



JOHN C. MILHISER
STATE'S ATTORNEY
SANGAMON COUNTY

Room 402 County Complex
200 South Ninth Street
Springfield, IL 62701

Telephone: 217/753-6690
Facsimile: 217/535-3179

July 31, 2024

FOIA Requesters

RE: Freedom of Information Act requests seeking the Sangamon County Sheriff Office's personnel file for Sean Patrick Grayson

Dear FOIA Requesters:

Attached hereto is a copy of the Sangamon County Sheriff Office's personnel file for Sean Patrick Grayson.

Portions of the records in the file have been redacted pursuant to Section 7(1) of the Illinois Freedom of Information Act. (5 ILCS 140/7(1)). Personal addresses, drivers' license numbers, personal phone numbers, social security numbers, personal email addresses, Army serial numbers, bank account numbers, license plate numbers, and birthdates are deemed "private information" under Section 2(c-5) of the Act and have been redacted pursuant to Section 7(1)(b). Information which would identify the second deputy present when the officer-involved shooting occurred has been redacted because there is an ongoing investigation. (5 ILCS 7(1)(d)). Information that would unavoidably disclose the identity of persons who provide information to law enforcement has been redacted pursuant to Section 7(1)(d)(iv) of the Act. Information that would identify persons only incidentally referenced in reports has been redacted pursuant to Section 7(1)(c). (*See* Ill. Att'y Gen. PAC Req. Rev. Ltr. 31526, issued November 26, 2014, at 6.). Information that would identify crime victims has been redacted pursuant to Section 7(1)(c) of the Act. (*See also* Ill. Att'y Gen. PAC Req. Rev. Ltr. 37628, issued April 25, 2016, at 3.).

A pre-employment criminal history background check record regarding Sean Grayson accessed through the Illinois State Police Bureau of Identification, which includes the results of a nationwide search, is not being provided because these records are exempt from disclosure pursuant to Section 7(1)(a)(Information specifically prohibited from disclosure by federal or

State law is exempt from disclosure under the FOIA) and 7(1)(d-5) of the FOIA. The record is specifically marked with a warning which states that its release to unauthorized individuals or agencies is prohibited by federal law (Title 42 42 USC 3789G).

Included in the copies of the records provided is a citizen's complaint dated May 3, 2024. Officer-worn body camera video related to that citizen complaint is, at this time, exempt from disclosure pursuant to Section 7.5(cc) of the Act. (5 ILCS 140/7.5(cc)(Recordings which may not be released under the Law Enforcement Officer-Worn Body Camera Act are exempt from disclosure under the FOIA.). Pursuant to Section 10-20(b)(1) of the Body Camera Act, the written permission of the subject of the encounter must be obtained before that recording may be disclosed under the Freedom of Information Act. (50 ILCS 10-20(b)(1)). If written consent is granted, we will supplement this response.

Other than the "Final Results" page of Sean Grayson's pre-employment psychological evaluation, medical records are being withheld pursuant to Section 7(1)(b) of the FOIA.

To the extent that redacting information from these records or withholding certain records can be considered a denial of your request, such denial is by Joel Benoit, Assistant State's Attorney and Freedom of Information Officer.

You have the right to have any denial of your request reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General. You may file your Request for Review with the PAC by writing to:

Public Access Counselor
Office of the Attorney General
500 South Second Street
Springfield, Illinois 62706

EMAIL: public.access@ilag.gov

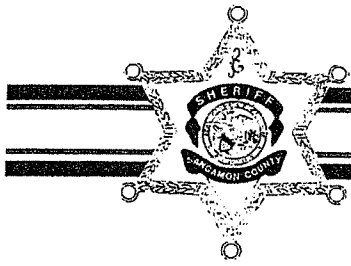
You also have the right to seek judicial review of any denial of your FOIA request by filing a lawsuit in the state circuit court.

If you choose to file a Request for Review with the PAC, you must do so within 60 calendar days of the date of this letter. Please note that you must include a copy of your original FOIA request and this letter when filing a Request for Review with the PAC.

Sincerely,



Joel A. Benoit
Freedom of Information Officer
Assistant State's Attorney



SANGAMON COUNTY SHERIFFS OFFICE
"Keeping the Peace Since 1821"

Administration - (217) 753-6855
Records - (217) 753-6846

JACK CAMPBELL
#1 Sheriffs Plaza
Springfield, IL 62701

Investigations - (217) 753-6840
Corrections - (217) 753-6886

March 22, 2023

Sean Patrick Grayson



Dear Sean,

Congratulations! You have been selected for the position of Deputy with the Sangamon County Sheriff's Office, contingent upon the successful completion of a drug screening and a psychological evaluation. You will need to contact the following individuals as soon as possible.

1. Campion, Barrow & Associates at 1-800-292-3399, to schedule your pre-employment psychological test.
2. Megan Antonacci at 217-753-6855, to schedule your drug screening.

Schedule your psychological examination first, then call Megan for your drug screening.

Again, congratulations! Best wishes and best of luck for a rewarding and successful career with the Sangamon County Sheriff's Office.

Sincerely,

Jack Campbell
Sheriff of Sangamon County

JC/ma

Cc: Chief Mayfield
Capt. Hayes
Sgt. Henton
Sgt. Baughman/Lisa Hopper
Det. Helton
Merit Commission
File

SANGAMON COUNTY
SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT



Date of Application: 2-26-21

Position(s) Desired: Deputy Sheriff Patrol

Full Legal Name: Grayson Sean Patrick
Last First Middle Birth Name (If applicable)

List any other names or aliases you have been known by and give reasons for each.

Street Address: [REDACTED]

Mailing address: [REDACTED]

City: [REDACTED] State: IL Zip: [REDACTED]

Length of time at street address? 12 Years Length of time at mailing address? 12 Years

Home telephone number: [REDACTED]

Work telephone number: (217) 638-2118

May we contact you at your current place of employment? Yes

E-Mail Address (optional): [REDACTED]

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
FOR USE BY AUTHORIZED PERSONNEL OF THE
SANGAMON COUNTY SHERIFF'S OFFICE**

I, Sean Patrick Grayson, do hereby authorize a review of and full disclosure
(PRINT FULL NAME)

of all records concerning myself to any duly authorized personnel of the Sangamon County Sheriff's Office, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Sangamon County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release Sangamon County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

I also understand this authorization to furnish information is executed in consideration of the Sangamon County Deputy Merit Commission.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Bryan C Detherage
Witness Signature (required)

3-8-21
Date

Bryan Detherage
Witness (PRINT)

[Signature]
Signature (include maiden name)

3-8-21 [Redacted]
Date SSN

[Redacted]
Address

[Redacted]
City/State/Zip




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#1 Sheriffs Plaza
Springfield, IL 62701

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Corrections - (217) 753-6886

April 9, 2021

Sean Grayson


Dear Sean:

The Sangamon County Sheriff's Office would like to thank you for your application for Deputy. Your application will be kept on file until the next Deputy testing which will be sometime in May of 2022. I will be sending out letters to all applicants letting them know the date, time and location for that testing. Thank you again.

Sincerely,

Kathleen M. Miller
Administrative Assistant
Sangamon County Sheriff's Office

SEAN PATRICK GRAYSON

PROFESSIONAL SUMMARY

Hardworking sales associate who thrives in a busy, fast-paced environment. Looking for new challenges in order to improve skills and be more well-rounded.

Accomplished customer service expert committed to quality service. Ethical and professional. Seeking to assist a new customer service department in creating and reaching service goals.

manager with broad organizational experience, including military, gym and personal training, Security at saint john's hospital, Part time Police officer. Contributes diverse capabilities in quick learning, team building and working together and problem solving.

SKILLS

- Excellent problem-solving skills
- Ability to motivate
- Ability to multitask
- Complex problem-solving
- Decision-making abilities
- Excellent sense of business
- Leadership and team-building skills
- Customer relationship management

EXPERIENCE

Kincaid police department

February 2021 to current

Pawnee Police department

October 2020 to current

Saint Johns hospital

July 2020 to February 2021

security officer

Manager | The Zone | Virden, IL

Sell memberships, make sure the equipment is in good condition and personal train February 2017- July 2020

Mechanic | United States Department of the Army | Junction City, KS

May 2014 - February 2016

I was a mechanic in charge of the tool rooms and fixing vehicles that broke down. I was also part of the recovery team to pick up damaged vehicles

Driver | Portable Sanitation Systems | New Berlin, IL

December 2013 - April 2014

I drove septic trucks and cleaned the portable toilets

EDUCATION

High school diploma

North Mac High School, Virden, IL

May 2013

Mechanic
United states Army Ordinance school , Fort Lee, VA

October 2015

Part time Law enforcement academy

October 1st 2020 to June 5th 2021

SEAN GRAYSON



SANGAMON COUNTY SHERIFF'S OFFICE,

As an experienced manager, the advertisement for the police officer with Sangamon County Sheriff's office sparked my interest when reviewing the position requirements and your organization's website. I was excited to find that my qualifications and personal strengths align with your needs and mission.

I bring a comprehensive set of skills that I believe will be valuable to the Sangamon County Sheriff's Office. In my manager role, I honed my abilities in great customer service and dealing with the public daily providing a good foundation for the Police Officer position. My communication, People-centric nature, and compassion have afforded me excellent critical thinking skills

I am excited to contribute my talents and proficiency in customer service toward your team efforts. As an engaging communicator. My focus on building strong professional relationships has been a beneficial asset throughout my career.

Please review my enclosed resume for a more in- depth illustration of my work history and accomplishments. I would appreciate the opportunity to interview at your earliest convenience. I am eager to discuss how my personality and background fit the Police Officer role.

Thank you for your time and consideration of my candidacy

**Sincerely
Sean Grayson**

SANGAMON COUNTY SHERIFF'S OFFICE

I hereby certify that there are no willful misrepresentations, omissions, or false statements made by me in this Personal History Questionnaire; and all of my answers are true and correct to the best of my knowledge and belief. To the best of my knowledge and belief, this Personal History Questionnaire is entirely complete as submitted.

Copies of a Personal History Questionnaire, background investigation, or psychological screening shall not be circulated to a candidate or employee, nor will they be released unless required pursuant to court action.

I also understand that any misrepresentations, omissions, false statements, or failure to entirely complete the Personal History Questionnaire will immediately deny me from further consideration for any position with the Sangamon County Sheriff's Office.

[Signature]
Applicant's Signature in Full

3-8-21
Date

The following MUST be taken before a NOTARY PUBLIC:

I, Sean Patrick Grayson, the undersigned, a legal resident
Name
of [Redacted], in the
Street Address

City of [Redacted], and the State of Illinois, do
declare that I am the person described in the foregoing Personal History Questionnaire; and
attachments thereto, and that all the statements contained in said answers are true to the best of my
knowledge and belief.

[Signature]
Signature

Sworn to and subscribed to before me this 8 day of March

2021 in the County of Sangamon, and the State of Illinois.

Bryan L Detherage
NOTARY PUBLIC

(OFFICIAL SEAL)



List your former addresses for the last ten (10) years or back to your 18th birthday:

[REDACTED]	[REDACTED]	FL	[REDACTED]	Macoupin	12 Years
Street Address	City	State	Zip Code	County	Length of Residency
[REDACTED]	[REDACTED]	FL	[REDACTED]	Champaign	6 months
Street Address	City	State	Zip Code	County	Length of Residency
Street Address	City	State	Zip Code	County	Length of Residency
Street Address	City	State	Zip Code	County	Length of Residency

MEDICAL HISTORY SECTION

1. Do you use or have you ever used any narcotics or controlled substances not prescribed by a physician or other medical personnel? Yes No If yes, explain in detail below:

2. List any scars, marks or tattoos and where they are located. 6 Tattoos 3 on my

Upper left Arm 2 on my right forearm 1 on my
Upper Right Arm

EDUCATION SECTION

3. List below all other formal education beyond high school, including training courses:

Army combat life savor course

Part time Law enforcement academy

40 hour Weapon course Leads certification

4. List any special skills, professional licenses, or certifications you have or have held that would be beneficial to the position for which you have applied.

Blue Belt under mark commear

Trien JiuJitsu for 3 years now

MILITARY SERVICE SECTION

5. (A) Branch: Army
(B) Date of Entry: 05/04/2014
(C) Highest Rank Held: PFC
(D) Serial Number: [REDACTED]
(E) Separation Date: 02/27/2016
(F) Rank at Discharge: PFC
(G) Type of Discharge: honorable
6. List any awards or medals you received while serving in the Armed Forces: _____

7. What is your present Selective Service Classification or rating, if applicable? N/A

FINANCIAL INFORMATION SECTION

8. Besides your present employment, list any other source(s) of income you now have below:

EMPLOYMENT INFORMATION SECTION

9. Have you ever been employed by Sangamon County? Yes No
If yes, provide the following information:
- | Department Employed By | Position Held |
|------------------------|--------------------------|
| | |
| Date Hired | Date Terminated/Resigned |
10. If previously employed by Sangamon County, were you using a different name or alias at the time?

Yes _____ No X If yes, provide your previous name or alias:

Start with your current employment. List all full-time, part-time, seasonal, and military positions held over the last ten (10) years or since your 18th birthday. Also list periods of unemployment showing dates and reasons for unemployment.

11. Employer: Kincaid Police department
Phone: 217-237-5568 Address: 115 central Ave
City: Kincaid State: IL Zip: 62540
Dates Employed: 02/21 / current
From Month/Year To Month/Year
Type of Business: law enforcement Job Title: Patrol Officer
Name and Title of Immediate Supervisor: Chief D J Mathen
Starting Salary: \$ 18.00 Ending Salary: \$ 18.00
Description of Duties: community Policing and patrolling kincaid
answering calls
Reason for Leaving: Wanting to be a Sangamon county Sheriff
Deputy
12. Employer: Pawnee Police Department
Phone: 217-625-2341 Address: 617 7th St
City: Pawnee State: IL Zip: 62558
Dates Employed: 10/20 / current
From Month/Year To Month/Year
Type of Business: Law enforcement Job Title: Police officer
Name and Title of Immediate Supervisor: Chief Baskley Harris
Starting Salary: \$ 16.40 Ending Salary: \$ 16.40
Description of Duties: part time police officer
Reason for Leaving: Looking for full time
13. Employer: Saint John's hospital

Phone: 217-544-6464 Address: 800 E callender
City: Springfield State: IL Zip: 62769
Dates Employed: 07/20 From Month/Year To Month/Year 02/21
Type of Business: hospital Job Title: security
Name and Title of Immediate Supervisor: Robert Spain
Starting Salary: \$ 13.50 Ending Salary: \$ 13.90
Description of Duties: patrol hospital Satter of hospital staff
and patients manage walker answer calls
Reason for Leaving: to work Kincaid full time

14. Employer: Can am
Phone: 217-627-2818 Address: 702 3rd street
City: Girard State: IL Zip: 62640
Dates Employed: 07/20 From Month/Year To Month/Year 07/20
Type of Business: Landscaping Job Title: Labor
Name and Title of Immediate Supervisor: Mark bilbey
Starting Salary: \$ 15 Ending Salary: \$ 15
Description of Duties: Landscaping Laying rock Planting
flowers
Reason for Leaving: TO work for hospital to get something
closer to law enforcement

15. Employer: The zone fitness
Phone: 217-965-3341 Address: 1230 W Springfield St
City: Wilder State: IL Zip: 62690
Dates Employed: 03/17 From Month/Year To Month/Year 07/20
Type of Business: Gym Job Title: manager
Name and Title of Immediate Supervisor: Dan Gordon
Starting Salary: \$ 9.00 Ending Salary: \$ 20.00

Description of Duties: customer service, sales, cleaning
~~and~~ fixing gym equipment, personal training
Reason for Leaving: wanted to become a police officer

16. Were you ever discharged or asked to resign due to misconduct or unsatisfactory service, or while under investigation? Yes No If yes, explain in detail below:

(Include names and addresses of employers) _____

17. Are you now or have you ever been engaged in any business as a sole owner, partner, or corporate member (active or silent)? Yes No If yes, explain in detail below:

18. Have you previously submitted an employment application to any law enforcement agency? Yes No If yes, provide the following the information:

Agency Name and address: Kincaid

Date of application: _____

Name used at the time application was submitted (if different): _____

Agency Name and address: Pawnee

Date of application: _____

Name used at the time application was submitted (if different): _____

CRIMINAL HISTORY SECTION

19. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, and /or convicted of any misdemeanor or felony offense in Illinois or any other state or legal jurisdiction? Include municipal ordinance violations or citations, but **do not include traffic violations**. Deputy, Correctional Officer and Court Security Officer applicants must include all supervisions and expungements (to include any juvenile arrests).

Yes No

If yes, provide the following information:

Date: 08-07-2015

Virden IL Macoupin
City State County

Law Enforcement Agency Involved: Virden

DUI 17 Day Court Supervision
Crime Charged Disposition of Case, Including Sentence

.....
Date: 07-23-2016

Girard IL Macoupin
City State County

Law Enforcement Agency Involved: Macoupin County Sheriff

DUI 1 year no driving privileges
Crime Charged Disposition of Case, Including Sentence

.....
Date: _____

City State County

Law Enforcement Agency Involved: _____

Crime Charged Disposition of Case, Including Sentence

20. Are you currently on Probation or Parole?
Yes ___ No X If yes, provide the following information

Date: _____

City State County

Law Enforcement Agency Involved: _____

Crime Charged Disposition of Case, Including Sentence

REFERENCE SECTION

21. Provide all of the following information requested for three (3) references. Do not include relatives.

Name: Maic Baker Years Known: 4
County: Macoupin Street Address: [REDACTED]
City: [REDACTED] State: IL Zip: [REDACTED]
Home Phone: [REDACTED] Work Phone: 217-324-4900
Occupation: State Trooper
Employed Where: District 18

22. Name: John Cherry Years Known: 8
County: Macoupin Street Address: [REDACTED]
City: [REDACTED] State: IL Zip: [REDACTED]
Home Phone: [REDACTED] Work Phone: 217-752-6008
Occupation: Law enforcement - Investigator
Employed Where: capital city police

23. Name: John Kane Years Known: 6
County: Riley Street Address: [REDACTED]
City: [REDACTED] State: KS Zip: [REDACTED]
Home Phone: [REDACTED] Work Phone: 785-243-1499
Occupation: hvac heating - air conditional plumbing
Employed Where: hood heating

ADDITIONAL INFORMATION SHEET

PLEASE WRITE THE NUMBER OF THE QUESTION BEING ANSWERED. IF ADDITIONAL SPACE IS NEEDED PLEASE USE A SEPARATE SHEET OF PAPER.

I am certified in AED hazmat blood-borne pathogen CPR and more. I am also going to be a part of a emergency response team in christain county I am looking for a 40 hour swat team class. I will be sent to the 2 week transition course after I graduate. once I graduate I will send in all of my training certificates I have for everything.

I currently work 40 hours in Koncadd and 15 hours a week in Pawnee.

I would like to be a Sangamon county Sheriff Deputy.

CERTIFICATION OF BIRTH RECORD

TYPE/PRINT
IN
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

MATCHING DC
REGISTRATION DISTRICT NO. 84.0
REGISTERED NUMBER 1693

STATE OF ILLINOIS

CHILD'S BIRTH NUMBER

CERTIFICATE OF LIVE BIRTH

112-94-046904

CHILD	1. SEAN PATRICK GRAYSON II		DATE OF BIRTH (MONTH, DAY, YEAR)	TIME OF BIRTH
	SEX 4. Male	CHILD'S BLOOD TYPE 5. -	CITY, TOWN, TWP., ROAD DIST. NO., OR LOCATION OF BIRTH 6. SPRINGFIELD	COUNTY OF BIRTH 7. SANGAMON
CERTIFIER ATTENDANT	8. Hospital		9. MEMORIAL MEDICAL CENTER	
	10a. <i>Michael Zinzilieta M.D.</i>		DATE SIGNED (MONTH, DAY, YEAR) 10b. 6-22-94	ATTENDANT'S NAME AND TITLE (IF OTHER THAN CERTIFIER) (TYPE/PRINT)
	10c. DR. MICHAEL ZINZILIETA M. D.		ILLINOIS LICENSE NUMBER 10d. 59290	11. ATTENDANT'S MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP CODE) 1025 S. 7TH STREET SPRINGFIELD IL 62703
	12. LOCAL REGISTRAR'S SIGNATURE 14. <i>Orrie Lanefelder</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 15. JUN 27 1994	
MOTHER	16a. RONDA IO JAMES		DATE OF BIRTH (MONTH, DAY, YEAR)	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 18. ILLINOIS
	19a. [REDACTED]		CITY, TOWN, TWP., OR ROAD DIST. NO.	INSIDE CITY (YES/NO) 19c. NO
	19b. [REDACTED]	STATE 19d. ILLINOIS	MOTHER'S MAILING ADDRESS (IF SAME AS RESIDENCE, ENTER ZIP CODE ONLY) 19f. [REDACTED]	
FATHER	20a. SEAN PATRICK GRAYSON		DATE OF BIRTH (MONTH, DAY, YEAR)	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 22. CALIFORNIA
INFORMANT	23. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
	23a. MOTHER'S SIGNATURE <i>Ronda Grayson</i>		23b. FATHER'S SIGNATURE	

ISSUED

DEC 11 2013



This is to certify that this is a true and correct copy from the official birth record filed with the Illinois Department of Public Health

Joe Aiello

Joe Aiello, County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) GRAYSON, SEAN PATRICK II 2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA 3. SOCIAL SECURITY NUMBER

4a. GRADE, RATE OR RANK PFC b. PAY GRADE E03 5. DATE OF BIRTH (YYYYMMDD) 6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000

7a. PLACE OF ENTRY INTO ACTIVE DUTY ST LOUIS, MISSOURI b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) ILLINOIS

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 010001AVCO E FORWARD SP FC b. STATION WHERE SEPARATED FORT RILEY TC, KS 66442-6663

9. COMMAND TO WHICH TRANSFERRED N/A 10. SGLI COVERAGE NONE AMOUNT: \$ 400,000.00

Table with 5 columns: Record of Service, Year(s), Month(s), Day(s). Rows include Date Entered AD, Separation Date, Net Active Service, Total Prior Active/Inactive Service, Foreign/Sea Service, Initial Entry Training, Effective Date of Pay Grade.

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS

15a. COMMISSIONED THROUGH SERVICE ACADEMY YES X NO b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b) YES X NO c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA) YES X NO

16. DAYS ACCRUED LEAVE PAID 7 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION YES NO X

18. REMARKS BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20140212-20140505//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) b. NEAREST RELATIVE (Name and address - include ZIP Code) RONDA BEAMS

20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) IL OFFICE OF VETERANS AFFAIRS X YES NO a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC) X YES NO

21.a. MEMBER SIGNATURE DESIGNED BY: GRAYSON, SEAN, PATRICK, II. 1500860720 b. DATE (YYYYMMDD) 20160224 22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) HARRY F STINER, ASST CH TRANSITION CENTER b. DATE (YYYYMMDD) 20160223

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE 24. CHARACTER OF SERVICE (Include upgrades) UNDER HONORABLE CONDITIONS (GENERAL)

25. SEPARATION AUTHORITY AR 635-200, PARA 14-12C 26. SEPARATION CODE JKQ 27. REENTRY CODE 3

28. NARRATIVE REASON FOR SEPARATION MISCONDUCT, (SERIOUS OFFENSE)

29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE 30. MEMBER REQUESTS COPY 4 (Initials) SPG

To whom it may concern,

I am writing this letter in reference to Patrick Grayson. He has constantly proven himself to be a loyal and dedicated individual in both his personal and professional life. Having known Patrick for 4 years, I can honestly say he is a person that leads by example. Patrick currently runs the gym I work out at and it is evident that his customers look up to him and are inspired by his work ethic and dedication.

In both personal and professional realms, Patrick is a leader. He is able to communicate with people both younger and older than him and to be positive and friendly. This adaptability makes him a perfect candidate for any position he may pursue in his future. There is no project or task he cannot complete. He is the true definition of a go-getter.

As a former Chief of Police, I can say that Patrick is the kind of individual I would want working for me and my agency. I find it very difficult in today's society to find workers that are mission oriented and goal focused. I see all these attributes in Patrick on a daily basis.

If you should have any questions feel free to contact me at [REDACTED]

Sincerely,

Marc L. Baker

Trooper

Illinois State Police, District 18

Marc L. Baker

[REDACTED]

[REDACTED]

[REDACTED]

January 3, 2018

To Whom It May Concern:

I am writing this letter of reference to educate you on the character of Patrick Grayson. Patrick is a good friend whom I have known for several years now. He is a great man who comes from a wonderful family.

During the time I have known him, I have found Patrick to have many very positive traits. I have known him to be a very loyal, honest, respectful, considerate and reliable person. He is an excellent communicator and problem solver. Whenever he adopts a cause or pursues a new interest, he is guaranteed to be highly committed and I have been impressed with his dedication to any endeavor in which he has been involved. Patrick is organized, extremely competent, and has an excellent rapport with people of all ages. He is a well-balanced person with an abundance of positive qualities.

In conclusion, I feel these attributes demonstrate someone with an exceptional character. Therefore I can recommend Patrick, without reservation, for any task or endeavor that he may seek to pursue where enthusiasm, hard work and trustworthiness are valued.

I am sure it is clear that I think highly of Patrick and you will find my trust in him to be well placed.

Feel free to contact me using the information provided above if you should need any additional information.

Sincerely,

Marc L. Baker

Trooper

Illinois State Police

Executive Protection Unit

To whom it may concern:

Patrick has been a tremendous asset this school year, helping with National Federation of High Schools (NFHS) broadcasts. Patrick was always punctual, prepared, and personable when broadcasting the North Mac High School boys' varsity football and basketball games, as well as the girls' varsity basketball games. Patrick is thoughtful, extremely helpful, and has evolved into a great role-model for others to emulate.

Patrick's work ethic is illustrated through his excellent management of The Zone, fitness center. He has transformed not only his professional life but also his personal life. He has lost over a hundred pounds, changed his social lifestyle, and focused on becoming a more well-read/educated individual.

Patrick works tirelessly to improve his life as well as the lives of others around him. Patrick has matured and understands the importance of creating a successful as well as prosperous future for himself, while making a concentrated effort not to distance himself from the pitfalls that befell him in the past. Interacting with Patrick over the years, I am extremely pleased with his maturation as well as his aspirations for his future endeavors; with his new outlook as well as attitude on life, I believe his potential for success is infinite.

Sincerely,

Ryan Lightle

To whom it may concern:

Patrick is a positive person who seeks out new challenges to keep evolving as a person. Daily, Patrick is striving to reach new professional as well as personal goals. Patrick is always punctual, prepared, and personable in his everyday life. Patrick is thoughtful and extremely helpful as well as dependable.

Patrick's work ethic is illustrated through his excellent management of The Zone, 24-hour fitness center. He has transformed his body by losing over a hundred pounds. Patrick has altered his social circle and focused his energies and time into becoming a more well-read/educated individual. Patrick has earned his personal training certification and is dedicated to helping others achieve their fitness goals, while educating them on proper meal preparation and lifestyle changes; to improve their overall health.

Patrick works tirelessly to improve his life as well as the lives' other those around him. Patrick has matured and understands the importance of living a happy and healthy life; while distancing himself from people or pitfalls that befell him in the past. Interacting with Patrick over the years, I am extremely pleased with his maturation as well as his aspirations for his future endeavors. His new outlook as well as attitude on life is thrilling and I believe his potential for success infinitely.

Sincerely,

Ryan Lightle

To whom it may concern:

I would like to recommend Sean Patrick Grayson who is a great leader and manager of The Zone. Patrick has served in the position of Assistant Manager with The Zone in Virden, IL and because of his performance was promoted to Manager.

Patrick has excellent verbal communication skills, is extremely knowledgeable about fitness, can work independently, and is able to effectively multi-task to ensure that all projects are completed in a timely manner. He has done an incredible job with sales and the management of the part time employees. It's hard to find someone with his pleasant, cheerful and team player attitude. Patrick has a great work ethic, never calls in sick and is always willing to help our company out by picking up more hours and being flexible when we have needed to adjust his hours.

Patrick's greatest asset to our company is that he takes ownership of The Zone at that location and he can be trusted to work diligently and complete all tasks necessary to accomplish the mission.

Patrick is always willing to offer his assistance to customers and he has an excellent rapport with them. Patrick genuinely cares about our customers and it shows in his work performance. He would be an asset to any employer and I would love to keep him for myself but he wants to serve his country and I respect that tremendously. I recommend him for any endeavor he chooses to pursue.

Yours truly,

Dan Gordon
President
The Zone

Dan Gordon

[REDACTED]
[REDACTED]

To whom it may concern:

My name is Dan Gordon and I've known Sean Patrick Grayson for the past two years that he has been employed by The Zone. I am Sean's immediate supervisor and the owner of The Zone. I talk to Sean almost daily in regards to his position as the manager of The Zone in Virden, IL.

Sean has a wide range of responsibilities as the manager of The Zone. Sean is responsible for part time staff, sales, maintenance of equipment and the cleanliness of the gym. Sean works a minimum of 40 hours per week at The Zone.

Since Sean has been employed by The Zone he has been an exemplary employee. His work ethic and willingness to accomplish the mission is unmatched by my other employees. I appreciate Sean's honesty, integrity and most of all his willingness to get things done. If I had 10 Sean Patrick's my business would be a fortune 500 company.

I am thrilled that I met Sean his story is inspiring and he continues to improve at his job and life. Skies the limit for Sean he understands his past mistakes and is looking forward to better himself and help others become the best version of themselves that they can become.

Thank you, Dan

Kane, John
Battalion Senior Mechanic
E co 1-1 ARB
776 Ray RD Fort Riley, KS 66442

To whom it may concern,

I first meet Patrick in late 2014 as he was a soldier in Eco 1-1 Arb. He was assigned as a Wheeled mechanic. I had ample time to get to know him, as we worked on countless vehicles, and help him gain basic soldier and life skills.

Patrick has proved that he is a fast learner, and a dedicated worker. He always would volunteer for any additional schools we could send him to, Recovery school, combative level 1 and 2, and combat life saver course. For these reasons I believe he would be a great asset to any origination, especially the military. I believe he has a great mentality to go far in the career field.

During my acquaintance with Patrick, he has been efficient, professional, organized, and a fantastic employee. He has my highest recommendation for being accepted in the Military again.

Please feel free to contact me at [REDACTED] if you need any additional information or clarification

Sincerely,

John Kane
Senior Mechanic

To whom it may concern I MSG Benekin was Patrick Grayson's 1SG during his tenure in Echo Company 1-1 ARB. During that time Mr. Grayson was a hard worker who did what was asked of him by his leadership. Mr. Grayson always helped his fellow Soldiers out during their tasks. No matter what issues arose he continued to be a team player. Aside from Mr. Grayson's DUI there were no other issues that he had during his tenure in the Army. If he can join the Navy I have no doubt that he will be a great asset and work very hard to be the best. If there is any way he could get this opportunity I believe he will benefit greatly and use it well.

Respectfully,

MSG BENEKIN, RAY

CHIEF AMMO NCO (DIVISION)

OFFICE#-240-5893

[REDACTED]

[REDACTED]

" STRIVE TO BE BETTER THAN YOU WERE THE DAY BEFORE"

CLASSIFICATION: UNCLASSIFIED

ILLINOIS

Jesse White • Secretary of State

DRIVER'S LICENSE

Federal Limits Apply



4a LIC NO:

5 DOB:

4b EXP:

1 GRAYSON

2 SEAN P. II

3

9 CLASS: D

12 REST: B

15 SEX: M

16 HGT: 6'04"

17 WGT: 210 lbs

18 EYES: GRN

5 00 20190910151CP3156

4a LIC NO:

5 DOB:

4b EXP:

1 GRAYSON

2 SEAN P. II

3

9 CLASS: D

12 REST: B

15 SEX: M

16 HGT: 6'04"

17 WGT: 210 lbs

18 EYES: GRN

5 00 20190910151CP3156

In ISS: 09/10/2019



TYPE: ORG

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR
 SEAN PATRICK GRAYSON II

Sean P. Grayson II
 SIGNATURE

Sangamon County Sheriff's Office Application For Employment

APPLICANTS BEING CONSIDERED FOR EMPLOYMENT WILL BE REQUIRED TO UNDERGO AN EXTENSIVE BACKGROUND INVESTIGATION, DRUG TESTING AND PSYCHOLOGICAL TESTING AS PART OF THE PRE-EMPLOYMENT SCREENING PROCESS.

IF YOU CURRENTLY LIVE IN ANOTHER COUNTY, YOU ARE REQUIRED TO MOVE INTO SANGAMON COUNTY WITHIN SIX (6) MONTHS OF EMPLOYMENT.

PLEASE READ THE FOLLOWING INSTRUCTIONS AND GUIDELINES CAREFULLY BEFORE COMPLETING YOUR APPLICATION. IF ANY OF THE FOLLOWING ARE NOT ADHERED TO, CONSIDERATION MAY NOT BE MADE FOR ANY POSITION.

1. Print clearly in ink or use typewriter. Do not allow another person to complete your application.
2. Be sure to indicate all positions for which you want to be considered. You may apply for more than one position on a single application. DO NOT complete a separate application for each position you are interested in.

Mandatory Attachments:

- ✓ 1. Copy of social security card or verification from the Social Security Administration a new card is applied for.
- ✓ 2. Copy of birth certificate
- ✓ 3. Copy of driver's license.
- ~~4. Scaled copy of all college transcripts (if applicable)~~
- ✓ 5. Copy of Military DD214. (if applicable)
6. Copy of any and all relevant training certificates. (if applicable) *will after graduation*
- ✓ 7. Letters of recommendation.

The following is a list of positions and brief descriptions for which you can apply at any time.

1. Court Security Officer: County Building entry screening and courtroom and/or judge security. Accompanies juvenile offenders to court. May have to transport to and from other counties within Illinois.
2. Clerical: Qualifications vary with each position. Basic office skills, computer entry, typing, bookkeeping, and/or shorthand helpful but not necessary.
3. Jail Cook: Cook meals for up to 314 inmates plus Correctional Staff. Must be available to work any shift, any day of the week.

Additional Requirements: Must have previous experience in cooking full meals in large quantities (fast food experience not applicable).

Sangamon County Sheriff's Office

Division of Professional Standards

One Sheriff's Plaza Springfield, Illinois 62701

Office: 217-753-6890 Fax: 217-753-6663

To: Sheriff Campbell

CC: Chief Deputy Mayfield

From: Lt. Wes Wooden

Date: March 30, 2023

Ref: Background Investigation

PTB# 65149298

Sean Grayson background investigation summary

- Two DUI arrests. Mr. Grayson was arrested for DUI in 2015 by the Virden Police Department and plead guilty. Mr. Grayson was arrested for DUI in 2016 by the Macoupin County Sheriff's Office and plead guilty. Mr. Grayson lost his driver's license for one year.
- Has a current / valid Illinois Driver's License
- Has a current / valid FOID
- Accurant report shows no unusual financial activity
- No adverse Social Media Content located

Police Reports/Contacts:

Mr. Grayson has two DUI arrests and convictions, one in 2015 and one in 2016.

Workplace Performance:

Logan County Sheriff's Office:

Mr. Grayson is currently employed as a full time deputy for the Logan County Sheriff's Office. Mr. Grayson was hired by the Logan County Sheriff's Office on May 1, 2022. Co-worker, Jerry Mayes, advised me Mr. Grayson is a good deputy but believes he needs more extensive training.

Auburn Police Department (July 1, 2021- May 1, 2022):

I spoke with The Auburn Police Department Chief Dave Campbell who confirmed Mr. Grayson's employment. Chief Campbell advised me that Mr. Grayson had good initiative and was a great guy. Chief Campbell stated that Mr. Grayson needed to improve his

report writing and documentation. Chief Campbell would rehire Mr. Grayson however thinks he needs more training.

Virден Police Department:

Chief Snodgrass confirmed Mr. Grayson's employment with the Virден Police Department. Chief Snodgrass advised me that Mr. Grayson worked part time and only worked at the P.D. for a short time period. While Mr. Grayson worked for the Virден Police Department he was proactive and worked well with the public. My Grayson did not demonstrate good officer safety skills however Chief Snodgrass advised me he believes that was because he was new to the job.

References

Scott Butterfield

Mr. Butterfield advised me that Mr. Grayson is currently dating his daughter. Mr. Butterfield describes Mr. Grayson as a mellow, non-confrontational person who has good communication skills. Mr. Butterfield highly recommends Mr. Grayson for employment with the Sangamon County Sheriff's Office.

Jerry Mayes

Mr. Mayes advised me that he is coworkers with Mr. Grayson at the Logan County Sheriff's Office. Mr. Mayes stated that he also worked closely with Mr. Grayson on drug cases when he previously worked for S.P.D. and Mr. Grayson worked for Auburn P.D. Mr. Mayes describes Mr. Grayson as a quick learner, who has great drive and gets along with everyone. Mr. Mayes stated that Mr. Grayson's policing style is very proactive. Mr. Mayes stated that he believes Mr. Grayson would benefit greatly from more training. He further stated that with proper training Mr. Grayson would make a great deputy.

Social Media Content / Online Search: No negative content or adverse material located.

Residential Call History: No call history

Please advise if further investigation is desired.

Submitted by:

Lt. Wes Wooden #5079

Professional Standards Division



SANGAMON COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION



INSTRUCTIONS

Please print clearly. Please indicate all positions you are applying for, you may apply for more than one position on a single application. Please provide copies of: Birth Certificate, Social Security Card (or verification of Card application), Driver's License, DD214 (if applicable), sealed college transcripts (if applicable).

APPLICANT INFORMATION

Date of Application: 01/23/23 Position(s) Applying For: Deputy

Full Legal Name: Sean Patrick Grayson

List any other names or aliases: _____

Date of Birth: [REDACTED] Social Security Number [REDACTED] (Please attach copy of card)

Street Address: [REDACTED]

Mailing address: [REDACTED]

Length of time at street address? 1 year Length of time at mailing address? 1 year

Telephone number: [REDACTED] Work number: 217-732-4159

May we contact you at your current place of employment? YES NO

E-Mail Address: [REDACTED]

Do you have a valid driver's license? YES NO If so, state of issue: IL Number: [REDACTED]

EDUCATION INFORMATION

Do you have a high school diploma or GED? YES NO Do you have any college? YES NO

If so, please list colleges or other education past high school, including dates of attendance: _____

BACKGROUND INFORMATION

Have you ever declared bankruptcy, had liens on your home or other property, or subject to wage garnishment?

YES NO If yes, please explain: _____

Do you use any narcotics or controlled substances not prescribed by a physician? YES NO

If so, please explain: _____

List any scars, marks, or tattoos and their location: 6 Tattoos
Skull and rose tattoos on my right arm and forearm. Rose, sunset, script on my left upper arm for grandparents



**SANGAMON COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION**



Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged, and /or convicted of any misdemeanor or felony offense in Illinois or any other state or legal jurisdiction (Includes any municipal ordinance violations or citations, but do not include traffic violations. Applications for sworn positions must include all supervisions and expungements (to include any juvenile arrests). YES NO

If yes, provide the following information:

Date: 07/23/2016 Agency Involved: Macoupin County Sheriff Office

DUI / Plead Guilty, 1 year no driving privlagies
 Crime Charged Disposition of Case, Including Sentence

Date: 08/07/2015 Agency Involved: Viriden Police Department

DUI / Plead Guilty, 1 week supervision
 Crime Charged Disposition of Case, Including Sentence

Date: _____ Agency Involved: _____

_____/_____
 Crime Charged Disposition of Case, Including Sentence

List your former addresses for the last ten (10) years or back to your 18th birthday, along with any persons that shared the same residence:

[Redacted] [Redacted] IL [Redacted] Sangamon 01/01/2022 - current
 Street City State Zip Code County Dates of Residency

Isabel Butterfield
 Persons Resided With

[Redacted] [Redacted] IL [Redacted] Macoupin 05/01/2010- 08/01/2019
 Street City State Zip Code County Dates of Residency

Ronda Beams (Mom)
 Persons Resided With

[Redacted] [Redacted] IL [Redacted] Champaing 08/01/2019 - 06/01/2020
 Street City State Zip Code County Dates of Residency

N/A
 Persons Resided With

 Street City State Zip Code County Dates of Residency

 Persons Resided With



SANGAMON COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION



EMPLOYMENT INFORMATION

Have you ever served in the U. S Military? YES NO If so, what branch: Army

Date of Discharge: 02/24/2016 Type of Discharge: Honorable

Please attach a copy of Military DD214

Have you ever applied at any other law enforcement or government agency? YES NO If so, please provide:

Agency Name & Address: Logan County Sheriff Office 911 Pekin St, Lincoln IL

Date of application: 03/01/22 Name used on application (if different): _____

Agency Name & Address: Auburn Police Department 324 West Jefferson St, Auburn IL

Date of application: 05/01/22 Name used on application (if different): _____

Have you been discharged, asked to resign from any employer? YES NO If yes, explain: _____

Are you now or have you ever been engaged in any business as a sole owner, partner, or corporate member in any capacity (including silent or active)? YES NO If yes, explain: _____

Starting with your current employment. List all full-time, part-time, seasonal, and military positions held over the last ten (10) years or since your 18th birthday. Also list periods of unemployment showing dates and reasons for unemployment.

LEFT MESSAGE 3-30

Employer: Logan County Sheriff Office

Address: 911 Pekin St Lincoln IL

Phone: 217-732-4159 Type of Business: Sheriff Office

Dates Employed, From: 05/01/22 To: Current Start Pay: \$ 58,500 End Pay: \$ 61000

Job Title: Deputy

Name and Title of Immediate Supervisor: Lt. Block

Description of Duties: _____

Patrol Logan County, Service paperwork, Jail duties.

Reason for Leaving: I am wanting to work closer to home.



**SANGAMON COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION**



Employer: Auburn Police Department

Address: 324 West Jefferson

Phone: 217-971-0688 Type of Business: Law enforcement

Dates Employed, From: 07/01/2021 To: 05/01/2022 Start Pay: \$18.00 End Pay: \$23.00

Job Title: Patrol Officer

Name and Title of Immediate Supervisor: Chief Dave Cambell

Description of Duties: _____

Patrol Auburn, and answer calls for service.

Reason for Leaving: I left for a bigger oppurtiny and i wanted to be apart of a Sheriff Office.

LEFT
MESSAGE
3-31

Employer: Viriden Police Department

Address: 139 North Dye St, Viriden IL

Phone: 217-965-4474 Type of Business: Law Enforcement

Dates Employed, From: 03/01/2021 To: current Start Pay: \$18.00 End Pay: \$18.00

Job Title: Patrol Officer

Name and Title of Immediate Supervisor: Chief Steven Snodgrass

Description of Duties: _____

Patrol Viriden, answer calls for service.

Reason for Leaving: I am still part time at Viriden. I accepted a full time postion with Auburn.

EMAIL
SENT
3-31

Employer: Pawnee Police Department

Address: 617 7th St, Pawnee IL

Phone: 217-502-2694 Type of Business: Law enforcement

Dates Employed, From: 08/11/2020 To: 05/01/2022 Start Pay: \$21.00 End Pay: \$21.00

Job Title: Patrol Officer

7-1-21 7-26-21 RESIGNATION LEFT

Name and Title of Immediate Supervisor: Chief Barkley Harris

Description of Duties: _____

Patrol Pawnee, and answer calls for service.

Reason for Leaving: I accepted a full time postioon at Auburn Police Department.



SANGAMON COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION



CERTIFICATION & ACKNOWLEDGMENTS

I, Sean Patrick Grayson do hereby certify that there are no willful misrepresentations, omissions, or false statements made on this application; all of my answers are true and correct to the best of my knowledge and belief; and that I did not allow another person to complete this application for me.

I understand that any misrepresentations, omissions, false statements, or failure to entirely complete the application will immediately deny me from further consideration for any position with the Sangamon County Sheriff's Office.

I understand that applicants being considered for employment will be required to undergo an extensive background investigation, drug testing, and psychological testing as part of the pre-employment screening process. Copies of this application, background investigation, or psychological screening shall not be circulated to a candidate or employee, nor will they be released unless required pursuant to court action.

I authorize a review of and consent to full and complete disclosure of all records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest. concerning myself to any duly authorized personnel of the Sangamon County Sheriff's Office, whether the said records are of a public, private or confidential nature.

I understand that the Sangamon County Sheriff's Office will be seeking records from my past employers and any other person or entity that might have information relating to my application. I hereby authorize any representative of the Sangamon County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records. The intent of this authorization is to give my consent for full and complete disclosure.


I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment with the Sangamon County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release Sangamon County Sheriff's Office from any and all liability which may be incurred as a result of collecting such information.

I understand that if I currently live outside of Sangamon County, I am required to move into Sangamon County within six (6) months of employment.

I also understand this authorization to furnish information is executed in consideration of the Sangamon County Deputy Merit Commission.

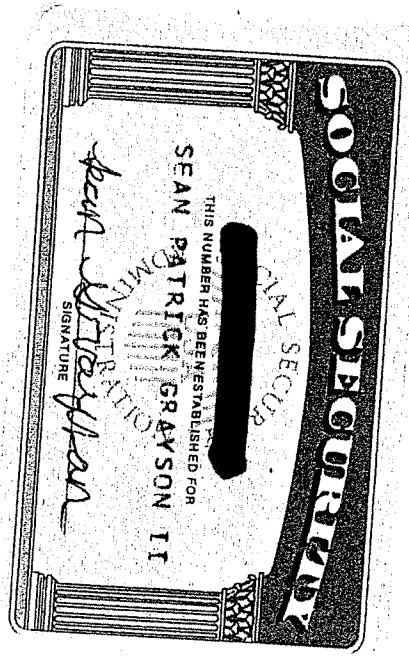
A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this form.


Applicant Signature

01/23/23

Date



ILLINOIS

Jesse White, Secretary of State USA

DRIVER'S LICENSE

Federal Limits Apply



1 LIC NO: [REDACTED]
2 DOB: [REDACTED]
3 EXP: 2024
4 ISS: 09/10/2019
5 GRAYSON
6 SEAN P II
7 SEX: M
8 HT: 6'-04"
9 CLAS: D
10 EYES: GRN
11 WGT: 210 lbs
12 RES: B
13 NONE
14 TYPE: ORG
15 DD: 20190910151CP4156

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This report contains information Subject to the Privacy Act of 1974, as amended.

1. NAME (Last, First, Middle Initial)
GRAYSON, SEAN PATRICK, II

2. SEPARATION CATEGORY AND GRADE
Army / O-6

3. SOCIAL SECURITY NUMBER
[REDACTED]

4. GRADE, RATE OR RANK
O-6

5. PAY GRADE
[REDACTED]

6. PLACE OF ENTRY INTO ACTIVE DUTY
[REDACTED]

7. FORM OF READING AT TIME OF ENTRY
[REDACTED]

8. SERVICE CALCULATION INFORMATION DATE
[REDACTED]

9. LAST DUTY ASSIGNMENT AND MAJOR COMMAND
[REDACTED]

10. STATION WHERE SEPARATED
FORT BELLEVEUE, DC, ZIP 20345-4401

11. PRIMARY SPECIALTY (List number, title and years and transfer or specialty. List additional specialty numbers and years including transfer of one or more years)
31810 WHIRLED VEHICLE MECHANIC 3 YRS 4
NONE//NOTHING FOLLOWS

12. RECORD OF SERVICE

	YEARS	MONTHS	DAYS
1. DATE ENTERED AD THIS PERIOD	2014	05	00
2. SEPARATION DATE THIS PERIOD	2018	02	24
3. NET ACTIVE SERVICE THIS PERIOD	0307	09	19
4. TOTAL PRIOR ACTIVE SERVICE	0000	00	00
5. TOTAL PRIOR INACTIVE SERVICE	0000	00	00
6. FOREIGN SERVICE	0000	00	00
7. SEA SERVICE	0000	00	00
8. INITIAL ENTRY TRAINING	0000	00	00
9. EFFECTIVE DATE OF PAY GRADE	2015	07	01

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (As holder of service)
NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS

14. MILITARY EDUCATION (Complete title, number of weeks, and month and year completed)
NONE//NOTHING FOLLOWS

15a. COMMISSIONED THROUGH SERVICE ACADEMY
YES NO

15b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107c)
YES NO

15c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 108) (If Yes, year of commitment: [REDACTED])
YES NO

16. DAYS ACCRUED LEAVE PAID 7

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION
YES NO

18. REMARKS
BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM, 20140212-20140505//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal Agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)
[REDACTED]

19b. NEAREST RELATIVE (Name and address - include ZIP Code)
RONDA BEAMS
[REDACTED]

20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify destination)
OFFICE OF VETERANS AFFAIRS YES NO

21. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)
 YES NO

21a. MEMBER SIGNATURE
DESIGNED BY
GRAYSON, SEAN PATRICK, II
1500860720

21b. DATE (MM/DD/YYYY)
20160224

22a. OFFICIAL AUTHORIZED TO SIGN (Print name, grade, title, signature)
DESIGNED BY
STYNER, HARRY, FRANCIS, O-1, 1019761700
HARRY F. STYNER, ASST. CH. TRANSITION CENTER

22b. DATE (MM/DD/YYYY)
20160224

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE
GENERATED BY TRANS-PRO

MEMBER

CAUTION: NOT TO BE USED FOR CONTINUING PURPOSES THIS IS AN IMPORTANT RECORD ANY ALTERATIONS OR CHANGES MADE WILL BE PENALIZED

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle)
 GRAYSON, SEAN PATRICK II

2. DEPARTMENT, COMPONENT AND BRANCH
 ARMY / 2A

3. SERVICE NUMBER
 [REDACTED]

4. GRADE, RATE OR RANK
 E-2

5. PAY GRADE
 [REDACTED]

6. DATE OF BIRTH (MM/DD/YYYY)
 [REDACTED]

7. RESERVE SEPARATION TERMINATION DATE (YYYYMMDD)
 [REDACTED]

8. PLACE OF ENTRY INTO ACTIVE DUTY
 [REDACTED]

9. HOME OF RECORD AT TIME OF ENTRY (City and State or foreign address if known)
 [REDACTED]

10. LAST DUTY ASSIGNMENT AND MAJOR COMMAND (Include APO or FPO)
 [REDACTED]

11. STATION WHERE SEPARATED
 FORT WILEY TX, EN 6332 5643

12. COMMAND TO WHICH TRANSFERRED
 N/A

13. PRIMARY SPECIALTY (If of honor, job and grade and months in specialty. List additional specialties, numbers and type following periods of 100 or more years.)
 RIBBON WHEELER VEHICLE MECHANIC - 3 YRS 4 MOS / NOTHING FOLLOWS

14. RECORD OF SERVICE

	YEARS	MONTHS	DAYS
a. DATE ENTERED ACTIVE PERIOD	2010	03	01
b. SEPARATION DATE THIS PERIOD	2012	03	23
c. NET ACTIVE SERVICE THIS PERIOD	02	03	22
d. TOTAL PRIOR ACTIVE SERVICE	00	00	00
e. TOTAL PRIOR INACTIVE SERVICE	00	00	00
f. FOREIGN SERVICE	00	00	00
g. SEA SERVICE	00	00	00
h. INITIAL ENTRY TRAINING	00	00	00
i. EFFECTIVE DATE OF PAY GRADE	2010	03	01

15. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
 NATIONAL DEFENSE SERVICE MEDAL // GLOBAL WAR ON TERRORISM SERVICE MEDAL // ARMY SERVICE RIBBON // NOTHING FOLLOWS

16. MILITARY EDUCATION (Include job, number of weeks, and months (one year completed)
 NONE // NOTHING FOLLOWS

18a. COMMISSIONED THROUGH SERVICE ACADEMY
 YES NO

b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107n)
 YES NO

c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of enrollment: NA)
 YES NO

19. DAYS ACCRUED LEAVE PAID ?

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION
 YES NO

20. REMARKS
 BLOCK 8, PERIOD OF DELAYED ENTRY PROGRAM, 20140212-20140505 / MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE / NOTHING FOLLOWS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

18a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)
 [REDACTED]

b. NEAREST RELATIVE (Name and address - include ZIP Code)
 RONDA BRANG [REDACTED]

20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality)
 [REDACTED]

a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)
 YES NO

21. MEMBER SIGNATURE
 GRAYSON, SEAN PATRICK II
 1500860720

b. DATE (YYYYMMDD)
 20160224

22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)
 STINER, HARRY FRANCIS II, 1019263190
 HARRY F STINER, ASST CH TRANSLATION CENTER

c. DATE (YYYYMMDD)
 20160224

23. TYPE OF SEPARATION
 DISCHARGE

24. CHARACTER OF SERVICE (Include remarks)
 UNDER HONORABLE CONDITIONS (GENERAL)

25. SEPARATION AUTHORITY
 AR 635-200, PARA 14-12C

26. SEPARATION CODE
 JKO

27. REENTRY CODE
 [REDACTED]

28. NARRATIVE REASON FOR SEPARATION
 MISCONDUCT, (SERIOUS OFFENSE)

29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)
 NONE

30. MEMBER REQUESTS COPY 3 (Include ZIP Code)
 YES NO

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE GENERATED BY TRANSPROC

MEMBER

Campion, Barrow & Associates, Inc.

Since 1974

FINAL RESULTS

Name: Grayson, Sean P

Date: March 31, 2023

Department: Sangamon County Sheriff's Office

State: Illinois

Position: Road Deputy

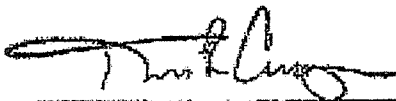
Recommendations for Employment

The recommendations for employment are based on the evaluator's clinical judgement and are subjective, not predictive. The recommendations are based on information available to the evaluator at the time of examination. The assessment screens out candidates who would fail to perform essential job activities or would perform them in such a manner as to risk the health and safety of others. This assessment also screens in candidates who compare well with the "ideal working officer". It is important to note that the psychological evaluation is only a sample of the candidate's total behavior and should not be considered outside of that context. The recommendations are made with a reasonable degree of psychological certainty. This evaluation is valid for one year for this agency assuming a current background investigation was conducted. After one year, the complete hiring process needs to be repeated.

Qualified at the time of assessment

The candidate meets the acceptable psychological standards for employment.

Comments: Mr. Grayson scored low on the cognitive assessment. It will take him longer to learn, process, and apply new material when compared to others. He was calm and easy-going during the interview. He gave good eye contact, and he displayed appropriate social skills. His testing indicated a desire to appear well. He is fairly rigid and linear in his thinking. He likes structure and routines. He likes his expectations clearly defined. He knows he can move too fast at times. He needs to slow down to make good decisions. He has training and experiences that can assist him in the new position. Overall, he appears to be a suitable fit for the position.



Dr. Thomas R. Campion, PhD, LP
President & Supervising Psychologist

SANGAMON COUNTY SHERIFF'S OFFICE
INFORMATION SHEET

PERSONAL INFORMATION

NAME: Grayson Sean Patrick
LAST FIRST MIDDLE
ADDRESS: [REDACTED] [REDACTED] [REDACTED]
STREET CITY ZIP CODE
PHONE #(S): [REDACTED]
HOME CELL PAGER
DATE OF BIRTH: [REDACTED] SOCIAL SECURITY #: [REDACTED]
WEIGHT: 280 HEIGHT: 6'4 EYES: Blue HAIR: Brown
DRIVER'S LICENSE/ID #: [REDACTED] EXP DATE: [REDACTED]/24
EDUCATION LEVEL/DEGREE: 12

EMERGENCY INFORMATION

EMERGENCY #1: Isabel Butterfield PHONE: [REDACTED]
#2 (Optional): Ronda Beams PHONE: [REDACTED]
BLOOD TYPE: 0 HOSPITAL PREFERENCE: Saint Johns
RELIGIOUS PREFERENCE (Optional) Christian
CHECK AUTHORIZATION: #1 Isabel Butterfield
#2 Ronda Beams
#3 _____

TO BE COMPLETED BY ADMINISTRATION DIVISION

COUNTY START: 5/1/23 SCSO START: 5/1/23 COMMISSION DATE: 5/1/23
DIVISION: Operations SHIFT: _____ POSITION: Deputy
SUPERVISOR: Capt. Hays ID# _____ SID # 29208861

Distribution:
White - Personnel File
Yellow - Support Services Division
Pink - Division Commander

Sean Grayson

I verify I have received a copy of the Sangamon County Sheriff's Office 2012 Rules and Regulations. I understand it is my responsibility to completely familiarize myself with these mandates so that I may effectively serve our community and conduct myself in an efficient, honest, and professional manner, following the Code of Ethics for the Office of the Sheriff, as well as these rules and regulations.

I understand that upon the end of employment it will be returned to the Sheriff's Administration Division designee. I agree to not deface the book or its pages in any way. If upon termination of employment this document is defaced (except normal wear), I will be responsible for the cost of replacing it.



Employee Signature

4-4-23

Date



*Sangamon County
Central Services*

MEMORANDUM

TO: New Employees
FROM: Central Services
RE: EMPLOYEE HANDBOOKS & ETHICS POLICY

The Sangamon County Employee Handbook and the County Ethics Policy may be accessed through the "County-wide Policy Statements" tab on the County Auditor's intranet site at:

<http://sangamon-county>


If the intranet is not accessible to you and you would like a hard copy of the handbook or policy, please ask your departmental payroll representative to print one for you.

By signing this form you understand how to obtain the handbook and policy and will read through them within the first few weeks of employment. Any questions may be directed to your departmental payroll representative or to the Central Services office at 753-6775, room 003 of the County Building.

Please make a copy of this form for your records.


Employee Signature

4-4-23
Date


Witness: Department Payroll Representative

STATEMENT OF DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee

Witness

Date

Date

SANGAMON COUNTY SHERIFF'S OFFICE REQUEST FOR SECONDARY EMPLOYMENT

Per Sangamon County Sheriff's Office Rules and Regulations, I hereby request permission to accept secondary employment with the following. I understand the Sangamon County Sheriff's Office is my primary employer, and I shall be subject to call at any time to perform the duties and fulfill the responsibilities of my position with the Department.

SHERIFF'S OFFICE INFORMATION

Employee Name: Sean P Grayson ID #: _____

Duty Assignment: _____ Date of Request: _____

SECONDARY EMPLOYMENT INFORMATION

(Please check one): Permanent Temporary

Name of Company: _____

Address: _____

Supervisor's Name: MA Phone: _____

Days/Hours to be worked: _____

Location to be worked: _____

Detailed Description of Duties: _____

Uniform: Yes No

Plainclothes: Yes No

Squad Car to be Used: Yes No

Unmarked: Yes No

Shift Commander: Approved/Disapproved Signature _____

Administrative Staff: Approved/Disapproved Signature _____

Sheriff: Approved/Disapproved Signature _____

Sangamon County is an Equal Opportunity Employer. Under federal law, employers such as Sangamon County are required to gather and report certain information to the EEOC. To assist us, please complete the following. Information acquired from this form will be used for reporting purposes only.

Sean P Grayson
Print Name

4-3-23
Date

Please circle the appropriate group below:

1. Race/Ethnic Identification:

WHITE

Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK

Persons having origins in any of the Black racial groups of Africa.

AMERICAN INDIAN /
ALASKAN NATIVE

Persons having origins in any of the original peoples of North America, who maintain cultural identification through tribal affiliation or community recognition.

HISPANIC

Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

~~ASIAN /
PACIFIC ISLANDER~~

~~Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.~~

2. Sex
M

Male

Female

Sean P Grayson
Signature

LINE OF DUTY DEATH BENEFICIARY FORM

Beneficiary Form Pursuant to the Line of Duty Compensation Act- 820 ILCS 315

IMPORTANT INFORMATION

- It is essential you keep your beneficiary(ies) information current. Therefore, when life-changing events occur we recommend you review your beneficiary information and make any necessary changes.
- Please list ALL of your beneficiary(ies) even if you have previously submitted them. THE MOST CURRENT FORM WILL APPLY.
- It is your responsibility to ensure that your employer has current beneficiary information.

SECTION 1: Officer/Deputy Information

Social Security Number [REDACTED]	Officer/Deputy Name (Last) Grafton	(First) Sean	(Middle Initial) P	Date of Birth (MM/DD/YYYY) [REDACTED]
Employer Sangamon county Sheriff office				
Home Telephone Number [REDACTED]	Business Telephone Number ()	Fax Number ()		
E-mail Address [REDACTED]				

SECTION 2: Designated Primary Beneficiary

NOTE: You must indicate a Social Security number or Tax ID number for the primary beneficiary designated. Failure to provide the SSN will result in a delayed processing time. If estate, organization or trust, you must provide a TIN.

- The total percent of benefit for PRIMARY beneficiary(ies) listed must equal 100%

<input checked="" type="checkbox"/> SSN or <input type="checkbox"/> TIN	Primary Beneficiary Name: Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust			
[REDACTED]	Butterfield Isabel Rose			
Birth Date (MM/DD/YYYY) [REDACTED]	Gender (Check One) <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input checked="" type="checkbox"/> Other	Telephone Number [REDACTED]	
Mailing Address [REDACTED]				
City [REDACTED]	State IL	Zip [REDACTED]	Percent of Benefit 100 %	

IF MORE THAN ONE BENEFICIARY, ENTER TOTAL NUMBER OF BENEFICIARIES HERE
AND COMPLETE THE INFORMATION ON THE NEXT PAGE

Officer/Deputy Signature [Signature]	Date 4-4-23
---	----------------

Witness Information				
Witness Name (Last) Antonucci	(First) Megan	(Middle Initial) L	Address [REDACTED]	
Witness Signature [Signature]			Date 4/4/23	

NEW EMPLOYEE ENROLLMENT INFORMATION

PART I (TO BE COMPLETED BY EMPLOYEE)

Employee Name Sean P Grayson

Address _____ City _____ State _____ ZIP _____

Social Security No. _____ Birthdate _____ Male Female _____ Marital Status _____

Phone No. Home _____ Mobile _____ Email _____



Ethnic Code (Check One): White (1) Black (2) _____ Hispanic (3) _____
Asian/Pacific Islander (4) _____ American Indian or Alaskan (5) _____

Employee Handbook and Ethics Policy – The Sangamon County Employee Handbook and the County Ethics Policy may be accessed on the Sangamon County intranet site at <http://sangamon-county> under the employee tab. If the intranet site is not accessible to you and you would like a hard copy of the handbook or policy, please ask your department payroll representative to print one for you.

Form W-4, Form IL-W-4 and Form I-9 – please complete and return the attached Form W-4, IL-W-4 and Form I-9. Please note that if no Form W-4 or IL-W-4 is completed and returned, the deductions withheld will be calculated at the rate for Single, with '0' allowances. Please see list of allowable documents that can be submitted with the Form I-9.

Authorization for Automatic Deposits – the above named employee authorizes Sangamon County to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to their account indicated below and the depository named below to credit and/or debit the same to such account. This authority is to remain in full force and effect until Sangamon County has received written notification from the above named employee of its termination in such time and in such manner as to afford Sangamon County and the Depository a reasonable opportunity to act on it. The employee will receive an actual check for the first pay after this authorization is received (all new direct deposits must pre-note first). All future payments will be direct deposited with the employee receiving a slip via email with the information regarding the gross/net pay and deductions.

Bank
Type
Trans
Empl
the Se
any qt
Denis

NAME <u>Sean P Grayson</u>	70-1476/711
ACCOUNT NO. _____	DATE _____
PAY TO THE ORDER OF <u>VOTD</u>	\$ _____
 Prairie State Bank & Trust	DOLLARS  Security Features Included. Details on Back.
www.psbank.net • (800) 597-2977	
MEMO _____	MP _____

accessible on u should have 747-5195 or at

Illinois Municipal Retirement Fund (IMRF) - Employees who work 1,000 hours or more on an annual basis must be enrolled in IMRF with both the employee and the employer making contributions each pay period. Contributions are calculated on a percentage of the employee's taxable earnings. Employees will receive a notice from IMRF verifying employment along with a Designation of Beneficiary form that the employee will need to complete and return to IMRF. For information on the contribution rates, please refer to the Employee Benefits Package.

Health Insurance – Blue Cross Blue Shield PPO (for more information, please see Employee Benefits Package)

Level of Coverage (please check one): Emp Only - \$63.43/pay Emp + Child(ren) - \$180.81/pay ___
 Emp + Sps - \$302.32/Pay ___ Emp + Sps + Child(ren) - \$337.33/Pay ___ Waive Coverage ___

Dependent Information (complete if enrolling dependents):

Name (Last, First)	Relationship	Social Security No.	Birthdate	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dental Insurance – Guardian DentalGuard Preferred Network (for more information, please see Employee Benefits Package)

Level of Coverage (please check one): Emp Only – \$0/pay Family - \$23.12/pay ___

Dependent Information (complete if enrolling dependents):

Name (Last, First)	Relationship	Social Security No.	Birthdate	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Vision Insurance – Guardian Avesis Network (for more information, please see Employee Benefits Package)

Level of Coverage (please check one): Emp Only – \$0/pay Family - \$2.94/pay ___

Dependent Information (complete if enrolling dependents):

Name (Last, First)	Relationship	Social Security No.	Birthdate	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART II (TO BE COMPLETED BY EMPLOYER)

New Employee Name Sean Patrick Grayson

Employee previously in this position NA - new position

Date of Hire 5/1/2023 Position No. 210001057 Pay Grade

Is this employee authorized to drive a County vehicle? Y N

If yes, Driver's License No. [REDACTED]

Full Time Part Time Contractual Permanent or Temporary

Department Sheriff's Office/Deputy Department No. 2100 Sub Department No. 21002

GL String AA001.21002.21002.5300.000

Project/Sub Project SHRSMTD/personnel, fringe, overtime, training, uniforms, weapons & equipment, vehicles

Annual Salary 55,210.00 Hourly Wage 26.6715 ^{23.5940 base} Job Description Deputy

Schedule: SUN MON TUES WED ^{OT} THUR FRI SAT

Schedule: SUN MON TUES WED THUR FRI SAT

IMRF - Participation Date 7/21/22 If Date of Hire is earlier than participation date,

explain in detail why. Through previous employment

Employee will participate in Regular SLEP Position Title Deputy

Seasonal Position: Yes No Paid Irregularly: Yes No

Months the employee will not be paid:
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

PLEASE RETURN ORIGINAL DOCUMENTS TO HUMAN RESOURCES. ATTACH A COPY OF THE APPROVAL TO HIRE FORM FOR THIS POSITION.

Jack Campbell
Department Head Signature

4/4/2023
Date

Employee Name Stan P Grayson

Life Insurance – Basic Life insurance is provided at no cost to all active, full-time employees. The Basic Life guaranteed amount is \$20,000, plus Basic Accidental Death & Dismemberment Insurance of in the amount of \$20,000. There is a 50% benefit reduction for those who are age 70 or older. Please see Employee Benefits Packet for plan information. Supplemental Life Insurance plans with The Hartford and Cincinnati Life Insurance companies are available at a cost to the employee and can be paid thru payroll deduction. Please complete the attached Beneficiary Designation Form and return.

NOTE: Voluntary Term Life and AD&D Policy – if interested, there is a guaranteed issue term life insurance policy for all new Sangamon County employees, with no evidence of insurability required is the employee enrolls within 31 days of your date of hire. Smoker and non-smoker rates will be given by the representative. Guaranteed issue up to \$150,000 on employee, guaranteed issue up to \$20,000 on employee’s spouse, guaranteed issue up to \$12,000 on employee’s children. Policy is portable and premium can be paid thru payroll deduction.

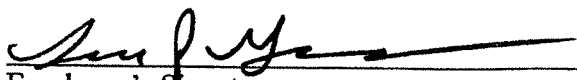
Please check one: I am interested in this policy. Please have The Hartford representative contact me. at phone number _____.
I am not interested in this policy and would like to waive my opportunity to enroll.

Section 125 Cafeteria Plan – All new benefit eligible employees of Sangamon County are eligible for the Section 125 Cafeteria Plan on the first day of employment. Participation in the Cafeteria Plan allows employees to participate in a variety of benefits on a pre-tax basis. This includes health insurance, dental insurance, vision insurance and a variety of other supplemental insurance plans. After a waiting period has been met a Flexible Spending Account (FSA) is also available to employees that include a Health Care Account (HCA), also known as Unreimbursed Medical, and Dependent Care Account (DCA). More information on the FSA is located in the Employee Benefit Package.

NOTE: an AFLAC representative will be in contact with all new employees within 30 days of employment to explain the Cafeteria Plan and details on supplemental programs available to employees.

Deferred Compensation - Employees have an opportunity to enroll and make contributions to a 457(b) plan, also referred to as a deferred compensation plan. A deferred compensation plan is a retirement plan that was created to allow public employees to put aside money from each paycheck toward retirement. The deferred compensation plan is funded through payroll before taxes. Sangamon County has agreements with the four companies – VALIC, AXA Equitable, and Nationwide. Contact information is located in the Employee Benefits Package.

By signing below, I acknowledge that I will read the **Employee Handbook and Ethics Policy** and the **Employee Benefits Package**, that I have completed and attached **Form W-4, Form IL-W-4 and Form I-9**, and that I have provided information needed for the **Authorization for Automatic Deposits**, selected the level of coverage requested for both the **Health Insurance and Dental Insurance**, and if applicable supplied the dependent information, completed and attached the **Take Care by WageWorks Salary Redirection Agreements** (Section 125 Cafeteria Plan). I also understand that I will be contacted by a representative from AFLAC, and if selected, by a representative of The Hartford.


Employee’s Signature

4-4-23
Date

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

2023

Step 1: Enter Personal Information	(a) First name and middle initial Sean P	Last name Grayson	(b) Social security number [REDACTED]
	Address [REDACTED]		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code [REDACTED]		
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Reserved for future use.

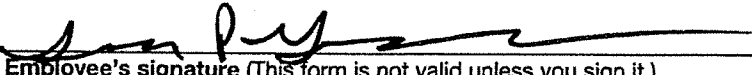
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ 0	
	Multiply the number of other dependents by \$500	\$ 0	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ 0
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.
	 Employee's signature (This form is not valid unless you sign it.)
	Date 4-4-23

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Sorangamon County Shamba	5/1/23	37-6002039

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
 I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 1
 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 0
 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are entitled. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 1
 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 1

Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older. I am legally blind.
 My spouse is 65 or older. My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 0
 6 Enter any amount that you reported on Line 4 of the Deductions Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 1
 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 1
 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are entitled. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 1
 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 0

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

 **Illinois Department of Revenue**
IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number [REDACTED]
 Name Sean P. Grestsen
 Street address [REDACTED]
 City [REDACTED] State [REDACTED] ZIP [REDACTED]

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 0
 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
 3 Enter the additional amount you want withheld (deducted) from each pay. 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.
 Your signature [Signature] Date 4-4-23



Form IL-W-4

Employee's and other Payee's Illinois Withholding Allowance Certificate and Instructions

Note: These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income tax from other (non-wage) Illinois income.

Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of a Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employee's Statement of Nonresidence in Illinois, to determine if you are exempt.

If you are an Illinois resident who works for an employer in a non-reciprocal state but you work from home or in locations in Illinois for more than 30 working days, you may need to adjust your withholding or begin making estimated payments. For additional information, go to tax.illinois.gov.

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will

receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

Note: For tax years beginning on or after January 1, 2017, the personal exemption allowance, and additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind, may not be claimed on your Form IL-1040 if your adjusted gross income for the taxable year exceeds \$500,000 for returns with a federal filing status of married filing jointly, or \$250,000 for all other returns. You may complete a new Form IL-W-4 to update your exemption amounts and increase your Illinois withholding.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at tax.illinois.gov to obtain a copy.

Where do I get help?

- Visit our website at tax.illinois.gov
- Call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336
- Call our TDD (telecommunications device for the deaf) at 1 800 544-5304
- Write to
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19044
SPRINGFIELD IL 62794-9044



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

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

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

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

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

Signature of Employee <i>Sean P Crayson</i>	Today's Date (mm/dd/yyyy) <i>4-4-23</i>
--	--

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator <i>Megan Antonacci</i>		Today's Date (mm/dd/yyyy) <i>4/4/23</i>	
Last Name (Family Name) <i>Antonacci</i>		First Name (Given Name) <i>Megan</i>	
Address (Street Number and Name) [REDACTED]		City or Town [REDACTED]	State <i>IL</i>
			ZIP Code [REDACTED]



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) <u>Grayson</u>	First Name (Given Name) <u>Sean</u>	MB <u>P</u>	Citizenship/Immigration Status <u>US</u>
------------------------------	---	--	----------------	---

List A OR List B AND List C
 Identity and Employment Authorization Identity Employment Authorization

Document Title	Document Title <u>Drivers License</u>	Document Title <u>Social Security Card</u>
Issuing Authority	Issuing Authority <u>Illinois</u>	Issuing Authority <u>SSA</u>
Document Number	Document Number [REDACTED]	Document Number [REDACTED]
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy) <u>12/04</u>	Expiration Date (if any) (mm/dd/yyyy)
Document Title	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 60%;">Additional Information</div> <div style="border: 1px solid black; padding: 5px; width: 35%;">QR Code - Sections 2 & 3 Do Not Write In This Space</div> </div>	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

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

The employee's first day of employment (mm/dd/yyyy): 5/1/23 (See Instructions for exemptions)

Signature of Employer or Authorized Representative <u>Jack Campbell</u>	Today's Date (mm/dd/yyyy) <u>4/4/2023</u>	Title of Employer or Authorized Representative <u>Sheriff</u>	
Last Name of Employer or Authorized Representative <u>Campbell</u>	First Name of Employer or Authorized Representative <u>Jack</u>	Employer's Business or Organization Name <u>King Co. Sheriff's Office</u>	
Employer's Business or Organization Address (Street Number and Name) <u>4 Sheriff's Plz</u>	City or Town <u>Springfield</u>	State <u>IL</u>	ZIP Code <u>62701</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

BENEFICIARY DESIGNATION



Initial Beneficiary Designation(s) OR Change of all prior beneficiary designation(s) (check only one box), I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name Sean P Grayson	Social Security Number [REDACTED]
Employee Address [REDACTED]	Telephone Number [REDACTED]
Policyholder/Employer Sengamon County Sheriff's Office	Policy/Employer Number [REDACTED]

NAMING THE BASIC LIFE AND AD&D BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related." If more than one primary or contingent beneficiary is named without a percentage indicated, the proceeds will be divided equally. On the reverse side of this form you will find examples of common beneficiary designations. If you need assistance, contact your Company representative or your own legal counsel.

PRIMARY BENEFICIARY(IES)			
<input checked="" type="checkbox"/> Basic	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Basic and Supplemental	
Name: Isabel R Butterfield	Date of Birth: [REDACTED]		
Address: [REDACTED]			
Social Security Number: [REDACTED]	Relationship: Girlfriend	Benefit Percent: 100 %	
Name: _____ Date of Birth: _____			
Address: _____			
Social Security Number: _____ Relationship: _____ Benefit Percent: _____			

CONTINGENT BENEFICIARY(IES)			
<input type="checkbox"/> Basic	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Basic and Supplemental	
Name: _____ Date of Birth: _____			
Address: _____			
Social Security Number: _____ Relationship: _____ Benefit Percent: _____			
Name: _____ Date of Birth: _____			
Address: _____			
Social Security Number: _____ Relationship: _____ Benefit Percent: _____			

Spousal Consent For Community Property States Only: If you live in a community property state- Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Disclaimer: spousal consent does not apply to ERISA plans.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiary(ies) of group life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse _____ Date _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).
 Signature of Employee **Sean P Grayson** _____ Date **4-4-23**

Salary Redirection Agreement (SRA)

PLEASE PRINT. All information is required or your enrollment cannot be processed.

Employer Sangamon county Social Security Number [REDACTED]

Employee Name (First, Last) Sean Grayson

Date of Birth (MM-DD-YYYY) [REDACTED] Date Hired (MM-DD-YYYY) 05012023

Home (Street) Address [REDACTED] APT. [REDACTED]

City [REDACTED] State IL Zip [REDACTED]

Home Phone [REDACTED] Email [REDACTED]

By enrolling in the plan you will receive a take care Card to pay for qualified plan expenses. If you would also like to receive a take care Card for your spouse or a dependent (must be 18 years old) please provide their name here. (First Name, Last Name)

[REDACTED]

Employer to complete or enrollment cannot be processed.

Plan year start (MM/DD/YY) ___/___/___ and end ___/___/___ First payroll start date ___/___/___

No. of Pays ___ Dept. ___

OPTION 1 Health Care Account

YES I elect to contribute \$ [REDACTED] (before taxes) for the PLAN YEAR, which is \$ [REDACTED] per pay period to fund my account that pays qualified out-of-pocket health care expenses that are not covered by my employer's health plan or any other health plan.

NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 2 Dependent Care Account

This pays for day care expenses for a dependent child, adult, or elder, so that you may work. Eligible services include: nursery school, nanny and/or before/after school care through age 12, day care for a disabled adult or child, elder day care for parent or dependent, day camp through age 12.

YES I elect to contribute \$ [REDACTED] (before taxes) for the PLAN YEAR, which is \$ [REDACTED] per pay period to fund my account that pays qualified dependent day care or elder care expenses.

NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 3 Agreement to Save Taxes on Insurance Premiums

YES On the appropriate benefit enrollment form, I have enrolled in certain employer-sponsored insurance benefits (i.e. health insurance). I understand that my share of the premium for these employee benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for these insurance benefits are increased or decreased while this agreement is in effect, my taxable income will automatically be adjusted to reflect that change.

NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

IMPORTANT - Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by an equal portion of the benefit elections set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election in the event of certain changes in my status and that, prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. I acknowledge that I have received, read and understand the Summary Plan Description. I understand that the take care Card is available to pay only qualified expenses and that qualified expenses paid with the Card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the Card from any other source. I understand that when using the take care Card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my Card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer for any expenses not repaid by me. I authorize my employer to deduct the amount from my paycheck if permitted by state law.

USE OF PERSONAL INFORMATION - In addition to and without limiting in any way the rights my employer, the Plan, the service provider and their respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including, but not limited to, benefit elections, wages, employment status, number of dependents, marital status and health and dependent child care information) as is reasonably required to administer the Plan (including enrolling and processing requests for payment of claims) and detecting and preventing fraud or misrepresentation. I further authorize my employer, the Plan, the service provider and their respective agents, employees, subcontractors and assigns to further disclose any such personal information as is reasonably required for such purposes, thereby expressly waive and release any claims related to the use, disclosure or release of such information so long as the information is used in furtherance of Plan administration or to detect or prevent fraud or misrepresentation.

Employee signature [Signature]

Date 4-4-23

take careSM Commuter Account
Salary Redirection Agreement (SRA)

take careSM
by WageWorks

PLEASE PRINT. All information is required or your enrollment cannot be processed.

Employer Sangam County Social Security Number [REDACTED]
Employee Name (First, Last) Sean Grayson
Date of Birth (MM-DD-YYYY) [REDACTED] Date Hired (MM-DD-YYYY) 05 01 2023
Home (Street) Address [REDACTED] APT. [REDACTED]
City [REDACTED] State IL Zip [REDACTED]
Home Phone [REDACTED] Email [REDACTED]

By enrolling in the plan you will receive a take careSM Flex Benefits Card to pay for qualified plan expenses. If you would also like to receive a Card for your spouse or dependent (age 18 years or older) you may do so by logging into your account at www.takecareWageWorks.com.

Employer to complete or enrollment cannot be processed.

Plan year start (MM/DD/YY) ____/____/____ and end ____/____/____. First payroll start date ____/____/____.
No. of Pays ____ Dept. ____

OPTION 1 Commuter Parking Account

- YES I elect to contribute \$ per pay period to fund my account that pays qualified parking expenses.
NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

IMPORTANT: Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by an equal portion of the benefit elections (selected above) set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election as set forth in my employer's plan. I acknowledge that I have received, read and understand the Summary Plan Description. I understand that the take care Card is available to pay only qualified expenses and that qualified expenses paid with the card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the Card from any other source. I understand that when using the Card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my Card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer for any expenses not repaid by me, and I authorize my employer to deduct the amount from my paycheck (if permitted by state law).

Employee signature Sean P. Grayson Date 4-4-23

Return completed form to your employer.

DUES AUTHORIZATION FORM

ILLINOIS FRATERNAL ORDER OF POLICE
LABOR COUNCIL
974 CLOCK TOWER DRIVE
SPRINGFIELD, ILLINOIS 62704

I, Sean P Grayson, understand that under the U.S. Constitution I have a right not to belong to a union. By my signature I hereby waive this right and opt to join the IL FOP Labor Council.

I, Sean P Grayson, hereby authorize my employer, Sangamon County Sheriff, to deduct from my wages the uniform amount of monthly dues set by the Illinois Fraternal Order of Police Labor Council, for expenses connected with the cost of negotiating and maintaining the collective bargaining agreement between the parties and to remit such dues to the Illinois Fraternal Order of Police Labor Council as it may from time to time direct. In addition, I authorize my Employer to deduct from my wages any back dues owed to the Illinois Fraternal Order of Police Labor Council from the date of my employment, in such manner as it so directs.

Date: 4-4-23

Signed: [Signature]

Address: [Redacted]

City: [Redacted]

State: IL Zip: [Redacted]

Telephone: [Redacted]

Personal E-mail: [Redacted]

Employment Start Date: 5-1-23

Title: Deputy

Employer, please remit all dues deductions to:

Illinois Fraternal Order of Police Labor Council
Attn: Accounting
974 Clock Tower Drive
Springfield, Illinois 62704

(217) 698-9433

Dues remitted to the Illinois Fraternal Order of Police Labor Council are not tax deductible as charitable contributions for federal income tax purposes; however, they may be deductible on Schedule A of Form 1040 as a miscellaneous deduction. Please check with your tax preparer regarding deductibility.



PAYROLL CHANGE NOTICE

TO: HUMAN RESOURCES/PAYROLL

EFFECTIVE DATE:	5/11/2023
TERMINATION DATE:	
PAYOUT DATE:	

EMPLOYEE: Sean Grayson EMP #: _____

FULL TIME: <input checked="" type="checkbox"/> PART TIME: <input type="checkbox"/>	FROM:	TO:
FUND/DEPARTMENT/ACCOUNT #'S		AA001.2100.21002.5300.000
JOB TITLE		Deputy T2
POSITION #/ GRADE		210001057
RATE-ANNUAL AND HOURLY		55,210.00 / 23.5940 base 26.6715 OT

REASON(S) FOR CHANGE(S):

- HIRED
- RE-HIRED
- PROMOTION
- DEMOTION
- TRANSFER
- FMLA
- MERIT INCREASE
- UNION INCREASE
- PROBATIONARY COMPLETED
- ANNUAL INCREASE
- Other (Explain) _____
- RESIGNATION
- RETIREMENT
- LAY-OFF
- DISCHARGE

PAYROLL ADJUSTMENT(S): Clothing allow. \$105.00 / project code SHIR SHMTD

TYPE	FROM	TO
NATIONWIDE		
AXA EQUITABLE		
VALIC		
LABOR COUNCIL		
FOP DUES		
OTHER		

ADDRESS CHANGE:

Department - SHIR. OPER - Sheriff's Operations
 Benefit Group - SHIR DEP - Sheriff's Deputies
 Accrual plan: Same as above
 paygrade: DEP2 - Deputy Tier 2 @

[Signature]
Employee Signature

E-MAIL ADDRESS:

23.5940-base / 26.6715-OT

X [Signature]
Department Head Signature

APPROVAL TO HIRE, PROMOTE OR ADJUST SALARY

This form must be submitted to the Auditor's Office three days prior to the Oversight Committee meeting date. This approval, if granted, is valid 180 calendar days from the date of execution by the Finance Committee.

Department: Sheriff's Deputy Payroll Account #: AA2100210025300000

Title of Target Position: Deputy Position #: 210001057 Sequence #:

If position is DMG, provide: Grade Minimum Midpoint Maximum

Is funding for the below-requested action currently provided for in the department's budget? ~~YES~~ YES NO

New Hire/Replacement – Approval is hereby granted to hire Unknown at an annual salary of \$ 55,210.00 effective 3/1/2023. If this is a replacement, the position was previously filled by N/A, whose annual salary was \$ N/A. Termination date N/A and last paycheck date N/A for the previous employee in this position.

This new candidate resides in Sangamon County YES NO.

Promotion/Salary Adjustment – Approval is hereby granted for to be promoted or to receive an adjustment in salary. The annual salary will change from \$ to \$ effective . The employee's current title is .

Justification:

New Deputy position SMTD

RECEIVED

2023

FEB 14 2023

Andy Goleman

SANGAMON COUNTY AUDITOR

PLEASE ATTACH A COPY OF THE CURRENT JOB DESCRIPTION AND ORGANIZATIONAL CHART

HUMAN RESOURCES REVIEW

- Position meets minimum hiring guidelines
- Position does *not* meet minimum hiring guidelines

(Dept./Justification Required)

[Signature] 02/14/23
Human Resources Date

Jack Campbell 2/19/23
Dept. Head/Elected Official Date

Jail Committee
 , Chairman

Finance Committee Date 2/28/23
[Signature], Chairman

Sean Grayson



PAYROLL CHANGE NOTICE

TO: HUMAN RESOURCES/PAYROLL

EFFECTIVE DATE:	
TERMINATION DATE:	
PAYOUT DATE:	

EMPLOYEE: Sean P Grayson EMP #: _____ SELF ENTRY:

FULL TIME: <input type="checkbox"/> PART TIME: <input type="checkbox"/>	FROM:	TO:
FUND/DEPARTMENT/ACCOUNT #'S		
JOB TITLE		
POSITION #/ GRADE		
RATE-ANNUAL AND HOURLY		

UNION: FULL SHARE

REASON(S) FOR CHANGE(S):

- HIRED
- RE-HIRED
- PROMOTION
- DEMOTION
- TRANSFER
- FMLA
- MERIT INCREASE
- UNION INCREASE
- PROBATIONARY COMPLETED
- ANNUAL INCREASE
- Other (Explain) _____
- RESIGNATION
- RETIREMENT
- LAY-OFF
- DISCHARGE

PAYROLL ADJUSTMENT(S):

TYPE	FROM	TO
NATIONWIDE		
AXA EQUITABLE		
VALIC		
LABOR COUNCIL		0.00
FOP DUES		
OTHER		

ADDRESS CHANGE:

Employee Signature

E-MAIL ADDRESS:

X
Department Head Signature



SANGAMON COUNTY SHERIFFS OFFICE
"Keeping the Peace Since 1821"

SHERIFF JACK CAMPBELL
#1 Sheriff's Plaza
Springfield, IL 62701
217/753-6855
Jack.campbell@co.sangamon.il.us

SG24-2504
Deputy Grayson

January 25, 2024

I recently received a compliment from Lisa Rigoni, regarding your assistance in investigating a case. Lisa was a victim of fraud and burglary. She stated your response was fast, professional and friendly. It is professionalism like you displayed that makes a difference to the people you come in contact with. Thank you for your diligence in your duties and for remembering that helping the citizens of Sangamon County of the main role we play.

Thank you for representing the Sheriff's Office well.


Sheriff Campbell

CC: Chief Mayfield
Capt. Hayes
Capt. Prange
File

**SANGAMON COUNTY SHERIFF'S OFFICE
VERIFICATION OF EMPLOYEE PERSONAL INFORMATION**

**PLEASE REVIEW THE BELOW INFORMATION AND CROSS OUT INCORRECT INFORMATION AND
REPLACE WITH NEW INFORMATION.**

FIRST NAME	LAST NAME	EMERGENCY
Sean	Grayson	Isabelle Butterfield [REDACTED]
ADDRESS		EMERGENCY2
[REDACTED]		Ronda Beams [REDACTED]
CITY	ZIPCODE	EMERGENCY3
[REDACTED]	[REDACTED]	[REDACTED]
TELEPHONE	TELEPHONE2	CHECKAUTH1
[REDACTED]	[REDACTED]	Isabelle Butterfield
EDUCATION		CHECKAUTH2
[REDACTED]		Ronda Beams
EMAIL		CHECKAUTH3
[REDACTED]		[REDACTED]
		CHECKAUTH4
		[REDACTED]
		CHECKAUTH5
		[REDACTED]

IF YOU HAVE ADDITIONAL INFORMATION TO ADD PLEASE INDICATE BELOW.

EMERGENCY CONTACT(S): _____
(WITH PHONE #) _____

CHECK AUTHORIZATION(S): _____

EMAIL ADDRESS: _____

SECONDARY EMPLOYMENT FORMS NEEDED (NEW OR RENEWAL) ____ YES ____ NO

EMPLOYEE SIGNATURE/DATE: Sean P. Grayson

PLEASE RETURN TO MEGAN ANTONACCI, ADMINISTRATIVE OFFICE

Grayson Sean
Patrol

Mandated Training Status

Department of

Police

Grayson, Sean P - 65149298

Requirement	Hours Completed	Expiration Date (Last Applicable Class)
30 Hours within the past 36 months (beginning January 1, 2022)	84.10	10/10/2024 (10/10/2024 report period)
12 Scenario-Based Hours within the past 36 months (beginning January 1, 2022)	12.00	6/29/2025 (6/29/2025 report period)

Mandate	Requirement	Total Hours	Role Play Hours	Expiration Date (Last Applicable Class)
Civil Rights	1 Course within the past 36 months	3.50	0.00	7/10/2027
Const. Use of LE Authority	1 Course within the past 36 months	5.00	0.00	7/10/2027
Crisis Intervention	1 Course within the past 12 months	2.50	0.00	7/10/2025
Cultural Competency	1 Course within the past 36 months	0.50	0.00	7/10/2027
De-escalation Techniques	6 Hours within the past 36 months	8.50	4.50	6/29/2027
Emergency medical response training and certification	1 Course within the past 12 months	1.00	0.00	10/10/2024
Firearms Restraining Order Act	1 Course within the past 12 months	1.00	0.00	10/10/2024
High-Risk Traffic Stops	6 Hours within the past 36 months	6.00	3.50	6/29/2027
Human Rights	1 Course within the past 36 months	7.50	0.00	7/10/2027
Law concerning stops, searches, and the use of force	1 Course within the past 36 months	1.00	0.50	6/29/2027
Legal Updates	1 Course within the past 12 months	8.50	0.00	7/10/2025
Officer safety techniques, including cover, concealment, and time	1 Course within the past 36 months	4.50	3.50	6/29/2027
Officer wellness/mental health	1 Course within the past 12 months	1.50	0.00	7/10/2025
Procedural Justice	1 Course within the past 36 months	6.50	0.00	7/10/2027
Psychology of Domestic Violence	1 Course within the past 60 months	0.50	0.00	7/10/2029
Reporting of Child Abuse and Neglect	1 Course within the past 36 months	0.50	0.00	7/10/2027
Sexual Assault Trauma Informed	1 Course within the	3.00	0.00	7/10/2027

Mandated Training Status

Grayson, Sean P - 65149298

Requirement	Hours Completed	Expiration Date (Last Applicable Class)
30 Hours within the past 36 months (beginning January 1, 2022)	34.50	7/10/2025 (0.50 hours will expire)
12 Scenario-Based Hours within the past 36 months (beginning January 1, 2022)	12.00	7/10/2025 (0.50 hours will expire)

Mandate	Requirement	Total Hours	Role Play Hours	Expiration Date (Last Applicable Class)
Civil Rights	1 Course within the past 36 months	3.50	0.00	7/10/2027
Const. Use of LE Authority	1 Course within the past 36 months	5.00	0.00	7/10/2027
Crisis Intervention	1 Course within the past 12 months	2.50	0.00	7/10/2025
Cultural Competency	1 Course within the past 36 months	0.50	0.00	7/10/2027
De-escalation Techniques	6 Hours within the past 36 months	8.50	4.50	6/29/2027
Emergency medical response training and certification	1 Course within the past 12 months	1.00	0.00	10/10/2024
Firearms Restraining Order Act	1 Course within the past 12 months	1.00	0.00	10/10/2024
High-Risk Traffic Stops	6 Hours within the past 36 months	6.00	3.50	6/29/2027
Human Rights	1 Course within the past 36 months	7.50	0.00	7/10/2027
Law concerning stops, searches, and the use of force	1 Course within the past 36 months	1.00	0.50	6/29/2027
Legal Updates	1 Course within the past 12 months	8.50	0.00	7/10/2025
Officer safety techniques, including cover, concealment, and time	1 Course within the past 36 months	4.50	3.50	6/29/2027
Officer wellness/mental health	1 Course within the past 12 months	1.50	0.00	7/10/2025
Procedural Justice	1 Course within the past 36 months	6.50	0.00	7/10/2027
Psychology of Domestic Violence	1 Course within the past 60 months	0.50	0.00	7/10/2029
Reporting of Child Abuse and Neglect	1 Course within the past 36 months	0.50	0.00	7/10/2027

**ILLINOIS EMERGENCY MANAGEMENT AGENCY
ILLINOIS LAW ENFORCEMENT TRAINING AND STANDARDS BOARD
ILLINOIS FIRE SERVICE INSTITUTE**

Be it known that

SEAN GRAYSON

*has satisfactorily completed on 08/04/2023 the State of Illinois
Hazardous Materials Awareness - OSHA
and in recognition of attendance and accomplishment is
awarded this*

Certificate of Training

*in accordance with Federal regulation 29 CFR 1910.120
Hazardous Waste Operations and Emergency Response Training
for the State of Illinois.*

IDPH Site Code 0327-28-E-1216
8 Contact Hours

Alicia Tate-Nadeau
Director
Illinois Emergency Management Agency

Jim Keiken
Director
Illinois Fire Service Institute



State of Illinois

CERTIFICATE

Awarded to **Sean P. Grayson**

by the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

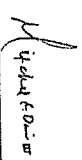
In recognition of the successful completion of the 8.00 hour course in


Taser In-Service PT Academy

at Law Enforcement Training Advisory Commission

from 4/24/2021 to 4/24/2021


School Director


Chairman of the Board


Executive Director



State of Illinois

CERTIFICATE

Awarded to **Sean P. Grayson**

by the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 40.00 hour course in

Mandatory Firearms Training

at Springfield Police Academy

from 9/12/2020 to 9/20/2020

This course complies with the guidelines of the following mandate(s):
Const. Use of LE Authority | Legal Updates | Use of Force

Handwritten signature of the School Director.

School Director

Handwritten signature of the Chairman of the Board.

Chairman of the Board

Handwritten signature of the Executive Director.

Executive Director



State of Illinois

CERTIFICATE

Awarded to **Sean P. Grayson**

by the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 4.00 hour course in

Introduction to Radar

at Law Enforcement Training Advisory Commission

from 3/27/2021 to 3/27/2021

Handwritten signature of the School Director.

School Director

Handwritten signature of the Chairman of the Board.

Chairman of the Board

Handwritten signature of the Executive Director.

Executive Director



State of Illinois

CERTIFICATE

Awarded to **Sean P. Grayson**

by the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 4.00 hour course in

Intro to Rapid Deployment

at Taylorville High

from 4/3/2021 to 4/3/2021

This course complies with the guidelines of the following mandate(s):
Use of Force

Handwritten signature of the School Director.

School Director

Handwritten signature of the Chairman of the Board.

Chairman of the Board

Handwritten signature of the Executive Director.

Executive Director



State of Illinois

CERTIFICATE

Awarded to **Sean P. Grayson**

by the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 32.00 hour course in

DWI Detection & Standardized Field Sobriety Testing

at Law Enforcement Training Advisory Commission

from 2/20/2021 to 2/20/2021

This course complies with the guidelines of the following mandate(s):
Civil Rights | Const. Use of LE Authority | Legal Updates

Handwritten signature of the School Director.

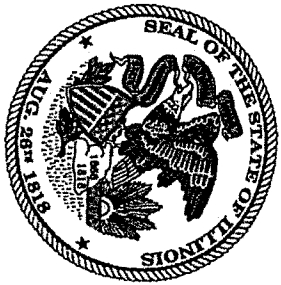
School Director

Handwritten signature of the Chairman of the Board.

Chairman of the Board

Handwritten signature of the Executive Director.

Executive Director



State of Illinois

CERTIFICATE

Awarded to **Sean P. Grayson**

by the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 40.00 hour course in

PPCT Control & Arrest Tactics

at Law Enforcement Training Advisory Commission

from 10/31/2020 to 12/12/2020

Handwritten signature of the School Director.

School Director

Handwritten signature of the Chairman of the Board.

Chairman of the Board

Handwritten signature of the Executive Director.

Executive Director



State of Illinois

CERTIFICATE

Awarded to **Sean P. Grayson**

by the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 5.00 hour course in

Chemical Agent-Pepper Spray Certification(In Service)

at Law Enforcement Training Advisory Commission

from 3/13/2021 to 3/13/2021

Handwritten signature of the School Director.

School Director

Handwritten signature of the Chairman of the Board.

Chairman of the Board

Handwritten signature of the Executive Director.

Executive Director



State of Illinois

CERTIFICATE

Awarded to **Sean P. Grayson**

by the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 8.00 hour course in

Basic Hazardous Materials Awareness

at Law Enforcement Training Advisory Commission

from 3/13/2021 to 3/13/2021

Handwritten signature of the School Director.

School Director

Handwritten signature of the Chairman of the Board.

Chairman of the Board

Handwritten signature of the Executive Director.

Executive Director



State of Illinois

CERTIFICATE

Awarded to **Sean P. Grayson**

by the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 4.00 hour course in

The Best Backup: Family Transitions in Law Enforcement

at Northfield Center

from 5/28/2021 to 5/28/2021

This course complies with the guidelines of the following mandate(s):
Cultural Competency | Procedural Justice

Handwritten signature of the School Director.

School Director

Handwritten signature of the Chairman of the Board.

Chairman of the Board

Handwritten signature of the Executive Director.

Executive Director



State of Illinois

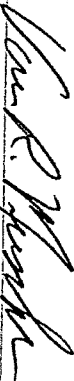
Certificate

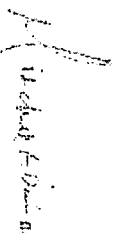
Awarded to Sean D. Drayson


By The Illinois Law Enforcement
Training and Standards Board

In recognition of the successful completion of the 80 hours course in
Basic Law Enforcement

At Southwestern Illinois College From 03/07/2022 To 03/18/2022


Van Myschler
School Director


Mitchell Davis III
Chairman of Board


Keith Calloway
Interim Executive Director

Certificate of Completion

This certifies that

Sean P. Grayson

has satisfactorily completed EVOC-101 Web™, a course of study approved by
Southwestern Illinois College Police Academy equivalent to two (2) hours in EVO Intersection Analysis

WITH SPECIFIC TRAINING IN:

Intersection Approach

Intersection Assessment

Clearing: Basic Skills

Clearing: Advanced Skills

Intersection Departure

and is therefore awarded this Certificate

Given this 18th day of March, 2022



Dan R. Muschler, Director

By the authority of the
State of Illinois



the
**Illinois Law Enforcement Training
and Standards Board**

awards this certificate to

Sean P Grayson

and hereby certifies the fulfillment of all requirements
as prescribed by Chapter 50 Paragraph 705
the Illinois Compiled Statutes and is qualified as a

Law Enforcement Officer

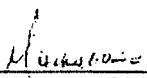
Part-Time

In Witness Whereof, we affix our signatures

and seal at Springfield, Illinois,

This Third day of June, 2021


Executive Director


Chairman of the Board

Certificate Number: 202110796

PTBID: 65149298



State of Illinois

CERTIFICATE

Awarded to **Sean P. Grayson**

by the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 40.00 hour course in

ILETSB - Crisis Intervention Training - Basic CIT - 40 Hours

at Law Enforcement Training Advisory Commission

from 3/20/2023 to 3/24/2023

This course complies with the guidelines of the following mandate(s):

Civil Rights (0.50 hr) | Const. Use of LE Authority (0.50 hr) | Crisis Intervention (12.00 hrs) | Human Rights (7.00 hrs) | Legal Updates (2.00 hrs) | Officer wellness/mental health (2.00 hrs) | Procedural Justice (4.00 hrs) | Use of Force: De-escalation Techniques (8.00 hrs total - 4.00 hrs are role play) | Use of Force: Officer safety techniques, including cover, concealment, and time (4.00 hrs total - 3.00 hrs are role play)

Handwritten signature of the School Director.

School Director

Handwritten signature of the Chairman of the Board.

Chairman of the Board

Handwritten signature of the Executive Director.

Executive Director

Certificate of Training

Awarded by

Law Enforcement Training Advisory Commission
Mobile Team Unit #10

of

The Illinois Law Enforcement Training and Standards Board

To

Sean P. Grayson
Pawnee Police Department

In recognition of the successful completion of the 560-hour curriculum of the

Part-Time Officers Law Enforcement Basic Training - mandated by Public Act 89-170

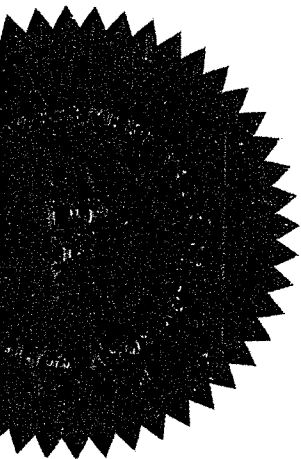
October 04, 2020 through June 05, 2021



Chairman Vernon Foli



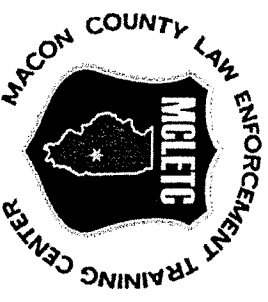
LETTAN





Macon County Law

Enforcement Training Center



NHSTA 24-Hours of SFST
Training Plus 4-Hours of Intro to
Drugged Driving

Sean Grayson

Sangamon County Sheriff's Office

This certifies that the above-named individual ("the Student") has completed the training required.

Instructor: Officer Larry Brookes

Date: August 25th, 2023



Macon County Law
Enforcement Training Center



40 Hour Mandatory
Firearms Training

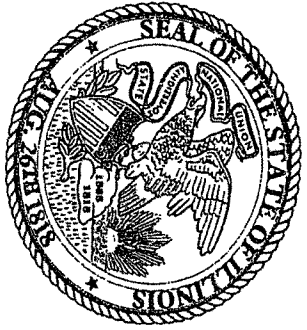
SEAN GRAYSON

Sangamon County Sheriff's Office

This certifies that the above-named individual ("the Student") has completed the training required and has passed a written examination in the use of firearms.

Instructor: *Dennis Arnold*

Date: August 25th, 2023



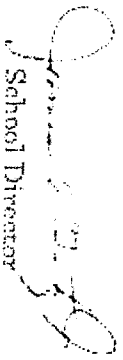
State of Illinois

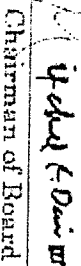
CERTIFICATE

Awarded to Deputy Sean Grayson

By the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 640 hour course in
Basic Law Enforcement Training
at Macon County Law Enforcement Training Center
from 05/07/2023 to 08/25/2023


School Director


Chairman of Board


Executive Director

Respect

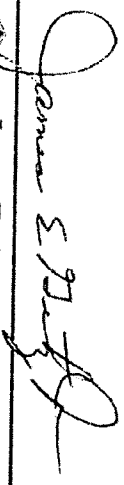
MACON COUNTY LAW ENFORCEMENT TRAINING CENTER

Is Honored to Present this Certificate of Completion to:

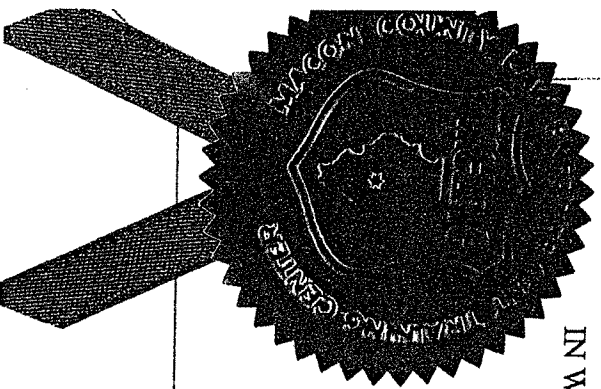
Deputy Sean Grayson
Sangamon County Sheriff's Office

For Successfully Completing all Requirements of the
640 Hour Basic Law Enforcement Academy - Recruit Class 23-20

IN WITNESS WHEREOF, I have hereunto affixed my signature at Decatur, Illinois,
this 25th day of August, 2023



James E. Getz
Commander



Discipline and Excellence

Integrity



INDIVIDUAL RECRUIT'S FINAL PACKET
RECRUIT CLASS 23-20 CHECKLIST
(June 25th, 2023 – August 18th, 2023)

GRAYSON, SEAN
Name (last, first)

SANGAMON CO.SO
Agency

- Academic grades spreadsheet
- POWER test cards
- Firearms record score for duty handgun
- Firearm Registration form for duty handgun (documents the handgun utilized)
- Firearms record score for patrol rifle (if registered for elective)
- Firearm Registration form for patrol rifle (if registered for elective)
- Integrated Force Options practical examination form
- Standardized Field Sobriety Test practical examination form
- Recruit Performance Reviews
- Memorandums
- Significant Discipline issue(s)
- Scenarios
- 40-Hour Mandatory Firearms Certificate
- NHSTA/SFST Certificate
- Graduation Certificate
- State of Illinois Certificate
- OC certification (if applicable)
- Taser certification (if applicable)
- Control Base Management cert (If Applicable)
- Patrol Rifle Certificate (If Applicable)
- Less than full access LEADS certification
- Hazardous Materials certificate
- NIMS certifications (if not included, recruit has the on-line certificates)
- AHA First Aid, CPR, AED certification form (e-card emailed directly to recruit)

Tabitha Tester

Completed by:

09/05/2023

Date:

Authorized by:

Date:

Grades for Sean Grayson

Arrange By

Due Date



NAME	DUE	STATUS	SCORE
Ethics - Personal Reflection Exercise Imported Assignments	-		①
Evaluating Procedural Justice Techniques Imported Assignments	-		
Exam 1 Exams	89 / 101		🗑
Exam 2 Exams	170 / 190		🗑
Firearms Test Other Testing	49 / 52		🗑
Integrated Force Options (I.F.O.) Exam Other Testing	69 / 77		🗑
Peel's Principles - Group Exercise Imported Assignments	✓		①
Quiz 1 Quizzes	40 / 48		🗑
Quiz 2 Quizzes	32 / 40		🗑
Quiz 3 Quizzes	19 / 21		🗑
Quiz 4 IVC Quizzes	61 / 70		🗑
Quiz 5 Quizzes	31 / 34		🗑
Quiz 6 Quizzes	33 / 38		🗑
Quiz 7	18 / 21		🗑

NAME	DUE	STATUS	SCORE
Quizzes			
Report Writing 1 - Plain Words Group Exercise Imported Assignments		✓	①
Report Writing 2 -6W's and Chronological Order - Peer Review Imported Assignments		∅	
Report Writing 3 Criminal Damage to Property - Peer review Imported Assignments		📄	① 2
Report Writing 4 - Home Intruder - Peer Review Imported Assignments		📄	
Report Writing 6 - Man with cane UOF - Peer review Imported Assignments		-	①
SARA Model - Group Exercise Imported Assignments		-	①
Traffic Stop Data - What has your agency reported? Imported Assignments		-	
Your community demographics Imported Assignments		📄	
EXAMS		89%	259.00 / 291.00
QUIZZES		86.03%	234.00 / 272.00
OTHER TESTING		91.47%	118.00 / 129.00
IMPORTED ASSIGNMENTS		N/A	0.00 / 0.00
TOTAL		87.22%	

∅ Your instructor has not posted the grade. While your instructor has not posted the grade, grade and comment information is unavailable.



Red 3

P.O.W.E.R. (Peace Officer Wellness Evaluation Report) Test

RECRUIT: Coyson Sean P AGENCY: Saginaw County
(Last Name, First Name, MI)

DATE: 7-18-23 (M/D/Y) AGE: 29 SEX: M WEIGHT: 275 HEIGHT: 6'4

TEST SITE(S): MCLETC TEST or RE-TEST or ACADEMY PFIT I II III IV (circle one)

Sit and Reach: Minimum 14.4 Actual 20.5 P/F P Monitor (initials)

1 Minute Sit up: Minimum 33 Actual 47 P/F P Monitor (initials)

Maximum Bench Press (ratio 86) Minimum 242 Actual 275 P/F P Monitor 822p

1.5 Mile Run: Minimum 14:00 Actual 11:47 P/F P Monitor TC

PASS or FAIL (circle one) OVERALL SCORE: 304 COMMENTS: _____

Test Coordinator _____ Recruit Sean P Coyson



Red Platoon
Squad 3

P.O.W.E.R. (Peace Officer Wellness Evaluation Report) Test

RECRUIT: Grayson Sean P AGENCY: Sangamon County
(Last Name, First Name, MI)

DATE: 6-13-23 (M/D/Y) AGE: 29 SEX: M WEIGHT: 280 HEIGHT: 6'4

TEST SITE(S): Mc etc (TEST) or RE-TEST or ACADEMY PFIT I II III IV (circle one)

Sit and Reach: Minimum 14.4 Actual 19 P/F _____ Monitor SS (initials)

1 Minute Sit up: Minimum 33 Actual 44 P/F _____ Monitor M (initials)

Maximum Bench Press (ratio 88%) Minimum 255 Actual 255 P/F _____ Monitor SS (initials)

1.5 Mile Run: Minimum 14:00 Actual 12:40 P/F _____ Monitor BT

PASS or FAIL OVERALL SCORE: 245 COMMENTS: _____
(circle)

Test Coordinator _____ Recruit: [Signature]



P.O.W.E.R. (Peace Officer Wellness Evaluation Report) Test

RECRUIT: Drayson, Sean AGENCY: Sargamon Co. S/o
(Last Name, First Name, MI)

DATE: 5-9-23 (M/D/Y) AGE: 28 SEX: M WEIGHT: 274 HEIGHT: 6'04

TEST SITE(s): _____ TEST or RE-TEST or ACADEMY PFIT I II III IV (circle one)

Sit and Reach: Minimum _____ Actual _____ P/F _____ Monitor _____
(initials)

1 Minute Sit up: Minimum _____ Actual _____ P/F _____ Monitor _____

Maximum Bench Press (ratio _____) Minimum _____ Actual _____ P/F _____ Monitor _____

1.5 Mile Run: Minimum 14:00 Actual 13:12 P/F PASS Monitor _____

PASS or FAIL OVERALL SCORE: _____ COMMENTS: _____
(circle)

Test Coordinator [Signature] Recruit _____



P.O.W.E.R. (Peace Officer Wellness Evaluation Report) Test

RECRUIT: Grayson Sean P AGENCY: Sangamon County Sheriff
(Last Name, First Name, MI)

DATE: 5-7-23 (M/D/Y) AGE: 28 SEX: M WEIGHT: 274 HEIGHT: 6'4

TEST SITE(S): _____ TEST or RE-TEST or ACADEMY PFIT I II III IV (circle one)

Sit and Reach:	Minimum <u>14.4</u>	Actual <u>17.8</u>	<u>PF Pass</u>	Monitor <u>[Signature]</u> (initials)
1 Minute Sit up:	Minimum <u>33</u>	Actual <u>33</u>	<u>PF</u>	Monitor _____
Maximum Bench Press (ratio <u>1.88</u>)	Minimum <u>241</u>	Actual <u>241</u>	<u>PF Pass</u>	Monitor <u>[Signature]</u>
1.5 Mile Run:	Minimum <u>14.00</u>	Actual <u>14.25</u>	<u>PF</u>	Monitor _____

PASS or FAIL OVERALL SCORE: _____ COMMENTS: _____
(circle)

Test Coordinator _____ Recruit [Signature]
(Signature) (Signature)



Macon County Law Enforcement Training Center

Illinois Law Enforcement Training & Standards Board
 Mandatory Firearms Training and Academy Firearms Training

Handgun Qualification Range Score Sheet

Shooter's Name and Agency
Grayson, Sean Sangamon County
Make/Model/Serial#/Caliber
Gloch 17 BPTL 008 9mm

Scoring		
Yard Line	Rounds in phase	Hits
5	10	10
7	14	14
10	14	13
15	12	10
Total Hits:		47
Percentage (Hits X2):		94 %
<i>Minimum passing score is 80%.</i>		

Range Officer print name	Range Officer signature	Date
J. Humphrey	<i>J. Humphrey</i>	6-30-23



Weapon bin #: B2

FIREARM REGISTRATION FORM

PERSONAL INFO		To Be Completed By Student Upon Initial Check-In	
NAME (Last, First, MI)	Grayson, Sean, P		
PLATOON (circle)	<input checked="" type="radio"/> Red	White	Blue Black Brown Other
SQUAD (circle)	One	Two	<input checked="" type="radio"/> Three Four Five Six Seven Eight Nine
EMERGENCY CONTACT (Name/Relationship/Phone #)	Ronda Beams [REDACTED]		
MEDICAL/OTHER ISSUES (voluntary)	Stage 3 cancer		
RIGHT or LEFT HANDED? (circle)	<input checked="" type="radio"/> RH	<input type="radio"/> LH	<input checked="" type="radio"/> RH <input type="radio"/> LH
FIREARM INFO		To Be Completed by Authorized Personnel Only	
MAKE/MODEL/SERIAL (HANDGUN) # of mags:	Glock 17 BDTL008		
CALIBER (circle) (HANDGUN)	<input checked="" type="radio"/> 9mm	.40 cal. .45 cal. .357SIG Other	SA <input type="radio"/> Revolver .38 .357 .44 Other
OWNER? (circle) (HANDGUN)	<input checked="" type="radio"/> Agency	Personal	Academy
MAKE/MODEL/SERIAL (RIFLE) # of mags:			
CALIBER (circle) (RIFLE)	.223	5.56	Other: _____
OWNER? (circle) (RIFLE)	Agency	Personal	Academy
MAKE/MODEL/SERIAL (SHOTGUN)			
GAUGE (SHOTGUN)	12 gauge	20 gauge	Other _____
OWNER? (circle) (SHOTGUN)	Agency	Personal	Academy

Weapon (Handgun/Rifle/Shotgun)	OUT (Date: 00/00/000)	IN (Date: 00/00/000)	Student Initials	Staff Initials
Handgun		05/07/2023	SPG	

MACON COUNTY LAW ENFORCEMENT TRAINING CENTER (MCLETC)
Integrated Force Options (I.F.O.)



PRACTICAL EXAMINATION

Trainee Name: Grayson Sean Date: 8-16-23

Agency: Sangamon County Class #: 23-20

Tested By: Dunning / Cadell Score: 93 / 65 (Min. Pass 68)

Scoring:

- 3- demonstrated the skill efficiently and effectively
- 2- demonstrated skill efficiently and effectively after minor verbal critique
- 1 - failed to demonstrate efficient and effective application after 2 verbal critiques

The following document is the Practical Exam for the Macon County Law Enforcement Training Center Integrated Force Options control tactics system. I hereby understand that the passing criteria for this practical exam is a minimum score of 70%.

Trainee Name: Grayson Sean Date: 8-16-23

I do hereby acknowledge that the foresigned individual has passed the practical exam for the MCLETC I.F.O. control tactics system, according to the standards set forth by the Illinois Law Enforcement Training and Standards Board (ILETSB) and MCLETC.

I.F.O. Instructor: Wood Dunning Date: 8-16-23
Signed

MACON COUNTY LAW ENFORCEMENT TRAINING CENTER (MCLETC)
Integrated Force Options (I.F.O.)



1	Handcuffing - Standing	3/2/1	17	Continuous Strike Angles 1-2	3/2/1
2	Search	3/2/1	18	Retracting Strike Angles 1-2	3/2/1
3	Handcuffing - Standing Removal	3/2/1	19	Horizontal Straight Strike Angle 5	3/2/1
4	Common Peroneal PSA	3/2/1	20	Angles of Attack 1-5 - Knife/Baton	3/2/1
5	Femoral PSA	3/2/1	21	Extended Forearm Deflection	3/2/1
6	Brachial Plexus Origin PSA	3/2/1	22	Bent Elbow Deflection	3/2/1
7	Radial Nerve PSA	3/2/1	23	Inside Double Cover Rap	3/2/1
8	Covers Angles 1-4	3/2/1	24	Holstered Weapon Intercept	3/2/1
9	Strikes Angles 1-4	3/2/1	25	Drawn Weapon Retention	3/2/1
10	Palm Heel Strike Line 5	3/2/1	26	Escape - Top Mount	3/2/1
11	Wiping Deflections - Face, Chest, Belt	3/2/1	27	Escape - Rear Mount	3-2-4
12	Knee Strike	3/2/1	28	Escort Position - Uncuffed	3/2/1
13	Straight Snap Kick	3/2/1	29	Arm-bar Takedown	3/2/1
14	Foot Stomp	3/2/1	30	Prone Wrist-lock	3/2/1
15	Field Interview Stances X3 - Baton	3/2/1	31	Prone Handcuffing	3/2/1
16	Officer Ready Stance - Baton	3/2/1	32	Transition from Prone to Standing	3/2/1

Comments: (Use number code for any comments related to a maneuver)

1-cuffs in hand prior to slin handcuff position

Trainee Name / Partner Name

Grayson, Heathcock

Trainee Name / Partner Name

Grayson, Heathcock

PARTICIPANT PROFICIENCY EXAMINATION
STANDARDIZED FIELD SOBRIETY TESTS

Name Grayson Sean Date 7, 7, 23
Agency Sangamon county Sheriff office

I. HORIZONTAL GAZE NYSTAGMUS

1. Have subject remove glasses if worn.
2. Stimulus held in proper position (approximately 12"-15" from nose, just slightly above eye level).
3. Check for equal pupil size and resting nystagmus.
4. Check for equal tracking.
5. Smooth movement from center of nose to maximum deviation in approximately 2 seconds and then back across subject's face to maximum deviation in right eye, then back to center. Check left eye, then right eye. (Repeat)
6. Eye held at maximum deviation for a minimum of 4 seconds (no white showing). Check left eye, then right eye. (Repeat)
7. Eye moved slowly (approximately 4 seconds) from center to 45 angle. Check left eye, then right eye. (Repeat)
8. Check for Vertical Gaze Nystagmus. (Repeat)

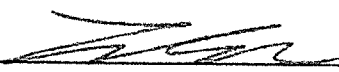
II. WALK AND TURN.

1. Instructions given from a safe position.
2. Tells subject to place feet on a line in heel-to-toe manner (left foot behind right foot) with arms at sides and gives demonstration.
3. Tells subject not to begin test until instructed to do so and asks if subject understands.
4. Tells subject to take nine heel-to-toe steps on the line and demonstrates.
5. Explains and demonstrates turning procedure.
6. Tells subject to return on the line taking nine heel-to-toe steps.
7. Tells subject to count steps out loud.
8. Tells subject to look at feet while walking.
9. Tells subject not to raise arms from sides.
10. Tells subject not to stop once they begin.
11. Asks subject if all instructions are understood.

III. ONE LEG STAND

1. Instructions given from a safe position.
2. Tells subject to stand straight, place feet together, and hold arms at sides.
3. Tells subject not to begin test until instructed to do so and asked if subject understands.
4. Tells subject to raise one leg, either leg, approximately 6" from the ground, keeping raised foot parallel to the ground, and gives demonstration.
5. Tells subject to keep both legs straight and to look at elevated foot.
6. Tells subject to count out loud in the following manner: one thousand one, one thousand two, one thousand three, and so on until told to stop, and gives demonstration.
7. Checks actual time subject holds leg up. (Time for 30 seconds.)

Instructor: _____

 #289

Note: In order to pass the proficiency examination, the student must explain and proficiently complete each of the steps listed.

Macon County Law Enforcement Training Center Law Enforcement Medical Duty to Act

Name: GRAYSON, SEAN Agency: _____

Evaluator: C.H. Kean MA, EMT-P, LI Date: 8/4/2023

Control Bleeding using a Combat Application Tourniquet

Task	1st	2nd
Removed the C-A-T from the carrying pouch.	P / F	P / F
Slide the wounded extremity through the loop of the Self-Adhering Band or wrap around extremity.	P / F	P / F
Positioned the C-A-T above simulated wound site; left at least 2 inches of uninjured skin between the C-A-T and the wound site.	P / F	P / F
Twisted the Windlass Rod until the distal pulse was no longer palpable.	P / F	P / F
Locked the rod in place with the Windlass Clip.	P / F	P / F
Grasped the Windlass Strap, pulled it tight and adhered it to the Velcro on the Windlass Clip.	P / F	P / F
Verbalized using a marker to draw a "TQ" on the casualty's forehead and recorded the date and time the C-A-T was applied.	P / F	P / F

Control Bleeding using a Hemostatic Dressing

Task	1 st	2nd
Verbalized: Do not use for minor wounds that do not entail severe bleeding.	P / F	P / F
Exposed the injury by cutting away the casualty's clothing.	P / F	P / F
Placed the hemostatic dressing directly into the wound where the bleeding was the heaviest.	P / F	P / F
Held pressure on the hemostatic dressing for 3 minutes.	P / F	P / F
Reassessed the wound to ensure that bleeding stopped – left the dressing in place if bleeding was controlled.	P / F	P / F
Applied a sterile pressure dressing over the hemostatic dressing to secure it in place.	P / F	P / F
Documented treatment.	P / F	P / F



Recruit Performance Review

Recruit Information

Name	GRAYSON, SEAN P.
Sponsoring Agency	SANGAMON COUNTY SHERIFF'S OFFICE
Review Period	05/08/2023 - 06/09/2023

Ratings

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	N/A
Academics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Firearms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Listening and Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Pride	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating (average the rating numbers above)	2.71					

Evaluation

ADDITIONAL COMMENTS

GPA 83.49%

POWER test 155

Recruit is completing academy training at a satisfactory level. Recruit is adjusting/adapting to academy life successfully. As of this time there are no issues requiring correction or areas of concern.

GOALS

(as agreed upon by Recruit and Advisor)

Advisor spoke with this recruit about getting his GPA to a 85% overall and his POWER test score to a 175 (recruit Grayson failed his initial POWER test run but was able to pass it on the second time).

Verification of Review

By signing this form, you confirm that you have discussed this review in detail with your Advisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Recruit Signature		Date	
Advisor Signature		Date	06/14/2023



Recruit Performance Review

Recruit Information

Name	GRAYSON, SEAN P.
Sponsoring Agency	SANGAMON COUNTY SHERIFF'S OFFICE
Review Period	06/12/2023 - 07/14/2023

Ratings

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	N/A
Academics			X			
Attendance/Punctuality			X			
Decision Making				X		
Firearms				X		
Listening and Comprehension				X		
Oral Communication				X		
Organizational Pride			X			
Physical Fitness			X			
Physical Skills				X		
Written Communication				X		

Overall Rating (average the rating numbers above) **3.6**

Evaluation

ADDITIONAL COMMENTS

GPA 86.8% POWER test 304 FIREARMS QUAL 47/50
 Recruit is completing academy training at a satisfactory level. Recruit is continuing adjusting/adapting to academy life successfully. As a former officer Recruit Grayson shows good leadership qualities in his class. His prior service and experience also shows during his scenario based training and in his academics.

GOALS

(as agreed upon by Recruit and Advisor)

Advisor spoke with this recruit about getting his GPA to a 90% overall and his POWER test score to a 325.

Verification of Review

By signing this form, you confirm that you have discussed this review in detail with your Advisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Recruit Signature		Date	7-25-23
Advisor Signature		Date	07/25/2023



Recruit Performance Review

Recruit Information	
Name	GRAYSON, SEAN P.
Sponsoring Agency	SANGAMON COUNTY SHERIFF'S OFFICE
Review Period	07/17/2023 - 08/23/2023

Ratings	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	N/A
Academics			X			
Attendance/Punctuality				X		
Decision Making				X		
Firearms				X		
Listening and Comprehension				X		
Oral Communication					X	
Organizational Pride				X		
Physical Fitness				X		
Physical Skills					X	
Written Communication					X	
Overall Rating (average the rating numbers above)	4.6					

Evaluation
<p>ADDITIONAL COMMENTS</p> <p>GPA 87.22% POWER test 319 FIREARMS QUAL 47/50</p> <p>Recruit has completed the academy standards to a satisfactory level. Recruit Grayson is well spoken, shows previous experience during scenarios, and appears to be willing to learn.</p>

GOALS
(as agreed upon by Recruit and Advisor)

Have a great career

Verification of Review

By signing this form, you confirm that you have discussed this review in detail with your Advisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Recruit Signature		Date	8-24-23
Advisor Signature		Date	08/24/2023

ISBT Scenario #1a Debrief



Recruit name: Grayson

Date: 8-3-2023

Agency: Sangeron Ca

OIC: Stubb

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Maintain adequate reactionary gap and interview stance?

Comments: _____ Y N

2) Obtain all information for investigation and completion of 10-50 form?

Comments: _____ Y N

3a) Recognize that driver is having a medical emergency and notify EMS?

Comments: _____ Y N

3b) Render aid and assistance consistent with their training

Comments: _____ Y N

4) Determine "at fault" driver and issue citations?

Comments: _____ Y N

5) Complete state 10-50 form?

Comments: _____ Y N

Notes for debrief:

Arrived made contact. Obtained
necessary info for 10-50 rpt. Determined medical

emergency + EMS req. Determined violations
+ citations to be issued.



ISBT Scenario #2 Debrief

****Burglary in Progress--Bldg. Search****

Recruit name: GRAYSON

Date: 6-29-23

Agency: JANARDEN CO

OIC: DALBY

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Determine that search of building is required? Y N
Comments: _____

2) Build rapport with business owner? Y N
Comments: _____

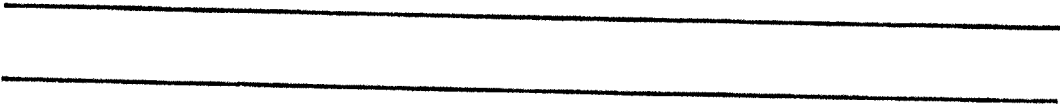
3) Recognize increase in threat posed by potential felony suspect in building? Y N
Comments: _____

4) Conduct thorough search of building using techniques designed to reduce officer exposure to potential threats? Y N
Comments: _____

5) Locate and take suspect into custody (proper commands, double lock, etc.)? Y N
Comments: MISSED BOTH SUSPECTS

6) Complete thorough report? Y N
Comments: P

Notes for debrief: DEFENSED SLOW THOROUGH SEARCHER





ISBT Scenario #4 Debrief

****Felony 10-99 Pedestrian****

Recruit name: Grayson

Date: 8-23-23

Agency: Sangamon Co.

OIC: Stalub

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Student communicated with partner re: suspect history? Y N

Comments: _____

2) Student used cover, if available? Y N

Comments: _____

3) Student recognized increase in threat based on known suspect factors? Y N

Comments: _____

4) Student used good communication to obtain suspect compliance? Y N

Comments: _____

5) Student made the appropriate decision regarding use of force? Y N

Comments: _____

6) Student properly applied handcuffs to suspect, including double lock? Y N

Comments: Partner handcuffed susp.

7) Student conducted thorough search incident to arrest? Y N

Comments: Partner searched

8) Student completed booking forms at lockup? Y N

Comments: N/A.

Notes for debrief: RO assisted w/ arrest + good

comm skills w/ dispatch.

28 @ 7:40AM





ISBT Scenario #5a Debrief

30

Recruit name: Grayson, Sean Date: 07/03/23

Agency: Sangamon Co. S.A.

OIC: Termini

Recruit Performance ("No requires comments and detailed debrief in space provided)

- 1) Maintain reactionary gap and bladed stance interviewing complainant? Y N
Comments: _____
- 2) Recognized ILCS statute violation and obtained complaint for arrest? Y N
Comments: _____
- 3) Maintain good proxemics when contacting suspect? Y N
Comments: _____
- 4) Recognize increase in threat presented by suspect? Y N
Comments: _____
- 5) Use appropriate IFO technique(s) to gain compliance? Y N
Comments: _____
- 6) Student properly applied handcuffs to suspect, including double lock? Y N
Comments: _____
- 7) Student conducted thorough search incident to arrest? Y N
Comments: Missed drugs in sock by Ankle
- 8) Obtained all necessary information to complete thorough report? Y N
Comments: _____
- 9) Obtained photo of damage to TV for evidence? Y N
Comments: _____

Notes for debrief:

Took over as primary when things became
escalated between Vic & Susp. Good instincts!
Found knife in waist on search



ISBT Scenario #6a Debrief

Recruit name: GRAYSON Date: 8/1/23

Agency: SANGAMON Co. SECONDARY

OIC: ADERS

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Student maintained adequate reactionary gap and interview stance when speaking to suspect? Y N

Comments: DIDN'T ID SELF

2) Recruit observed odor of alcoholic beverage on suspect? Y N

Comments: SAW BOTTLE

3) Student obtained suspect ID info and determine he was a minor? Y N

Comments: NO ID

4) Student determined ILCS, IVC and status offenses that have occurred? Y N

Comments: CONSUMPT / POSSESS NOT CURFEW

5) Recruit took custody of minor, completed thorough search incident and determined proper disposition of minor in this case? Y N

Comments: CITATION - RELEASE TO PARENT

6) Recruit completed thorough report of incident? Y N

Comments: _____

Notes for debrief:

STATION ADJUST - STAIRS - JPD - EVIDENCE



ISBT Scenario #7 Debrief

Recruit name: Grayson

****Conceal Carry Subject****
Date: 07/12/23

Agency: Seneca Co.

BU

OIC: Dunning

Recruit Performance ("No" requires comments and detailed debrief in space provided)

1) Student maintained adequate reactionary gap and interview stance? Y N

Comments: _____

2) Did student build rapport with citizen? Y N

Comments: _____

3) Did student know ILCS statute that applies to this scenario? Y N

Comments: _____

4) Did student obtain information through interview to determine if
Citizen had a valid IL C.C. permit? Y N

Comments: _____

5) Did student inquire if location prohibits C.C. by statute or choice? Y N

Comments: _____

Notes for debrief:

Discussed giving dispo to Management
upon departure



ISBT Scenario #9a Debrief

Recruit name: FRAYSON Date: 6-7-23

Agency: JANESVILLE CO.

OIC: DAILEY

Recruit Performance ("No requires comments and detailed debrief in space provided)

- 1) Maintain adequate reactionary gap and interview stance? Y N
Comments: _____
- 2) Conclude that protective custody is required per 405 ILCS 5/3... Y N
Comments: _____
- 3) Recognize that subject has violated no criminal law, rendering Graham Factors less applicable? Y N
Comments: _____
- 4) Use police radio to obtain information regarding subject history and Existence of petition for involuntary admission? Y N
Comments: _____
- 5) Interview subject and elicit admission regarding suicidal thoughts? Y N
Comments: _____
- 6) Complete a thorough report of incident? Y N
Comments: _____

Notes for debrief:

GOOD JOB. DISCUSSED CONSENT PAT DOWN ✓
NON-CONSENT ↶



ISBT Scenario #10a Debrief

Recruit name: CRAYSON Date: 8-10-23

Agency: SANB CO SO.

(218)

OIC: Dench

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Maintain cover/concealment on approach to violator vehicle? Y N

Comments: _____

2) Recognise attack on partner and status of partner (injured)? Y N

Comments: _____

3) Recognize threat posed by attacker and take immediate action? Y N

Comments: w/OIC PROMPT

4) Move on suspect flank while maintaining cover/concealment?
officer exposure to potential threats? Y N

Comments: _____

5) Place accurate fire on suspect, ending threat? Y N

Comments: _____

6) Notify dispatch that shots have ben fired, officer is down and EMS needed? Y N

Comments: _____

7) Attend/ render aid to partner as best able, given lack of equipment? Y N

Comments: _____

Notes for debrief:

DISCUSSED SCENE 'S' + W/N



ISBT Scenario #11 Debrief

Recruit name: Sean Grayson

Date: 8-1-25

Agency: Sangamon County

OIC: Donaker

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Recognize and identify the functions of police in an active threat environment (contact team, search team, RTF, incident commander, inner/outer perimeter).

Comments: White Board Exercise

2) Select a location for command post and implement plan to bring scenario to successful conclusion. Assign muster point for all resources. Assign record keeper to monitor location and status of all personnel on site?

Comments: White Board Exercise

3) Assign personnel to inner and outer perimeter to contain threat and keep public out of threat environment?

Comments: White Board Exercise

4) Conduct contact team movement to locate suspect and end threat posed? Y N

Comments: Speed: Good

Muzzle Dis.: POOR - SHOT PAST CIVILIAN.

5) Conduct search/rescue team movement to ensure no suspects remain within inner Y N perimeter; locate, report and treat injured civilians; secure site for RTF?

Comments: DID NOT SEARCH ALL ROOMS - DID NOT

Notes:

Relay info re: wounds



ISBT Scenario #12a Debrief

Recruit name: GRAYSON

Date: 06/08/23

Agency: SAN RAMON CO.

OIC: ADERS

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Student maintained adequate reactionary gap when speaking to victim? Y N

Comments: ADJUSTED - BORDERLINE

2) Student maintained proper interview stance, (bladed, weapons side back, hands above waist)? Y N

Comments: ADJUSTED

3) Student attempted to build rapport with victim by apologizing for response time? Y N

Comments: _____

4) Student conducted interview and obtained all information needed to complete Thorough report? Y N

Comments: BIKE DESCRIBE - WHERE / HOW - SUSP. DESCRIBE

5) Student recognized proper ILCS statute that applies to this case (theft over \$500)? Y N

Comments: ASKED \$750

Notes for debrief: ID'S SELF - "DOORS OPEN" WENT IN - ASKED.

NAME & PHYSICAL OF VICTIM - ASKED FOR PIC OR REGISTRATION -

DIRT BIKE NOT BICYCLE - ASKED CAMERAS - CHECK AROUND

NO-10-29

(BU)



ISBT Scenario #15a Debrief

Recruit name: Grayson

Date: 08/21/23

Agency: Sangamon Co S.D.

OIC: Terminé

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Recognized increased threat based on suspect actions?

Y N

Comments: _____

2) Took custody of suspect w/o force (double lock/search incident)?

Y N

Comments: Handled by Parnay Otc - Cervera for part of search / finished by Grayson - found drugs in belt pocket

3) Recognized that RP officer is about to violate suspect rights?

Y N

Comments: _____

4) Recognized duty to intervene per 720 ILCS 5/7-16?

Y N

Comments: _____

5) Obtained information required to complete a report of incident?

Y N

Comments: _____

Notes for debrief: _____



ISBT Scenario #16a Debrief

Recruit name: Governa Date: 8/3/23

Agency: Crete

OIC: Walker

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Remove caller from threat area? Y N

Comments: _____

2) Student maintained proper reaction gap between suspect and officer, with obstacles?
(bladed, weapons side back, hands above waist)? Y N

Comments: _____

3) Student recognize suitability for involuntary psych admit? Y N

Comments: _____

4) Student conducted interview in a way that de-escalated "suspect" aggitation? Y N

Comments: _____

4i) Talked "suspect" into voluntary disarm? Y N

Comments: _____

4ii) Talked "suspect" into custody without the need for force? Y N

Comments: Officer Reserves

5) Obtained information required to complete report? N N

Comments: _____

Notes for debrief: Both center of force
Time on our side. Allowed suspect
to walk around force.



ISBT Scenario #17 Debrief

Recruit name: GRAYSON

Date: 7-14-23

Agency: SANBAMON CO.-S.D.

OIC: SMITH

Recruit Performance ("No requires comments and detailed debrief in space provided)

- 1) Student communicated with partner re: suspect history? Y N
Comments: _____
- 2) Student used cover when commanding suspect? Y N
Comments: _____
- 3) Student recognized increase in threat based on known suspect factors? Y N
Comments: _____
- 4) Student used good communication to obtain suspect compliance? Y N
Comments: _____
- 5) Student made the appropriate decision regarding use of force? Y N
Comments: _____
- 6) Student properly applied handcuffs to suspect, including double lock? Y N
Comments: _____
- 7) Student conducted thorough search incident to arrest? Y N
Comments: _____
- 8) Student completed sweep of suspect vehicle? Y N
Comments: _____
- 9) Student completed booking forms at lockup? Y N
Comments: _____

Notes for debrief: RECRUIT USED GOOD COVER DURING STOP.

RECRUIT CUFFED ABOVE WATCH, THEN REMOVED THE WATCH. RECRUIT SEARCHED SUSPECT AND MISSED A GUN IN THE WAIST LINE AND A KNIFE IN THE WAIST LINE AND DRUGS IN A SMALL POCKET. RECRUIT ADVISED ~~IT~~ IT WAS BECAUSE HE USED THE IFO METHODE TO SEARCH AND NOT HIS.



ISBT Scenario #22 Debrief

Critical Incident

Recruit name: GRAYSON

Date: 8/14/23

Agency: SANCTAMON Co S/O

OIC: ADERS

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Tactical response to threat? Y N

Comments: NOT ONLINE

2) Recognized immediate threat and took appropriate action? Y N

Comments: POOR MARKSMANSHIP

3) Recognize additional resources are needed and requested units/resources? Y N

Comments: _____

4) Interaction with other officers/individuals/suspect? Y N

Comments: POOR PARTNER COMM - NO AOR - NO DISCIPLINE

Notes for debrief: MOVED ACROSS IN FRONT OF PARTNER

BOTH STANDING W/BACK TO THREAT



ISBT Scenario #24 Debrief

Critical Incident

Recruit name: Grayson

Date: 08/14/23

Agency: Sang Co. SD

OIC: Terminé

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Tactical response to threat?

Y N

Comments: _____

2) Recognized immediate threat and took appropriate action?

Y N

Comments: Victrola gun didn't work like he fired - intent was to shoot

SUSP & sent him out

3) Recognize additional resources are needed and requested units/resources?

Y N

Comments: _____

4) Interaction with other officers/individuals/suspect?

Y N

Comments: _____

Notes for debrief:

BC

ISBT Scenario #26 Debrief



Critical Incident

Date: 08-16-23

Recruit name: Cross

Agency: San Co SD

OIC: Termini

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Tactical response to threat? Y N

Comments: _____

2) Recognized immediate threat and took appropriate action? Y N

Comments: _____

3) Recognize additional resources are needed and requested units/resources? Y N

Comments: See Note

4) Interaction with other officers/individuals/suspect? Y N

Comments: _____

Notes for debrief: Use of resources & communication

ofc. didn't see - med. Under debrif

when needed.



ISBT Scenario #28 Debrief

Recruit name: GRAYSON

Critical Incident
Date: 5-16-23

Agency: SAN RAMON CO

OIC: DAILY

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Tactical response to threat? Y N

Comments: _____

2) Recognized immediate threat and took appropriate action? Y N

Comments: _____

3) Recognize additional resources are needed and requested units/resources? Y N

Comments: _____

4) Interaction with other officers/individuals/suspect? Y N

Comments: _____

Notes for debrief: ALLOWED NEIGHBOR TO WALK UP BEHIND W/OUT BEING NOTICED

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ISBT Scenario #29 Debrief



Critical Incident

Recruit name: Greyson

Date: 8-22-23

Agency: Sangerman Co.

OIC: Stoltz

Recruit Performance ("No requires comments and detailed debrief in space provided)

1) Tactical response to threat? Y N

Comments: _____

2) Recognized immediate threat and took appropriate action? Y N

Comments: _____

3) Recognize additional resources are needed and requested units/resources? Y N

Comments: _____

4) Interaction with other officers/individuals/suspect? Y N

Comments: _____

Notes for debrief: Arrived + failed to ID as LEO's. Addressed

suspect w/ hammer. Ordered to drop hammer. Good

comms/verbal skills

BU

ISBT Scenario #30



Recruit name: Carayson, Sean

Date: 08/10/23

Agency: Sang. Co. SD

OIC: Termini

Recruit Performance ("No requires comments and detailed debrief in space provided)

- 1) Student maintained appropriate reactionary gap? (Y) N
Comments: _____
- 2) Student used cover when commanding suspect? (Y) N
Comments: _____
- 3) Student recognized increase in threat based on known suspect factors? (Y) N
Comments: _____
- 4) Student used good communication to obtain suspect compliance? (Y) N
Comments: _____
- 5) Student made the appropriate decision regarding use of force? (Y) N
Comments: _____
- 6) Student properly applied handcuffs to suspect, including double lock? Y N
Comments: N/A
- 7) Student conducted thorough search incident to arrest? Y N
Comments: N/A
- Comments: _____ Y N
- Comments: _____ Y N

Notes for debrief: Give vic orders to vic. make sure
they are in a safe position.



Macon County Law
Enforcement Training Center



40 Hour Mandatory
Firearms Training

Sean Grayson

Sangamon County Sheriff's Office

This certifies that the above-named individual ("the Student") has completed the training required and has passed a written examination in the use of firearms.

Instructor: *Dennis Arnold*

Date: August 25th, 2023



Macon County Law

Enforcement Training Center

NHSTA 24-Hours of SFST

Training Plus 4-Hours of Intro to

Drugged Driving

Sean Grayson

Sangamon County Sheriff's Office

This certifies that the above-named individual ("the Student") has completed the training required.

Instructor: Officer Larry Brookes

Date: August 25th, 2023



Public Service

Respect

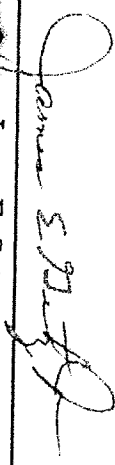

MACON COUNTY LAW ENFORCEMENT
TRAINING CENTER

Is Honored to Present this Certificate of Completion to:

Deputy Sean Grayson
Sangamon County Sheriff's Office

For Successfully Completing all Requirements of the
640 Hour Basic Law Enforcement Academy - Recruit Class 23-20

IN WITNESS WHEREOF, I have herunto affixed my signature at Decatur, Illinois,
this 25th day of August, 2023


 James E. Getz
Commander

Integrity

Discipline and Excellence



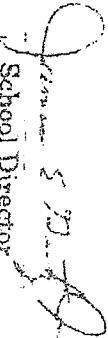
State of Illinois

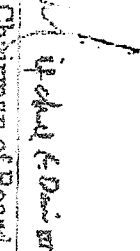
CERTIFICATE


Awarded to Deputy Sean Grayson

By the ILLINOIS LAW ENFORCEMENT
TRAINING AND STANDARDS BOARD

In recognition of the successful completion of the 640 hour course in
Basic Law Enforcement Training
at Macon County Law Enforcement Training Center
from 05/07/2023 to 08/25/2023


School Director


Chairman of Board


Executive Director



ILLINOIS STATE POLICE



CERTIFICATE OF COMPLETION

This is to certify that:

Sean P. Grayson

successfully completed

LTF A Initial

June 10, 2022

Test Date

June 10, 2024

Expires

Erue A. Pika

LEADS Administrator

Emergency Management Institute



FEMIA

This Certificate of Achievement is to acknowledge that

SEAN P. GRAYSON, II

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

IS-100.C:

INTRODUCTION TO INCIDENT COMMAND SYSTEM, ICS-100

Issued this 11th Day of May, 2021

A handwritten signature in black ink, appearing to read "J. Stern", written over a horizontal line.

Jeffrey D. Stern, Ph.D.

Superintendent

Emergency Management Institute
Federal Emergency Management Agency

0.20 IACET CEU



Emergency Management Institute



FEMIA

This Certificate of Achievement is to acknowledge that

SEAN P. GRAYSON, II

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

IS-700.B:

AN INTRODUCTION TO THE NATIONAL INCIDENT MANAGEMENT SYSTEM

Issued this 11th Day of May, 2021

A handwritten signature in black ink, appearing to read "J. Stern", with a horizontal line underneath.

Jeffrey D. Stern, Ph.D.

Superintendent

Emergency Management Institute
Federal Emergency Management Agency

0.40 IACET CEU



Basic Life Support
Adult CPR and AED
Skills Testing Checklist



Student Name GRAYSON, SIGAN

Date of Test 7/11/2023

Hospital Scenario: "You are working in a hospital or clinic, and you see a person who has suddenly collapsed in the hallway. You check that the scene is safe and then approach the patient. Demonstrate what you would do next."

Prehospital Scenario: "You arrive on the scene for a suspected cardiac arrest. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

Assessment and Activation

- Checks responsiveness Shouts for help/Activates emergency response system/Sends for AED
- Checks breathing Checks pulse

Once student shouts for help, instructor says, "Here's the barrier device. I am going to get the AED."

Cycle 1 of CPR (30:2) *CPR feedback devices are required for accuracy

Adult Compressions

- Performs high-quality compressions*:
 - Hand placement on lower half of sternum
 - 30 compressions in no less than 15 and no more than 18 seconds
 - Compresses at least 2 inches (5 cm)
 - Complete recoil after each compression

Adult Breaths

- Gives 2 breaths with a barrier device:
 - Each breath given over 1 second
 - Visible chest rise with each breath
- Resumes compressions in less than 10 seconds

Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

- Compressions Breaths Resumes compressions in less than 10 seconds

Rescuer 2 says, "Here is the AED. I'll take over compressions, and you use the AED."

AED (follows prompts of AED)

- Powers on AED Correctly attaches pads Clears for analysis
- Clears to safely deliver a shock Safely delivers a shock

Resumes Compressions

- Ensures compressions are resumed immediately after shock delivery
 - Student directs instructor to resume compressions or
 - Second student resumes compressions

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to instructor manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation:

PASS **NR**

Instructor Initials CM Instructor Number 04210943308

Date 7/11/2023

Basic Life Support
Infant CPR
Skills Testing Checklist (1 of 2)



Student Name GRAYSON, SSAN

Date of Test 7/11/2023

Hospital Scenario: "You are working in a hospital or clinic when a woman runs through the door, carrying an infant. She shouts, 'Help me! My baby's not breathing.' You have gloves and a pocket mask. You send your coworker to activate the emergency response system and to get the emergency equipment."

Prehospital Scenario: "You arrive on the scene for an infant who is not breathing. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

Assessment and Activation

- Checks responsiveness Shouts for help/Activates emergency response system
 Checks breathing Checks pulse

Once student shouts for help, instructor says, "Here's the barrier device."

Cycle 1 of CPR (30:2) *CPR feedback devices are preferred for accuracy

Infant Compressions

- Performs high-quality compressions*:
- Placement of 2 fingers or 2 thumbs in the center of the chest, just below the nipple line
 - 30 compressions in no less than 15 and no more than 18 seconds
 - Compresses at least one third the depth of the chest, approximately 1½ inches (4 cm)
 - Complete recoil after each compression

Infant Breaths

- Gives 2 breaths with a barrier device:
- Each breath given over 1 second
 - Visible chest rise with each breath
 - Resumes compressions in less than 10 seconds

Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

- Compressions Breaths Resumes compressions in less than 10 seconds

Rescuer 2 arrives with bag-mask device and begins ventilation while Rescuer 1 continues compressions with 2 thumb-encircling hands technique.

Cycle 3 of CPR

Rescuer 1: Infant Compressions

- Performs high-quality compressions*:
- 15 compressions with 2 thumb-encircling hands technique
 - 15 compressions in no less than 7 and no more than 9 seconds
 - Compresses at least one third the depth of the chest, approximately 1½ inches (4 cm)
 - Complete recoil after each compression

Rescuer 2: Infant Breaths

This rescuer is not evaluated.

(continued)

Basic Life Support
Infant CPR
Skills Testing Checklist (2 of 2)



Student Name _____

Date of Test 7/11/2023

(continued)

Cycle 4 of CPR
Rescuer 2: Infant Compressions
This rescuer is not evaluated.
Rescuer 1: Infant Breaths
 Gives 2 breaths with a bag-mask device:
• Each breath given over 1 second
• Visible chest rise with each breath
• Resumes compressions in less than 10 seconds

STOP TEST

Instructor Notes

- Place a check in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to Instructor manual for information about remediation).

Test Results Check PASS or NR to indicate pass or needs remediation:	<input checked="" type="checkbox"/> PASS	<input type="checkbox"/> NR
Instructor Initials <u>CAH</u>	Instructor Number <u>04210943308</u>	Date <u>7/11/2023</u>



SANGAMON COUNTY SHERIFFS OFFICE
"Keeping the Peace Since 1821"

Administration – (217) 753-6855
Records – (217) 753-6846

Jack Campbell
#1 Sheriff's Plaza
Springfield, IL 62701

Investigations – (217) 753-6840
Corrections – (217) 753-6886

DATE: May 16, 2024

TO: File

FROM: Chief Deputy Anthony Mayfield AM # 3078

SUBJECT: Third party complaint (SG24-14510)

An informal inquiry was conducted by Lt. Wes Wooden based on a complaint made by [REDACTED] M/W, DOB [REDACTED] completed a citizen complaint form and never met with Lt. Wooden. Mr. [REDACTED] was not the alleged victim.

After reviewing Deputy Grayson's BWC, it was determined that his actions were warranted given the serious nature of the call. Therefore, no formal investigation was conducted.

CC: File

SG24-14510

SANGAMON COUNTY SHERIFF'S OFFICE

PROFESSIONAL STANDARDS CITIZEN COMPLAINT FORM

Received

MAY 07 2024

Sheriff's Office
Records Section

Prof. Standards Case Number: _____ Date Complaint Received: _____

COMPLAINT INFORMATION:

Name (Please Print)	Date of Birth	Social Security No.
[REDACTED]	[REDACTED]	[REDACTED]
Address (include City, State, and Zip)		Home Phone
[REDACTED]		[REDACTED]
Employer	Business Phone	
N/A	N/A	

Date & Time of Incident: 05/01/2024 → 05/02/2024 (11:30 pm - 12:40 am) Location Where Incident Occurred: [REDACTED]

Name of person(s) you are making this complaint about, if known.
1. A Grayson
2. _____
3. _____

Have you reported this to anyone previously? If so, to whom and the date:
 YES NO

Witness/Witnesses to the incident Give Name, Address, Phone, and Business (if known)
[REDACTED]

Print summary of occurrence of which you are complaining:
At approximately 11:30 pm on 05/01 there was some noise outside so as another individual and I were downstairs. She went upstairs to check where she was greeted with multiple county (Sangamon + Menard), State and Athens City cops. With no context of any situations she was asked about the location of [REDACTED] which she and I were unaware of. As a 17 year old girl she called her mother and told her what was going on. As she went back outside the police officers

PLEASE READ BEFORE SIGNING

The facts presented here in are true and factual to the best of my knowledge. I understand it is unlawful to make a false police report. In the event the report is proven to be false, the information may be provided to the States Attorney for possible prosecution.

Signature: [REDACTED] Date: 05/03/24

Person Receiving Complaint: LT WOODEN PIN: 5079

MEMO

SANGAMON COUNTY SHERIFF'S OFFICE

Prof. Standards Case Number:

Date Complaint Received:

Print summary of occurrence of which you are complaining:

were discussing and demanding they be let in to the house. We were provided no details of what was happening or why they were asking/demanding to be let in. A verbal altercation between officer Grayson and another man I don't know broke out. It was handled and immediately following he turned and began yelling at the individual with me. Officer Grayson then wrongfully accused her of lying and obstructing an investigation. He then threatened her that if she didn't let them in the house, he was going to put her in cuffs and she would go to jail. This individual is a young 17 year old girl. A minor. No adults/DCFS or anything along the lines were contacted throughout this entire encounter. Officers began demanding that the individual with me let them into the house unwarranted, point to the bedroom of the house, and run away. Myself and the other person with me still have not been given any information or details. Officers asked for our names, birthdays, and phone numbers before leaving. Before they departed we were told that ~~we~~ we would be brought to speed of the traumatizing events that occurred and we never were. I believe it is 100% unlawful to threaten detainment and being arrested of not letting officers into the home with no warrant. More specifically verbally attacking a 17 year old girl and failing to contact adults, supervisors, or parents of any kind. At the time of demanding to be let in, officer Grayson chose to speak to the young girl in an inappropriate manner when he was unaware of her or my relationship to the household attempting to intimidate her and not myself as a grown man and legal adult.

05/01/2024 : 23:33:21 etcd\caldwell Narrative: 302 ADV
05/01/2024 : 23:33:19 etcd\caldwell Narrative: SCSO CH1 OPEN
05/01/2024 : 23:33:17 etcd\caldwell Narrative: 313- 10-95
05/01/2024 : 23:32:22 etcd\caldwell Narrative: 313- HE IS IN HIS BEDROOM. DAUGHTER
OPENING RES FOR DEPS TO GO IN
05/01/2024 : 23:31:55 etcd\caldwell Narrative: SCSO CH1 CLOSED
05/01/2024 : 23:30:47 etcd\caldwell Narrative: 318- HE'S IN BLK DODGE RAM, NOT A BLU
JEEP
05/01/2024 : 23:24:48 etcd\caldwell Narrative: 318 10-75 SOMEONE GETTING A CELL
NUMBER
05/01/2024 : 23:17:39 etcd\hartman Narrative: HE WAS AT CRAZY DOG PRIOR TO THE
INCIDENT AND THEY ADVISED HE WAS IN A YELLOW STRIPPED SHIRT
05/01/2024 : 23:16:20 etcd\hartman Narrative: POSSIBLE VICE-MILITARY PLATES
05/01/2024 : 23:12:20 etcd\caldwell Narrative: 302- per flock
05/01/2024 : 23:12:10 etcd\caldwell Narrative: 302- no blu jeeps have gone thru buds
corner in last 2 hours
05/01/2024 : 23:07:40 etcd\caldwell Narrative: 313- CHECKING BLU JEEP AT AIR JIFFY
05/01/2024 : 23:05:56 etcd\languan Narrative: MENARD CO -- DOESN'T BELIEVE HE IS AT
THE REAGAN ADDRESS. WANTS SCSO TO 10-25 AT CRAZY DOG TAVERN IN CANTRAL
05/01/2024 : 22:52:38 etcd\caldwell Narrative: D 318
05/01/2024 : 22:52:37 etcd\caldwell Narrative: D 313
05/01/2024 : 22:50:24 etcd\hartman Narrative: PLEASE HAVE A DEPUTY CHECK AT THE
RESIDENCE [REDACTED] FOR
A DAVID VICE SUBJECT IS A SUSPECT IN A STABBING WITH MULTIPLE VICTIMS THAT
OCCURED AT LONG BRANCH TAVERN IN ATHENS, DETAIN AND HOLD, POSSIBLY DRIVING A
BLUE JEEP WRANGLER
SO MENARD CO IL AUTH:ISTAAB
0501 IS
MRI: 1438034 IN: CEA 12 AT 01MAY2024 22:45:48
OUT: ZLF 1328 AT 01MAY2024 22:45:49

Athens Police Department

Case APD24-00162

Printed on May 2, 2024

Status	Approved
Report Type	Case Report
Primary Officer	Dustin Asbrock
Reported At	05/01/24 22:34
Incident Date	05/01/24 22:34
Incident Code	BATT : Battery
Location	144 N MAIN ST, ATHENS, IL 62613 (Longbranch Tavern)
Beat	ATHENS PD
Court	None
Ereferral County	None
Disposition	Closed - Arrest
Disposition Date/Time	05/02/24 09:37
Review for Gang Activity	None
Asst Officers	
1009 - Fletcher, Dylan; 309 - Nichols, Michael; SO, SANGAMON; 242 - Staab, John; 1006 - Sunley, Amanda	

Offense Information

Offense	Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement
Statute	720-5/12-3.05(a)(1)
NIBRS Code	13A - Aggravated Assault
Counts	1
Include In NIBRS	Yes
Completed	Yes
Bias Motivation	None (no bias)
Location	Bar/Nightclub
Entry Forced	No
Forces Used	Knife/Cutting Instrument

Dispatch Information

CFS #	MC24-003055						
Location	144 N MAIN ST, ATHENS, IL 62613						
Incident Code	FIGHT : Fight In Progress						
Occurred Between	05/01/24 22:34:33 and						
Assigned	22:34:53	Enroute	22:34:53	On Scene	22:35:14	Completed	01:19:42

CFS Responders

ARESCUE1	Rescue1, AFPD	AFPD
ASTATION (Primary)	Station, AFPD	AFPD
MN407 (Primary)	423 - Asbrock, Dustin	APD (Primary)
3D10	3D10, Medic	MCEMS
3D15	3D15, Medic	MCEMS
EMSSTATION (Primary)	MCEMS, Station	MCEMS
MN6 (Primary)	242 - Staab, John	MCSO
MN9	1009 - Fletcher, Dylan	MCSO
MN14	1006 - Sunley, Amanda	MCSO
MN301 (Primary)	309 - Nichols, Michael	PPD

Offender

VICE, DAVID M

Male, DOB [REDACTED]
[REDACTED]
[REDACTED] Home

720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

Witness

[REDACTED]
Male, DOB [REDACTED]
[REDACTED]

720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

[REDACTED]
Male, DOB [REDACTED]
[REDACTED]
[REDACTED] Home
[REDACTED] Home

720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

[REDACTED]
Female, DOB [REDACTED]
[REDACTED]
[REDACTED] Home

720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

Complainant

LONGBRANCH TAVERN

144 N MAIN STREET
ATHENS, IL 62613

720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

Arrestee

VICE, DAVID M

Male, DOB [REDACTED]
[REDACTED]
[REDACTED] Home

720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

Victim

[REDACTED]
Male, DOB [REDACTED]
[REDACTED]
[REDACTED] Home

720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

Male, [REDACTED]

720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

[REDACTED]
[REDACTED] Home
[REDACTED] Home

Male, DOB [REDACTED]

720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

[REDACTED]
[REDACTED] Home

Other

Male, [REDACTED]

Field Contact: 720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

Female

Field Contact: 720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

[REDACTED]
[REDACTED] Home

Male, DOB [REDACTED]

Mentioned: 720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

[REDACTED]
[REDACTED] Female, DOB [REDACTED]

Field Contact: 720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

Male, DOB [REDACTED]

Field Contact: 720-5/12-3.05(a)(1) - Aggravated Battery - Great Bodily Harm or Permanent Disability or Disfigurement

Unspecified

Male, DOB [REDACTED]

[REDACTED]
[REDACTED] Female, DOB [REDACTED]
[REDACTED]

Vehicles

[REDACTED] None - (Parked)

VICE None - (Suspect)

Primary Narrative By Dustin Asbrock, 05/02/24 04:03

This is a report about the arrest of David M Vice (W/M [REDACTED]) for aggravated battery. This report contains the observations of I, Athens Police Officer Dustin Asbrock #423.

On 5/1/24 at approximately 10:24 PM, David, [REDACTED] and acquaintance [REDACTED] was at the Long Branch Tavern located on the corner of Jackson and Main St. While there, [REDACTED] had got into a verbal argument with [REDACTED]. After the argument had started, David had got involved.

After the argument, David went outside into the beer garden for a short period of time and then returned inside with a knife.

After returning inside, David approached [REDACTED] who was sitting in a chair at the bar and started punching him.

[REDACTED] then went over and started pulling David off of [REDACTED]. It was at this time David turned around and started punching [REDACTED]. David then punched [REDACTED] and stabbed [REDACTED] in the back with the knife. [REDACTED] fell down to the ground and David went after [REDACTED]. When David went after [REDACTED] he stabbed [REDACTED] in the back of the upper right arm and the left side of [REDACTED] head. It was during this point in time a crowd of people in the bar started trying to break up the fight. [REDACTED] was shoved up against the wall by David. David then left out of the front door. While outside, David lunged at [REDACTED] threatening him.

David then left the scene and I showed up.

[REDACTED] was transported to St. Johns Hospital by Menard County EMS, where the doctors told him, the stab wound was a quarter of an inch from his lung. [REDACTED] and [REDACTED] was treated on scene by EMS and refused to go to the hospital.

David was located at his residence located at [REDACTED] by Sangamon County Deputies, Menard County Deputies, and Illinois State Trooper Sims. David was detained until I arrived and advised David of his miranda rights and told him he was being placed under arrest for Aggravated Battery.

The entire event is detailed below.

At the above date and time I was dispatched to the Long Branch Tavern for a fight in progress.

I arrived on scene where I observed a crowd of people outside.

I approached the crowd and was met by [REDACTED] (W/M [REDACTED]) pointed out [REDACTED] and said "this guy right here got hit". [REDACTED] approached me covered in blood on his head and arm, pulled up his sleeve and asked what had happened to his arm. While looking at [REDACTED] arm, [REDACTED] was yelling out that he was stabbed. [REDACTED] then pointed out [REDACTED] and said [REDACTED] got hit first.

I told [REDACTED] to stand away and I would be with him as soon as I could, to get a statement.

I observed [REDACTED] stab wound in his upper right portion of his back.

At this point I requested dispatch to start EMS to the scene.

When I started asking who had the knife, someone had said, the guy that did the fighting and stabbing was gone.

The suspect later identified as David Vice was described as a heavy set white male with short spiky hair and wearing a red and gray shirt. The suspect was said to have left in a blue Jeep Wrangler going East toward Casey's.

I advised dispatch of this information.

At this point a black male wearing a red hat later identified as [REDACTED] was pointed out. [REDACTED] had identified himself to the crowd [REDACTED]

[REDACTED] said he did not know David, he had just met him at the Crazy Dog Tavern prior to arriving at the Long Branch.

[REDACTED] then said he would point out [REDACTED] who was also in the Long Branch.

I entered the Long Branch and the people said [REDACTED] was gone. This was when I learned the identity of David.

I advised dispatch of David's name.

Menard County Deputies Dylan Fletcher and Amanda Sunley met with Sangamon County Deputies and Illinois Trooper Sims at the residence of David located at [REDACTED]

I went back outside of the bar and [REDACTED] had started to get into a verbal argument with [REDACTED] I heard [REDACTED] telling [REDACTED] not to shoulder check him as I observed [REDACTED] walking past [REDACTED] did not observe [REDACTED] doing anything but standing in place.

I approached [REDACTED] and told him, he needed to separate from [REDACTED] and go stand somewhere else. After [REDACTED] kept talking aggressively, I started pushing him away from the crowd. [REDACTED] turned around and told me in an aggressive manner while looking at me in an intimidating manner and said, not to put my hand on him. I asked if he was involved or if he had seen anything and he said no. I then told [REDACTED] that he needed to leave the scene. [REDACTED] kept involving himself and started talking aggressively to another patron. I again told [REDACTED] he needed to leave.

At this time Menard County Deputy John Staab and Petersburg Police Officer Michael Nichols arrived on scene.

I approached [REDACTED] and asked what had happened.

[REDACTED] said he was playing pool when [REDACTED] approached [REDACTED] where [REDACTED] was sitting and started exchanging words. [REDACTED] said he heard [REDACTED] telling [REDACTED] to go away and leave him alone. [REDACTED] said that was when David walked up to [REDACTED] and after saying some words, punched [REDACTED] in the head. [REDACTED] said the whole bar had jumped in to split up the fight and David started fighting everyone. After knocking a couple people out, [REDACTED] said David walked out of the front door and left.

I spoke with [REDACTED] next.

[REDACTED] said [REDACTED], and a couple other friends arrived at the bar a short time before the incident occurred. [REDACTED] said he had sat down next to David and was talking to him in a friendly manner. [REDACTED] said David then got up and started calling for someone else outside. [REDACTED] said David went outside for a short period of time, then came back in and attacked him. [REDACTED] said [REDACTED] came over and started pulling David off and David turned around, pulled out a knife and started stabbing at [REDACTED] [REDACTED] said [REDACTED] ran back toward the pool table. When that happened everyone ran up to stop David. [REDACTED] said he went outside after that to get away. [REDACTED] said a short time later, David exited through the front door and saw him. When David saw [REDACTED] David pulled the knife out again and threatened him. After that [REDACTED] said David got into a blue Jeep and left. [REDACTED] said he wanted to press charges. [REDACTED] had a small injury but it is unknown if it was from a knife or something else behind his left ear that was bleeding.

At this time Menard County EMS had arrived and started treating [REDACTED] and [REDACTED]

I went inside to speak with other witnesses.

I spoke with [REDACTED]. He said David had got up from the chair and started hitting [REDACTED] first. [REDACTED] said after David started hitting [REDACTED] everyone tried breaking it up and the fight got pushed back to the area where the pool table was located and that was when David pulled the knife out.

The bartender stated, David was hitting [REDACTED] in the face with the butt of the knife.

I spoke with [REDACTED] next. She said the fight started by the bar then moved over to the pool table. She said that was when she got shoved up against the wall. [REDACTED] said she did not need medical attention.

Both [REDACTED] and [REDACTED] said there was blood everywhere from the bar to the pool table but they had already cleaned it up.

I went outside and spoke to [REDACTED] next.

[REDACTED] said he was sitting at the table by the pool table. [REDACTED] said he looked over and saw David attacking [REDACTED] sitting at the bar. [REDACTED] said he jumped up and ran over to pull David off of [REDACTED], that was when David turned around and started attacking [REDACTED]. [REDACTED] said he did not even know he had been stabbed until people started telling him he had. [REDACTED] said he did want to press charges.

I went to the EMS to speak with [REDACTED] but EMS stated they needed to start transporting [REDACTED] right away.

[REDACTED] the manager of the bar showed me a small portion of the security footage.

In the video I observed David enter from the beer garden, walk over to [REDACTED] and start punching him. After that I observed [REDACTED] and [REDACTED] run over attempting to pull David off. That was when David turned around and started attacking everyone else. I observed [REDACTED] get thrown to the ground and David started attacking [REDACTED]. The fight moved off camera from the footage [REDACTED] was showing me.

I took pictures of [REDACTED] and [REDACTED] injuries and collected statements from everyone.

At this time Petersburg Chief Nichols advised me that he located a picture of David approximately two hours prior to the incident. The picture was sent to me.

I was notified by dispatch that the Deputies on scene at David's residence located David and were getting ready to make entry.

I cleared the scene at the bar and went to the residence of David.

When I arrived at David's residence, he was detained in the back of a Menard County Deputies patrol vehicle.

I got David out of the Deputies car, read him his miranda rights from my standardized field sobriety notebook and asked him what had happened.

David said nothing it was a fight. I asked David if he had stabbed anyone and he said no.

I advised David he was under arrest for Aggravated Battery, searched him, and placed him in my vehicle.

After I placed David in my vehicle, I observed [REDACTED] standing by the garage.

While enroute to Menard County Jail, I asked David again what had happened. David said [REDACTED] and [REDACTED] had jumped [REDACTED]. David said he got involved and they turned around and jumped him.

I transported David to Menard County Jail where he was turned over to jail staff.

While at the Athens Police Department, [REDACTED] arrived to provide me with his shirt as evidence and a statement.

[REDACTED] said [REDACTED] was arguing with [REDACTED] and then asked [REDACTED] what his last name was. [REDACTED] told [REDACTED] his last name was not important and when the guy asked again, [REDACTED] gave [REDACTED] last name. After [REDACTED] heard his name being said he asked why his name was being said. [REDACTED] said the guy said he was joking and [REDACTED] went and sat down by the pool table. [REDACTED] said the guy then walked up to [REDACTED] and kept bothering him. [REDACTED] said [REDACTED] told him to quit bothering him. [REDACTED] said that was when David stood up and started exchanging words with [REDACTED] [REDACTED] said David walked outside for a short period of time, walked back in and started attacking [REDACTED]. [REDACTED] said he saw [REDACTED] run over attempting to pull David off [REDACTED] and that was when [REDACTED] said he saw the knife in David's hand. [REDACTED] said the knife looked like a brass knuckle combination with a knife blade. [REDACTED] said while trying to stay away from the blade, he was trying to grab David. David said that was when he got stabbed in the back. David said that was when everyone else got involved and David disappeared.

I took a picture of [REDACTED] back but it was covered by a bandage.

All interactions were captured on my department issued body worn camera. Security video from within the Long Branch will be collected later today (05/02/2024).

End report
Officer D.Asbrock #423

Case Forms

Arrest Form 5/1/24 for VICE, DAVID M, 720-5/12-3.05(a)(1)
Attached Document 5/2/24 - 24-162 written statements
Primary Narrative 5/2/24 by Dustin Asbrock
Victim Form for [REDACTED]
Victim Form for [REDACTED]
Victim Form for [REDACTED]

Property / Evidence

Item #	Category	Type	Status	Location	Description
APD24-00162-001		Digital	In Digital Files		Digital Photo - IMG_0165
APD24-00162-002		Digital	In Digital Files		Digital Photo - IMG_0172
APD24-00162-003		Digital	In Digital Files		Digital Photo - 20240502_020619
APD24-00162-004		Digital	In Digital Files		Digital Photo - 20240501_232437
APD24-00162-005		Digital	In Digital Files		Digital Photo - 20240501_232428
APD24-00162-006		Digital	In Digital Files		Digital Photo - 20240501_232213

Athens Police Department

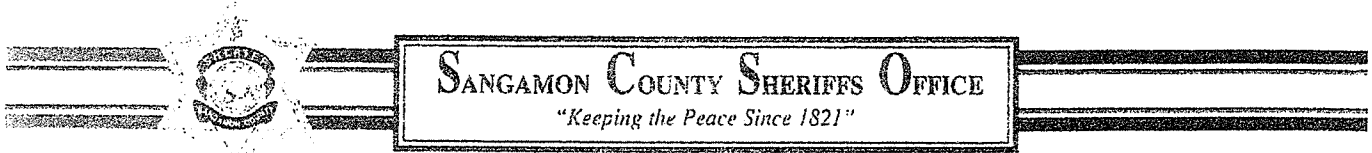
Property / Evidence Summary

Printed on May 2, 2024

Property / Evidence for Case APPD24-00162

Primary Officer: Asbrock, Dustin

Item #	Type	Status	Location	Description
APPD24-00162-001	Digital Photo	In Digital Files		IMG_0165
APPD24-00162-002	Digital Photo	In Digital Files		IMG_0172
APPD24-00162-003	Digital Photo	In Digital Files		20240502_020619
APPD24-00162-004	Digital Photo	In Digital Files		20240501_232437
APPD24-00162-005	Digital Photo	In Digital Files		20240501_232428
APPD24-00162-006	Digital Photo	In Digital Files		20240501_232213



Administration – (217) 753-6855
Records – (217) 753-6846

Jack Campbell
#1 Sheriff's Plaza
Springfield, IL 62701

Investigations – (217) 753-6840
Corrections – (217) 753-6886

DATE: July 17, 2024

TO: Sangamon County Merit Commission

FROM: Sheriff Jack Campbell *Sheriff Jack Campbell*

SUBJECT: Merit Commission Termination

This memo is to advise the Merit Commission that I am terminating Sean Grayson from the Sangamon County Sheriff's Office.

Per the Merit Rules, attached to this memo are the investigative reports upon which the complaint for termination are based. Thank you in advance for your review of this matter.

Attachments

CC: Chief Deputy Anthony
Captain John Hayes
Lt. Wes Wooden
Rob Scott FOP
File

JC/am



Administration – (217) 753-6855
Records – (217) 753-6846

Jack Campbell
#1 Sheriff's Plaza
Springfield, IL 62701

Investigations – (217) 753-6840
Corrections – (217) 753-6886

July 17, 2024

Chairman Tim Timoney,

Based on the SCSO internal investigation, I have determined that Deputy Sean Grayson violated the following SCSO policies and procedures:

Policy 300: Use of Force - Deputy Grayson immediately escalated to deadly force based on the decedent stating "I rebuke you in the name of Jesus Christ". When Deputy Grayson pointed his firearm at the decedent, she was not making any aggressive movements, only talking. The body camera video shows that the inappropriate escalation of force set in motion a series of events that lead to Deputy Grayson shooting the decedent in the head. Based on the decedent's non-aggressive behavior, the circumstances existed for Deputy Grayson to attempt non-violent strategies and techniques. And his failure to communicate or use a less than lethal alternative led to the death of Ms. Massey.

Policy 315.4: Standard of Conduct - Deputy Grayson failed to conduct himself in accordance with Illinois State law and the policies of the Sangamon County Sheriff's Office by unnecessarily escalating to deadly force.

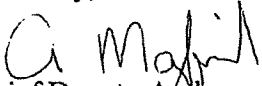
Policy 315.5.8 (j) Standard of Conduct - Deputy Grayson's verbal statement and communication with the decedent brought discredit to the Sangamon County Sheriff's Office.

Policy 418.6 Activation of the Audio/Video Recorder (BWC) - Deputy Grayson did not activate his Body Worn Camera until after he shot the decedent.

Policy 422 Medical Aid and Response - Deputy Grayson did not render aid to the decedent and verbally discouraged the other Deputy on scene from rendering aid.

Policy 315.3.3 Insubordination - Deputy Grayson deliberately refused to answer questions during the internal investigation interview, even after ordered to do so by Lt. Wes Wooden.

Sincerely,


Chief Deputy Anthony Mayfield
Sangamon County Sheriff's Office

IN PARTNERSHIP WITH THE COMMUNITY

Sangamon County Sheriff's Department

Division of Professional Standards

Investigative Summary

Date: July 17, 2024

Case Number: IA07-1524A

Investigator: Lt. Wesley Wooden #5079

Subject: Case Summary

Chief Deputy Anthony Mayfield,

I have concluded my investigation into the complaint that was initiated by the Sangamon County Sheriff's Office Administration against Deputy Sean Grayson. This investigation was conducted in reference to a call for service at 2868 Hoover Street, Springfield, IL on July 6, 2024 (SG24-21571)

The following Lexipol Policy violations in question are;

Policy 300 Use of Force

Policy 315 Standard of Conduct (315.5.8 (J))

Policy 315 Standard of Conduct (315.4)

Policy 418 Portable Audio/ Video Recorder

Policy 422 Medical Aid and Response

Policy 315.3.3 Insubordination

Evidence used during investigation:

Deputy Grayson body cam footage

Deputy [REDACTED] body cam footage

Deputy Grayson case report, use of force report

Deputy [REDACTED] case report, use of force report

Deputy Grayson interview

Deputy [REDACTED] interview

Findings:

After reviewing the interviews and evidence, I have determined the following in regards to the policies in question:

Policy 300 Use of Force

300.3.1 Alternative Tactics- De Escalation

300.4 Deadly Force Application.

According to Deputy [REDACTED] interview when Ms. Massey opened her front door she seemed worried. Deputy [REDACTED] stated that Ms. Massey did not display any signs of threatening behavior while she was at the front door.

Once inside of her residence Ms. Massey was asked for her ID by Deputy Grayson. According to Deputy [REDACTED] interview Ms. Massey did not display and threatening behavior at that time.

While attempting to retrieve Ms. Massey's ID Deputy Grayson pointed towards a pot of boiling water on a lit stove in the kitchen. According to Deputy [REDACTED] interview when asked if he felt threatened by the pot of boiling water he stated: "Not necessarily. Just out of force of habit I did. Once she started walking that way, I walked the other direction." Deputy [REDACTED] stated that he did not stop Ms. Massey from walking behind him to the pot of water because he simply thought she was going to turn the flame off. Deputy [REDACTED] stated that as Ms. Massey walked behind him she did not threaten him or make and threatening of furtive movements.

As Ms. Massey walked to the stove Deputy Grayson stated: "We don't need a fire while we are here". "Ms. Massey responded: "Right"

Ms. Massey walked to the stove and turned the gas off. She then put oven mitts on and carried the pot of water to the sink where she turned the faucet on and appeared to add more water to the pot. At that time Deputy Grayson and Deputy [REDACTED] stepped back. Ms. Massey asked: "Where you going?" Deputy Grayson stated: "Away from your hot steaming water."

Ms. Massey stated: "I'll rebuke you in the name of Jesus" Deputy Grayson responded: "Huh?" Ms. Massey repeated: "Rebuke you in the name of Jesus"

At that point Deputy Grayson put his hand on his firearm and said: "You better fucking not I swear to god Ill fucking shoot you right in your fucking face."

In Deputy [REDACTED] interview he stated that when Deputy Grayson made that statement to Ms. Massey the situation did escalate.

Deputy Grayson drew his firearm and pointed it at Ms. Massey and yelled: "Drop the fucking pot. Drop the fucking pot"

Ms. Massey took her hands off of the pot and raised them leaving the pot near the sink/ countertop area and crouched down. Deputy Grayson then walked towards Ms. Massey with his gun pointed at her. As Deputy Grayson walked towards Ms. Massey he walked directly in front of Deputy ██████ who also had his firearm drawn and pointed at the direction of Ms. Massey at that time.

Deputy ██████ body cam footage does not show Ms. Massey crouched down due to Deputy Grayson stepping in front of him. This footage shows the back Deputy Grayson and it appears that he fired multiple shots towards Ms. Massey.

Deputy Grayson's body cam footage shows that as he walked toward Ms. Massey while she was crouched behind the counter she grabbed the pot of water and raised it up. Deputy Grayson's left arm then blocked the camera as he fired his duty weapon.

Policy 315 Standard of Conduct 315.5.8 (J)

Statements made by Deputy Grayson during this incident:

"Are you coming to the door or not? Hurry up."

"Sheriff's Office, the one you called."

"You shouldn't have to think about your last name."

"You better fucking not I swear to god Ill fucking shoot you right in your fucking face."

"Nah Headshot dude she's done."

"Let her just... There is nothing we can do man."

"Alright I'm not even going to waste my med stuff then."

When asked about suspect info: "Me"

"Yeah I'm good. This fucking bitch is crazy."

"It fucking happened so god damn quick that we didn't have time to call shit out but it was me and dipshit."

Policy 315 Standard of Conduct 315.4

SCSO Lexipol Polies in question for Deputy Grayson's compliance:

Policy 300 Use of Force

Policy 315 Standard of Conduct (315.5.8 (J)

Policy 418 Portable Audio/ Video Recorder

Policy 422 Medical Aid and Response

Policy 315.3.3 Insubordination

Policy 418 Portable Audio/ Video Recorder

Deputy Grayson did not activate his body camera until after he shot Sonya Massey.

Policy 422 Medical Aid and Response

After Deputy Grayson shot Sonya Massey Deputy ██████ stated that he was going to go get his med kit. Deputy Grayson replied: "Nah headshot dude she's done. You can go get it but that's a headshot."

Deputy Grayson then stated: "Let her just, there is nothing we can do."

Deputy Grayson pointed his firearm towards Ms. Massey for approximately 50 seconds after he shot her.

Approximately 3:40 seconds go by between the time Deputy Grayson shot Sonya Massey and he walk back inside of the residence with his med kit.

Policy 315 Standard of Conduct 315.3.3 Insubordination

Deputy Grayson refused to answer questions during his internal affairs interview on July 16, 2024.

Report submitted by: Sgt. Wesley Wooden #5079

SANGAMON COUNTY SHERIFF'S OFFICE MERIT COMMISSION

July 17, 2024

Sangamon County Sheriff Jack Campbell
#1 Sheriff Plaza
Springfield, IL

RE: Memorandum and Complaint Supporting Termination -
Merit Deputy Sean Grayson

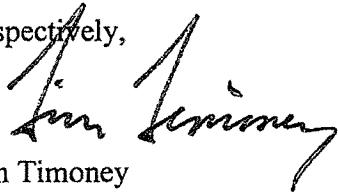
Sheriff Campbell:

The Sangamon County Sheriff's Office Merit Commission is in receipt of the above captioned Memorandum and Complaint, with supporting Investigative Summary, regarding the termination of Merit Deputy Sean Grayson from the Sangamon County Sheriff's Office.

Subject to the deputy's rights under the Rules, Regulations and Procedures of the Sangamon County Sheriff's Office Merit Commission for all Merit Deputies of the Sangamon County Sheriff's Office, and/or under the Fraternal Order of Police Contract, the Merit Commission hereby acknowledges and accepts your decision to terminate Merit Deputy Sean Grayson from the Sangamon County Sheriff's Office.

Should said deputy elect not to proceed under the Fraternal Order of Police Contract, the deputy has a right to request a hearing before the Merit Commission, in writing within ten (10) calendar days of service of said notice of termination on the complaint filed therein. If no written request is made within ten (10) calendar days of termination, the employee's right to a hearing shall be deemed waived.

Respectively,



Tim Timoney
Chairman
Sangamon County Sheriff's Office Merit Commission

Cc: Chief Mayfield
Professional Standards
FOP Labor Council Rob Scott
Merit Deputy Sean Grayson
File

SANGAMON COUNTY SHERIFF'S OFFICE MERIT COMMISSION

July 17, 2024

Merit Deputy Sean Grayson
#1 Sheriff Plaza
Springfield, IL

RE: NOTICE OF TERMINATION
Memorandum and Complaint Supporting Termination -
Merit Deputy Sean Grayson

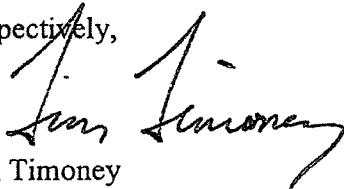
Merit Deputy Sean Grayson:

The Sangamon County Sheriff's Office Merit Commission is in receipt of a Memorandum and Complaint, with supporting Investigative Summary, from Sheriff Jack Campbell regarding your termination from the position of Merit Deputy with the Sangamon County Sheriff's Office.

Subject to your rights under the Rules, Regulations and Procedures of the Sangamon County Sheriff's Office Merit Commission for all Merit Deputies of the Sangamon County Sheriff's Office, and/or under the Fraternal Order of Police Contract, the Merit Commission has accepted and acknowledged Sheriff Campbell's decision to terminate you from the position of Merit Deputy with the Sangamon County Sheriff's Office.

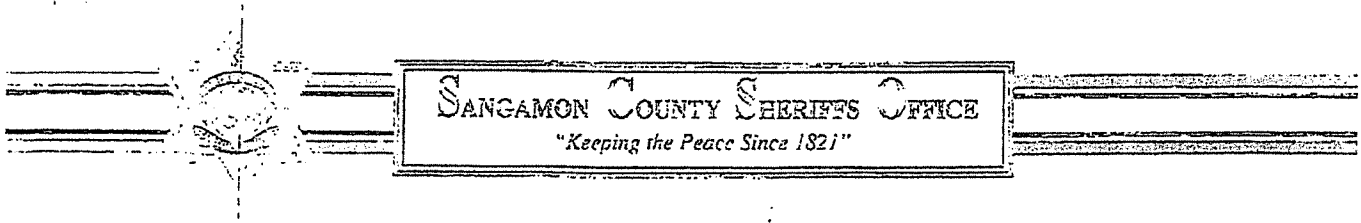
Should you elect not to proceed under the Fraternal Order of Police Contract, you have a right to request a hearing before the Merit Commission, in writing within ten (10) calendar days of service of said notice of termination on the complaint filed therein. If no written request is made within ten (10) calendar days of termination, your right to a hearing shall be deemed waived.

Respectively,



Tim Timoney
Chairman
Sangamon County Sheriff's Office Merit Commission

Cc: Chief Mayfield
Professional Standards
FOP Labor Council Rob Scott
Merit Deputy Sean Grayson
File



Administration – (217) 753-6855
Records – (217) 753-6846

Jack Campbell
#1 Sheriff's Plaza
Springfield, IL 62701

Investigations – (217) 753-6840
Corrections – (217) 753-6886

DATE: July 17, 2024

TO: Sangamon County Merit Commission

FROM: Sheriff Jack Campbell *Sheriff Jack Campbell*

SUBJECT: Merit Commission Termination

This memo is to advise the Merit Commission that I am terminating Sean Grayson from the Sangamon County Sheriff's Office.

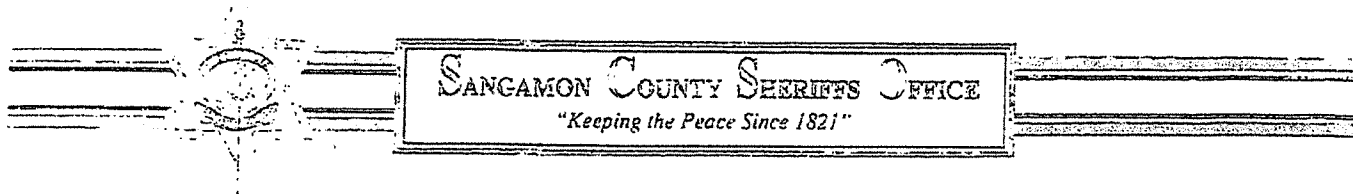
Per the Merit Rules, attached to this memo are the investigative reports upon which the complaint for termination are based. Thank you in advance for your review of this matter.

Attachments

CC: Chief Deputy Anthony
Captain John Hayes
Lt. Wes Wooden
Rob Scott FOP
File

JC/am

IN PARTNERSHIP WITH THE COMMUNITY



Administration – (217) 753-6855
Records – (217) 753-6846

Jack Campbell
#1 Sheriff's Plaza
Springfield, IL 62701

Investigations – (217) 753-6840
Corrections – (217) 753-6886

July 17, 2024

Chairman Tim Timoney,

Based on the SCSO internal investigation, I have determined that Deputy Sean Grayson violated the following SCSO policies and procedures:

Policy 300: Use of Force - Deputy Grayson immediately escalated to deadly force based on the decedent stating "I rebuke you in the name of Jesus Christ". When Deputy Grayson pointed his firearm at the decedent, she was not making any aggressive movements, only talking. The body camera video shows that the inappropriate escalation of force set in motion a series of events that lead to Deputy Grayson shooting the decedent in the head. Based on the decedent's non-aggressive behavior, the circumstances existed for Deputy Grayson to attempt non-violent strategies and techniques. And his failure to communicate or use a less than lethal alternative led to the death of Ms. Massey.

Policy 315.4: Standard of Conduct - Deputy Grayson failed to conduct himself in accordance with Illinois State law and the policies of the Sangamon County Sheriff's Office by unnecessarily escalating to deadly force.

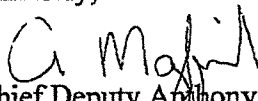
Policy 315.5.8 (j) Standard of Conduct - Deputy Grayson's verbal statement and communication with the decedent brought discredit to the Sangamon County Sheriff's Office.

Policy 418.6 Activation of the Audio/Video Recorder (BWC) - Deputy Grayson did not activate his Body Worn Camera until after he shot the decedent.

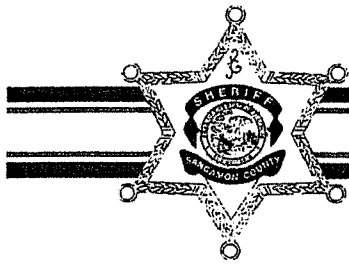
Policy 422 Medical Aid and Response - Deputy Grayson did not render aid to the decedent and verbally discouraged the other Deputy on scene from rendering aid.

Policy 315.3.3 Insubordination - Deputy Grayson deliberately refused to answer questions during the internal investigation interview, even after ordered to do so by Lt. Wes Wooden.

Sincerely,


Chief Deputy Anthony Mayfield
Sangamon County Sheriff's Office

IN PARTNERSHIP WITH THE COMMUNITY



SANGAMON COUNTY SHERIFFS OFFICE
"Keeping the Peace Since 1821"

Administration - (217) 753-6855
Records - (217) 753-6846

JACK CAMPBELL
#1 Sheriffs Plaza
Springfield, IL 62701

Investigations - (217) 753-6840
Corrections - (217) 753-6886

DATE: 07/17/2024

TO: Sean Grayson

FROM: Sheriff Jack Campbell

A handwritten signature in cursive script that reads 'Sheriff Jack Campbell'.

SUBJECT: Termination

Effective immediately, I am terminating your employment with the Sangamon County Sheriff's Office.

Cc: Chief Deputy Mayfield
Captain Hayes
Captain Prange
F.O.P. Representative Bailey
F.O.P. Representative Haaker
F.O.P. Representative Scott
File



Form R (04/2023)

Illinois Law Enforcement Training and Standards Board

500 S. 9th Street - Springfield, Illinois 62701-1924 - Telephone: (217) 782-4540

www.ptb.illinois.gov

Send to: PTB.Certification@illinois.gov

PROFESSIONAL CONDUCT REPORT

OFFICER INFORMATION

Full Name: Sean P Grayson PTB ID: 65149298

Address/Contact: [REDACTED]

City: [REDACTED] State: IL ZIP: [REDACTED] Email: [REDACTED]

AGENCY INFORMATION

Reporting Agency: Sangamon County Sheriff's Office

Reporting Officer (name, rank/title): Anthony Mayfield, Chief Deputy

Reporting Officer Signature: [Handwritten Signature]

Pursuant to Section 9.2 of the Police Training Act, all law enforcement agencies (including the Illinois State Police) shall notify the Board **within 10 days** of any final determination of:

MUST Check at Least One:

- Violation of agency policy
- Official misconduct
- Violation of law

MUST Check at Least One:

- Termination of officer employment
- Suspension of at least 10 days
- Infraction that would trigger an official or formal investigation under a law enforcement agency policy
- Allegation of misconduct or regarding truthfulness as to a material fact, bias, or integrity
- Officer resignation or retirement during the course of an investigation, and the officer has been served notice that the officer is under investigation.

Briefly describe the nature of the violation/activity (please attach supporting documentation):

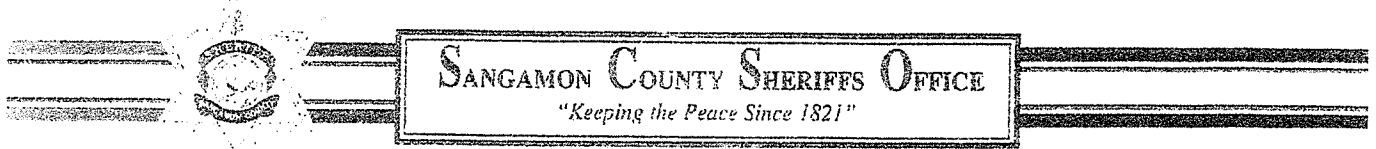
Deputy Grayson was involved in an OIS. Deputy Grayson was indicted by grand jury for 1st Degree Murder, Aggravated Battery with Firearm, and Official Misconduct. An SCSO internal investigation resulted in substantiated violations of Policy 300: Use of Force, Policy 315.4: Standard of Conduct, Policy 315.5.8:(j) Standard of Conduct, Policy 418.6: Activation of the Audio/Video Recorder, Policy 422: Medical Aid and Response, Policy 315.3.3: Insubordination.

Did this activity involve any of the following:

Check All That Apply

- An act that would constitute a felony or misdemeanor which could serve as basis for automatic decertification, whether or not the law enforcement officer was criminally prosecuted, and whether or not the law enforcement officer's employment was terminated
- Exercised excessive use of force
- Failure to comply with the officer's duty to intervene, including through acts or omissions
- Tampering with a dash camera or body-worn camera or data recorded by a dash camera or body-worn camera or directed another or tamper with or turn off a dash camera or body-worn camera or data recorded by a dash camera or body-worn camera for the purpose of concealing, destroying, or altering potential evidence
- Engaging in the following conduct relating to the reporting, investigation, or prosecution of a crime: committed perjury, made a false statement, or knowingly tampered with or fabricated evidence
- Engaging in any unprofessional, unethical, deceptive, or deleterious conduct or practice harmful to the public; such conduct or practice need not have resulted in actual injury to any person. As used in this paragraph, the term "unprofessional conduct" shall include any departure from, or failure to conform to, the minimal standards of acceptable and prevailing practice of an officer.
- None of the Above

The law enforcement officer shall have 14 days from receiving notice to provide a written objection contesting information included in the agency's report. A law enforcement agency shall be immune from liability for a disclosure made as described in this subsection, unless the disclosure would constitute intentional misrepresentation or gross negligence.



Administration – (217) 753-6855
Records – (217) 753-6846

Jack Campbell
#1 Sheriff's Plaza
Springfield, IL 62701

Investigations – (217) 753-6840
Corrections – (217) 753-6886

July 17, 2024

To whom it may concern,

Based on the SCSO internal investigation, I have determined that Deputy Sean Grayson violated the following SCSO policies and procedures:

Policy 300: Use of Force - Deputy Grayson immediately escalated to deadly force based on the decedent stating "I rebuke you in the name of Jesus Christ". When Deputy Grayson pointed his firearm at the decedent, she was not making any aggressive movements, only talking. The body camera video shows that the inappropriate escalation of force set in motion a series of events that lead to Deputy Grayson shooting the decedent in the head. Based on the decedent's non-aggressive behavior, the circumstances existed for Deputy Grayson to attempt non-violent strategies and techniques. And his failure to communicate or use a less than lethal alternative led to the death of Ms. Massey.

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Sincerely,

Chief Deputy Anthony Mayfield
Sangamon County Sheriff's Office