



LAW ENFORCEMENT TRAINING ROSTER

State Form 46167 (R / 5-09)

LAW ENFORCEMENT TRAINING BOARD / INDIANA LAW ENFORCEMENT ACADEMY

Please type or print clearly.

Name of provider or instructor Indiana Marshals Association		Telephone number (260-268-1041)	
Location of training 2544 Executive Drive Indianapolis IN Conference Room		Name of contact person at training site Mark A Thrasher	
Title of course ActOut Ensemble		Name of primary instructor IDEA	
Check one <input checked="" type="checkbox"/> Successfully completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Failed <input type="checkbox"/> Other _____			
I affirm that the information contained herein is complete and accurate to the best of my knowledge.			
Signature of applicant 		Printed name Mark A Thrasher	Date (month, day, year) 04/14/2023
Date of training (month, day, year) From 04/14/2023 To 04/14/2023	Provider or instructor number 35-1733922	Course number IMA-2023-S1-C2	Inservice credit (hours) 2 Hour

PSID NUMBER	LAST NAME	FIRST NAME	M.I.	DEPARTMENT
1. 3925-6913	Horty	Tim	M	ILEA
2. 4121-4622	Thrasher	Mark	A	Retired
3. 9624-0708	Concus	Daniel	L	Hamilton
4. 2458-8116	Frederick	Thomas	B	Hamilton
5. 12176948	Lineberry	Richard	D	Hamilton Police Department
6. 7555-7627	Steele	Kenneth	R	Orland
7. 9226-6536	McGregor	Michael	R	Winslow
8. 8653-7844	Carter	Charles	D	Poseyville
9. 6856-1421	Hibler	Steven	L	Cloverdale
10. 2005-6372	Goldman	Kent	-	Cloverdale
11. 2286-4955	Redmon	Alexander	D	Laporte City
12. 3301-4614	Rutledge	Justin	H	Poseyville
13. 6326-3864	Church	Joshua	R	Roseland
14. 1589-8313	Nelson	Brad	-	Bainbridge
15. 3198-3045	Rodriguez	Raymundo	C.	Millersburg Marshal's Office
16. 2105-1305	McFarland	Roy		Orleans
17. 0603-7359	Dennett	Marc	D	Sunman
18. 0921-2044	Boller	Cameron	L	Roachdale Police Department
19. 8730-8439	Mosher	Dalton		Oldenburg
20. 5558-5096	Weimer	Inez		Dayton



LAW ENFORCEMENT TRAINING ROSTER

State Form 46167 (R / 5-09)

LAW ENFORCEMENT TRAINING BOARD / INDIANA LAW ENFORCEMENT ACADEMY

Please type or print clearly.

Name of provider or instructor Indiana Marshals Association		Telephone number (260-268-1041)	
Location of training 2544 Executive Drive Indianapolis IN Conference Room		Name of contact person at training site Mark A Thrasher	
Title of course ActOut Ensemble		Name of primary instructor IDEA	
Check one <input checked="" type="checkbox"/> Successfully completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Failed <input type="checkbox"/> Other _____			
I affirm that the information contained herein is complete and accurate to the best of my knowledge.			
Signature of applicant 		Printed name Mark A Thrasher	Date (month, day, year) 04/14/2023
Date of training (month, day, year) From 04/14/2023 To 04/14/2023	Provider or instructor number 35-1733922	Course number IMA-2023-S1-C2	Inservice credit (hours) 2 Hour

PSID NUMBER	LAST NAME	FIRST NAME	M.I.	DEPARTMENT
1. 8927-1197	Hannis	Jamie		Parker City
2. 5942-5936	Catron	Curt		Clinton Country Pros Office
3. 8436-4559	Livingston	Matthew		Dayton
4. 5281-4079	TRISSEL	PAUL	N	CLOVERDALE PD
5. 7347-3754	Flores	Alex	K	Town of Winslow
6. 7593-7948	Oeth	Gregory	R	Poseyville PD
7. 7844-5875	Sheets	Joe	T	Losantville
8. 5076-9251	Holly	Zachary	A	Palmyra police
9. 3507-2297	Shin	Sooyeon	S	Battleground PD
10.	Norton	John	J	Hidden Valley Lake
11.	Flynn	Mike	D	West Harrison police Department
12. 4059-3936	Tislow	Evan		Dayton PD
13. 3252-5633	Webster	Joel	L	Parker City
14. 7948-2143	Hull	Adam	L	Cloverdale
15. 1576-2927	JAYNES	COURTNEY	M	CLOVERDALE PD
16. 9829-9014	Boesch	Michael	A	Battle Ground
17. 8149-9161	Burk	Jerry	D	Battle Ground
18. 6392-2575	Gosney	Mark	A	Battle Ground
19. 3683-0845	Knogge	James	P	Dayton
20. 5894-1550	Randles	Kerry	D	Veedersburg



LAW ENFORCEMENT TRAINING ROSTER

State Form 46167 (R / 5-09)
LAW ENFORCEMENT TRAINING BOARD / INDIANA LAW ENFORCEMENT ACADEMY

Please type or print clearly.

Name of provider or instructor Indiana Marshals Association		Telephone number (260-268-1041)	
Location of training 2544 Executive Drive Indianapolis IN Conference Room		Name of contact person at training site Mark A Thrasher	
Title of course ActOut Ensemble		Name of primary instructor IDEA	
Check one <input checked="" type="checkbox"/> Successfully completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Failed <input type="checkbox"/> Other _____			
I affirm that the information contained herein is complete and accurate to the best of my knowledge.			
Signature of applicant 		Printed name Mark A Thrasher	Date (month, day, year) 04/14/2023
Date of training (month, day, year) From 04/14/2023 To 04/14/2023	Provider or instructor number 35-1733922	Course number IMA-2023-S1-C2	Inservice credit (hours) 2 Hour

PSID NUMBER	LAST NAME	FIRST NAME	M.I.	DEPARTMENT
1. 6517-5829	Weber	Andrew		Veedersburg
2. 4817-3699	Livengood	Richard	E	Veedersburg
3. 2902-8464	Yeoman	Charles	T	Brookston
4. 5631-6045	Dramann	William	H	Oldenburg
5. 8456-2883	Taylor	Robert	S	Dayton
6. 7304-5491	Hammons	Trevor		Laporte
7. 4353-4089	Lee	Douglas	A	Francesville
8. 2396-7753	Hickman	Robert	W	Francesville
9. 4060-9949	Bright	Brendon	E	Kirklin
10. 2500-0718	Mitchell	Mark	A	Mulberry
11. 6176-6866	Clamme	Richard	A	IUBMH PD
12. 4561-4516	Silvers	Tyler	S	Clay City
13. 1673-3602	Sutherland	Evan	J	Clay City Police Dept.
14. 7361-2243	Moenter	Eric	E	Oldenburg
15. 6990-1393	Scott	Shawn	E	Marengo
16. 9510-2241	Steinfort	Kenneth	H	Sunman
17. 5272-5718	Marquess	Michael	C	Oxford
18. 6794-9392	May	Aaron	M	Oxford
19. 2017-3895	Lord	Alisha	A	Ripley County Court Service
20. 8567-6754	Silvers	Terry	G	Clay City

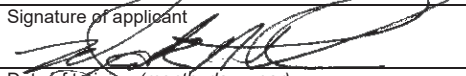


LAW ENFORCEMENT TRAINING ROSTER

State Form 46167 (R / 5-09)

LAW ENFORCEMENT TRAINING BOARD / INDIANA LAW ENFORCEMENT ACADEMY

Please type or print clearly.

Name of provider or instructor Indiana Marshals Association		Telephone number (260-268-1041)	
Location of training 2544 Executive Drive Indianapolis IN Conference Room		Name of contact person at training site Mark A Thrasher	
Title of course ActOut Ensemble		Name of primary instructor IDEA	
Check one <input checked="" type="checkbox"/> Successfully completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Failed <input type="checkbox"/> Other _____			
I affirm that the information contained herein is complete and accurate to the best of my knowledge.			
Signature of applicant 		Printed name Mark A Thrasher	Date (month, day, year) 04/14/2023
Date of training (month, day, year) From 04/14/2023 To 04/14/2023	Provider or instructor number 35-1733922	Course number IMA-2023-S1-C2	Inservice credit (hours) 2 Hour

PSID NUMBER	LAST NAME	FIRST NAME	M.I.	DEPARTMENT
1. 7976-3841	Skaggs	Terry	L	Clay City
2. 5768-3318	Hitch	Shaun	A	Jamestown
3. 5650-7480	Richmond	Larry	D	Clay City
4. 2877-0003	Attkisson	Lynn	A	Waveland
5. 4396-7358	Fisher	Scott	F	Clarks Hill
6. 8027-2699	Stark	Michael	R	Parker City
7. 5974-1293	Powell	Michael	L	Wolcott
8. 3871-8312	Thurston	Jesse	A	Parker City
9. 8742-3822	Williams	Timothy		coatesville
10. 5498-8114	Schultz	Steven		coatesville
11. 4831-1778	Schuetzenhofer	John	M	Remington
12. 9577-4025	Hoffman	Jason		Sunman
13. 5372-1937	Wendt	William	D	St. Leon
14. 7277-1417	Wilhelm	Earl		Hidden Valley Lake
15. 8507-1968	Boesken	Adam	W	Sunman
16. 8656-6936	Oberholtzer	Jay	A	Waterloo
17. 9258-5019	Quail	Patrick	I	LaPorte
18. 9731-5574	Downing	Charles	M	Bainbridge
19. 2458-1553	Hadler	Andrew	S	New Point
20. 9804-8270	Risner	Terry	J	Elberfield



LAW ENFORCEMENT TRAINING ROSTER

State Form 46167 (R / 5-09)

LAW ENFORCEMENT TRAINING BOARD / INDIANA LAW ENFORCEMENT ACADEMY

Please type or print clearly.

Name of provider or instructor Indiana Marshals Association		Telephone number (260-268-1041)	
Location of training 2544 Executive Drive Indianapolis IN Conference Room		Name of contact person at training site Mark A Thrasher	
Title of course ActOut Ensemble		Name of primary instructor IDEA	
Check one <input checked="" type="checkbox"/> Successfully completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Failed <input type="checkbox"/> Other _____			
I affirm that the information contained herein is complete and accurate to the best of my knowledge.			
Signature of applicant 		Printed name Mark A Thrasher	Date (month, day, year) 04/14/2023
Date of training (month, day, year) From 04/14/2023 To 04/14/2023	Provider or instructor number 35-1733922	Course number IMA-2023-S1-C2	Inservice credit (hours) 2 Hour

PSID NUMBER	LAST NAME	FIRST NAME	M.I.	DEPARTMENT
1. 9435-5675	Jones	Lloyd	E	Elberfeld
2. 4022-2359	Clampitt	Michael	J	Bainbridge
3. 5821-2515	Campbell	Ronnie		Bainbridge
4. 6725-4914	Modlin	Jeff	W	Bainbridge
5. 2776-0202	Landis	Patrick	S	English
6. 1987-3501	Brooks	Raymond	L	Spurgeon
7. 6590-3645	Pancake	Donald	L	Spurgeon
8. 4365-0280	Nelson	Steve	W	Winslow
9. 2032-4038	Magnuson	Brad	M	Roachdale
10. 7264-5401	Cano	Terrance	L	Clay City
11. 3348-7503	Hawley	Abbragale		Parker City
12. 4949-4960	Collins	Brad		Parker City
13. 5670-7516	Orr	Aaron		Parker City
14. 4314-2372	Bonesteel	Connor	F	Parker City
15. 2543-1188	Brown	Eric	S	Parker City
16. 4398-9127	Coby	Jose	D	Elberfeld
17. 5566-5160	Moyars	Benjamin	S	Battle Ground
18. 3610-8460	Uland	James	P	Leavenworth
19. 8135-2018	Saylor	Raymond	E	Leavenworth
20. 8970-9568	Denney	William	-	Utica Police Department



LAW ENFORCEMENT TRAINING ROSTER

State Form 46167 (R / 5-09)
LAW ENFORCEMENT TRAINING BOARD / INDIANA LAW ENFORCEMENT ACADEMY

Please type or print clearly.

Name of provider or instructor Indiana Marshals Association		Telephone number (260-268-1041)	
Location of training 2544 Executive Drive Indianapolis IN Conference Room		Name of contact person at training site Mark A Thrasher	
Title of course ActOut Ensemble		Name of primary instructor IDEA	
Check one <input checked="" type="checkbox"/> Successfully completed <input type="checkbox"/> Incomplete <input type="checkbox"/> Failed <input type="checkbox"/> Other _____			
I affirm that the information contained herein is complete and accurate to the best of my knowledge.			
Signature of applicant 		Printed name Mark A Thrasher	Date (month, day, year) 04/14/2023
Date of training (month, day, year) From 04/14/2023 To 04/14/2023	Provider or instructor number 35-1733922	Course number IMA-2023-S1-C2	Inservice credit (hours) 2 Hour

PSID NUMBER	LAST NAME	FIRST NAME	M.I.	DEPARTMENT
1. 4187-5727	Collings	James		Cloverdale
2. 9727-7812	Farmer	Riley	B	Poseyville Police Department
3. 7389-8520	WARREN	DANIEL	L	CLOVERDALE PD
4. 4978-2246	Goris	Daniel		Ripley County Sheriffs Dept
5. 2105-9105	Beard	Skyler		VanBuren PD
6. 1748-2818	Driver	Alan	J	Cloverdale PD
7. 8601-0188	Vanleeuwen	Garth	D	Banbridge PD
8. 1494-2386	Wells	Frank	L	Mulberry
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				