



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



2025-2000

Officer Involved Critical Incident - Tiedeman Road at I-480
West, Brooklyn, OH 44144, Cuyahoga County

Investigative Activity: EMS Run Sheet Review
Involves: Patrick Kerr (S)
Activity Date: 07/15/2025
Activity Location: BCI Richfield
Authoring Agent: SA Joseph Goudy

Narrative:

On July 15, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joseph Goudy (Goudy) reviewed the Brooklyn Fire Department emergency medical response run reports generated for their response to the officer involved shooting on June 24, 2025.

SA Allison Fletcher (Fletcher) received the Brooklyn Fire Department EMS reports from Brooklyn Police Detective Kyle Pitts on June 30, 2025. The documents have been attached to this report. A review of the reports revealed the Brooklyn Fire Department responded and provided emergency medical assistance to five individuals that were involved in this matter.

The individuals that were provided with emergency medical assistance in this matter were identified as:

- Patrick Kerr
- Ronald Liszka
- Tonai Jackson
- Joseph Marek
- John Welsh

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West, Brooklyn, OH 44144, Cuyahoga County

Patrick Kerr

Call #25-001454

Call Information:

Billing Disposition: Treated/Transported
Unit Disposition: Patient Contact Made
Patient Evaluation/Care Disposition: Patient Evaluated and Care Provided
Crew Disposition: Initiated and Continued Primary Care
Transport Disposition: Transport by This EMS Unit (This Crew Only)
Deceased Patient: Not Applicable
Unit #: 2142 - Medic 7X, Ground-Ambulance - ALS1 **Trip Type:** Initial Trip
Run Type to Scene: Emergency Response (Primary Response Area) Emergent (Immediate Response)

Service Requested: Emergency Response (Primary Response Area)
Incident Facility:
Incident Location: Tiedeman and 480 - Brooklyn, OH 44144 (Cuyahoga County)
Incident Location Type: Street/Hwy

Receiving Facility: Cleveland Metro Hospital (Metrohealth Med Center) (Hospital) - 2500 Metrohealth Dr - Cleveland, OH 44109
Facility Address: 2500 Metrohealth Dr - Cleveland, OH 44109
Registration # N/A
Destination Type: Hospital Emergency Department
Dest. Reason: Nearest/Most Accessible Facility
Hospital Capability: Hospital (General)

Loaded Mileage: 4.2 (Total Mileage: 4.2)
Crew Members: Bryan Suesse, Paramedic(DOC); Gus Ruggiero, Paramedic(DS)(DH)

Moved to Amb By: Carried, Stretcher **Transport Position:** Supine **From Amb By:** Stretcher

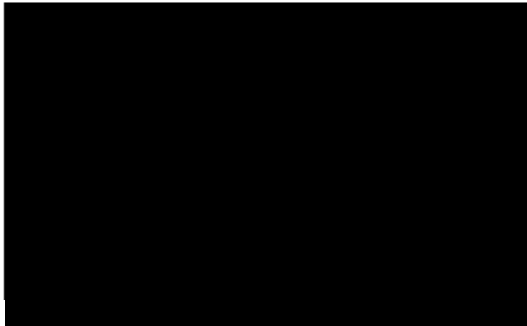
Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens, Destination - Lights and Sirens
Pre-Arrival Alert/Activation: No **Time:**

| | |
|--|----------|
| # Patients Transported | |
| In My Unit: | 1 |
| # Patients at Scene: | 1 |
| <hr/> | |
| Call Received: | 14:50:00 |
| Dispatched: | 14:52:00 |
| En Route: | 14:54:00 |
| At Staging Area: | |
| On Scene: | 14:56:00 |
| Patient Contact: | 14:56:00 |
| Transfer of EMS Patient Care: | |
| Left Scene: | 15:01:00 |
| At Destination Landing: | |
| At Destination: | 15:08:00 |
| Destination Patient Transfer of Care: | 15:09:00 |
| In Service: | 15:20:00 |
| Home Location: | |
| <hr/> | |
| Time On Scene: | 5 Min |
| Time to Destination: | 16 Min |
| Total Time of Run: | 28 Min |

Patient Information:

Name: Patrick Kerr
Address: Unable to Complete
Phone:
Email:
SSN: [REDACTED]
Driver License:
Local Resident: No

DOB: 11/23/1979
Gender: Male
Age: 45 Years
Weight:
Broselow:



Comments:
Comments:
Comments:

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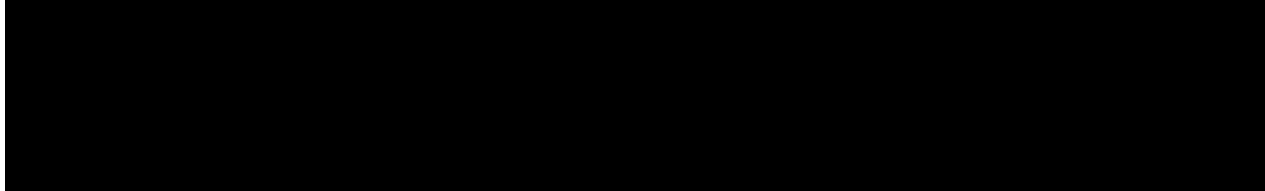


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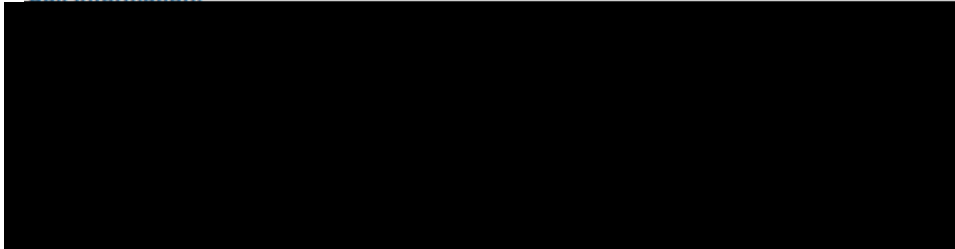
Narrative History Text:



Ronald Liszka

Call # [REDACTED]

Call Information:



| | |
|-------------------------------|----------|
| # Patients Transported | |
| In My Unit: | N/A |
| # Patients at Scene: | 1 |
| <hr/> | |
| Call Received: | 11:55:25 |
| Dispatched: | 11:56:25 |
| En Route: | 11:57:25 |
| At Staging Area: | 12:10:25 |
| On Scene: | 12:14:25 |
| Patient Contact: | 12:33:25 |
| Transfer of EMS | |
| Patient Care: | |
| Left Scene: | |
| At Destination | |
| Landing: | |
| At Destination: | |
| Destination Patient | |
| Transfer of Care: | |
| In Service: | 15:02:27 |
| Home Location: | |
| <hr/> | |
| Time On Scene: | N/A Min |
| Time to Destination: | N/A Min |
| Total Time of Run: | 186 Min |

Service Requested: Emergency Response (Primary Response Area)
Incident Facility:
Incident Location: Tiedeman and 480 - Brooklyn, OH 44144 (Cuyahoga County)
Incident Location Type: Street/Hwy

Receiving Facility: N/A -
Facility Address:
Registration #: N/A
Destination Type: N/A
Dest. Reason: N/A

Loaded Mileage: 0.0 (Total Mileage: 0.0)
Crew Members: John Stefanko, Paramedic(DS); Keith Calmer, Paramedic(DOC)
Personal Protective Equipment Used:
 John Stefanko - Gloves
 Keith Calmer - Gloves

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West, Brooklyn, OH 44144, Cuyahoga County

Patient Information:

Name: [REDACTED]
Address: [REDACTED]
County: Cuyahoga
Patient Country: [REDACTED]
Phone:
Email:
SSN: --
Driver License:
Local Resident: No

DOB: 08/26/1962
Gender: Male
Age: 62 Years
Weight:
Broselow:

Drug Use Suspected - Drug, Route: THIS CALL IS NOT RELATED TO DRUG USE,
Current Meds: Unable to Complete **Comments:**
Env Allergies: **Comments:**
Med Allergies: Unable to Complete **Comments:**
Patient Physician:
Advance Directives:
PMH: Unable to Complete,
Comment:
Patient Physical Limitations:
Comment:
Medical History Obtained From: Bystander/Other

Narrative History Text:

[REDACTED]

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2025-2000
Officer Involved Critical Incident - Tiedeman Road at I-480
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Tonai Jackson

Call # [REDACTED]

Call Information:

[REDACTED]

Patients Transported
In My Unit: 2
Patients at Scene: 2

Deceased Patient: Not Applicable
Initial Patient Acuity: Emergent (Yellow)
Unit #: 2141 - Medic 7, Ground-Ambulance - ALS1 **Trip Type:** Initial Trip
Run Type to Scene: Emergency Response (Primary Response Area) Emergent (Immediate Response)
Service Requested: Emergency Response (Primary Response Area)
Incident Facility:
Incident Location: 0 BLK TIEDEMAN RD - BROOKLYN, OH 44144 (Cuyahoga County)
Incident Location Type: Street/Hwy
Receiving Facility: Cleveland Metro Hospital (Metrohealth Med Center) (Hospital) - 2500 Metrohealth Dr - Cleveland, OH 44109
Facility Address: 2500 Metrohealth Dr - Cleveland, OH 44109
Registration #: N/A
Destination Type: Hospital Emergency Department
Dest. Reason: Specialist Care
Hospital Capability: Trauma Center Level 1
Specialty Center Reason: Criteria

Call Received: 10:55:48
Dispatched: 10:55:50
En Route: 10:58:00
At Staging Area:
On Scene: 11:10:00
Patient Contact: 11:12:00
Transfer of EMS Patient Care:
Left Scene: 11:22:16
At Destination Landing:
At Destination: 11:31:31
Destination Patient Transfer of Care: 11:35:00
In Service: 15:34:27
Home Location:
Time On Scene: 12 Min
Time to Destination: 36 Min
Total Time of Run: 279 Min

Patient Information:

Name: Tonai Jackson
Address: 0 BLK TIEDEMAN RD - BROOKLYN, OH 44144
County: Cuyahoga
Patient Country: UNITED STATES
Phone:
Email:
SSN: [REDACTED]
Driver License:
Local Resident: No

DOB: 02/03/1995
Gender: Male
Age: 30 Years
Weight:
Broselow:

Drug Use Suspected - Drug, Route: THIS CALL IS NOT RELATED TO DRUG USE,

[REDACTED]

Comments:
Comments:
Comments:

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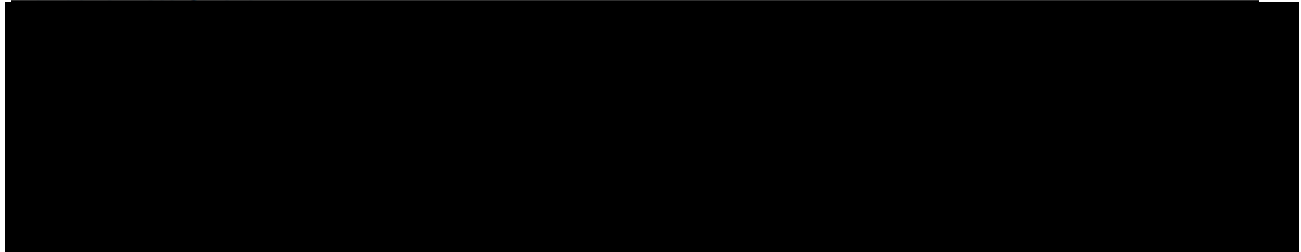


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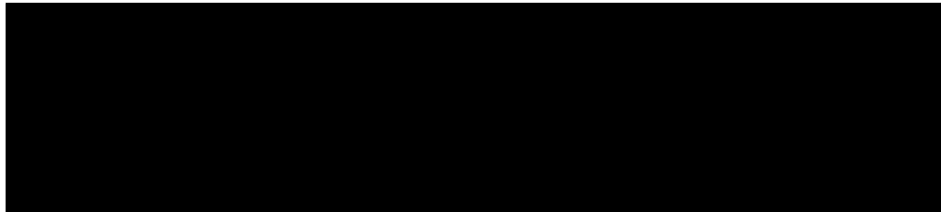
Narrative History Text:



Joseph Marek

Call # [REDACTED]

Call Information:



| | |
|-------------------------------|----------|
| # Patients Transported | |
| In My Unit: | 1 |
| # Patients at Scene: | 1 |
| <hr/> | |
| Call Received: | 10:57:00 |
| Dispatched: | 11:02:00 |
| En Route: | 11:03:00 |
| At Staging Area: | |
| On Scene: | 11:08:00 |
| Patient Contact: | 11:09:00 |
| Transfer of EMS | |
| Patient Care: | |
| Left Scene: | 11:27:00 |
| At Destination | |
| Landing: | |
| At Destination: | 11:37:00 |
| Destination Patient | |
| Transfer of Care: | 11:40:00 |
| In Service: | 11:52:00 |
| Home Location: | |
| <hr/> | |
| Time On Scene: | 19 Min |
| Time to Destination: | 35 Min |
| Total Time of Run: | 50 Min |

Service Requested: Emergency Response (Primary Response Area)
Incident Facility:
Incident Location: Tiedeman and 480 - Brooklyn, OH 44144 (Cuyahoga County)
Incident Location Type: Street/Hwy

Receiving Facility: Cleveland Metro Hospital (Metrohealth Med Center) (Hospital) - 2500 Metrohealth Dr - Cleveland, OH 44109
Facility Address: 2500 Metrohealth Dr - Cleveland, OH 44109
Registration # N/A
Destination Type: Hospital Emergency Department
Dest. Reason: Patient Choice
Hospital Capability: Hospital (General)

Loaded Mileage: 2.0 (Total Mileage: 4.0)
Crew Members: John Stefanko, Paramedic(DH); Keith Calmer, Paramedic(DS)(DOC)
Personal Protective Equipment Used:
John Stefanko - Gloves
Keith Calmer - Gloves

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Patient Information:

Name: Joseph Marek

Address: [Redacted]

County: Cuyahoga [Redacted]

Patient Country: [Redacted]

Phone: [Redacted]

Email: [Redacted]

SSN: --

Driver License: --

Local Resident: No

DOB: 04/30/2000

Gender: Male

Age: 25 Years

Weight:

Broselow:

[Redacted]

Narrative History Text:

[Redacted]

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John Welsh

Call # [REDACTED]

Call Information:

[REDACTED]

| | |
|-------------------------------|----------|
| # Patients Transported | |
| In My Unit: | 1 |
| # Patients at Scene: | 1 |
| <hr/> | |
| Call Received: | 10:55:48 |
| Dispatched: | 11:08:20 |
| En Route: | 11:08:24 |
| At Staging Area: | |
| On Scene: | 11:12:36 |
| Patient Contact: | 11:13:36 |
| Transfer of EMS | |
| Patient Care: | |
| Left Scene: | 11:27:19 |
| At Destination | |
| Landing: | |
| At Destination: | 11:37:36 |
| Destination Patient | |
| Transfer of Care: | 11:38:36 |
| In Service: | 11:56:42 |
| Home Location: | |
| <hr/> | |
| Time On Scene: | 15 Min |
| Time to Destination: | 29 Min |
| Total Time of Run: | 48 Min |

Service Requested: Emergency Response (Primary Response Area)
Incident Facility:
Incident Location: 0 BLK TIEDEMAN RD - BROOKLYN, OH 44144 (Cuyahoga County)
Incident Location Type: Street/Hwy

Receiving Facility: Cleveland Metro Hospital (Metrohealth Med Center) (Hospital) - 2500 Metrohealth Dr - Cleveland, OH 44109
Facility Address: 2500 Metrohealth Dr - Cleveland, OH 44109
Registration # N/A
Destination Type: Hospital Emergency Department
Dest. Reason: Medical Protocol
Hospital Capability: Hospital (General)

Loaded Mileage: 3.0 (Total Mileage: 5.0)
Crew Members: John Stefanko, Paramedic(DH); Keith Calmer, Paramedic(DS)(DOC)
Personal Protective Equipment Used:
John Stefanko - Gloves
Keith Calmer - Gloves

Patient Information:

Name: John Welsh
Address: [REDACTED]
County: Cuyahoga
Patient Country: UNITED STATES
Phone:
Email:
SSN: --
Driver License:
Local Resident: No

DOB: 05/29/1955
Gender: Male
Age: 70 Years
Weight:
Broselow:

[REDACTED]

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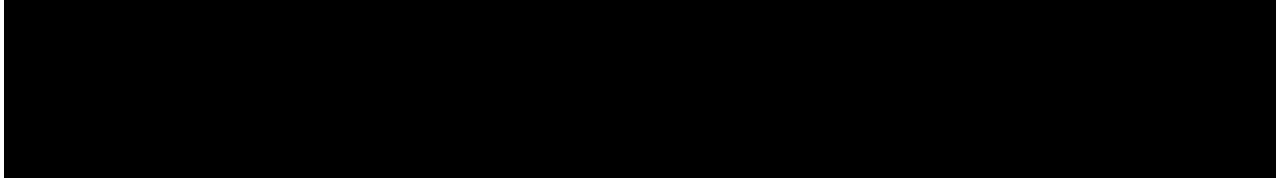
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Narrative History Text:



For further information, please refer to the attached Brooklyn Fire Department EMS Run sheets regarding everyone that received emergency medical assistance.

References:

None

Attachments:

1. Brooklyn FD EMS Run Report - Patrick Kerr
2. Brooklyn FD EMS Run Report - Ronald Liszka
3. Brooklyn FD EMS Run Report - Tonai Jackson
4. Brooklyn FD EMS Run Report - Joseph Marek
5. Brooklyn FD EMS Run Report - John Welsh

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Prehospital Care Report Summary

Brooklyn Fire Dept

8400 Memphis Ave; Brooklyn, OH 44144

Date:06/24/2025 Call #:25-001454 Booklet:64322077 Branch: Brooklyn Fire Dept Time Zone:GMT-05:00 Eastern

Call Information:



| | |
|-------------------------------|----------|
| # Patients Transported | |
| In My Unit: | 1 |
| # Patients at Scene: | 1 |
| <hr/> | |
| Call Received: | 14:50:00 |
| Dispatched: | 14:52:00 |
| En Route: | 14:54:00 |
| At Staging Area: | |
| On Scene: | 14:56:00 |
| Patient Contact: | 14:56:00 |
| Transfer of EMS | |
| Patient Care: | |
| Left Scene: | 15:01:00 |
| At Destination | |
| Landing: | |
| At Destination: | 15:08:00 |
| Destination Patient | |
| Transfer of Care: | 15:09:00 |
| In Service: | 15:20:00 |
| Home Location: | |
| <hr/> | |
| Time On Scene: | 5 Min |
| Time to Destination: | 16 Min |
| Total Time of Run: | 28 Min |

Service Requested: Emergency Response (Primary Response Area)

Incident Facility:

Incident Location: Tiedeman and 480 - Brooklyn, OH 44144 (Cuyahoga County)

Incident Location Type: Street/Hwy

Receiving Facility: Cleveland Metro Hospital (Metrohealth Med Center) (Hospital) - 2500 Metrohealth Dr - Cleveland, OH 44109

Facility Address: 2500 Metrohealth Dr - Cleveland, OH 44109

Registration # N/A

Destination Type: Hospital Emergency Department

Dest. Reason: Nearest/Most Accessible Facility

Hospital Capability: Hospital (General)

Loaded Mileage: 4.2 (Total Mileage: 4.2)

Crew Members: Bryan Suesse, Paramedic(DOC); Gus Ruggiero, Paramedic(DS)(DH)

Moved to Amb By: Carried, Stretcher **Transport Position:** Supine **From Amb By:** Stretcher

Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens, Destination - Lights and Sirens

Pre-Arrival Alert/Activation: No **Time:**

Patient Information:

Name: Patrick Kerr
Address: Unable to Complete
Phone:
Email:
SSN: [REDACTED]
Driver License:
Local Resident: No

DOB: 11/23/1979
Gender: Male
Age: 45 Years
Weight:
Broselow:

Drug Use Suspected - Drug, Route: Unknown,

Current Meds: Unresponsive

Env Allergies:

Med Allergies: Unresponsive

Patient Physician:

Advance Directives:

PMH: Unresponsive,

Comment:

Patient Physical Limitations:

Comment:

Medical History Obtained From: Health Care Personnel

Comments:

Comments:

Comments:

Payer Information:

Clinical:

Onset Date/Time:

Dispatch Reason (EMD): 09B01b CARD ARREST/ traumatic

[REDACTED]

[REDACTED]

Protocol 1:

Protocol 2:

Assessments:

| Time | Employee | Type | Summary |
|----------|---------------|--------------|------------|
| 14:56:00 | Suesse, Bryan | ABC | [REDACTED] |
| 14:56:00 | Suesse, Bryan | Injury | [REDACTED] |
| 14:56:00 | Suesse, Bryan | Neurological | [REDACTED] |

Vitals:

| Time | Employee | Summary |
|----------|---------------|------------|
| 14:56:00 | Suesse, Bryan | [REDACTED] |

Treatments/Medications:

| Time | Employee | Summary |
|----------|---------------|------------|
| 14:45:00 | | [REDACTED] |
| 14:45:00 | | [REDACTED] |
| 14:45:00 | | [REDACTED] |
| 14:45:00 | | [REDACTED] |
| 14:56:00 | Suesse, Bryan | [REDACTED] |
| 14:58:00 | Ruggiero, Gus | [REDACTED] |

Supply

Qty Supply

ECG Device Incident Number:

Narrative History Text:

[REDACTED]

Unable to Sign:

Unable to Sign Reason: [REDACTED]

Authorized Representative: No authorized representative is available or willing

Authorized Representative Signature: No

Secondary Documentation: Unable to obtain secondary documentation

Secondary Documentation Signature: No

Comment:

Auth Signature: No **Privacy Sig:** No **Unable to Sign:** Yes **Refused to Sign:** No

Signature Image(s):

Authorization Signature



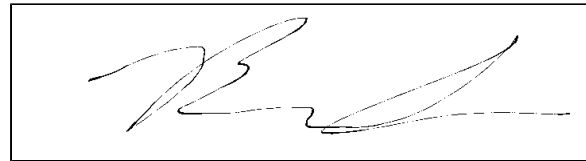
Receiving Agent / RN / MD Signature



Privacy Notice Signature



Technician Signature - Suesse, Bryan Paramedic - 06/24/2025 23:53
SIGNATURE OF DOCUMENTING CREW MEMBER





Prehospital Care Report Summary

Brooklyn Fire Dept

8400 Memphis Ave; Brooklyn, OH 44144

Date:06/24/2025 Call # [REDACTED] Booklet:64319707 Branch: Brooklyn Fire Dept Time Zone:GMT-05:00 Eastern

Call Information:



Patients Transported
In My Unit: N/A
Patients at Scene: 1

Call Received: 11:55:25
Dispatched: 11:56:25
En Route: 11:57:25
At Staging Area: 12:10:25
On Scene: 12:14:25
Patient Contact: 12:33:25

Service Requested: Emergency Response (Primary Response Area)
Incident Facility:
Incident Location: Tiedeman and 480 - Brooklyn, OH 44144 (Cuyahoga County)
Incident Location Type: Street/Hwy

Transfer of EMS
Patient Care:
Left Scene:
At Destination
Landing:
At Destination:
Destination Patient
Transfer of Care:
In Service: 15:02:27
Home Location:

Receiving Facility: N/A -
Facility Address:
Registration # N/A
Destination Type: N/A
Dest. Reason: N/A

Loaded Mileage: 0.0 (Total Mileage: 0.0)
Crew Members: John Stefanko, Paramedic(DS); Keith Calmer, Paramedic(DOC)
Personal Protective Equipment Used:
John Stefanko - Gloves
Keith Calmer - Gloves

Time On Scene: N/A Min
Time to Destination: N/A Min
Total Time of Run: 186 Min

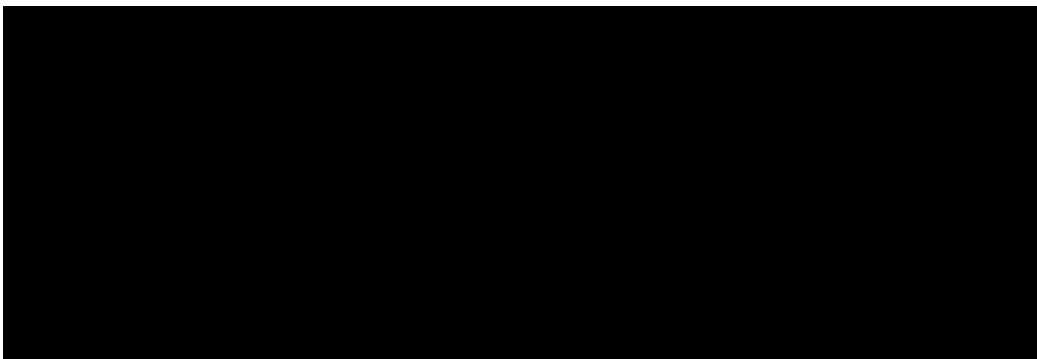
Moved to Amb By: Transport Position: From Amb By:

Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens,

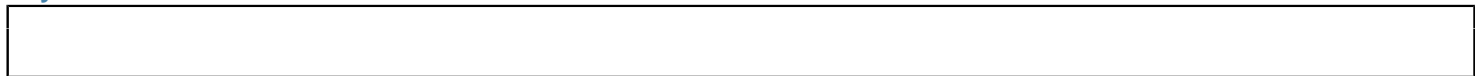
Patient Information:

Name: Ronald Liszka
Address: [REDACTED]
County: Cuyahoga
Patient Country: UNITED STATES
Phone:
Email:
SSN: --
Driver License:
Local Resident: No

DOB: 08/26/1962
Gender: Male
Age: 62 Years
Weight:
Broselow:



Payer Information:



Clinical:



Protocol 1:

Protocol 2:

Assessments:

| Time | Employee | Type | Summary |
|----------|---------------|------|---------|
| 12:34:19 | Calmer, Keith | | |
| 12:34:48 | Calmer, Keith | | |
| 12:34:51 | Calmer, Keith | | |

Vitals:

| Time | Employee | Summary |
|----------|---------------|---------|
| 12:35:41 | Calmer, Keith | |

Treatments/Medications:

| Time | Employee | Summary |
|------|----------|---------|
|------|----------|---------|

Supply

Qty Supply

Vehicle Accident/Safety Equipment:

Areas of Impact:

Driver Side:Front QP

Passenger Side:Front QP

Front:Middle Front

Rear:

MVA Details:

Safety Devices: Unable to Determine

Location of Patient in Vehicle: Front-Left Seat or Motorcycle

Exterior Damage: Major

Type of Vehicle: Car

Posted Speed: 35

Est Speed:

Weather: Clear

Driver Of Vehicle:

Case #:

[ECG Device Incident Number:](#)

[Narrative History Text:](#)

[REDACTED]

Auth Signature: No **Privacy Sig:** No **Unable to Sign:** No **Refused to Sign:** No


[Signature Image\(s\):](#)

Authorization Signature

Receiving Agent / RN / MD Signature

Privacy Notice Signature

Technician Signature - Calmer, Keith Paramedic - 06/24/2025 12:57
SIGNATURE OF DOCUMENTING CREW MEMBER





Prehospital Care Report Summary

Brooklyn Fire Dept
8400 Memphis Ave; Brooklyn, OH 44144

Date:06/24/2025 Call # [REDACTED] Booklet:64319395 Branch: Brooklyn Fire Dept Time Zone:GMT-05:00 Eastern

Call Information:



| | |
|-------------------------------|----------|
| # Patients Transported | |
| In My Unit: | 2 |
| # Patients at Scene: | 2 |
| <hr/> | |
| Call Received: | 10:55:48 |
| Dispatched: | 10:55:50 |
| En Route: | 10:58:00 |
| At Staging Area: | |
| On Scene: | 11:10:00 |
| Patient Contact: | 11:12:00 |
| Transfer of EMS | |
| Patient Care: | |
| Left Scene: | 11:22:16 |
| At Destination | |
| Landing: | |
| At Destination: | 11:31:31 |
| Destination Patient | |
| Transfer of Care: | 11:35:00 |
| In Service: | 15:34:27 |
| Home Location: | |
| <hr/> | |
| Time On Scene: | 12 Min |
| Time to Destination: | 36 Min |
| Total Time of Run: | 279 Min |

Service Requested: Emergency Response (Primary Response Area)
Incident Facility:
Incident Location: 0 BLK TIEDEMAN RD - BROOKLYN, OH 44144 (Cuyahoga County)
Incident Location Type: Street/Hwy

Receiving Facility: Cleveland Metro Hospital (Metrohealth Med Center) (Hospital) - 2500 Metrohealth Dr - Cleveland, OH 44109
Facility Address: 2500 Metrohealth Dr - Cleveland, OH 44109
Registration # N/A
Destination Type: Hospital Emergency Department
Dest. Reason: Specialist Care
Hospital Capability: Trauma Center Level 1
Specialty Center Reason: Criteria

Loaded Mileage: 4.0 (Total Mileage: 4.0)
Crew Members: Logan Davis, Paramedic(DOC); Nathan Nocella, Paramedic(DS)(DH)

Moved to Amb By: Stretcher **Transport Position:** Sitting **From Amb By:** Stretcher
Factors Affecting Service Delivery:
Dispatch Delay: None/No Delay
Response Delay: None/No Delay
Scene Delay: None/No Delay
Transport Delay: None/No Delay
Turn-Around Delay: None/No Delay

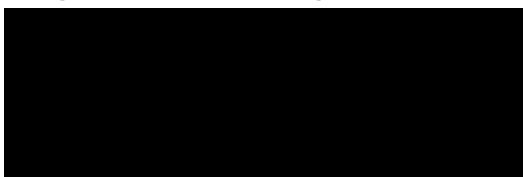
Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens, Destination - Lights and Sirens
Pre-Arrival Alert/Activation: Yes-Adult Trauma **Time:** 2025-06-24 11:22:02

Patient Information:

Name: Tonai Jackson
Address: [REDACTED]
County: Cuyahoga
Patient Country: UNITED STATES
Phone:
Email:
SSN: [REDACTED]
Driver License:
Local Resident: No

DOB: 02/03/1995
Gender: Male
Age: 30 Years
Weight:
Broselow:

Drug Use Suspected - Drug, Route: THIS CALL IS NOT RELATED TO DRUG USE,



Comments:
Comments:
Comments:

Comment:
Patient Physical Limitations:

Comment:
Medical History Obtained From: Patient

Payer Information:

Clinical:



Protocol 1:

Protocol 2:

Assessments:

| Time | Employee | Type | Summary |
|----------|-----------------|------------|------------|
| 11:12:00 | Davis, Logan | [Redacted] | [Redacted] |
| 11:12:01 | Davis, Logan | [Redacted] | [Redacted] |
| 11:16:00 | Nocella, Nathan | [Redacted] | [Redacted] |

11:17:00 Davis, Logan

11:18:00 Davis, Logan

Vitals:

Time Employee

11:18:21 Davis, Logan

11:25:22 Davis, Logan

Treatments/Medications:

Time Employee

11:13:00 Davis, Logan

11:14:00 Davis, Logan

11:14:55 Davis, Logan

11:15:00 Nocella, Nathan

11:16:00 Davis, Logan

11:19:00 Nocella, Nathan

Supply

Qty Supply

Vehicle Accident/Safety Equipment:

Areas of Impact:

Driver Side:

Passenger Side:

Front:

Rear:

MVA Details:

Safety Devices: Airbag Deployed - Other, None

Location of Patient in Vehicle: Unknown

Exterior Damage:

Type of Vehicle:

Posted Speed:

Est Speed:

Weather:

Driver Of Vehicle:

Case #:

ECG Device Incident Number:

Narrative History Text:

[REDACTED]

Unable to Sign:

Unable to Sign Reason: TRANSFERRED CARE / NO ACCESS TO OBTAIN SIGNATURE

Authorized Representative: No authorized representative is available or willing

Authorized Representative Signature: No

Secondary Documentation: Unable to obtain secondary documentation

Secondary Documentation Signature: No

Comment:

[REDACTED]

Signature Image(s):

Authorization Signature

[REDACTED]

Receiving Agent / RN / MD Signature


[REDACTED]

Privacy Notice Signature

[REDACTED]

Technician Signature - Davis, Logan Paramedic - 06/24/2025 20:02

SIGNATURE OF DOCUMENTING CREW MEMBER



Prehospital Care Report Summary

Date:06/24/2025 Call #: [REDACTED] Booklet:64319395

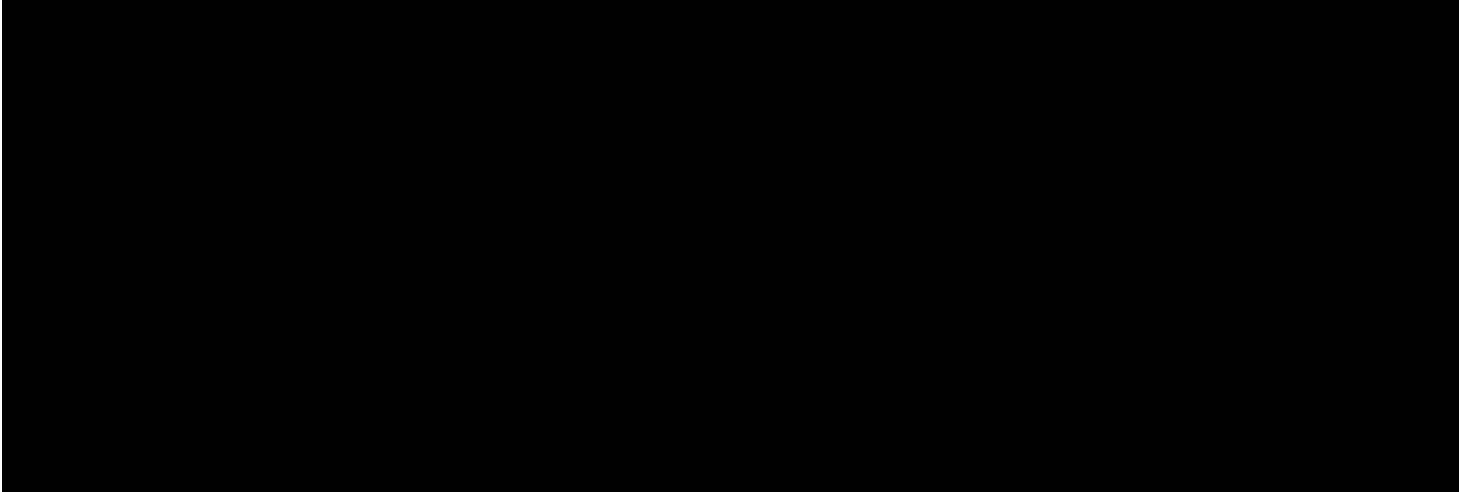
11:14:54 AM

11:14:56 AM

11:14:58 AM

11:15:00 AM

11:15:02 AM





Prehospital Care Report Summary

Brooklyn Fire Dept
8400 Memphis Ave; Brooklyn, OH 44144

Date:06/24/2025 Call # [REDACTED] Booklet:64319417 Branch: Brooklyn Fire Dept Time Zone:GMT-05:00 Eastern

Call Information:

[REDACTED]

| | |
|------------------------|----------|
| # Patients Transported | |
| In My Unit: | 1 |
| # Patients at Scene: | 1 |
| Call Received: | 10:57:00 |
| Dispatched: | 11:02:00 |
| En Route: | 11:03:00 |
| At Staging Area: | |
| On Scene: | 11:08:00 |
| Patient Contact: | 11:09:00 |
| Transfer of EMS | |
| Patient Care: | |
| Left Scene: | 11:27:00 |
| At Destination | |
| Landing: | |
| At Destination: | 11:37:00 |
| Destination Patient | |
| Transfer of Care: | 11:40:00 |
| In Service: | 11:52:00 |
| Home Location: | |
| Time On Scene: | 19 Min |
| Time to Destination: | 35 Min |
| Total Time of Run: | 50 Min |

Service Requested: Emergency Response (Primary Response Area)
Incident Facility:
Incident Location: Tiedeman and 480 - Brooklyn, OH 44144 (Cuyahoga County)
Incident Location Type: Street/Hwy

Receiving Facility: Cleveland Metro Hospital (Metrohealth Med Center) (Hospital) - 2500 Metrohealth Dr - Cleveland, OH 44109
Facility Address: 2500 Metrohealth Dr - Cleveland, OH 44109
Registration # N/A
Destination Type: Hospital Emergency Department
Dest. Reason: Patient Choice
Hospital Capability: Hospital (General)

Loaded Mileage: 2.0 (Total Mileage: 4.0)
Crew Members: John Stefanko, Paramedic(DH); Keith Calmer, Paramedic(DS)(DOC)
Personal Protective Equipment Used:
John Stefanko - Gloves
Keith Calmer - Gloves

[REDACTED]

Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens, Destination - Lights and Sirens
Pre-Arrival Alert/Activation: Yes-Other **Time:** 2025-06-24 11:26:58

Patient Information:

Name: Joseph Marek
Address: [REDACTED]
County: Cuyahoga
Patient Country: UNITED STATES
Phone:
Email:
SSN: --
Driver License:
Local Resident: No

DOB: 04/30/2000
Gender: Male
Age: 25 Years
Weight:
Broselow:

[REDACTED]

Payer Information:

Clinical:

Protocol 2:

Assessments:

| Time | Employee | Type | Summary |
|----------|---------------|------|---------|
| 11:35:29 | Calmer, Keith | | |
| 11:35:36 | Calmer, Keith | | |
| 11:35:41 | Calmer, Keith | | |
| 11:35:51 | Calmer, Keith | | |

Vitals:

| Time | Employee | Summary |
|----------|---------------|---------|
| 11:26:40 | Calmer, Keith | |

Treatments/Medications:

| Time | Employee | Summary |
|------|----------|---------|
|------|----------|---------|

Supply

Qty Supply

ECG Device Incident Number:

Narrative History Text:

Auth Signature: No Privacy Sig: No Unable to Sign: Refused to Sign: No

Signature Image(s):

Authorization Signature



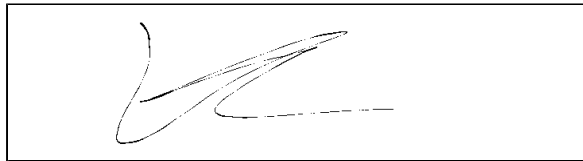
Privacy Notice Signature



Receiving Agent / RN / MD Signature



Technician Signature - Calmer, Keith Paramedic - 06/24/2025 12:39
SIGNATURE OF DOCUMENTING CREW MEMBER





Prehospital Care Report Summary

Brooklyn Fire Dept

8400 Memphis Ave; Brooklyn, OH 44144

Date:06/24/2025 Call # [REDACTED] Booklet:64319336 Branch: Brooklyn Fire Dept Time Zone:GMT-05:00 Eastern

Call Information:

[REDACTED]

| | |
|-------------------------------|----------|
| # Patients Transported | |
| In My Unit: | 1 |
| Patients at Scene: | 1 |
| Call Received: | 10:55:48 |
| Dispatched: | 11:08:20 |
| En Route: | 11:08:24 |
| At Staging Area: | |
| On Scene: | 11:12:36 |
| Patient Contact: | 11:13:36 |
| Transfer of EMS | |
| Patient Care: | |
| Left Scene: | 11:27:19 |
| At Destination | |
| Landing: | |
| At Destination: | 11:37:36 |
| Destination Patient | |
| Transfer of Care: | 11:38:36 |
| In Service: | 11:56:42 |
| Home Location: | |
| Time On Scene: | 15 Min |
| Time to Destination: | 29 Min |
| Total Time of Run: | 48 Min |

Service Requested: Emergency Response (Primary Response Area)
Incident Facility:
Incident Location: 0 BLK TIEDEMAN RD - BROOKLYN, OH 44144 (Cuyahoga County)
Incident Location Type: Street/Hwy

Receiving Facility: Cleveland Metro Hospital (Metrohealth Med Center) (Hospital) - 2500 Metrohealth Dr - Cleveland, OH 44109
Facility Address: 2500 Metrohealth Dr - Cleveland, OH 44109
Registration # N/A
Destination Type: Hospital Emergency Department
Dest. Reason: Medical Protocol
Hospital Capability: Hospital (General)

Loaded Mileage: 3.0 (Total Mileage: 5.0)
Crew Members: John Stefanko, Paramedic(DH); Keith Calmer, Paramedic(DS)(DOC)
Personal Protective Equipment Used:
 John Stefanko - Gloves
 Keith Calmer - Gloves

Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens, Destination - Lights and Sirens
Pre-Arrival Alert/Activation: Yes-Adult Trauma **Time:** 2025-06-24 11:30:19

Patient Information:

Name: John Welsh
Address: [REDACTED]
County: Cuyahoga
Patient Country: UNITED STATES
Phone:
Email:
SSN: --
Driver License:
Local Resident: No

DOB: 05/29/1955
Gender: Male
Age: 70 Years
Weight:
Broselow:

[REDACTED]

Comment:
Medical History Obtained From: Patient

Payer Information:

Clinical:



col 2:

Assessments:

| Time | Employee | Type | Summary |
|----------|---------------|------------|------------|
| 11:13:48 | Calmer, Keith | [Redacted] | [Redacted] |
| 11:14:06 | Calmer, Keith | [Redacted] | [Redacted] |
| 11:14:25 | Calmer, Keith | [Redacted] | [Redacted] |
| 11:14:27 | Calmer, Keith | [Redacted] | [Redacted] |
| 11:14:31 | Calmer, Keith | [Redacted] | [Redacted] |

Vitals:

| Time | Employee | [Redacted] |
|----------|---------------|------------|
| 11:25:23 | Calmer, Keith | [Redacted] |

Treatments/Medications:

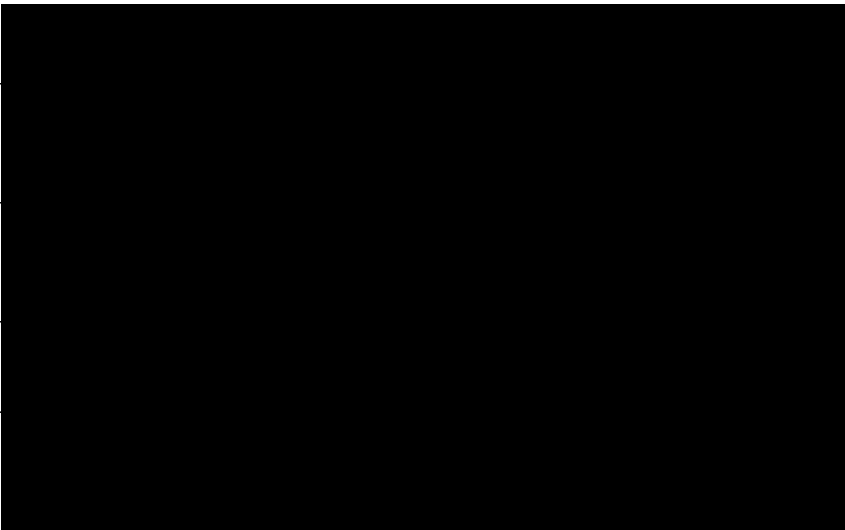
| Time | Employee | [Redacted] |
|----------|---------------|------------|
| 11:13:38 | Calmer, Keith | [Redacted] |

11:21:35 Calmer, Keith

11:24:40 Stefanko, John

11:25:47 Calmer, Keith

11:25:48 Calmer, Keith



Supply

Qty Supply

Vehicle Accident/Safety Equipment:

Areas of Impact:

Driver Side:Front QP, Front Fender, Door, Side Post

Passenger Side:

Front:

Rear:

MVA Details:

Safety Devices: Airbag Deployed - Front, Lap Belt w/ Shoulder Belt

Location of Patient in Vehicle: Front-Left Seat or Motorcycle

Exterior Damage: Moderate

Type of Vehicle: Car

Posted Speed: 35

Est Speed: 20

Weather: Clear

Driver Of Vehicle:

Case #:

ECG Device Incident Number:

Narrative History Text:



Unable to Sign:



Authorized Representative: No authorized representative is available or willing

Authorized Representative Signature: No

Secondary Documentation: Patient Care Report (signed by representative of facility)

Secondary Documentation Signature: No

Comment:

Auth Signature: No **Privacy Sig:** No **Unable to Sign:** **Refused to Sign:** No

Signature Image(s):

Authorization Signature

Privacy Notice Signature

Empty box for Authorization Signature

Empty box for Privacy Notice Signature



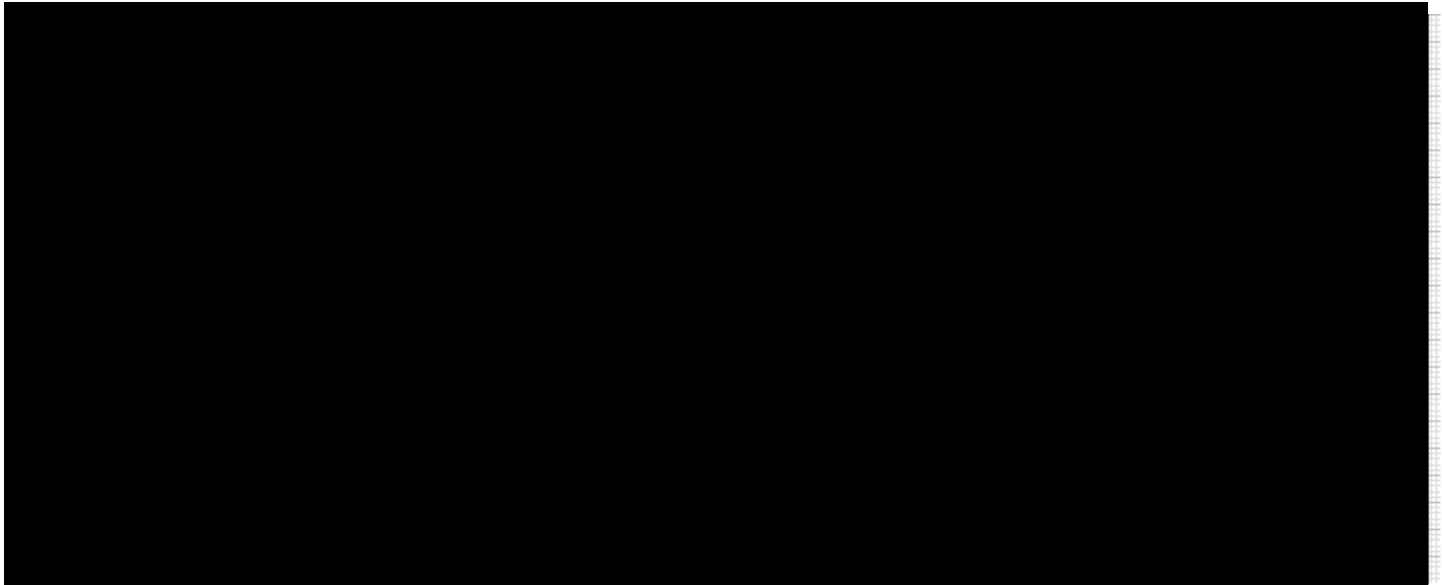
Receiving Agent / RN / MD Signature

Technician Signature - Calmer, Keith Paramedic - 06/24/2025 12:14
SIGNATURE OF DOCUMENTING CREW MEMBER



Prehospital Care Report Summary

Date:06/24/2025 Call #: [REDACTED] Booklet:64319336



Prehospital Care Report Summary

Date:06/24/2025 Call #: [REDACTED] Booklet:64319336

11:21:34 AM

11:21:36 AM

11:21:38 AM

11:21:40 AM

11:21:42 AM

