

From: RICK CROSS <rcrossii@yahoo.com>

Date: January 26, 2026 at 10:13:47 AM CST

To: AHP Headquarters <AHPHq@ardot.gov>

Subject: Arkansas Freedom of Information Act Request – Employment Records for James Richard Friend

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

Charles R. Cross II

8364 Carrie Drive

Benton, AR 72019

Email: rcrossii@yahoo.com

Phone: (501) 204-1803

Date: January 26, 2026

Employment Records / FOIA Custodian

Arkansas Department of Transportation

Arkansas Highway Police Division – Headquarters

10324 Interstate 30

Little Rock, AR 72209

Phone: (501) 569-2000

Email: ahphq@ardot.gov

Re: Arkansas Freedom of Information Act Request – Employment Records for James Richard Friend

Dear Custodian of Records:

Pursuant to the **Arkansas Freedom of Information Act, Ark. Code Ann. § 25-19-101 et seq.**, I respectfully request access to and copies of all **employment records** maintained by the **Arkansas Department of Transportation (ARDOT)** and the **Arkansas Highway Police (AHP)** relating to **James Richard Friend**.

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
Application for Employment

FRIEND JAMES Richard
Last Name First Name

[Redacted Address and Contact Information]

List title(s) and location(s) of position(s) for which you are applying. (See job announcement.)

Job Title No. 1 Highway Patrolman Job Title No. 1 Location Colma
Job Title No. 2 Highway Patrolman Job Title No. 2 Location Hipe
Job Title No. 3 Highway Patrolman Job Title No. 3 Location Any

Read the following instructions before completing application:

You must furnish all requested information. Please use a typewriter or print legibly in ink. Write "N/A" (not applicable) for those that do not apply. Do not submit resume in lieu of any part of application.

RECEIVED
ARKANSAS

CITIZENSHIP STATUS

[Redacted Citizenship Status Information]

EMPLOYMENT AVAILABILITY

Date available for employment: Dec 15, 2009
Lowest salary you will accept: \$ 32,000⁰⁰

Indicate availability for overnight travel:
 Not available for overnight travel
 1 to 5 nights per month
 6 to 10 nights per month
 11 or more nights per month

LICENSES & CERTIFICATIONS

Do you have a current and valid driver's license? Yes No License Number: [Redacted]
Do you have a commercial driver's license? [Redacted]
List any other licenses held, such as registered professional engineer, pesticide use and application license, CDL endorsements, or others: _____

EDUCATION RECORD

Are you a high school graduate? Yes No If not, do you have a GED? Yes No

If not a high school graduate or GED, what is the highest grade completed? _____

List all colleges, universities, trade/vocational, or other schools attended:

Name of School and Location	Dates Attended mm/yy mm/yy	Degree Awarded	Major/Minor	No. Hours Completed	Date Graduated mm/yy
<u>Quachita Tech College</u>	<u>4/07 to 12/09</u>	<u>AAS</u>	<u>Criminal Justice</u>	<u>60</u>	<u>12/09</u>
<u>Belleme College</u>	<u>12/09 to Present</u>	<u>BS</u>	<u>Criminal Justice</u>	<u>120</u>	<u>4/10</u>

SPECIAL SKILLS

What office equipment have you been trained to operate (keyboarding, 10-key, etc.)? PC, FAX

Computer experience? Please list specific software with which you are familiar. Word, Excel, Power point

WORK HISTORY

List below prior work experience. If there is not enough space provided, use a separate sheet to continue. Begin with current or most recent job and work back. Include volunteer work as part of the work history.

Employer: Saline County Prosecutor's Office

Employment Dates (mm/yy):

Supervisor: [Redacted] Phone: [Redacted]

From: 6/08 To: Present

Name under which employed: Richard FRIEND

Full-Time or Part-Time: Full time

Location: 102 South Main Benton AR

Your job title: Special Investigator

Salary Information:

Your job duties: WARRANT SERVICE, INVESTIGATIONS

Beginning: \$ 32,500 per year

Reason for leaving: still there

Ending: \$ 35,000 per year

May we contact this employer for a reference? Yes No

Employer: Shannon Hills Police Dept

Employment Dates (mm/yy):

Supervisor: [Redacted] Phone: [Redacted]

From: 4/04 To: 6/08

Name under which employed: Richard FRIEND

Full-Time or Part-Time: Full

Location: 1001 High Road East Mablevale

Your job title: Police Chief

Salary Information:

Your job duties: Budget, scheduling, training

Beginning: \$ 26,500 per year

Reason for leaving: To take job @ Pks. Office

Ending: \$ 32,000 per year

May we contact this employer for a reference? Yes No

Employer: Saline County Sheriff's Office

Employment Dates (mm/yy):

Supervisor: [Redacted] Phone: [Redacted]

From: 1/01 To: 4/04

Name under which employed: Richard FRIEND

Full-Time or Part-Time: Full

Location: 735 Neely Benton

Your job title: Narrator Det, K9 Deputy

Salary Information:

Your job duties: Investigations

Beginning: \$ 21,500 per year

Reason for leaving: took job as police chief

Ending: \$ 23,500 per year

May we contact this employer for a reference? Yes No

U.S. MILITARY HISTORY

Name: JAMES RICHARD FRIEND

U.S. Service Branch: US NAVY Reserve

Rank at time of Discharge: currently in

Date Entered (mm/yy): 1/2009

Date Discharged (mm/yy): 1/2012



VETERAN'S PREFERENCE

If you believe you may be eligible for veteran's preference consideration, complete this section. The Arkansas Veteran's Preference Act states specific requirements, which must be met in order to be eligible for veteran's preference. Under certain conditions spouses of qualified veterans and surviving spouses of deceased veterans may also be eligible for veteran's preference.

CATEGORY	PROOF REQUIRED (see below)
1. Service connected disabled veterans.	A, B
2. Spouses of service connected disabled veterans whose disability disqualifies them for appointment to the position for which the spouse is applying.	A, B, D, F
3. Veterans over 55 years old who are disabled and entitled to pension or compensation under existing laws.	A, G
4. Spouses of veterans listed in category 3 whose disability disqualifies them for appointment.	A, D, F, G
5. Honorably discharged veterans.	A
6. Surviving spouse of a deceased veteran who remains unmarried at the time preference is sought.	C, D, E
7. Honorable current, retired, or discharged members of the National Guard or Reserve Forces of the United States who have served for a period of at least six (6) years.	H

Individuals in categories 1, 2, 3 or 4 are given a higher preference by state law than individuals in categories 5, 6 or 7. No preference will be given until copies (not originals) of the necessary documents are voluntarily submitted to the Personnel Office. Please submit proof at the time of application, if possible, and check "Yes" in the category above if you desire veteran's preference.

PROOF REQUIRED

- A. Honorable discharge or certificate of service (proof indicating date of entry and date of separation, such as Form DD-214).
- B. Service connected disability (letter from Veterans Administration dated within the last six months).
- C. Spouse's enlistment, induction or entry on active duty.
- D. Marriage license or certificate of marriage.
- E. Death certificate or other acceptable proof showing date of spouse's death.
- F. Affidavit showing spouse is so incapacitated that he/she is unable physically to hold position if appointed.
- G. Birth certificate or other acceptable proof of veteran's age and proof of disability.
- H. Letter from Guard or Reserve Unit, certificate of service, or other acceptable proof (proof indicating date of entry and years of service, such as Form 2-1).

REFERENCES

List three persons who are NOT related to you and have a definite knowledge of your qualifications and fitness for the position for which you are applying. Do not list names of former supervisors.

Full Name	Address	Phone No.

NEPOTISM POLICY

It is the official policy of the Highway Commission that no relative of any administrative official (Salary level 18 or above) shall be authorized for or begin employment with the Department.

Does the Arkansas State Highway and Transportation Department employ any relative of yours (by blood or marriage)? Yes No

Name	Relation	Division/District
N/A	N/A	N/A

Have you ever been employed by the Arkansas State Highway and Transportation Department? Yes No

If yes, give name under which employed and dates of service: _____

If you wish, you may make comments concerning your qualifications for the job(s) for which you are applying or explain your response to any of the questions you completed on this application. These comments may include details concerning your past work, reasons for leaving former jobs, and other information which may be helpful in evaluating your application for employment.

I have been a certified police officer for 13 years. I am pursuing a degree in Criminal Justice. I have an AAS and will graduate with a BS in May.

**THIS APPLICATION MUST BE SIGNED.
READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.**

A false answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work. All information you give will be considered in reviewing your application. If you fail to answer all questions fully, you may delay consideration and lose employment opportunities.

A criminal background check may be required to determine suitability for certain positions, and failure to meet these standards may cause the applicant to be rejected or terminated from that position.

Per Act 8 of the 1st Extraordinary Session of 2006, the Arkansas State Highway and Transportation Department prohibits smoking in all Department buildings, facilities, and vehicles.

NOTICE OF NONDISCRIMINATION

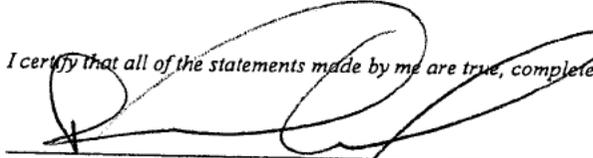
The Arkansas State Highway and Transportation (Department) complies with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964 and other federal equal opportunity laws and therefore does not discriminate on the basis of race, sex, color, age, national origin, religion or disability, in admission or access to and treatment in Department programs and activities, as well as the Department's hiring or employment practices. Complaints of alleged discrimination and inquiries regarding the Department's nondiscrimination policies may be directed to James B. Moore, Jr., Section Head - EEO/DBE (ADA/504/Title VI Coordinator), P.O. Box 2261, Little Rock, AR 72203, (501) 569-2298, (Voice/TTY 711), or the following email address: james.moore@arkansashighways.com. This notice is available from the ADA/504/Title VI Coordinator in large print, on audiotape and in Braille.

AUTHORITY FOR RELEASE OF INFORMATION

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to verification and I consent to the release of information concerning my criminal and/or employment history, qualifications, capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited investigators, personnel staffing specialists, and other authorized employees of the Arkansas State Highway and Transportation Department for that purpose.

CERTIFICATION

I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.


Signature of Applicant

11/29/2009
Date of Signature

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PERSONNEL AUTHORIZATION FORM 19-125

LEGISLATIVE ACTION/SALARY CHG EFFECTIVE PAYROLL DATE 11/15/2014

SOC SEC: [REDACTED]

DISTRIBUTION CODE: C890

EMPLOYEE'S NAME: FRIEND, JAMES RICHARD

DIV/DIST: 140 ARK HIGHWAY POLICE

ENGR/CREW/SECT:

40WS

ADDRESS: [REDACTED]

RETIREMENT NO: [REDACTED] RES CO: [REDACTED]

PHONE: [REDACTED]

PERSONAL DATA

[REDACTED]

FULL-TIME/REGULAR

EDUCATION & LICENSES

EDUCATION: ASSOC DEG
CRIMINAL JUSTICE
OUACHITA VO-TECH

CLES/SENIOR
LICENSE NO:

DRIVERS LICENSE TYPE:
LICENSE NO: [REDACTED]

AHP BASE PAY: 42,874.00
CHANGED FROM: 42,458.00

ACCUM CERTIFICATE AMOUNT: 1,196.00
CHANGED FROM: 1,196.00

PRESENT TITLE: AHP PATROL OFFICER FIRST CLASS
GRADE/ITEM/STEP: 09/357/2 E SALARY: 1,679.00 / 43,654.00

PROPOSED TITLE: AHP PATROL OFFICER FIRST CLASS
GRADE/ITEM/STEP: 09/357/2 E SALARY: 1,695.00 / 44,070.00

IN ACCORDANCE WITH PROVISIONS OF ACT 277 OF THE 2014 FISCAL SESSION OF
THE GENERAL ASSEMBLY, THE PERSONNEL ACTION AS RECORDED ABOVE IS HEREBY
AUTHORIZED. EFFECTIVE PAYROLL DATE NOVEMBER 15, 2014.

SCOTT E. BENNETT

DIRECTOR OF HIGHWAYS AND TRANSPORTATION

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PERSONNEL AUTHORIZATION FORM 19-125

LEGISLATIVE ACTION/SALARY CHG EFFECTIVE PAYROLL DATE 06/27/2013

SOC SEC: [REDACTED] DISTRIBUTION CODE: C890
EMPLOYEE'S NAME: FRIEND, JAMES RICHARD
DIV/DIST: 140 ARK HIGHWAY POLICE ENGR/CREW/SECT: 40WS
ADDRESS: [REDACTED]
RETIREMENT NO: [REDACTED] RES CO: [REDACTED] PHONE: [REDACTED]

PERSONAL DATA

[REDACTED]
FULL-TIME/REGULAR

EDUCATION & LICENSES

EDUCATION: ASSOC DEG
CRIMINAL JUSTICE
OUACHITA VO-TECH

CLES/SENIOR
LICENSE NO:

DRIVERS LICENSE TYPE:
LICENSE NO: [REDACTED]

AHP BASE PAY: 42,458.00
CHANGED FROM: 41,626.00

ACCUM CERTIFICATE AMOUNT: 1,196.00
CHANGED FROM: 1,196.00

PRESENT TITLE: AHP PATROL OFFICER FIRST CLASS
GRADE/ITEM/STEP: 09/357/2 E SALARY: 1,647.00 / 42,822.00
PROPOSED TITLE: AHP PATROL OFFICER FIRST CLASS
GRADE/ITEM/STEP: 09/357/2 E SALARY: 1,679.00 / 43,654.00

IN ACCORDANCE WITH PROVISIONS OF ACT 222 OF THE 2013 REGULAR SESSION OF
THE GENERAL ASSEMBLY, THE PERSONNEL ACTION AS RECORDED ABOVE IS HEREBY
AUTHORIZED. EFFECTIVE PAYROLL DATE JUNE 13, 2013.

SCOTT E. BENNETT

DIRECTOR OF HIGHWAYS AND TRANSPORTATION

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PERSONNEL AUTHORIZATION FORM 19-125

LEGISLATIVE ACTION/ITEM CHANGE EFFECTIVE PAYROLL DATE 06/27/2013

SOC SEC: [REDACTED]

DISTRIBUTION CODE: C890

EMPLOYEE'S NAME: FRIEND, JAMES RICHARD

DIV/DIST: 140 ARK HIGHWAY POLICE

ENGR/CREW/SECT:

40WS

ADDRESS: [REDACTED]

RETIREMENT NO: [REDACTED]

RES CO: [REDACTED]

PHONE: [REDACTED]

PERSONAL DATA

[REDACTED]
FULL-TIME/REGULAR

EDUCATION & LICENSES

EDUCATION: ASSOC DEG
CRIMINAL JUSTICE
OUACHITA VO-TECH

CLES/SENIOR
LICENSE NO:

DRIVERS LICENSE TYPE:

LICENSE NO: [REDACTED]

AHP BASE PAY: 41,626.00
CHANGED FROM: 41,626.00

ACCUM CERTIFICATE AMOUNT: 1,196.00
CHANGED FROM: 1,196.00

PRESENT TITLE: ARK HWY POLICE PATROL OFCR 1CL
GRADE/ITEM/STEP: 09/357/2 E SALARY: 1,647.00 / 42,822.00

PROPOSED TITLE: AHP PATROL OFFICER FIRST CLASS
GRADE/ITEM/STEP: 09/357/2 E SALARY: 1,647.00 / 42,822.00

IN ACCORDANCE WITH PROVISIONS OF ACT 222 OF THE 2013 REGULAR SESSION OF
THE GENERAL ASSEMBLY, THE PERSONNEL ACTION AS RECORDED ABOVE IS HEREBY
AUTHORIZED. EFFECTIVE PAYROLL DATE JUNE 13, 2013.

SCOTT E. BENNETT

DIRECTOR OF HIGHWAYS AND TRANSPORTATION

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PERSONNEL AUTHORIZATION FORM 19-125

LEGISLATIVE ACTION/ITEM CHANGE EFFECTIVE PAYROLL DATE 06/16/2011

SOC SEC: [REDACTED] DISTRIBUTION CODE: C
EMPLOYEE'S NAME: FRIEND, JAMES RICHARD
DIV/DIST: 140 ARK HIGHWAY POLICE ENGR/CREW/SECT: AH03
ADDRESS: [REDACTED]
RETIREMENT NO: [REDACTED] RES CO: [REDACTED] PHONE: [REDACTED]

PERSONAL DATA

[REDACTED]
FULL-TIME/REGULAR

EDUCATION & LICENSES

EDUCATION: ASSOC DEG
CRIMINAL JUSTICE
OUACHITA VO-TECH

CLES/SENIOR
LICENSE NO:

DRIVERS LICENSE TYPE:
LICENSE NO: [REDACTED]

AHP BASE PAY: 41,626.00 ACCUM CERTIFICATE AMOUNT: 1,196.00
CHANGED FROM: 41,626.00 CHANGED FROM: 1,196.00

PRESENT TITLE: ARK HWY POLICE PATROL OFCR 1CL
GRADE/ITEM/STEP: 09/354/3 E SALARY: 1,647.00 / 42,822.00

PROPOSED TITLE: ARK HWY POLICE PATROL OFCR 1CL
GRADE/ITEM/STEP: 09/357/3 E SALARY: 1,647.00 / 42,822.00

IN ACCORDANCE WITH PROVISIONS OF ACT 932 OF THE 2011 REGULAR SESSION OF
THE GENERAL ASSEMBLY, THE PERSONNEL ACTION AS RECORDED ABOVE IS HEREBY
AUTHORIZED. EFFECTIVE PAYROLL DATE JUNE 16, 2011.

DAN FLOWERS

DIRECTOR OF HIGHWAYS AND TRANSPORTATION

22

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PERSONNEL AUTHORIZATION FORM 19-125

LEGISLATIVE ACTION/SALARY CHG EFFECTIVE PAYROLL DATE 12/30/2010

SOC SEC: [REDACTED]

DISTRIBUTION CODE: C

EMPLOYEE'S NAME: FRIEND, JAMES RICHARD

DIV/DIST: 140 ARK HIGHWAY POLICE

ENGR/CREW/SECT:

AH03

ADDRESS: [REDACTED]

RETIREMENT NO: [REDACTED]

RES CO: [REDACTED]

PHONE: [REDACTED]

PERSONAL DATA

[REDACTED]

FULL-TIME/REGULAR

EDUCATION & LICENSES

EDUCATION: ASSOC DEG
CRIMINAL JUSTICE
OUACHITA VO-TECH

LICENSE NO:

DRIVERS LICENSE TYPE:

LICENSE NO: [REDACTED]

PRESENT TITLE: ARK HWY POLICE PATROL OFFICER

GRADE/ITEM/STEP: 08/386/4 SALARY: 1,523.00 / 39,598.00

PROPOSED TITLE: ARK HWY POLICE PATROL OFFICER

GRADE/ITEM/STEP: 08/386/4 SALARY: 1,553.00 / 40,378.00

IN ACCORDANCE WITH PROVISIONS OF ACT 253 OF THE 2010 FISCAL SESSION OF THE GENERAL ASSEMBLY, THE PERSONNEL ACTION AS RECORDED ABOVE IS HEREBY AUTHORIZED. EFFECTIVE PAYROLL DATE DECEMBER 30, 2010.

DAN FLOWERS

DIRECTOR OF HIGHWAYS AND TRANSPORTATION

COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING
PERSONNEL CHANGE-IN-STATUS REPORT

This form should be completed and returned to the Commission on Law Enforcement Standards and Training within ten (10) days of action.

Reporting Agency: Arkansas Highway Police Date: 04-20-2015
(Month/Day/Year)

Agency Contact Number: 501-569-2421

Officer's Name: PFC Richard Friend
(Rank/First/MI/Last Name/Badge #)

SSN #: [REDACTED] DOB: [REDACTED] Date Employed: 01-28-2010
(Month/Day/Year)

Status: Full-Time Auxiliary law Enforcement Officer
Part-Time I Specialized Police Personnel
Part-Time II Other - Specify _____

CHECK ONE	TYPE OF ACTION	DATE OF ACTION (Month/Day/Year)
<input checked="" type="checkbox"/>	Resigned-Reason: <u>Personal Reason</u> (Do you recommend decertification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)	<u>04/21/2015</u>
<input type="checkbox"/>	Dismissed-Reason: _____ (Do you recommend decertification? <input type="checkbox"/> Yes <input type="checkbox"/> No)	_____
<input type="checkbox"/>	If separated for a reason listed under Arkansas State Statute 12-9-602(b)(2), please check the correct paragraph and attach a statement of facts: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	_____
<input type="checkbox"/>	Other Reason-(Specify): _____	_____
<input type="checkbox"/>	Change in Rank-From: _____ to _____	_____
<input type="checkbox"/>	Name Change From: _____ To: _____	_____

I hereby attest to the best of my knowledge the information submitted on this form is true and correct.

Form Completed By: Ron Burks [Signature] Title: Chief
(Rank/First/MI/Last Name/Badge #)

SWORN AND SUBSCRIBED BEFORE ME

Michelle D. Miller
NOTARY PUBLIC, THIS 21st DAY
OF April, 20 15
MY COMMISSION EXPIRES 3-15-2021

NOTICE: False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.



NOTE: PRINTED ON THE REVERSE SIDE OF THIS FORM IS PARAGRAPHS B, C, AND D OF ARKANSAS STATE STATUTE 12-9-602(b)(2).

(2) IN CASE OF A SEPARATION FROM EMPLOYMENT OR APPOINTMENT FOR ONE OF THE FOLLOWING REASONS, THE NOTICE SHALL SO STATE:

(A) THE LAW ENFORCEMENT OFFICER WAS SEPARATED FOR HIS OR HER FAILURE TO MEET THE MINIMUM QUALIFICATIONS FOR EMPLOYMENT OR APPOINTMENT AS A LAW ENFORCEMENT OFFICER;

(B) THE LAW ENFORCEMENT OFFICER WAS DISMISSED FOR A VIOLATION OF STATE OR FEDERAL LAW;

(C) THE LAW ENFORCEMENT OFFICER WAS DISMISSED FOR A VIOLATION OF THE REGULATIONS OF THE LAW ENFORCEMENT AGENCY; OR

(D) THE LAW ENFORCEMENT OFFICER RESIGNED WHILE HE OR SHE WAS THE SUBJECT OF PENDING INTERNAL INVESTIGATION



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Form F-0

COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

APPLICATION FOR AWARD OF LAW ENFORCEMENT INSTRUCTOR CERTIFICATE

INSTRUCTIONS:

1. Please type or print.
2. This form is to be completed by the applicant and approved by the Department Head or designee, or school coordinator.
3. No credit for education or training will be given unless verifying documents are in your file in this office or attached to this application.
4. An applicant must have completed the prescribed Instructor Development Training Course or its equivalent to be eligible for a permanent instructor certificate and a Police Traffic Radar Instructor Certificate.
5. Certificates of Radar Training must be attached for Police Traffic Radar Instructor Certificate.
6. Commission action on the application will be forwarded to the Department Head or School Coordinator.

Name to appear on Certificate: James Friend

Department or Agency: Arkansas Highway Police

Agency Mailing Address: P. O. Box 2779

Agency Contact Telephone Number: 501-569-2421

Applicants Rank or Position: PFC SSN: [REDACTED]

Date Instructor Development Course Completed: NA C.L.E.S.T. Course Number NA

Where was Instructor Development Training Conducted? NA

Certificate Applying For: (Please check appropriate box)

- Professional Instructor (Law Enforcement Subjects Only)
- General Instructor (Criminal Law, Judicial Process, Medical Topics, etc.)
- Firearms Instructor (Must complete Firearms Instructor Course)
- Radar Instructor (See Instructions #4 and #5)
- Specialized Instructor Type: _____

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PAGE 03/03
Form F-8

Law Enforcement Experience:

Agency	Dates of Employment	Highest Rank
See File		

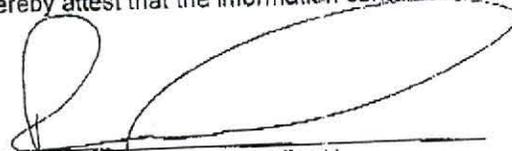
Law Enforcement Training:

School Name & Course Title	Course Hours	Date of Completion
See File		

College Education

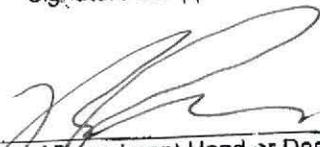
Name of College	Major	Dates Attended	Semester Hours Completed	Degree
See File				

I hereby attest that the information contained in this application is true and correct.


Signature of Applicant

DATOLMAN FIRST CLASS
Rank

22 SEPT 14
Date

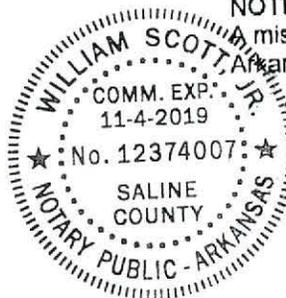

Signature of Department Head or Designee

1LT
Rank

22-SEPT-14
Date

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, THIS 22nd DAY
OF September, 20 14
My Commission Expires 11-4-2019



NOTICE - False swearing is a Class misdemeanor. Punishable under Arkansas Code 5-53-103.

COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

Notice of Certification Action

FORM F-9

Date: May 1, 2013

Chief Ronnie Burks
Arkansas Highway Police
P.O. Box 2779
Little Rock, AR 72203

REGARDING THE APPLICATION FOR AWARD OF CERTIFICATE TO:

JAMES RICHARD FRIEND

APPROVED: CERTIFICATE ATTACHED.

<input type="checkbox"/> Basic	<input type="checkbox"/> Auxiliary	<input type="checkbox"/> Spec Instructor
<input type="checkbox"/> General	<input type="checkbox"/> Part-Time I	<input checked="" type="checkbox"/> Firearms Instructor
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Part-Time II	<input type="checkbox"/> Professional Instructor
<input type="checkbox"/> Advanced	<input type="checkbox"/> Specialized	<input type="checkbox"/> General Instructor
<input type="checkbox"/> Senior	<input type="checkbox"/> Radar Operator	<input type="checkbox"/> Field Training Officer
<input type="checkbox"/> Constable	<input type="checkbox"/> Radar Instructor	<input type="checkbox"/> Field Training Program
<input type="checkbox"/> Level One Chief	<input type="checkbox"/> Level Two Chief	<input type="checkbox"/> Senior Chief



**BRIAN MARSHALL
DEPUTY DIRECTOR
OFFICE OF LAW ENFORCEMENT STANDARDS**

COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

APPLICATION FOR AWARD OF LAW ENFORCEMENT INSTRUCTOR CERTIFICATE

INSTRUCTIONS:

1. Please type or print.
2. This form is to be completed by the applicant and approved by the Department Head or designee, or school coordinator.
3. No credit for education or training will be given unless verifying documents are in your file in this office or attached to this application.
4. An applicant must have completed the prescribed Instructor Development Training Course or its equivalent to be eligible for a permanent instructor certificate and a Police Traffic Radar Instructor Certificate.
5. Certificates of Radar Training must be attached for Police Traffic Radar Instructor Certificate.
6. Commission action on the application will be forwarded to the Department Head or School Coordinator.

Name to appear on Certificate: James Richard FriendDepartment or Agency: Arkansas Highway PoliceAgency Mailing Address: P. O. Box 2779Agency Contact
Telephone Number: 501-569-2421Applicants Rank or Position: PFCSSN: [REDACTED]Date Instructor Development Course Completed: NAC.L.E.S.T.
Course Number NAWhere was Instructor Development Training Conducted? NA**Certificate Applying For: (Please check appropriate box)**

- Professional Instructor (Law Enforcement Subjects Only)
- General Instructor (Criminal Law, Judicial Process, Medical Topics, etc.)
- Firearms Instructor (Must complete Firearms Instructor Course)
- Radar Instructor (See Instructions #4 and #5)
- Specialized Instructor Type:

Law Enforcement Experience:

Agency	Dates of Employment	Highest Rank
See File		

Law Enforcement Training:

School Name & Course Title	Course Hours	Date of Completion
See File		

College Education

Name of College	Major	Dates Attended	Semester Hours Completed	Degree
See File				

I hereby attest that the information contained in this application is true and correct.

[Handwritten Signature]

Signature of Applicant

Patrolman First Class

Rank

4/25/13

Date

[Handwritten Signature]

Signature of Department Head or Designee

1LT

Rank

29 APR 13

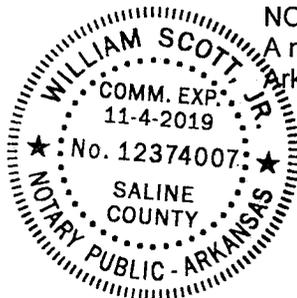
Date

SWORN AND SUBSCRIBED BEFORE ME

[Handwritten Signature]

NOTARY PUBLIC, THIS 29th DAY
OF April, 2013

My Commission Expires 11-4-2019



NOTICE - False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.

COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING
PERSONNEL CHANGE-IN-STATUS REPORT

This form should be completed and returned to the Commission on Law Enforcement Standards and Training within ten (10) days of action.

Reporting Agency: Arkansas Highway Police Date: 02-07-11 (Month/Day/Year)

Agency Contact Number: 501-569-2421

Officer's Name: PFC James Friend (Rank/First/MI/Last Name/Badge #)

SSN #: [Redacted] DOB: [Redacted] Date Employed: 01-28-2010 (Month/Day/Year)

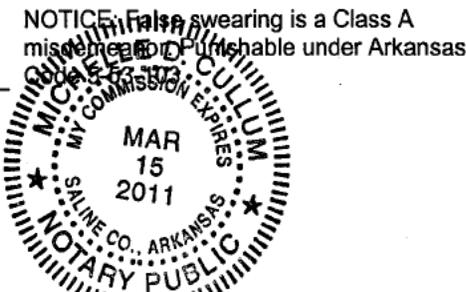
Status: Full-Time [X] Auxiliary law Enforcement Officer []
Part-Time I [] Specialized Police Personnel []
Part-Time II [] Other - Specify []

Table with 3 columns: CHECK ONE, TYPE OF ACTION, DATE OF ACTION (Month/Day/Year). Rows include Resigned-Reason, Dismissed-Reason, If separated for a reason listed under Arkansas State Statute 12-9-602(b)(2), Other Reason-(Specify), Change in Rank-From (PTL to PFC, 02-10-2011), and Name Change From.

I hereby attest to the best of my knowledge the information submitted on this form is true and correct.

Form Completed By: SGT William Scott (Rank/First/MI/Last Name/Badge #)

SWORN AND SUBSCRIBED BEFORE ME
Michelle D. Hudson
NOTARY PUBLIC, THIS 7th DAY OF February 20 11
MY COMMISSION EXPIRES 3-15-2011



NOTE: PRINTED ON THE REVERSE SIDE OF THIS FORM IS PARAGRAPHS A, B, C, AND D OF ARKANSAS STATE STATUTE 12-9-602(b)(2).

ARKANSAS HIGHWAY POLICE
EDUCATION AND TRAINING RECORD

<u>NAME</u>	<u>RANK</u>	<u>EMPLOYEE NUMBER</u>	<u>DIST</u>		
FRIEND, JAMES, R	PFC	[REDACTED]	301		
<u>EMPLOYEE DATE</u>	<u>TIME</u>	<u>BIRTHDATE</u>	<u>RACE</u>		
28-JAN-10	****	[REDACTED]	[REDACTED]		
<u>COLLEGE</u>	<u>HIGH SCHOOL</u>	<u>GED</u>	<u>OTHER LAW</u>		
	31-MAY-91		12.0		
<u>CERTIFICATE LEVEL</u>					
<u>BASIC</u>	<u>GENERAL</u>	<u>INTERMEDIATE</u>	<u>ADVANCED</u>		
14-MAY-03	14-MAY-03	01-JUL-09	01-JUL-09		
			<u>SENIOR</u>		
			28-JAN-10		
<u>INSTRUCTOR CERTIFICATE</u>					
<u>LAWENFORCEMENT</u>	<u>FTO</u>	<u>FIREARMS</u>	<u>DWI</u>	<u>RADAR</u>	<u>MCSAP</u>
-PER-		-PER-			
<u>TRAINING</u>					
<u>BASIC POLICE</u>	<u>BASIC REFRESHER</u>	<u>RADAR OPERATOR</u>	<u>DATE REVIEWED</u>		
19-JUN-98		04-MAY-15			

DATE COMPLETED	COURSE	SPONSOR	CLES	NO. HOURS	SCORE
06/05/1996	CHEMICAL TEST FOR ALCOHOL	ADOH		22	0
06/13/1996	JAILER TRAINING COURSE	ALETA	Y	32	0
07/07/1997	OC DEFENSE SPRAY	PULASKI CSO		6	0
07/18/1997	BASIC JAIL TRAINING ACADEMY	PULASKI CSO	Y	360	0
05/01/1998	RADAR/LIDAR OPERATOR COURSE	ALETA		16	0
05/01/1998	SEVERE WEATHER STORM SPOTTER	USDC		8	0
06/16/1998	BASIC POLICE TRAINING	ALETA	Y	480	0
08/21/1998	BASIC CRIME SCENE PROCESSING	CJI		21	0
04/23/1999	INSTRUCTOR DEVELOPMENT	NLR PD	Y	40	0
02/23/2001	AGGRESSIVE CRIMINAL PATROL	SALINE CSO		16	0
04/27/2001	SFST	CJI		30	0
08/08/2001	CONFRONTING DOMESTIC VIOLENCE	SALINE CSO		2	0
12/04/2001	CHEMICAL TESTS FOR ALCOHOL	ADOH		8	0
05/16/2003	SPECIALIZED NARCOTIC DRUG TRAINING	ANOVA		24	0
07/01/2003	METHAMPHETAMINE CLANDESTINE LAB	GROUP 6 ENFC		6	0
02/27/2006	CMV DRUG INTERDICTION	TASK FORCE		8	0
05/12/2006	ECSTASY RAVES AND CLUB DRUGS	CJI		6	0
08/30/2006	CYBER CRIME & CHILD EXPLOTATION	SALINE CSO		16	0
10/25/2006	SOLVING CASES THROUGH COMMUNICATION	RISS		19	0
11/08/2006	IMAGE SCAN SYSTEM	FBI		6	0
12/07/2007	SCHOOL OF LAW ENFORCEMENT SUPERV	CJI		40	0
05/16/2008	MANAGING DRUG INVESTIGATION	CJI	Y	14	0
01/03/2010	2010 RECRUIT TRAINING SESSION	AHP		250	0
03/08/2010	SEXUAL HARRASSMENT	AHTD		8	0
03/09/2010	WORKFORCE DIVERSITY WORKSHOP	AHTD		8	0
03/11/2010	ICS100	ADEM		8	0

ARKANSAS HIGHWAY POLICE
EDUCATION AND TRAINING RECORD

NAME: FRIEND, JAMES, R

EMPLOYEE NUMBER: [REDACTED]

DATE COMPLETED	COURSE	SPONSOR	CLAS	NO. HOURS	SCORE
03/12/2010	ICS 700	ADEM		4	0
03/12/2010	ICS200	ADEM		8	0
03/17/2010	2010 1st Q Firearms	AHP	Y	4	0
06/01/2010	2010 MCSAP REFRESHER &WORK ZONE	AHP	Y	16	0
06/24/2010	2010 2nd Q Firearms	AHP	Y	4	0
09/02/2010	2010 3Q Firearms Qualification	AHP	Y	4	0
10/26/2010	CHEMICAL TESTS FOR BREATH ALCOHOL	ADOH		8	0
12/07/2010	DEPARTMENT OF ENGERY CLASS	AHP		2	0
12/09/2010	2010 4Q FIREARMS TRAINING	AHP		4	0
02/09/2011	2011 PPCT REFRESHER COURSE	AHP		12	0
03/16/2011	2011 RACIAL/BIASED POLICING	AHP		2	0
03/16/2011	2011 MCSAP REFRESHER COURSE	AHP		14	0
03/29/2011	2011 1ST QUARTER FIREARMS TRAINING	AHP		4	0
04/08/2011	GENERAL HAZARDOUS MATERIALS	AHP		40	0
05/19/2011	CVIEW TRAINING	AHP		2	0
06/17/2011	2NDQ FIREARMS TRAINING	AHP		2	0
08/26/2011	WARRANTLESS SEARCH SEIZURE	CJI	Y	6	0
09/29/2011	2011 3RDQ ANNUAL QUALIFICATIONS	AHP		2	0
11/01/2011	2011 4Q FIREARMS TRAINING	AHP		4	0
01/19/2012	2012 PPCT REFRESHER COURSE	AHP		16	0
02/11/2012	LEVEL I CERTIFICATION	ACIC	n	3	0
03/22/2012	DRE PRESCHOOL AND 7 DAY		Y	72	0
04/11/2012	ROADSIDE INTERVIEW	HIDTA		0	0
05/03/2012	2012 MCSAP REFRESHER COURSE	AHP		14	0
05/03/2012	2012 RACIAL AND BIASED POLICING	AHP		2	0
07/27/2012	DRE CONFERENCE	AHP		11	0
09/21/2012	2012 3RDQ ANNUAL QUALIFICATION	AHP		2	0
11/13/2012	FIREARMS TRAINING ON NEW WEAPON	AHP		2	0
01/23/2013	2013 PPCT RECERTIFICATION	AHP		16	85
02/27/2013	2013 1Q NIGHT FIREARMS TRAINING	AHP		2	0
04/25/2013	2013 RACIAL BIAS POLICING	AHP		2	0
04/25/2013	2013 MCSAP & HAZMAT REFRESHER	AHP		10	0
04/25/2013	2013 MCSAP & HAZMAT REFRESHER	AHP		10	0
06/27/2013	PHASE II HOURS OF SERVICE TRAINING	AHP		3	0
10/02/2013	2013 ANNUAL QUALIFICATION	AHP		3	0
10/02/2013	2013 SHOTGUN QUALIFICATION	AHP		3	0
01/28/2014	2014 PPCT REFRESHER COURSE	AHP		12	0
02/11/2014	LEVEL I CERTIFICATION	ACIC	N	4	0
02/14/2014	MCSAP ASSESSMENT	AHP		3	0
04/30/2014	2014 RACIAL BIAS POLICING	AHP		2	0
04/30/2014	2014 MCSAP REFRESHER COURSE	AHP		6	0

TOTAL
HOURS
1794.00

I CERTIFY THAT THE ABOVE IS A TRUE AND VERIFIED COPY OF TRAINING COMPLETED BY OFFICER FRIEND, JAMES, R AS OF April 20, 2015.

Arkansas Commission on Law Enforcement
Standards and Training

THIS
Certificate

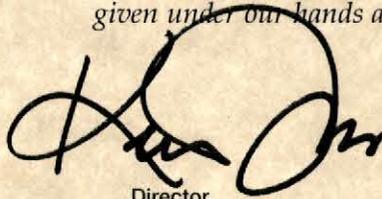
IS AWARDED TO

JAMES FRIEND

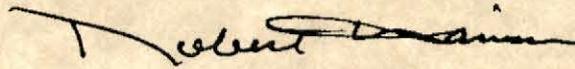
who has qualified pursuant to Act 452 of 1975 as a

Certified Police Professional Instructor

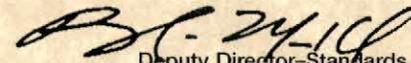
given under our hands and seal this 23RD *day of* SEPTEMBER 2014



Director



Chairman



Deputy Director-Standards

ARKANSAS CRIME INFORMATION CENTER

Presents this Certificate

to

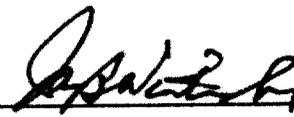
RICHARD FRIEND

For Completing Specialized Training In

Level I Certification

Awarded This Day

February 11, 2014



Jay Winters, ACIC Director

**Arkansas Commission on Law Enforcement
Standards and Training**

THIS
Certificate

IS AWARDED TO

JAMES RICHARD FRIEND

who has qualified pursuant to Act 452 of 1975 as a

Certified Police Firearms Instructor

given under our hands and seal this 1ST *day of* MAY 2013


Director


Chairman


Deputy Director-Standards



The International Association of Chiefs of Police

This is to certify that

Richard Friend

*has successfully completed all requirements
of the Drug Evaluation and Classification Program
and is hereby recognized as a*

Drug Recognition Expert

Presented on 1/1/2013

Bart R. Johnson
Executive Director
International Association of Chiefs of Police

Carolyn Cockroft
DEC Program Manager
International Association of Chiefs of Police



IACP Drug Evaluation and Classification Program

DRE Certification Card

515 North Washington Street
Alexandria, VA 22314-2357
Phone: 703/836-6767; 1-800/THE IACP
Fax: 703/836-4543
Cable Address: IACPOLICE
Web Address: www.theiacp.org

Dear Colleague:

On behalf of the International Association of Chiefs of Police, it is my pleasure to congratulate you on completing your certification as an IACP drug recognition expert. Enclosed is your DRE certificate and card. These items signify that you have met all requirements of the IACP's Drug Evaluation and Classification Program.

Under the IACP standards, your DRE certificate is valid for a period of two years. Your state coordinator will be notified of the need to reapply for certification six months prior to the expiration date printed on your card.

State and local DRE coordinators should have copies of the document entitled "The IACP International Standards for the Drug Evaluation and Classification Program." You should read this document carefully if you have any questions regarding the IACP standards or the administration of the program. If you have any questions regarding the IACP DRE Certification Program, please contact your DRE state coordinator.

Sincerely,

Carolyn Cockroft
Program Manager

↓



International Association
of Chiefs of Police



Drug Recognition Expert

Richard Friend	[REDACTED]
Name	Certification No.
Bart R. Johnson	1/1/2015
Executive Director	Expiration Date

↑

HOLD AT EDGE AND PUSH FROM BACK TO REMOVE



UNIVERSITY OF ARKANSAS SYSTEM
CRIMINAL JUSTICE INSTITUTE

This is to certify that

Richard Friend

*Has successfully completed all certification requirements directed by the
International Association of Chiefs of Police for the
Drug Evaluation and Classification Program, and is hereby a certified
DRUG RECOGNITION EXPERT*

December 20, 2012

A handwritten signature in cursive script that reads 'Jon Waldrip'.

Jon Waldrip, Arkansas DRE State Coordinator



UNIVERSITY OF ARKANSAS SYSTEM
CRIMINAL JUSTICE INSTITUTE

This is to certify that

Richard Friend

*Has successfully completed all certification requirements directed by the
International Association of Chiefs of Police for the
Drug Evaluation and Classification Program, and is hereby a certified
DRUG RECOGNITION EXPERT*

December 20, 2012

A handwritten signature in cursive script that reads 'Jon Waldrip'.

Jon Waldrip, Arkansas DRE State Coordinator

UofA

UNIVERSITY OF ARKANSAS SYSTEM
CRIMINAL JUSTICE INSTITUTE

This is to certify that

James R. Friend

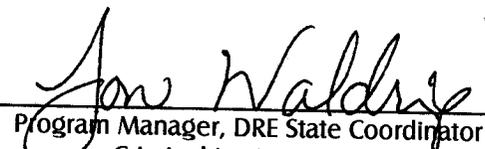
has successfully completed the 10.5 hour course

Drug Recognition Expert Conference

July 26 - 27, 2012


Director
Criminal Justice Institute




Program Manager, DRE State Coordinator
Criminal Justice Institute



CERTIFICATE OF TRAINING

THE GULF COAST HIDTA
TRAINING PROGRAM

Hereby Certifies

Richard Friend

Successfully completed 16 hours in the training course

Roadside Interview

Ronnie Stiltner

Instructor
Ronnie Stiltner
April 11, 2012
Little Rock, AR

Corporal Corey Ott

Cpl Corey Ott
Training Coordinator
Gulf Coast HIDTA
April 11, 2012

UofA

UNIVERSITY OF ARKANSAS SYSTEM
CRIMINAL JUSTICE INSTITUTE

This is to certify that

James R. Friend

has successfully completed the 72 hour course

Drug Recognition Expert Training Preschool and 7-day

March 5 - 22, 2012


Director

Criminal Justice Institute





Education and Training Center Coordinator
Criminal Justice Institute

3hrs

ARKANSAS CRIME INFORMATION CENTER

Presents this Certificate

to

RICHARD FRIEND

For Completing Specialized Training In

Level I Certification

Awarded This Day

February 11, 2012



A handwritten signature in black ink, appearing to read 'Jay Winter', is written over a horizontal line.

Jay Winter, ACIC Director



UNIVERSITY OF ARKANSAS SYSTEM
CRIMINAL JUSTICE INSTITUTE

This is to certify that

James R. Friend

has successfully completed the 6 hour course

Warrantless Search and Seizure

August 26, 2011

Cheryl P. Mang
Director

Criminal Justice Institute



Ray D. Tarrant

Education and Training Center Coordinator
Criminal Justice Institute



United States Department of Transportation



Federal Motor Carrier Safety Administration

This certifies that

Richard Friend

has successfully completed a course in

General Hazardous Materials

Texarkana, AR

April 8, 2011

Handwritten signature of Joseph DeLorenzo in black ink.

Joseph DeLorenzo, Director
National Training Center

Handwritten signature of Julie Lane in black ink.

Julie Lane, Program Manager
Safety Programs



ARKANSAS DEPARTMENT OF HEALTH

This diploma is awarded to

James R. Friend

For successfully completing 8 hours training in

Chemical Tests for Breath Alcohol Testing

October 26, 2010

Date Completed

Kent Williams

Training Supervisor/Instructor

Kennon Ibeam, Jr.

Training Instructor



ARKANSAS HIGHWAY POLICE

Certificate of Training

This is to Certify that

PTL James Friend

Has Successfully Completed a 2 Hour Course in

2010 3Q Firearms Qualifications

Conducted by the Arkansas Highway Police

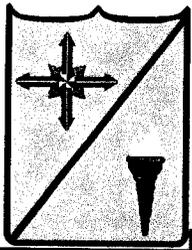
September 2010

A handwritten signature in black ink, reading "Paul M. Claunch".

Paul M. Claunch, Major
Commander - Special Services

A handwritten signature in black ink, reading "Ronnie Burks".

Ronnie Burks, Chief
Arkansas Highway Police



PROGRESS THROUGH KNOWLEDGE





ARKANSAS HIGHWAY POLICE

Certificate of Training

This is to Certify that

PTL James Friend

Has Successfully Completed a 16 Hour Course in

2010 MCSAP Refresher & Work Zone Enforcement

Conducted by the Arkansas Highway Police

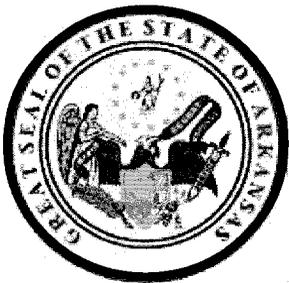
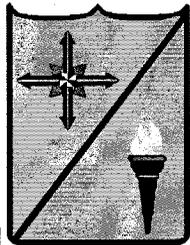
July 2010

A handwritten signature in black ink, appearing to read "Paul M. Claunch".

Paul M. Claunch, Major
Commander - Special Services

A handwritten signature in black ink, appearing to read "Ronnie Burks".

Ronnie Burks, Chief
Arkansas Highway Police





ARKANSAS HIGHWAY POLICE

Certificate of Training

This is to Certify that

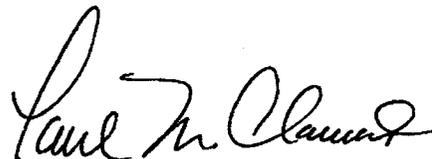
PTL James Friend

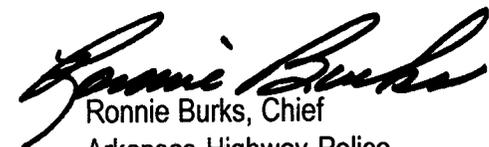
Has Successfully Completed a 4 Hour Course in

2010 2Q Firearms Qualifications

Conducted by the Arkansas Highway Police

June 2010


Paul M. Claunch, Major
Commander - Special Services


Ronnie Burks, Chief
Arkansas Highway Police



Arkansas Commission on Law Enforcement Standards and Training

ARKANSAS
COMMISSION ON
LAW ENFORCEMENT STANDARDS & TRAINING

This is to certify that

JAMES RICHARD FRIEND

has successfully completed the approved Police Traffic Radar Certification Training Course and is authorized to operate Police Traffic Radar for traffic enforcement purposes. This authorization is valid for 5 years from date of issue.

Issue Date 5-4-10



Deputy Director—Standards

Expiration Date 5-4-15

THIS

Certificate

IS AWARDED TO

JAMES RICHARD FRIEND

he has qualified pursuant to Act 672 of 1983 as a

Certified Police Traffic Radar Operator

given under our hands and seal this 04 *day of* MAY 2010



Director



Chairman



Deputy Director—Standards

This certificate expires
5 years from date of issue.

Expires: 05-04-15



ARKANSAS HIGHWAY POLICE

Certificate of Training

This is to Certify that

PTL James Friend

Has Successfully Completed a Course in

Racial Profiling

Conducted by the Arkansas Highway Police

2 Hours

March 15, 2010

Handwritten signature of Paul M. Claunch in black ink.

Paul M. Claunch, Major
Arkansas Highway Police

Handwritten signature of Ronnie Burks in black ink.

Ronnie Burks, Chief
Arkansas Highway Police





ARKANSAS HIGHWAY POLICE

Certificate of Training

This is to Certify that

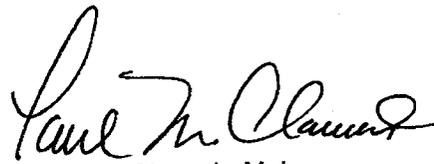
PTL James Friend

Has Successfully Completed a 4 Hour Course in

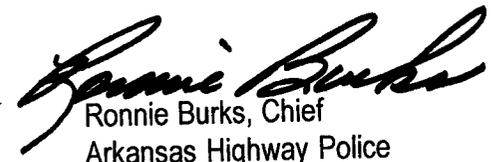
2010 1Q Firearms Qualifications

Conducted by the Arkansas Highway Police

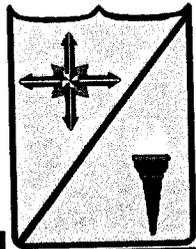
March 2010



Paul M. Claunch, Major
Commander - Special Services



Ronnie Burks, Chief
Arkansas Highway Police



PROGRESS THROUGH KNOWLEDGE



The Arkansas Department of Emergency Management

In Cooperation With

The Department of Homeland Security

Presents this

Certificate of Achievement

To acknowledge

Richard Friend

HAS SUCCESSFULLY COMPLETED

(NIMS 700) National Incident Management System

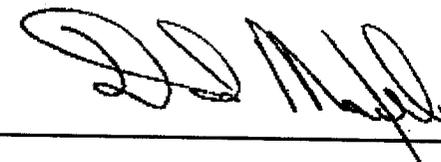
(4 Hours)

March 12, 2010

Date



Kenny Harmon
Course Manager



David Maxwell
Director



The Arkansas Department of Emergency Management

In Cooperation With

The Department of Homeland Security

Presents this

Certificate of Achievement

To acknowledge

Richard Friend

HAS SUCCESSFULLY COMPLETED

ICS for Single Resources & Initial Action Incidents (G-200)
(8 Hours)

Kenny Harmon

Kenny Harmon
Course Manager

March 12, 2010

Date

David Maxwell

David Maxwell
Director



The Arkansas Department of Emergency Management

In Cooperation With

The Department of Homeland Security

Presents this

Certificate of Achievement

To acknowledge

Richard Friend

HAS SUCCESSFULLY COMPLETED

Introduction to the Incident Command System (ICS-100)

(8 Hours)

Kenny Harmon

March 11, 2010

Date

David Maxwell

Kenny Harmon
Course Manager

David Maxwell
Director



Arkansas State Highway and Transportation Department

Recognizes that

Richard Friend

has successfully completed

Sexual Harassment - Your Rights & Responsibilities



Bethany Swindell
Instructor

March 8, 2010
Date

Arkansas State Highway and Transportation Department

Recognizes that

Richard Friend

has successfully completed
Workplace Diversity Workshop



Kenneth W. Jordan
Instructor

Lynn Cople
Instructor

March 9, 2010

Date



United States Department of Transportation



Federal Motor Carrier Safety Administration

This certifies that

PATROL OFFICER RICHARD FRIEND

has successfully completed a course in

North American Standard Part - B

**Little Rock, AR
February 26, 2010**

A handwritten signature in black ink, appearing to read 'Joseph DeLorenzo'.

Joseph DeLorenzo, Director
National Training Center

A handwritten signature in black ink, appearing to read 'Julie Lane'.

Julie Lane, Program Manager
Safety Programs



United States Department of Transportation



Federal Motor Carrier Safety Administration

This certifies that
RICHARD FRIEND

has successfully completed a course in
North American Standard - Part A
Little Rock, AR
February 19, 2010

A handwritten signature in cursive script, appearing to read 'Joseph DeLorenzo'.

Joseph DeLorenzo, Director
National Training Center

A handwritten signature in cursive script, appearing to read 'Julie Lane'.

Julie Lane, Program Manager
Safety Programs

STATE OF ARKANSAS

ARKANSAS HIGHWAY POLICE

To All Whom These Presents Shall Come, Greetings

Know Ye, that the Chief of the Arkansas Highway Police, in the name and by the authority of the Arkansas State Highway Commission, having hereby approved the qualifications of

Richard Friend

do hereby commission him as an Arkansas Highway Police Officer with the rank of

Patrol Officer

within the Arkansas Highway Police and authorize and empower him to execute and fulfill the duties and responsibilities of that rank according to law.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Arkansas Highway Police to be affixed at Little Rock, this 28th day of January, in the Year of our Lord, 2010.



Ronnie Burks, Chief
Arkansas Highway Police



1929

Arkansas Commission on Law Enforcement
Standards and Training

THIS

Senior Certificate

IS AWARDED TO

JAMES RICHARD FRIEND

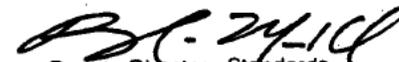
who has qualified pursuant to Act 452 of 1975 as a

Certified Law Enforcement Officer

given under our hands and seal this **28TH** *day of* **JANUARY** **2010**


Director


Chairman


Deputy Director—Standards

Arkansas Commission on Law Enforcement
Standards and Training

THIS

Advanced Certificate

IS AWARDED TO

JAMES RICHARD FRIEND

who has qualified pursuant to Act 452 of 1975 as a

Certified Law Enforcement Officer

given under our hands and seal this 1ST *day of* JULY 2009


Director


Chairman


Deputy Director—Standards

Arkansas Commission on Law Enforcement
Standards and Training

THIS

Intermediate Certificate

IS AWARDED TO

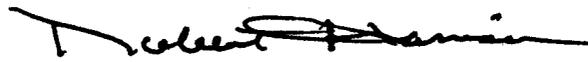
JAMES RICHARD FRIEND

who has qualified pursuant to Act 452 of 1975 as a

Certified Law Enforcement Officer

given under our hands and seal this 1ST *day of* JULY 2009


Director


Chairman


Deputy Director—Standards

UofA

UNIVERSITY OF ARKANSAS SYSTEM
CRIMINAL JUSTICE INSTITUTE

This is to certify that

James R. Friend

has successfully completed the 14 hour course

Managing Drug Investigations

May 15 - 16, 2008

James T. Clark
Director
Criminal Justice Institute



Cheryl P. May
Assistant Director
Criminal Justice Institute

Mia Fauslow
FSCED Coordinator
Criminal Justice Institute

UofA

UNIVERSITY OF ARKANSAS SYSTEM
CRIMINAL JUSTICE INSTITUTE

SCHOOL OF LAW ENFORCEMENT SUPERVISION
SESSION XXX

This is to certify that

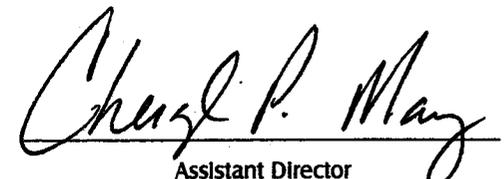
Richard Friend

has successfully completed and satisfied all of the requirements
for the School of Law Enforcement Supervision.

December 7, 2007


Director




Assistant Director

Law Enforcement Management Coordinator



Peter Hammer,
Unix Program Manager



Timothy Huff,
Acting CART Unit Chief



Gerald Cocuzzo,
RCFL-NPO Unit Chief

Certificate of Completion

Richard Friend

Has completed a course of instruction on the use of
the Image Scan System as presented by a certified
Instructor of the Image Scan Program

Course Title: FBI-CART Image Scan System version 2.1

Course Date: 11/08/06

Course Hours: 6

Course Location: FBI - Little Rock

Debra S. Pastore

Certified Instructor

REGIONAL ORGANIZED CRIME INFORMATION CENTER

"Solving Cases Through Communication"

ROCIC Certificate of Attendance and Training

This Certifies That

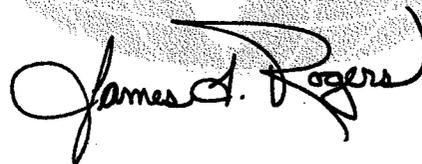
Richard Friend

Shannon Hills Police Department, AR

**Attended and completed all Law Enforcement Training
(19 Hours Total)**

Presented at the ROCIC Training Seminar

**"15th Annual Homicide Conference"
October 22 - 25, 2006, in Little Rock, AR**



Director, ROCIC

Serving Since 1973 • Member, Regional Information Sharing Systems (RISS)



2006 LAW-ENFORCEMENT SUMMIT

Certificate of Completion

Presented to

Chief Richard Friend

Shannon Hills Police Department

for successful completion of the course

sponsored by

Office of Attorney General Mike Beebe

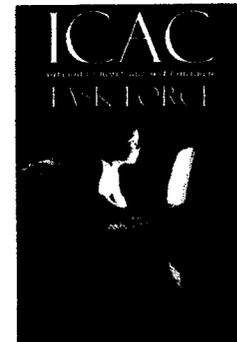


A handwritten signature in black ink, appearing to read "Mike Beebe", is written over a horizontal line.

Attorney General Mike Beebe

October 11, 2006

Completion Date



Certificate of Completion

Saline County Sheriff's Department



This certifies that

James Richard Friend

Has successfully completed an 16-Hour course of instruction in

Cyber Crime & Child Explotation

Conducted on August 28-29, 2006

Dated this 30th day of August, 2006.

Phil Mask

Sheriff

Det. Sandy D. Reiter 042

Instructor

UofA

UNIVERSITY OF ARKANSAS SYSTEM

CRIMINAL JUSTICE INSTITUTE

This is to certify that

James R. Friend

has successfully completed the 7 hour course

Ecstasy, Raves, and Club Drugs

May 12, 2006



Cheryl P. May
Assistant Director
Criminal Justice Institute

James T. Clark
Director
Criminal Justice Institute



Multijurisdictional Counterdrug Task Force Training



This is to certify that

Richard Friend

Has satisfactorily completed the following 8 hour MCTFT training course held at
LITTLE ROCK, AR

**COMMERCIAL VEHICLE DRUG INTERDICTION
VEHICLE SEARCHES AND HIDDEN COMPARTMENTS**

Training held 2/27/2006

Carl W. Kuttler
President
St. Petersburg College

Eileen LaHaie
Eileen LaHaie
MCTFT Director

A partnership between The Florida National Guard and St. Petersburg College

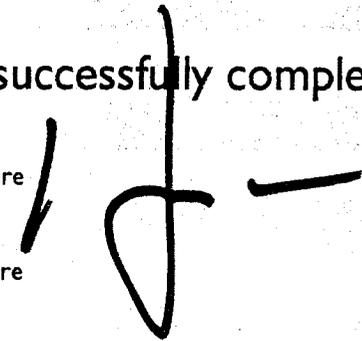
3-09-2006 / 3:51PM FROM L. K. K-9 ACADEMY BUI BBA BBA

Certificate of Completion

Richard Friend

has successfully completed the course *Searches 101*

Signature



Signature

Date *12-11-03*

Date

Office of the Prosecutor
201 North 10th Street
Arkadelphia AR 71923

**GROUP 6 NARCOTICS
ENFORCEMENT UNIT**

THIS IS TO CERTIFY THAT

AGENT RICHARD FRIEND

HAS RECEIVED 6 HOURS TRAINING IN

METHAMPHETAMINE CLANDESTINE LAB SAFETY


GROUP 6 DIRECTOR; STEVE SMITH


SITE SAFETY OFFICER; AGENT CHARLIE WINBORNE

JULY 1, 2003



United States Department of Justice
Drug Enforcement Administration



This is to certify that

Agent Richard Friend

has successfully completed the

Clandestine Laboratory

Investigation/Safety

Certification Program

and has met the requirements of the DEA and of 29 CFR 1910.120 (q) to enter and
seize clandestine drug manufacturing laboratories.

Conducted by the Office of Training at

Quantico, Virginia

May 23, 2003

Date

John A. [Signature]
Administrator, Drug Enforcement Administration

Arkansas Commission on Law Enforcement
Standards and Training

THIS

General Certificate

IS AWARDED TO

RICHARD FRIEND

who has qualified pursuant to Act 452 of 1975 as a

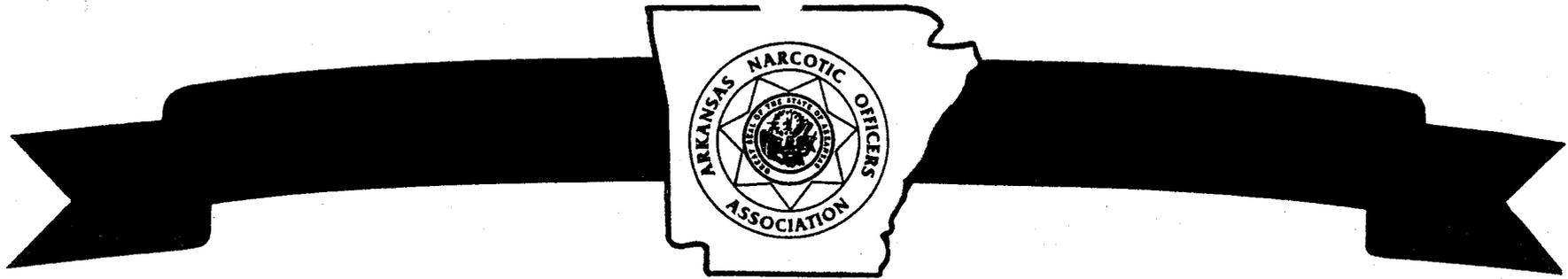
Certified Law Enforcement Officer

given under our hands and seal this **14TH** *day of* **MAY** **20 03**

Dwight Bolton
Director

[Signature]
Chairman

[Signature]
Deputy Director - Standards



ARKANSAS NARCOTIC OFFICERS ASSOCIATION

PRESENTS THIS

Certificate of Training

TO

Agent Richard Friend

*For attending the Arkansas Narcotic Officers Association
specialized narcotic and dangerous drug training course, entitled:*

Annual A.N.O.A Training Conference

May 13 – 16, 2003

Up to 24 Hours

Dan Chandler

EXECUTIVE SECRETARY

05/16/2003

DATE



Arkansas Commission on Law Enforcement
Standards and Training

THIS

Basic Certificate

IS AWARDED TO

RICHARD FRIEND

who has qualified pursuant to Act 452 of 1975 as a

Certified Law Enforcement Officer

given under our hands and seal this 14TH day of MAY 2003

Derry Bolton
Director

[Signature]
Chairman

[Signature]
Deputy Director—Standards

MALVERN CITY COUNCIL COMMENDATION

Richard Friend

WHEREAS, the City of Malvern commendation award is the highest award for service and is awarded to employees who distinguish themselves above and beyond the normal demands of duties as recognized by the Mayor and the City Council for the dedicated service that was performed on
October 4, 2002.

November 12, 2002

DATE


MAYOR

ATTEST:


PHYLLIS DIAL

United States Department of Justice
Drug Enforcement Administration

This is to certify that

Richard Friend

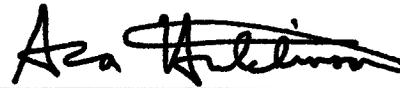
has successfully completed the course of instruction in
Basic Narcotic and Dangerous Drug Investigation
conducted by the United States Drug Enforcement Administration's
Training Staff at Hot Springs, Arkansas.

In testimony thereof I subscribe my name
on this 27th day of September, 2002.



80 Hours

Coordinator



Administrator, Drug Enforcement Administration



TO ALL WHO SHALL SEE THESE PRESENTS, GREETING:

Know ye that I, the Governor of the State of Arkansas, in the name and by the authority of the people of this State, as vested in me by the Constitution and Law of the State of Arkansas, reposing special recognition in the performance of drug enforcement in a superior and exemplary manner so as to bring recognition to their community and profession.

Group Six Judicial Drug Task Force

I, Governor of the State of Arkansas, present these performances to the Citizens of Arkansas, and it is hereby resolved that these actions are deserving of

OFFICIAL COMMENDATION

*In testimony whereof, I have hereunto set my hand this
8th day of March in the Year of Our Lord, Two
Thousand and Two*

Mike Huckabee

Governor

The National Narcotic Detector Dog Association, Inc.

This is to Certify that

JAMES R. FRIEND and **KING**

*has satisfactorily completed the
certification standards of*

The National Narcotic Detector Dog Association, Inc.



Mark R. Treese 2-27-02
Certifying Official Date

Police Service Dog

Certificate of Membership



The National Narcotic Detector Dog Association, Inc.
presents this Certificate of Membership to

JAMES R. FRIEND

The above named person is a member
in good standing with
The National Narcotic Detector Dog Association, Inc.



2-25-02
Date

The National Narcotic Detector Dog Association, Inc.

This is to Certify that

JAMES R. FRIEND and **KING**

*has satisfactorily completed the
certification standards of*

The National Narcotic Detector Dog Association, Inc.



[Signature]
Certifying Official

2-25-02
Date

Narcotics

EXPIRATION DATE*
December 4, 2003

ARKANSAS DEPARTMENT OF HEALTH

CERTIFICATION NO.
160-96013



OPERATOR CERTIFICATE FOR BREATH TESTING

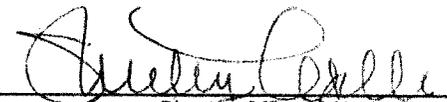
This is to certify that

JAMES RICHARD FRIEND

has qualified for an Operator Certificate under the provisions of ARKANSAS CODE ANNOTATED, Title 5, Chapter 65; Title 5, Chapter 76; and Arkansas Regulations for Alcohol Testing, and is hereby authorized to perform breath testing in accordance with such laws and regulations using the BAC DataMaster. Provided, That the installation and the instrument are currently certified in accordance with the aforementioned Laws and Regulations.

December 4, 2001

Effective Date


Director, Office of Alcohol Testing

STATE OF ARKANSAS)
COUNTY OF PULASKI)

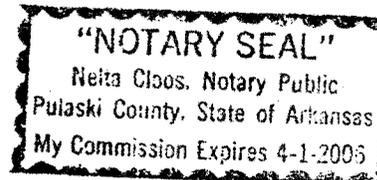
Before me, the undersigned officer, appeared Shirley Ezelle, known to me to be the person whose name is subscribed to this certificate and acknowledged that she executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Neita Cloos

Notary Public

DEC 17 2001

Date



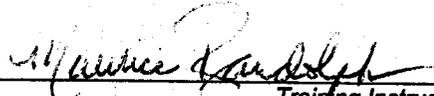
*This certificate void if place of employment changes after issue.

Arkansas Department of Health

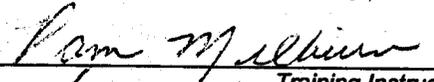
This diploma is awarded to

JAMES RICHARD FRIEND

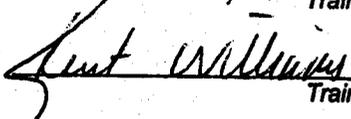
for successfully completing 8 hours training in
Chemical Tests for Alcohol on the BAC DataMaster



Training Instructor



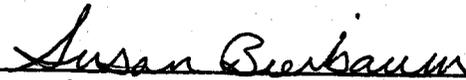
Training Instructor



Training Instructor

December 4, 2001

Date Completed



Assistant Director, Office of Alcohol Testing

Certificate of Achievement

This Certifies that

Deputy Richard Friend

*has completed 2 hours of training in Confronting Domestic Violence,
Basic Victims Rights and VINE*

Dated this 8th day of August, 2001

Phil Mash

Sheriff

Cpt. Wes Skonzi

Director of Training

Criminal Justice Institute

University of Arkansas System

This is to certify that

Richard Friend

*Has successfully completed all certification requirements directed by the
National Highway Traffic Safety Administration for the DWI Detection
& Standardized Field Sobriety Testing, Traffic Occupant Protection Strategies,
and Introduction to Drugged Driving.*

(30 Hours)

April 24-27, 2001

Deborah Flowers

Deborah Flowers, Project Manager

Lee Colwell, Director

Certificate of Membership

The National Narcotic Detector Dog Association, Inc.
presents this Certificate of Membership to

J. Richard Friend

The above named person is a member
in good standing with
The National Narcotic Detector Dog Association, Inc.



3-17-01

Date

The National Narcotic Detector Dog Association, Inc.

This is to Certify that

J. Richard Friend and "King"

*has satisfactorily completed the
certification standards of*

The National Narcotic Detector Dog Association, Inc.





Certifying Official

3-17-01
Date

Narcotics

Certificate of Achievement

*This Certifies that
Deputy Richard Friend*

has attended a course of Instruction in

Aggressive Criminal Patrol & Advanced Criminal Patrol and Detecting Concealment

16 Hrs.

Dated this 23rd day of February 20 01

Phil Mask

Sheriff

[Signature]

Instructor



U.S. DEPARTMENT
OF TRANSPORTATION



Certificate of Training

Deputy Richard Friend

has successfully completed the
Conducting Complete Traffic Stops Workshop.

Saline County Sheriff's
Department Firing and
Training Facility

Training Site

Major Ed Delmore

Lead Instructor

February 22- 23, 2001

Date

1999 Fall Narcotic K-9 Workshop



Certificate of Attendance

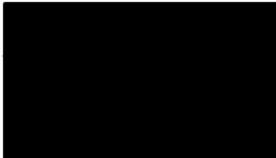
Awarded to ***Officer Richard Friend*** and ***K-9 Arc*** for
successfully completing the **1999 Fall Narcotic K-9
Workshop** on December 9-10, 1999.

Ken Licklider
Vohne Liche Kennels

Criss Gardner
Von Klein Stein Working Dogs

EXPIRATION DATE*
January 15, 2000

ARKANSAS DEPARTMENT OF HEALTH



OPERATOR CERTIFICATE FOR BREATH TESTING

This is to certify that

JAMES RICHARD FRIEND

has qualified for an Operator Certificate under the provisions of ARKANSAS CODE ANNOTATED, Title 5, Chapter 65; Title 5, Chapter 76; and Arkansas Regulations for Alcohol Testing, and is hereby authorized to perform breath testing in accordance with such laws and regulations using the BAC DataMaster: Provided, That the installation and the instrument are currently certified in accordance with the aforementioned Laws and Regulations.

June 18, 1999

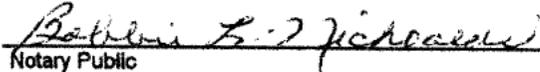
Effective Date


Director, Office of Alcohol Testing

STATE OF ARKANSAS)
COUNTY OF PULASKI)

Shirley Ezelle

Before me, the undersigned officer, appeared _____
known to me to be the person whose name is subscribed to this certificate and acknowledged
that she executed the same for the purposes therein contained. In witness whereof I hereunto
set my hand and official seal.


Notary Public

JUL 14 1999
Date

"NOTARY SEAL"
Bobbie L. Richards, Notary Public
Pulaski County, State of Arkansas
My Commission Expires Jan. 24, 2002

*This certificate void if place of employment changes after issue.

North Little Rock Police Department



This Is To Certify That

Richard Friend

Has Successfully Completed A Course In

Instructor Development

Conducted by the Police Department of the City of North Little Rock

Given this 23rd day of April, 19 99

Chief of Police

Training Officer

Training Hours - 40

Arkansas Commission on Labo Enforcement
Standards and Training

THIS

Certificate

IS AWARDED TO

RICHARD FRIEND

who has qualified pursuant to Act 452 of 1975 as a

Certified Labo Enforcement Instructor

given under our hands and seal this **23RD** day of **APRIL** **1999**

Dwight Bell
Director

Novatt
Chairman

Robert J. ...
Deputy Director—Standards

This certificate expires
5 years from date of issue.

PROFESSIONAL

North Little Rock Police Department



This Is To Certify That

Richard Friend

Has Successfully Completed A Course In

Instructor Development

Conducted by the Police Department of the City of North Little Rock

Given this 23rd day of April, 19 99

William Nolan
Chief of Police

Det. Phil Mask
Training Officer

Training Hours - 40

North Little Rock Police Department



This Is To Certify That

Richard Friend

Has Successfully Completed A Course In

Instructor Development

Conducted by the Police Department of the City of North Little Rock

Given this 23rd day of April, 19 99

Chief of Police

Training Officer

Training Hours - 40

Certificate of Membership

The National Narcotic Detector Dog Association, Inc.
presents this Certificate of Membership to



Richard Friend

The above named person is a member
in good standing with



The National Narcotic Detector Dog Association, Inc.
for the year 1999

Eddie Rodriguez Jr.
President

Ronnie La Dore
Treasurer

Dennis J. Maceman
1st Vice-President

Tim McElroy
Secretary

Certificate of Membership

The National Narcotic Detector Dog Association, Inc.
presents this Certificate of Membership to

JAMES R. FRIEND

The above named person is a member
in good standing with

The National Narcotic Detector Dog Association, Inc.

for the year 19 **99**

Adrian S.

President

Tom R. McClung

2nd Vice President

Eddie Rodriguez

1st Vice President

Philip W. Fox

Secretary

The National Narcotic Detector Dog Association, Inc.

This is to Certify that

J. Richard Friend and "King"

*has satisfactorily completed the
certification standards of*

The National Narcotic Detector Dog Association, Inc.



[Handwritten Signature]

Certifying Official

Date

Police Service Dog

The National Narcotic Detector Dog Association, Inc.

This is to Certify that
Richard Friend and K9 Arek



has satisfactorily completed the
NINDBA
certification standards of



The National Narcotic Detector Dog Association, Inc.

for the year of 1999

Certifying Official

Lin M. Elving

Secretary

The National Narcotic Detector Dog Association, Inc.

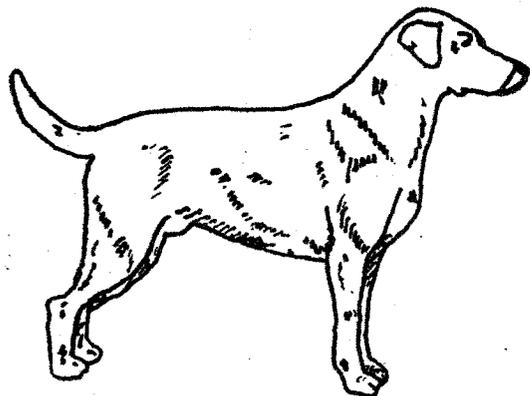
This is to Certify that

RICHARD FRIEND and "MATLOCK"

*has satisfactorily completed the
certification standards of*

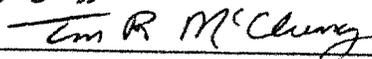
The National Narcotic Detector Dog Association, Inc.

for the year of 19 99





Certifying Official

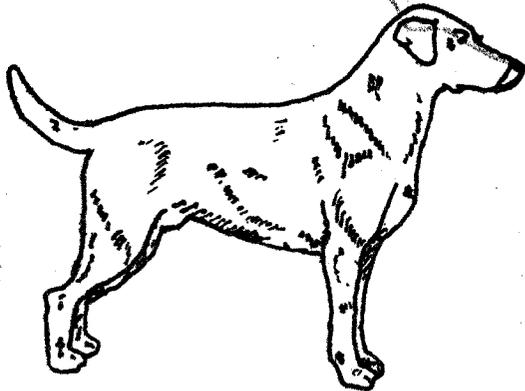


Secretary

The National Narcotic Detector Dog Association, Inc.

This is to Certify that
JAMES R. FRIEND and **K9 SHADOW**
_____ and _____

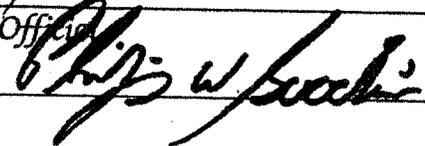
*has satisfactorily completed the
certification standards of
The National Narcotic Detector Dog Association, Inc.*



for the year of 1999



Certifying Officer



Secretary

K-9 TRAINING KENNELS

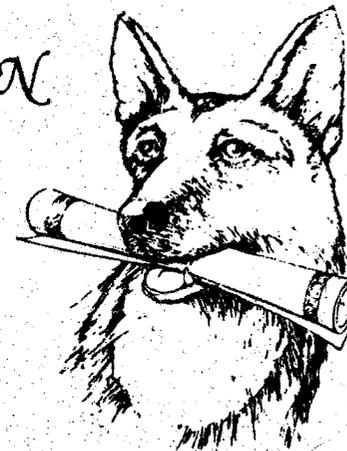


CERTIFICATE OF GRADUATION

AWARDED TO

" SHADOW "

LABRADOR RETRIEVER



Having completed in excellence and according to the standard judging requirements, The Course of Training Conducted By This Kennel, we hereby present the Diploma of Accomplishment in evidence of having passed all requirements of an outstanding NARCOTIC DETECTOR dog.

Handler: RICHARD FRIEND

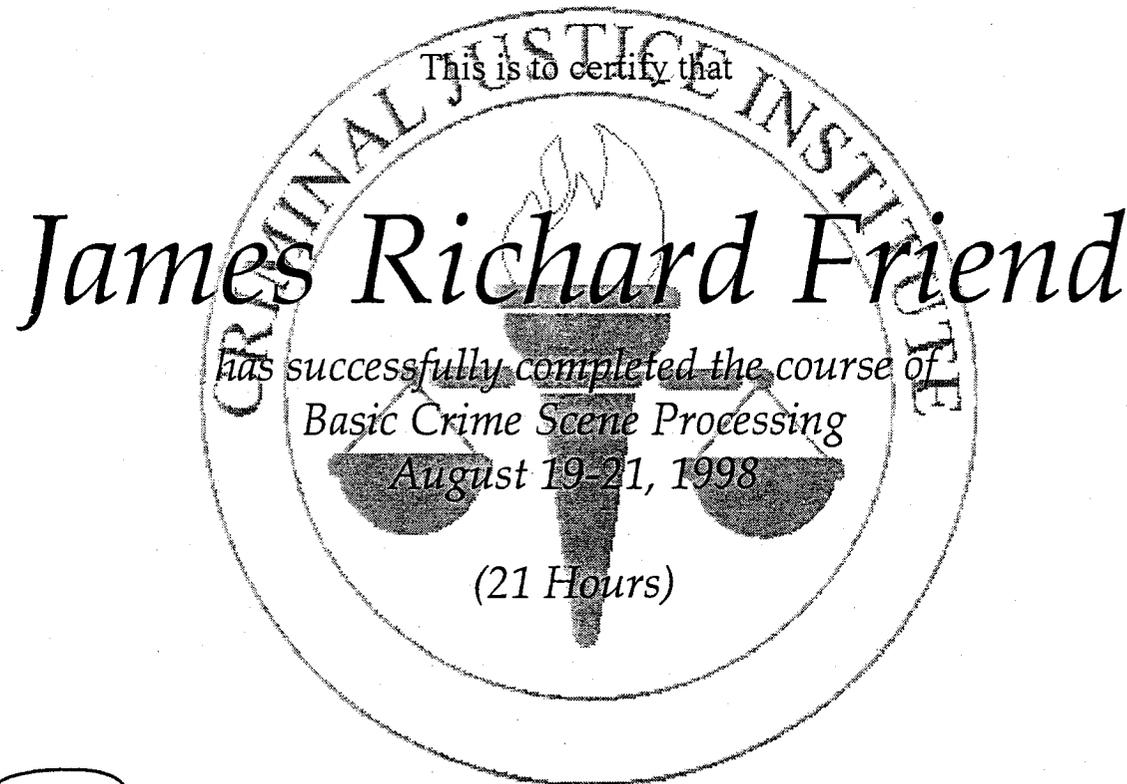
Trainer TONY SMITH

Date: JANUARY 16, 1999

Attest CRISS E. GARDNER

Criminal Justice Institute

University of Arkansas System



Cheryl Puskarich May
Cheryl Puskarich-May, Ph.D., Coordinator

Lee Colwell
Lee Colwell, Director

Arkansas Commission on Law Enforcement
Standards and Training

THIS

Certificate

IS AWARDED TO

JAMES R. FRIEND

who has qualified pursuant to Act 672 of 1983 as a

Certified Police Traffic Radar Operator

given under our hands and seal this 13TH *day of* AUGUST, 19 98

Jerry Belton
Director

A. G. Dab Brownell
Chairman

Bill Brown
Deputy Director—Standards

This certificate expires
5 years from date of issue.

ARKANSAS LAW ENFORCEMENT TRAINING ACADEMY

THIS IS TO CERTIFY THAT

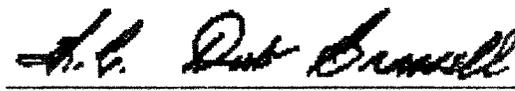
JAMES R. FRIEND

HAS SUCCESSFULLY COMPLETED A
BASIC CLASS 98-B (480 HOURS)
BASIC POLICE TRAINING COURSE
CONDUCTED BY

THE ARKANSAS LAW ENFORCEMENT TRAINING ACADEMY

FROM **MARCH 29** TO **JUNE 19** 19 **98**


Director


Commission Chairman

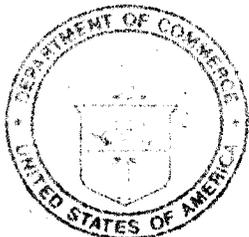
United States Department of Commerce

CERTIFICATE OF TRAINING

James Richard Friend

IS HEREBY RECOGNIZED FOR SUCCESSFUL COMPLETION OF

Severe Weather Storm Spotters Training Course



A. L. E. T. A
MAY 18, 1998
EXPIRES: MAY 2001

John Robinson
JOHN ROBINSON, SENIOR FORECASTER
Newton Skiles
NEWTON SKILES, SENIOR FORECASTER

—WSFO LITTLE ROCK, ARKANSAS—



ARKANSAS LAW ENFORCEMENT TRAINING ACADEMY

THIS IS TO CERTIFY THAT

JAMES R. FRIEND

HAS SUCCESSFULLY COMPLETED A
RADAR/LIDAR OPERATORS COURSE

CLASS 98E-5 (16 HOURS)

APRIL 13, 14, 15, & MAY 1, 1998

CONDUCTED BY THE ARKANSAS LAW ENFORCEMENT TRAINING ACADEMY

CERTIFIED BY THE COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

Jerry Belton

DIRECTOR; CLEST

A. C. Dub Cravell

COMMISSION CHAIRMAN

Steve Farris

DEPUTY DIRECTOR; ALETA

NATIONAL FIRE ACADEMY
CERTIFICATE OF TRAINING

Awarded to

JAMES R. FRIEND

in recognition for completion of the
National Fire Academy Field Course

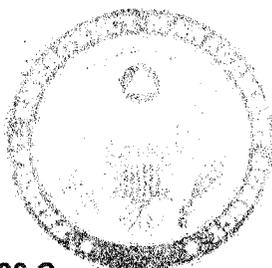
INITIAL RESPONSE TO HAZARDOUS MATERIAL INCIDENTS: BASIC CONCEPTS

presented by the

ARKANSAS LAW ENFORCEMENT TRAINING ACADEMY

issued this 1ST day of MAY, 1998





CERTIFICATE OF ACHIEVEMENT

THIS IS TO CERTIFY THAT

JAMES R. FRIEND

HAS SUCCESSFULLY QUALIFIED AS

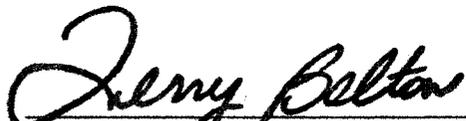
MARKSMAN

IN A FIREARMS TRAINING COURSE.

CERTIFIED BY THE COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

CONDUCTED BY THE ARKANSAS LAW ENFORCEMENT TRAINING ACADEMY

THIS 10TH DAY OF APRIL 19 98



DIRECTOR; CLEST



DEPUTY DIRECTOR; ALETA

Arkansas Department of Health Office of Alcohol Testing



This diploma is awarded to



JAMES RICHARD FRIEND

for successfully completing 8 hours training in

Chemical Tests for Alcohol

on the BAC DataMaster

January 15, 1998

Date of Completion

Maurice Randolph
Training Instructor

Pam Millburn
Training Instructor

Trinity O'Connell
Director, Office of Alcohol Testing



Pulaski County Regional Detention Facility



This Is To Certify That

Deputy James Friend

Has Successfully Completed The

Basic Jail Training Academy

of 360 hours. Granted this 18th day of July, 1997

Randy Johnson
Sheriff of Pulaski County
Leg. W. Kirk Jones
Training Administrator
Deputy [Signature]
Instructor

M. [Signature]
Chief of Detention
[Signature]
Training Supervisor
[Signature]
Instructor

[Signature]
Admin/Compliance Commander
[Signature]
Admin/Support Commander
[Signature]
Instructor

The Office of the Sheriff
of Pulaski County, Arkansas
hereby issues this

Certificate of Training

Let it be known that

James R. Friend

Has successfully completed a specialized
6 hour course of instruction in



Oleoresin Capsicum Defense Spray



conducted by the Pulaski County Sheriff's Office
on the 7th day of July, in the year of our Lord,
Nineteen hundred and ninety-seven.

Randy Johnson
Sheriff

Sgt. Jim Patten
Certifying Official



ARKANSAS LAW ENFORCEMENT TRAINING ACADEMY

THIS IS TO CERTIFY THAT

JAMES R. FRIEND

HAS SUCCESSFULLY COMPLETED A

JAILER TRAINING COURSE

CLASS 96S - 14 (32 HOURS)

JUNE 10-13, 1996

CONDUCTED BY THE ARKANSAS LAW ENFORCEMENT TRAINING ACADEMY

CERTIFIED BY THE COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

Jerry Belton

DIRECTOR; CLEST

A. C. Dub Cravell

COMMISSION CHAIRMAN

Steve Farns

DEPUTY DIRECTOR; ALETA

Arkansas Department of Health Office of Alcohol Testing



This diploma is awarded to

JAMES RICHARD FRIEND

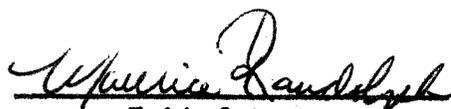
for successfully completing 22 hours training in

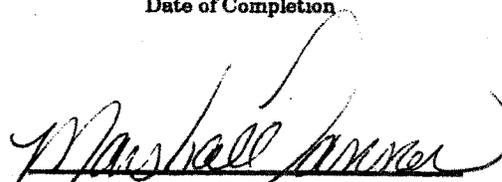
Chemical Tests for Alcohol

on the BAC DataMaster

JUNE 5, 1996

Date of Completion


Training Instructor


Training Instructor


Director, Office of Alcohol Testing

Arkansas Commission on Law Enforcement
Standards and Training

This
Certificate

certifies that

RICHARD FRIEND

has successfully completed

A 100 HOUR AUXILIARY/PART-TIME II COURSE

this 11TH day of APRIL, 19 96

J. L. Belton
Director

A. G. Outen
Chairman

Paul Brown
Deputy Director—Standards

37961 EV



City of Little Rock

Police Department

615 W. Markham
Little Rock, AR 72201-1396

**EMPLOYMENT STATUS INQUIRY
PLEASE RETURN WITHIN 10 DAYS**

June 2, 2023

Arkansas Highway Police
10324 I-30
Little Rock, AR 72209

RE: James Richard Friend **POSITION APPLIED:** Civilian Position

AKA: **SSN:** [REDACTED]

DOB: [REDACTED] **GENDER:** [REDACTED] **RACE:** [REDACTED]

HT: [REDACTED] **WT:** [REDACTED]

Dear Sir / Madam:

The above named individual is an applicant for a Civilian Position for the City of Little Rock and has indicated your firm is a place of former or present employment.

It would be appreciated if you would complete the attached form to assist us in evaluating qualifications of this applicant. The contents of the form and additional comments you make will be held in the strictest confidence.

If you have any questions please contact **Katina Hatley** at **(501) 918-4307** or email at **khatley@littlerock.gov** . The information can be emailed to **tokhatley@littlerock.gov** mailed directly to:

Little Rock Police Department
ATTN: Recruiting and Background Investigation Unit
10901 Arch Street
Little Rock, AR 72206

This applicant will not be considered for employment until your reply is received. Your prompt cooperation in this matter will be most appreciated, thank you for your assistance.

Sincerely,

Heath Helton
Chief of Police

Major Cody Miller

**RECEIVED
ARDOT**

JUN 26 2023

HUMAN RESOURCES

mailed



LITTLE ROCK POLICE DEPARTMENT
BACKGROUND / RECRUITING UNIT
10901 Arch Street
Little Rock, AR 72206
PHONE: (501) 918-4300
FAX: (501) 918-4345

EMPLOYER QUESTIONNAIRE

EMPLOYER NAME

ARDOT

TELEPHONE

501-569-2453

APPLICANT NAME

JAMES Friend

DATES EMPLOYED

1/28/2010 - 4/21/2015

Was the applicant dependable and trustworthy?

YES NO

PLEASE EXPLAIN:

Per policy unable to provide

How was the quality of his/her work? Excellent Good Fair Poor

PLEASE EXPLAIN: per policy unable to provide

How were his/her personal habits? Excellent Good Fair Poor

PLEASE EXPLAIN:

per policy unable to provide

How were his/her communication skills? Excellent Good Fair Poor

PLEASE EXPLAIN:

per policy unable to provide

Did he/she have custody of money or valuables?

YES NO

PLEASE EXPLAIN:

per policy unable to provide



LITTLE ROCK POLICE DEPARTMENT

BACKGROUND / RECRUITING UNIT

10901 Arch Street

Little Rock, AR 72206

PHONE: (501) 918-4300

FAX: (501) 918-4345

Any indication of a negative or uncaring attitude through verbalization and/or actions of the applicant?

YES NO

PLEASE EXPLAIN:

per policy unable to provide

Did he/she operate a vehicle?

YES NO

IF YES, PLEASE INDICATE IF HE/SHE WAS INVOLVED IN ANY TRAFFIC ACCIDENTS OR RECEIVED ANY TRAFFIC VIOLATIONS:

Did he/she leave your employment for any specific reason?

YES NO

PLEASE EXPLAIN: *Resigned*

Is he/she eligible for rehire?

YES NO

PLEASE EXPLAIN:

SIGNATURE

Alex Angle
Alex.Angle@ardot.gov

TITLE

HR Generalist
501-569-2453

DATE

6/27/2023

AUTHORIZATION TO RELEASE INFORMATION

I, James Richard Feero, am an applicant for employment with the
(Applicant Print Name)
City of Little Rock. In order to process my application, certain information must be available to the Chief of Police of the City of Little Rock, Arkansas. This information is for my benefit. This release is valid for a period of one (1) year from its date.

I hereby authorize the City of Little Rock Police Department/Background Investigators to make a thorough check of my (past and/or present) employers, education institutions, credit history, criminal/traffic history, professional licensing, and references.

Further, I hereby release you, as the custodian of such records and all said individuals and organizations including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may be anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Further, I appoint the City of Little Rock or their representative as my agent and attorney in fact for the sole purpose of collecting information for processing my application and direct that he/she be permitted to inspect all of said files and information and be permitted to make copies thereof at his/her discretion. This request can be treated as if I were making this request in person.

And, also for and in consideration of the City of Little Rock's consideration of my application for the position as a civilian, recognizing that complete candor on the part of those from whom information is sought is ensured only by maintaining the confidentiality of a complete background investigation, I do hereby waive, release, and forever relinquish any right I might otherwise have pursuant to Arkansas's Freedom of Information Act, Ark. Code Ann 24-19-101, et. seg., to review and/ or copy the background investigation completed on me or any part thereof.

This Waiver and Release of All Claims is intended to be as broad and inclusive as permitted by the Laws of the State of Arkansas and, if any portion thereof is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect. My spouse (if any), heirs, and legal representative, and any and all successors and assigns, are bound by the terms of the Waiver and Release of All Claims. My waiver of the right to review and copy the background investigation is perpetual.

6/12/2023
Date

[Signature]
Applicant/Employee Signature

Affidavit, I, James Richard Feero being duly sworn, depose and say as follows: I am the person who executed the above authorization; I understand its meaning, intention, effect and that the statements therein made are true and correct.

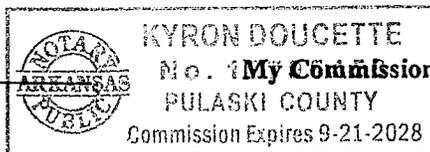
Applicant/Employee Signature

[Signature]

Do Not Write Below This Line

SUBSCRIBED and SWORN before me this 12th day of June,
2023.

[Signature]
Notary Public



ARKANSAS STATE HIGHWAY
AND
TRANSPORTATION DEPARTMENT

Scott E. Bennett, P.E.
Director
Telephone (501) 569-2000
Voice/TTY 711



P.O. Box 2261
Little Rock, Arkansas 72203-2261
Fax (501) 569-2400
www.arkansashighways.com

September 8, 2014

U. S. office of Personnel management
5 CFR Parts 731, 732, and 736

RE: Personnel File

To whom it may concern:

In response to your request for the personnel file of Mr. James Richard Friend, please find attached an invoice for the cost of preparation of the requested documents. Please remit payment to the Fiscal Services Division of the Arkansas State Highway and Transportation Department with a copy of the aforementioned invoice.

Pamela J. Hickman
Assistant Division Head
Of Human Resources

PH:mw
Enclosures

ARKANSAS STATE HIGHWAY
AND
TRANSPORTATION DEPARTMENT

Scott E. Bennett, P.E.
Director
Telephone (501) 569-2000
Voice/TTY 711



P.O. Box 2261
Little Rock, Arkansas 72203-2261
Fax (501) 569-2400
www.arkansashighways.com

September 8, 2014

U. S. office of Personnel management
5 CFR Parts 731, 732, and 736

RE: Personnel File

To whom it may concern:

Per your request of September 8, 2014, please find enclosed the complete personnel file of our employee, James Richard Friend. Should you have any questions or need any further information, please don't hesitate to call me at 501-569-2453.

Pamela J. Hickman
Assistant Division Head
Of Human Resources

PH:mw
Enclosures

Standard Form 88
Revised December 2010
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 738

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

Form approved:
OMB No. 3206-0004

**UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT
TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

Authorization

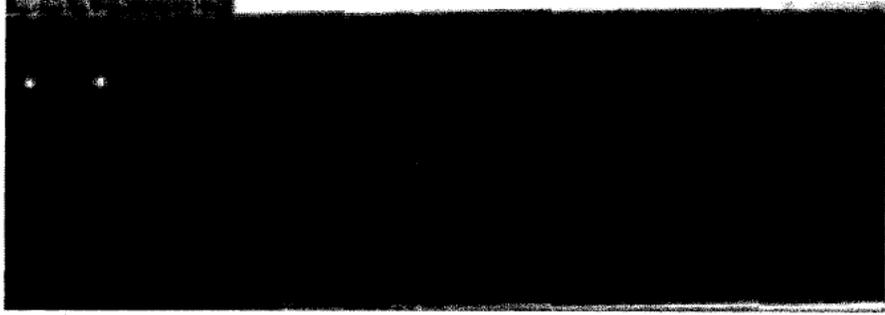
I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 88 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) 	Full name (Type or print legibly) James Richard Friend	Date signed (month/day/year) 06/16/2014
Other names used		Social Security Number [REDACTED]
Current street address Apt. #	City (Country)	State Zip Code Home telephone number



Enter your Social Security Number before going to the next page →



Standard Form 88
Revised December 2013
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 733

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3208-0065

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12958 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 88, and that it may be disclosed by the Government only as authorized by law.

I authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (sign in ink)	Full name (Type or print legibly)	Date signed (mm/dd/yyyy)
	James Richard Friend	06/16/2014
Other names used	Date of birth	Social Security Number
	03/17/1972	[REDACTED]
Current street address Apt. #	City/Country	State
		Zip Code
		Home telephone number
		[REDACTED]

Enter your Social Security Number before going to the next page →



501 920-4477

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PERSONNEL AUTHORIZATION FORM 19-125

SEPARATION EFFECTIVE PAYROLL DATE 04/21/2015 04:00PM

SOC SEC: [REDACTED] DISTRIBUTION CODE: C890 SUBSET: AH03

EMPLOYEE'S NAME: FRIEND, JAMES RICHARD

DIV/DIST: 140 ARK HIGHWAY POLICE ENGR/CREW/SECT: PTLN

ADDRESS: [REDACTED]

RETIREMENT NO: [REDACTED] RES CO: [REDACTED] PHONE: [REDACTED]

PERSONAL DATA

[REDACTED]
FULL-TIME/REGULAR

EDUCATION & LICENSES

EDUCATION: ASSOC DEG
CRIMINAL JUSTICE
OUACHITA VO-TECH

CLES/SENIOR
LICENSE NO:

DRIVERS LICENSE TYPE:
LICENSE NO: [REDACTED]

SEPARATION
RESIGNED/PERSONAL

LAST DATE WORKED: 04/21/2015 04:00PM
APPROPRIATE NOTICE GIVEN (Y OR N OR D): Y
RECOMMENDED FOR REHIRE (Y OR N OR NONE): YES
CATASTROPHIC LEAVE DONATED (Y OR N): Y
DEFERRED (Y OR N): N

ANNUAL PAYOUT: 33.25 HRS
VACATION ACCRUAL: LUMP SUM

PRESENT TITLE: AHP PATROL OFFICER FIRST CLASS
GRADE/ITEM/STEP: 09/357/2 E SALARY: 1,695.00 / 44,070.00

[Signature]
HUMAN RESOURCES

DATE

4/17/15
[Signature]

33/93

RETIREMENT

Danyelle Cole 05/06/2015

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

VOLUNTARY SEPARATION FORM

Employee Name: James P. Friend Employee ID: 

Title: Patrol Officer First Class

Division/District: AHP/District 3 Section/Crew: _____

Last Date/Time Worked: 4/21/2015 4:00 PM Two weeks' notice given? YES

Recommended for Rehire? YES If no, reason: _____

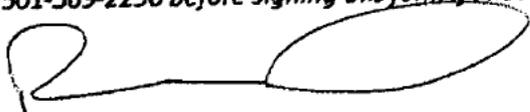
Employee's Reason for Leaving (check ONLY one):

- Resigned for personal reasons
- Resigned to attend school
- Resigned for another job
- Resigned to relocate/move
- Resigned for health reasons
- Resigned due to family responsibility
- Resigned for self-employment
- Resigned due to military obligations
- Resigned to work for other state agency
- Resigned due to dissatisfaction

(Please explain): _____

- Resigned in lieu of termination
- Retired
- Retired in lieu of termination
- Other (explain): _____

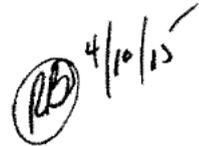
I understand by signing this form, I am voluntarily ending my employment with the Arkansas State Highway and Transportation Department. I was not coerced, intimidated or pressured to sign this form by any representative of the Department. I understand I am responsible for returning all Department property on or before my last day worked, including my employee identification badge, keys, equipment, and other items in my possession belonging to the Department. I understand I may contact the Human Resources Division Head at 501-569-2296 before signing this form if I have any questions or concerns.


Employee's Signature


Supervisor's Signature

4/17/15
Date

04/09/15
Date



ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PERSONNEL AUTHORIZATION FORM 19-125

TRANSFER EFFECTIVE PAYROLL DATE 01/10/2015

SOC SEC: [REDACTED] DISTRIBUTION CODE: C890 SUBSET: AH03

EMPLOYEE'S NAME: FRIEND, JAMES RICHARD

DIV/DIST: 140 ARK HIGHWAY POLICE ENGR/CREW/SECT: PTLN

ADDRESS: [REDACTED]

RETIREMENT NO: [REDACTED] RES CO: [REDACTED] PHONE: [REDACTED]

PERSONAL DATA

[REDACTED]
FULL-TIME/REGULAR

TRANSFER DATA
SECTION UPDATE

ENG/CREW/SECT
CHANGED FROM: 40WS TO PTLN

EDUCATION & LICENSES

EDUCATION: ASSOC DEG
CRIMINAL JUSTICE
OUACHITA VO-TECH

CLES/SENIOR
LICENSE NO:

DRIVERS LICENSE TYPE: [REDACTED]
LICENSE NO: [REDACTED]

AHP BASE PAY: 42,874.00
CHANGED FROM: 42,874.00

ACCUM CERTIFICATE AMOUNT: 1,196.00
CHANGED FROM: 1,196.00

PRESENT TITLE: AHP PATROL OFFICER FIRST CLASS
GRADE/ITEM/STEP: 09/357/2 E SALARY: 1,695.00 / 44,070.00

PROPOSED TITLE: AHP PATROL OFFICER FIRST CLASS
GRADE/ITEM/STEP: 09/357/2 E SALARY: 1,695.00 / 44,070.00

Janet Hickman DATE 1-2-15
HUMAN RESOURCES

ADVERTISED

22 (1)
ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PERSONNEL AUTHORIZATION FORM 19-125

AHP CERTIFICATE EFFECTIVE PAYROLL DATE 03/10/2011

SOC SEC: [REDACTED]

DISTRIBUTION CODE: C

EMPLOYEE'S NAME: FRIEND, JAMES RICHARD

DIV/DIST: 140 ARK HIGHWAY POLICE

ENGR/CREW/SECT:

AH03

ADDRESS: [REDACTED]

RETIREMENT NO: [REDACTED]

RES CO: [REDACTED]

PHONE: [REDACTED]

PERSONAL DATA

[REDACTED]
FULL-TIME/REGULAR

EDUCATION & LICENSES

EDUCATION: ASSOC DEG
CRIMINAL JUSTICE
OUACHITA VO-TECH

CLES/SENIOR
LICENSE NO:

DRIVERS LICENSE TYPE: [REDACTED]
LICENSE NO: [REDACTED]

AHP BASE PAY: 41,626.00
CHANGED FROM: 0.00

ACCUM CERTIFICATE AMOUNT: 1,196.00
CHANGED FROM: 0.00

PRESENT TITLE: ARK HWY POLICE PATROL OFCR 1CL
GRADE/ITEM/STEP: 09/354/3 SALARY: 1,601.00 / 41,626.00

PROPOSED TITLE: ARK HWY POLICE PATROL OFCR 1CL
GRADE/ITEM/STEP: 09/354/3 E SALARY: 1,647.00 / 42,822.00

NOT ADVERTISED

Kenneth W. Jordan DATE 3/4/2011
HUMAN RESOURCES

James J. Hall DATE 3-7-11
ASST TO THE DIRECTOR OR
ASSISTANT CHIEF ENGINEER

Frank Zerk DATE 3/7/11
DEPUTY DIRECTOR AND CHIEF ENGINEER

APPROVED

W. Dan Howell DATE 3-7-11
DIRECTOR OF HIGHWAYS AND TRANSPORTATION

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PERSONNEL AUTHORIZATION FORM 19-125

22

PROMOTION EFFECTIVE PAYROLL DATE 02/²⁴10/2011

SOC SEC: [REDACTED]

DISTRIBUTION CODE: C

EMPLOYEE'S NAME: FRIEND, JAMES RICHARD

DIV/DIST: 140 ARK HIGHWAY POLICE

ENGR/CREW/SECT:

AH03

ADDRESS: [REDACTED]

RETIREMENT NO: [REDACTED]

RES CO: [REDACTED]

PHONE: [REDACTED]

PERSONAL DATA

[REDACTED]
FULL-TIME/REGULAR

EDUCATION & LICENSES

EDUCATION: ASSOC DEG
CRIMINAL JUSTICE
OUACHITA VO-TECH

LICENSE NO:

DRIVERS LICENSE TYPE: [REDACTED]

LICENSE NO: [REDACTED]

PRESENT TITLE: ARK HWY POLICE PATROL OFFICER
GRADE/ITEM/STEP: 08/386/4 SALARY: 1,553.00 / 40,378.00

PROPOSED TITLE: ARK HWY POLICE PATROL OFCR 1CL
GRADE/ITEM/STEP: 09/354/3 SALARY: 1,601.00 / 41,626.00

NOT ADVERTISED

Kenneth W. Jordan DATE 2/7/11
HUMAN RESOURCES

Russ J. Hall DATE 2-14-11
ASST TO THE DIRECTOR OR
ASSISTANT CHIEF ENGINEER

Paul J. [Signature] DATE 2/14/11
DEPUTY DIRECTOR AND CHIEF ENGINEER

APPROVED [Signature] DATE 2-14-11
DIRECTOR OF HIGHWAYS AND TRANSPORTATION



ARKANSAS HIGHWAY POLICE MEMORANDUM

11-02-024

February 3, 2011

To: Crystal Woods, Division Head of Human Resources

From:  Ron Burks, Chief

Subject: One-Year Service Promotion

The Patrol Officers listed below will have completed one-year of service on January 28, 2011. Therefore, they are recommended for promotion to Patrol Officer First Class effective February 10, 2011.

Name	Employee Number
[REDACTED]	
Friend, James	
[REDACTED]	

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PERSONNEL AUTHORIZATION FORM 19-125

NEW EMPLOYEE EFFECTIVE PAYROLL DATE 01/28/2010

SOC SEC: [REDACTED]

DISTRIBUTION CODE: C

EMPLOYEE'S NAME: FRIEND, JAMES RICHARD

DIV/DIST: 140 ARK HIGHWAY POLICE

ENGR/CREW/SECT:

AH03

ADDRESS: [REDACTED]

RETIREMENT NO: [REDACTED]

RES CO: 62 [REDACTED]

PHONE: [REDACTED]

PERSONAL DATA

[REDACTED]
FULL-TIME/REGULAR

EDUCATION & LICENSES

EDUCATION: ASSOC DEG
CRIMINAL JUSTICE
OUACHITA VO-TECH

LICENSE NO:

DRIVERS LICENSE TYPE: [REDACTED]

LICENSE NO: [REDACTED]

PROPOSED TITLE: ARK HWY POLICE PATROL OFFICER

GRADE/ITEM/STEP: 08/386/4 SALARY: 1,523.00 / 39,598.00

ADVERTISED

Cynthia Woods DATE 1/12/10
HUMAN RESOURCES

Laurel D Hall DATE 1-13-10
ASST TO THE DIRECTOR OR
ASSISTANT CHIEF ENGINEER

Frank Joseph DATE 1/14/10
DEPUTY DIRECTOR AND CHIEF ENGINEER

APPROVED

Ok. [Signature]

James Friend DATE 1-19-10
DIRECTOR OF HIGHWAYS AND TRANSPORTATION

B101115

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

PERSONNEL CHANGE FORM ON 04/17/2015

NAME: FRIEND, JAMES RICHARD

SOC. SEC. NO. [REDACTED]

ADDRESS: [REDACTED]

BUDGET: 140 SECTION/ENG/CREW: PTLN FUNC: C890

RETIREMENT NO: [REDACTED]

PERSONAL DATA CHANGES

ADDRESS CHANGE

RESID COUNTY CHANGED TO [REDACTED]

COUNTY NAME CHANGED TO [REDACTED]

B101115

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

PERSONNEL CHANGE FORM ON 12/17/2012

NAME: FRIEND, JAMES RICHARD

SOC. SEC. NO. [REDACTED]

ADDRESS: [REDACTED]

BUDGET: 140 SECTION/ENG/CREW: 40WS FUNC: C890

RETIREMENT NO [REDACTED]

DRIVERS LICENSE

TYPE: [REDACTED]

NUMBER: [REDACTED]

STATE: [REDACTED]

EXP DATE: [REDACTED]

B101115

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

PERSONNEL CHANGE FORM ON 10/04/2012

NAME: FRIEND, JAMES RICHARD

SOC. SEC. NO. [REDACTED]

ADDRESS: [REDACTED]

BUDGET: 140 SECTION/ENG/CREW: 40WS FUNC: C890

RETIREMENT NO [REDACTED]

EMERGENCY NOTIFICATION

NAME: [REDACTED]
ADDR: [REDACTED]
CITY: [REDACTED]
ST: [REDACTED]
WORK PHONE: () -

RELATIONSHIP [REDACTED]
HOME PHONE: [REDACTED]

B101115

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

PERSONNEL CHANGE FORM ON 09/25/2012

NAME: FRIEND, JAMES RICHARD

SOC. SEC. NO. [REDACTED]

ADDRESS: [REDACTED]

BUDGET: 140 SECTION/ENG/CREW: 40WS FUNC: C890

RETIREMENT NO: [REDACTED]

EMERGENCY NOTIFICATION

NAME: [REDACTED]

ADDR: [REDACTED]

CITY: [REDACTED]

ST: [REDACTED]

WORK PHONE: () -

RELATIONSHIP [REDACTED]

HOME PHONE: [REDACTED]

B101115

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

PERSONNEL CHANGE FORM ON 09/24/2012

NAME: FRIEND, JAMES RICHARD

SOC. SEC. NO. [REDACTED]

ADDRESS: [REDACTED]

BUDGET: 140 SECTION/ENG/CREW: 40WS FUNC: C890

RETIREMENT NO: [REDACTED]

PERSONAL DATA CHANGES

ADDRESS CHANGE

B101115

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

PERSONNEL CHANGE FORM ON 04/05/2010

NAME: FRIEND, JAMES RICHARD

SOC. SEC. NO. [REDACTED]

ADDRESS: [REDACTED]

BUDGET: 140 SECTION/ENG/CREW: AH03 FUNC: C

RETIREMENT NO: [REDACTED]

PERSONAL DATA CHANGES

ADDRESS CHANGE

WORK PHONE CHANGED TO (501) 269-2421 EXT: 2421

RESID COUNTY CHANGED TO [REDACTED]

COUNTY NAME CHANGED TO [REDACTED]

B101115

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

PERSONNEL CHANGE FORM ON 04/19/2010

NAME: FRIEND, JAMES RICHARD

SOC. SEC. NO [REDACTED]

ADDRESS: [REDACTED]

BUDGET: 140 SECTION/ENG/CREW: AH03 FUNC: C

RETIREMENT NO: [REDACTED]

MILITARY DATA

STATUS: ACT BRANCH: USN

RANK: E-5 DISCHARGE:

DISCHARGE DATE:

B101115

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

22

PERSONNEL CHANGE FORM ON 02/16/2010

NAME: FRIEND, JAMES RICHARD

SOC. SEC. NO. [REDACTED]

ADDRESS: [REDACTED]

BUDGET: 140 SECTION/ENG/CREW: AH03 FUNC: C

RETIREMENT NO: [REDACTED]

EMERGENCY NOTIFICATION

NAME: [REDACTED]

ADDR: [REDACTED]

CITY: [REDACTED]

ST: [REDACTED]

WORK PHONE: () -

RELATIONSHIP: [REDACTED]

HOME PHONE: [REDACTED]

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children.
 G _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► **H** _____
 For accuracy, complete all worksheets that apply.
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2010</div>
1 Type or print your first name and middle initial. Last name <div style="font-size: 1.5em; font-family: cursive;">JAMES R FRIEND</div>		
2 Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	[Redacted]
6 Additional amount, if any, you want withheld from each paycheck	6	[Redacted]
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.		
If you meet both conditions, write "Exempt" here 7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ► <div style="font-size: 1.5em; font-family: cursive;">[Signature]</div>		Date ► 1/28/10
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

AR4EC

STATE OF ARKANSAS
Employee's Withholding Exemption Certificate



Print Full Name JAMES RICHARD FLEWELL Social Security Number [Redacted]
Print Home Address [Redacted]

How to Claim Your Withholding
See instructions below
Employee: File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.
Employer: Keep this certificate with your records.
1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED
a. [] You claim yourself. (Enter one exemption) 1a
b. [] You claim yourself and your spouse. (Enter two exemptions) 1b
c. [] Head of Household, and you claim yourself. (Enter two exemptions) 1c
2. NUMBER OF CHILDREN or DEPENDENTS. (Enter one exemption per dependent) 2
3. TOTAL EXEMPTIONS. (Add Lines 1a, b, c, and 2)
If no exemptions or dependents are claimed, enter zero 3
4. Additional amount, if any, you want deducted from each paycheck. (Enter dollar amount) 4
5. I qualify for the low income tax rates. (See below for details) 5

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.
Signature: [Signature] Date: 1/28/10

Instructions

TYPES OF INCOME - This form can be used for withholding on all types of income, including pensions and annuities.

NUMBER OF EXEMPTIONS - (Husband and/or Wife) Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

DEPENDENTS - To qualify as your dependent (line 2 of form), a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principal residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law or sister-in-law; your uncle, aunt, nephew or niece (but only if related by blood).

CHANGES IN EXEMPTIONS OR DEPENDENTS - You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming an exemption is divorced or legally separated from you, or claims his or her own exemption on a separate certificate, or
(b) The support you provide to a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year. OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, does not affect your withholding until next year, but requires the filing of a new certificate by December 1 of the year in which they occur.

You may claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

You qualify for the low income tax rates if your total income from all sources is:

Table with 4 columns: Filing Status, Lower Income, to, Higher Income. Includes Single (\$10,507 to \$13,900), Married Filing Jointly (1 or less dependents) (\$17,717 to \$22,000), Married Filing Jointly (2 or more dependents) (\$21,322 to \$27,400), and Head of Household/Qualifying Widow(er) (\$14,936 to \$19,400).

For additional information consult your employer or write to:
Arkansas Individual Income Tax Section
Withholding Branch
P. O. Box 8055
Little Rock, Arkansas 72203-8055

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
PERSONAL DATA SHEET

1/28/10
Date

INSTRUCTIONS: Complete All Appropriate Blanks.

FRIEND JAMES R 

Last Name First Name Middle Initial SSN



Address City State Zip

Home Phone Office Phone

EDUCATION: List below the name and location of any accredited college or university attended. Include dates of attendance, degree awarded (if any) and your major and minor field of study. Attach copies of any diplomas or transcripts you may have.

School / Location	Dates Attended	Hours	Major / Minor	Degree
<u>Quachita Tech</u>	<u>12/07 - 12/09</u>	<u>61</u>	<u>Crim Justice</u>	<u>AAS</u>
<u>Bellvue University</u>	<u>10/09 - present</u>	<u>120</u>	<u>Crim Justice</u>	<u>BS (4/10)</u>

As applicable, please complete the following:

Are you a high school graduate? Do you have a GED? If not, what is the highest grade completed? _____

Are you now enrolled in a college or university? If so, what is your estimated completion date? 4/10

PROFESSIONAL LICENSES: (Example: Registered Professional Engineer, Certified Welder, etc.) Attach any copies you may have.

Type	Number
_____	_____
_____	_____

DRIVER'S LICENSE: State:  Expiration Date:  Number: 

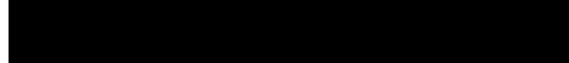
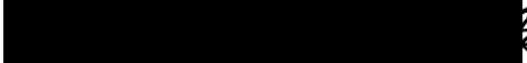
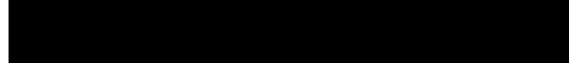
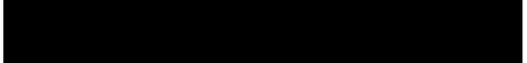
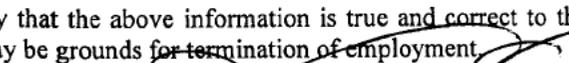
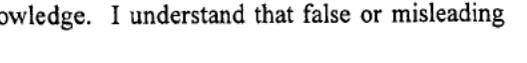
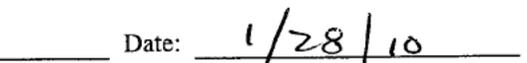
MILITARY: Show your most current military information.

Active Reserve Inactive Reserve Retired

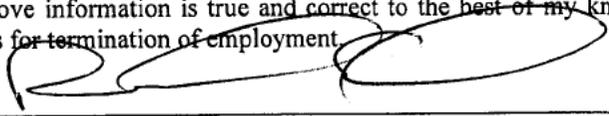
Branch: NAVY Rank: E-5

Type of Discharge: _____ Date of Discharge: 1/2015

EMERGENCY NOTIFICATION:

Name: 	Name: 
Address: 	Address: 
City: 	City: 
State: 	State: 
Phone: 	Phone: 
Relationship: 	Relationship: 

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that false or misleading information may be grounds for termination of employment.

Signature of Employee:  Date: 1/28/10



ARKANSAS HIGHWAY POLICE

POSITION VACANCY ANNOUNCEMENT

Date: 7/12/11

The following position vacancy exists within the Arkansas Highway Police. Any eligible Highway Police Officer who wishes to apply should complete this form for each position vacancy and return it to the AHP Central Office by the deadline indicated below.

Position Vacancy: 372 Mountainburg (Crawford County) 4th Choice

Deadline Date: July 15, 2011

Name: James Richard Friend Rank: PFC

Date of Employment: 1/20/10 Certificate Level: Senior

Education Level: AAS Criminal Justice Veteran's Preference: [REDACTED]

Assignment Location(s): (List Location and Time Served)

Alma weigh station March 2010 to present

I have notified my District Commander: X Yes No

Officer Signature: [Signature] Date: 7/13/11



ARKANSAS HIGHWAY POLICE

POSITION VACANCY ANNOUNCEMENT

Date: 7/12/11

The following position vacancy exists within the Arkansas Highway Police. Any eligible Highway Police Officer who wishes to apply should complete this form for each position vacancy and return it to the AHP Central Office by the deadline indicated below.

Position Vacancy: 373 Fort Smith (Sebastian County) 2nd Choice

Deadline Date: July 15, 2011

Name: James Richard Friend Rank: PFC

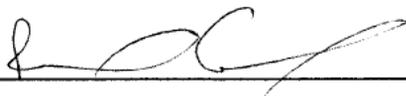
Date of Employment: 1/20/10 Certificate Level: Senior

Education Level: AAS Criminal Justice Veteran's Preference: 

Assignment Location(s): (List Location and Time Served)

Alma weigh station March 2010 to present

I have notified my District Commander: Yes No

Officer Signature:  Date: 7/13/11



ARKANSAS HIGHWAY POLICE

POSITION VACANCY ANNOUNCEMENT

Date: 7/12/11

The following position vacancy exists within the Arkansas Highway Police. Any eligible Highway Police Officer who wishes to apply should complete this form for each position vacancy and return it to the AHP Central Office by the deadline indicated below.

Position Vacancy: 381 Van Buren (Crawford County) 3rd Choice

Deadline Date: July 15, 2011

Name: James Richard Friend Rank: PFC

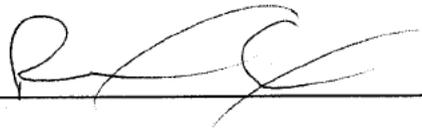
Date of Employment: 1/20/10 Certificate Level: Senior

Education Level: AAS Criminal Justice Veteran's Preference: 

Assignment Location(s): (List Location and Time Served)

Alma weigh station March 2010 to present

I have notified my District Commander: Yes No

Officer Signature:  Date: 7/13/11



ARKANSAS HIGHWAY POLICE

POSITION VACANCY ANNOUNCEMENT

Date: 7/12/11

The following position vacancy exists within the Arkansas Highway Police. Any eligible Highway Police Officer who wishes to apply should complete this form for each position vacancy and return it to the AHP Central Office by the deadline indicated below.

Position Vacancy: 385 Fort Smith (Sebastian County) 1st Choice

Deadline Date: July 15, 2011

Name: James Richard Friend Rank: PFC

Date of Employment: 1/20/10 Certificate Level: Senior

Education Level: AAS Criminal Justice Veteran's Preference: 

Assignment Location(s): (List Location and Time Served)

Alma weigh station March 2010 to present

I have notified my District Commander: Yes No

Officer Signature:  Date: 7/13/11



ARKANSAS HIGHWAY POLICE MEMORANDUM

December 30, 2014

14-12-195

PFC Richard Friend

Dear PFC Friend:

In response to your lateral transfer request, you are being assigned to Unit 379 in Washington County under the command of Captain Glen Holloway. The effective date of your transfer is Saturday, January 10, 2015. You should contact Captain Holloway as soon as possible for information regarding your new assignment.

Upon the effective date of your transfer and pursuant to D. O. 402 / Domicile Requirements of the Arkansas Highway Police, you are expected to establish a temporary residence (for up to 90 days) or permanent domicile within the county of your unit assignment. You are to sign and date AHP form 39 upon receipt of this letter and return it by mail to my office. You will be responsible for all moving expenses associated with your transfer.

I wish you continued success in your new assignment.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ronnie Burks".

Ronnie Burks

Chief – Arkansas Highway Police

c: Major Jay Thompson, Commander – AHP Special Services
Captain Glen Holloway, Commander – AHP District Three
Cecile Knight, AHP Office Manager

Employee file

Standard Form 88
Revised December 2010
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 738

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

Form approved
OAS No. 3206 0006

**UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT
TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 88 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Type or print)	Full name (Type or print legibly)	Date signed (month/day/year)
	James Richard Friend	06/16/2014
Other names used		
[Redacted]		
Current street address Apt. #	City (Country)	State
[Redacted]		Zip Code
[Redacted]		Home telephone number
[Redacted]		



Enter your Social Security Number before going to the next page →



Standard Form 88
Revised December 2010
U.S. Office of Personnel Management
5 CFR Parts 791, 792, and 793

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved
OIG No. 3298 0005

UNITED STATES OF AMERICA AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12958 as amended by Executive Order 13487) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I authorize the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I authorize any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 88, and that it may be disclosed by the Government only as authorized by law.

I authorize the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (Sign in ink)	Full name (Type or print legibly)	Date signed (mm/dd/yyyy)
	James Richard Friend	06/16/2014
Other names used	Date of birth	Print Social Security Number
	03/17/1972	[REDACTED]
Street address (Home or office)	City/County	State
[REDACTED]	[REDACTED]	[REDACTED]
	Zip Code	Home telephone number
	[REDACTED]	[REDACTED]

Enter your Social Security Number before going to the next page

[REDACTED]

[REDACTED]

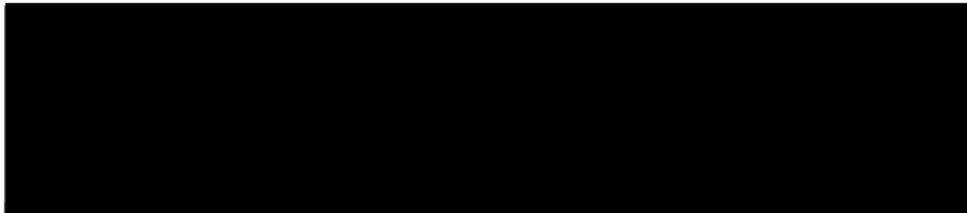
Claunch, Paul M.

From: Claunch, Paul M.
Sent: Tuesday, January 22, 2013 3:07 PM
To: Holloway, Addison G
Cc: Burks, Ron
Subject: RE: Temp Transfer.doc

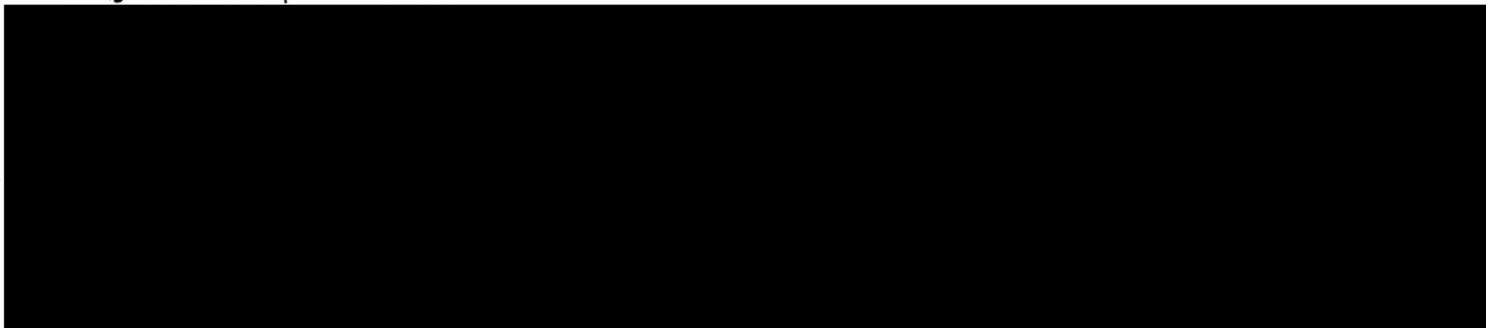
Chief Burks and I concur with your recommended, temporary resolution to PFC Friend's situation.

Thanks~
PC

From: Holloway, Addison G
Sent: Wednesday, January 16, 2013 4:12 PM
To: Claunch, Paul M.
Subject: RE: Temp Transfer.doc



From: Claunch, Paul M.
Sent: Tuesday, January 15, 2013 10:26 AM
To: Holloway, Addison G
Subject: Re: Temp Transfer.doc



Sent from my iPhone 4

On Jan 15, 2013, at 10:10 AM, "Holloway, Addison G" <Addison.Holloway@arkansashighways.com> wrote:

From: Friend, James R.
Sent: Tuesday, January 15, 2013 5:27 AM
To: Holloway, Addison G
Subject: Temp Transfer.doc

Capt,



ARKANSAS HIGHWAY POLICE MEMORANDUM

Date: 01/14/13
To: Capt. Glen Holloway
From: Pfc. James Richard Friend
Subject: Temporary Assignment

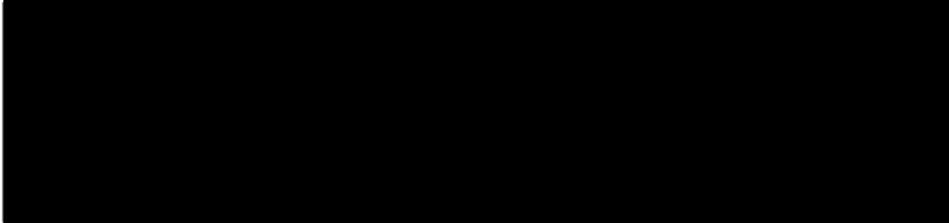
I am requesting a temporary change in my duty assignment from the Alma EB station to the Springdale station or an open unit in the Washington County area.



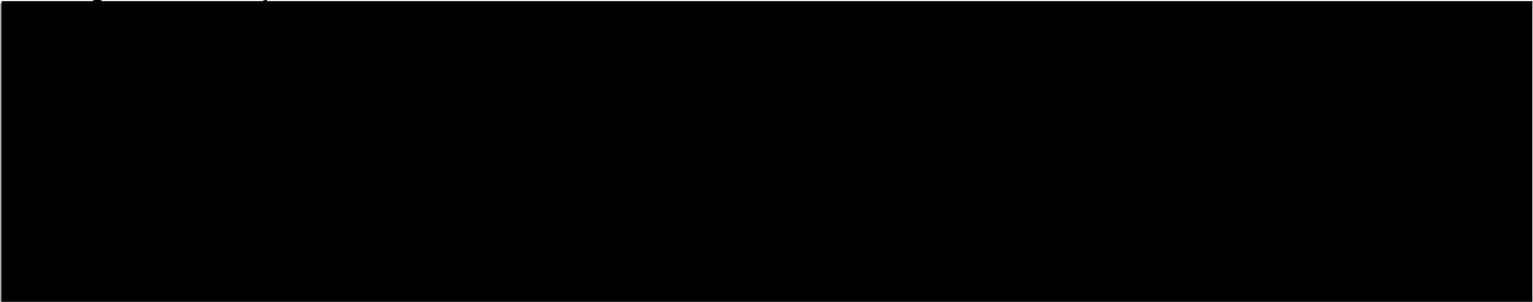
Chief
I concur w/
CPT Holloway's
RECOMMENDATION
AS SHOWN ON THE
FOLLOWING PAGE.
[Signature]
1/18/13

Claunch, Paul M.

From: Holloway, Addison G
Sent: Wednesday, January 16, 2013 4:12 PM
To: Claunch, Paul M.
Subject: RE: Temp Transfer.doc



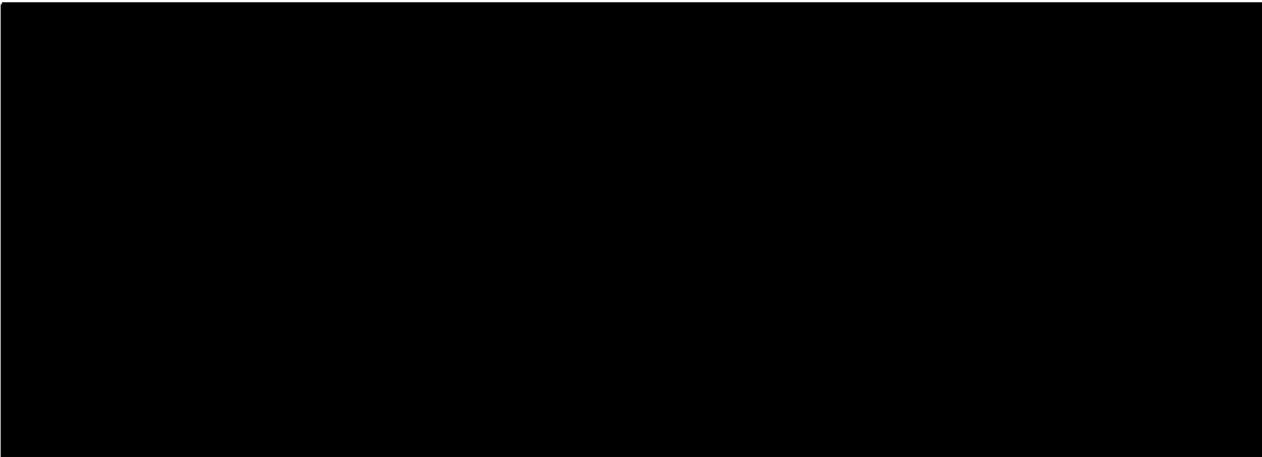
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On Jan 15, 2013, at 10:10 AM, "Holloway, Addison G" <Addison.Holloway@arkansashighways.com> wrote:

From: Friend, James R.
Sent: Tuesday, January 15, 2013 5:27 AM
To: Holloway, Addison G
Subject: Temp Transfer.doc





UNIVERSITY OF ARKANSAS SYSTEM

CRIMINAL JUSTICE INSTITUTE

December 20, 2012

Officer Richard Friend
Arkansas Highway Police
P. O. Box 2779
Little Rock, Arkansas 72203

RE: Drug Recognition Expert Status

Dear Officer Friend:

Congratulations on completing all of the phases for Drug Recognition Expert certification. I would like to take this opportunity to commend you for your achievement. It is because of the dedication and efforts of law enforcement officers such as you that make the DRE program a success.

The certification paperwork has been forwarded and your DRE number, along with a certificate from the International Association of Chiefs of Police, should be received in the next couple of months. However, from December 20, 2012, you have the authority to act as a fully accredited DRE under the authority of the Arkansas DRE State Coordinator as sanctioned by the governing body of the International Association of Chiefs of Police.

Once again, congratulations on becoming a DRE, one of the traffic enforcement elite.

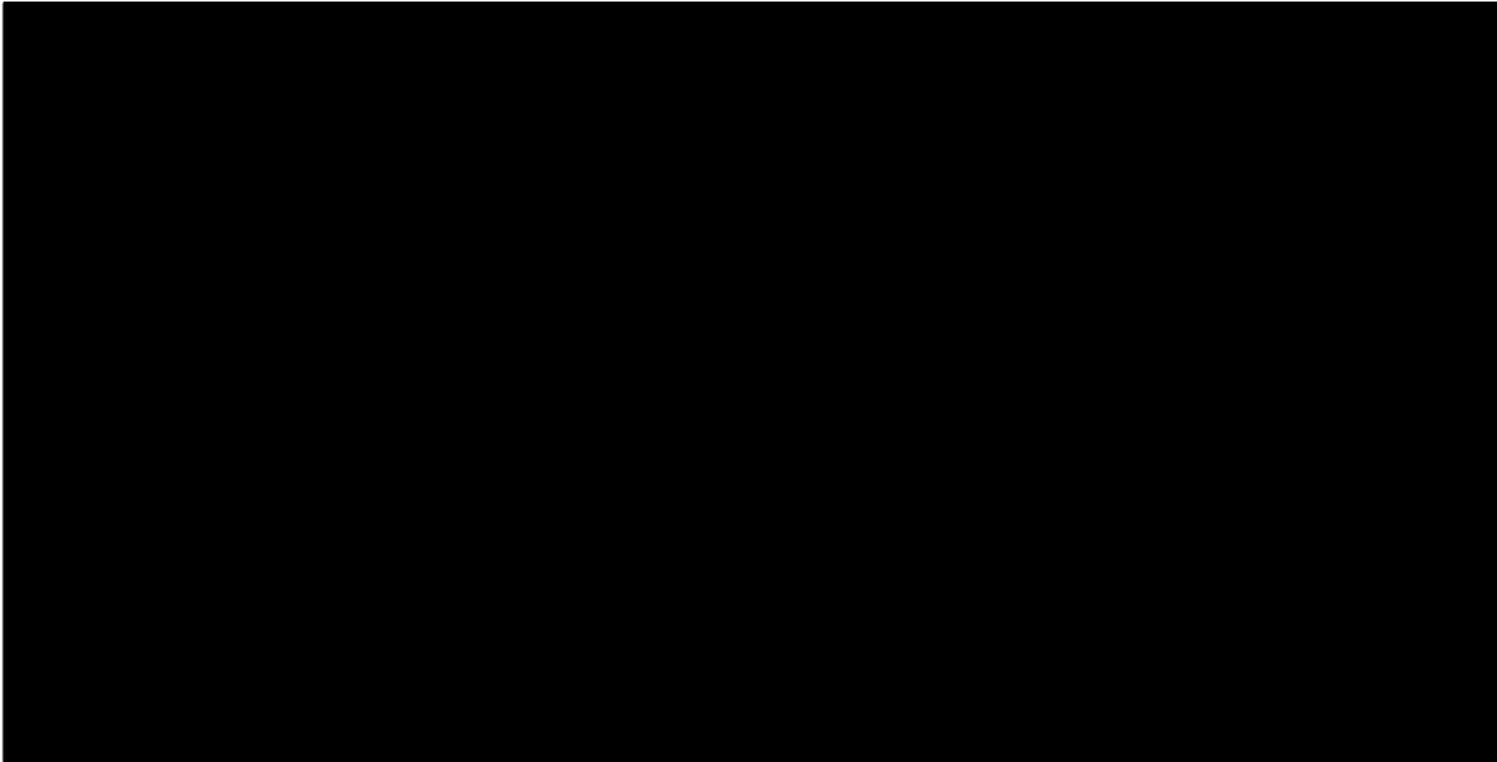
Sincerely,

A handwritten signature in black ink that reads 'Jon Waldrip'. The signature is written in a cursive, flowing style.

Jon Waldrip
Arkansas DRE State Coordinator

Knight, Cecile

From: Friend, James R.
Sent: Tuesday, September 25, 2012 6:11 AM
To: Knight, Cecile
Subject: RE: Emergency Contact





ARKANSAS HIGHWAY POLICE

A Division of the Arkansas State Highway and Transportation Department
www.arkansashighways.com

Scott E. Bennett, Director - AHTD

Ron Burks, Chief - AHP

P.O. Box 2779 • Little Rock, Arkansas 72203-2279 • Telephone (501) 569-2421 • FAX (501) 569-4999

12-09-120

September 24, 2012

PFC James Friend
[REDACTED]

Re: Domicile Change

Dear PFC Friend:

Reference is made to your change of domicile request dated September 18, 2012.

Your newly proposed domicile located at [REDACTED]
has been verified and is within the AHP domicile requirements.

Sincerely,

A handwritten signature in cursive script that reads "Ronnie Burks".

Ronnie Burks
Chief-Arkansas Highway Police

c: Major Paul Claunch, Commander – AHP Special Services
Captain Glen Holloway, Commander – AHP District Three
Cecile Knight, AHP Office Manager
Employee file



ARKANSAS HIGHWAY POLICE MEMORANDUM

Date: 09/18/2012
To: Chief R. Burks
From: Pfc. James Richard Friend
Subject: Change of Residency

I am requesting a change of residency to comply with the Domicile Requirement outlined in D.O. 402 of the department manual. My proposed residence would change from [REDACTED] [REDACTED]. This residence is less than 65 miles from my assigned duty station and requires a response time of less than 60 minutes. The actual distance is 48 miles from the Alma weigh station.

If you have any questions, please do not hesitate to contact me.

On Friday September 21, 2012 I, 1Lt. Stepp, checked the proposed physical address of Pfc. Friend. I drove from [REDACTED] to the Alma East bound station. It was 48.8 miles and took 49 minutes. Pfc. Friend is in compliance with the AHP residency policy.

RECEIVED
ARKANSAS

SEP 24 2012

A handwritten signature in black ink, appearing to be "RB", enclosed in a hand-drawn oval.

HIGHWAY POLICE



ARKANSAS HIGHWAY POLICE

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12-09-120

September 24, 2012

PFC James Friend



Re: Domicile Change

Dear PFC Friend:

Reference is made to your change of domicile request dated September 18, 2012.

Your newly proposed domicile located at [REDACTED] has been verified and is within the AHP domicile requirements.

Sincerely,

A handwritten signature in black ink that reads "Ronnie Burks".

Ronnie Burks
Chief-Arkansas Highway Police

- c: Major Paul Claunch, Commander – AHP Special Services
- Captain Glen Holloway, Commander – AHP District Three
- Cecile Knight, AHP Office Manager
- Employee file



ARKANSAS HIGHWAY POLICE MEMORANDUM

Date: 09/18/2012
To: Chief R. Burks
From: Pfc. James Richard Friend
Subject: Change of Residency

I am requesting a change of residency to comply with the Domicile Requirement outlined in D.O. 402 of the department manual. My proposed residence would change from [REDACTED] [REDACTED]. This residence is less than 65 miles from my assigned duty station and requires a response time of less than 60 minutes. The actual distance is 48 miles from the Alma weigh station.

If you have any questions, please do not hesitate to contact me.

On Friday September 21, 2012 I, 1Lt. Stepp, checked the proposed physical address of Pfc. Friend. I drove from [REDACTED] to the Alma East bound station. It was 48.8 miles and took 49 minutes. Pfc. Friend is in compliance with the AHP residency policy.

RECEIVED
ARKANSAS

SEP 24 2012

A handwritten signature in black ink, appearing to be "RB", enclosed in a hand-drawn oval.

HIGHWAY POLICE



ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
LEAVE CASCADE CHANGE REQUEST FORM

NOTICE: A separate form must be completed for each requested cascade change.

1. Employee Name: James Richard Friend 2. Date: 8/17/2012

3. Which type of Leave Case will the requested change be made to:

- FMLA
- Military
- Worker's Compensation

4. What Leave Cascade does the employee request to change to:

- | | | |
|---|--|---|
| FMLA Case Cascade Options: | Military Cascade Options: | Worker's Compensation Cascade Options: |
| <input type="checkbox"/> Sick, Annual, LWOP | <input checked="" type="checkbox"/> Military, Annual, LWOP | <input type="checkbox"/> Sick, Annual, LWOP |
| <input type="checkbox"/> Annual, Sick, LWOP | <input type="checkbox"/> Military, LWOP | <input type="checkbox"/> Annual, Sick, LWOP |
| <input type="checkbox"/> LWOP Only | | <input type="checkbox"/> LWOP Only |

5. Effective Date of the chosen Leave Cascade: 8/13/2012
NOTE: The Leave Cascade change will be effective at the beginning of the employee's scheduled work shift on the indicated effective date.

6. Remarks (If employee has multiple Leave Cases of any type, please make a note indicating which Leave Case the requested change should be made to): Pfc. Friend is already gone on military leave at this time. Lt. J. Scrivner

7. R. Friend / JH
Employee Signature

8. 08/17/12
Date of Signature

9. Employee ID Number: 37961

Distribution:
Original to Human Resources
Copies to Supervisor and Employee



ARKANSAS HIGHWAY POLICE

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Dan Flowers, Director - AHTD

Ron Burks, Chief - AHP

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11-09-141

October 10, 2011

Kenneth B. Bell, Chief of Police
Van Buren Police Department
111 South 11th Street
Van Buren, AR 72956

Dear Chief Bell:

Reference is made to your letter of appreciation concerning the actions of officers of the Arkansas Highway Police. While the tragic circumstances that brought our agencies together are regrettable, we are very proud of our officers and it is always gratifying to receive positive comments such as yours.

Due to the rural nature of our state and limited law enforcement resources, multi-agency cooperation is vital to the effective response to any emergency situation. Please be assured of our continuing cooperation in all matters of mutual concern.

Copies of your letter will be forwarded to all of the officers involved, their commander and placed in their personnel file for future reference.

Thanks again for the recognition of our officers and taking the time to bring this matter to our attention.

Sincerely,

Ronnie Burks
Chief - Arkansas Highway Police

c: Major Claunch
Captain Holloway
Public Affairs
file

*PFC Friend,
I appreciate the
manner in which
you represented
the AHP.
Chief Burks*



111 South 11th Street, Van Buren, AR 72956
Ph: (479) 474-1234 • Fax: (479) 474-0203

Kenneth Bell, Chief of Police

September 14, 2011

Captain Glen Holloway
Arkansas Highway Patrol
PO Box 392
Van Buren, AR 72956

RE: Crawford County Courthouse Shooting

Dear Captain Holloway:

I would like to express my sincere gratitude and deepest appreciation for the assistance provided by the Arkansas Highway Patrol during the recent shooting at the Crawford County Courthouse the afternoon of September 13, 2011.

I wish to commend your officers who provided support to the Van Buren Police Department by adding extra security and traffic control that was instrumental to the positive outcome of this tragic situation. The Arkansas Highway Patrol went above and beyond their call of duty and represent their agency with the highest level of professionalism and training.

Thank you again your support and please pass on to your staff how much I truly appreciate the outstanding job the men and women of the Arkansas Highway Patrol did for our city. Thank you for a job well done.

Respectfully submitted,

K. Bell
Kenneth B. Bell
Chief of Police

PROGRESS IS OUR PROJECT





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Dan Flowers, Director - AHTD

Ron Burks, Chief - AHP

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11-08-125

September 1, 2011

PFC James Friend
[REDACTED]

Dear PFC Friend:

By means of this communication, I would like to advise you that another qualified applicant has been selected for the unit positions for which you applied.

I appreciate your interest in applying for these positions and would encourage you to apply for future positions of interest as they become available.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ronnie Burks".
Ronnie Burks
Chief – Arkansas Highway Police

c: Captain Holloway
file



jls

ARKANSAS HIGHWAY POLICE MEMORANDUM

Date: 07/12/11
To: Chief Ron Burks
From: Pfc. Richard Friend *RF*
Subject: Unit Vacancies

I respectfully request consideration for the unit vacancies recently opened in District 3. I have been employed as a full time police officer since November 1997 and have completed numerous training classes that I feel have prepared me for additional responsibilities within the Arkansas Highway Police. These classes include graduating from the Arkansas School of Law Enforcement Supervision, completing my Associates Degree in Criminal Justice Administration and serving as a small unit supervisor in both the US Army and currently in the US Navy. I currently hold a Senior Certificate from the Arkansas Commission on Law Enforcement Standards and Training and have been awarded both a law enforcement instructors certificate and a firearm instructor's certificate. I currently have over 3000 hours of law enforcement training as documented with standards.

I have volunteered for numerous special enforcement activities including Click It or Ticket, Operation Brake Check and Road Check. I recently became certified as a Haz Mat inspector.

If chosen for one of these positions, I feel that I could be a valuable asset to the Arkansas Highway Police while working in a unit.

Thank you for your consideration.

AGH
370

**ARKANSAS HIGHWAY POLICE
EMPLOYEE STATUS CHANGE CHECK LIST**

Name: FRIEND, James

New Rank – Position: PFC - Alma

Old Rank – Position: PTL - Alma

Letter of Notification: N/A

Letter of Other Selected: N/A

Letter of Separation: N/A

Domicile – AHP F-39: N/A

Verification of Domicile: N/a

Rosters Updated: 2-4-11

Certificate of Rank: [Signature]

Badge Issued: [Redacted]

Badge Received: [Redacted] *last shirt*

CLEST F-4: [Signature]

ID Card: [Signature]

BAC Certification Notification: N/A

ACIC: N/A

User ID: N/A

Access Card: N/A

DOB: [Redacted]

Date of Employment: 1-28-2010

Effective Date: 2-10-2011

Social Security Number: [Redacted]

Property Receipt Check List: N/A

Training Record: [Signature]

Renee: N/A



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11-02-027

February 15, 2011

PTL James Friend

Dear PTL Friend:

I am pleased to inform you that effective February 24, 2011, you will promote to the rank of Patrol Officer First Class.

As there are added responsibilities and expectations with every promotion, it is my wish that you will accept these new challenges and that your career will advance accordingly.

Congratulations on your promotion!

Sincerely,

Ronnie Burks
Chief – Arkansas Highway Police

c: Major Claunch
Captain Holloway



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10-12-213

December 1, 2010

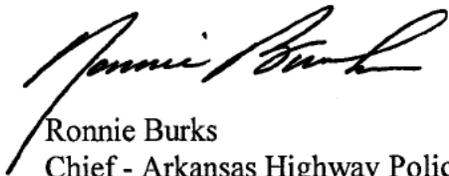
PTL Richard Friend
[REDACTED]

Dear PTL Friend:

Reference is made to your request for off duty employment dated November 9, 2010.

Your request is hereby granted, contingent upon you taking no action on behalf of the Arkansas Highway Police (AHP) during the employment nor utilizing any AHP issued equipment.

Sincerely,


Ronnie Burks
Chief - Arkansas Highway Police

c: Captain Holloway

zls



ARKANSAS HIGHWAY POLICE MEMORANDUM

Date: November 9, 2010

To: Chief Burks

From: Ptl. Richard Friend *RF*

Subject: Off Duty Employment

I am requesting permission to work off duty as a Police Service Dog Instructor with Little Rock K9 Academy.

I would be training police canines and their handlers. My duties would not involve wearing a police uniform nor would it involve taking enforcement action, therefore would not interfere with my duties with Arkansas Highway Police.

The hours would be less than 15 hours per month and would only be during my regular scheduled days off.

Any consideration for this request would be greatly appreciated.

Approved; response letter
(RF) 11/30/10

RECEIVED
ARKANSAS

NOV 29 2010

HIGHWAY POLICE

RF
380

**ARKANSAS HIGHWAY POLICE
EMPLOYEE STATUS CHANGE CHECK LIST**

Name: James Richard Friend

New Rank – Position: PTL - Alma

Old Rank – Position: New Employee

Letter of Notification: 10-01-013

Letter of Other Selected: N/A

Letter of Separation: N/A

Domicile – AHP F-39: 1-28-10

Verification of Domicile: 10-04-049

Rosters Updated: 1-28-10

Certificate of Rank: 1-28-10

Badge Issued: [REDACTED]

Badge Received: [REDACTED]

CLEST F-4: 1-28-10

ID Card: 1-28-10

CVISN User Account: [Signature]

BAC Certification Notification: Not Certified

User ID: 1-28-10

Access Card: N/A

DOB: [REDACTED]

Date of Employment: 1-28-2010

Effective Date: 1-28-2010

Social Security Number: [REDACTED]

Property Receipt Check List: _____

Training Record: 1-28-10

Renee: 1-28-10

ACIC: [Signature]



ARKANSAS HIGHWAY POLICE MEMORANDUM

10-07-110

July 2, 2010

To: PTL James Friend
From:  Ron Burks, Chief
Subject: Personal Weapon

Reference is made to your request to carry your personal weapon while off duty, on duty, as a second weapon and in the patrol unit. You are hereby approved to carry Glock .40 Caliber, Model 27 Pistol, serial number XXXXXXXXXX

It should be noted that the AHTD / Arkansas Highway Police Division assumes no liability in your use of this personal weapon.



S T A T E M E N T

In carrying my personal weapon, I understand that the Arkansas Highway Police Division assumes no liability in my use of this weapon.

Place your initials in the proper blank (s)

The weapon will be carried : Off duty

On duty

On my person as a second weapon

In the Patrol Unit

Other _____

This weapon is described as follows :

Make Glock 27 .40 caliber

Type : Compact Pistol

(Rifle , Revolver , Pistol , Shotgun , Caliber , Gauge , etc.)

Serial # [REDACTED]

Signed : Ptl. James Friend *JF*

Date : 6/18/10 *[Signature]*

District Commander : *AJ Hollaway*

Date: 06/29/10

Personnel File

Revised 11/05
Form 8

[Signature]
RECEIVED
ARKANSAS
JUL 01 2010

HIGHWAY POLICE



ARKANSAS HIGHWAY POLICE

A Division of the Arkansas State Highway and Transportation Department
www.arkansashighways.com

Dan Flowers, Director - AHTD

Ron Burks, Chief - AHP

P.O. Box 2779 • Little Rock, Arkansas 72203-2279 • Telephone (501)569-2421 • FAX (501) 568-4921

10-04-049

April 19, 2010

PTL James Friend

Dear PTL Friend:

Reference is made to domicile verification as a result of your employment at the Alma Weigh Station.

Your domicile has been verified and is within the AHP domicile requirements for the position.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronnie Burks".

Ronnie Burks
Chief – Arkansas Highway Police

c: Captain Holloway

js



ARKANSAS HIGHWAY POLICE MEMORANDUM

To: Chief R. Burks
From: Patrolman James Richard Friend *RF*
Subject: Change of Residency

I am requesting a change of residency to comply with the Domicile Requirement outlined in D.O. 402 of the department manual. Upon successful completion of RTP 6, I will be assigned to the Alma weigh station. My proposed residence would change from [REDACTED] This residence is less than 65 miles from my assigned duty station and requires a response time of less than 60 minutes. The actual distance is 52 miles from the Alma weigh station.

If you have any questions, please do not hesitate to contact me.

On Tuesday March 30, 2010 I, 1Lt. Stepp, checked the physical address of Ptl. Friend. I drove from [REDACTED] to the Alma East bound station. It was 50.7 miles and took 52 minutes. Ptl. Friend is in compliance with the AHP residency policy.

RECEIVED
ARKANSAS

APR 16 2010

HIGHWAY POLICE

RF
APS
380



ARKANSAS HIGHWAY POLICE

A Division of the Arkansas State Highway and Transportation Department
www.arkansashighways.com

Dan Flowers, Director - AHTD

Ron Burks, Chief - AHP

P.O. Box 2779 • Little Rock, Arkansas 72203-2279 • Telephone (501)569-2421 • FAX (501) 568-4921

10-04-041

April 8, 2010

PTL James Friend



Dear PTL Friend:

Reference is made to domicile verification as a result of your initial employment and assignment to the Alma AHP Station.

Your domicile has been verified and is within the AHP domicile requirements for the position.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ronnie Burks".

Ronnie Burks
Chief – Arkansas Highway Police

c: Captain Holloway



ARKANSAS HIGHWAY POLICE MEMORANDUM

To: Chief R. Burks
From: Patrolman James Richard Friend
Subject: Change of Residency

I am requesting a change of residency to comply with the Domicile Requirement outlined in D.O. 402 of the department manual. Upon successful completion of RTP 6, I will be assigned to the Alma weigh station. My proposed residence would change from [REDACTED] This residence is less than 65 miles from my assigned duty station and requires a response time of less than 60 minutes. The actual distance is 52 miles from the Alma weigh station.

If you have any questions, please do not hesitate to contact me. [REDACTED]

On Tuesday March 30, 2010 I, 1Lt. Stepp, checked the physical address of Ptl. Friend. I drove from [REDACTED] to the Alma East bound station. It was 50.7 miles and took 52 minutes. Ptl. Friend is in compliance with the AHP residency policy.

3-31-10
Unit Roster
mail out
PAHR



ARKANSAS HIGHWAY POLICE

DOMICILE REQUIREMENT ACKNOWLEDGEMENT

My signature below acknowledges my full and complete understanding of *D. O. 402 / Domicile Requirements* of the Arkansas Highway Police Operations Manual. I understand that upon the effective date of my employment and/or transfer, which is January 28, 2010, I must establish a temporary residence or permanent domicile within the required area of my assignment which is the Alma Weigh Station. I further understand that a temporary residence may only be established for a period of ninety (90) days or less and that a permanent domicile must be established within ninety (90) days from the effective date of my employment and/or transfer.

I understand that these requirements apply to initial employment and/or location transfer within the Division; that employment, promotions or transfers are conditional on my compliance with these requirements; and that failure to comply with these requirements may result in disciplinary action, up to and including termination.

JAMES R. FRIED
(Officer's Name)

[Signature]
(Officer's Signature)

1/28/10 1435
(Date & Time)



ARKANSAS HIGHWAY POLICE

A Division of the Arkansas State Highway and Transportation Department
www.arkansashighways.com

Dan Flowers, Director - AHTD

Ron Burks, Chief - AHP

P.O. Box 2779 • Little Rock, Arkansas 72203-2279 • Telephone (501)569-2421 • FAX (501) 568-4921

January 20, 2010

10-01-013

Mr. James Friend
[REDACTED]

Dear Mr. Friend:

Congratulations! This letter is to notify you of your successful completion of the initial employment requirements of the Arkansas Highway Police Division of the Arkansas Highway and Transportation Department. We have established January 28, 2010, as your official employment date with the Arkansas Highway Police Division as a Patrol Officer assigned to the Alma Weigh Station.

The next phase of your employment will be assignment to the Arkansas Highway Police Recruit Training Program. The program begins on Thursday, January 28, 2010 at 0800 hours with an orientation session at Camp Robinson in North Little Rock within Building 3000 (see enclosed map). On Thursday, you will be required to complete various employment forms, which include direct deposit and insurance selections, so please be prepared to provide beneficiary and account information. You will also need to be in possession of your drivers' license and Social Security Card. Additionally, if you choose to utilize direct deposit for your payroll, you will need to present a voided personal check or deposit slip.

You are to report in "office casual" clothing and within compliance of regulations governing the presence of facial hair and hairstyle. "Office casual" includes clothing suitable for a business meeting (i.e., open collared shirt and pants for men; skirt or slacks and blouse or top for women). It does not include T-shirts, shorts, jogging suits, or denim. A copy of the applicable AHP grooming policy is included as a part of this packet.

You are expected to establish a residence in an area as mandated in the Arkansas Highway Police Domicile Policy D.O. 402, upon successful completion of AHP Recruit Training Program. You are to sign and date AHP form 39, *Domicile Requirement Acknowledgment*, upon receipt of this letter, and present it at orientation. Within ninety (90) days from the date you sign this form, you shall have a domicile established within a one hour response time to your assignment. A copy of the policy is enclosed.

January 20, 2010
Page 2 of 2
Friend

Included in this packet is a listing of uniform vendors who carry the appropriate AHP uniform items you will need to purchase. You will receive a monthly uniform allowance as well as an additional one-time payment of \$200.00 for initial uniform purchases. A listing of the items that you will need to purchase is enclosed with this packet. Due to ordering constraints, it is **imperative** that you contact a uniform vendor immediately. In addition to the items contained on this list, you will need to purchase the following from a source of your choosing:

- One pair military or police style, black combat boots for wear with the Class "C" Uniform
- One Pair of Black Wellington or Jodhpur style boots for wear with AHP Class "A" and "B"
- One sturdy, black, leather uniform pants belt to wear under your gun-belt
- One pair of standard Smith & Wesson or Peerless, double-lock handcuffs
- White polo/crew-neck T-shirts

The AHP Recruit Training Program will officially begin on February 1, 2010, and you will need black AHP logo T-Shirts (short or long sleeve), Black Proper Apparel BDU style pants, military or police style boots, a black leather uniform belt, and a black baseball style hat with the appropriate AHP badge to wear each day of class.

You may contact SGT William Scott with your T-shirt size to facilitate ordering the black AHP logo T-shirts. He will place a bulk order with an approved vendor in order to achieve cost savings. He can be reached through the AHP Central Office at 501-569-2421.

From receipt of this letter up until orientation, you should direct any inquiries or comments concerning the equipment purchases or the AHP Recruit Training Program to 1LT Ross Batson. He may be contacted through the AHP Central Office in Little Rock at 501-569-2421.

Again, I extend my sincere congratulations and look forward to meeting with you soon.

Sincerely,



Ronnie Burks - Chief
ARKANSAS HIGHWAY POLICE

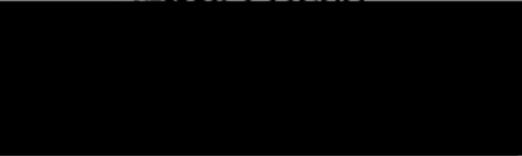
enclosures

c: Major Paul Claunch
1LT Ross Batson
file

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:


 Mr. James Friend


2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Kellie Brown

C. Date of Delivery

12/23/02

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

X Yes



ARKANSAS HIGHWAY POLICE

A Division of the Arkansas State Highway and Transportation Department
www.arkansashighways.com

Dan Flowers, Director - AHTD

Ron Burks, Chief - AHP

P.O. Box 2779 • Little Rock, Arkansas 72203-2279 • Telephone (501)569-2421 • FAX (501) 568-4921

09-12-278

December 18, 2009

Mr. James Friend
[REDACTED]

RE: Initial Offer of Employment

Dear Mr. Friend:

You are officially extended an initial offer of employment at the Alma Weigh Station as a Patrol Officer with the Arkansas Highway Police (AHP) Division of the State Highway and Transportation Department.

The AHP is compelled by the Americans with Disabilities Act (Public Law 101-336) to offer employment to applicants prior to administering physical and psychological examinations, both of which are required by the Arkansas Commission on Law Enforcement Standards and Training. This offer will be immediately rescinded should examining professionals discover deficiencies preventing their recommendations for employment as a law enforcement officer. This action, if applicable, would be mandatory for the Division's compliance with Act 452 of 1975, as amended.

To receive information regarding appointment dates and times for these examinations, you may contact 1st Lieutenant Ross Batson or other designated members of the AHP Headquarters staff at 501-569-2421, Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m. Your immediate response is requested. If no response is received within three (3) days of the receipt of this letter, it will be assumed you are no longer interested, and this employment offer will be withdrawn.

In the event you have questions, concerns, or if your desire for employment has changed, please contact 1st Lieutenant Batson as soon as possible.

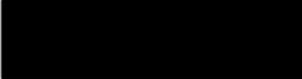
Sincerely,

Ronnie Burks
Chief - Arkansas Highway Police

c: Background File

CERTIFIED MAIL NO [REDACTED]
RETURN RECEIPT REQUESTED

December 1, 2009

Mr. James Friend


Dear Mr. Friend:

Your application for employment with the Arkansas Highway Police Division (AHP) of the Arkansas State Highway and Transportation Department (AHTD) was received and has been placed in file.

The Division maintains applications in file for a period of twelve (12) months. If you have not been employed by the Arkansas Highway Police within that period of time, your application will be removed from our files. You may continue to submit a new application every twelve (12) months, if you so desire.

The Arkansas Highway Police will advertise for Patrol Officer positions at various times throughout the year. These advertisements will be posted in local AHTD / AHP facilities and on the AHTD website, www.arkansashighways.com, for a minimum of two (2) weeks. If you wish to be considered for these advertised vacancies, you must submit a request in writing, via US Mail, facsimile, or hand delivered, to the address listed below. This request must be received in the AHP office by 1630 hours on the closing date of the advertisement and must indicate the position / location for which you wish to be considered. Your application will not be considered for any advertised vacancies unless we receive this request.

Additionally, any changes you may wish to make in your application, such as address, telephone number, status, etc., must also be made in writing. All updates should also be forwarded via U.S. Mail or hand delivered. Any such change will not affect the expiration date of your application. All correspondence should be addressed to:

1LT Ross Batson
Arkansas Highway Police
P. O. Box 2779
Little Rock, AR 72203

Thank you for your interest in employment with the Arkansas Highway Police.

Sincerely,

1LT Ross Batson
Arkansas Highway Police

NOTICE AND ACKNOWLEDGMENT

In accordance with the Arkansas State Highway and Transportation Department's Drug and Alcohol Testing Policy and applicable Drug and Alcohol Regulations of the United States Department of Transportation, I acknowledge that I have received training and understand my obligations.

I understand that the use or possession of alcohol in any form is prohibited in the workplace, and that there are restrictions on alcohol use for a period prior to reporting for work and after an accident.

I understand that the possession or use of unauthorized or illegal drugs is prohibited at any time whether in the workplace or not.

As a condition of employment, I understand that I must submit to random testing for alcohol and drugs, and must submit to collection of breath, urine, blood, and/or saliva samples when requested by the Department or a contractor acting for the Department. I also understand that I may be subject to drug and alcohol testing in any other circumstances, including, but not limited to, post accident and reasonable suspicion.

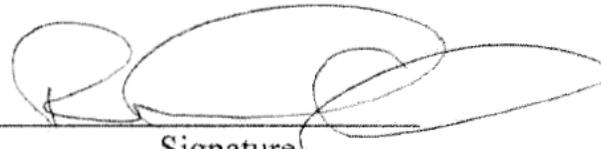
I understand that successful completion of drug and/or alcohol testing, does not create any expectation of continued employment and that the Department is an at-will employer.

Richard Friend
Name (Please Print)

6/27/13
Date

Crew Number/Division


Department ID #


Signature

Alus FD
Location

Instructor



ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

ARKANSAS STATE VEHICLE SAFETY PROGRAM
AUTHORIZATION TO OPERATE
STATE VEHICLES AND PRIVATE VEHICLES ON STATE BUSINESS

THE FOLLOWING MUST BE COMPLETED AND SIGNED BEFORE
AUTHORIZATION TO DRIVE ON STATE BUSINESS WILL BE GIVEN

Agency Code 090

Agency Arkansas State Highway and Transportation Department

Employee James Richard Friend

Date of Birth

Drivers License Number

Expiration Date

Class

Endorsements

Restrictions

Initial Each of The Following:

JF I understand that as permitted by Arkansas Code Ann. §27-50-906 (6)(A), the Office of Driver Services will notify my employer each time a new violation is added to my driving record. I also understand that my employer has access to my driving record through the SVS System (State of Arkansas Website) through Information Network of Arkansas.

JF I understand that because of my driving record I may not be permitted to drive on State business.

JF I will participate in all required Defensive Driving Classes.

JF I will report all accidents that occur on State business to my employer: 1) within 24 hours of the occurrence or by the next working day if the accident occurs in a State vehicle and 2) within 7 working days if the accident occurs in a private vehicle.

JF I have read the Driving Safety Tips provided by my employer.

JF I understand that I must maintain liability coverage, as required by State Law, on my personal vehicles that I drive on State business.

JF I understand that the Department encourages drivers of AHTD vehicles to obtain extended liability coverage as a "rider" on the employee's regular automobile insurance policy.

JF I acknowledge that I am aware of my responsibilities for the safe, lawful and authorized use of any AHTD vehicle for which I may be assigned to drive in the course of my job. I am aware that a permanent record will be made of the location, route, timing, speed and all engine functions of the vehicle which I may operate, and that these conditions will be monitored by my supervisor and other Department managers.

Employee Signature

11/28/12
Date

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

**ACKNOWLEDGEMENT FORM REGARDING
USE OF RACIAL COMMENTS IN THE WORKPLACE**

I acknowledge that I have received a copy of the Department memorandum dated September 22, 2011, concerning the use of racial comments in the workplace.

I understand that the use of racial comments, jokes, slurs, or other racially disparaging statements will not be tolerated in any Department workplace.

I understand that it is my responsibility, as an employee of the Department, to report such conduct to my supervisor if it occurs in the workplace.

I understand that any use of racial comments will result in *written counseling at a minimum*, and may result in more severe disciplinary action, up to and including termination.



Employee ID Number

9/23/11

Date

Richard Friend

Printed Name

AHP

Division/District

**ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
SAFETY MANUAL ACKNOWLEDGEMENT**

Date: 7/13/11

I understand and agree that it is my responsibility to have a thorough knowledge of and comply with these safety rules and regulations governing employees and equipment from the Arkansas State Highway and Transportation Department.

I pledge to be alert in the performance of my assignments in order to help prevent accidents to myself and others.

Richard Frew

Name

[Handwritten Signature]

Employee's Signature



Employee's ID Number or Last Four Digits of Social Security Number

AAP

Division/District

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

22

COMPENSATORY (COMP) TIME AGREEMENT

Designated employees, as defined by the Department's Compensatory (Comp) Time Policy, may elect to receive either overtime pay or comp time in accordance with the policy.

Check the box indicating your choice. Your choice will remain in effect until you change it. However, the Director has the authority to require the use of overtime pay at any time.

I wish to receive overtime pay.

I wish to accrue comp time. I understand that if I accrue the maximum number of hours, I will receive pay for all overtime worked thereafter.

I understand that this policy does not affect the relationship between the Department and myself, and does not create an expectancy of continued employment under any circumstances. I acknowledge that the Department continues to be an employment-at-will organization and specifically reserves the right to terminate any employee at any time.

Richard Friend
Printed Name


Signature


Employee ID Number

7/13/11
Date

AHP
Crew Number or Division



NOTICE AND ACKNOWLEDGMENT

In accordance with the Arkansas State Highway and Transportation Department's Drug and Alcohol Testing Policy and applicable Drug and Alcohol Regulations of the United States Department of Transportation, I acknowledge that I have received training and understand my obligations.

I understand that the use or possession of alcohol in any form is prohibited in the workplace, and that there are restrictions on alcohol use for a period prior to reporting for work and after an accident.

I understand that the possession or use of unauthorized or illegal drugs is prohibited at any time whether in the workplace or not.

As a condition of employment, I understand that I must submit to random testing for alcohol and drugs, and must submit to collection of breath, urine, blood, and/or saliva samples when requested by the Department or a contractor acting for the Department. I also understand that I may be subject to drug and alcohol testing in any other circumstances, including, but not limited to, post accident and reasonable suspicion.

I understand that successful completion of drug and/or alcohol testing, does not create any expectation of continued employment and that the Department is an at-will employer.

Richard Friend
Name (Please Print)


Signature

January 28, 2010
Date

Camp Robinson
Location

Arkansas Highway Police
Crew Number/Division

Kenneth W. Jordan
Instructor


Department ID #

22

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

COMPENSATORY (COMP) TIME AGREEMENT

Designated employees, as defined by the Department's Compensatory (Comp) Time Policy, may elect to receive either overtime pay or comp time in accordance with the policy.

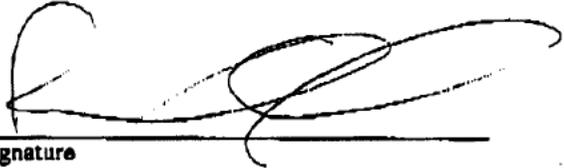
Check the box indicating your choice. Your choice will remain in effect until you change it. However, the Director has the authority to require the use of overtime pay at any time.

I wish to receive overtime pay.

I wish to accrue comp time. I understand that if I accrue the maximum number of hours, I will receive pay for all overtime worked thereafter.

I understand that this policy does not affect the relationship between the Department and myself, and does not create an expectancy of continued employment under any circumstances. I acknowledge that the Department continues to be an employment-at-will organization and specifically reserves the right to terminate any employee at any time.

James R Friend
Printed Name


Signature

[Redacted]

June 16, 2010
Date

AHP
Crew Number or Division

RECEIVED
AHTD

JUN 17 2010

Post-It® Fax Note	7871	Date	6/16/10	# of pages	1
To	Chrissy	From	LT. SCRIBNER		
Co./Dept.	AHP. L.R.	Co.	AHP. AINC		
Phone #		Phone #			
Fax #	(501) 589-4999	Fax #	(479) 474-6074		

HUMAN RESOURCES

FRIEND COMP AGREEMENT

**ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
SICK LEAVE ACKNOWLEDGEMENT FORM**

All regular full-time employees are eligible for sick leave after one month of continuous service. Employees serving in a part-time, temporary or per diem status are not entitled to sick leave.

Sick leave accrues at a rate of eight (8) hours per month, or ninety-six (96) hours per year. There is no limit to the number of sick leave hours an employee can accrue.

Notification of absence due to illness shall be given as soon as possible on the first day of the absence to the employee's supervisor. If the employee fails to make proper notification, such absences may be charged to annual leave or leave without pay. Such determination will be made at the Division Head or District Engineer's discretion.

Sick leave shall be granted in quarter-hour increments. An employee may utilize sick leave upon approval of the appropriate authority for absence due to the following:

- Personal illness
- Non-occupational injury
- Doctor and dentist appointments
- Death or illness in the employee's immediate family (husband, wife, mother, mother-in-law, father, father-in-law, daughter, daughter-in-law, son, son-in-law, brother, brother-in-law, sister, sister-in-law, grandmother, grandfather, grandchildren, step relationships)

A physician's statement is required for use of forty (40) or more hours of consecutive sick leave. However, a medical certification (Form WH-380) will be required for any amount of sick leave taken for a serious health condition, in accordance with the Family and Medical Leave Act (FMLA) policy.

If sick leave cannot be justified or is found abusive, the supervisor will initiate progressive discipline. If it is determined that there is flagrant abuse of the sick leave policy, the supervisor may recommend termination.

By signing this form, I agree to conform to the rules regarding the Department's sick leave. I understand that detailed information is available in the Department's Employee Handbook. I also understand that this information is subject to change as situations warrant and the changes in policies may supersede, modify, or eliminate the information provided. I accept responsibility for keeping informed of these changes.

JAMES RICHARD FREED
Employee's Full Name (Please Print)

[Handwritten Signature]
Employee's Signature

[Redacted]
Employee's Social Security Number

1/28/10
Date

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

POLITICAL ACTIVITIES

In regard to Political Activities, employees of the Department may not: (a) Use official authority or influence for the purpose of interfering with or affecting the result of an election or a nomination for office; or (b) directly or indirectly coerce, attempt to coerce, command, or advise a State or local officer or employee to pay, lend, or contribute anything of value to a political party, committee, organization, agency, or person for a political purpose. An employee wishing to be a candidate for an elective office should contact the Human Resources Office for: 1) A determination as to whether they can do so; and 2) Restrictions on campaigning activities. As a guideline to political activities permitted or prohibited, employees are directed to the United States Civil Service Commission's regulations pertaining to political activities of State Employees as set forth in Federal Regulations (CFR) No. 151.101, No. 151.111, No. 151.121, No. 151.122, and the Employee Oath of Office, Arkansas Code Annotated 27-65-129. Copies are available in the Human Resources Office.

EMPLOYEE OATH OF OFFICE
(Arkansas Code Annotated 27-65-129)

I do solemnly swear (or affirm) that so long as I am an employee of the State Highway Commission of the State of Arkansas or of the Arkansas State Highway and Transportation Department, I will give my entire and undivided time to the work of the department, and that I will not accept other employment while in the employ of the department, nor will I be interested, either directly or indirectly, in any of the contracts, work, or other activity of the Arkansas State Highway and Transportation Department other than as employee of the department, nor in the purchase or sale of any material, machinery, or equipment bought for or sold by the department while an employee of the department; that I will not be interested otherwise than as an employee of the state in adding any road to the state highway system or in the improving of any road by the Arkansas State Highway and Transportation Department, nor in the appointment of any person to any position in connection therewith; and that I will diligently and impartially execute the duties of my employment, and I will never use any information or influence that I may have, by reason of my employment, to gain any pecuniary reward for myself, directly or indirectly, nor will I disclose information so that it may be used by others.

RESTRICTIONS ON EMPLOYMENT OF PRESENT AND FORMER EMPLOYEES
(Arkansas Code Annotated 19-11-709)

Former employees are permanently disqualified from working on matters in which that employee was personally involved. Former employees are prohibited for a period of one year to act as principal or agent for anyone other than the state in matters which were within the former employee's official responsibility. There are also restrictions on partnerships with former state employees and selling to the state after employment. For more information see Arkansas Code Annotated 19-11-709 (Repl. 1994). Copies are available in the Human Resources Office.

RIGHT TO TERMINATE

I hereby acknowledge that the Arkansas State Highway and Transportation Department is not offering or contracting employment for a definite period of time. The Department reserves the right to terminate me at any time and continued employment depends upon my satisfactory performance and the Department's determination of the needs for my service.

I hereby certify that I have read and understand the above provisions.

[Handwritten Signature]
Signature of Employee

James Robert Fero
Print Name

1/28/10
Date

**ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT
DRUG-FREE WORKPLACE POLICY**

In accordance with the Drug-Free Workplace Act of 1988, you are hereby notified that drug abuse in the workplace is prohibited. "Drug abuse" includes the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance. "Workplace" is defined as anywhere an employee is physically located during the performance of or transportation to and from any work related assignment. "Controlled Substance" is defined in schedules I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812).

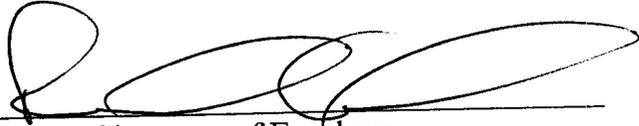
Appropriate personnel action up to and including termination will be taken against any employee who violates this prohibition. Illegal drug use or drug abuse in the workplace endangers fellow workers, public safety, Department morale, production and the health and well-being of the employee.

The Department will assist employees in identifying counseling or rehabilitative services for drug abuse. This assistance is available by contacting the Human Resources Division.

As a condition of employment, you are required to abide by the terms of this statement and notify your supervisor of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction. Appropriate personnel action will be determined on a case by case basis within 30 days of receiving notice of each conviction. The Arkansas State Highway and Transportation Department will notify the appropriate Federal Agency within 10 days after receiving notice of any criminal drug statute conviction in the workplace.

Arkansas Highway Police Operations Manual will supersede this policy for those employees subject to the provisions of the Commission on Law Enforcement Standards and Training.

I, Richard Friend, hereby certify that I have read or had read to me the Arkansas State Highway and Transportation Department's Administrative Order 99-03, regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in this agency's workplace and violation of this policy can subject me to discipline, up to and including termination. I realize that as a condition of employment, I must abide by the terms of this policy and will notify my employer of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I further realize that federal law mandates that my employer communicate this conviction to the appropriate federal agency, and I hereby waive any and all claims that may arise for conveying this information to the appropriate agency.



Signature of Employee

1/28/10

Date

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

EEO POLICY CONCERNING DISCRIMINATION AND HARASSMENT

It is the policy of the Arkansas State Highway and Transportation Department that there be no discrimination against any employee or applicant on the basis of a person's race, color, religion, sex, national origin, age, or disability. In keeping with that policy, the Department will not tolerate discrimination or harassment by any of its employees. Harassment consists of unwelcome conduct designed to threaten, intimidate or coerce and includes verbal taunting (racial, ethnic, religious, etc.) which impairs an employee's ability to perform his/her job. The Department will not tolerate harassing conduct that affects tangible job benefits, interferes unreasonably with an individual's work performance, or creates an intimidating, hostile, or offensive working environment.

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other physical or verbal conduct of a sexual nature when:

- 1) submission to the conduct is made either an explicit or implicit condition of employment,
- 2) submission to or rejection of the conduct is used as the basis for an employment decision affecting the harassed employee, or
- 3) the harassment substantially interferes with an employee's work performance or creates an intimidating, hostile, or offensive work environment.

Prohibited acts of sexual harassment can take a variety of forms including sex-based remarks, kidding, joking, pressure for sexual activity and physical assault. Sexual harassment between individuals of the same sex, as well as the opposite sex, is prohibited. Examples of conduct which can constitute sexual harassment are:

- Sexually suggestive objects or pictures placed in the work area that may be embarrassing or offensive.
- Language of a sexual nature including comments about a person's body or sexually degrading words to reference or describe an individual.
- Inappropriate touching.
- Propositions of a sexual nature.
- Threats or insinuations that an employee's employment, pay, promotional opportunities, benefits or other conditions of employment may be adversely affected for not submitting to sexual advances or participating in conduct that is unwelcome.

Any employee or applicant that believes he or she has been discriminated against or harassed should tell the harasser to stop and/or report the behavior to his or her supervisor, the Human Resources Division Head, the EEO Section Head, the Internal EEO Coordinator, or any member of management without fear of reprisal. All employees play an important role in maintaining an environment of equal opportunity and have a responsibility to treat co-workers with respect and in a professional manner. Managers and supervisors will be held personally accountable for ensuring that no form of discrimination or harassment occurs in the workplace or in the services provided by the Department.

ACKNOWLEDGEMENT

I have read or had read to me the Arkansas State Highway and Transportation Department's Discrimination and Harassment Policy. I herein acknowledge and understand that I have the right to work in an environment free of discrimination or harassment and the responsibility not to harass other employees.

Richard Friend

Employee Name (please print)



Employee Signature

[Redacted] Social Security Number

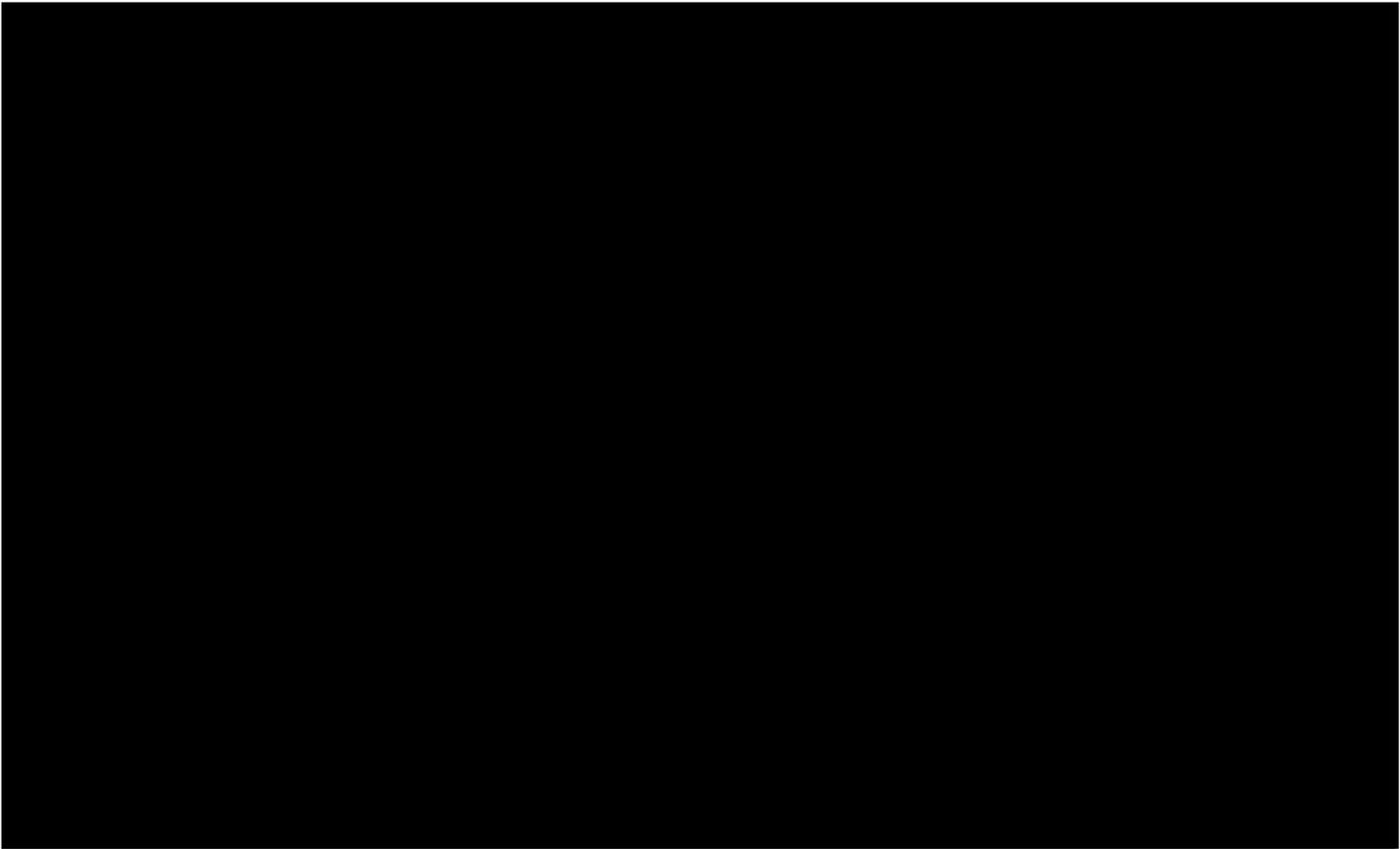
1/28/10

Date

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

Statement of Selective Service Status
In compliance with Act 228 of the 1997 Acts of the Arkansas General Assembly

I understand that to be eligible for employment with the State of Arkansas, I must register, or be exempt from registration, with the Selective Service System in accordance with the Military Selective Service Act (50 U.S.C. Appx 451 et seq.) as specified in Act 228 of the 1997 Acts of the Arkansas General Assembly. I, therefore, swear or affirm under penalty of perjury that I have registered with the Selective Service System, or I am exempted from such registration because of provision(s) of the Military Selective Service Act or Act 228 of the 1997 Acts of the Arkansas General Assembly.



Richard Friend
Name (Please Print)

1/28/10
Date

[Handwritten Signature]
Signature

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

ARKANSAS STATE VEHICLE SAFETY PROGRAM
AUTHORIZATION TO OPERATE
STATE VEHICLES AND PRIVATE VEHICLES ON STATE BUSINESS

THE FOLLOWING MUST BE COMPLETED AND SIGNED BEFORE
AUTHORIZATION TO DRIVE ON STATE BUSINESS WILL BE GIVEN

Agency Code 090

Agency Arkansas State Highway and Transportation Department

Employee JAMES RICHARD FIELD

Date of Birth [Redacted]

Drivers License Number [Redacted]

Expiration Date [Redacted] Class [Redacted]

Endorsements [Redacted] Restrictions [Redacted]

Initial Each of The Following:

RF I understand that as permitted by Arkansas Code Ann. §27-50-906 (6)(A), the Office of Driver Services will notify my employer each time a new violation is added to my driving record. I also understand that my employer has access to my driving record through the SVS System (State of Arkansas Website) through Information Network of Arkansas

RF I understand that because of my driving record I may not be permitted to drive on State business.

RF I will participate in all required Defensive Driving Classes

RF I will report all accidents that occur on state business to my employer 1) within 24 hours of the occurrence or by the next working day if the accident occurs in a State vehicle and 2) within 7 working days if the accident occurs in a private vehicle.

RF I have read the Driving Safety Tips provided by my employer.

RF I understand that I must maintain liability coverage, as required by State Law, on my personal vehicles that I drive on State business.

[Handwritten Signature]
Employee Signature

01/28/2010
Date

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

ARKANSAS STATE VEHICLE SAFETY PROGRAM
DRIVING SAFETY TIPS

- **Observe Speed Limits and Traffic Laws** – Allow sufficient time to reach your destination without violating speed limits or traffic laws.
- **Seat Belts** – Each driver and front seat passenger in any motor vehicle operated on a street or highway in this state is required by law to wear a properly adjusted and fastened seat belt.
- **Cellular Phones** – The use of cellular phones by the driver while the vehicle is in motion is strongly discouraged. Even with “hands free” equipment, conversing on the phone takes your attention away from driving, making you less likely to notice hazardous situations.
- **Backing Crashes** – Most backing accidents are preventable. Whenever possible, park your vehicle where backing is not required. Know what is beside and behind your vehicle before you begin to back. Back slowly and check both sides as well as the rear as you back. Continue to look to the rear until the vehicle has come to a complete stop.
- **Intersection Crashes** – When approaching and entering intersections, be prepared to avoid crashes that other drivers may cause. Take precautions to allow for the lack of skill or improper driving habits of other drivers. Potentially dangerous acts include speeding, improper turn movements, and failure to yield the right of way.
- **Weather Related Crashes** – Rain, snow, fog, sleet or icy pavement increase the hazards of driving. Slow down and be especially alert when driving in adverse conditions.
- **Passing Crashes** – When you pass another vehicle, look in all directions, check your blind spots, and use your signal. As a general rule, only pass one vehicle at a time.
- **Front End Crashes** – By maintaining a safe following distance at all times, the driver can prevent front-end collisions in spite of abrupt or unexpected stops of the vehicle ahead. Observe the “two second rule” by following the vehicle ahead at a distance that spans at least two seconds. The following distance should be increased when driving in adverse conditions.
- **Security** – State vehicles should be locked whenever they are unoccupied.
- **Engines** – The engine of a State vehicle should always be turned off before the driver exits the vehicle.

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

**ACKNOWLEDGEMENT FORM REGARDING
USE OF RACIAL COMMENTS IN THE WORKPLACE**

I acknowledge that I have received a copy of the Department memorandum dated August 11, 2005, concerning the use of racial comments in the workplace.

I understand that the use of racial comments, jokes, slurs, or other racially disparaging statements will not be tolerated in any Department workplace.

I understand that it is my responsibility, as an employee of the Department, to report such conduct to my supervisor if it occurs in the workplace.

I understand that any use of racial comments will result in *written counseling at a minimum*, and may result in more severe disciplinary action, up to and including termination.



Signature

1/28/10

Date

Richard Frew

Printed Name

Enforcement / A/MS

Division/District

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

PERSONNEL MANUAL ACKNOWLEDGEMENT

I have been advised that the Personnel Manual, which outlines the policies of the Department and employees' responsibilities, is available for my review at the following locations:

- The Human Resources Division's intranet page (go to http://ahtdnet/ from a network computer, and click on Human Resources),
• The Department's external website (go to http://www.arkansashighways.com from a non-network computer, and click on Employment),
• Any Division Head or District Engineer's office, and
• Any field office of the Department (Area Maintenance Headquarters, Resident Engineer Offices, or Highway Police weigh stations).

I understand that a hard copy of the Personnel Manual will be provided to me, upon my request. I will familiarize myself with the information in this manual, and will seek verification or clarification where necessary. I understand and agree to the following:

- By accepting employment, I agree to conform to the rules and regulations of the Department. I understand that the information in this manual is subject to change as situations warrant and I understand that changes in the policies may supersede, modify, or eliminate the policies currently in effect. Changes in policy will be communicated to me by my supervisor or through official notices. I accept responsibility for keeping informed of these changes.
• I understand I have an obligation to inform my supervisor of changes in personal data such as address, phone number, education, etc.
• At all times during the employment relationship, I am employed "at will" and the employment relationship may be terminated at any time by the Department or me with or without cause.
• Nothing contained in the Personnel Manual creates a contract between the Department and me; the Personnel Manual simply serves as a set of guidelines for employees to follow.

RICHARD FRIEND
Employee's Printed Name

[Handwritten Signature]
Employee's Signature

[Redacted Box]
Employee ID Number or Last Four Digits of Social Security Number

1/28/10
Date

ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT

CODE OF ETHICS

EMPLOYEE AFFIRMATION

My signature on this document indicates that I have read and fully understand the prohibited activities and my responsibilities to the Arkansas State Highway and Transportation Department as listed in this Code of Ethics.

Richard Kline
Print Name


Signature

1/28/10
Date



ARKANSAS HIGHWAY POLICE
AND THE
ARKANSAS COMMISSION ON LAW ENFORCEMENT STANDARDS
AND TRAINING

THE LAW ENFORCEMENT CODE OF ETHICS

AS A LAW ENFORCEMENT OFFICER, my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder, and to respect the Constitutional rights of all men to liberty, equality and justice.

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

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

I RECOGNIZE the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession...law enforcement.

James R FRIEND

(Officer's Name)

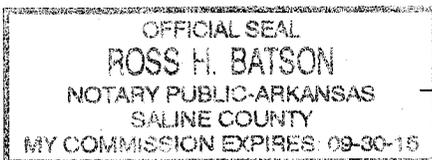
[Handwritten Signature]

(Officer's Signature)

STATE OF ARKANSAS }
} ss.
COUNTY OF PULASKI }

Sworn and/or affirmed and subscribed to before me, a Notary Public in and for the State of Arkansas,

County of Saline, this 28th day of January 2010.



[Handwritten Signature]

Ross H. Batson
Notary Public

My Commission Expires September 30, 2015



ARKANSAS HIGHWAY POLICE

OATH OF OFFICE

I, JAMES FRIEND, DO SOLEMNLY SWEAR AND/OR AFFIRM THAT I WILL SUPPORT AND DEFEND THE CONSTITUTION OF THE UNITED STATES OF AMERICA AND THE CONSTITUTION OF THE STATE OF ARKANSAS AGAINST ALL ENEMIES, FOREIGN AND DOMESTIC; THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE SAME; THAT I TAKE THIS OBLIGATION FREELY, WITHOUT ANY MENTAL RESERVATION OR PURPOSE OF EVASION; AND THAT I WILL WELL AND FAITHFULLY DISCHARGE THE DUTIES OF AN ARKANSAS HIGHWAY POLICE OFFICER UPON WHICH I AM ABOUT TO ENTER, SO HELP ME GOD.

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

(OFFICER'S SIGNATURE)

1/28/10

(DATE)

STATE OF ARKANSAS}

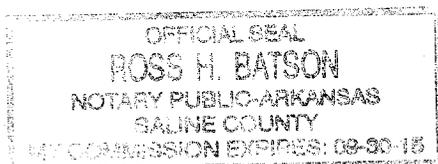
COUNTY OF PULASKI} ss.

SWORN, AFFIRMED AND SUBSCRIBED TO BEFORE ME, A NOTARY PUBLIC IN AND FOR THE STATE OF ARKANSAS, COUNTY OF SALINE, THIS 28TH DAY OF JANUARY, 2010,

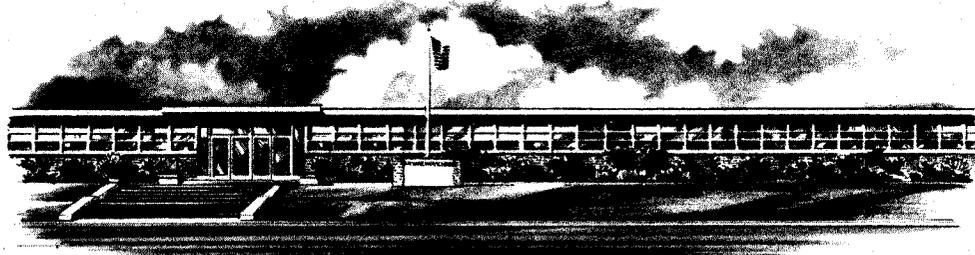
A handwritten signature in black ink, appearing to read "Ross H. Batson", written over a horizontal line.

ROSS H. BATSON

MY COMMISSION EXPIRES SEPTEMBER 30, 2015



Bryant High School



Bryant, Arkansas

James Richard Friend

having completed in a satisfactory manner the regular Course of Study
as prescribed for the High School Department is entitled to receive this

Diploma

by order of The Board of Education

May 31, 1991

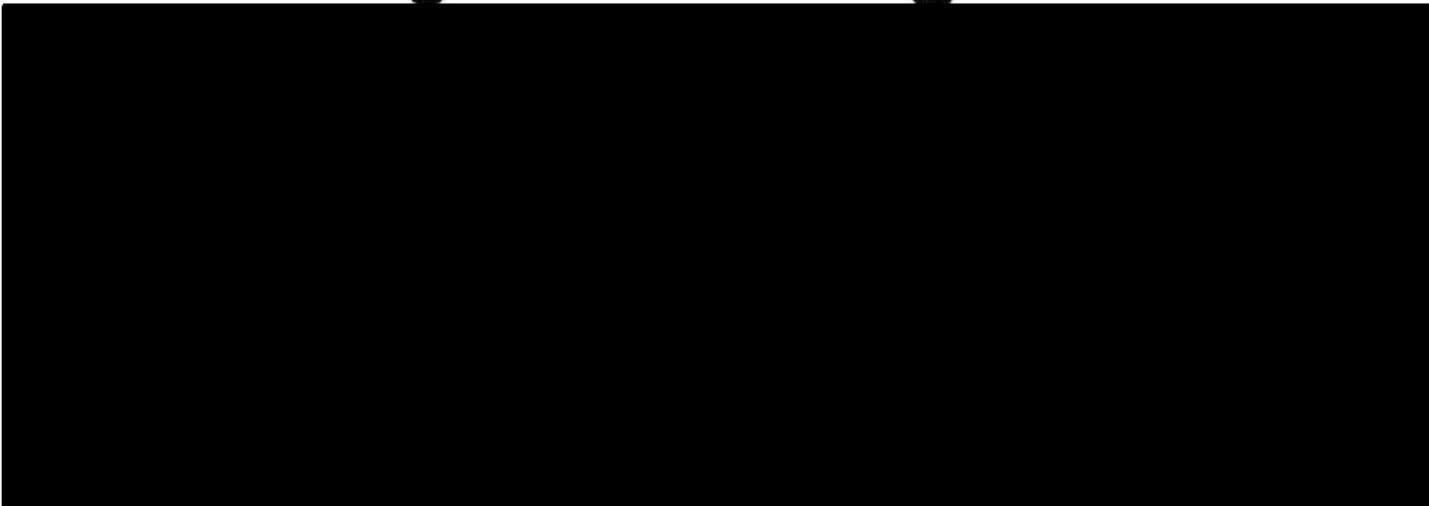
Date of Award

John E. Owen
President

Mike M. Wright
Secretary

Alana Julian
Superintendent

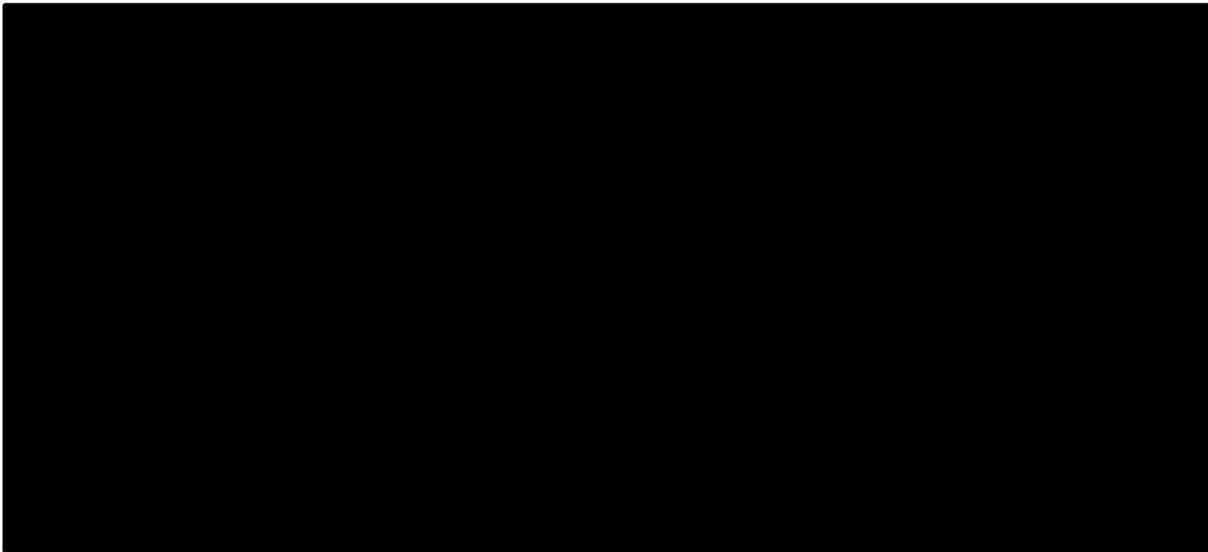
Danny Godson
Principal



NAME: James Richard Friend
SSN: [REDACTED]
DATE OF BIRTH: [REDACTED]
DATE OF EVALUATION [REDACTED]
DATE OF REPORT: 1/14/2010

REASON FOR REFERRAL

James Richard Friend is [REDACTED]
[REDACTED]



STATE OF ARKANSAS

COMMISSION

ON

LAW ENFORCEMENT STANDARDS

AND TRAINING

PERSONAL HISTORY STATEMENT

ATTENTION: APPLICANT

This form must be notarized at the time of
your signature or your application will be
considered incomplete!

PERSONAL HISTORY STATEMENT

Arkansas Highway Police
Law Enforcement Agency

11 / 30 / 2009
Month Day Year

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, add additional pages and identify information by item number. If a question does not apply to you, indicate by writing N/A in the answer blank. Type or print legibly in all responses.

PERSONAL

1. NAME JAMES RICHARD FRIEND

Friend, James

AUDIT CATEGORIES

1. **Code of Ethics** – copy of Signed Code of Ethics Form
2. **21 years of age** – copy of birth certificate
3. **US Citizen** – Copy of Birth Certificate
4. **Fingerprints** – Fingerprint card copy and returns from ASP & FBI
5. **Criminal Check** – Computer returns from ACIC & NCIC
6. **Background Investigation** – Copy of report of background check
7. **Physical Exam** – F-2 Form or equivalent
8. **Psychological Exam** – F-2b Form or equivalent
9. **Education Requirement** – copy of High School Diploma or GED
10. **Department Interview** – Back of F-1 Form
11. **Valid Driver's License** – copy of DL in file
12. **Training Required** – Copy of Law Enforcement Basic School Certificate
Racial Profiling
National Incident Command System (NIMS) Diplomas
13. **Certification Requirements Met**

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM

FIRST NAME

NAME

FRIEND JAMES RICHARD



0000005000560

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

AR0601500
ST HWY PATROL

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

APPLICANT

1. LOOP



CENTER
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



DELTA

THESE LINES RUNNING BETWEEN
DELTA MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. NOTATE IN THE APPROPRIATE FINGER BLOCKS IF APPLICANT IS MISSING ONE OR MORE FINGERS FOR ANY REASON. IF NOT MISSING, ALL TEN IMPRESSIONS MUST BE PROVIDED WITH SCARS AND DEFORMITIES NOTATED.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

INSTRUCTIONS:

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 2. PRIVACY ACT OF 1974 (PL. 93-579) REQUIRES THAT FEDERAL STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION AND USES WHICH WILL BE MADE OF IT.
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 4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD; OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).



State of Arkansas



ARKANSAS STATE POLICE

1 State Police Plaza Drive Little Rock, Arkansas 72209-4822 www.asp.arkansas.gov

"SERVING WITH PRIDE AND DISTINCTION SINCE 1935"

Mike Beebe
Governor

Winford E. Phillips
Director

April 6, 2010

**ARKANSAS
STATE POLICE
COMMISSION**

Dr. Lewis Shepherd
Chairman
Arkadelphia

John Allison
Vice-Chairman
Conway

Steve G. Smith
Secretary
Little Rock

Jane Christenson
Harrison

Daniel "Woody" Futrell
Nashville

Wallace Fowler
Jonesboro

Dr. Charisse Childers
Little Rock

All City and County Police Departments

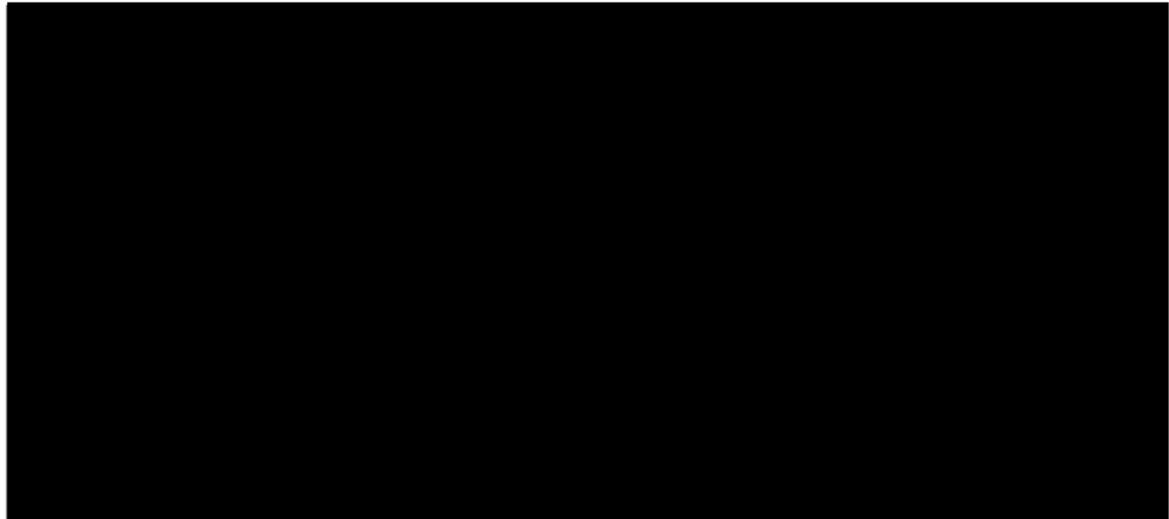
RE: Police Officer Applicant James R. Friend

Social Security Number



Requesting Agency

Arkansas State Highway Police AR0601500



Sonya L. Brooks

AFIS Fingerprint Technician
Automated Fingerprint Identification System

LEAVE BLANK

APPLICANT

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM

FIRST NAME

NAME

FBI

LEAVE BLANK

FRIED JAMES

RICHARD

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

ARD601500
ST HWY PATROL

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

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OF LOOP

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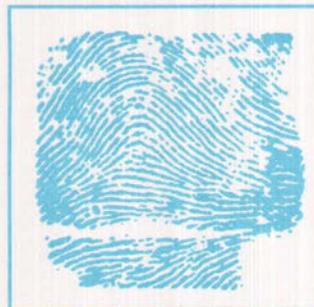
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ARKANSAS

Friend

HIGHWAY



POLICE

Field Training Workbook



February 2010

Field Training Record

1. Name of Recruit:			2.		
FRIEND	Last	JAMES	First	RICHARD	
		Middle			
3. Name of Field Training Officer	4. Field Assignment		5. Field Training Dates (inclusive)		
			From	To	
1. C. E. TRIPP	STATION		3/29/10	5/10/10	
2. C. E. TRIPP	UNIT		5/11/10	5/15/10	
3.					
4.					

This training guide is a list of basic police responsibilities, tasks and procedures. The Field Training Officer (FTO) will use this guide during field training of a recruit. The FTO will explain each item, and whenever practical, demonstrate the task or procedure to the recruit. When the FTO believes that the recruit is capable of handling a specific task, he will require the recruit to perform the task while he observes. The FTO should pace himself to insure that sufficient time is allotted for explaining and/or performing each and every task. When an item has been satisfactorily performed, the FTO will enter the date of completion in the proper column and initial. This is not an exhaustive list, and when unlisted situations arise, the FTO should demonstrate the proper procedure for handling the situation and record such action at the end of the guide. *If a listed task does not apply to your department, place N/A (Not Applicable) in the allotted space.*

7. I have been instructed in all items as recorded in this Field Training Guide.

 5/15/10

 Signature of Recruit / Date

8. Reviewed By:

 15-FEB-11

 Signature of Assistant Commander - Special Services / Date

9. I attest that the above-named recruit has satisfactorily completed the prescribed Field Training Program.

 Signature of Commander of Special Services / Date

INSTRUCTIONS
AHP Form 202
AHP Form 202A

These instructions are intended to answer the questions that most frequently arise in the use of this form.

Following are detailed instructions for the completion of each numbered item on the form.

1. **Name of recruit:** Last name first. Full name is required.
4. **Name of field training officer:** List each FTO assigned to coach the recruit.
5. **Field assignment:** List each assignment of the FTO and recruit, patrol and/or station duty.
6. **Field training dates:** Indicate the date the recruit was assigned to each FTO and the date they were released.
7. **Recruit's signature:** Recruit must **sign when** they have been instructed in all items as recorded in the Field Training Guide.
8. **Date of recruit's signature:** Show date recruit completed the Field Training Program and signed the record.
9. **Signature of reviewing officer:** The person reviewing the recruit's progress would sign here. This would be the Assistant Commander – Special Services.
10. **Date of signature of reviewing officer.**
11. **Commander of Special Services signature:** Signs when he has received documentation and is satisfied the recruit has satisfactorily completed the Field Training Program.
12. **Explained:**
FTO gave verbal direction to the recruit out of the appropriate book or manual.

Demonstrated:

FTO demonstrated to the Recruit the above-explained task.

Practiced:

FTO observed Recruit performing the task.

AHP Form 202A, Field Training Record, is to be completed for placement in the Officer's file.

ARKANSAS HIGHWAY POLICE

Field Officer Instruction Guide

FRIEND JAMES RICHARD
 Last First Middle
 (Recruit's Name)

FTO Initial and Date		
Explained	Demonstrated	Practiced
Training Responsibilities		
Unit and Station Field Training Officers		

I) Personal Items

- 1) Police and the Public
 - a) Do not congregate or loiter at crime scenes, coffee shops, stores, etc.
 - b) Contacts with the opposite sex
 - c) Driving habits
 - d) Full uniform correctly worn
- 2) Command presence and courtesy
- 3) Use of precaution, prepared for anything
- 4) Personal conduct
 - a) Smoking in public/Tobacco use
 - b) Offensive mannerisms and gestures
 - c) Voice and word usage
- 5) Acceptance of gratuities and rewards (Departmental Policies)
- 6) Rapport with fellow officers and supervisors

^{CS} 3/30/10		
^{CS} 3/30/10		
^{CS} 3/30/10		
^{CS} 3/30/10		^{CS} 3/30/10
^{CS} 3/30/10		
^{CS} 3/30/10		
^{CS} 3/31/10		
^{CS} 4/1/10		
^{CS} 4/2/10		^{CS} 4/2/10
^{CS} 4/2/10		^{CS} 4/2/10
^{CS} 4/2/10		
^{CS} 4/2/10		

II) Preparation for Duty

- 1) Personal appearance and hygiene
- 2) Uniform and equipment check and maintenance
- 3) Absenteeism and tardiness
- 4) Information necessary for duty

FTO Initial and Date		
Explained	Demonstrated	Practiced
Training Responsibilities		
Unit and Station Field Training Officers		

- 5) Station and equipment inspection
- 6) Patrol vehicle and equipment
- 7) Servicing the police vehicle

CW 4/5/10		
CW 5/12/10	CW 5/13/10	CW 5/12/10
CW 5/13/10		

III) Arrest Procedures

- 1) When to effect an arrest (search and seizure, constitutional rights)
- 2) How to effect an arrest
 - a) Difference between felony and misdemeanor
 - b) Using force
 - c) Use of baton, chemical agents and handcuffs
 - d) Using the pistol
 - e) Legal and moral aspects of shooting
- 3) How to search a person (males and females) in the field and in jail or lockup
- 4) Resisting arrest; book when resistance is real
- 5) Interference with an officer's arrest
- 6) Removing occupants from vehicles
- 7) Information to be gathered at the time of arrest
- 8) Transporting prisoners to police station or jail
 - a) Use of auto; alone, with another officer
 - b) Prisoners from AHP stations
 - c) Necessity for care and watchfulness, prevent prisoner from getting behind officer
 - d) Extra precautions for selected prisoners

CW 4/8/10		
CW 4/8/10		
CW 4/8/10		
CW 4/15/10		CW 4/15/10
CW 4/15/10		
CW 4/15/10		
CW 4/15/10		CW 4/15/10
CW 4/16/10		
CW 4/16/10		
CW 4/15/10		CW 4/15/10
CW 4/15/10		CW 4/15/10
CW 4/15/10		
CW 4/15/10		CW 4/15/10
CW 4/15/10		CW 4/15/10
CW 4/15/10		

FTO Initial and Date		
Explained	Demonstrated	Practiced
Training Responsibilities		
Unit and Station Field Training Officers		

e) Give mileage and radio check when bringing in ~~females~~ ALL VIOLATORS.

CS
3/30/10

9) Department policy on recommending attorney, bail bondsmen

CS
3/30/10

10) Searching operations at AHP stations and in patrol units

CS
3/30/10

11) Prisoner's property control procedures (receipts)

CS
3/30/10

IV) Use of police radio

1) Use of AHP radio. (It is suggested that training officer do all transmitting for first few days until the recruit understand its use and proper codes.

CS CS CS
3/31/10 3/31/10 3/31/10

a) Proper position to hold microphone

CS CS CS
3/31/10 3/31/10 3/31/10

b) Use normal voice

CS CS CS
3/31/10 3/31/10 3/31/10

c) Use of a logical accepted phonetic alphabet

CS CS CS
3/31/10 3/31/10 3/31/10

d) Department policy relative to placing microphone in a position that is readily available when out of care

CS CS CS
3/31/10 3/31/10 3/31/10

e) Be conscious of status of other cars. If another officer has something important happening, do no use radio except in emergencies

CS
3/31/10

f) Keep dispatcher informed of your status

CS
3/31/10

2) Learn radio code, phonetic alphabet and unit identification

CS CS CS
3/31/10 3/31/10 3/31/10

a) Indicate the most used and important code numbers

CS
3/31/10

V) General operating procedures

1) Use of officer's notebook

CS
4/8/10

FTO Initial and Date		
Explained	Demonstrated	Practiced
Training Responsibilities		
Unit and Station Field Training Officers		

- 2) Field Investigation
- 3) Questioning witnesses (AHP Form 9)
- 4) Statement-taking
- 5) Receipt of property (Transfer / Property)
- 6) Obtaining descriptions of persons
- 7) Report-writing
- 8) Handling evidence (AHP Manual)
- 9) Using first aid
- 10) Obtaining ambulance, tow trucks, fire apparatus
- 11) Handling prisoners
- 12) Checking permits and licenses as per department policy

5/12/10 ^{CS}		
5/12/10 ^{CS}		5/12/10 ^{CS}
5/12/10 ^{CS}		
5/11/10 ^{CS}		
5/11/10 ^{CS}		
4/15/10 ^{CS}		4/15/10 ^{CS}
4/8/10 ^{CS}	4/8/10 ^{CS}	4/8/10 ^{CS}

VI) General investigations as they apply to AHP

- 1) Investigation and checking of a vehicle believed to have been stolen
- 2) Investigation and checking of an occupied suspicious vehicle
- 3) Investigation and checking of abandoned vehicle

4/29/10 ^{CS}		
4/29/10 ^{CS}		
4/29/10 ^{CS}		

VII) Enforcement procedures and policies

- 1) Hazardous Materials
 - a) Spills
 - b) Shipping papers
 - c) Emergency response guidebook
 - d) Incidents at station

5/4/10 ^{CS}		

FTO Initial and Date		
Explained	Demonstrated	Practiced
Training Responsibilities		
Unit and Station Field Training Officers		

- e) Incidents on highway
- f) Inspections
- 2) Motor Fuel Tax
 - a) State tax amounts
 - b) IFTA
 - c) State Statute (26-56-220)
 - d) Import / Export Permit
- 3) Vehicle license
 - a) IRP registration
 - (1) 72 Hour Permit
 - (2) Expired
 - (3) Cab Card
 - (4) Exemptions
 - (5) Fictitious registration
 - (6) Overweight on registration
 - b) Non IRP registration
 - (1) Expired
 - (2) Fictitious registration
 - c) Arkansas Based Registrations
 - (1) Expired
 - (2) Fictitious registration
 - (3) Special natural resources registration

5/11/10 ^{CS}		
5/11/10 ^{CS}		
5/11/10 ^{CS}		
5/12/10 ^{CS}		
5/15/10 ^{CS}		
5/11/10 ^{CS}		
3/31/10 ^{CS}		
3/21/10 ^{CS}		
3/21/10 ^{CS}		
5/11/10 ^{CS}		
4/12/10 ^{CS}		
4/22/10 ^{CS}		

FTO Initial and Date		
Explained	Demonstrated	Practiced
Training Responsibilities		
Unit and Station Field Training Officers		

- (4) Off-road specialized equipment
- (5) Over weight on registration
- 4) Permit regulations and laws
 - a) Legal limits on dimension and / or weight
 - b) Manufactured homes
 - (1) Holidays and hours of movement
 - (2) Signs
 - (3) Escorts
 - (4) Insurance
 - c) Conditions for permitting (dimensions)
 - (1) Forestry and farm equipment
 - (2) Over width equipment
 - (3) Over height equipment
 - (4) Over length equipment
 - d) Conditions for permitting (weight)
 - (1) Axle limitations
 - (a) Single-axle load bearing
 - (b) Tandem-axle load bearing
 - (c) Tri-axle load bearing
 - (2) Escorts
 - e) Vehicles of special design
 - f) Movement of houses

CO 4/22/10		
CO 4/22/10		
CO 4/27/10		
CO 5/12/10		
CO 5/11/10		
CO 5/11/10		

FTO Initial and Date		
Explained	Demonstrated	Practiced
Training Responsibilities		
Unit and Station Field Training Officers		

- b) Hazardous violations (Moving)
- c) DWI
- d) Encroachment on AHTD Right of Way
- e) Equipment violations
- f) Driver license

5/12/10 ^{CS}		

VIII) Accident scene

- 1) Handling inquiries
- 2) Traffic control
- 3) Reports required (AHP Manual)
- 4) Notify other police agencies

4/24/10 ^{CS}		

IX) Citations and Violation Notices

- 1) Overload Citation (Appendix 51 AHP Manual)
- 2) Uniform Traffic Citation (Appendix 52 AHP Manual)
- 3) Violation Notice (Appendix 53 AHP Manual)
- 4) Criminal Citation (C)
- 5) Commercial Citation (Z)

3/20/10 ^{CS}	3/20/10 ^{CS}	3/30/10 ^{CS}
3/20/10 ^{CS}	3/20/10 ^{CS}	
4/15/10 ^{CS}	4/15/10 ^{CS}	4/15/10 ^{CS}
4/15/10 ^{CS}	4/15/10 ^{CS}	4/15/10 ^{CS}
4/15/10 ^{CS}	4/15/10 ^{CS}	4/15/10 ^{CS}

X) Handling people

- 1) Questioning (Constitutional Rights)
- 2) Obtaining statement
- 3) Juvenile
- 4) Wanted persons
- 5) Beggar / pan-handlers

4/8/10 ^{CS}		
4/8/10 ^{CS}		
4/8/10 ^{CS}		
4/15/10 ^{CS}		
4/24/10 ^{CS}		

FTO Initial and Date		
Explained	Demonstrated	Practiced
Training Responsibilities		
Unit and Station Field Training Officers		

- 6) Loiters
- 7) Drunken persons
- 8) Sex misconduct, exhibitionist, peeping toms
- 9) Transients
- 10) Missing person
- 11) Mental cases
- 12) Injured persons and prisoners
- 13) Transporting persons (AHP Manual)

4/1/10		
4/1/10		
4/1/10		
4/1/10		
4/1/10		
4/1/10		
4/1/10		
4/1/10		
4/1/10		

XI) Property and Evidence Control

- 1) Evidence to be processed by laboratory
- 2) Reports and records
- 3) Storage and safekeeping
- 4) Prisoner's property
- 5) How to impound a vehicle (AHP Manual)
- 6) Difference between evidence and property
- 7) Evidence packaging and marking
- 8) Chain of evidence

4/2/10		
4/2/10		
4/2/10		
4/2/10		
5/1/10		
5/1/10		
5/1/10		
5/1/10		

XII) Organizational information and procedures

- 1) Policy on press relation
- 2) Daily Time Record (DTR)
 - a) Days off
 - b) Compensatory time / overtime

3/20/10		
3/20/10	3/20/10	3/20/10
3/20/10		
3/20/10		

FTO Initial and Date		
Explained	Demonstrated	Practiced
Training Responsibilities		
Unit and Station Field Training Officers		

- c) Leaves
- d) Holidays
- 3) Care of AHP and AHTD equipment
- 4) Unit Inspections
- 5) Uniform Regulation
- 6) Complaint procedures
- 7) Transfer request
- 8) Domicile requirement (AHP Manual)
- 9) Code of conduct
- 10) Definitions and terms (AHP Manual)
- 11) Benefits (AHP Manual)
- 12) Legal actions against AHP officer
- 13) Courtroom testimony and demeanor
- 14) Outside employment regulation
- 15) Change of address and/or other personal data

XIII) Use of Force Policy

- 1) Deadly (AHP Manual)
- 2) Physical (AHP Manual)
- 3) Reports required
- 4) Carrying a weapon OFF-DUTY

XIV) Explain the use and/or preparation of the following forms

CS 4/24/10		
CS 3/30/10		
CS 4/24/10		
CS 5/14/10		
CS 3/29/10		
CS 4/24/10		
CS 4/24/10		
CS 3/29/10		
CS 4/29/10		
CS 4/29/10		
CS 4/29/10		
CS 5/18/10		
CS 4/24/10		

- 1) Reimbursement for travel
- 2) Travel by private vehicle
- 3) Automobile inventory and storage report
- 4) Leave request form
- 5) Report of incident
- 6) Property receipt & Transfer property receipt
- 7) Voluntary statement
- 8) Consent to search
- 9) Description of subject
- 10) Your rights
- 11) Witness statement
- 12) 72-Hour IRP Trip Permit
- 13) Unattended vehicle check
- 14) Radio log
- 15) Tie-up report
- 16) Point of entry information
- 17) Radar log
- 18) Axle report
- 19) Daily activity report
- 20) Law Enforcement Bulletin Logs (Confidential)
- 21) Portable scales calibration procedures
- 22) Directed enforcement report

FTO Initial and Date		
Explained	Demonstrated	Practiced
Training Responsibilities		
Unit and Station Field Training Officers		

4/22/10 ^{CS}		
4/22/10 ^{CS}		
4/22/10 ^{CS}		
4/20/10 ^{CS}	4/2-1/10 ^{CS}	4/20/10 ^{CS}
4/22/10		
4/22/10 ^{CS}	4/22/10 ^{CS}	
4/22/10 ^{CS}		
4/15/10 ^{CS}		4/15/10 ^{CS}
4/22/10 ^{CS}		
4/22/10 ^{CS}		
4/22/10 ^{CS}		
4/24/10 ^{CS}		
4/24/10 ^{CS}		
4/24/10 ^{CS}		
3/30/10 ^{CS}	3/30/10 ^{CS}	3/30/10 ^{CS}
4/24/10 ^{CS}		
4/24/10 ^{CS}		
3/31/10 ^{CS}	3/31/10 ^{CS}	3/31/10 ^{CS}
4/24/10 ^{CS}	4/24/10 ^{CS}	4/24/10 ^{CS}
4/24/10 ^{CS}		
4/24/10 ^{CS}		
4/24/10 ^{CS}		

FTO Initial and Date		
Explained	Demonstrated	Practiced
Training Responsibilities		
Unit and Station Field Training Officers		

- 23) Motor fuel tax stop and check (new form)
- 24) Official receipt (Motor Fuel Tax)
- 25) State crime laboratory evidence submission sheet

4/24/10 ^{CS}		
4/24/10 ^{CS}		
4/24/10 ^{CS}		

XV) MCSAP – 32 Level One’s (under FTO direction)

Dated complete 4/27/10

FTO’s signature CE Trapp

- 1) Hours of Service
 - a) Property Carrying
 - b) Passenger Carrying
 - c) 100 air mile rule
 - d) 150 air mile rule (non-CDL drivers)
- 2) Inspection Procedure
- 3) Out of Service Policy
- 4) Operating Authority (392.9A)
- 5) UCR Unified Carrier Registration (392.2UCR)
- 6) MCSAP Time Reporting Sheet / Inspection Time
- 7) _____
- 8) _____

4/1/10 ^{CS}		
3/29/10 ^{CS}		
3/29/10 ^{CS}		
3/29/10 ^{CS}		
3/29/10 ^{CS}		
3/29/10 ^{CS}	3/29/10 ^{CS}	3/29/10 ^{CS}

XVI) Any Additional Information Covered by the FTO

- 1) VEHICLE APPROACH ON TRAFFIC SIDE
- 2) _____
- 3) _____

5/11/10 ^{CS}	5/11/10 ^{CS}	5/11/10 ^{CS}
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INSTRUCTIONS AHP Form 200

These instructions are intended to answer the questions which most frequently arise in the use of this form.

Following are detailed instructions for the completion of each numbered item on the form.

1. **NAME OF RECRUIT:** Last name first. Full name is required.

2. **REPORT DATE:** Executed by the Field Training Officer at the end of each report week.

3. **ASSIGNMENT:** Show the assignment of the FTO and recruit for the week being reported on, i.e. patrol or station duties.

4. Through 11. **FACTORS:** FTO should place an X in the box that most clearly denotes an accurate evaluation of the recruit.

12. **GENERAL PROGRESS TO DATE:** Place an X in the box that most clearly denotes this fact, being demanding but fair.

13. **COMMENTS:** Make specific written comments on any evaluation of "*Inadequate*", "*Fair*", or "*Outstanding*". Comments should include recommendations as to how the recruit can improve any ratings in "Needs Improvement" columns.

14. **FIELD TRAINING OFFICER SIGNATURE AND DATE:** FTO signs and dates in the space prior to submission to Assistant Commander – Special Services.

NOTE: FTO should execute this form after completion of each week of field training. Form is to be forwarded to the Assistant Commander – Special Services after execution and then forwarded to the Commander of Special Services along with "Field Training Officer Evaluation Report" (AHP 201) and the "Field Training Record" (AHP 202) within two (2) days of the completion of the recruit's field training.

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Field Training Officer Weekly Progress Report

1. Name of Recruit: <i>FRIEND</i> Last <i>JAMES</i> First <i>RICHARD</i> Middle	2. Week One <i>4/4/10</i>
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3. Assignment <i>STATION</i>
--

Check appropriate boxes in the rating areas shown below. Since this form will assist you in preparing your final evaluation of the trainee, be as objective as possible. If you wish to elaborate further on a particular rating, identify the item under comments and make your written evaluation.

Factor	Needs Improvement Inadequate Fair	Marginal Average	Acceptable Good Outstanding
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Field Training Officer Weekly Progress Report

Factor	Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good Outstanding
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<div style="background-color: black; width: 100%; height: 100%;"></div>

13. Comments

(All evaluations of "Inadequate", "Fair", or "Outstanding" must be supported with comments.)

<div style="background-color: black; width: 100%; height: 100%;"></div>

14. FTO Signature / Date

C.E. [Signature] 4/4/10

15. Recruit Signature / Date

[Signature] 4/4/10

Field Training Officer Weekly Progress Report

1. Name of Recruit: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> FRIEND Last JAMES First RICHARD Middle </div>	2. Week Two <div style="font-size: 1.2em; text-align: center;">4/11/10</div>
--	--

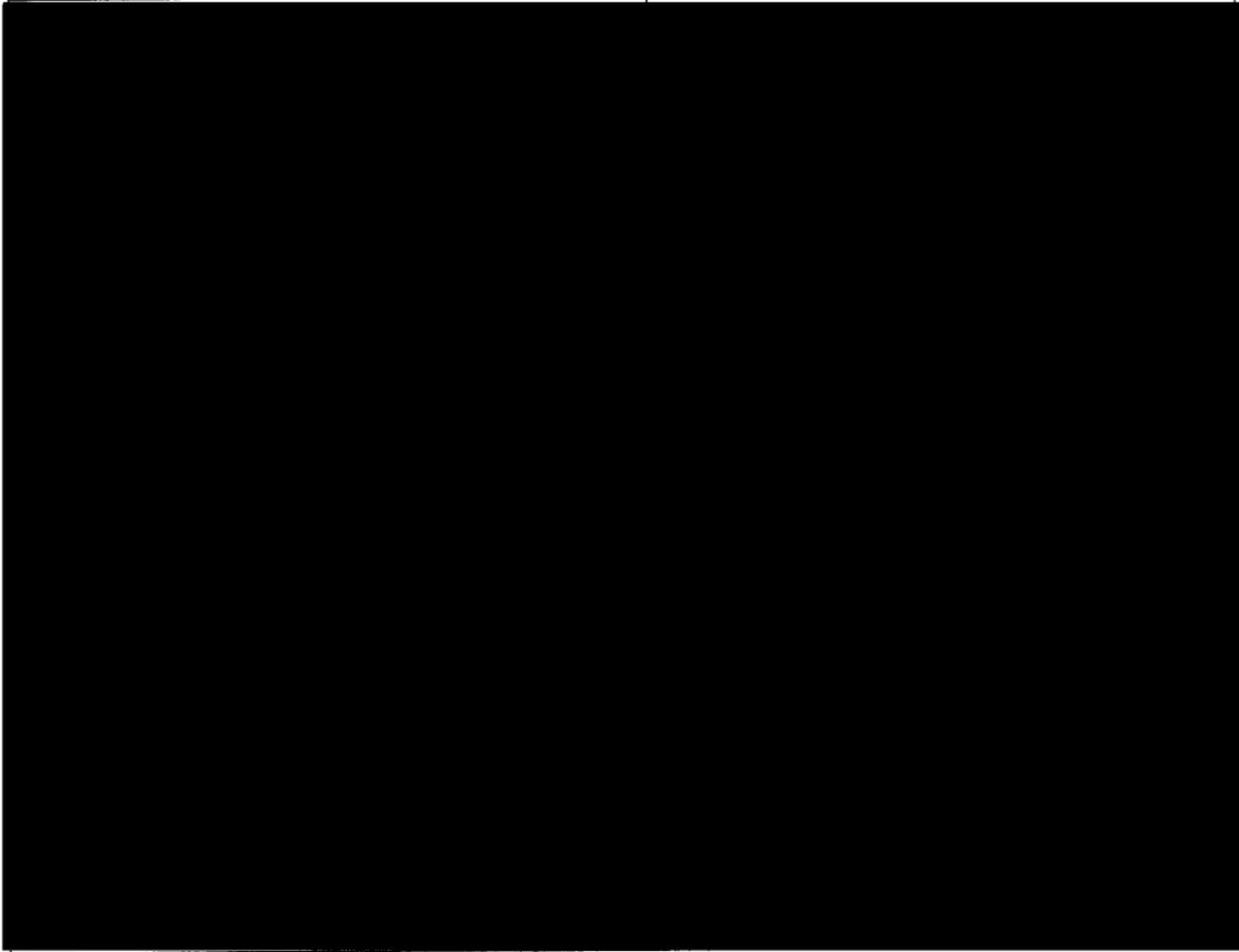
3. Assignment STATION
--

Check appropriate boxes in the rating areas shown below. Since this form will assist you in preparing your final evaluation of the trainee, be as objective as possible. If you wish to elaborate further on a particular rating, identify the item under comments and make your written evaluation.

Factor	Needs Improvement Inadequate Fair	Marginal Average	Acceptable Good Outstanding
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Field Training Officer Weekly Progress Report

Factor	Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good Outstanding
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13. Comments

(All evaluations of "Inadequate", "Fair", or "Outstanding" must be supported with comments.)



<p>14. FTO Signature / Date</p> <p><i>P.E. Jarry</i> 4/11/10</p>	<p>15. Recruit Signature / Date</p> <p><i>[Signature]</i> 4/11/10</p>	
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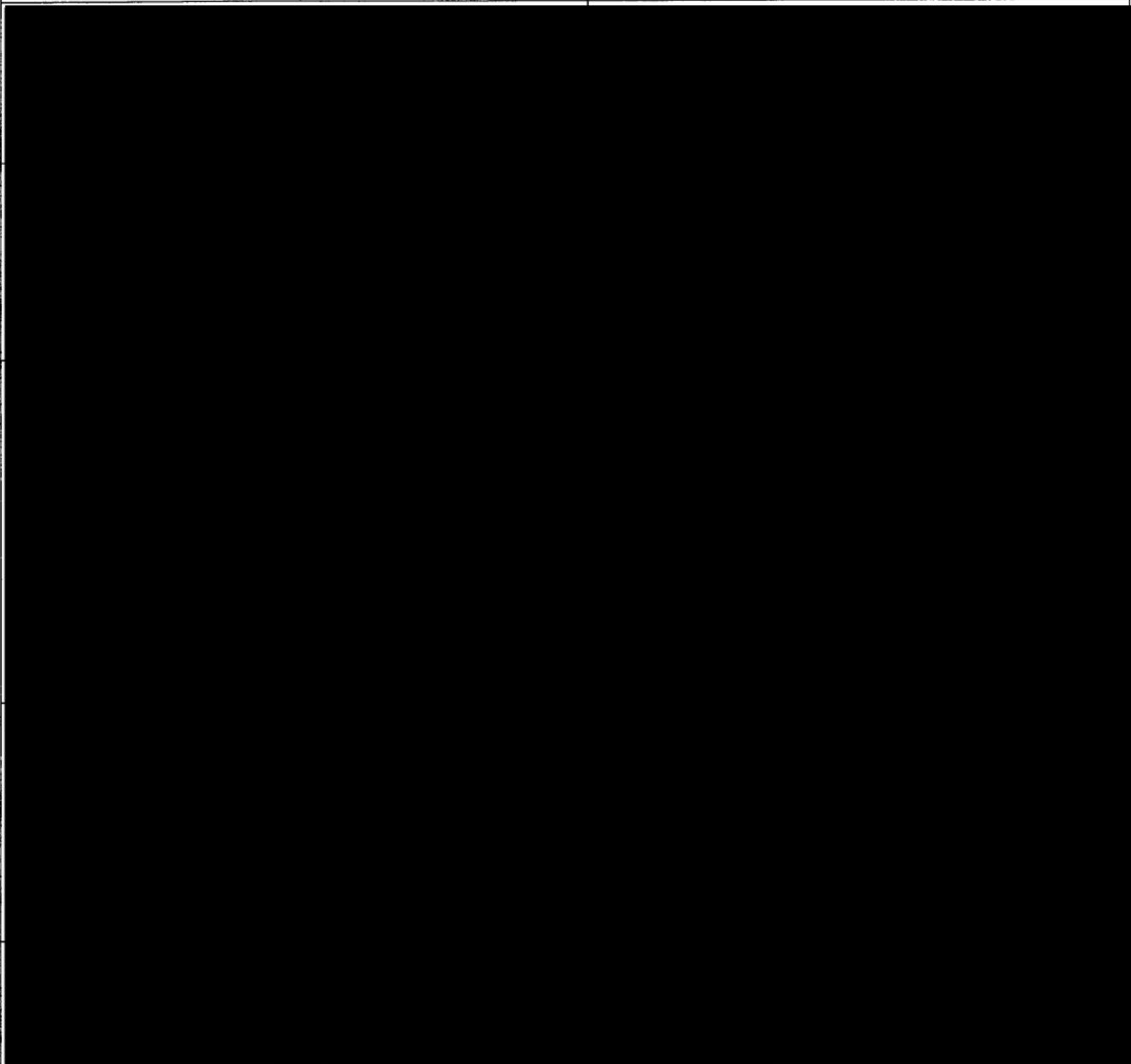
Field Training Officer Weekly Progress Report

1. Name of Recruit:	2. Week Three
<i>FRIEND</i> Last <i>JAMES</i> First <i>RICHARD</i> Middle	<i>4/18/10</i>

3. Assignment <i>STATION</i>

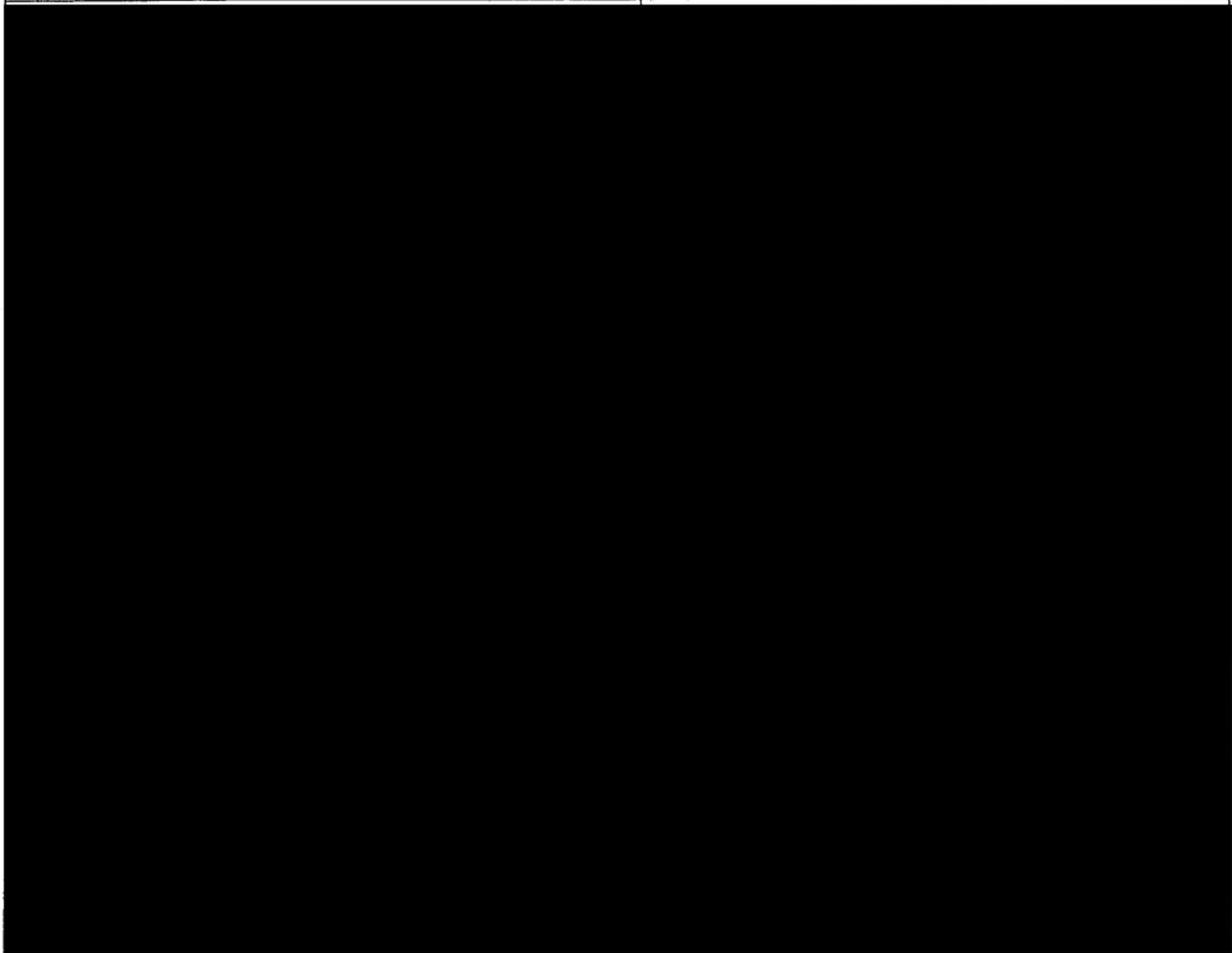
Check appropriate boxes in the rating areas shown below. Since this form will assist you in preparing your final evaluation of the trainee, be as objective as possible. If you wish to elaborate further on a particular rating, identify the item under comments and make your written evaluation.

Factor	Needs Improvement Inadequate Fair	Marginal Average	Acceptable Good Outstanding
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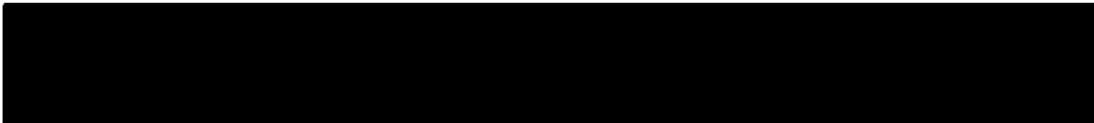
Field Training Officer Weekly Progress Report

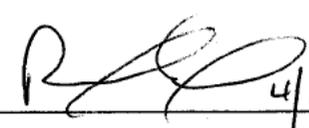
Factor	Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good Outstanding
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13. Comments

(All evaluations of "Inadequate", "Fair", or "Outstanding" must be supported with comments.)



14. FTO Signature / Date  4/18/10	15. Recruit Signature / Date  4/18/10	
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Field Training Officer Weekly Progress Report

1. Name of Recruit:	2. Week Four
FRIEND Last JAMES First RICHARD Middle	4/25/10

3. Assignment <i>STATION</i>

Check appropriate boxes in the rating areas shown below. Since this form will assist you in preparing your final evaluation of the trainee, be as objective as possible. If you wish to elaborate further on a particular rating, identify the item under comments and make your written evaluation.

Factor	Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good Outstanding
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Field Training Officer Weekly Progress Report

Factor	Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good Outstanding
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13. Comments

(All evaluations of "Inadequate", "Fair", or "Outstanding" must be supported with comments.)

14. FTO Signature / Date <i>C.E. Trippe</i> 4/25/10	15. Recruit Signature / Date 4/25/10	
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Field Training Officer Weekly Progress Report

1. Name of Recruit:	2. Week Five
FRIEND Last JAMES First RICHARD Middle	5/2/10

3. Assignment

STATION

Check appropriate boxes in the rating areas shown below. Since this form will assist you in preparing your final evaluation of the trainee, be as objective as possible. If you wish to elaborate further on a particular rating, identify the item under comments and make your written evaluation.

Factor	Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good Outstanding
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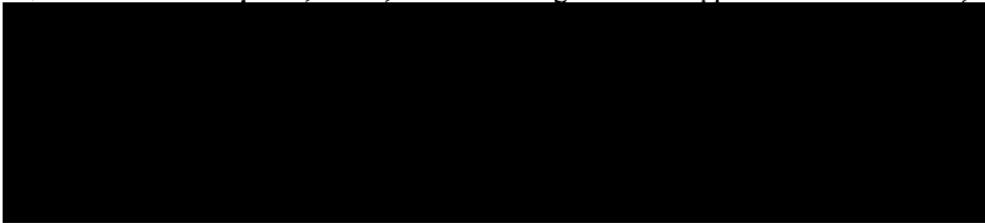
Field Training Officer Weekly Progress Report

Factor	Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good Outstanding
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13. Comments

(All evaluations of "Inadequate", "Fair", or "Outstanding" must be supported with comments.)



<p>14. FTO Signature / Date</p> <p style="font-size: 1.2em;"><i>C. E. Tripp</i> 5/2/10</p>	<p>15. Recruit Signature / Date</p> <p style="font-size: 1.2em;"><i>[Signature]</i> 5/2/10</p>	
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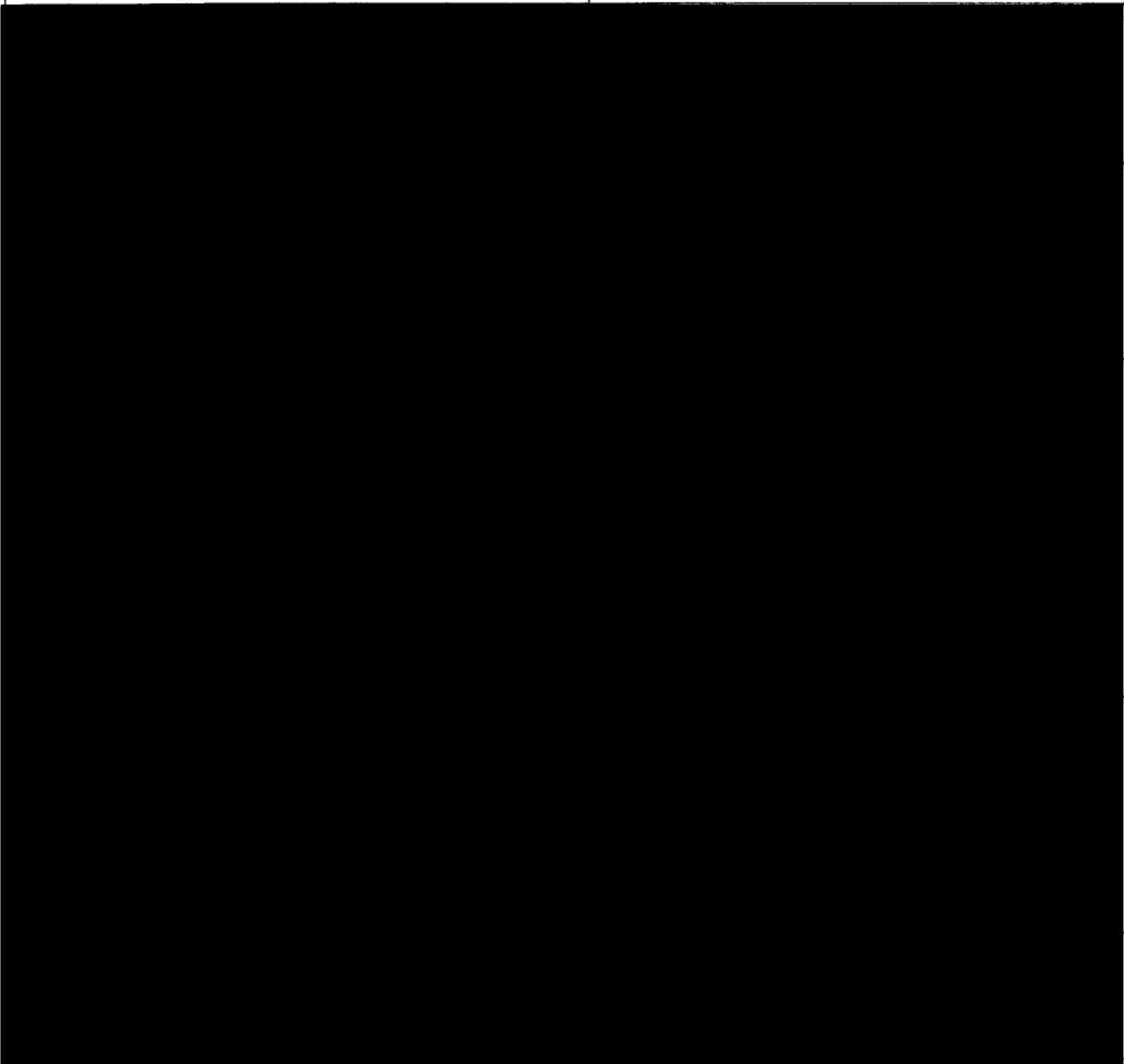
Field Training Officer Weekly Progress Report

1. Name of Recruit:	2. Week Six
FRIEND Last JAMES First RICHARD Middle	5/9/10

3. Assignment <i>STATION</i>

Check appropriate boxes in the rating areas shown below. Since this form will assist you in preparing your final evaluation of the trainee, be as objective as possible. If you wish to elaborate further on a particular rating, identify the item under comments and make your written evaluation.

Factor	Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good Outstanding
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Field Training Officer Weekly Progress Report

Factor	Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good Outstanding
[Redacted Evaluation Content]				
<p>13. Comments (All evaluations of "Inadequate", "Fair", or "Outstanding" must be supported with comments.)</p> <div style="background-color: black; height: 40px; width: 100%;"></div>				
<p>14. FTO Signature / Date</p> <p><i>C.E. Trapp</i> 5/9/10</p>	<p>15. Recruit Signature / Date</p> <p><i>[Signature]</i> 5/9/10</p>			

Field Training Officer Weekly Progress Report

1. Name of Recruit: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> FRIEND Last JAMES First RICHARD Middle </div>	2. Week Seven <div style="font-size: 1.2em; text-align: center;">5/15/70</div>
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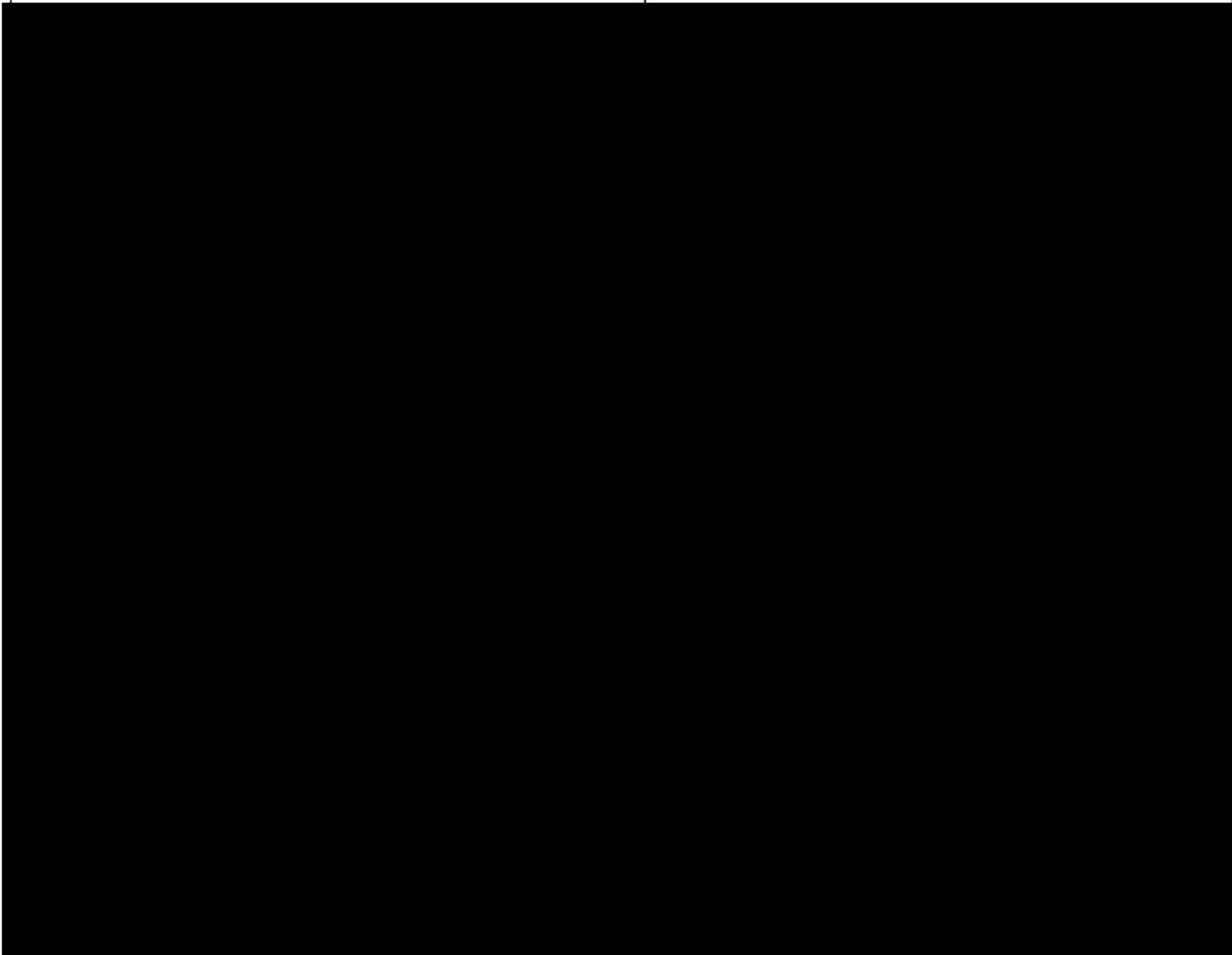
3. Assignment	UNIT
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Check appropriate boxes in the rating areas shown below. Since this form will assist you in preparing your final evaluation of the trainee, be as objective as possible. If you wish to elaborate further on a particular rating, identify the item under comments and make your written evaluation.

Factor	Needs Improvement Inadequate Fair	Marginal Average	Acceptable Good Outstanding

Field Training Officer Weekly Progress Report

Factor	Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good Outstanding
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13. Comments

(All evaluations of "Inadequate", "Fair", or "Outstanding" must be supported with comments.)



14. FTO Signature / Date <i>C.E. Inup</i> 5/15/10	15. Recruit Signature / Date 5/15/10	
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Field Training Officer Weekly Progress Report

1. Name of Recruit:		N/A			2. Week Eight	
Last		First		Middle		
3. Assignment						
Check appropriate boxes in the rating areas shown below. Since this form will assist you in preparing your final evaluation of the trainee, be as objective as possible. If you wish to elaborate further on a particular rating, identify the item under comments and make your written evaluation.						
Factor		Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good	Outstanding
4. Appearance						
Uniform, leather and equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posture and carriage (patrol units, stations, public places)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal (grooming)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cooperation and Loyalty						
Works with others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to assume additional responsibility		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports his superiors and AHP policies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good team worker		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Interest and Attitude						
Seeks help with problems		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to learn		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward constructive criticism		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts direction and discipline		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward department policies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows pride in their work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to good morale		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence in themselves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Public Contact						
Attitude toward citizens		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express themselves and communicate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease and bearing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact and discretion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Judgment						
Normal everyday situations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment under pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Field Training Officer Weekly Progress Report

Factor	Needs Improvement Inadequate	Fair	Marginal Average	Acceptable Good	Outstanding
9. Driving Ability					
Exercise speed control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiar with defensive driving practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properly uses blue lights and siren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows the hazards of high-speed driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands importance of safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks vehicle properly during officer-violator contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Report Writing					
Able to express themselves in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses proper grammar and punctuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Produces accurate, complete and neat reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familiar with department records and understands their purpose and use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Specialized enforcement knowledge					
Bridge Formula and Weigh Laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Regulations (Size and Weight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRP Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Fuel Tax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MCSAP & Federal Safety Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. General Progress to Date					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Comments (All evaluations of "Inadequate", "Fair", or "Outstanding" must be supported with comments.)					
14. FTO Signature / Date		15. Recruit Signature / Date			

INSTRUCTIONS AHP FORM 201

These instructions are intended to answer the questions that most frequently arise in the use of this form.

Following are detailed instructions for the completion of each numbered item on the form.

1. **NAME OF RECRUIT:** Last name first. Full name is required.
2. **REPORT DATE:** Date this form as executed by the Field Training Officer.
3. **ASSIGNMENT:** Show the assignment of the FTO and recruit for the week being reported on, i.e. patrol or station duties.
4. **FIELD ASSIGNMENT DATES:** Show dates of each assignment listed under 4 above.
5. through 13. **FACTORS:** The comments on each factor should be specific in the nine factors being evaluated.
14. **WRITTEN SUMMARY:** The written summary should cover the points used to justify the FTO's recommendations to the Assistant Commander – Special Services that the recruit be released to regular assignments or not, as the case may be.
15. **RECOMMENDATION OF FTO AND ASSISTANT COMMANDER – SPECIAL SERVICES:** The FTO and Assistant Commander – Special Services must make recommendation to Commander of Special Services as to whether the recruit is to be released to regular assignments or not. Signatures and date must be present upon submission to Division Headquarters.

NOTE: this form shall be executed by each FTO assigned a trainee upon completion of the field training period and reviewed by the Assistant Commander – Special Services. The form is to be forwarded to the Commander of Special Services after execution, along with all "Field Training Officer Daily Progress Report" (AHP 200), and the "Field Training Record" (AHP 202) within two (2) days of the completion of the recruit's field training.

Field Training Officer Evaluation Report

1. Name of Recruit: <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> FRIEND Last JONES First RICHARD Middle </div>	2. Report Date 						
3. Assignment <div style="text-align: center; margin-top: 10px;"> STATION UNIT </div>	4. Field Assignment Dates <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;">From <u>3/29/10</u></td> <td style="border-bottom: 1px solid black; width: 50%;">To <u>5/9/10</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;">From <u>5/10/10</u></td> <td style="border-bottom: 1px solid black;">To <u>5/15/10</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;">From _____</td> <td style="border-bottom: 1px solid black;">To _____</td> </tr> </table>	From <u>3/29/10</u>	To <u>5/9/10</u>	From <u>5/10/10</u>	To <u>5/15/10</u>	From _____	To _____
From <u>3/29/10</u>	To <u>5/9/10</u>						
From <u>5/10/10</u>	To <u>5/15/10</u>						
From _____	To _____						

FACTOR

5. Enforcement Contacts

Evaluate trainee's (1) knowledge of traffic and pertinent departmental policies and procedures; (2) Judgment in issuing citations and warnings, and in effecting areas; and (3) ability in detecting, pursuing and apprehending violators and their skill in applying established methods and tactics during enforcement contacts.

6. Public Contacts

What is their attitude, conduct and language in public places? Does he discuss police activity in public? What appearance and manner do they present to the public? Are they at ease or ill at ease when meeting the public? Do they expect and accept free handouts?

7. Relations with Official Agencies

How do they get along with representatives of other law enforcement agencies? Do they have a friendly and cooperative attitude with employees of other official agencies?

8. Patrol Operations (not for Station Officers)

Do they understand and practice proper patrol techniques? Can they identify potential hazards? Can they identify major thoroughfares and are they familiar with the shortest routes to various places and topography?

9. Emergency Situations

Do they have the ability to make proper decisions when under pressure? Can they recognize and correctly evaluate true emergency situations? Are they familiar with available resources for handling emergencies? Can they use approved first aid techniques?

10. Report Writing

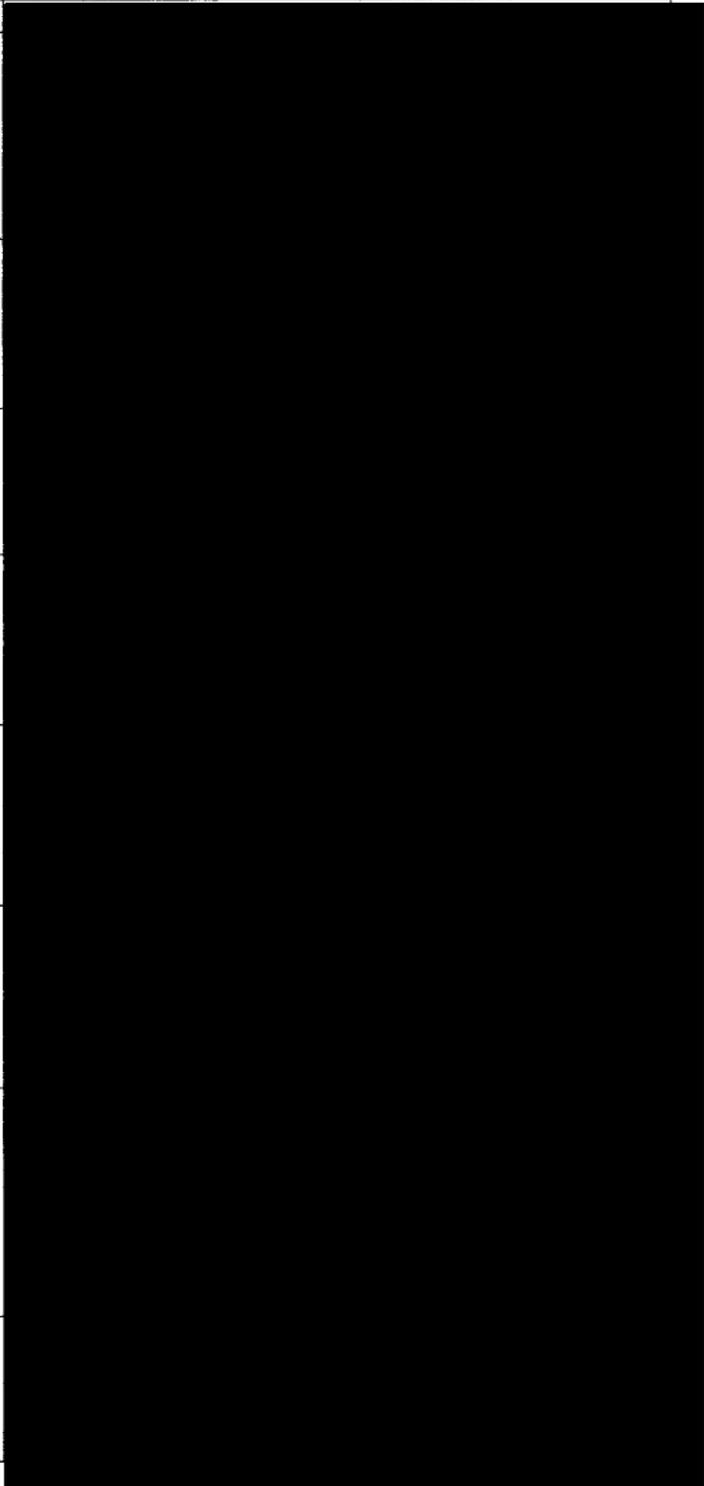
Do they express themselves well? Do they use proper grammar and punctuation? Do they understand the difference between necessary and unnecessary material? Do they produce accurate, complete and neat reports? Are they familiar with pertinent reports and do they understand their purpose and use?

11. Driving Ability

Do they exercise speed control and are they familiar with defensive driving practices? Are they aware of the hazards of high-speed driving? Do they make proper use of the emergency lights and siren? Do they have proper concern of their own safety as well as the violator/s safety? Do they park their vehicle properly during officer-violator contacts and accident investigations?

12. Attitude and Professional Bearing

Do they have a sincere desire to improve themselves? Do they want to learn? What is their attitude toward their job and the department? Do they accept direction properly?



Field Training Officer Evaluation Report

FACTOR

13. Specialized Enforcement

Do they understand the Highway Police policies and the proper enforcement actions pertaining to Weight and size, License, Motor Fuel Tax laws? Can they properly complete the forms necessary to perform their duties as a Highway Police officer?

14.

Written Summary of Evaluation
(Support a "Not Recommended" by Written Comments)

15. Recommendation to Assistant Commander – Special Services

- (A) I (recommend) (do not recommend) that this trainee be released to regular assignments.
- (B) I (recommend) (do not recommend) that this trainee be released to regular assignments.

(A) Cpl. C. E. Trump 5/15/10
Signature of Field Training Officer / Date

(B) _____
Signature of Field Training Officer / Date

Recommendation to Commander of Special Services

I (recommend) (do not recommend) that this trainee be released to regular assignments.

1/5/11 [Signature] 15-Feb-11
Signature of Assistant Commander – Special Services / Date

Field Training Officer Evaluation Report

1. Name of Recruit:			2. Report Date
Last	First	Middle	
3. Assignment		4. Field Assignment Dates	
		From _____	To _____
		From _____	To _____
		From _____	To _____
FACTOR		COMMENT	
5. Enforcement Contacts Evaluate trainee's (1) knowledge of traffic and pertinent departmental policies and procedures; (2) Judgment in issuing citations and warnings, and in effecting areas; and (3) ability in detecting, pursuing and apprehending violators and their skill in applying established methods and tactics during enforcement contacts.			
6. Public Contacts What is their attitude, conduct and language in public places? Does he discuss police activity in public? What appearance and manner do they present to the public? Are they at ease or ill at ease when meeting the public? Do they expect and accept free handouts?			
7. Relations with Official Agencies How do they get along with representatives of other law enforcement agencies? Do they have a friendly and cooperative attitude with employees of other official agencies?			
8. Patrol Operations (not for Station Officers) Do they understand and practice proper patrol techniques? Can they identify potential hazards? Can they identify major thoroughfares and are they familiar with the shortest routes to various places and topography?			
9. Emergency Situations Do they have the ability to make proper decisions when under pressure? Can they recognize and correctly evaluate true emergency situations? Are they familiar with available resources for handling emergencies? Can they use approved first aid techniques?			
10. Report Writing Do they express themselves well? Do they use proper grammar and punctuation? Do they understand the difference between necessary and unnecessary material? Do they produce accurate, complete and neat reports? Are they familiar with pertinent reports and do they understand their purpose and use?			
11. Driving Ability Do they exercise speed control and are they familiar with defensive driving practices? Are they aware of the hazards of high-speed driving? Do they make proper use of the emergency lights and siren? Do they have proper concern of r their own safety as well as the violator/s safety? Do they park their vehicle properly during officer-violator contacts and accident investigations?			
12. Attitude and Professional Bearing Do they have a sincere desire to improve themselves? Do they want to learn? What is their attitude toward their job and the department? Do they accept direction properly?			

