

NAME	. Mills, Jr.	, Desmond	,A.
DEPA	(Last) RTMENT: Memphis Police D	(First)	(Middle) CERTIFICATION NUMBER: 3881-6075
	SEPARATION: This is to r this department as indicated	notify the POST Commis	ssion that the named officer is no longer employed by
	Type of Separation	Effective Date (mm/dd/yy	(vy)
	Resigned		
	Retired		
	Terminated		Reason:
	Discharged		
	Other	//	
	New Employer, if known _		
	CHANGE OF NAME/RANK	: From	to
		ange:/	
<b>V</b>	<b>LEAVE:</b> This officer has been from: 01 /08 /20	200	cated:
~	Administrative	Educational	Military
	Medical	Maternity	
	Returned to full time status of		
	SUSPENSION: This officer	has been suspended for	a period of thirty (30) days or more
			for the following reason(s)
Office	er relieved of duty effec	tive January 8, 202	3. /
	FOR POST USE ONLY  DOE/_  4x6 3x5 DOI	/	Signature of Agency Head Cerelyn J. Davis
	//	#:	Print/Type Name of Agency Head  Memphis Police Department
POST 2 (R	evised Rules 11/29/92)		AGENCY



NAME:	Mills, Jr.		Desmond (First)		A.
DEPAR	(Last)  DEPARTMENT: Memphis Police Departmen				(Middle) CERTIFICATION NUMBER: 3881-6075
		notify the			on that the named officer is no longer employed by
	Type of Separation	Effectiv	e Date	(mm/dd/yyyy)	
	Resigned			_/	_
	Retired		<u></u>		<del></del>
~	Terminated	01	<sub>/</sub> 20	_/2023	Reason:
	Discharged			_/	
	Other			_/	
	New Employer, if known _				
					to
<del></del>	Effective Date of Cha				
LEAVE: This officer has been granted leave as indicated:				red:	
	From://		•	To:	
	Administrative		Educati	onal	Military
	Medical	<u></u> :	Materni	ty	
	Returned to full time status of	on:	/_		
	SUSPENSION: This officer	has been	suspe	nded for a	period of thirty (30) days or more
	From://		To:	/	/ for the following reason(s)
					1 0
Card:	FOR POST USE ONLY  DOE /  4x6 3x5 DO	/ B:	<del></del>	С	erelyn J. Davis
DOC:	/	#:			emphis Police Department



Agency Requesting Decertification: Memphis Police	e Department					
lame of Officer: Desmond Mills, Jr. PSID#: 3881-6075						
Address: 5456 Gemstone Way City/Sta	Momphie TN 20100					
Please check all that apply:						
1. Convicted of any state or by federal government of any cr could have been imprisonment in a federal or state prison						
2. Convicted of or pleaded guilty to or entered a plea of nol charge or to any violation of any federal or state laws or of force, violence, theft, dishonesty, gambling, liquor and ot controlled substances, or a sufficient number of misdem disregard for the law; or	city ordinances relating to her alcoholic beverages,					
3. Suspended or discharged 30 days or longer, resign in lieu disciplinary action pending that could have resulted in tel his/her employing law enforcement agency for disciplina	rmination, or discharged by					
4. Found to have supplied or acquiesced in false information P.O.S.T. Commission regarding eligibility for certification	being supplied to the ; or					
$\square$ 5. Fail to participate in a 40 hour in-service training progran	n each calendar year; or					
☐ 6. Fail to maintain pre-employment requirements.						
Signature of Law Enforcement Agency Head						
Cerelyn J. Davis						

Print Name



NAME	. Martin, III	Emmitt				
DEPA	(Last) RTMENT: Memphis Police D	(First) Department	CERTIFICATION NUMBER: 4834-2715			
	SEPARATION: This is to rethis department as indicated	notify the POST Committee below:	nission that the named officer is no longer employed by			
	Type of Separation	Effective Date (mm/dd/	(уууу)			
	Resigned		<del></del>			
	Retired					
	Terminated		Reason:			
	Discharged	//				
	Other					
	New Employer, if known _					
	CHANGE OF NAME/RANK	: From	to			
	Effective Date of Change://					
<b>V</b>	LEAVE: This officer has been granted leave as indicated:  From: 01 /08 /2023 To: / /					
V	Administrative	Educational	Military			
	Medical	Maternity	<del></del>			
	Returned to full time status	on:/_	<u></u>			
	SUSPENSION: This officer	has been suspended f	for a period of thirty (30) days or more			
	From://	To:	// for the following reason(s)			
Office	er relieved of duty effec	ctive January 8, 20	023.			
	FOR POST USE ONLY	(	Signature of Agency Head			
File _	DOE/	/				
Card:	4x6 3x5 DO	В:	Cerelyn J. Davis Print/Type Name of Agency Head			
DOC:	//	#:				
L			Memphis Police Department			
DOCT O	Davidson d Davidson 44 (00)00\		·······································			



NAME:	E: Martin, III , Emmitt			nitt			
DEPARTMENT: Memphis Police Department			(First) (Middle) nt CERTIFICATION NUMBER: 4834-2715				
V	SEPARATION: This is to this department as indicate	notify the	POST	Commissi	on that the named officer is no longer employed by		
	Type of Separation	Effectiv	e Date	(mm/dd/yyyy)			
	Resigned			_/	<del>_</del>		
	Retired		<i></i>	_/			
V	Terminated	01	<sub>/</sub> 20	<sub>/</sub> 2023	Reason:		
	Discharged			_/			
	Other			_/	<del></del>		
	New Employer, if known						
	CHANGE OF NAME/RAN	K: From _			to		
	Effective Date of C	hange:			<del></del>		
	LEAVE: This officer has b						
П	Administrative	_	Educati		Military		
H	Medical	ر است	Materni				
لببيا	Returned to full time status on:/						
	SUSPENSION: This officer has been suspended for a period of thirty (30) days or more						
					/ for the following reason(s)		
					$\Lambda$		
Card:	FOR POST USE ON DOE /  4x6 3x5 D	/ OB:		C Pri	erelyn J. Davis  nt/Type Name of Agency Head		
			. <del></del>		emphis Police Department		



Agency Requesting Decertification: Memphis	Police Department
Name of Officer: Emmitt Martin III	PSID#: 4834-2715
Address: 5794 Pecan Trace	City/State:Bartlett, TN 38135
Please check all that apply:	
<ol> <li>Convicted of any state or by federal governmen could have been imprisonment in a federal or s</li> </ol>	t of any crime the punishment which tate prison or institution; or
2. Convicted of or pleaded guilty to or entered a percharge or to any violation of any federal or state force, violence, theft, dishonesty, gambling, lique controlled substances, or a sufficient number of disregard for the law; or	e laws or city ordinances relating to uor and other alcoholic beverages,
3. Suspended or discharged 30 days or longer, res disciplinary action pending that could have resu his/her employing law enforcement agency for	ulted in termination, or discharged by
<ul> <li>4. Found to have supplied or acquiesced in false in P.O.S.T. Commission regarding eligibility for ce</li> </ul>	
☐ 5. Fail to participate in a 40 hour in-service training	ng program each calendar year; or
☐ 6. Fail to maintain pre-employment requirements	;.
*All supporting documentation <u>must</u> be attached in or proceed. Mail to P.O.S.T. Commission, 3025 Lebanon	rder for the P.O.S.T. Commission to Rd., Nashville, Tn. 37214  Date:////
Signature of Law Enforcement Agency Head	
Cerelyn J. Davis	_
Print Name	

of



NAME:	Smith	, Justin	L.	
DEPA	(Last) RTMENT: Memphis Police D	(First)	CERTIFICATION NUMBER: 0775-3619	
		otify the POST Comm	sission that the named officer is no longer employed by	
	Type of Separation	Effective Date (mm/dd/	(YYYY)	
	Resigned			
	Retired			
	Terminated		Reason:	
	Discharged			
	Other			
	New Employer, if known			
	CHANGE OF NAME/RANK:	From	to	
		nge:/_		
<b>V</b>	LEAVE: This officer has been granted leave as indicated:  From: 01 /08 /2023 To: / /			
~	Administrative	Educational	Military	
$\overline{\Box}$	Medical	Maternity	<u> </u>	
	Returned to full time status o	<del></del>	<u></u>	
	SUSPENSION: This officer	has been suspended f	or a period of thirty (30) days or more	
			for the following reason(s)	
Office	er relieved of duty effec	tive January 8, 20	23. / , , , ,	
	FOR POST USE ONLY		Signature of Agency Head	
Card:	4x6 3x5 DOB	3:	Cerelyn J. Davis Print/Type Name of Agency Head	
	//	#:	Memphis Police Department	



NAME	Smith		Justin		, <b>L</b> .	
	(First)  CEPARTMENT: Memphis Police Department				CERTIFICATION NUMBER: 0775-3619	
V	SEPARATION: This is to notify the POST Commission that the named officer is no longer employe this department as indicated below:					
	Type of Separation	Effective	Date (n	nm/dd/yyyy)		
	Resigned			/	_	
	Retired		/	/ <u></u>	_	
V	Terminated	01	<sub>/</sub> 20	2023	Reason:	
	Discharged		<i></i>	/ <u> </u>	_	
	Other		/	<i></i>	<del></del>	
	New Employer, if known					
		From			to	
	LEAVE: This officer has been granted leave as indicated:  From: /					
					1000	
Card	FOR POST USE ONLY  DOE /  4x6 3x5 DOE	B:		Co Prin	erelyn J. Davis  ATType Name of Agency Head  emphis Police Department	



Agency Requesting Decertification: Memphis	Police Department				
Name of Officer: Justin L. Smith	PSID#: 0775-3619				
Address: 147 Donnybrook Dr.	City/State: Atoka, TN 38004				
Please check all that apply:					
<ol> <li>Convicted of any state or by federal government could have been imprisonment in a federal or</li> </ol>	·				
2. Convicted of or pleaded guilty to or entered a charge or to any violation of any federal or star force, violence, theft, dishonesty, gambling, liq controlled substances, or a sufficient number disregard for the law; or	te laws or city ordinances relating to uor and other alcoholic beverages,				
3. Suspended or discharged 30 days or longer, re disciplinary action pending that could have res his/her employing law enforcement agency for	ulted in termination, or discharged by				
<ul> <li>4. Found to have supplied or acquiesced in false in P.O.S.T. Commission regarding eligibility for commission.</li> </ul>					
☐ 5. Fail to participate in a 40 hour in-service traini	ng program each calendar year; or				
☐ 6. Fail to maintain pre-employment requirement	S.				
*All supporting documentation <u>must</u> be attached in order for the P.O.S.T. Commission to proceed. Mail to P.O.S.T. Commission, 3025 Lebanon Rd., Nashville, Tn. 37214  Why. J. Nauci Date: 1, 25, 2023					
Signature of Law Enforcement Agency Head  Cerelyn J. Davis					
COLORNIO. DUVIS					

**Print Name** 



NAME	. Bean	, <u>Tadarius</u>	M.
DEPA	(Last) RTMENT: Memphis Police D	(First) epartment	(Middle) CERTIFICATION NUMBER: 3916-2465
	<b>SEPARATION:</b> This is to n this department as indicated	otify the POST Commi	ssion that the named officer is no longer employed by
	Type of Separation	Effective Date (mm/dd/y)	(vv)
	Resigned		<del></del>
	Retired		
	Terminated		Reason:
	Discharged		
	Other		
	New Employer, if known		
			to
	Effective Date of Cha	nge:/	/
<b>V</b>	<b>LEAVE:</b> This officer has been From: 01 /08 /20	00	cated: /
V	Administrative	Educational	Military
	Medical	Maternity	<u> </u>
	Returned to full time status o	n:	
	SUSPENSION: This officer I	nas been suspended fo	r a period of thirty (30) days or more
			/ for the following reason(s)
Office	er relieved of duty effect	tive January 8, 202	23./
File _	FOR POST USE ONLY	_/	Signature of Agency Head
	4x6 3x5 DOB	'   i	Cerelyn J. Davis Print/Type Name of Agency Head
<u> </u>	(evised Rules 11/29/92)		Memphis Police Department



. Bean			arrius	, M.
DEPARTMENT: Memphis Police Departmen		•		CERTIFICATION NUMBER: 3916-2465
SEPARATION: This is to n this department as indicated	otify the below:	POST	Commiss	
Type of Separation	Effectiv	e Date	(mm/dd/yyyy	
Resigned			_/	<del></del>
Retired			_/	
Terminated	01	/20	<sub>/</sub> 2023	Reason:
Discharged		J	_/	
Other		J	_/	
New Employer, if known			·	
LEAVE: This officer has been granted leave as indicated:				ted:
From://_			To:	
Administrative		Educati	ional	Military
Medical		Materni	ity	_
Returned to full time status o	n:	/_	/	~
SUSPENSION: This officer has been suspended for a period of thirty (30) days or more				period of thirty (30) days or more
From://		To:	/_	/ for the following reason(s)
				1 0
			_ (	arel ( )
FOR POST USE ONLY			Sig	gnature of Agency Head
DOE/	_/			
: 4x6 3x5 DOB	s:			erelyn J. Davis
/	#:			•
				lemphis Police Department
	RTMENT: Memphis Police Don'this department as indicated Type of Separation Resigned Retired Terminated Discharged Other New Employer, if known Effective Date of Cha LEAVE: This officer has been from:/ Administrative Medical Returned to full time status of SUSPENSION: This officer From:/ FOR POST USE ONLY DOE/_  24x6 3x5 DOE	RTMENT: Memphis Police Department SEPARATION: This is to notify the this department as indicated below:  Type of Separation Effective Resigned	RTMENT: Memphis Police Department  SEPARATION: This is to notify the POST this department as indicated below:  Type of Separation	RTMENT: Memphis Police Department  SEPARATION: This is to notify the POST Commission this department as indicated below:  Type of Separation Effective Date (mm/dd/yyyy)  Resigned/



Agency Requesting Decertification: Memphis Police	e Department
Name of Officer: <b>Te</b> darius M. Bean	PSID#: 3916-2465
Address: 9952 Cerise Ave. City/St	Cordova, TN 38016
Please check all that apply:	
☐ 1. Convicted of any state or by federal government of any c could have been imprisonment in a federal or state priso	
2. Convicted of or pleaded guilty to or entered a plea of not charge or to any violation of any federal or state laws or force, violence, theft, dishonesty, gambling, liquor and or controlled substances, or a sufficient number of misdem disregard for the law; or	city ordinances relating to the the city ordinances relating to
3. Suspended or discharged 30 days or longer, resign in lieu disciplinary action pending that could have resulted in te his/her employing law enforcement agency for disciplinate	rmination, or discharged by
4. Found to have supplied or acquiesced in false information P.O.S.T. Commission regarding eligibility for certification	
$\Box$ 5. Fail to participate in a 40 hour in-service training program	n each calendar year; or
☐ 6. Fail to maintain pre-employment requirements.	
*All supporting documentation <u>must</u> be attached in order for the proceed. Mail to P.O.S.I. Commission, 3025 Lebanon Rd., Nash	e P.O.S.T. Commission to nville, Tn. 37214
Signature of Law Enforcement Agency Head	
Print Name	



NAME:	Haley	, Demetrius			
DEPAR	(Last) RTMENT: Memphis Police De	(First)	CERTIFICATION NUMBER: 2072-1713		
	<b>SEPARATION:</b> This is to not this department as indicated to	otify the POST Commi	ission that the named officer is no longer employed by		
	Type of Separation	Effective Date (mm/dd/y	(ענעע		
	Resigned				
	Retired				
	Terminated	/	Reason:		
	Discharged				
	Other				
	New Employer, if known				
	Effective Date of Change://				
4	LEAVE: This officer has been granted leave as indicated:				
	From: 01 /08 /202	23 To:			
V	Administrative	Educational	Military		
	Medical	Maternity			
	Returned to full time status or	n:/	<u> </u>		
	SUSPENSION: This officer has been suspended for a period of thirty (30) days or more				
	From:/	To:/	/ for the following reason(s)		
Office	er relieved of duty effect	ive January 8, 20	23. /		
	FOR POST USE ONLY		Cerelyn L. Damo		
			Signature of Agency Head		
File_	/	_/	Cerelyn J. Davis		
Card:	4x6 3x5 DOB	:	Print/Type Name of Agency Head		
DOC:	/	#:	Memphis Police Department		
POST 2 (S	Ravisad Rulas 11/20/02\		AGENCY		



NAME:	. Haley	, Demetrius	<u>s</u> J.			
(Last)		(First)	(Middle)			
DEPARTMENT: Memphis Police Department CERTIFICATION NUMBER: 2072-1713						
V	<b>SEPARATION:</b> This is to n this department as indicated	otify the POST Comm below:	ission that the named officer is no longer employed by			
	Type of Separation	Effective Date (mm/dd/	(7979)			
	Resigned					
	Retired					
<b>V</b>	Terminated	01 /20 / 202	Reason:			
	Discharged					
	Other		<del></del>			
	New Employer, if known _					
	CHANGE OF NAME/RANK:	From	to			
LJ		inge:/				
	LEAVE: This officer has been	en granted leave as inc	dicated:			
	From: / /	•				
	Administrative	Educational	Military			
	Medical	Maternity				
	Returned to full time status of	on:	<u></u>			
	SUSPENSION: This officer has been suspended for a period of thirty (30) days or more					
	From:/	To:	// for the following reason(s)			
			1 0 0			
	FOR POST USE ONLY	,	Signature of Agency Head			
File	DOE/	,				
	: 4x6 3x5 DOI		Cerelyn J. Davis Print/Type Name of Agency Head			
DOC:	//	#:	Memphis Police Department			
DOST 2 #	Pavisad Bulas 11/20/02)		AGENCY			



Agency Requesting Decertification: Memphis Polic	e Department					
Name of Officer: Demetrius Haley PSID#: 2072-1713						
	Cordova, TN 38018					
Please check all that apply:						
☐ 1. Convicted of any state or by federal government of any could have been imprisonment in a federal or state prisonment.	•					
charge or to any violation of any federal or state laws or force, violence, theft, dishonesty, gambling, liquor and o	. Convicted of or pleaded guilty to or entered a plea of nolo contendere to any felony charge or to any violation of any federal or state laws or city ordinances relating to force, violence, theft, dishonesty, gambling, liquor and other alcoholic beverages, controlled substances, or a sufficient number of misdemeanors to establish a pattern of disregard for the law; or					
3. Suspended or discharged 30 days or longer, resign in lie disciplinary action pending that could have resulted in this/her employing law enforcement agency for disciplinary.	ermination, or discharged by					
<ul> <li>4. Found to have supplied or acquiesced in false information</li> <li>P.O.S.T. Commission regarding eligibility for certification</li> </ul>						
$\square$ 5. Fail to participate in a 40 hour in-service training progra	ım each calendar year; or					
☐ 6. Fail to maintain pre-employment requirements.						
*All supporting documentation <u>must</u> be attached in order for the P.O.S.T. Commission to proceed. Mail to P.O.S.T. Commission, 3025 Lebanon Rd., Nashville, Tn. 37214  When a Date: 01, 25, 2023						
Signature of Law Enforcement Agency Head						
Cerelyn J. Davis						

Print Name