



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



2025-2909

Officer Involved Critical Incident - Stanhope-Kelloggsville
Rd. and Anderson Rd., Denmark Township, OH 44032,
Ashtabula County

Investigative Activity: Receipt of ACSO Deputies Drug Test Results
Involves: Ashtabula County Sheriff's Office (O)
Activity Date: 09/17/2025
Activity Location: BCI Boardman - 760 Boardman-Canfield Road, Boardman,
OH 44512
Authoring Agent: SA Joseph Lamping #184

Narrative:

On Wednesday, September 17, 2025, at approximately 1416 hours, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joe Lamping received an email from Chief Deputy Terry Moisio of the Ashtabula County Sheriff's Office (ACSO) which contained copies of drug test results for [REDACTED]. These records were not reviewed at the time of receipt. The documents were attached to this report and may be reviewed in another report should each deputy provides consent for the documents to be reviewed as these tests were conducted at the direction of the command staff of ACSO per agency policy.

References:

None

Attachments:

1. [REDACTED] rug Test Results
2. [REDACTED] Drug Test Results
3. [REDACTED] Drug Test Results

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.

@screen. Specimen Result Certificate

ID Number: [REDACTED]

Report printed on 9/11/2025 7:51:39 AM

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Attention:

Charla Rhodes

ACMC Occupational Health OHS

2420 Lake Avenue

Ashtabula, OH 44004

Collection Site:

58214 - ACMC Occupational Health

2420 Lake Ave

Ashtabula, OH, 44004

Verification Date

9/10/2025 01:58 PM

Medical Review Officer:

Dr. Trinetta A. Masternick, D.O.

5760 Patriot Blvd

Austintown, OH 44515

330-270-3660

Donor Name: [REDACTED]

Date Of Test: 9/8/2025

ID Number: [REDACTED]

Donor ID: [REDACTED]

Reason for Test: Post Accident

Laboratory: ALERE

Regulation: Non-DOT

Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Laboratory	Laboratory	Drug Name	Result	Laboratory	Laboratory
		Screening	Confirmation			Screening	Confirmation
		Cutoff *	Cutoff *			Cutoff *	Cutoff *
Marijuana	Negative	50 ng/ml	15 ng/ml	PCP	Negative	25 ng/ml	25 ng/ml
Cocaine	Negative	150 ng/ml	100 ng/ml	Barbiturates	Negative	300 ng/ml	300 ng/ml
Amphetamines	Negative	500 ng/ml	250 ng/ml	Benzodiazepines	Negative	300 ng/ml	300 ng/ml
Opiates	Negative	2000 ng/ml	2000 ng/ml	Methaqualone	Negative	300 ng/ml	300 ng/ml
6-Monoacetylmorphine	Negative	10 ng/ml	10 ng/ml	Methadone	Negative	300 ng/ml	300 ng/ml
Propoxyphene	Negative	300 ng/ml	300 ng/ml	MDMA/MDA	Negative	500 ng/ml	250 ng/ml
Oxycodone/Oxymorphone	Negative	100 ng/ml	100 ng/ml				

Final Result Disposition: **Negative**

CCF Record Date : 9/10/2025

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

My verification is:

☒ Negative☐ Dilute☐ Positive☐ Test Cancelled☐ Adulterated☐ Refusal to test because☐ Substituted

REMARKS:

Dr. Trinetta A. Masternick, D.O.

9/10/2025 01:58 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

* Represents laboratory screening and confirmation values.

† Amphetamines screening test detects both Amphetamine and Methamphetamine subclasses

@screen. Specimen Result Certificate

ID Number: [REDACTED]

Report printed on 9/10/2025 1:40:04 PM

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Attention:
Charla Rhodes
ACMC Occupational Health OHS
2420 Lake Avenue
Ashtabula, OH 44004

Verification Date 9/10/2025 01:09 PM

Medical Review Officer:
Dr. Trinetta A. Masternick, D.O.
5760 Patriot Blvd
Austintown, OH 44515
330-270-3660

Collection Site:
58214 - ACMC Occupational Health
2420 Lake Ave
Ashtabula, OH, 44004

Donor Name: [REDACTED]
Date Of Test: 9/8/2025
ID Number: [REDACTED]

Donor SSN: [REDACTED]
Donor ID: [REDACTED]
Reason for Test: Post Accident

Laboratory: ALERE

Regulation: Non-DOT
Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Laboratory	Laboratory	Drug Name	Result	Laboratory	Laboratory
		Screening	Confirmation			Screening	Confirmation
		Cutoff *	Cutoff *			Cutoff *	Cutoff *
Marijuana	Negative	50 ng/ml	15 ng/ml	PCP	Negative	25 ng/ml	25 ng/ml
Cocaine	Negative	150 ng/ml	100 ng/ml	Barbiturates	Negative	300 ng/ml	300 ng/ml
Amphetamines	Negative	500 ng/ml	250 ng/ml	Benzodiazepines	Negative	300 ng/ml	300 ng/ml
Opiates	Negative	2000 ng/ml	2000 ng/ml	Methaqualone	Negative	300 ng/ml	300 ng/ml
6-Monoacetylmorphine	Negative	10 ng/ml	10 ng/ml	Methadone	Negative	300 ng/ml	300 ng/ml
Propoxyphene	Negative	300 ng/ml	300 ng/ml	MDMA/MDA	Negative	500 ng/ml	250 ng/ml
Oxycodone/Oxymorphone	Negative	100 ng/ml	100 ng/ml				

Final Result Disposition: **Negative**

CCF Record Date : 9/10/2025

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

My verification is:

☒ Negative ☐ Positive ☐ Test Cancelled ☐ Adulterated ☐ Refusal to test because ☐ Substituted
☐ Dilute

REMARKS:

Dr. Trinetta A. Masternick, D.O.

9/10/2025 01:09 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

* Represents laboratory screening and confirmation values.

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@screen. Specimen Result Certificate

ID Number: [REDACTED]

Report printed on 9/17/2025 1:05:01 PM

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Attention:

Jackie Bissett
Ashtabula Medical Center
2420 Lake Ave
Ashtabula, OH 44004

Verification Date

9/10/2025 01:09 PM

Collection Site:

58214 - ACMC Occupational Health
2420 Lake Ave
Ashtabula, OH, 44004

Medical Review Officer:

Dr. Trinetta A. Masternick, D.O.
5760 Patriot Blvd
Austintown, OH 44515
330-270-3660

Donor Name: [REDACTED]

Date Of Test: 9/8/2025

ID Number: [REDACTED]

Donor SSN: [REDACTED]

Donor ID: [REDACTED]

Reason for Test: Post Accident

Laboratory: ALERE

Regulation: Non-DOT

Specimen Type: Urine

Drugs Tested:

Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *	Drug Name	Result	Laboratory Screening Cutoff *	Laboratory Confirmation Cutoff *
Marijuana	Negative	50 ng/ml	15 ng/ml	PCP	Negative	25 ng/ml	25 ng/ml
Cocaine	Negative	150 ng/ml	100 ng/ml	Barbiturates	Negative	300 ng/ml	300 ng/ml
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Opiates	Negative	2000 ng/ml	2000 ng/ml	Methaqualone	Negative	300 ng/ml	300 ng/ml
6-Monoacetylmorphine	Negative	10 ng/ml	10 ng/ml	Methadone	Negative	300 ng/ml	300 ng/ml
Propoxyphene	Negative	300 ng/ml	300 ng/ml	MDMA/MDA	Negative	500 ng/ml	250 ng/ml
Oxycodone/Oxymorphone	Negative	100 ng/ml	100 ng/ml				

Final Result Disposition: **Negative**

CCF Record Date : 9/10/2025

TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

My verification is:

☒ Negative☐ Dilute☐ Positive☐ Test Cancelled☐ Adulterated☐ Refusal to test because☐ Substituted

REMARKS:

Dr. Trinetta A. Masternick, D.O.

9/10/2025 01:09 PM

(PRINT) Medical Review Officer's Name

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

* Represents laboratory screening and confirmation values.

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