



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



2023-3223
Officer Involved Critical Incident - 807 Alan Page Dr SE,
Canton, OH 44707

Investigative Activity: Records Received; Autopsy Review
Involves: Zachary Fornash
Activity Date: 2/20/2024
Activity Location: Stark County Coroner's Office
Authoring Agent: SA Jon Lieber #50

Narrative:

On Tuesday, February 20, 2024, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Jon Lieber (Lieber) received an email from the Stark County Coroner's Office. The correspondence consisted of the autopsy report for Zachary Fornash (Fornash).

SA Lieber reviewed the report and noted the following:

Anthony P. Bertin, D.O., Chief Deputy Coroner, Stark County listed the [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

It should be noted that the autopsy report was authored by Cuyahoga County Medical Examiner's Office Elizabeth Mooney, D.O., M.S. The cause and manner determination was made by the Stark County Coroner's Office.

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 "ANATOMIC DIAGNOSES" section of the report listed the following relevant information:

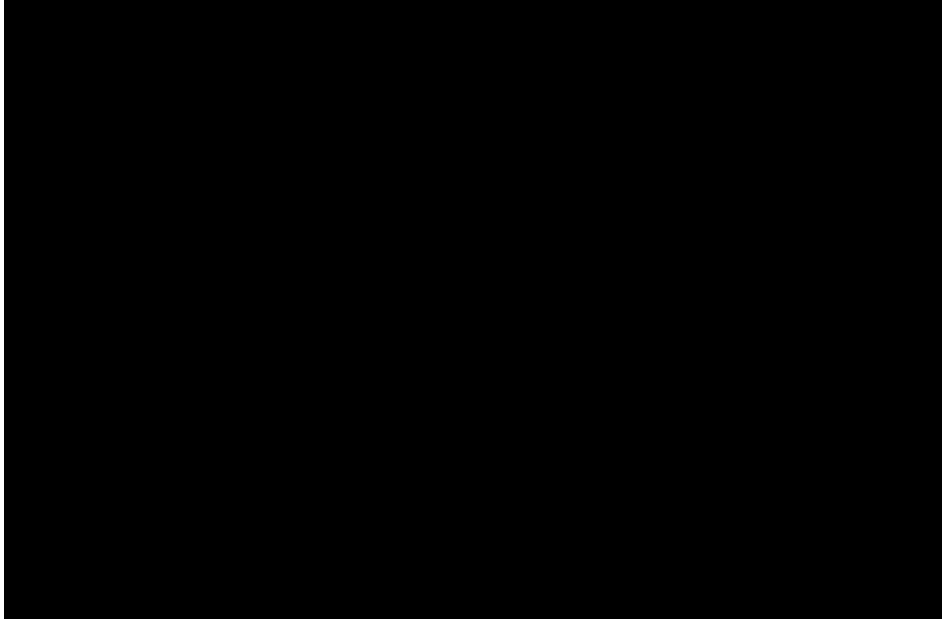
This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



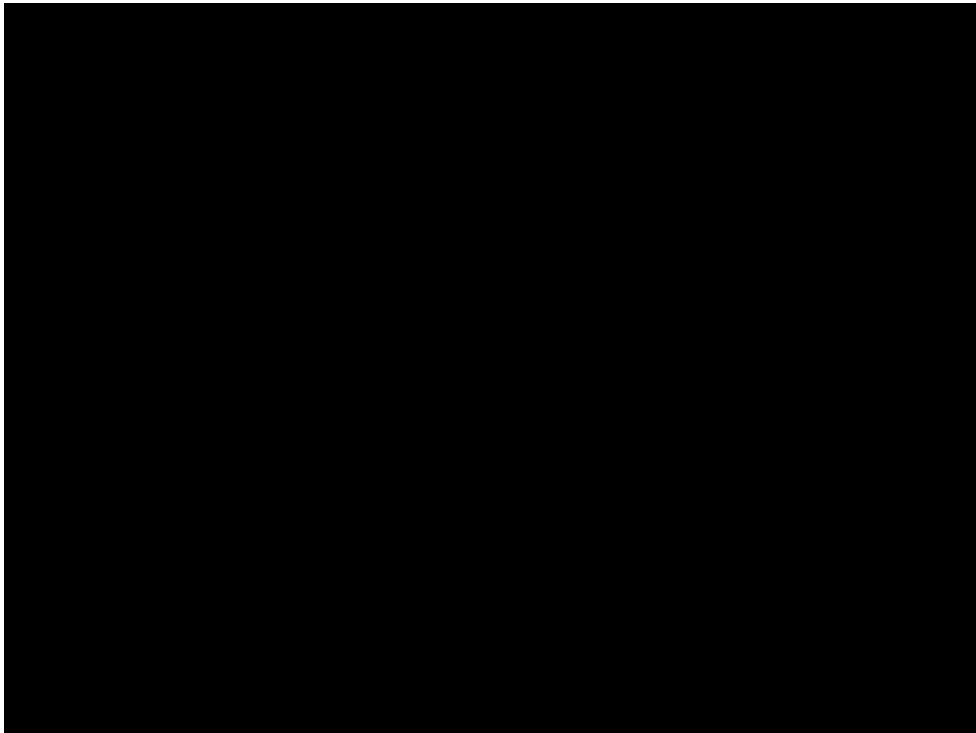
Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report



2023-3223
Officer Involved Critical Incident - 807 Alan Page Dr SE,
Canton, OH 44707



The "EXTERNAL EXAMINATION" section contained the following information:



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.

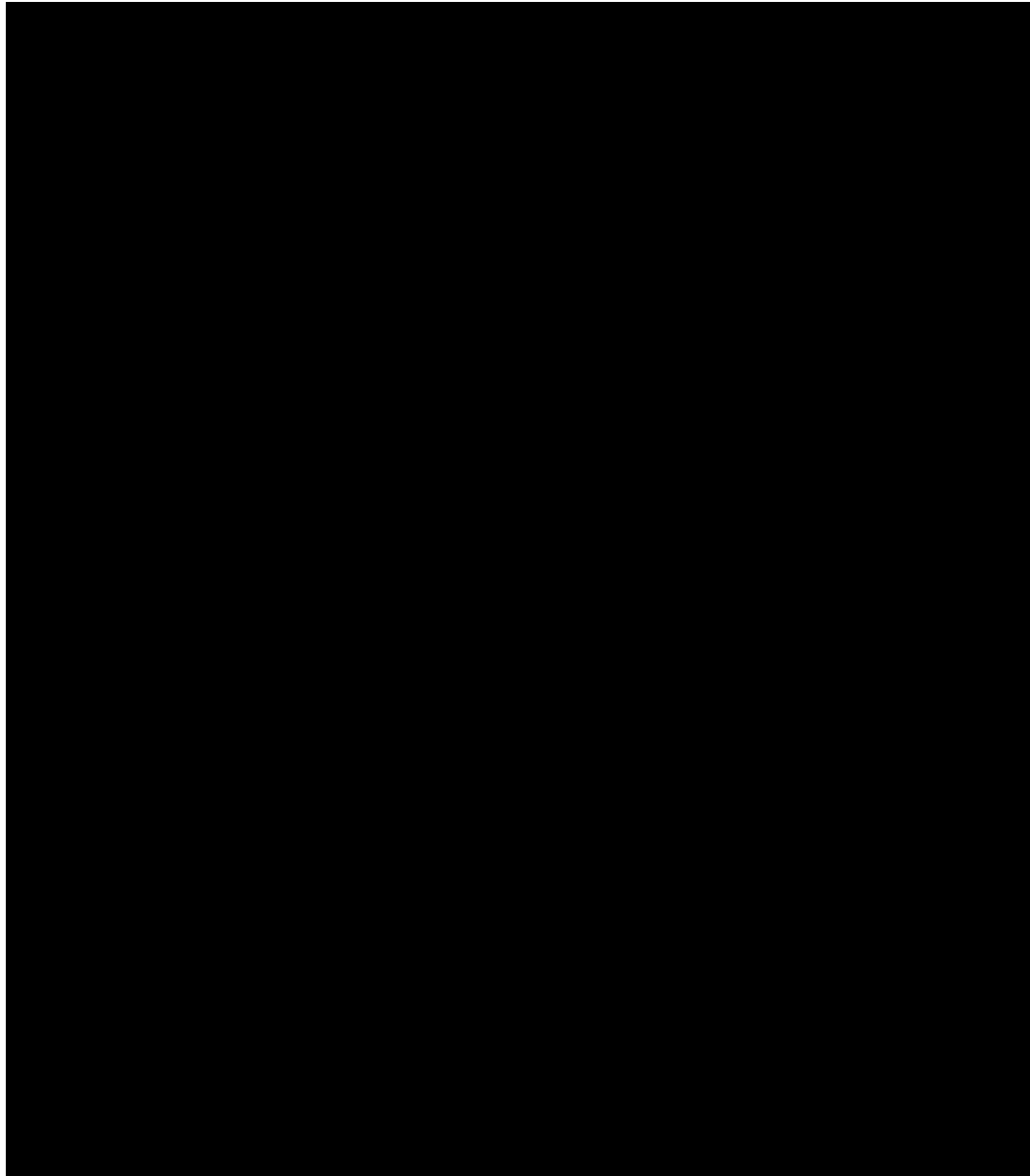


Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report



2023-3223
Officer Involved Critical Incident - 807 Alan Page Dr SE,
Canton, OH 44707

The "EVIDENCE OF RECENT INJURY" section contained the following information:



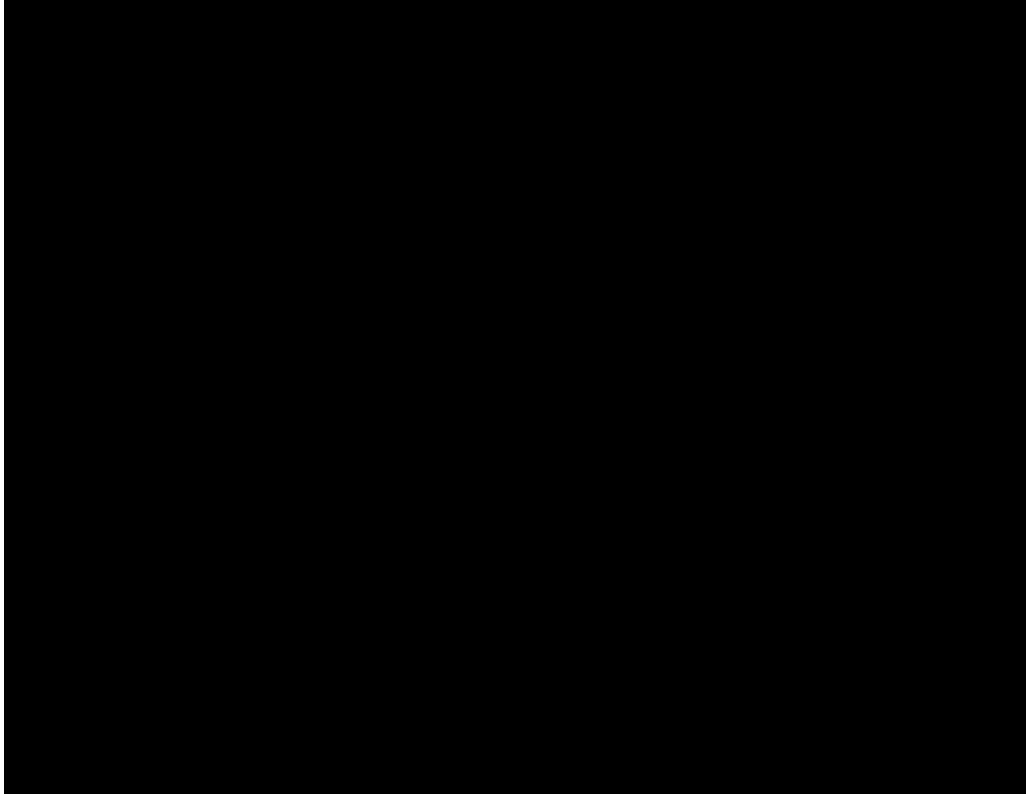
This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



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



2023-3223
Officer Involved Critical Incident - 807 Alan Page Dr SE,
Canton, OH 44707



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.

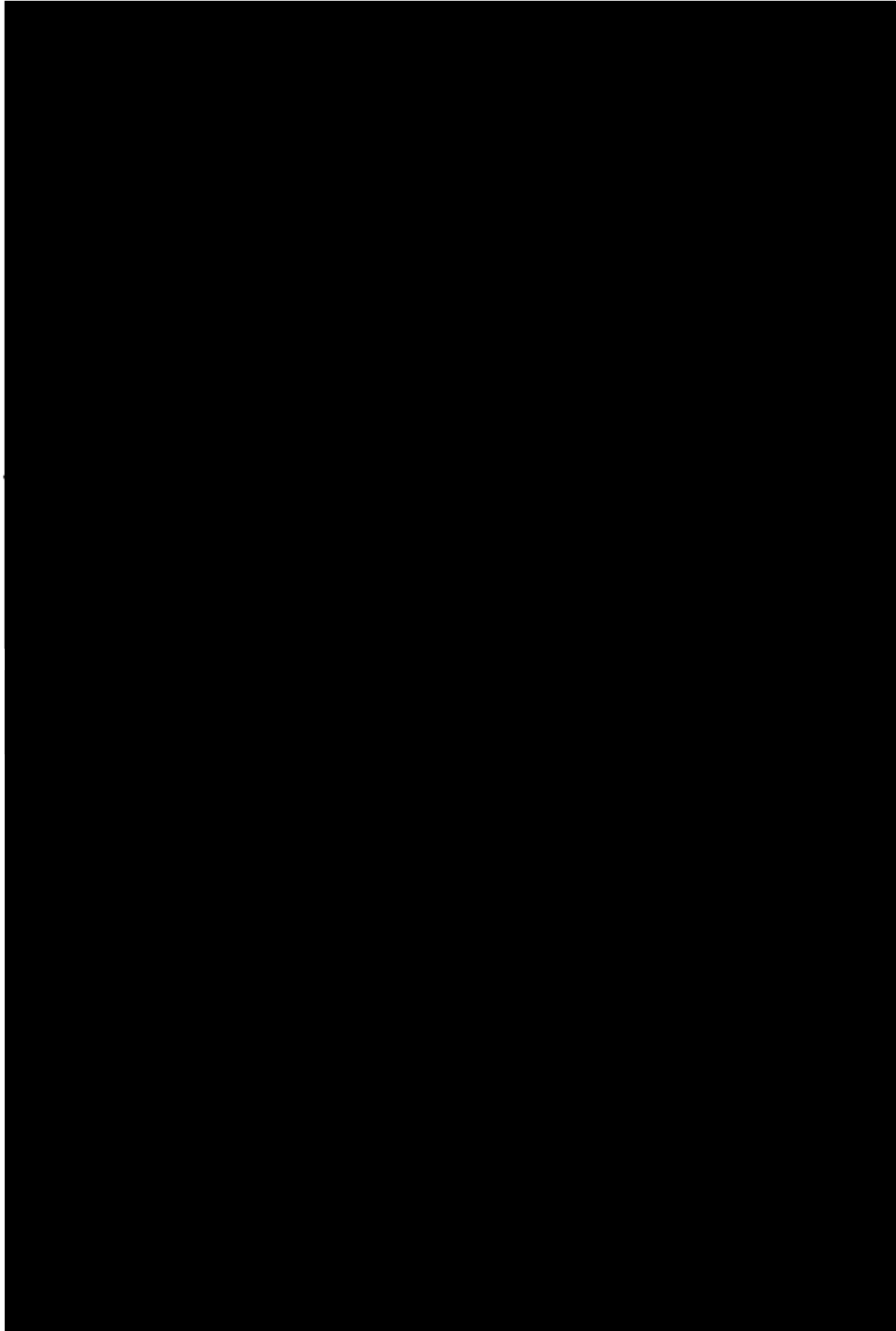


Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report



2023-3223

Officer Involved Critical Incident - 807 Alan Page Dr SE,
Canton, OH 44707



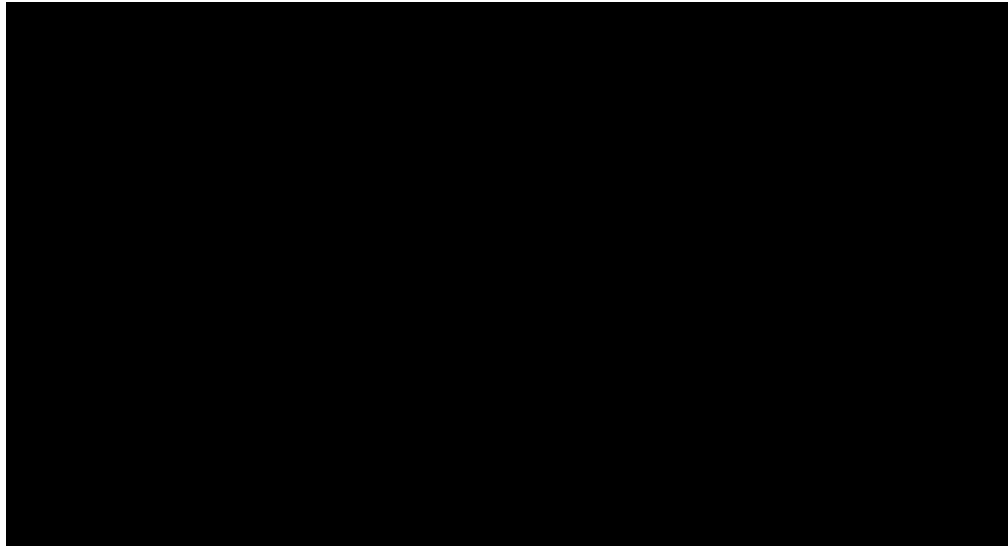
This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



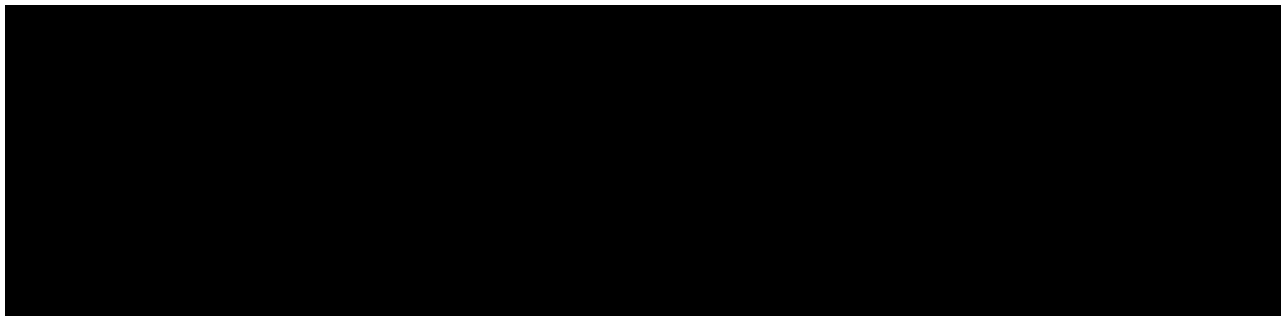
Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report



2023-3223
Officer Involved Critical Incident - 807 Alan Page Dr SE,
Canton, OH 44707



The "TOXICOLOGY REPORT" contained the following pertinent information:



The autopsy reports received are attached to this report. Please refer to the attachments for the full details.

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.

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) ZACHARY JAMES FORNASH						2. Sex MALE	3. Date of Death (Month/Day/Year) DECEMBER 05, 2023				
	4. Social Security Number [REDACTED]	5a. Age (Years) 24	5b. Under 1 Year Months	5c. Under 1 day Hours	5d. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) JULY 18, 1999	7. Birthplace (City and State or Foreign Country) AKRON, OHIO					
	8a. Residence State OHIO		8b. County STARK			8c. City or Town CANTON						
	8d. Street Address and Zip Code 800 ALAN PAGE DRIVE, S.E. APT. 9 44707						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) ALEXUS HILL							
	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 JAMES FORNASH			16. Mother's Name (prior to first marriage) CASSANDRA WOOD								
	17a. Informant's Name ALEXUS FORNASH			17b. Relationship to Decedent WIFE		17c. Mailing Address (Street and Number, City, State, Zip Code) 800 ALAN PAGE DRIVE, S.E. 9 CANTON, OHIO 44707						
	18a. Place of Death						18b. Facility Name (If not Institution, give street & number) AULTMAN HOSPITAL		18c. City or Town, State and Zip Code CANTON, OH 44710		18d. County of Death STARK	
	19. Funeral Service Licensee or Other Agent TODD N COLLIER				20. License Number (of licensee) 007374		21. Name and Complete Address of Funeral Facility CAMPFIELD-HICKMAN-COLLIER FUNERAL 566 W PARK AVE BARBERTON, OH 44203					
DISPOSITION	22. Method and Place of Disposition CREMATION - PREMIER CREMATIONS, BARBERTON, OH						23. Local Registrar JAMES ADAMS				24. Date Filed (Month/Day/Year)	
	25a. 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.											
CERTIFIER	25b. Time of Death 22:29			25c. Date Pronounced Dead (Month/Day/Year) DECEMBER 05, 2023			25d. Was Case Referred to Medical Examiner or Coroner? YES					
	26a. Certifier Name and Title RONALD ROBERT RUSNAK MD			26f. License number 35.057165		26g. Date Signed (Month/Day/Year) DECEMBER 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:					



2108033
2023120988



2023120988

Reg. Dist. No. 7601Ohio Department of Health
VITAL STATISTICS
Supplementary Medical Certification

State File No. 2023120988

Registrar's No. 7601-2023001826

2108033

Name of Deceased ZACHARY JAMES FORNASH			
Place of Death		Date of Death DECEMBER 05, 2023	
23. Local Registrar JAMES ADAMS		24. Date Filed JANUARY 29, 2024	
25a. 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 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 22:29		25c. Date Pronounced Dead (Month/Day/Year) DECEMBER 05, 2023	25d. Was Case referred to Coroner? YES
25e. Certifier Name and Title BERTIN, ANTHONY P DO		25f. License number 34.003103	25g. Date Signed JANUARY 29, 2024
27. Name and Address of Person who Completed Cause of Death BERTIN, ANTHONY P, 3053 CLEVELAND AVE SW, CANTON, OH, 44707			
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 Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. MULTIPLE GUNSHOT WOUNDS WITH VISCERAL AND VASCULAR INJURY		MINUTES
Sequentially list conditions, if any, leading to the immediate cause.	b. Due to (or as Consequence of) STATUS-POST-RESUSCITATIVE MEASURES		MINUTES
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)		
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? NO	31. If Female, Pregnancy Status NOT APPLICABLE.	32. Manner of Death HOMICIDE	
33a. Date of Injury (Month/Day/Year) DECEMBER 05, 2023	33b. Time of Injury UNKNOWN	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) OUTSIDE	33d. Injury at Work? NO
33e. Location of injury (Street and Number or Rural Route Number, City or Town, State) 900 ALAN PAGE DRIVE SE, CANTON, OHIO			
33f. Describe How Injury Occurred: SHOT BY ANOTHER		33g. If Transportation Injury, Specify:	

HEA 2752
Rev. 08/18THIS 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

2108033



2023120988