



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.



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





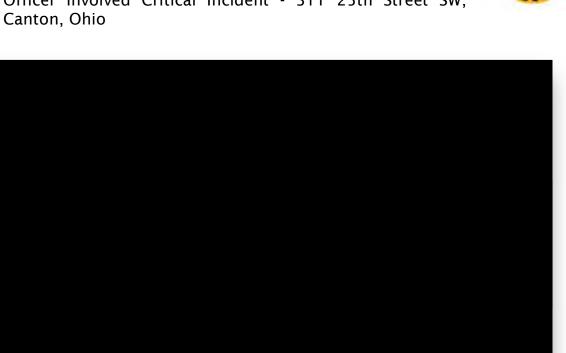
2023-1535 Officer Involved Critical Incident - 311 25th Street SW, Canton, Ohio



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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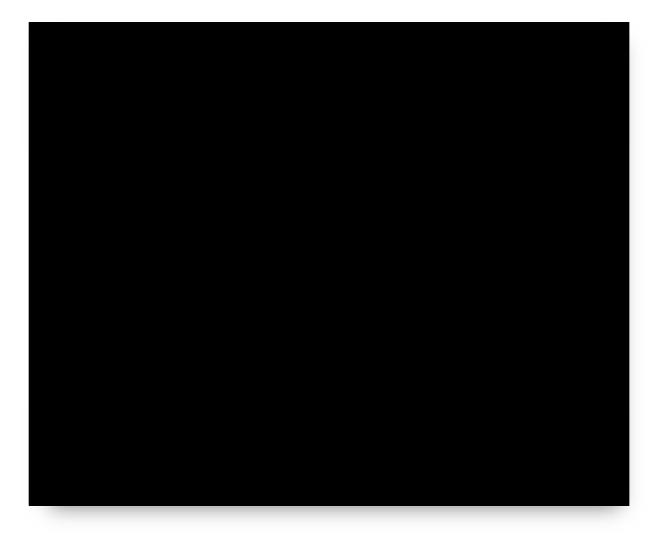
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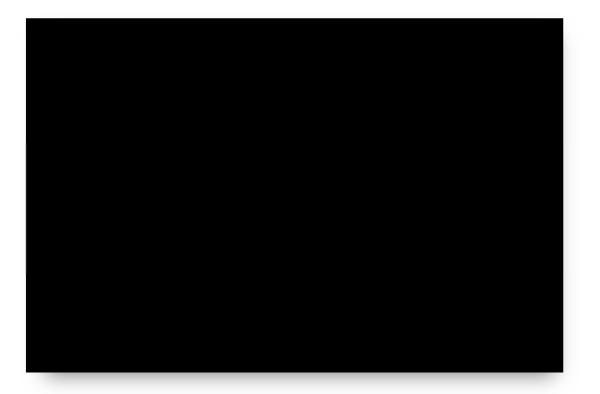


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The "TOXICOLOGY REPORT" indicated the presence of cocaine, as outlined below:





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

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.

Supervisor Approval: SAS David Posten #6

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

Ohio Department of Health VITAL STATISTICS CERTIFICATE OF DEATH

State File No. 2023057864

JEFFREY JO	-		ude AKA's if any	')					Sex IALE	1	of Death (Month/Day/Year) E 07, 2023
4. Social Security Num		5b. Under 1 Yea		1 day	6. Date of Birth	(Mo/Day/Ye	ar) 7.	Birthplace(C			
8a. Residence State	(Years) 41	Months Day	/s Hours M	Minutes	JANUARY		82 C	ANTO			
OHIO											
311 25TH ST	8d. Street Address and Zip Code 311 25TH ST SW 44706					9. Ever NO					ed Forces?
10. Marital Status at Ti MARRIED	me of Death			4	11. Surviving	- 0	•		•	rst marriag	le)
12. Decedent's Educat 9TH THRU 12				19	edent of Hispani	ic Origin	14. Dece	dent's Race			
				NO `			WHI				
15. Father's Name TOM MATHE			(()	16. Mother's I SANDR			arriage)			
17a. Informant's Name DOMNITA MA		Έ		S.C.	17b. Relation: WIFE	ship to Dece	edent		ing Address STH S		and Number, City, State, Zip Cod
18a. Place of Death		Ű		TIP.				-	ιστη σ ΓΟΝ, Ο		4706
HOSPITAL ~ I 18b. Facility Name (If r	not Institution, gl	lve street & number)	<u>7 OU/IPA</u>	TIEN	18c. City or T			Code	-	_	18d. County of Death
19. Funeral Service Lice			<u> </u>	20 1	CANTO				and Com	lefe Addre	STARK ss of Funeral Facility
DAVID A GO	DAVID A GOTSCHALL 007				7307		-,		-		N FUNERAL HOME INC
	22. Method and Place of Disposition CREMATION - C R W CREMATORY, CANTON, C				 ЭН				206 E LINCOLN WAY MINERVA, OH 44657		
23. Local Registrar						24. Date Fi	iled (Mor	ith/Day/Year		211 440	
JAMES ADAN	JAMES ADAMS					JUNE	-				
26a. Certifier Check only one)	Certifying Physic	ian: To the best of my	knowledge, death o	occurred at	the time, date, and	d place; and du	ue to the ca	ause(s) and ma	inner stated.		
XC	oroner or Medic	cal Examiner: On the	basis of examinatio	n and/or ir	vestigation, in my	opinion, death	occurred a	at the time, dal	e, and place; a	and due to th	he cause(s) and manner stated.
26h Time of Death			26a Data Data		Dood /Marth /D						And and the second second
26b. Time of Death 23:02	<u> </u>		26c. Date Pror JUNE 07		Dead (Month/D)ay/Year)		26d. W YES	as Case Re		
		SNAK	JUNE 07				nse numi	26d. W YES	as Case Re 26g. Date	Signed (Mo	onth/Day/Year)
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Registrar's No. 7601-2023000880

Ohio Department of Health VITAL STATISTICS Supplementary Medical Certification

2044047

Name of Deceased												
JEF	FREY J	OSEPH NEF	F									
						JUNE	E 07, 2023					
23. Local Registrar 24. Date Filed												
					ST 04,	T 04, 2023						
26a. Certifier (Check only one) To the best of my knowledge, death occurred at the time, date, and place; and due to the o					cause(s) and	ause(s) and manner slated.						
	ח	X Coroner							e/e) and mar	nnar et		
26b. Time of Death	Losi Dialo Françairos Desa (aprilibria) 1 200, vas Case referred to Coronary											
23:02	JUNE 07, 2023					YES						
26e. Certifier Name and Title			ATTIC			26f. License number 26g			6g. Date Signed			
BERTIN, ANT			DO S			4.003103 AUGUS			T 04, 2023			
27. Name and Address of F BERTIN, ANTHO	NY P, 305	3 CLEVELAND										
29. 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)	lisease or condition I MULTIPLE GUNSHOLL WOUNDS TO HEAD, CHEST, EXTREMITIES					IITIES	ES				MINUTES	
Sequentially list conditions, if any, leading to the immediate cause.	b. Due to (or as Contequence 0) STATUS-POSTERESUSCITATIVE MEASURES MINUTES							UTES				
c. Due to (or as Consequence of) Enter Underlying Cause Last (Disease or Injury										HOURS		
that initiated events resulting in a death) d. Due to (or as Consequence of)												
Part II. Other Significant Co	onditions contril:	esulting in the underlying cause given in Part I.			Pe	29a, Was an Autopsy Performed? YES YE			fere Autopsy Findings Available o completion of Cause of Death? S			
30, Did Tobacco Use Contribute to 31, if Female, Pregnancy St Death?			ancy Status				Manner of De	anner of Death				
NO	NO NOT APPLICABLE.					HOMICIDE						
33a. Date of Injury (Month/I		33b. Time of injury	33c. Place of injury (e.g., Decedent's home, construction site, restaurant, w					wooded are	ded area) 33d. Injury at Work?			
JUNE 07, 2023 22:22 OUTSIDE						NO						
33e. Location of Injury (Str 2500 BLOCK C	eet and Number	or Rural Route Number	ESW, CA									
33f. Describe How Injury Occurred: SHOT BY ANOTHER					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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