



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



2025-2909

Officer Involved Critical Incident - Stanhope-Kelloggsville
Rd. and Anderson Rd., Denmark Township, OH 44032,
Ashtabula County

Investigative Activity: Receipt of ACSO Records

Involves: Ashtabula County Sheriff's Office (O), Terry Moisio (O)

Activity Date: 09/08/2025

Activity Location: Ashtabula County Sheriff's Office – 25 West Jefferson
Street, Jefferson, OH 44047

Authoring Agent: SA Joseph Lamping #184

Narrative:

On Monday, September 8, 2025, at approximately 2000 hours, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joe Lamping (SA Lamping) met with Chief Deputy Terry Moisio (Chief Deputy Moisio) of the Ashtabula County Sheriff's Office to discuss the records that would be required during the investigation of the Officer Involved Critical Incident which occurred at Stanhope-Kelloggsville Road and Anderson Road, Denmark Township, Ohio.

During the meeting Chief Deputy Moisio provided SA Lamping with several documents which included firearm qualification records for each involved deputy, as well as alcohol breath tests and drugs test records. SA Lamping did not review the breath or drug test documents. The records that SA Lamping received were uploaded to Matrix and attached to this report.

References:

None

Attachments:

1. [REDACTED] Firearm Qualification Record
2. [REDACTED] Firearm Qualification Record
3. [REDACTED] Firearm Qualification Record
4. [REDACTED] BAC and Drug Test Records
5. [REDACTED] BAC and Drug Test Records
6. [REDACTED] BAC and Drug Test Records

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RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL

Name [REDACTED] Agency: ACSO

Weapon make: Gaucha Model: 45 Serial #: [REDACTED]

Hits in the preferred area (**PA**) count as a plus one (+1).

Hits in the non-preferred area (**NPA**) and inside of the silhouette outline are zero (0).

Rounds not fired (**NF**) are zero (0).

Rounds outside of the silhouette outline (**MISS**), off the target (**MISS**), fired over the time limit (**OT**), or any extra rounds fired (**ERF**) are minus 1 (-1).

Stage 1 PA: 3 NPA: NF: MISS: OT: ERF:

Stage 2 2 hits in the preferred area, one hit in the head circle or hip circle

PA: 3 NPA: NF: MISS: OT: ERF: Head Miss:

Stage 3A PA: 4 NPA: NF: MISS: OT: ERF:

Stage 3B PA: 4 NPA: NF: MISS: OT: ERF:

Stage 4 PA: 6 NPA: NF: MISS: OT: ERF:

Stage 5 PA: 3 NPA: NF: MISS: OT: ERF:

Stage 6 PA: 2 NPA: NF: MISS: OT: ERF:

Subtotals: 25 MISS: OT: ERF: Head Miss:

Total: 25 (PASSING IS A MINIMUM OF 20)

Date tested: 8-4-25 Passed: ✓ Failed:

Tested by: WOLFE REQ#: 09780 Exp: 5/7/27

RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL

Name: [REDACTED] Agency: Ashtabula County Sheriff

Weapon make: Glock Model: 45 Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).

Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).

Rounds not fired (NF) are zero (0).

Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: 3 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___

Stage 2 2 hits in the preferred area, one hit in the head circle or hip circle

PA: 2 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___ Head Miss: 1

Stage 3A PA: 4 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___

Stage 3B PA: 4 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___

Stage 4 PA: 5 NPA: 1 NF: ___ MISS: ___ OT: ___ ERF: ___

Stage 5 PA: 2 NPA: 1 NF: ___ MISS: ___ OT: ___ ERF: ___

Stage 6 PA: 2 NPA: ___ NF: ___ MISS: ___ OT: ___ ERF: ___

Subtotals: 23 MISS: ___ OT: ___ ERF: ___ Head Miss: ___

Total: 23 (PASSING IS A MINIMUM OF 20)

Date tested: 8/4/25 Passed: ✓ Failed: ___

Tested by: WOLFF REQ#: 09780 Exp: 5/7/27

RANGE PROFICIENCY RECORD: SEMI-AUTO PISTOL

Name: [REDACTED] Agency: ACSO

Weapon make: Glock Model: 45 Serial # [REDACTED]

Hits in the preferred area (**PA**) count as a plus one (+1).

Hits in the non-preferred area (**NPA**) and inside of the silhouette outline are zero (0).

Rounds not fired (**NF**) are zero (0).

Rounds outside of the silhouette outline (**MISS**), off the target (**MISS**), fired over the time limit (**OT**), or any extra rounds fired (**ERF**) are minus 1 (-1).

Stage 1 PA: 3 NPA: NF: MISS: OT: ERF:

Stage 2 2 hits in the preferred area, one hit in the head circle or hip circle

PA: 3 NPA: NF: MISS: OT: ERF: Head Miss:

Stage 3A PA: 4 NPA: NF: MISS: OT: ERF:

Stage 3B PA: 4 NPA: NF: MISS: OT: ERF:

Stage 4 PA: 6 NPA: NF: MISS: OT: ERF:

Stage 5 PA: 3 NPA: NF: MISS: OT: ERF:

Stage 6 PA: 1 NPA: 1 NF: MISS: OT: ERF:

Subtotals: 24 MISS: OT: ERF: Head Miss:

Total: 24 (PASSING IS A MINIMUM OF 20)

Date tested: 8/4/25 Passed: ✓ Failed:

Tested by: WOLFF REQ#: 09780 Exp: 5/7/27

Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name

B: SSN or Employee ID No.

C: Employer Name

Street

City, State, Zip

DER Name and
Telephone No.

DER Name

DER Phone Number

D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment
STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Date Month Day Year

TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual and that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ NoSCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					

REMARKS:

Alcohol Technician's Company

Company Street Address

(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company City, State, Zip

Phone Number

Signature of Alcohol Technician

Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULTS ARE POSITIVE.

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee

Date Month Day Year

Lifeloc Technologies

 Phoenix 6.0 v8.9.9
 Serial No. 22340019
 Units BAC

Test Number 00533

Test Type (ez) Auto Test

Result:

Date: 09/08/2025

Time: 18:20

Air Blank

Time: 18:19

Subject:

 Print Confirmation Results Here or
 Affix with Tamper Evident Tape

 Print Additional Results Here or
 Affix With Tamper Evident Tape

Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name

B: SSN or Employee ID

 C: Employer Name
 Street
 City, State, Zip

 DER Name and
 Telephone No.

DER Name

DER Phone Number

 D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true

Date Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual and that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

 TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

 SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					
REMARKS:					

Alcohol Technician's Company

Company Street Address

(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company City, State, Zip

Phone Number

Signature of Alcohol Technician

Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULTS ARE POSITIVE.

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee

Date Month Day Year

 Print Screening Results Here or
 Affix with Tamper Evident Tape

Lifeloc Technologies

 Phoenix 6.0 v8.9.9
 Serial No. 22340019
 Units BAC

 Test Number 00532
 Test Type (ez) Auto Test

Result:

 Date: 09/08/2025
 Time: 18:14

 Air Blank
 Time: 18:13

Subject

Affix with Tamper Evident Tape

 Print Additional Results Here or
 Affix With Tamper Evident Tape

Alcohol Testing Form (Non-DOT)

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name

B: SSN or Employee

 C: Employer Name
 Street
 City, State, Zip

 DER Name and
 Telephone No.

DER Name

DER Phone Number

 D: Reason for Test: ☐ Random ☐ Reasonable Susp ☒ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I have submitted to alcohol testing and that the identifying information provided on the form is true

Signature of Employee

Date Month Day Year

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 TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

 SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result
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 CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Alcohol Technician's Company

Company Street Address

(PRINT) Alcohol Technician's Name (First, M.I., Last)

Company City, State, Zip

Phone Number

Signature of Alcohol Technician

Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULTS ARE POSITIVE.

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee

Date Month Day Year

Lifeloc Technologies

 Phoenix 6.0 v8.9.9
 Serial No. 22340019
 Units BAC

 Test Number 00534
 Test Type (ez) Auto Test

 Result:
 Date: 09/08/2025
 Time: 18:29

 Air Blank
 Time: 18:29

 Print Confirmation Results Here or
 Affix with Tamper Evident Tape

 Print Additional Results Here or
 Affix With Tamper Evident Tape