



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



2025-2193
 Officer Involved Critical Incident - 33635 Haning Road,
 Albany, Ohio, 45710 (L)

Investigative Activity: Autopsy Report Review
Involves: Patrick McDaniel
Activity Date: 09/03/2025
Authoring Agent: SA Kyle Douglass

Narrative:

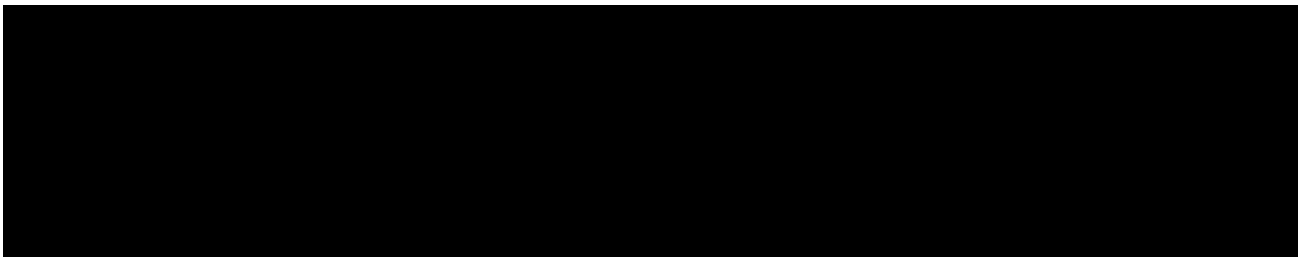
On Wednesday, September 03, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Brittney VanBibber (SA VanBibber) received an email from the Meigs County Sheriff's Office (MCSO), on behalf of the Gallia County Coroner's Office. The correspondence consisted of the autopsy and toxicology reports for Patrick McDaniel (McDaniel).

BCI Special Agent Kyle Douglass (SA Douglass) reviewed the report and noted the following:

This autopsy report was authored by Forensic Pathologist Dr. Sean Swiatowski, Chief Deputy Coroner at the Montgomery County Coroner's Office, where the autopsy of McDaniel was conducted. The "Cause of Death" for McDaniel was listed as a "[REDACTED]" According to the Ohio Department of Health's Supplemental Medical Certification form, the "Immediate Cause [of death]" was listed as "[REDACTED]"

The information deemed to be the most relevant to this inquiry 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 "EVIDENCE OF INJURY" section of the report listed the following relevant information:



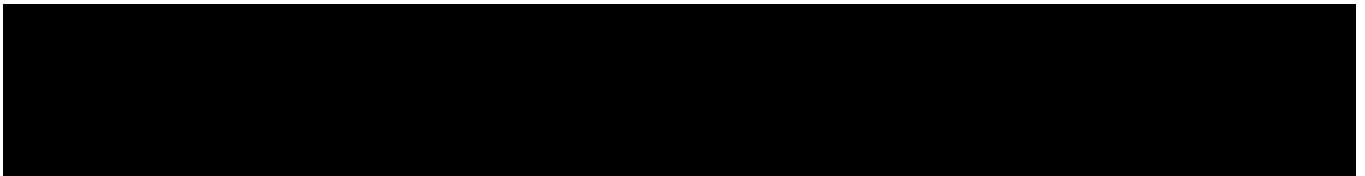
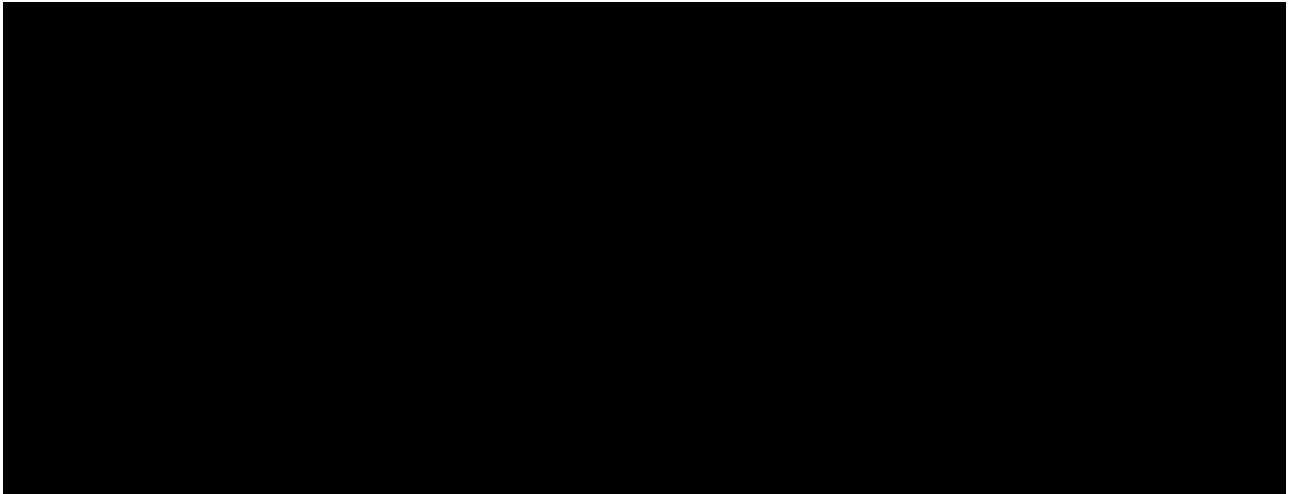
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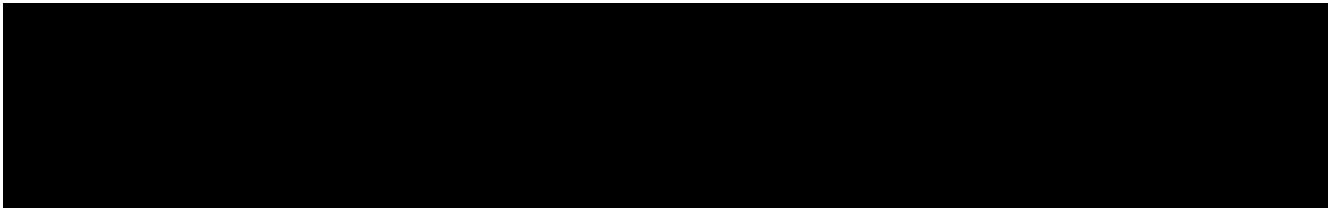
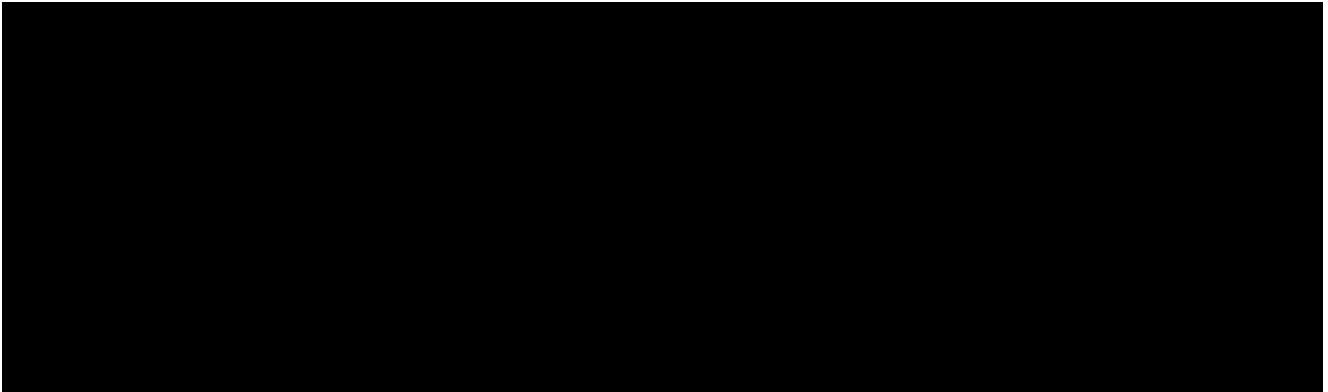
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The "EXTERNAL EXAMINATION" section contained the following information:



The "SPECIAL STUDIES" section contained the following information:



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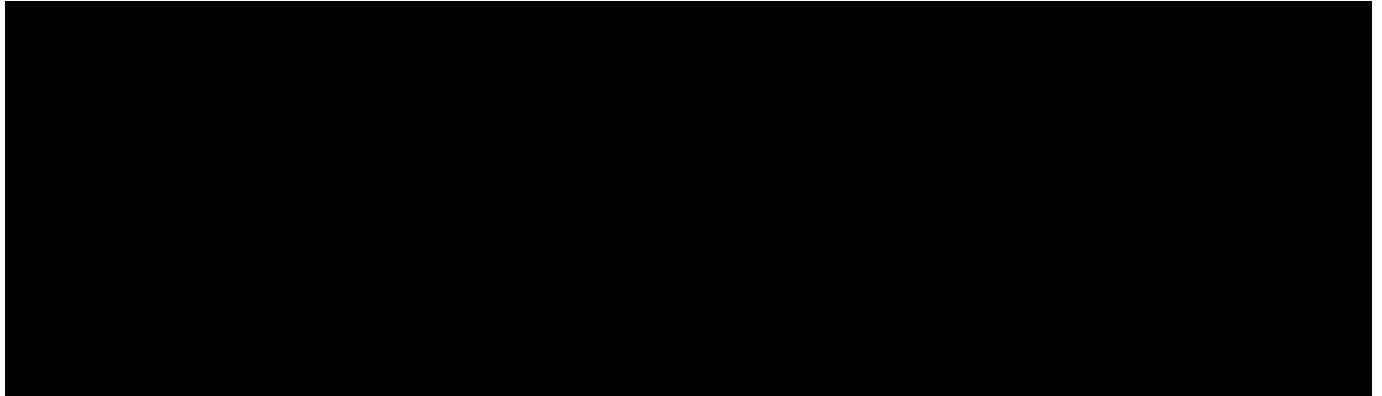


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The "TOXICOLOGY REPORT" contained the following pertinent information:



The autopsy report received is attached to this report. Please refer to the attachment for the full details.

References:

No references

Attachments:

1. Gallia County Coroner's Report - Patrick McDaniel

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Office of the Coroner

Daniel H. Whiteley, M.D.
Gallia County

493 Country Lane
Gallipolis Ohio, 45631
740-446-5000
Fax: 740-441-1160
Email: edwhit41@yahoo.com

Fax Transmission Cover Sheet

Date: 9/2/25 Number of pages: 11
(including cover)

To: Susan Mansfield RN

Organization: Coroner Investigator

Fax: 740 992 2654

From: Coroner

Subject: pt info

Information contained in this facsimile may contain confidential information that is exempt from disclosure. The information is only intended for use by the individual named above. If you are not the intended recipient you may not copy, disclose, distribute or take any action based on the contents of this transmission.

IF YOU DO NOT RECEIVE ALL THE PAGES OR IF YOU RECEIVE THIS TRANSMISSION IN ERROR PLEASE CALL 740-446-5000.

Reg. Dist. No. 5300

Ohio Department of Health
VITAL STATISTICS

State File No. 2025070460

Registrar's No. 5300-2025000126

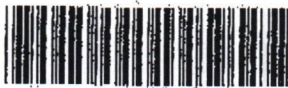
Supplementary Medical Certification

2322104

Name of Deceased PATRICK E MCDANIEL			
Place of Death DECEDENT'S HOME		Date of Death JULY 08, 2025	
23. Local Registrar COURTNEY MIDKIFF		24. Date Filed JULY 31, 2025	
25a. Certifier (Check only one) <input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at this time, date, and place; and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Coroner. 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.			
25b. Time of Death 15:13		25c. Date Pronounced Dead (Month/Day/Year) JULY 08, 2025	25d. Was Case referred to Coroner? YES
25e. Certifier Name and Title WHITELEY, DANIEL H MD		25f. License number 35.029562	25g. Date Signed JULY 31, 2025
27. Name and Address of Person who Completed Cause of Death WHITELEY, DANIEL H, 493 COUNTRY LANE, GALLIPOLIS, OH, 45631			
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 black ink.			Approximate Interval Between Death and Death
Immediate Cause (Final disease or condition resulting in death)	a.		
Sequentially list conditions, if any, leading to the immediate cause.	b. Due to (or as consequence of)		
Enter Underlying Cause Last (Disease or injury that initiated events resulting in a death)	c. Due to (or as consequence of)		
	d. Due to (or as consequence of)		
29. Other significant conditions contributing to death		Part I	Part II
		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? NO	31. If Female, Pregnancy Status NOT APPLICABLE.	32. Manner of Death	
33a. Date of Injury (Month/Day/Year) JULY 08, 2025	33b. Time of Injury 15:13	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) RESIDENCE	33d. Injury at Work? NO
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 40365 HANING ROAD, ALBANY, OHIO			
33f. Describe How Injury Occurred		33g. If Transportation Injury, Specify:	

HEA 2752
Rev. 08/15

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



2322104



2025070460

FAX RX REPORT

RECEPTION OK

JOB NO.	6102
DESTINATION ADDRESS	7404411160
SUBADDRESS	
DESTINATION ID	
ST. TIME	09/02 10:58
TX/RX TIME	03'39
PGS.	11
RESULT	OK