



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



2023-1535
 Officer Involved Critical Incident - 311 25th Street SW,
 Canton, Ohio

Investigative Activity: Records Received and Reviewed
Activity Date: November 28, 2023
Activity Location: BCI Richfield
Authoring Agent: SA Matthew Armstrong #146

Narrative:

On November 28, 2023, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matthew Armstrong (Armstrong) received a copy the autopsy report for Jeffrey Neff (Neff) from the Stark County Coroner's Office. The report was provided via email.

The information deemed to be the most relevant 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 injuries described within the report appeared consistent with injuries sustained from gunshots. There was evidence present which indicated medical care was administered. Three projectiles and a projectile fragment were recovered from Neff's body. Each of them traveled either from the left side of the body to the right side or from the front to back. Details regarding the gunshot wounds, the path, course and direction of the projectiles has been outlined later in this report.

The autopsy report was authored by Chief Deputy Coroner of Stark County, Anthony P. Burtin, DO. The autopsy was performed by Cuyahoga County Medical Examiner's Office Dr. David Dolinak on June 8, 2023 at 0910 hours.

[REDACTED]

The relevant information from the "DIAGNOSIS" section of the report included the following:

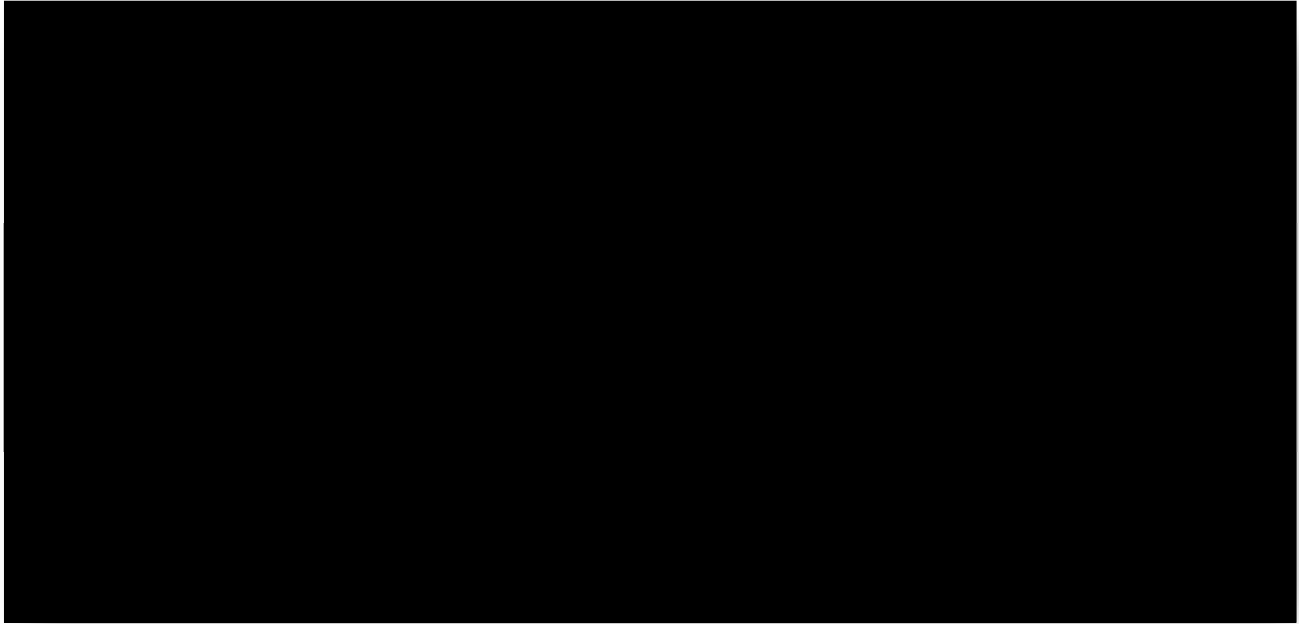
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The "EVIDENCE OF INJURY" section identified six gunshot wounds. Projectiles associated with three of the wounds were recovered along with a projectile fragment. The report indicated the number in which the gunshot wounds were listed did not correspond with the number in which they were sustained. Details regarding the six gunshot wounds are outlined below:

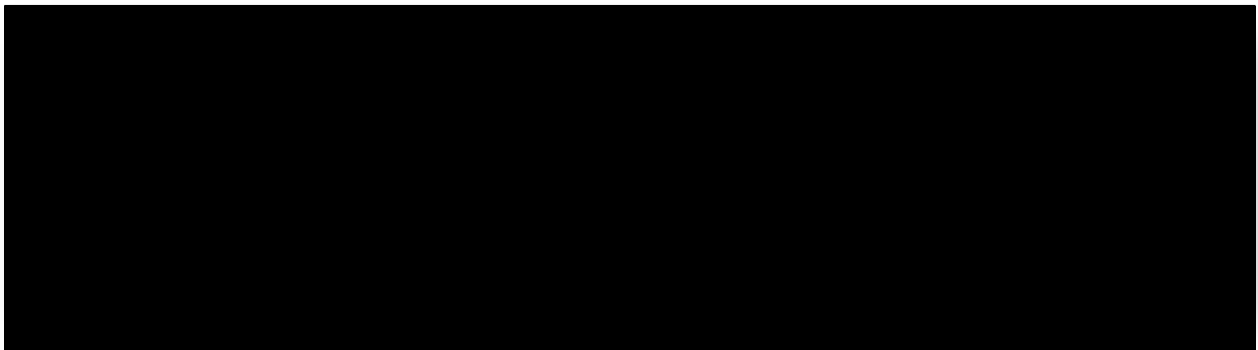
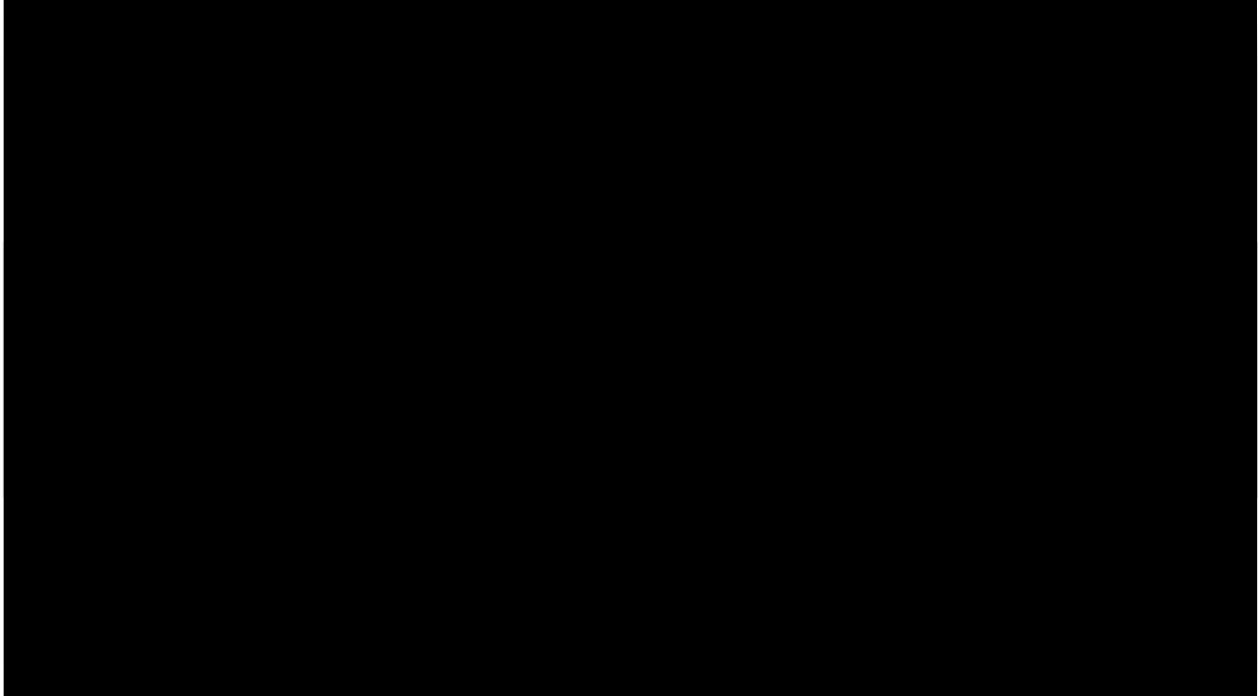
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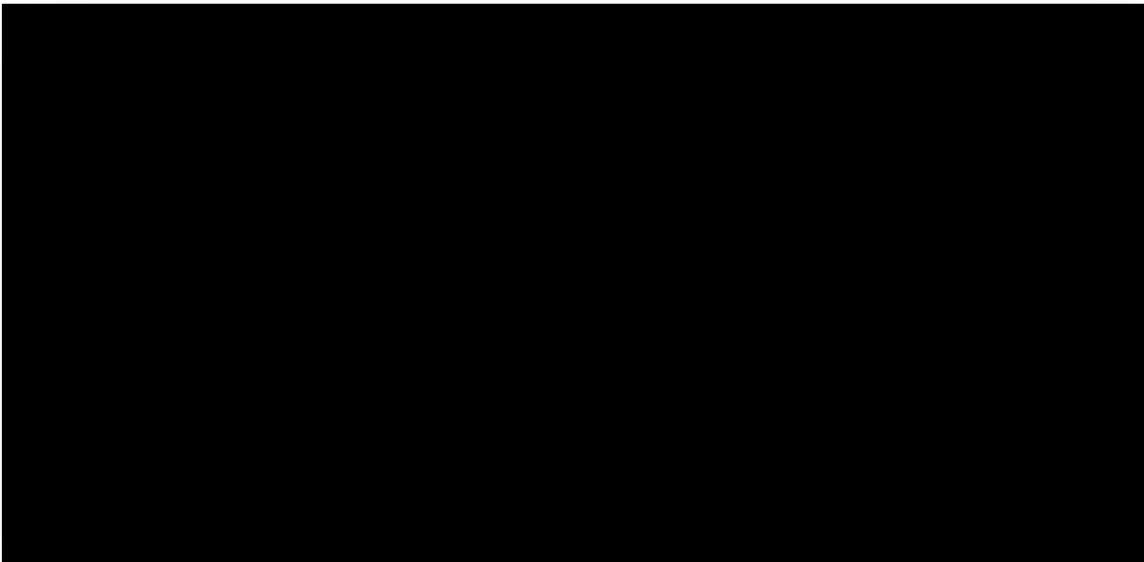
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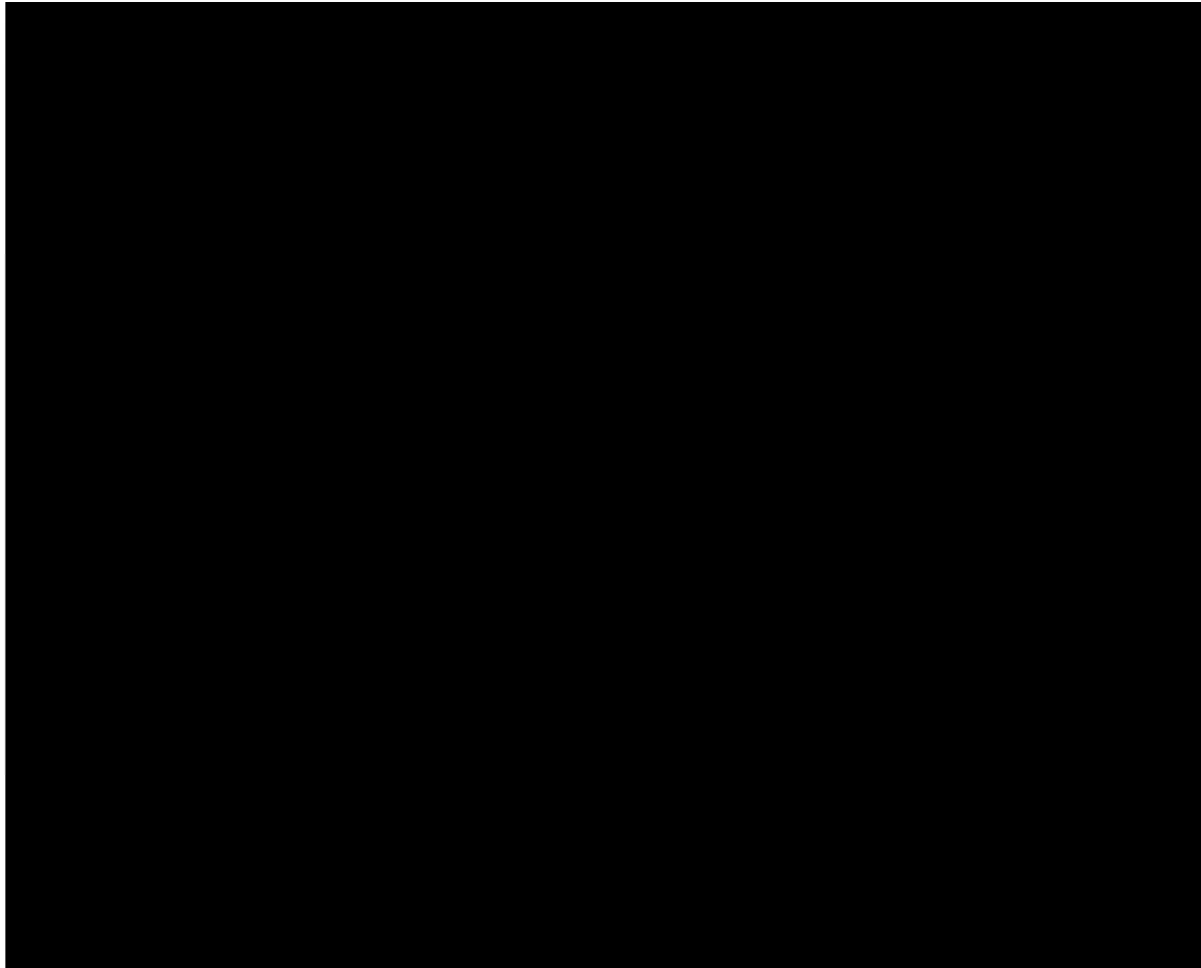
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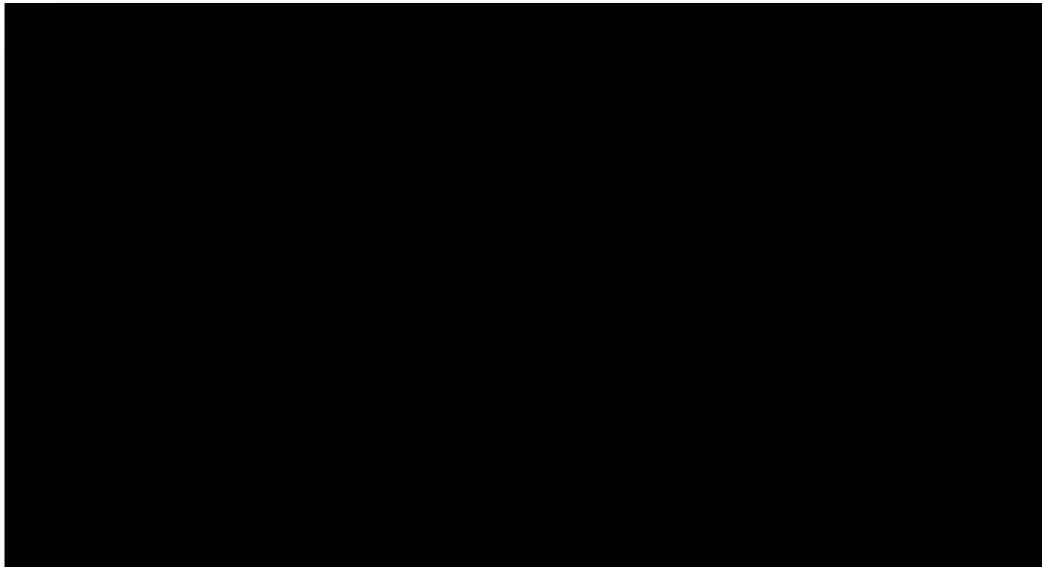
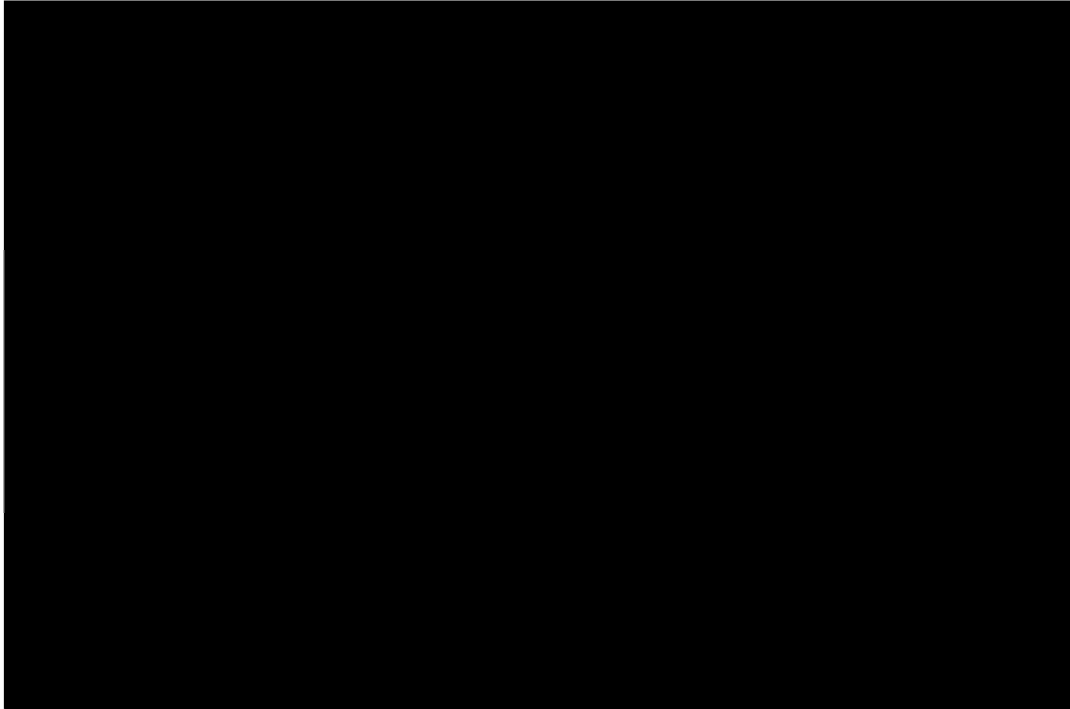
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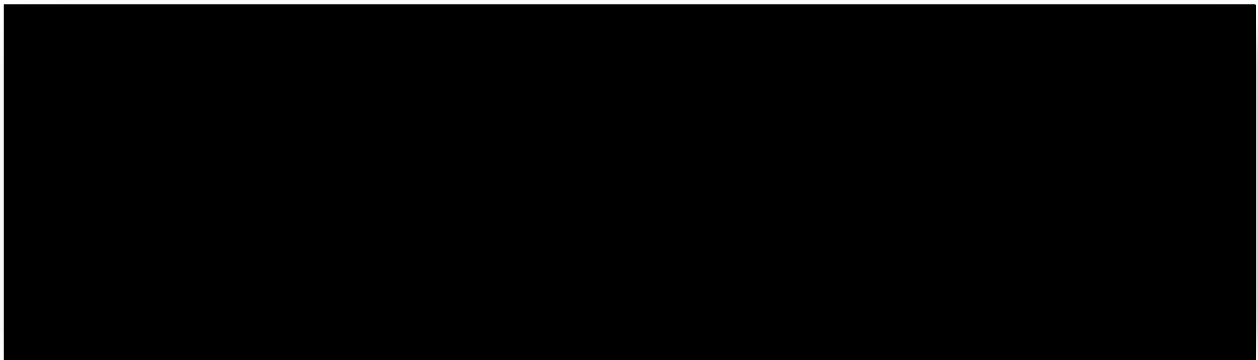
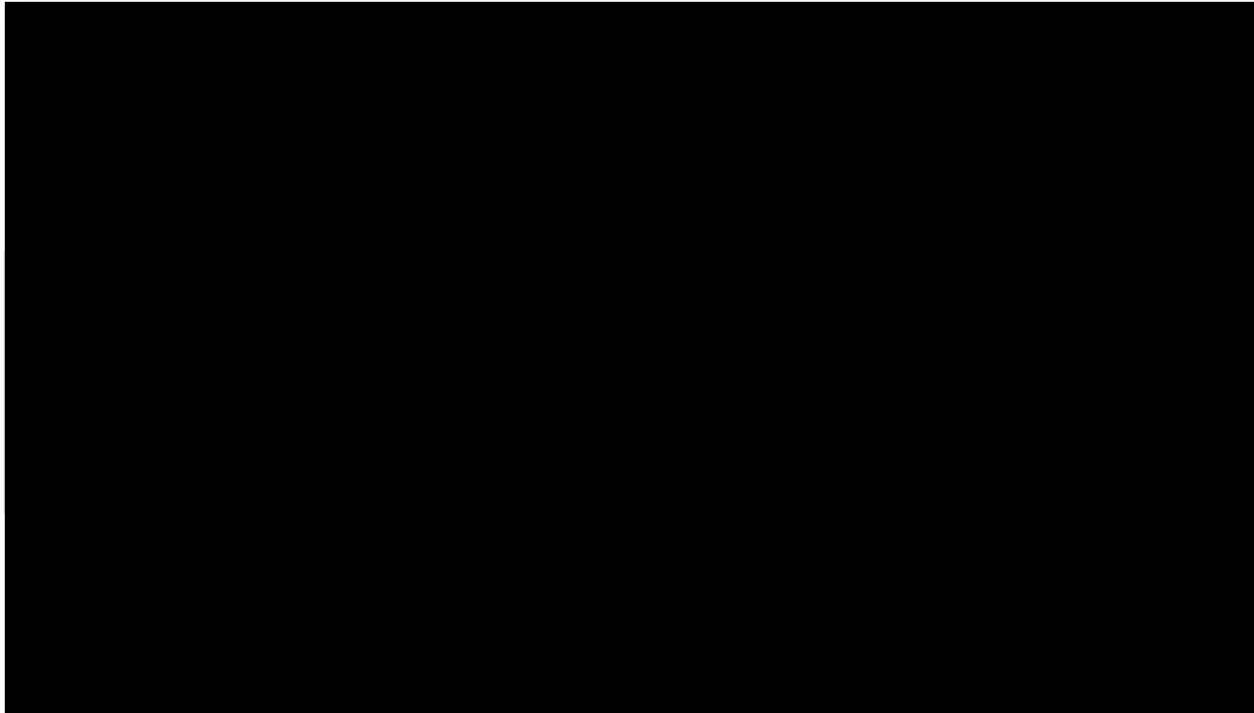
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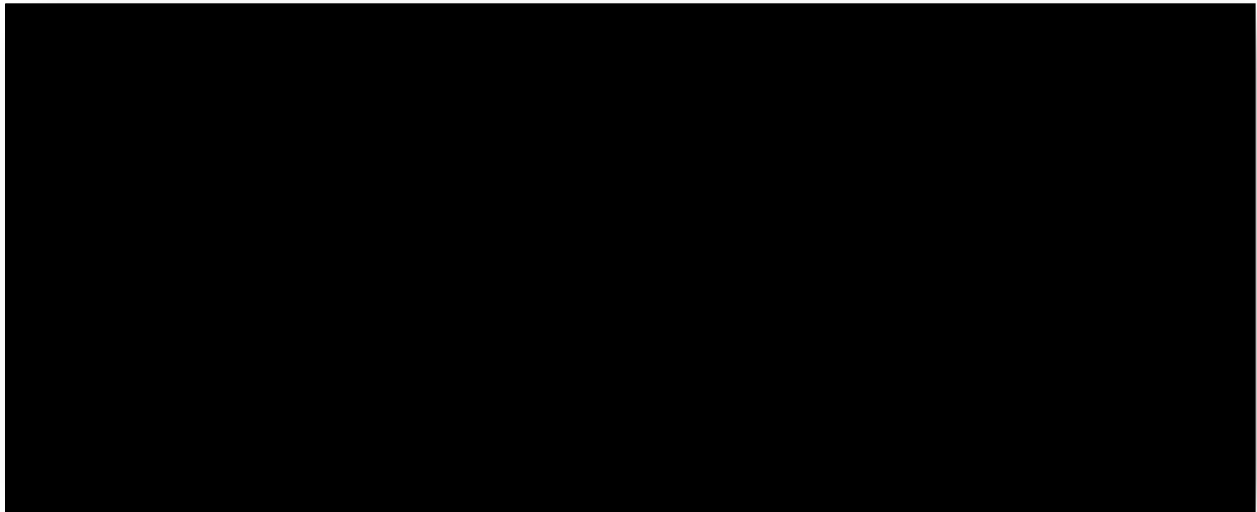


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The "TOXICOLOGY REPORT" indicated the presence of cocaine, as outlined below:



For additional details refer to the attached autopsy report.

Attachments:

2023-11-28 Autopsy Report Part 1 - Jeffrey Neff

2023-11-28 Autopsy Report Part 2 - Jeffrey Neff

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Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 7601
Registrar's No. 7601-2023000880

State File No. 2023057864

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) JEFFREY JOSEPH NEFF						2. Sex MALE	3. Date of Death (Month/Day/Year) JUNE 07, 2023			
	4. Social Security Number [REDACTED]	5a. Age (Years) 41	5b. Under 1 Year Months	5c. Under 1 day Days	5c. Under 1 day Hours	5c. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) JANUARY 26, 1982	7. Birthplace (City and State or Foreign Country) CANTON, OHIO			
	8a. Residence State OHIO		8b. County STARK			8c. City or Town CANTON					
8d. Street Address and Zip Code 311 25TH ST SW 44706							9. Ever in US Armed Forces? NO				
10. Marital Status at Time of Death MARRIED					11. Surviving Spouse's Name (If wife, give name prior to first marriage) DOMNITA MARIE COOPER						
12. Decedent's Education 9TH THRU 12TH GRADE; NO DIPLOMA				13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE					
15. Father's Name TOM MATHENY				16. Mother's Name (prior to first marriage) SANDRA RILEY							
17a. Informant's Name DOMNITA MARIE NEFF				17b. Relationship to Decedent WIFE		17c. Mailing Address (Street and Number, City, State, Zip Code) 311 25TH ST SW CANTON, OHIO 44706					
18a. Place of Death HOSPITAL - EMERGENCY ROOM / OUTPATIENT						18b. Facility Name (if not Institution, give street & number) MERCY MEDICAL CENTER		18c. City or Town, State and Zip Code CANTON, OH 44708		18d. County of Death STARK	
19. Funeral Service Licensee or Other Agent DAVID A GOTSCHALL				20. License Number (of licensee) 007307		21. Name and Complete Address of Funeral Facility GOTSCHALL-HUTCHISON FUNERAL HOME INC 206 E LINCOLN WAY MINERVA, OH 44657					
22. Method and Place of Disposition CREMATION - C R W CREMATORY, CANTON, OH				23. Local Registrar JAMES ADAMS		24. Date Filed (Month/Day/Year) JUNE 12, 2023					
DISPOSITION	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 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.										
	26b. Time of Death 23:02			26c. Date Pronounced Dead (Month/Day/Year) JUNE 07, 2023			26d. Was Case Referred to Medical Examiner or Coroner? YES				
	26e. Certifier Name and Title RONALD ROBERT RUSNAK MD			26f. License number 35.057165		26g. Date Signed (Month/Day/Year) JUNE 12, 2023					
27. Name and Address of Person who Completed Cause of Death RONALD ROBERT RUSNAK, 3053 CLEVELAND AVE SW, CANTON, OH 44707											
CAUSE OF DEATH	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. 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? YES			
30. Did Tobacco Use Contribute to Death? UNKNOWN			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:				



2044047
2023057864



2023057864

Reg. Dist. No. 7601

Registrar's No. 7601-2023000880

Ohio Department of Health
VITAL STATISTICS
Supplementary Medical Certification

State File No. 2023057864

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Form with fields for Name of Deceased (JEFFREY JOSEPH NEFF), Place of Death (HOSPITAL - EMERGENCY ROOM / OUTPATIENT), Date of Death (JUNE 07, 2023), Local Registrar (JAMES ADAMS), Date Filed (AUGUST 04, 2023), Certifier (BERTIN, ANTHONY P), Cause of Death (MULTIPLE GUNSHOT WOUNDS TO HEAD, CHEST, EXTREMITIES), Manner of Death (HOMICIDE), and Injury details.

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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