

MARTA POLICE DEPARTMENT

Disciplinary Action Recommendation Form

Categories (For Chief's Use Only)	
Written Counseling ()	Demotion ()
Suspension ()	Termination ()

Date of Incident: 02/02/21 Date Form Prepared 03/17/2021

IA Number, if applicable _____

Employee Name: Officer N. Moraes Badge Number: M-1225 Assignment: 7403 NE7-NE10 (Train)

Rules/Regulations Violated (Specify Sections): (1) G.O. 22-101, Page 3, Paragraph 3 All Police personnel must have twenty-four (24) consecutive hours of time off after working seven (7) consecutive days. As it relates to G.O 26-101, General Conduct, #1: Failure to comply with written or verbal orders or directives.

Brief Summary of Incident: (1) On 02/02/2021, Officer Moraes worked beat 7403 from 1600-2200 hours without having 24 consecutive hours of time off after working 7 consecutive days.

Include all available documentation with this form.

Each employee's supervisor, up to and including the Chief of Police, must sign the Action Recommendation Form. It will then be signed by the employee only as an acknowledgement of receipt. The employee will be given the original completed form.

Employee must be made aware of the investigation. Discussed? Yes () No ()

Date of discussion: 3-18-21 By: SGT. PEACO Supervisor Employee confirming discussion:  Signature


Immediate supervisor's recommendation for disposition: (1) Sustained: Class 3, 1st Offense/Suspension (1 day)

Sgt. Peaco #1106 Supervisor's Signature 3-18-21 Date

Reviewed and approved by:	Date:	Comments:
1. <u>[Signature]</u> <u>S632</u>	<u>3-19-21</u>	<u>Agreed</u>
2. <u>[Signature]</u>	<u>3/22/2021</u>	<u>Concur</u>
3. _____	_____	_____
4. <u>[Signature]</u>	<u>032921</u>	<u>Concur</u>
5. <u>[Signature]</u> Chief of Police	<u>3/30/2021</u>	<u>Concur</u>

Receipt acknowledged: [Signature] Employee's signature Date: 3/30/2021

This action will be noted on the annual evaluation
 Original: Employee Copies: Internal Affairs Personnel file Employee statement attached? Yes (X) No ()
 Precinct file form revised 8/7/2014

*Officer Moraes elected to use a service point in lieu of suspension. - Sgt. D Johnson 

MARTA POLICE DEPARTMENT Disciplinary Action Recommendation Form

Date of Incident: 2/18/2020 Date Form Prepared 2/20/2020 IA Number, if applicable _____

Employee Name: Nilson Moraes Badge Number: M1225 Assignment: North Precinct

Rules/Regulations Violated (Specify Sections): 1. General Order 26-111, page #1, Policy: "When officers report for duty they will be given an assignment to a particular beat or assignment. They will work in that beat until properly relieved by a supervisor." As it relates to General Order 26-101, page #6, General Conduct – Item #1: "Failure to comply with written or verbal orders or directives, including the personnel rules and regulations of MARTA." 2. General Order 26-101, page #6, General Conduct – Item #16: "Officers caught sitting in their personal vehicles, congregating without a valid reason, or taking an unapproved break in the staffrooms or other locations during their tour of duty will receive a one-day suspension on the first offense (Class 1, 1st Offense, One Day Suspension) and progressive discipline will be administered from that point on, up to and including termination." 3. General Order 26-113, page #2, Procedures for BWC Use – Item #1: "BWC equipment is issued primarily to uniformed personnel as authorized by this department. Officers who are assigned BWC equipment must use the equipment unless otherwise directed by supervisory personnel."

Brief Summary of Incident: Officer Moraes was assigned as train patrol unit #7403 on February 18, 2020. He admitted to leaving his assigned beat and going on an unapproved break in his personal vehicle. He also had not turned on or activated his body worn camera since February 13, 2020 while on duty.

Include all available documentation with this form.

Each employee's supervisor, up to and including the Chief of Police, must sign the Action Recommendation Form. It will then be signed by the employee only as an acknowledgement of receipt. The employee will be given the original completed form.

Employee must be made aware of the investigation. Discussed? Yes (X) No ()

Date of discussion: 3/12/20 By: [Signature] Supervisor Employee confirming discussion: [Signature] Signature

Immediate supervisor's recommendation for disposition: 1. Offense Classification III; 1st Offense – Written Counseling; 2. Offense Classification III; 2nd Offense – Written Sanction Level II; 3. Offense Classification I; 2nd Offense – 1 Day Suspension

[Signature] Supervisor's Signature 3/6/20 Date

Reviewed and approved by: Date: Comments:
1. [Signature] 3/6/20 Agree

2. [Signature] 3/12/20 Agree

3. [Signature] 031820 Recommend to combine 1 and 2 discipline should be 26-111 Beat Assignment class II / 1st offense / written Sanction Level I (which is a 1 day susp due to previous Level III from 021220 incident), # 3, Agree

4. [Signature] 3/23/20 Agree with Major McKinzie

5. [Signature] 3/23/20 Agree; P.I.L. initials

Receipt acknowledged: [Signature] Employee's signature Date: 4/4/2020

This action will be noted on the annual evaluation
Original: Employee Copies: Internal Affairs Personnel file Employee statement attached? Yes (X) No ()
Precinct file form revised 8/5/2014

* DI days - 4/6 and 4/10 * & 4/17

MARTA POLICE DEPARTMENT Disciplinary Action Recommendation Form

Date of Incident: 02/14/2020 Date Form Prepared 02/18/2020 IA Number, if applicable _____

Employee Name: Officer N. Moraes Badge Number: M-1225 Assignment: North Precinct

Rules/Regulations Violated (Specify Sections):

- (1) General Order 26-101 Standards of Conduct, page 6, section 16, "Officers caught sitting in their personal vehicles, etc".
- (2) General Order 26-101 Standards of Conduct, page 6, section 3, "Sleeping while on duty."

Brief Summary of Incident

- (1) Officer Moraes was sitting in his personal vehicle while on duty.
- (2) Officer Moraes stated he sleeping in his vehicle while on duty at the North Spring Station.

Include all available documentation with this form.

Each employee's supervisor, up to and including the Chief of Police, must sign the Action Recommendation Form. It will then be signed by the employee only as an acknowledgement of receipt. The employee will be given the original completed form.

Employee must be made aware of the investigation. Discussed? Yes No

Date of discussion: 3/12/20 By: L. L. Moore Supervisor Employee confirming discussion: [Signature] Signature

Immediate supervisor's recommendation for disposition:

- 1. Sustained, Class 1, First Offense, One Day Suspension
- 2. Sustained, Class 1, First Offense, Written Sanction Level Three

[Signature]
Supervisor's Signature

3/6/20
Date

Reviewed and approved by:	Date:	Comments:
1. <u>L. L. Moore</u>	<u>3/6/20</u>	<u>Agree</u>
2. <u>H.C.B. - Lt. Maj. P. McKinzie</u>	<u>3/12/20</u>	<u>Agree</u>
3. <u>Maj. P. McKinzie</u>	<u>03/18/20</u>	<u>Recommend combining both and discipline be sleeping on duty 26-101, pg 6, section 3 Class 1/ 1st offense, Written Sanction Level 3</u>
4. <u>Maj. P. McKinzie</u>	<u>3/23/2020</u>	<u>Agree with Major McKinzie</u>
5. <u>[Signature]</u> Chief of Police	<u>3/23/2020</u>	<u>Agree</u>

Receipt acknowledged: [Signature] Employee's signature Date: 4/4/2020

This action will be noted on the annual evaluation

Original: Employee Copies: Internal Affairs Personnel file Employee statement attached? Yes No Precinct file form revised 8/20/2014

POLICE SERVICES PERFORMANCE IMPROVEMENT PLAN

Employee's Name Nilson Moraes #1225 Beginning Date 3/23/2020 Ending Date 9/23/2020

Complete columns one and two at the beginning of the Plan Complete for two, four and six month progress review

1. Competency/Standard Deficiencies	2. Corrective Action Plan	Supervisor's Progress Review
<p>Officer N. Moraes has received four disciplinary actions in the past three years.</p> <p>1. 3/23/20 G.O 26-101 Sleeping on duty. 1st Offense, Written Sanction Level 3</p> <p>2. 3/23/20 G.O 26-111 Beat Assignments. 1st Offense, Written Sanction Level 1</p> <p>3. 3/23/20 G.O. 26-113 Body Worn Device. 2nd Offense, 1-Day Suspension</p> <p>4. 5/28/19 G.O. 26-113 Body Worn Device. 1st Offense, Written Counseling</p>	<p>Officer Moraes will refrain from any conduct that could potentially harm the reputation of the Department and his reputation as a law enforcement officer.</p> <p>2. Officer Moraes will comply with all MARTA Police Department written and verbal orders, as well as MARTA policies.</p> <p>3. Officer Moraes will attend and complete recommended training courses to ensure successful completion of this plan.</p>	<p>Date: Two Months Rating <input type="checkbox"/></p> <p>Four Months Rating <input type="checkbox"/></p> <p>Six Months Rating <input type="checkbox"/></p> <p>Supervisor: Two Months <input type="checkbox"/></p> <p>Four Months <input type="checkbox"/></p> <p>Six Months <input type="checkbox"/></p>
		<p>Supervisor's Comments on Periodic Evaluations</p>

Supervisor [Signature] Date 4/22/20 AGM [Signature] Date 4/23/20

Reviewer [Signature] Date 042320 Mgr.-Comp. _____ Date _____

Director [Signature] Date 042420 Dir.-Personnel _____ Date _____

I understand that significant and sustained improvement must be demonstrated and that overall performance must be fully satisfactory at the conclusion of this plan. Failure to successfully complete the plan will result in termination. I understand that I can be disciplined while on the Plan, including written counseling or termination. If I commit an offense that would normally result in suspension, termination, or demotion I will be terminated. If I am a supervisor I will be demoted or terminated if I commit such an offense.

Employee's Signature [Signature] Date 05/02/2020 Page 1 of 1

MARTA POLICE DEPARTMENT

Disciplinary Action Recommendation Form

Categories (For Chief's Use Only)	
Written Counseling ()	Demotion ()
Suspension ()	Termination ()
Other _____	

Date of Incident: 05/11/2019 Date Form Completed: 05/19/2019

IA Number, if applicable: _____

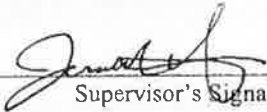
Employee Name: Nilson Moraes Badge Number: M1225 Assignment: North

Rules/Regulations Violated (Specify Sections) General Order 26-113 Body Worn Cameras, Page 2, section B, #1, "Officers shall activate the BWC to record all contacts with citizens in the performance of official duties."

Summary: Officer Moraes failed to activate his Body Worn Camera during a use of force at the Doraville station. May PMcKung
Include all available documentation with this form.

Each employee's supervisor, up to and including the Chief of Police, must sign the Action Recommendation Form. It will then be signed by the employee only as an acknowledgement of receipt. The employee will be given the original completed form.

Immediate supervisor's recommendation for disposition: 1) Class III / 1st Offense / Written Counseling


Supervisor's Signature

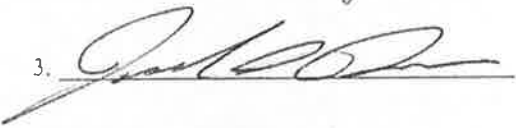
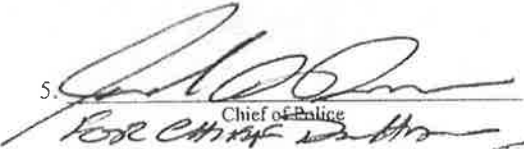
A154

5/19/19

Date

Recommendation must be discussed with the employee if it is a written counseling or more severe. Discussed? Yes (X) No ()

Date of discussion: 05/23/19 By: Sgt. D. Johnson Supervisor  Employee confirming discussion:  Signature

- | Reviewed and approved by: | Date: | Comments: |
|--|----------------|---------------|
| 1. <u>Lt. L.M. Eason</u> | <u>5/22/19</u> | <u>Agree.</u> |
| 2. <u>Major PMcKung</u> | <u>052319</u> | <u>Agree</u> |
| 3.  | <u>5/29/19</u> | <u>Agree</u> |
| 4. _____ | _____ | _____ |
| 5. 
<small>Chief of Police</small> | <u>5/28/19</u> | <u>Agree</u> |

Receipt acknowledged:  Employee's signature Date: 6/2/19

This action will be noted on the annual evaluation
 Original: Employee Copies: Internal Affairs Personnel file Employee statement attached? Yes No
form revised 3/12/99

MARTA POLICE DEPARTMENT

Disciplinary Action Recommendation Form

Categories (For Chief's Use Only)	
Written Counseling ()	Demotion ()
Suspension ()	Termination ()
Other _____	

Date of Incident: 4-18-15 Date Form Prepared: 4-23-15
 IA Number, if applicable _____

Employee Name: Moraes, Nilson Employee Number: 32982 Assignment: Protective Specialist
 Rules/Regulations Violated (Specify Sections): General Order 26-108, Page 7, Paragraph 5 (Attendance) AWOL

Brief Summary of Incident: On 4-18-15 Protective Specialist Moraes reported for duty two hours later than his assigned time of 0700 hrs. He had not called a supervisor to advise he would be late.

Include all available documentation with this form.

Each employee's supervisor, up to and including the Chief of Police, must sign the Action Recommendation Form. It will then be signed by the employee only as an acknowledgement of receipt. The employee will be given the original completed form.

Employee must be made aware of the investigation. Discussed? Yes No ()

Date of discussion: 4-23-15 By: Alicia Wheeler Supervisor Employee confirming discussion: _____ Signature

Immediate supervisor's recommendation for disposition: Written Counseling - First Offense

Alicia Wheeler Supervisor's Signature 4-23-15 Date

Recommendation must be discussed with the employee if it is a written counseling or more severe. Discussed? Yes No ()

Date of discussion: 4-23-15 By: Alicia Wheeler Supervisor Employee confirming discussion: _____ Signature

- | Reviewed and approved by: | Date: | Comments: |
|---|----------------|--------------|
| 1. <u>[Signature]</u> | <u>4-23-15</u> | <u>Agree</u> |
| 2. <u>Lt. Smith</u> | <u>4/23/15</u> | <u>Agree</u> |
| 3. <u>D/C M. R. Bensus</u> | <u>4/24/15</u> | <u>Agree</u> |
| 4. _____ | _____ | _____ |
| 5. <u>Wanda Y. Dunham</u>
<small>Chief of Police</small> | <u>4/24/15</u> | <u>Agree</u> |

Receipt acknowledged: _____ Employee's signature Date: 04/28/2015