



Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report



2019-3029

Officer-Involved Critical Incident – Richland County Jail

Investigative Activity: Autopsy Review
Involves: Alexander J. Rios (S)
Date of Activity: 09/30/2019
Activity Location: BCI Richfield Northeast Regional Office – 4055 Highlander Parkway, Richfield, OH 44286, Ohio County
Author: SA Eric Lehnhart, #84

Narrative:

On Monday, December 02, 2019, Ohio Bureau of Criminal Investigation (BCI) Special Agent Eric Lehnhart received an email from the Richland County Coroner's Office. The correspondence consisted of the autopsy report for Alexander J. Rios (Rios).

SA Lehnhart reviewed the report and noted the following:

This autopsy report was authored by Richland County, Ohio Coroner Daniel Burwell, DO. [REDACTED]

[REDACTED] Dr. Burwell's determination was based in part on a postmortem examination conducted by Dr. Amanda J.C. Paul, M.D., Forensic Pathologist and Deputy Coroner for Montgomery County, Ohio Coroner Kent E. Harshberger, M.D., J.D., M.B.A.

The information deemed to be the most relevant to this inquiry is summarized below for the convenience of the reader. However, as the author is not a doctor, it is suggested that the report be viewed in its entirety to ensure no pertinent information has been omitted or described out-of-context.

The "DIAGNOSIS" section of the report listed the following relevant information:

No diagnosis was provided by either the postmortem examination team or the Richland County, Ohio Coroner.

The "OPINION" section of the report contained the following information:

The opinion presented by Dr. Amanda J.C. Paul, M.D and supported by Dr. Lee D. Lehman, Ph.D., M.D, Chief Deputy Coroner for Montgomery County, Ohio Coroner Kent E. Harshberger,

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M.D., J.D., M.B.A. was [REDACTED]
[REDACTED]

The "EXTERNAL EXAMINATION" section contained the following information:

Rios presented to the postmortem examination team as that of a well-developed, well-nourished, white male who weighed 194 pounds and was five (5) feet eight (8) inches tall. Rios appeared compatible with the recorded age of 28 years. Rios displayed multiple tattoos including those on his chest, upper back, and a full sleeve on his right arm. The remaining documented external examination was unremarkable.

The "RECENT INJURIES, EVIDENCE OF INJURY" section contained the following information:

The "TOXICOLOGY REPORT" contained the following pertinent information:

Fluids taken from the morgue refrigerator were as follows: Heart blood (grey), Peripheral blood (grey), Heart blood (purple), Urine, Vitreous, and Heart blood (red). Confirmation results showed chemicals of interest as:

[REDACTED]

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The autopsy report received is attached to this report. Please refer to the attachment for the full details.

Attachments:

Attachment # 01:2019-12-02 Richland County Coroner's Report

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Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 7001
Registrar's No. 7000-2019000933

State File No. 2019092458

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) ALEXANDER JOSE RIOS						2. Sex MALE	3. Date of Death (Month/Day/Year) SEPTEMBER 27, 2019	
	4. Social Security Number [REDACTED]	5a. Age (Years) 28	5b. Under 1 Year Months	5c. Under 1 day Days	6. Date of Birth (Mo/Day/Year) MAY 08, 1991	7. Birthplace (City and State or Foreign Country) ELYRIA, OHIO			
	8a. Residence State OHIO		8b. County HURON		8c. City or Town WAKEMAN				
	8d. Street Address and Zip Code 30 E. MAIN ST. 44889						9. Ever in US Armed Forces? NO		
DISPOSITION	10. Marital Status at Time of Death NEVER MARRIED				11. Surviving Spouse's Name (If wife, give name prior to first marriage)				
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin YES - PUERTO RICAN		14. Decedent's Race WHITE		
	15. Father's Name MARVIN RIOS				16. Mother's Name (prior to first marriage) TONI PEDEN				
	17a. Informant's Name TONI MOULD				17b. Relationship to Decedent MOTHER		17c. Mailing Address (Street and Number, City, State, Zip Code) 30 E. MAIN ST. WAKEMAN, OHIO 44889		
CERTIFIER	18a. Place of Death HOSPITAL - INPATIENT				18b. Facility Name (If not institution, give street & number) OHIOHEALTH MANSFIELD HOSPITAL		18c. City or Town, State and Zip Code MANSFIELD, OH 44903		
	18d. County of Death RICHLAND								
	19. Funeral Service Licensee or Other Agent RONALD S BRAMLEY				20. License Number (of licensee) 006937		21. Name and Complete Address of Funeral Facility LAUBENTHAL-MERCADO FUNERAL HOME INC 38475 CHESTNUT RIDGE RD ELYRIA, OH 44035		
	22. Method and Place of Disposition CREMATION - LORAIN COUNTY CREMATION SERVICES, ELYRIA, OH								
CAUSE OF DEATH	23. Local Registrar KEVIN VANMETER				24. Date Filed (Month/Day/Year) OCTOBER 02, 2019				
	25a. Certifier (Check only one) <input type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Coroner or Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.								
	25b. Time of Death 17:55		25c. Date Pronounced Dead (Month/Day/Year) SEPTEMBER 27, 2019		25d. Was Case Referred to Medical Examiner or Coroner? YES				
	25e. Certifier Name and Title DANIEL DALE BURWELL DO		25f. License number 34.004844		25g. Date Signed (Month/Day/Year) OCTOBER 02, 2019				
CAUSE OF DEATH	27. Name and Address of Person who Completed Cause of Death DANIEL DALE BURWELL, 597 PARK AVE EAST, MANSFIELD, OH 44906								
	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.								
	Immediate Cause (Final disease or condition resulting in death)		a. PENDING						
	Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of)						
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)						
			d. Due to (or as Consequence of)						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was An Autopsy Performed? YES		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? NO	
30. Did Tobacco Use Contribute to Death? NO		31. If Female, Pregnancy Status NOT APPLICABLE.				32. Manner of Death PENDING INVESTIGATION			
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work?	
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)									
33f. Describe How Injury Occurred:						33g. If Transportation Injury, Specify:			

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Reg. Dist. No. 7001

Ohio Department of Health
VITAL STATISTICS

State File No. 2019092458

Registrar's No. 7000-2019000933

Supplementary Medical Certification

1507372

Name of Deceased ALEXANDER JOSE RIOS			
Place of Death HOSPITAL - INPATIENT			Date of Death SEPTEMBER 27, 2019
23. Local Registrar KEVIN VANMETER		24. Date Filed NOVEMBER 27, 2019	
26a. Certifier (Check only one) <input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.			
26b. Time of Death 17:55		26c. Date Pronounced Dead (Month/Day/Year) SEPTEMBER 27, 2019	
26e. Certifier Name and Title BURWELL, DANIEL DALE DO		26f. License number 34.004844	26g. Date Signed NOVEMBER 27, 2019
27. Name and Address of Person who Completed Cause of Death BURWELL, DANIEL DALE, 597 PARK AVE EAST, MANSFIELD, OH, 44906			
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. EXCITED DELIRIUM		BRIEF
Sequentially list conditions, if any, leading to the Immediate cause. Enter Underlying Cause Last (Disease or Injury that initiated events resulting in a death)	b. Due to (or as Consequence of)		
	c. Due to (or as Consequence of)		
	d. Due to (or as Consequence of)		
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. URINARY DRUG SCREEN POSITIVE FOR AMPHETAMINES PER MEDICAL RECORDS AT THE HOSPITAL		29a. Was an Autopsy Performed? YES	29b. Were Autopsy Findings Available Prior to completion of Cause of Death? YES
30. Did Tobacco Use Contribute to Death? NO	31. If Female, Pregnancy Status NOT APPLICABLE.		32. Manner of Death ACCIDENT
33a. Date of Injury (Month/Day/Year) SEPTEMBER 19, 2019	33b. Time of Injury 23:57	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) RICHLAND COUNTY JAIL	33d. Injury at Work? NO
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 73 EAST SECOND STREET MANSFIELD OHIO 44902, MANSFIELD, OHIO			
33f. Describe How Injury Occurred: ALTERCATION WITH CORRECTION'S OFFICERS.			33g. If Transportation Injury, Specify:

HEA 2752
Rev. 08/18

THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN
OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS
Required by section 3705.27 of the Ohio Revised Code



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