



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



2026-2190

Officer Involved Critical Incident - 2600 Navarre Ave.,
Oregon, OH 43616, Lucas County

Investigative Activity: Use of Force Policy Received
Involves: Mercy Health Police Department (O)
Activity Date: 06/10/2026
Activity Location: BCI - Richfield
Authoring Agent: SA John P. Tingley #154

Narrative:

On Wednesday, June 10, 2026, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) John Tingley received the Use of Force Policy utilized by the Mercy Health Police Department at the time of this incident. The document received is attached to this investigative report for further review.

References:

None

Attachments:

1. Mercy Health Use of Force Policy

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Title: Response to Resistance (RTR/Use of Force)
Approved by: PS System Director Jeff Ramey
Approval Date: 02/22/2024
Next Review Date: 02/22/2026
Effective Date: 02/22/2024
Policy Number: PS 108
Supersedes: PS 300
Originating Department: Protective Services
Contributing Departments: Risk
Manual: Protective Services
Section: Operations
Revision: 2

I. 108.1 Scope

BSMH Protective & Law Enforcement Services (PS), utilizes various security service models across the ministry including propriety police, propriety security and contracted security.

The models include both sworn officers with police authority, and non-sworn officers. Regardless, this policy provides guidelines on the reasonable response to resistance and use of force applicable to all PS officers.

While each situation and circumstances may be different, every member of PS is expected to use these guidelines to make decisions regarding response to resistance and use of force in a professional, impartial, and reasonable manner.

In addition to methods, techniques, and tools set forth below, the guidelines for the response to resistance and reasonable use of force contained in this policy shall apply to all other PS policies involving RTR and the potential use of force by a PS officer.

II. 108.2 Policy

The use of force by a PS officer is a matter of critical concern, both to the organization, the departments and those we serve. Officers are involved daily in numerous and varied interactions and, when warranted, may use reasonable force in carrying out their duties.

Officers must understand and have a true appreciation for their authority and limitations. This is especially true with respect to overcoming resistance while engaged in the performance of their duties.

BSMH recognizes and respects the value of all human life and dignity without prejudice. Vesting officers with the authority to use reasonable force and to protect the common welfare requires monitoring, evaluation, and a careful balancing of all factors.

III. 108.3 Procedure

108.3.1 Duty to Intercede and Report

All PS officers have a responsibility to intercede to prevent or stop the use of excessive force when it is reasonably safe to do so. Sworn PS Police Officers have a duty to intervene to

prevent or stop the use of excessive force when it is safe to do so. If a sworn PS Officer observes or has reason to know that excessive force is being used in their presence by another person, and they have the opportunity and the means to prevent the excessive force from occurring, the officer must intervene to prevent the harm. PS Officers who intervene to prevent or stop the use of excessive force will immediately report the incident to an appropriate supervisor.

108.3.2 Reasonable Use of Force

PS officers shall only use such force that is reasonably necessary to overcome resistance, gain control of a situation, effect a lawful enforcement objective, or maintain a safe staff/patient environment.

The Use of Force is viewed as a continuum where in the escalation or de-escalation of force is in direct proportion to the objective based on the action of the subject and surrounding circumstances.

108.3.3 Special Considerations Involving Patients

While the principles of this policy apply in all response to resistance and use of force situations, there should be a clear distinction in use of force situations between the general public and a patient health care intervention.

When dealing with patients, PS officers shall adhere to the applicable BSMH facilities restraint and seclusion policies and training, in addition to state laws governing behavior health patients.

All PS officers are trained in crisis intervention. The methods and techniques provided in the crisis intervention training should be considered and, if appropriate used first and fully exhausted when circumstances allow, before any other force is used on a patient.

108.3.4 Outside Agency Investigation

In the event a PS officer is involved in a use of force situation and an external law enforcement agency is conducting the primary investigation, PS, without interfering with the other agency's investigation, shall make reasonable efforts to obtain enough information to complete a PS incident report.

108.3.5 Cara Model for Response to Resistance

PS Officers shall use force only when no reasonably effective alternative appears to exist and shall use only the level of force which a reasonable person would use under the same or similar circumstances. PS uses the CARA Model to evaluate the balance and level of response.

108.3.6 Balance and Level of Response (CARA Model)

CONDITION – Verbal/non-verbal commands given by the officer to a subject in order to direct or control that subject for a lawful purpose.

ACTION – Subject's response to the officer's condition.

RESPONSE – Officer’s required response to the subject’s actions (based on the guidelines from applicable case law).

ASSESS – Officer must assess whether the response gained compliance or brought the subject under control.

As circumstances reasonably permit, an officer must continually reassess the need to recycle the CARA Model to gain compliance or control.

The CARA Model is always dependent upon the subject’s actions. The level of response is determined by the officer who assesses the action by the subject, including the level of threat posed to the officer, to determine the appropriate response based on the guidelines from applicable case law, and this policy.

The CARA Model can, and often does, occur rapidly. Application of the CARA Model does not require a verbal condition when, to a reasonable person, it is implied by the situation.

108.3.7 Action – Response/Force Continuum

The Action – Response Continuum is a general guideline used for subject control and defense of officers or other innocents. Because confrontation is dynamic and often unpredictable, an officer may be forced to escalate, de-escalate, or go from minimum to maximum response without utilizing each intermediate step. Effective and proper use of the Action – Response Continuum is dependent on the subject’s actions against the officer, special circumstances, and officer/offender comparative factors, such as:

A. Actions Against Officers or Other Innocents

1. Verbal or physical danger cues.
2. Not responding to commands, refusing to move – dead weight.
3. Pulling away from officer.
4. Pushing the officer or others.
5. Wrestling with the officer or others.
6. Striking or kicking the officer or others.
7. Life-threatening weaponless assaults.
8. Attempting to disarm officer.
9. Weapons attempted/used against officer or others.

B. Special Circumstances

1. Closeness of a weapon.
2. Injury or exhaustion.
3. Being on the ground.
4. Special knowledge.
5. Availability of other options.

C. Officer/Subject Comparative Factors

1. Age
2. Sex
3. Size
4. Skill level

5. Multiple persons/officers
 6. Relative Strength
 7. Environment
- D. Body Space Parameters: Portions of the Action – Response Continuum are driven by body space parameters.
1. Reactionary gap six feet to eight feet or more from offender
 2. Within the subject's striking distance
 3. Close quarters contact with subject.
- E. Levels in the Action – Response/Force Continuum – The five levels of the department's action Response Continuum are designed to aid and assist officers in the decision-making process.
1. Level 1 – Officer Presence
 - a. Appearance
 - b. Posturing
 - c. Body space parameters
 2. Level 2 – Issuance of Verbal Commands
 - a. To direct and inform a person or group of people.
 - b. To deescalate a person/situation.
 - c. The principles of verbal commands are Ask, Advise, Order.
 1. Ask for compliance.
 2. Advise need for compliance.
 3. Order subject to comply.
 3. Level 3 – Non-Compliant/Non-Combative Resistance – The following techniques may be a reasonable response when involved in a Level 3 encounter:
 - a. Call for an additional show of support.
 - b. Approved de-escalation physical interventions.
 - c. Escort/controlled movements.
 4. Level 4 – Assaultive/Combative Resistance/Threat to Officers or Others – Any of the following techniques and/or weapons may be a reasonable response when involved in a Level 4 encounter (officers must be trained in these techniques):
 - a. Joint manipulation, soft tissue manipulation, or pressure points.
 - b. Striking or kicking techniques.
 - c. Chemical gel
 - d. Conducted Electrical Weapon (CEW)
 5. Level 5 – Lethal Deadly Force – Any of the following techniques may be a reasonable response when involved in a Level 5 encounter:
 - a. Applied force to the neck or head area.
 - b. Lethal weapons
 - c. Offensive impact weapon strikes

108.3.8 Use of Lethal/Deadly Force

The preservation of human life is of the highest value to BSMH. Therefore, employees must have an objectively reasonable belief that deadly force is necessary to protect life before the use of deadly force. Deadly force may be used only under the following circumstances:

- (A) To defend themselves from Serious Physical Injury or death; or
- (B) To defend another person from Serious Physical Injury or death.

108.3.9 Deadly Force Restrictions

Deadly force shall not be used against persons whose actions are a threat only to themselves or property. Firearms shall not be discharged from a moving vehicle except as listed in A or B above.

Under no circumstances shall officers discharge warning shots.

The use of neck restraints, or similar weaponless control techniques (i.e., choke holds), intended to restrict a person's breathing are prohibited unless deadly force is objectively reasonable under the circumstances.

108.3.10 Injuries Due to RTR Incident

Officers must make a reasonable attempt to limit injury to themselves, the subject, BSMH associates, the public, and other PS officers. Once the scene is secure and as soon as is practical, an officer shall provide appropriate medical care consistent with PS training to any individual who has visible injuries, complains of being injured, or requests medical attention. This may include providing first aid, requesting emergency medical services, and/or arranging for transportation to the nearest emergency department.

When delivering a subject to an institution, such as a detention facility, hospital, or mental health facility, the intake staff should be informed of the method and extent of the officer's responses to resistance and any known or suspected injuries.

108.3.11 Other Considerations on Use of Force

Officers must stop the use of force when the subject no longer resists or when the incident is otherwise under control.

108.3.12 Restrained Persons

Force shall not be used against subjects in restraints, except as objectively reasonable to prevent their escape or prevent imminent physical injury to the subject, the officer, or another person. Only the minimal amount of force necessary to control the situation shall be used.

108.3.13 Handcuffing

Handcuffing is a use of force; therefore, the objective for applying handcuffs (e.g., investigative detentions vs. custodial arrest), the manner and/or degree of applying handcuffs (e.g., handcuffing in the front vs. the back, use of a portable restraint device, tightness, forcefulness of the application, position of the person handcuffed) must be evaluated based

on the reasonableness standard of *Graham v. Connor*. The PS policy on handcuffing is adaptable to any situation and is not a strict "no exceptions" policy.

108.3.14 Seizure at Gunpoint

Pointing a firearm at a subject is a use of force. The objective for pointing the weapon at a subject in each situation must be evaluated based on reasonableness. In order to justify pointing a firearm at someone, a PS officer must have an articulable belief that the person posed an imminent threat of serious injury or death to the officer or others.

108.3.15 De-Escalation

De-escalation is acting or communicating verbally or non-verbally during a response to resistance encounter to stabilize the situation and reduce the immediacy of the threat so that more time, options, and resources may be called upon to resolve the situation with the use of force or with a reduction in the force necessary. De-escalation may include the use of such techniques as command presence, advisements, and warnings (ASK, ADVISE, ORDER), verbal persuasion, and tactical repositioning.

An officer shall use de-escalation techniques and other alternatives to higher levels of force consistent with their training whenever possible and appropriate before resorting to force and to reduce the need for force.

When possible, an officer shall allow a person the time and opportunity to submit to verbal commands before force is used and when such delay will not threaten the safety of the officer or others, and will not result in the destruction of evidence, escape of a subject, or commission of a crime.

108.3.16 Use of Authorized Weapons

Officers shall not carry any firearm or other weapon that is not authorized by the BSMH System Protective Services leadership and the appropriate Market President. Only authorized officers who have successfully completed all required training will be authorized to carry and use weapons.

108.3.17 Less-Lethal Weapons

When de-escalation techniques are ineffective or inappropriate, officers may consider and if appropriate, use of less-lethal force to control an actively resistant or assaultive person/s. An officer is authorized to use PS approved, less-lethal force techniques and issued less-lethal weapons to protect the officer or others from immediate physical harm, to restrain or subdue a person/s who is actively resisting arrest, or to bring an unlawful situation safely and effectively under control. There are several restrictions associated with less-lethal weapons as referenced in the System Use of Force Training. The decision to authorize and issue less-lethal weapons rests with facility leadership. If issued, less-lethal weapons may include:

OC Gel – The 10% oleoresin capsicum (OC) agent is authorized for use when a person is actively resisting arrest, or otherwise assaultive. Officers must use care they do not direct the stream of spray directly into a person's eyes at close range. In addition, the use of OC in crowded or enclosed areas is not encouraged.

Expandable Baton/ Flashlight (impact weapon) – The expandable baton and the flashlight are authorized for use primarily as defensive weapons. Striking a subject with a baton or flashlight is only reasonable when an officer is protecting themselves or others from an assault or attempted assault.

Conducted Electrical Weapon (CEW) – The CEW is authorized for use, in probe or “drive stun” mode to control or otherwise subdue a person who is actively resisting arrest, assaultive, or engaging in self-destructive behavior.

108.3.18 Reporting Response to Resistance

When an officer uses physical force to effect an arrest, detention, or to otherwise accomplish a lawful objective, the officer shall immediately notify a supervisor and shall complete an incident report. The report will detail the circumstances surrounding the response to resistance and will focus on the criminal or violent acts of the subject(s). A supervisor shall investigate and review the response to resistance.

108.3.19 Notifications to Supervisors

Supervisory notification will be made as soon as the situation is stabilized, and it is practicable following any use of force.

108.3.20 Supervisor Responsibilities

A supervisor should respond to all reported use of force events. If a supervisor isn't working, upon contact they will determine if an immediate response is needed. In situations where the use of force has resulted in serious physical harm or death they will respond as soon as possible. The responding supervisor is expected to:

Obtain the basic facts from the involved officers, absent an allegation of misconduct or excessive force, this will be considered a routine contact in the normal course of duties.

Encourage any injured parties to be examined and seek treatment.

Separately interview the person whom force was applied.

Once any initial medical assessment has been completed or first aid has been rendered, photographs should be taken of any areas involving visible injury or complaint of pain, as well as overall photographs of uninjured areas. Seek consent for photos if appropriate.

Identify any witnesses not already included in related PS reports.

Review and approve all related PS reports.

Evaluate the circumstances surrounding the event and initiate further investigation as appropriate.

If a supervisor is unable to respond to the location of an event involving use of force, the supervisor is still expected to complete as many of the above items as circumstances permit.

108.3.21 Director/Manager of Protective Services Response

As soon as practical, the supervisor will contact the Director/Manager of Protective Services or designee who will determine if an immediate response is needed. In situations where the use of force has resulted in serious physical harm or death, the Director/Manager of Protective Services or designee will respond immediately.

The Director/Manager of Protective Services or designee will notify local administration and BSMH System Protective Services leadership as soon as practical of any situation where the use of force has resulted in serious physical harm or death.

108.3.22 Investigation

Anytime there is an allegation or evidence of excessive force, misconduct, or injury on the part of PS staff, the scene should be treated as a potential crime scene. As soon as the situation is stabilized, officers should immediately take steps to protect the scene until relieved by a supervisor or local law enforcement.

If it is determined that lethal force has been used, the entire scene will remain secured until the arrival of the Director/Manager of Protective Services, or designee or the appropriate public law enforcement department. The scene and all evidence will remain untouched unless conditions are present that would jeopardize the preservation of evidence. If that occurs (for example, inclement weather), departments with sworn or specially trained officers, will take photographs, do a crime scene sketch, and an on-scene log will be initiated as soon as possible. Evidence that could be lost or destroyed should be photographed, secured, and marked at its final resting place.

On-scene Log – Departments with sworn or special trained officers will initiate an on-scene log. The on-scene log will contain the names and times of all persons entering or leaving the scene and the time the scene is secured. The on-scene log will then become part of the investigation.

Weapon Security - The location of any weapons involved should be marked and recorded. It is preferable to leave weapons were found if the scene can be secured. If not, a qualified supervisor should secure the weapon. Firearms should only be handled by qualified personnel.

Digital Evidence – As soon as practical, preserve available digital data, i.e., CCTV & Body Worn Camera footage, digital radio/audio recordings.

108.3.23 Coordination of Investigation

When the Director/Manager of Protective Services or designee arrives, they will take charge of the scene. If another agency is investigating, the Director/Manager of Protective Services or designee will coordinate any assistance needed by public law enforcement.

108.3.24 Preliminary Determination of Circumstances

The Director/Manager of Protective Services or designee will then determine what occurred through preliminary inquiries of department employees involved. Circumstances may dictate that the officer(s) involved be removed from the scene. Generally, in these cases, an officer will be assigned to stay with the officer involved in the incident.

Notify executive leadership for the market, facility, and system.

Contact the Public Relations and Communications department for assistance and designating a public information officer.

Notify the involved officer's family and secure whatever assistance is needed for the family. Protect the officer and or family from the media. If needed, ensure protection of the officer from any suspect's family, friends, etc. Assign uniformed, sworn officers at the hospital and/or residence, if necessary.

The Director/Manager of Protective Services or designee will investigate all the above use of force incidents. The investigation may include other leaders within the organization and will include the following, but not be limited to:

Interviews of the subjects and witnesses involved.

Review and archive any video or audio recordings that are available.

Recording/documenting of all statements which contain the following:

All relevant facts and circumstances surrounding the incident.

Whether the use of force was necessary and in compliance with departmental rules, policies, and directives.

What, if any, injuries are evident or alleged?

108.3.25 Administrative Review

An administrative review will be conducted when notified of a use of force incident where any of the following occurs; injury(s), deployment or discharge of a firearm, use of a CEW or chemical agent, excessive force complaint, or at the discretion of Protective Services leadership.

When a firearm is used in the course of their duties, outside an approved training situation will, as soon as it is safe to do so, submit the firearm, along with any live and spent ammunition from the firearm to the Director/Manager of Protective Services or designee for purposes of investigation.

Any officer who uses a firearm or lethal force where death or serious physical harm occurs shall be placed on administrative leave pending the outcome of the investigation. The administrative leave will remain in effect until the officer has met with a representative from Human Resources, and they have determined the officer can return to duty.

When a CEW is used in the course of their duties, outside an approved training situation will, as soon as it is safe to do so, submit the CEW and any deployed cartridges to the Director/Manager of Protective Services or designee for purposes of investigation.

The administrative review is to determine the following:

Whether the employee was compliant with policy, training, or other system directives.

Identify performance deficiencies.

Training needs; and

Other recommendations that may include positive feedback.

108.3.26 Post Trauma Counseling

Any officer who uses a firearm or lethal force where death or serious physical harm occurs will be encouraged to use BSMH Work/Life services for counseling and other support.

108.3.27 Training

Officers will receive periodic training on this policy and demonstrate their knowledge and understanding, at least annually, including use of lethal and less lethal force, and the response to resistance review and investigation process.

108.3.28 Use of Force Analysis

The Director/Manager of Protective Services or designee should conduct an analysis on response to resistance incidents. The analysis results should be submitted to the BSMH System Protective Services leadership. The analysis should not contain the names of officers, suspects, or case numbers, and should include:

The identification of any trends in the use of force by members.

Training needs recommendations.

Equipment needs recommendations.

Policy revision recommendations.

IV. Definitions

Deadly/Lethal Force: Deadly force is defined as any force reasonably anticipated and intended to create a substantial likelihood of causing death or serious injury of any person. The preservation of human life is of the highest value to BSMH.

Force: Any violence, compulsion, or constraint physically exerted by any means upon or against a person or thing

Physical Injury: Any injury, illness, or other physiological impairment, regardless of its gravity or duration

Serious Physical Injury: physical injury is defined as an injury that involves a substantial risk of death, protracted and obvious disfigurement, or extended loss or impairment of the function of a body part or organ.

Objectively Reasonable: Determining the necessity for and the appropriate level of force, officers shall evaluate each situation considering known facts, including but not limited to, the seriousness of the event or offense, the level of threat or resistance presented by the subject and the danger to others and self.

Substantial Risk: A strong possibility, as contrasted with a remote possibility that a certain result may occur or that certain circumstances may exist.

Imminent: Has a broader meaning than immediate or instantaneous, the concept of imminent should be understood to be elastic, involving an ongoing period depending on the circumstances rather than a moment in time under the definition of immediate.

V. Related Policies/Procedures

PS 107 Response to Resistance Review Process

This policy/procedure/guideline does not establish a standard of clinical care or practice or standard of non-clinical practice to be followed in every case. The policy/procedure/guideline should guide actions with the understanding that departures may be required at times.

Sites revised 01/21/2024 - Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for all Bon Secours Mercy Health entities including, but not limited to, facilities doing business as Mercy Health – St. Vincent Medical Center, St. Vincent – St. Charles Hospital, St. Vincent – St. Anne Hospital, Mercy Health – Perrysburg Medical Center, Mercy Health – Tiffin Hospital, Mercy Health – Willard Hospital, Mercy Health – Defiance Hospital, Mercy Health Allen Hospital LLC, Mercy Health - Lorain Hospital, Mercy Health St. Elizabeth Youngstown Hospital, Mercy Health St. Joseph Warren Hospital, Mercy Health - St. Elizabeth Boardman Hospital, Mercy Health - St. Rita's Medical Center, Mercy Health – Springfield Regional Medical Center, Mercy Health - Urbana Hospital, Mercy Health - Anderson Hospital, Mercy Health - Clermont Hospital, Mercy Health – Fairfield Hospital, Mercy Health - West Hospital, The Jewish Hospital – Mercy Health, Mercy Health – Kings Mills Hospital, LLC, Mercy Health - Lourdes Hospital LLC, Mercy Health – Marcum and Wallace Hospital, Chesapeake Hospital Corporation DBA Rappahannock General, Maryview Hospital, Bon Secours Richmond Community, Bon Secours Memorial Regional Medical Center, Bon Secours – St. Mary's Hospital, Bon Secours St. Francis Health System, Bon Secours St. Francis Medical Center, Bon Secours Mary Immaculate Hospital, Bon Secours - Southside Medical Center, Bon Secours Mercy Health Franklin, LLC, and Southern Virginia Medical Center.