sworn: Non-Sworn:

Hours Qualified for Re-Certification
Yes: No:

Signature of Student [Signature] Date: 08/03/2013

Signature of Instructor / Proctor Chris Talbot Date: 08/03/2013

ENTERED

1/3/13



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: Evidence Roll Call

Course Hours: 1 Hrs.

Course Location: NCPD Training Room

Instructor (s): Sgt. T. Blair

Date(s): _____

CDV

LEGALS

IN-SERVICE XXX

ADVANCED

Please Print Information Listed Below

Student Name: SLAGER Michael T
Last First MI

Social Security Number: XXX - XX - 1488 Badge: 259

Unit of Division Assigned: South night team 2

Sworn: _____

Non-Sworn: _____

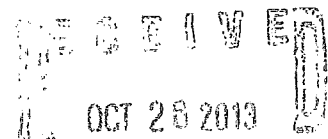
Hours Qualified for Re-Certification
Yes: _____ No: _____

Signature of Student _____

Date: 10-25-13

Signature of Instructor / Proctor T Blair

Date: 10-25-13



Training Division



FEMA

This Certificate of Achievement is to acknowledge that

MICHAEL T. SLAGER

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of this course:

**IS-00100
Introduction to the Incident Command System,
(ICS 100)**

Issued this 24th Day of September, 2005

Stephen G. Sharro
Stephen G. Sharro
Superintendent, Emergency Management Institute

FEMA Form 14-51, October 03

0.3 CEU

*Atlantic Area Maritime Law Enforcement
Training Team*

This is to certify that
FN MICHAEL SLAGER


has satisfactorily completed all requirements for BOJBTM POS Item 3-07 (full-face exposure) and is qualified in the use of

"OC" PEPPER SPRAY

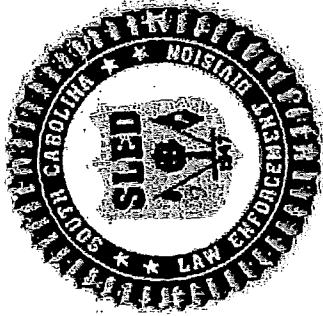
In the United States Coast Guard



June 26, 2003
Date


OM2 Alan Arthurs, USCG
Certified Instructor

South Carolina
Law Enforcement Division



Be it known that

MICHAEL SLAGER

Having satisfied the criteria as established by the South Carolina Law Enforcement Division, Criminal Justice Information System, and in accordance with the rules and regulations of the FBI/NCIC, is hereby authorized to operate a computer terminal device connected to the SLED/CJIS Network and interfaced with the NCIC system.

NCIC Inquiry Certification Test

March 28, 2013

Date

Mark A. Keel, Chief
South Carolina Law Enforcement Division

RECEIVED
MAR 29 2013

ENTERED

MAR 28 2013

Training Division



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: Needle Stick Harm Reduction Course Hours: 20 min

Course Location: NCPD Training

Instructor (s): Tessie Castillo

Date(s): 11/9/12

CDV LEGALS IN-SERVICE XXX ADVANCED

Please Print Information Listed Below

Student Name: SLAGER Michael T
Last First MI

Social Security Number: XXX-XX-1488 Badge: 321

Unit of Division Assigned: South Nights team II

Sworn: Non-Sworn:

Hours Qualified for Re-Certification
Yes: No:

Signature of Student [Signature]

Date: 11-9-12

Signature of Instructor / Proctor Tessie Castillo

Date: 11/10/12

ENTERED
NOV 13 2012

RECEIVED
NOV 13 2012

Training Division



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM LAW ENFORCEMENT TRAINING

Course Title: Diversion Services; Pre-trial Intervention

Course Hours: :15 min

Course Location: Central

Proctor (s): Lt. Bus Kirk

Date(s): 10-17-12

CDV LEGALS IN-SERVICE XXX ADVANCED

Please Print Information Listed Below

Student Name: SLAGER Michael T
Last First MI

Social Security Number: XXX-XX 1488 Badge: 321

Unit of Division Assigned: South rights team 2

Sworn: Non-Sworn:

Hours Qualified for Re-Certification
Yes: No:

Signature of Student [Signature]

Date: 10-17-12

Signature of Instructor / Proctor [Signature]

Date: 10-17-12

ENTERED
OCT 22 2012

RECEIVED
OCT 22 2012

Training Division

St. Petersburg College

SOUTHEASTERN PUBLIC SAFETY INSTITUTE

Multijurisdictional Counterdrug Task Force Training

This certifies that

Michael Slager

has successfully completed

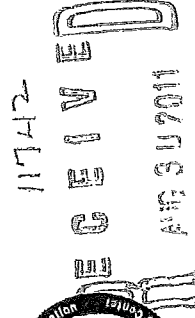
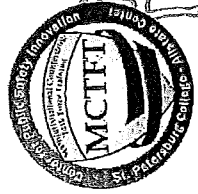
Introduction to Clandestine Laboratory Investigations

ENTERED

Sixteen online training hours

Completed this seventeenth day of August, two thousand eleven

S 918



William D. Law Jr.
President, St. Petersburg College

Joan C. Brack
Training Division
Campus Executive Officer, SPC Allstate Center

St. Petersburg College

SOUTHEASTERN PUBLIC SAFETY INSTITUTE
Multijurisdictional Counterdrug Task Force Training

This certifies that

Michael Slager

has successfully completed

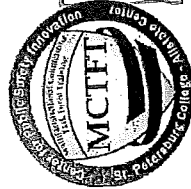
Introduction to Patrol Drug Investigation

ENTERED

Sixteen online training hours

Completed this eleventh day of August, two thousand eleven

S 9/8



William D. Law Jr.
President, St. Petersburg College

Joan C. Bond
Training Division
Campus Executive Officer, SPC Allstate Center

St. Petersburg College

SOUTHEASTERN PUBLIC SAFETY INSTITUTE

Multijurisdictional Counterdrug Task Force Training

This certifies that

Michael Slager

has successfully completed

Drug Identification

Sixteen online training hours

Completed this twelfth day of August, two thousand eleven



Training Division

William D. Law Jr.
President, St. Petersburg College

Joan C. Beaulieu
Campus Executive Officer, SPC Allstate Center

ENTERED

SEP 20 2011

5 9/8

11744

RECEIVED
SEP 20 2011

St. Petersburg College

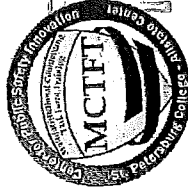
SOUTHEASTERN PUBLIC SAFETY INSTITUTE
Multijurisdictional Counterdrug Task Force Training

This certifies that

Michael Slager

has successfully completed
Airport Narcotics Investigations

Sixteen online training hours
Completed this twenty-seventh day of August, two thousand eleven



ENTERED

5 9/8

11745

Training Division

William D. Law Jr.
President, St. Petersburg College

Joann C. Boyd
Campus Executive Officer, SPC Allstate Center

St. Petersburg College

SOUTHEASTERN PUBLIC SAFETY INSTITUTE

Multijurisdictional Counterdrug Task Force Training

This certifies that

Michael Slager

has successfully completed

Risk Management and Violence in Undercover Operations

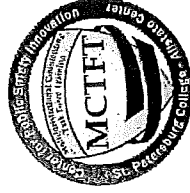
ENTERED

Sixteen online training hours

5 9/8

Completed this twenty-eighth day of August, two thousand eleven

11746



RECEIVED
AUG 28 2011

Training Division

William D. Law Jr.
President, St. Petersburg College

Joan C. Boudry
Campus Executive Officer, SPC Allstate Center

**The South Carolina
Criminal Justice Academy**

This Certificate is awarded to

Michael Slager

***for the successful completion of a course of training
for***

DUI/SFST - Practitioner

06/06/2011 to 06/09/2011

RECEIVED
JUN 24 2011

ENTERED

Hubert F. Harrell

Hubert F. Harrell, SCCJA Director

Training Division



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: Crisis Intervention Training #1725 Course Hours: 4

Course Location: NCPD Training Room

Instructor (s): Fred Riddle Date(s): 05/27/2011

CDV LEGALS IN-SERVICE XXX ADVANCED

Please Print Information Listed Below

Student Name: SLAGER Michael T
Last First MI

Social Security Number: XXX-XX-1488 Badge: 321

Unit of Division Assigned: Police South rights II

Sworn: Non-Sworn:

Hours Qualified for Re-Certification
Yes: No:

Signature of Student [Signature] Date: 5-27-11

Signature of Instructor / Proctor Fred Riddle Date: 05/27/11

ENTERED
MAY 27 2011



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: Roll Call / Fourth Amendment Guide Vehicle Searches Course Hours: 15 Min.

Course Location: NCPD Training Room

Instructor (s): _____ Date(s): 7-17-10

CDV LEGALS IN-SERVICE XXX ADVANCED

Please Print Information Listed Below

Student Name: SIAGER Michael T
Last First MI

Social Security Number: [REDACTED] Badge: 439

Unit of Division Assigned: South nights team 2

Sworn: X Non-Sworn: _____

Hours Qualified for Re-Certification
Yes: _____ No: _____

Signature of Student [Signature] Date: 7-17-10

Signature of Instructor/Proctor T.K. Spears Date: 7-17-10

ENTERED

RECEIVED
JUL 21 2010
Training Division

CITY OF NORTH CHARLESTON POLICE
DEPARTMENT

GANG AWARENESS
5/14/10

ENTERED

MAY 20 2010

RECEIVED

MAY 17 2010

10393

Training Division

CLASS ATTENDANCE SIGN-IN SHEET

Evening Shift Team 1 Central, South, North

ATTENDEE (PRINT NAME)	POSITION ASSIGNED
1. <u>Jerry Haynie</u>	<u>CSO</u>
2. <u>Phillip Jason Monro</u>	<u>Patrol</u>
3. <u>CJ Habersham</u>	<u>ICP</u>
4. <u>E. Smith JR.</u>	<u>Patrol</u>
5. <u>M. Evans</u>	<u>Patrol</u>
6. <u>Z. Thompson</u>	<u>Patrol</u>
7. <u>F. Salgado</u>	<u>Patrol</u>
8. <u>J Butler</u>	<u>Patrol</u>
9. <u>DAVID D. WATSON SR</u>	<u>PATROL</u>
10. <u>Eddie Belland</u>	<u>Patrol</u>
11. <u>Ali Mallman</u>	<u>Patrol</u>
12. <u>IT Thomas</u>	<u>Patrol</u>
13. <u>Sommon Andrews</u>	<u>Patrol</u>
14. <u>Roy Garrison</u>	<u>Patrol</u>
15. <u>Dan Bailey</u>	<u>Patrol</u>
16. <u>CRATE McATHAVEY</u>	<u>Patrol</u>



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: BIG EASY VEHICLE DOOR ENTRY

Course Hours: 2 HRS

Course Location: NCPD TRAINING ROOM

Instructor (s): D.C. DAVID CHEATLE

Date(s): 11-17-2010

CDV LEGALS IN-SERVICE XXX ADVANCED

Please Print Information Listed Below

Student Name: SLAGER Michael T
Last First MI

Social Security Number: XXX-XX-1488 Badge: 521

Unit of Division Assigned: South nights team 2

Sworn: XXX Non-Sworn:

Hours Qualified for Re-Certification
Yes: No: X

Signature of Student [Signature] Date: 11-17-10

Signature of Instructor / Proctor D.C. DAVID CHEATLE [Signature] Date: 11-17-2010

5/11/30

ENTERED
NOV 17 2010
TRAINING ROOM



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: CODE ENFORCEMENT TRAINING

Course Hours: 1

Course Location: NCPD Training Room

Instructor (s): NCPD CODE AND BUILDING

Date(s): 3/20/10

CDV

LEGALS

IN-SERVICE XXX

ADVANCED

Please Print Information Listed Below

Student Name: SLAGER Michael T
Last First MI

Social Security Number: [REDACTED] Badge: 439

Unit of Division Assigned: Patrol

Sworn:

Non-Sworn:

Hours Qualified for Re-Certification
Yes: No:

Signature of Student [Signature]

Date: 3/17/10

Signature of Instructor / Proctor _____

Date: 3/17/10

ENTERED

Memorandum _____ *City of North Charleston Police Department*



Pfc. T.K. Spears _____
Training Section

Date: February 26, 2010

To: Ptl. Michael Slager

Re: FTO Training

Congratulations you have successfully completed your South Carolina Criminal Justice Academy Basic Training. Below is listed your Field Training assignment dates and Field Training Officers. Report to all assignments on time to include roll call, court dates and training classes.

**** MARCH 1ST – 5TH IMMERSION PROGRAM WITH SGT. K. LOVE

FIRST PHASE

Primary FTO: Pfc. Dan Bailey
Location: South Bureau Evenings Team 1
Date: March 8 – April 4, 2010
Time: 1445 - 0100

SECOND PHASE

Secondary FTO: Pfc. W. Janicki
Location: Central Bureau Days Team 2
Date: April 5 – May 2, 2010
Time: 0645 - 1700

FINAL PHASE

Primary FTO: Pfc. Dan Bailey
Date: May 4 – 7, 2010
Time: 1445 - 0100

Memorandum _____ **City of North Charleston Police Department**



Pfc. T.K. Spears _____
Training Section

Date: February 26, 2010

To: Ptl. Michael Slager

Re: FTO Training

Congradulations you have successfully completed your South Carolina Criminal Justice Academy Basic Training. Below is listed your Field Training assignment dates and Field Training Officers. Report to all assignments on time to include roll call, court dates and training classes.

**** *MARCH 1ST - 5TH IMMERSION PROGRAM WITH SGT. K. LOVE*

FIRST PHASE

Primary FTO: Pfc. Dan Bailey
Location: South Bureau Evenings Team 1
Date: March 8 - April 4, 2010
Time: 1445 - 0100

SECOND PHASE

Secondary FTO: Pfc. W. Janicki
Location: Central Bureau Days Team 2
Date: April 5 - May 2, 2010
Time: 0645 - 1700

FINAL PHASE

Primary FTO: Pfc. Dan Bailey
Date: May 4 - 7, 2010
Time: 1445 - 0100



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
Daily Observation Report**



TRAINEE'S NAME		M. Slager	
FTO NAME:		D. Bailey	BADGE #: 177
DOR#	1	DATE:	03-08-2010
PHASE	1	SHIFT:	Evenings I
REASON FOR NO EVALUATION:			

	RATING SCALE (1 - 7 / N.O. / NRT)	Score
1	General Appearance	5
2	Acceptance of Criticism	N.O
3	Attitude towards police work	5
4	Knowledge of Department Policies / Procedures	N.O
5	Knowledge of Criminal Statutes	N.O
6	Knowledge of City Ordinances	N.O
7	Knowledge of Traffic Statutes	N.O
8	Knowledge of Criminal Procedure	N.O
9	Orientation/Response Time to Calls/Geography	N.O
10	Driving Skills: Normal conditions	N.O
11	Driving Skills: Emergency Conditions	N.O
12	Routine Forms: Accuracy/Use/Completeness	N.O
13	Report Writing: Organization/Details	N.O
14	Report Writing: Grammar/Spelling/Legibility	N.O
15	Report Writing: Appropriate Time Used	N.O
16	Field Performance: Non-Stress Conditions	4
17	Field Performance: Emergency Situation	N.O
18	Field Performance: Self-Initiated	4
19	Officer Safety: General	5
20	Officer Safety: Suspects/Prisoners/Etc.	5
21	Control of Conflict: Voice Command	N.O
22	Control of Conflict: Physical Skill	N.O
23	Problem Solving/Decision Making	N.O
24	Radio: Appropriate Use of Codes/Procedure	N.O
25	Radio: Listens and Comprehends	4
26	Radio: Articulation of Transmissions	5
27	Relationships: With Citizens	5
28	Relationships: With Ethnic Groups	5
29	Relationships: With Supervisors/FTO	5
30	Relationships: With Officers	5
31	Relationships: With Civilian Employees	N.O

MOST SATISFACTORY:
Officer Slager on first day of training was very enthused and ready to work. He wanted to be involved. He, using the records channel ran drivers license and warrant checks on several individuals when instructed to do so on his own. He understood the instructions he was given and was able to complete these transmissions on his own.

LEAST SATISFACTORY:
This being the first day of his training he needs more experience and direction in several areas. This however will be conducted throughout his training.

ADDITIONAL COMMENTS:
During this day I spoke with him in reference to certain procedures in reference to conducting motor vehicle stops and citizen contacts.

WAS TRAINEE COUNSELED ON DEFICIENCIES? YES

[Signature] 3/8/10
TRAINEE SIGNATURE / DATE

[Signature] 3/8/10
FTO SIGNATURE / DATE

[Signature] 3.8.10
SUPERVISOR SIGNATURE / DATE

TRAINING UNIT REVIEW: *JKS* DATE: *3/24/10*



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
Daily Observation Report**



TRAINEE'S NAME: M. Slager BADGE #: 177

FTO NAME: D. Bailey
 DOR#: 2 DATE: 03-09-2010
 PHASE: 1 SHIFT: Evenings I

REASON FOR NO EVALUATION:

RATING SCALE (1 - 7 / N.O. / NRT)		Score
1	General Appearance	5
2	Acceptance of Criticism	N.O
3	Attitude towards police work	5
4	Knowledge of Department Policies / Procedures	N.O
5	Knowledge of Criminal Statutes	N.O
6	Knowledge of City Ordinances	N.O
7	Knowledge of Traffic Statutes	N.O
8	Knowledge of Criminal Procedure	4
9	Orientation/Response Time to Calls/Geography	N.O
10	Driving Skills: Normal conditions	N.O
11	Driving Skills: Emergency Conditions	N.O
12	Routine Forms: Accuracy/Use/Completeness	N.O
13	Report Writing: Organization/Details	4
14	Report Writing: Grammar/Spelling/Legibility	N.O
15	Report Writing: Appropriate Time Used	N.O
16	Field Performance: Non-Stress Conditions	4
17	Field Performance: Emergency Situation	N.O
18	Field Performance: Self-Initiated	4
19	Officer Safety: General	5
20	Officer Safety: Suspects/Prisoners/Etc.	5
21	Control of Conflict: Voice Command	N.O
22	Control of Conflict: Physical Skill	N.O
23	Problem Solving/Decision Making	N.O
24	Radio: Appropriate Use of Codes/Procedure	N.O
25	Radio: Listens and Comprehends	4
26	Radio: Articulation of Transmissions	5
27	Relationships: With Citizens	5
28	Relationships: With Ethnic Groups	5
29	Relationships: With Supervisors/FTO	5
30	Relationships: With Officers	5
31	Relationships: With Civilian Employees	N.O

MOST SATISFACTORY:
 Officer Slager demonstrates a good job in handling suspects(officer safety) and is very careful while searching suspects.

LEAST SATISFACTORY:
 Officer Slager will be further instructed on the paper work and arrest procedures. He will be more involved in the completion of the paper work process on arrests, to include prosecution summary, affidavits and bestkits/evidence.

ADDITIONAL COMMENTS:
 During this day I spoke with him in reference to certain procedures in reference to conducting motor vehicle stops and citizen contacts.

WAS TRAINEE COUNSELED ON DEFICIENCIES? YES

[Signature] 3/9/10
 TRAINEE SIGNATURE / DATE

[Signature] 3/9/10
 FTO SIGNATURE / DATE

[Signature] 3.9.10
 SUPERVISOR SIGNATURE / DATE

TRAINING UNIT REVIEW: JKS. DATE: 3/24/10



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
Daily Observation Report**



TRAINEE'S NAME		M. Slager	
FTO NAME:		D. Bailey	
DOR#	3	DATE:	03-13-2010
PHASE	1	SHIFT:	Evenings I
REASON FOR NO EVALUATION:			

RATING SCALE (1 - 7 / N.O. / NRT)		Score
1	General Appearance	5
2	Acceptance of Criticism	N.O
3	Attitude towards police work	5
4	Knowledge of Department Policies / Procedures	N.O
5	Knowledge of Criminal Statutes	4
6	Knowledge of City Ordinances	4
7	Knowledge of Traffic Statutes	4
8	Knowledge of Criminal Procedure	4
9	Orientation/Response Time to Calls/Geography	N.O
10	Driving Skills: Normal conditions	N.O
11	Driving Skills: Emergency Conditions	N.O
12	Routine Forms: Accuracy/Use/Completeness	N.O
13	Report Writing: Organization/Details	4
14	Report Writing: Grammar/Spelling/Legibility	N.O
15	Report Writing: Appropriate Time Used	N.O
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17	Field Performance: Emergency Situation	N.O
18	Field Performance: Self-Initiated	4
19	Officer Safety: General	5
20	Officer Safety: Suspects/Prisoners/Etc.	5
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22	Control of Conflict: Physical Skill	N.O
23	Problem Solving/Decision Making	N.O
24	Radio: Appropriate Use of Codes/Procedure	N.O
25	Radio: Listens and Comprehends	4
26	Radio: Articulation of Transmissions	5
27	Relationships: With Citizens	5
28	Relationships: With Ethnic Groups	5
29	Relationships: With Supervisors/FTO	5
30	Relationships: With Officers	5
31	Relationships: With Civilian Employees	N.O

MOST SATISFACTORY:
Officer Slager demonstrates with very few corrections the booking process of suspects while in the field to include needed documents.

LEAST SATISFACTORY:
Officer Slager needs assistance with the criminal statutes along with the city ordinances. He will be tasked with reviewing and reading these throughout the training.

ADDITIONAL COMMENTS:

WAS TRAINEE COUNSELED ON DEFICIENCIES? YES

[Signature] 3/13/10
TRAINEE SIGNATURE / DATE

[Signature] 3/13/10
FTO SIGNATURE / DATE

[Signature] 3-13-10
SUPERVISOR SIGNATURE / DATE

TRAINING UNIT REVIEW: *JMS.* DATE: 3/24/10



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
Daily Observation Report**



TRAINEE'S NAME		M. Slager	
FTO NAME:		D. Bailey	
DOR#	4	DATE:	03-14-2010
PHASE	1	SHIFT:	Evenings I
REASON FOR NO EVALUATION:			

RATING SCALE (1 - 7 / N.O. / NRT)		Score
1	General Appearance	5
2	Acceptance of Criticism	5
3	Attitude towards police work	5
4	Knowledge of Department Policies / Procedures	4
5	Knowledge of Criminal Statutes	4
6	Knowledge of City Ordinances	4
7	Knowledge of Traffic Statutes	4
8	Knowledge of Criminal Procedure	4
9	Orientation/Response Time to Calls/Geography	N.O
10	Driving Skills: Normal conditions	N.O
11	Driving Skills: Emergency Conditions	N.O
12	Routine Forms: Accuracy/Use/Completeness	N.O
13	Report Writing: Organization/Details	4
14	Report Writing: Grammar/Spelling/Legibility	N.O
15	Report Writing: Appropriate Time Used	N.O
16	Field Performance: Non-Stress Conditions	4
17	Field Performance: Emergency Situation	5
18	Field Performance: Self-Initiated	5
19	Officer Safety: General	5
20	Officer Safety: Suspects/Prisoners/Etc.	5
21	Control of Conflict: Voice Command	N.O
22	Control of Conflict: Physical Skill	N.O
23	Problem Solving/Decision Making	N.O
24	Radio: Appropriate Use of Codes/Procedure	N.O
25	Radio: Listens and Comprehends	4
26	Radio: Articulation of Transmissions	5
27	Relationships: With Citizens	5
28	Relationships: With Ethnic Groups	5
29	Relationships: With Supervisors/FTO	5
30	Relationships: With Officers	5
31	Relationships: With Civilian Employees	N.O

MOST SATISFACTORY:
Officer Slager demonstrated great officer safety tactics when we encountered three individuals, one being armed with a handgun and narcotics. He kept calm through the situation controlled suspect and he was apprehended.

LEAST SATISFACTORY:
Officer Slager does a good job in listening to the radio and understanding most of the transmissions, however will be further instructed on the correct time to transmit without interfering with others transmissions. This will be corrected throughout training.

ADDITIONAL COMMENTS:

WAS TRAINEE COUNSELED ON DEFICIENCIES? YES

[Signature] 3/14/10
 TRAINEE SIGNATURE / DATE

[Signature] 3/14/10
 FTO SIGNATURE / DATE

[Signature] 3-14-10
 SUPERVISOR SIGNATURE / DATE

TRAINING UNIT REVIEW: *JKS.* DATE: *3/24/10*



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
Daily Observation Report**



TRAINEE'S NAME		M. Slager	
FTO NAME:		D. Bailey	
DOR#		BADGE #:	
5	DATE:	03-15-2010	177
PHASE	SHIFT:	Evenings I	
REASON FOR NO EVALUATION:			

	RATING SCALE (1 - 7 / N.O. / NRT)	Score
1	General Appearance	5
2	Acceptance of Criticism	5
3	Attitude towards police work	5
4	Knowledge of Department Policies / Procedures	4
5	Knowledge of Criminal Statutes	4
6	Knowledge of City Ordinances	4
7	Knowledge of Traffic Statutes	4
8	Knowledge of Criminal Procedure	4
9	Orientation/Response Time to Calls/Geography	N.O
10	Driving Skills: Normal conditions	N.O
11	Driving Skills: Emergency Conditions	N.O
12	Routine Forms: Accuracy/Use/Completeness	N.O
13	Report Writing: Organization/Details	4
14	Report Writing: Grammar/Spelling/Legibility	N.O
15	Report Writing: Appropriate Time Used	N.O
16	Field Performance: Non-Stress Conditions	4
17	Field Performance: Emergency Situation	5
18	Field Performance: Self-Initiated	5
19	Officer Safety: General	5
20	Officer Safety: Suspects/Prisoners/Etc.	5
21	Control of Conflict: Voice Command	N.O
22	Control of Conflict: Physical Skill	N.O
23	Problem Solving/Decision Making	N.O
24	Radio: Appropriate Use of Codes/Procedure	N.O
25	Radio: Listens and Comprehends	4
26	Radio: Articulation of Transmissions	5
27	Relationships: With Citizens	5
28	Relationships: With Ethnic Groups	5
29	Relationships: With Supervisors/FTO	5
30	Relationships: With Officers	5
31	Relationships: With Civilian Employees	N.O

MOST SATISFACTORY:
Officer Slager demonstrated a great relationship with a citizen who was providing officers with information that a residence in a community had been shot at. With this information we responded, located the residence and confirmed that the residence had been shot. Officer Slager assisted with the locating and recovery of the evidence along with crime scene units.

LEAST SATISFACTORY:
Officer Slager does a good job in listening to the radio and understanding most of the transmissions, however will be further instructed on the correct time to transmit without interfering with others transmissions. This will be corrected throughout training.

ADDITIONAL COMMENTS:

WAS TRAINEE COUNSELED ON DEFICIENCIES? YES

[Signature] 3/15/10
TRAINEE SIGNATURE / DATE

[Signature] 3/15/10
FTO SIGNATURE / DATE

[Signature] 3-15-10
SUPERVISOR SIGNATURE / DATE

TRAINING UNIT REVIEW:	JKS.	DATE:	3/24/10
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CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
Daily Observation Report



TRAINEE'S NAME		M. Slager	
FTO NAME:		D. Bailey	
DOR#	6	DATE:	03-16-2010
PHASE	1	SHIFT:	Evenings I
REASON FOR NO EVALUATION:			

	RATING SCALE (1 - 7 / N.O. / NRT)	Score
1	General Appearance	5
2	Acceptance of Criticism	5
3	Attitude towards police work	5
4	Knowledge of Department Policies / Procedures	4
5	Knowledge of Criminal Statutes	4
6	Knowledge of City Ordinances	4
7	Knowledge of Traffic Statutes	4
8	Knowledge of Criminal Procedure	4
9	Orientation/Response Time to Calls/Geography	N.O
10	Driving Skills: Normal conditions	N.O
11	Driving Skills: Emergency Conditions	N.O
12	Routine Forms: Accuracy/Use/Completeness	N.O
13	Report Writing: Organization/Details	4
14	Report Writing: Grammar/Spelling/Legibility	4
15	Report Writing: Appropriate Time Used	4
16	Field Performance: Non-Stress Conditions	4
17	Field Performance: Emergency Situation	5
18	Field Performance: Self-Initiated	5
19	Officer Safety: General	5
20	Officer Safety: Suspects/Prisoners/Etc.	5
21	Control of Conflict: Voice Command	N.O
22	Control of Conflict: Physical Skill	N.O
23	Problem Solving/Decision Making	N.O
24	Radio: Appropriate Use of Codes/Procedure	N.O
25	Radio: Listens and Comprehends	4
26	Radio: Articulation of Transmissions	5
27	Relationships: With Citizens	5
28	Relationships: With Ethnic Groups	5
29	Relationships: With Supervisors/FTO	5
30	Relationships: With Officers	5
31	Relationships: With Civilian Employees	N.O

MOST SATISFACTORY:
Officer Slager demonstrated a great job in completing an incident report with minimal assistance other than minor errors which are common.

LEAST SATISFACTORY:
Officer Slager does a good job in listening to the radio and understanding most of the transmissions, however will be further instructed on the correct time to transmit without interfering with others transmissions. This will be corrected throughout training.

ADDITIONAL COMMENTS:

WAS TRAINEE COUNSELED ON DEFICIENCIES? YES

TRAINEE SIGNATURE / DATE 3-16-10

FTO SIGNATURE / DATE 3-16-10

SUPERVISOR SIGNATURE / DATE 3-16-10

TRAINING UNIT REVIEW: JKS. DATE: 3/24/10



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
Daily Observation Report**



TRAINEE'S NAME		M. Slager	
FTO NAME:		D. Bailey	
DOR#	7	DATE:	03-20-2010
PHASE	1	SHIFT:	Evenings I
REASON FOR NO EVALUATION:			

RATING SCALE (1 - 7 / N.O. / NRT)		Score
1	General Appearance	5
2	Acceptance of Criticism	5
3	Attitude towards police work	5
4	Knowledge of Department Policies / Procedures	4
5	Knowledge of Criminal Statutes	4
6	Knowledge of City Ordinances	4
7	Knowledge of Traffic Statutes	4
8	Knowledge of Criminal Procedure	4
9	Orientation/Response Time to Calls/Geography	N.O
10	Driving Skills: Normal conditions	N.O
11	Driving Skills: Emergency Conditions	N.O
12	Routine Forms: Accuracy/Use/Completeness	4
13	Report Writing: Organization/Details	4
14	Report Writing: Grammar/Spelling/Legibility	4
15	Report Writing: Appropriate Time Used	4
16	Field Performance: Non-Stress Conditions	4
17	Field Performance: Emergency Situation	5
18	Field Performance: Self-Initiated	5
19	Officer Safety: General	5
20	Officer Safety: Suspects/Prisoners/Etc.	5
21	Control of Conflict: Voice Command	N.O
22	Control of Conflict: Physical Skill	N.O
23	Problem Solving/Decision Making	4
24	Radio: Appropriate Use of Codes/Procedure	4
25	Radio: Listens and Comprehends	4
26	Radio: Articulation of Transmissions	5
27	Relationships: With Citizens	5
28	Relationships: With Ethnic Groups	5
29	Relationships: With Supervisors/FTO	5
30	Relationships: With Officers	5
31	Relationships: With Civilian Employees	5

MOST SATISFACTORY:
Officer Slager demonstrated a great job in completing a GSC case file, he completed a bestkit and a prosecution summary without assistance.

LEAST SATISFACTORY:
Officer Slager does a good job in listening to the radio and understanding most of the transmissions, however will be further instructed on the correct time to transmit without interfering with others transmissions. This will be corrected throughout training.

ADDITIONAL COMMENTS:

WAS TRAINEE COUNSELED ON DEFICIENCIES? YES

[Signature] 3-20-10
 TRAINEE SIGNATURE / DATE

[Signature] 3/20/10
 FTO SIGNATURE / DATE

[Signature] 3/20/10
 SUPERVISOR SIGNATURE / DATE

TRAINING UNIT REVIEW: *JRS* DATE: 3/29/10



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
Daily Observation Report**



TRAINEE'S NAME		M. Slager	
FTO NAME:		D. Bailey	
DOR#	7	DATE:	03-21-2010
PHASE	1	SHIFT:	Evenings I
REASON FOR NO EVALUATION:			

	RATING SCALE (1 - 7 / N.O. / NRT)	Score
1	General Appearance	5
2	Acceptance of Criticism	5
3	Attitude towards police work	5
4	Knowledge of Department Policies / Procedures	4
5	Knowledge of Criminal Statutes	4
6	Knowledge of City Ordinances	4
7	Knowledge of Traffic Statutes	4
8	Knowledge of Criminal Procedure	4
9	Orientation/Response Time to Calls/Geography	N.O
10	Driving Skills: Normal conditions	N.O
11	Driving Skills: Emergency Conditions	N.O
12	Routine Forms: Accuracy/Use/Completeness	4
13	Report Writing: Organization/Details	4
14	Report Writing: Grammar/Spelling/Legibility	4
15	Report Writing: Appropriate Time Used	4
16	Field Performance: Non-Stress Conditions	4
17	Field Performance: Emergency Situation	5
18	Field Performance: Self-Initiated	5
19	Officer Safety: General	5
20	Officer Safety: Suspects/Prisoners/Etc.	5
21	Control of Conflict: Voice Command	N.O
22	Control of Conflict: Physical Skill	N.O
23	Problem Solving/Decision Making	4
24	Radio: Appropriate Use of Codes/Procedure	4
25	Radio: Listens and Comprehends	4
26	Radio: Articulation of Transmissions	5
27	Relationships: With Citizens	5
28	Relationships: With Ethnic Groups	5
29	Relationships: With Supervisors/FTO	5
30	Relationships: With Officers	5
31	Relationships: With Civilian Employees	5

MOST SATISFACTORY:
Officer Slager demonstrated a great job on responding to a call that assisting officers had responded to four times throughout the night and within moments of being inside the residence located a quantity of illegal drugs in plain view, which led to the arrest of one subjects.

LEAST SATISFACTORY:
Officer Slager does attempts to know the area and is reading maps on his own time to gain a better knowledge of the area. He will become more knowledgeable of the area throughout his training.

ADDITIONAL COMMENTS:

WAS TRAINEE COUNSELED ON DEFICIENCIES? YES

[Signature] 3/21/10
 TRAINEE SIGNATURE / DATE

[Signature] 3/21/10
 FTO SIGNATURE / DATE

[Signature] 3/21/10
 SUPERVISOR SIGNATURE / DATE

TRAINING UNIT REVIEW: *JKS.* DATE: *3/29/10*



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: Juvenile Risk Assessment Form

Course Hours: .25 Hours

Course Location: NCPD Central Bureau

Instructor (s): Li. T. Sad

Date(s): 4-5-14

CDV LEGALS IN-SERVICE XXX ADVANCED

Please Print Information Listed Below

Student Name: SLAGER Michael J
Last First MI

Social Security Number: 1488 Badge: 259

Unit of Division Assigned: SNT2

Sworn: XXXXX

Non-Sworn: _____

Hours Qualified for Re-Certification
Yes: _____ No: XXX

Signature of Student _____ Date: _____

Signature of Instructor / Proctor: [Signature] Date: 4/5/14

APR 07 2014
TRAINING OFFICER

APR 07 2014
TRAINING OFFICER



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: OC Re- Certification

Course Hours: .5 Hrs.

Course Location: NCPD

Instructor (s): Sgt Gann

Date(s): 11/4/14

CDV

LEGALS

IN-SERVICE XXX

ADVANCED

Please Print Information Listed Below

Student Name: SLAGER Michael T
Last First MI

Social Security Number: XXX-XX-1488 Badge: 223

Unit of Division Assigned: Patrol CDT 1

Sworn: XX

Non-Sworn: _____

Hours Qualified for Re-Certification
Yes: X No: _____

During this course, I have been instructed on all aspects of the Use of Force Policy # O-02. I have been provided an additional copy of this policy in writing during this course. I have had all questions about this policy answered during this training to my complete satisfaction.

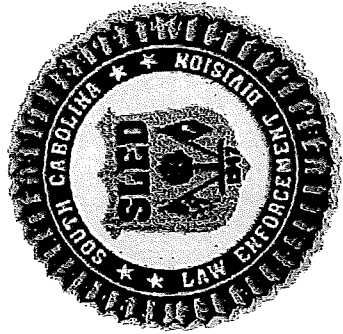
Signature of Student [Signature] Date: 11/4/14

Signature of Instructor / Proctor Sgt Gann [Signature] Date: 11/4/14

NOV 05 2014

NOV 04 2014

South Carolina
Law Enforcement Division




Be it known that

MICHAEL SLAGER

Having satisfied the criteria as established by the South Carolina Law Enforcement Division, Criminal Justice Information System, and in accordance with the rules and regulations of the FBI/NCIC, is hereby authorized to operate a computer terminal device connected to the SLED/CJIS Network and interfaced with the NCIC system.

NCIC Inquiry Reaffirmation Test



Mark A. Keel, Chief
South Carolina Law Enforcement Division

March 17, 2015

Date



MAR 19 2015

MAR 19 2015

TRACED BY SLED



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
FIREARMS QUALIFICATION**



PRINT NAME	BADGE #	DATE
Michael SLAGER	321	12-18-12

MAKE	MODEL	SERIAL #
GLOCK	21	EUY973

40 Round Course – Minimum Score of 80 % required. (160)

YARDS	ROUNDS	TIME (SEC)	Unless noted, shooting positions will be from the Weaver or Natural Point.
3	5	6	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	5	7	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	7	15	From the holster, fire 4 rounds, combat magazine exchange, fire 3 rounds and scan threat area.
7	8	12	From the holster, fire 4 rounds strong hand, transition, fire 4 rounds reaction hand, transition to strong hand, and return to the holster.
10	8	20	From the holster, fire 2 rounds standing, combat magazine exchange, fire 3 rounds strong side kneeling, fire 3 rounds weakside kneeling and scan threat area.
15	7	Timed	From the ready position, fire 2 rounds two seconds, fire 2 rounds two seconds, fire 3 rounds three seconds, and scan the threat area.

PASS

FAIL

Requires Remedial Training: Yes No Training Division

Michael SLAGER		12-18-12
Participant (Print)	Participant's Signature	Date
Humphreys	Sgt	12-18-12
Instructor (Print)	Instructor's Signature	Date

REC'D
DEC 18 2012

ENTERED



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: Firearms Range Day

Course Hours: 2 Hrs.

Course Location: Trader World Gun Range

Instructor (s): Gann/Spears.

Date(s): 11-16-12

CDV

LEGALS

IN-SERVICE XXX

ADVANCED

Please Print Information Listed Below

Student Name: SLAGER Michael T
Last First MI

Social Security Number: 1488 Badge: 321

Unit of Division Assigned: South Nights team 2

Sworn: XX

Non-Sworn:

Hours Qualified for Re-Certification
Yes: XX No:

During this training, I have been instructed on all aspects of the Use of Force Policy # O-02. I have been provided an additional copy of this policy in writing during this course. I have had all questions about this policy answered during this training to my complete satisfaction.

Signature of Student [Signature] Date: 11-16-12

Signature of Instructor / Proctor Sgt. J. Gann / MPO L. Cummins Date: _____

ENTERED

NOV 26 2012

RECEIVED
NOV 20 2012

Training Director



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
FIREARMS QUALIFICATION**
MAKE-UP



PRINT NAME	BADGE #	DATE
<i>Michael SLAGER</i>	<i>321</i>	<i>2-28-12</i>

MAKE	MODEL	SERIAL #
GLOCK	<i>21</i>	<i>1EUY97345</i>

40 Round Course – Minimum Score of 80 % required. (160)

YARDS	ROUNDS	TIME (SEC)	Unless noted, shooting positions will be from the Weaver or Natural Point.
3	5	6	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	5	7	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	7	15	From the holster, fire 4 rounds, combat magazine exchange, fire 3 rounds and scan threat area.
7	8	12	From the holster, fire 4 rounds strong hand, transition, fire 4 rounds reaction hand, transition to strong hand, and return to the holster.
10	8	20	From the holster, fire 2 rounds standing, combat magazine exchange, fire 3 rounds strong side kneeling, fire 3 rounds weakside kneeling and scan threat area.
15	7	Timed	From the ready position, fire 2 rounds two seconds, fire 2 rounds two seconds, fire 3 rounds three seconds, and scan the threat area.

PASS	<input checked="" type="checkbox"/>	FAIL	<input type="checkbox"/>
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Requires Remedial Training:	Yes	No	<input checked="" type="checkbox"/>
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<i>Michael SLAGER</i>		<i>2-28-12</i>
Participant (Print)	Participant's Signature	Date
<i>Humphreys</i>		<i>2-28-12</i>
Instructor (Print)	Instructor's Signature	Date



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
OFF-DUTY FIREARMS QUALIFICATION**



PRINT NAME	BADGE #	DATE
Michael SIAGER	321	10-12-10

MAKE	MODEL	SERIAL #	WEAPON INSPECTION PASS / FAILED
Glocks	27	KCL352	PASS

40 Round Course - Minimum Score of 80 % required. (160)

YARDS	ROUNDS	TIME (SEC)	Unless noted, shooting positions will be from the Weaver or Natural Point.
3	5	5	Weapon must be drawn from the holster.
3	5	5	Weapon must be drawn from the holster.
5	5	5	Weapon must be drawn from the holster.
5	5	5	Weapon must be drawn from the holster.
7	5	6	Weapon must be drawn from the holster.
7	5	6	Weapon must be drawn from the holster.
10	5	6	Weapon must be drawn from the holster.
10	5	6	Weapon must be drawn from the holster.

PASS

FAILED

Requires Remedial Training: Yes No

Michael SIAGER	<i>[Signature]</i>	10-12-10
Participant (Print)	Participant's Signature	Date

T. K. SPEARS	J. K. Spears	10-12-10
Instructor (Print)	Instructor's Signature	Date

RECEIVED
NOV 2 2010



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
FIREARMS QUALIFICATION**



PRINT NAME	BADGE #	DATE
Michael SLAGER	321	2-9-11

MAKE	MODEL	SERIAL #
GLOCK	21	1EU4973US

40 Round Course – Minimum Score of 80 % required. (160)

YARDS	ROUNDS	TIME (SEC)	Unless noted, shooting positions will be from the Weaver or Natural Point.
3	5	6	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	5	7	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	7	15	From the holster, fire 4 rounds, combat magazine exchange, fire 3 rounds and scan threat area.
7	8	12	From the holster, fire 4 rounds strong hand, transition, fire 4 rounds reaction hand, transition to strong hand, and return to the holster.
10	8	20	From the holster, fire 2 rounds standing, combat magazine exchange, fire 3 rounds strong side kneeling, fire 3 rounds weakside kneeling and scan threat area.
15	7	Timed	From the ready position, fire 2 rounds two seconds, fire 2 rounds two seconds, fire 3 rounds three seconds, and scan the threat area.

PASS

FAIL FEB 10 2011

Requires Remedial Training: Yes No Training Division

Michael SLAGER		2-9-11
Participant (Print)	Participant's Signature	Date
Scott Hille		2-9-2011
Instructor (Print)	Instructor's Signature	Date



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: Firearms Practice

Course Hours: 2 Hrs.

Course Location: NCPD Training Room / Indoor Firing Range

Instructor (s): TK Spears / Sgt. P Pontieri

Date(s): 10-12-10

CDV LEGALS IN-SERVICE XXX ADVANCED

Please Print Information Listed Below

Student Name: SIAGER Michael T
Last First MI

Unit of Division Assigned: South nights 2 Badge # 321

Sworn: X Non-Sworn:

Hours Qualified for Re-Certification
Yes: No:

During this training, I have been instructed on all aspects of the Use of Force Policy # 0-02. I have been provided an additional copy of this policy in writing during this course. I have had all questions about this policy answered during this training to my complete satisfaction.

Signature of Student [Signature] Date 10-12-10

Signature of Instructor / Proctor JKS Date: [Stamp]

ENTERED
NOV 10 2010
RECEIVED
OCT 15 2010
Training Division



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

Course Title: Firearms Range Day

Course Hours: 2 Hrs.

Course Location: ATP Gun Range

Instructor (s): Gann

Date(s): 12/17/09

CDV

LEGALS

IN-SERVICE XXX

ADVANCED

Please Print Information Listed Below

Student Name: SIALGER Mike T
Last First MI

Social Security Number: [REDACTED] Badge: 439

Unit of Division Assigned: Training

Sworn: XX

Non-Sworn:

Hours Qualified for Re-Certification
Yes: XX No:

During this training, I have been instructed on all aspects of the Use of Force Policy # O-02. I have been provided an additional copy of this policy in writing during this course. I have had all questions about this policy answered during this training to my complete satisfaction.

Signature of Student [Signature] Date: 17 Dec 09

Signature of Instructor / Proctor Cpl Gann/Cpl Humphries/Pfc Spears Date(s): 12/17/09



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
FIREARMS QUALIFICATION**



PRINT NAME	BADGE #	DATE
Mike SLACKER	259	5-8-14

MAKE	MODEL	SERIAL #
GLOCK	21	EU4973

40 Round Course – Minimum Score of 80 % required. (160)

YARDS	ROUNDS	TIME (SEC)	Unless noted, shooting positions will be from the Weaver or Natural Point.
3	5	6	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	5	7	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	7	15	From the holster, fire 4 rounds, combat magazine exchange, fire 3 rounds and scan threat area.
7	8	12	From the holster, fire 4 rounds strong hand, transition, fire 4 rounds reaction hand, transition to strong hand, and return to the holster.
10	8	20	From the holster, fire 2 rounds standing, combat magazine exchange, fire 3 rounds strong side kneeling, fire 3 rounds weakside kneeling and scan threat area.
15	7	Timed	From the ready position, fire 2 rounds two seconds, fire 2 rounds two seconds, fire 3 rounds three seconds, and scan the threat area.

Pass	✓
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Fail	
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Required remedial training:	Yes	No
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J. Greenawald		5/8/14
Instructor (Print)	Instructor's Signature	Date



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
Glock Pistol Inspection Form**



WARNING: NO LIVE AMMUNITION IN INSPECTION AREA; CHECK THAT PISTOL AND MAGAZINES ARE UNLOADED AND CLEAR.

Officer: Michael Slagel Serial # EUY973 Model 21 Date: 5-7-14

**INSPECTION OF ASSEMBLED PISTOL
(Mark Pass / Fail)**

1. External visual inspection	PASS	5. Trigger reset check	PASS
2. Trigger safety check		6. Does empty magazine lock slide back	
3. Trigger pull		7. Are component parts correct	
4. "Locking up" and "Unlocking"		8. Engagement	

INSPECTION OF FIELD STRIPPED AND DETAILED STRIPPED PISTOL

Component	Pass	Fail	Component	Pass	Fail
I. FIELD STRIPPED EXAM	PASS		5. Firing pin spring	PASS	
A. Barrel			6. Spacer sleeve		
1. Barrel bulged			7. Firing pin channel liner		
2. Cracks at muzzle or chamber			C. Extractor depressor plunger assembly		
3. Longitudinal cracks			1. Installed properly		
4. Condition of lugs			2. Spring straight and undamaged		
B. Slide			3. Correct spring loaded bearing		
1. Sights / Night sights (inspection)			D. Extractor		
2. Front Sight pin/screw present			1. Upgrade present		
3. Grooves (condition of)			2. Condition of extractor		
4. Guide ring			E. Firing pin safety		
5. Cracks, especially under ejection port			1. Upgrade present		
6. Slide "stop" lever notch			2. Firing pin safety spring in place		
7. Brass deposits (excessive?)			3. Firing pin safety test		
8. Extractor clearance (clean?)			D. Locking block pin - upgrade		
C. Receiver			E. Trigger pin		
1. Magazine catch			F. Locking block		
2. Receiver cracks			G. Trigger spring - installed correctly		
3. Slide stop lever tension			1. With proper connector		
4. Correct ejector			H. Trigger with trigger bar		
5. Condition of rails			1. Correct for the pistol		
6. Slide lock (Up & to the rear)			2. Unusual wear		
D. Recoil spring assembly			I. Trigger mechanism housing		
II. DETAIL STRIPPED EXAM			1. Ejector condition		
A. Slide cover plate			2. Connector tight		
B. Firing pin assembly			J. Magazine		
1. Upgrade present			1. Tube-lips damaged		
2. Correct firing pin			2. Spring-correct, undamaged		
3. Nose chipped or broken?			3. Follower, cracked, broken		
4. Firing pin spring cups			4. Correct for pistol		

Remarks:

Reassembly-After the component parts of the "detailed stripped" pistol have been found to be acceptable (or have been corrected), and they have been cleaned, the pistol will be reassembled. The reassembled pistol will then be inspected to ensure function ability.

Inspected By: [Signature]



**CITY OF NORTH CHARLESTON
POLICE DEPARTMENT
FIREARMS QUALIFICATION**



PRINT NAME	BADGE #	DATE
Michael SLAGER	259	8-15-14

MAKE	MODEL	SERIAL #
GLOCK	21	X HF 314

40 Round Course – Minimum Score of 80 % required. (160)

YARDS	ROUNDS	TIME (SEC)	Unless noted, shooting positions will be from the Weaver or Natural Point.
3	5	6	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	5	7	From the holster, fire 5 rounds, scan threat area, and return to the holster.
5	7	15	From the holster, fire 4 rounds, combat magazine exchange, fire 3 rounds and scan threat area.
7	8	12	From the holster, fire 4 rounds strong hand, transition, fire 4 rounds reaction hand, transition to strong hand, and return to the holster.
10	8	20	From the holster, fire 2 rounds standing, combat magazine exchange, fire 3 rounds strong side kneeling, fire 3 rounds weakside kneeling and scan threat area.
15	7	Timed	From the ready position, fire 2 rounds two seconds, fire 2 rounds two seconds, fire 3 rounds three seconds, and scan the threat area.

Pass

Fail

Required remedial training: Yes No TRAINING DIVISION

<i>A. Brown</i>	<i>[Signature]</i>	8-15-14
Instructor (Print)	Instructor's Signature	Date

Michael Slager

Has successfully completed

2012 CDV: ARREST AND PROSECUTION

on

December 13, 2012

RECEIVED
DEC 14 2012

Training Division
5/12/14

RECEIVED
JAN 17 2012

Training Division

michael slager

Has successfully completed

2011 CDV LESSONS LEARNED

ENTERED

JAN 17 2012

on

January 15, 2012

Michael Slager

Has successfully completed

2013 CDV LETHALITY

on

April 17, 2014

APR 21 2014

TRAINING DIVISION

APR 21 2014

TRAINING DIVISION





NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

ANNUAL IN-SERVICE MANDATORY TRAINING Training Year - 2013

<u>Course Subject</u>	<u>Hours</u>	<u>Date</u>	<u>Instructor</u>	<u>Instructor Initials</u>
FIRST AID / CPR	2	12/17/12	R. DEAN	<u>JKS</u>
BLOODBORNE	1	12/17/12	R. DEAN	
HAZMAT	1	12/17/12	P. KIRKLAND	
BIAS	1	12/17/12	A. KING	
FIREARMS CLASS	2	12/17/12	W. HUMPHRIES	
FIREARMS QUAL.	2	12/18/12	W.HUMPHRIES/S. HILLE	
VICTIM SERVICES TR.	1	12/17/12	M.HOSSEINI	<u>JKS</u>
EVO CLASS	2	12/18/12	W.JANICKI / K. SPEARS	
TASER CLASS	2	12/18/12	J. GANN	
{Prof.}		12/19/12	GANN / GHI / JANICKI	
DRIVING Prof.	4	12/19/12	W.JANICKI / S.JANOWSKI	
			K. SHARP / P. KIRKLAND	
TACTICAL PRACTICAL	3	12/19/12	J. GANN / D. GHI	<u>JKS</u>
			W. JANICKI	

STUDENT INFORMATION (Please Print)

Student Name: SLAGER Michael T
 Last First MI

Social Security Number: XXX-XX-1488 Area Assigned: South Nights team 2

Sworn: Non-Sworn: Qualified Re-Certification Hours: _____

*During this training, I have been instructed on all aspects of the Use of Force Policy # 0-02.
 I have been provided an additional copy of this policy in writing during this course. I have all questions about this policy answered during this training to my complete satisfaction*

Student Signature: _____ Date: 12-17-12

Training Signature: _____ Date: 12-19-12

Training hours and proficiency is based on the experience and ability of the class as a whole.
 *Indicates course does not currently qualify for recertification hours.
 N/A - Indicates course is not required for this training year.

ENTERED
 DEC 18 2012
 REC'D - 2012
 Training Division



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

make up!

ANNUAL IN-SERVICE MANDATORY TRAINING Training Year - 2012

<u>Course Subject</u>	<u>Hours</u>	<u>Date</u>	<u>Instructor</u>	<u>Instructor Initials</u>
MENTALLY ILL / PTSD (VA)	4	2/27-2/29	Meredith Miller	MM
LE STRESS MANG.	4	2/27-2/29	Chaplin Driggers	CD
FIREARMS CLASS	2	2/27-2/29	W. Humphries	WH
FIREARMS QUAL	2	2/27-2/29	W.Humphries/D.Bowman/ L.Cummins	WH
EVO CLASS	2	2/27-2/29	W. Janincki / T. Morgan	WJ
{Prof.} RANGE	2	2/27-2/29	T. Morgan / J. Niemiec W.Janicki	TM
SPIKE STRIP	1	2/27-2/29	"	WJ
BLOODBORNE	1	2/27-2/29	W. Johnson	WJ
BIAS	2	2/27-2/29	M. Leahy	ML
TASER CLASS	2	2/27-2/29	J. Niemiec	JN
{Prof.}		2/27-2/29	Niemiec/Ghi/Janicki	GN
DT/OC	2	2/27-2/29	.Niemiec/Ghi/ Janicki	GN
{Prof.}		2/27-2/29	Niemiec/Ghi/Janicki	GN

makeup. ✓

STUDENT INFORMATION (Please Print)

Student Name: Slager, Michael
Last First MI

Social Security Number: XXX-XX- Area Assigned: _____

Sworn: _____ Non-Sworn: _____ Qualified Re-Certification Hours: _____

Student Signature: [Signature] Date: _____

Training Signature: [Signature] Date: 2/27-29/12

Training hours and proficiency is based on the experience and ability of the class as a whole.
*Indicates course does not currently qualify for recertification hours.
N/A - Indicates course is not required for this training year.

ENTERED

Training Division

REC'D
MAR 05 2012



NORTH CHARLESTON POLICE

COURSE REGISTRATION FORM
LAW ENFORCEMENT TRAINING

ANNUAL IN-SERVICE MANDATORY TRAINING Training Year - 2012

<u>Course Subject</u>	<u>Hours</u>	<u>Date</u>	<u>Instructor</u>	<u>Training Officers Initials</u>
MENTALLY ILL / PTSD (VA)	4	1/23-1/25	Meredith Miller	JKS.
LE STRESS MANG.	4	1/23-1/25	Chaplin Driggers	JKS.
FIREARMS CLASS	2	1/23-1/25	W. Humphries	JKS. <input checked="" type="checkbox"/> 4/D-208
FIREARMS QUAL	2	1/23-1/25	W. Humphries/J. Gann	<input checked="" type="checkbox"/> Rosch
EVO CLASS	4.2	1/23-1/25	D. Johnson	JKS.
Range {Prof.}	2	1/23-1/25	Spears/ Niemiec	<input type="checkbox"/> Prof 4/D Rosch
			J. Gann	
			"	JKS. <input type="checkbox"/> 4/D Rosch
SPIKE STRIP	1	1/23-1/25	W. Johnson	JKS.
BLOODBORNE	1	1/23-1/25	C. ROSS	JKS.
BIAS	2	1/23-1/25	J. Niemiec	JKS. Rosch
TASER CLASS	2	1/23-1/25	J.Niemiec/J. Gann	<input type="checkbox"/> Prof 4/D
{Prof.}		1/23-1/25	J.Niemiec/ J.Gann	
DT/OC	2	1/23-1/25	J.Niemiec/ J. Gann	<input type="checkbox"/> 4/D
{Prof.}		1/23-1/25	J.Niemiec/ J. Gann	

STUDENT INFORMATION (Please Print)

Student Name: SLAGER MICHAEL T
Last First MI

Social Security Number: XXX-XX-1488 Area Assigned: Patrol South Night 2

Sworn: Non-Sworn: Qualified Re-Certification Hours: X

Student Signature: [Signature] Date: 1-25-12

Training Signature: JKS. Date: 1-25-12

Training hours and proficiency is based on the experience and ability of the class as a whole.
*Indicates course does not currently qualify for recertification hours.
N/A - Indicates course is not required for this training year.

ENTERED

FEB 02 2012

JAN 31 2012

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