



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



2025-3318  
Officer Involved Critical Incident - 681 4th St. SW, Warren,  
OH 44483, Trumbull County (L)

**Investigative Activity:** EMS / [REDACTED] Review – Brad M. Bailey  
**Involves:** Brad M. Bailey (S)  
**Activity Date:** 01/12/2026  
**Activity Location:** BCI – Richfield  
**Authoring Agent:** SA Daniel P. Boerner #135

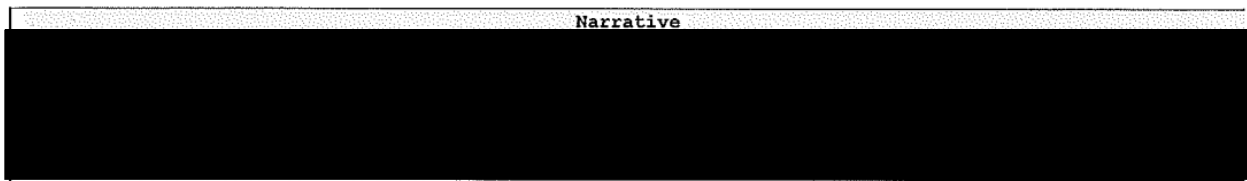
**Narrative:**

On Monday, January 12, 2026, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Dan Boerner (SA Boerner) reviewed Brad M. Bailey's (Bailey) EMS and [REDACTED] [REDACTED] from the Warren Fire Department and [REDACTED] [REDACTED]. SA Boerner reviewed the [REDACTED] and noted the following:

**EMS Report** [REDACTED]

- The call was received at 07:03hrs
- The call was dispatched at 07:03hrs
- The medics were en route at 07:04hrs
- The medics were on scene at 07:04hrs
- The medics began transport to the hospital at 07:15hrs
- The medics arrived at the hospital at 07:22hrs

Bailey's EMS records consisted of three (3) pages (*Figures 1-3, Pertinent information*).



*Figure 1, Narrative*

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Injury Details	
Reason for Encounter:	Injury/Trauma
Trauma Triage Criteria	- All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
High Risk:	
Drugs/Alcohol?:	None
Intentional:	Yes - Other
Work Related:	No
Injury Cause:	Handgun discharge, undetermined intent
Mechanism:	Firearms Injury
Equipment:	Not Applicable
Trauma Triage Criteria	Other: EMS Judgment
Moderate Risk:	

Figure 2, Injury details

Initial Physical Findings								
<b>Assessment</b>								
Assessment at 10/12/2025 07:04								
[Redacted]								
Impression / Diagnosis								
System:	[Redacted]							
Symptoms:	[Redacted]							
Impression:	[Redacted]							
Activity								
Time	H.R.	REG	B.P.	RA SaO2	Resp	Rhythm	ECG Method	
	H.R. Method		B.P Method					
Action/Comment								
[Redacted]								

Figure 3, Initial physical findings

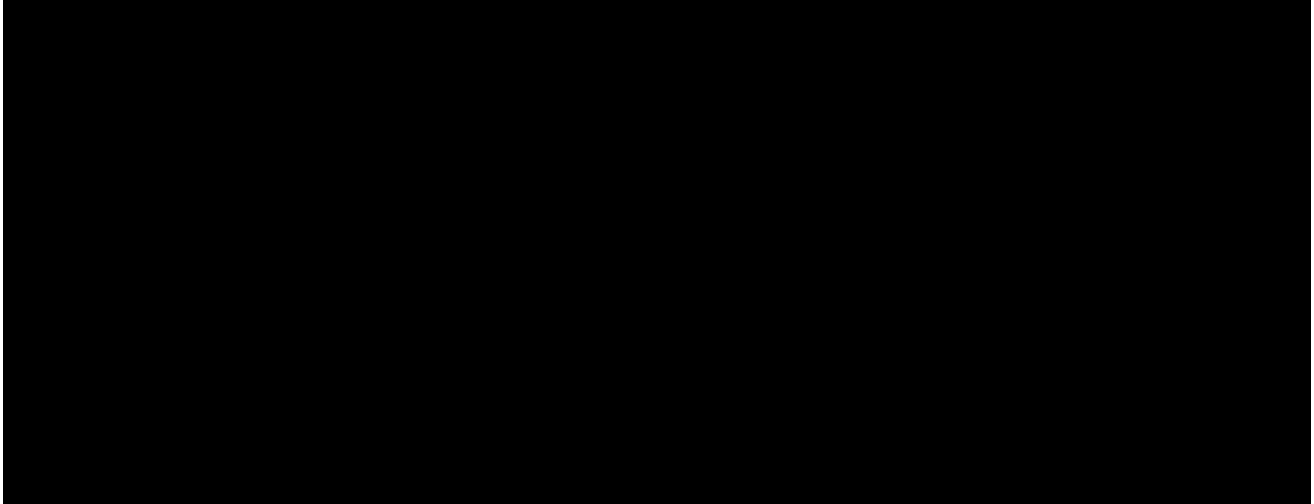
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**References:**

None

**Attachments:**

1. Emergency Medical Transport Inc., Ambulance - EMS Patient Run Report - Brad Bailey
2. [REDACTED]

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PRID [Redacted] Run Number [Redacted]

Service: Medbus Command Date: October 12, 2025  
 EMT-TSA-LEMS- Team: ALS  
 Sam Crew 1: Primary Caregiver - Transport  
 Base: Station 14 - \* Crouser, John Paramedic  
 Warren Crew 2: Driver/Pilot - Transport  
 Unit: Medic 142 Siddens, Amber EMT  
 Warren Ground Other: WPD Officer  
 Unit Equipment: Transport (ALS Equipped) \* designates an ALS Provider  
 Shift: Twenty-Four Transport Mode: Emergent (Immediate Response)  
 Tail/Reg: 59 EMD: No  
 Dispatched As: Stab/Gunshot Wound Final Acuity: [Redacted]  
 Emergency Response  
 Type of Svc: (Primary Response Area) Unscheduled  
 Dispatch Priority: Emergency Emergent  
 Response Mode: (Immediate Response)  
 Disposition: Treated, Transported by EMS  
 Unit Disposition: Patient Contact Made Patient  
 Patient Evaluation/Care: Evaluated and Care Provided Initiated and  
 Crew Disposition: Continued Primary Care Transport by  
 Transport Disposition: This EMS Unit (This Crew Only)  
 Reason for Refusal/Release:

Referring / Scene: 755 4TH ST SW  
 WARREN, OH 44483  
 Trumbull County  
 United States

Receiving / Hospital Destination: St. Joseph's Hospital - Eastland  
 Emergency Department  
 667 Eastland Ave. S E  
 Warren, OH 44484-4503  
 (330) 841-4000  
 Destination Basis: Closest Appropriate Facility

Last Name: Bailey  
 First Name: Brad  
 Address: 1567 Kenilworth Ave Se  
 City: Warren ST:OH Zip:44483  
 County: Trumbull  
 Country: United States  
 Citizenship: United States  
 DOB: 12/22/1983 SSN: [Redacted]  
 Age: 41y Sex: Gender: M Weight:  
 Height:  
 Subscriber: No  
 Race: White, non-Hispanic  
 Billing Information:  
 None Given

Odometer	Times
At Ref: 0.0	Received: 07:03
At Rec: 2.7	Dispatch: 07:03
Ld Miles: 2.7	EnRoute: 07:04
	At Ref: 07:04
	Leave Ref: 07:15
	At Rec: 07:22
	Available: 07:54

Consent Signed: No  
 PCS / Medical Necessity Signed: No

Narrative

[Redacted Narrative Content]

Chief Complaint (Category: Stab/Gunshot Wound)

GSW

Anatomic Location: [REDACTED]  
ALS Assessment: [REDACTED]

History of Present Illness

Medical History	Current Medications	Allergies
Substance Abuse Obtained From: Not Recorded	Unknown	None Listed

Neurological Exam

[REDACTED]

Airway

Respiratory

[REDACTED]

Cardiovascular

[REDACTED]

Cardiac Arrest

[REDACTED]

Injury Details

[REDACTED]

**Initial Physical Findings**



**Impression / Diagnosis**

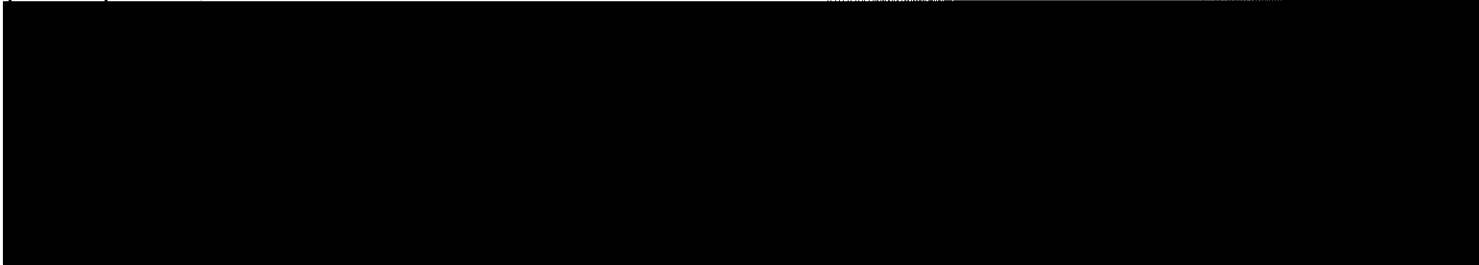
System:  
Symptoms  
Impression



**Activity**

Time	H.R.	REG	B.P.	RA SaO2	Resp	Rhythm	ECG Method
	H.R. Method		B.P Method				

Action Comment



Response Factors Affecting Care: None  
 Scene Factors Affecting Care: None  
 Transportation Factors Affecting Care: None  
 Dispatch Factors: None  
 Turn-Around Factors: None

Crouser, John: *Electronically Signed on 10/12/2025 08:38:45 EST*

Siddens, Amber: *Electronically Signed on 10/12/2025 08:48:03 EST*

































