

Resolution 2024- 126

A Resolution Approving 72 Hours Injury Leave for Matthew Kidwell

The Board of Trustee of Franklin Township, Franklin County, Ohio met in person in a Regular Session at 12:00p.m. on Thursday, August 22, 2024. The trustee marked below made a motion for the adoption of the following Resolution:

Leezer

Fleshman

Blevins

BE IT RESOLVED by the Board of Trustees of Franklin Township, Franklin County, Ohio, that the Board approves 72 hours of injury leave, beginning July 5, 2024, through July 17, 2024, for Officer Matthew Kidwell, per Article 24 of the collective bargaining agreement.

BE IT FURTHER RESOLVED that all formal actions of the Board concerning and relating to this Resolution were passed in an open meeting of the Board, and that all deliberations of this Board and any of its committees that resulted in such formal action were in a meeting open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

BE IT FURTHER RESOLVED that this Resolution shall be in full force and effect immediately upon its adoption.

The following trustee marked below seconded the motion:

Leezer

Fleshman

Blevins

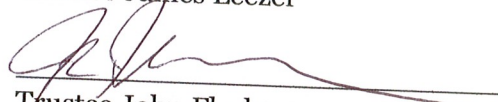
Roll was called for the adoption of the Resolution, and the vote was as follows:


Leezer: YES/ NO

Fleshman: YES/ NO

Blevins: YES/ NO

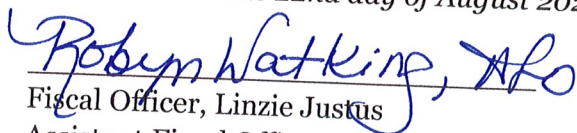
Trustee James Leezer


Trustee John Fleshman


Trustee Mike Blevins

Adopted on August 22, 2024

Attested to on this 22nd day of August 2024


Fiscal Officer, Linzie Justus
Assistant Fiscal Officer, Robyn Watkins*

Ohio | Bureau of Workers' Compensation

First Report of an Injury, Occupational Disease or Death

WARNING
Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts making false statements or accepting compensation to which he or she is not entitled is subject to felony criminal prosecution for fraud

(R.C. 2913.48)

By signing this form, I:
 • Elect to only receive compensation and/or benefits that are provided for this claim under Ohio workers' compensation laws,
 • Waive and release my right to receive compensation and benefits under the workers' compensation laws of another state for the injury or occupational disease, or death resulting from an injury or occupational disease, for which I am filing this claim;
 • Agree that I have not and will not file a claim in another state for the injury or occupational disease or death resulting from an injury or occupational disease for which I am filing this claim;
 • Confirm that I have not received compensation and/or benefits under the workers' compensation laws of another state for this claim, and that I will notify BWC immediately upon receiving any compensation or benefits from any source for this claim.

Injured worker and injury/disease/death info.

Last name, first name, middle initial
 Kowell, Matthew D
 Home mailing address
 [Redacted]
 Social Security number
 xxx-xx-2459
 Marital status
 Married
 Date of birth
 [Redacted]
 Sex
 Male
 Number of dependents
 [Redacted]
 State
 OH
 5-digit ZIP code
 [Redacted]
 Country if different from USA
 [Redacted]
 Department name
 [Redacted]
 Wage rate
 \$ 38.44 Per Hour Month Year Other
 Have you been offered or do you expect to receive payment or wages for this claim from anyone other than the Ohio Bureau of Workers' Compensation?
 Yes No If yes, please explain
 What days of the week do you usually work?
 Sun Mon Tues Wed Thur Fri Sat
 Regular work hours
 From 8:00 AM to 4:00 PM
 Employer name
 FRANKLIN TOWNSHIP
 Occupation or job title
 Police Officer

Mailing address (number and street, city or town, state, ZIP code and county)
 2193 FRANK RD COLUMBUS OH 43223
 Location if different from mailing address
 [Redacted]

Was the place of accident or exposure on employer's premises?
 Yes No
 If no, give accident location, street address, city, state and ZIP code
 Date of injury/disease
 7-5-2024
 Time of injury
 11:21 AM
 If fatal, give date of death
 [Redacted]
 Date hired
 11-2022
 State where hired
 OHIO
 Time employee began work
 AM PM 3 PM
 Date last worked
 7-5-2024
 Date returned to work
 [Redacted]
 Description of accident (Describe the sequence of events that directly resulted in the injury, occupational disease, or death)
 While chasing a driver who fled from vehicle in front of me, I tripped and fell
 Date employer notified
 7-5-2024
 State where supervised
 OHIO

Type of injury/disease and part(s) of body affected (For example, sprain of lower left back)
 L5/S1 LUMBAR STRAIN
 Benefit application release of information - I am applying for a claim under the Ohio Bureau of Workers' Compensation Act for work related injuries that I do not elect to receive compensation and benefits under the laws of any other state for this claim. I request payment for compensation and/or medical benefits as allowable and I waive and release my right to file for and receive compensation and benefits under the laws of any other state for this claim. I understand this may include personally identifying information that is casually or historically related to my physical or mental, psychological, psychiatric, pharmaceutical, occupational and social information. I understand that the employer in this claim may require BWC to share claims information with the employers of record for their authorized representatives and/or my authorized representative for my and all subsequent or future claims. The released claims information may include any record maintained in my claim files.
 Injured worker signature
 [Signature]

Treatment info.
 Health-care provider name
 Derek Lendell PAC
 Street address
 3505 Dentonmy Lane Rd
 Telephone number
 614-266-1997
 City
 Columbus
 State
 OH
 E-mail address
 MK2DWELL@FRANKLIN-TOWNSHIP.COM
 Telephone number
 [Redacted]
 Fax number
 [Redacted]
 Work number
 6142749411
 Diagnosis(es) Include ICD code(s)
 S92.401A
 Initial treatment date
 7/5/24
 8-digit ZIP code
 43214
 Was the incident cause the injured worker to miss eight or more days of work?
 Yes No
 Is the injury causally related to the industrial incident?
 Yes No

Health-care provider signature
 [Signature]
 11-digit BWC provider number
 [Redacted]
 Date
 7/5/24

Employer info.
 Employer policy number
 Telephone number
 Fax number
 E-mail address
 Check if
 Employer is self-insuring
 Injured worker is owner/partner/member of firm
 Federal ID number
 Manual number

Was employee treated in an emergency room?
 Yes No
 Was employee hospitalized overnight as an inpatient?
 Yes No
 If treatment was given away from work site, provide the facility name, street address, city, state, and ZIP code
 Certification - The employer certifies that the facts in this application are correct and valid
 Rejection - The employer rejects the validity of this claim for the reason(s) listed below
 For self-insuring employers only
 Clarification - The employer clarifies and allows the claim for the condition(s) below
 Medical only Lost time

Employer signature and title
 [Signature]
 Date
 7-8-24
 OSHA case number
 [Redacted]

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Section 507.021 | Assistants to fiscal officer - compensation.

Ohio Revised Code / Title 5 Townships / Chapter 507 Clerk

Effective: April 6, 2023 **Latest Legislation:** House Bill 501 - 134th General Assembly

(A) The township fiscal officer may hire and appoint one or more persons as the fiscal officer finds necessary to provide assistance to the township fiscal officer or deputy fiscal officer. The township fiscal officer may set the compensation of those persons subject to division (B) of this section.

Those persons shall serve at the pleasure of the township fiscal officer or, in the absence of the township fiscal officer, the deputy fiscal officer. The township fiscal officer may delegate to an assistant any of the duties the fiscal officer is otherwise required to perform. The appointment of assistants under this section does not relieve the township fiscal officer of responsibility to discharge the duties of the office but shall serve to provide assistance to the fiscal officer in performing those duties.

(B) The compensation of an assistant appointed under this section shall be included in the estimate of contemplated expenditures for the township fiscal officer's office that is submitted to the board of township trustees for approval as provided in section [5705.28](#) of the Revised Code or in an appropriation measure passed under section [5705.38](#) of the Revised Code.

(C) Except as otherwise provided in section [3.061](#) of the Revised Code, before serving, an assistant to the township fiscal officer shall give bond for the faithful discharge of the duties of the office as may be delegated by the fiscal officer. The bond shall be payable to the board of township trustees and shall be for the same sum as required under section [507.03](#) of the Revised Code for the township fiscal officer, with sureties approved by the board, and conditioned for the faithful performance of duties delegated by the fiscal officer. The bond shall be recorded by the township fiscal officer, filed with the county treasurer, and carefully preserved.

Last updated January 24, 2023 at 12:31 PM

Available Versions of this Section

December 20, 2005 – Senate Bill 107 - 126th General Assembly