



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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Ohio Department of Health  
VITAL STATISTICS  
CERTIFICATE OF DEATH

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

State File No. 2019092458

<b>DECEDENT</b>	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) <b>ALEXANDER JOSE RIOS</b>					2. Sex <b>MALE</b>	3. Date of Death (Month/Day/Year) <b>SEPTEMBER 27, 2019</b>
	4. Social Security Number [REDACTED]	5a. Age (Years) <b>28</b>	5b. Under 1 Year Months	5c. Under 1 day Hours	5d. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) <b>MAY 08, 1991</b>	7. Birthplace (City and State or Foreign Country) <b>ELYRIA, OHIO</b>
	8a. Residence State <b>OHIO</b>		8b. County <b>HURON</b>		8c. City or Town <b>WAKEMAN</b>		
	8d. Street Address and Zip Code <b>30 E. MAIN ST. 44889</b>					9. Ever in US Armed Forces? <b>NO</b>	
	10. Marital Status at Time of Death <b>NEVER MARRIED</b>				11. Surviving Spouse's Name (If wife, give name prior to first marriage)		
	12. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED</b>			13. Decedent of Hispanic Origin <b>YES - PUERTO RICAN</b>	14. Decedent's Race <b>WHITE</b>		
	15. Father's Name <b>MARVIN RIOS</b>			16. Mother's Name (prior to first marriage) <b>TONI PEDEN</b>			
	17a. Informant's Name <b>TONI MOULD</b>			17b. Relationship to Decedent <b>MOTHER</b>		17c. Mailing Address (Street and Number, City, State, Zip Code) <b>30 E. MAIN ST. WAKEMAN, OHIO 44889</b>	
	18a. Place of Death <b>HOSPITAL - INPATIENT</b>					18b. Facility Name (If not Institution, give street & number) <b>OHIOHEALTH MANSFIELD HOSPITAL</b>	
	18c. City or Town, State and Zip Code <b>MANSFIELD, OH 44903</b>			18d. County of Death <b>RICHLAND</b>			
<b>DISPOSITION</b>	19. Funeral Service Licensee or Other Agent <b>RONALD S BRAMLEY</b>			20. License Number (of licensee) <b>006937</b>		21. Name and Complete Address of Funeral Facility <b>LAUBENTHAL-MERCADO FUNERAL HOME INC 38475 CHESTNUT RIDGE RD ELYRIA, OH 44035</b>	
	22. Method and Place of Disposition <b>CREMATION - LORAIN COUNTY CREMATION SERVICES, ELYRIA, OH</b>					23. Local Registrar <b>KEVIN VANMETER</b>	
						24. Date Filed (Month/Day/Year) <b>OCTOBER 02, 2019</b>	
<b>CERTIFIER</b>	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 <b>17:55</b>		25c. Date Pronounced Dead (Month/Day/Year) <b>SEPTEMBER 27, 2019</b>		25d. Was Case Referred to Medical Examiner or Coroner? <b>YES</b>		
	25e. Certifier Name and Title <b>DANIEL DALE BURWELL DO</b>			25f. License number <b>34.004844</b>		25g. Date Signed (Month/Day/Year) <b>OCTOBER 02, 2019</b>	
27. Name and Address of Person who Completed Cause of Death <b>DANIEL DALE BURWELL, 597 PARK AVE EAST, MANSFIELD, OH 44906</b>							
<b>CAUSE OF DEATH</b>	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.					Approximate Interval: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death)	a. <b>PENDING</b>					
	Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)					
		c. Due to (or as Consequence of)					
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	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? <b>YES</b>	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <b>NO</b>	
30. Did Tobacco Use Contribute to Death? <b>NO</b>		31. If Female, Pregnancy Status <b>NOT APPLICABLE.</b>			32. Manner of Death <b>PENDING INVESTIGATION</b>		
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  
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Ohio Department of Health  
VITAL STATISTICS  
Supplementary Medical Certification

State File No. 2019092458

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Name of Deceased <b>ALEXANDER JOSE RIOS</b>			
Place of Death <b>HOSPITAL - INPATIENT</b>		Date of Death <b>SEPTEMBER 27, 2019</b>	
23. Local Registrar <b>KEVIN VANMETER</b>		24. Date Filed <b>NOVEMBER 27, 2019</b>	
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 <b>17:55</b>	26c. Date Pronounced Dead (Month/Day/Year) <b>SEPTEMBER 27, 2019</b>		26d. Was Case referred to Coroner? <b>YES</b>
26e. Certifier Name and Title <b>BURWELL, DANIEL DALE DO</b>		26f. License number <b>34.004844</b>	26g. Date Signed <b>NOVEMBER 27, 2019</b>
27. Name and Address of Person who Completed Cause of Death <b>BURWELL, DANIEL DALE, 597 PARK AVE EAST, MANSFIELD, OH, 44906</b>			
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. <b>EXCITED DELIRIUM</b>		<b>BRIEF</b>
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. <b>URINARY DRUG SCREEN POSITIVE FOR AMPHETAMINES PER MEDICAL RECORDS AT THE HOSPITAL</b>		29a. Was an Autopsy Performed? <b>YES</b>	29b. Were Autopsy Findings Available Prior to completion of Cause of Death? <b>YES</b>
30. Did Tobacco Use Contribute to Death? <b>NO</b>	31. If Female, Pregnancy Status <b>NOT APPLICABLE.</b>		32. Manner of Death <b>ACCIDENT</b>
33a. Date of Injury (Month/Day/Year) <b>SEPTEMBER 19, 2019</b>	33b. Time of Injury <b>23:57</b>	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>RICHLAND COUNTY JAIL</b>	33d. Injury at Work? <b>NO</b>
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) <b>73 EAST SECOND STREET MANSFIELD OHIO 44902, MANSFIELD, OHIO</b>			
33f. Describe How Injury Occurred: <b>ALTERCATION WITH CORRECTION'S OFFICERS.</b>			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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