



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



2025-2909

Officer Involved Critical Incident - Stanhope-Kellogsville
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-Kellogsville 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: A cso

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: 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: Ashland 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: 5/1/27

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: 5/1/27

0406186511

Alere

1111 Newton St., Gretna, LA 70053
 450 Southlake Blvd., Richmond, VA 23236
 Phone: 800.433.3823 | Fax: 504.361.8298

ePass DRUG TESTING CUSTODY AND CONTROL FORM

F612302269C988

eScreen

Specimen ID

STEP 1: TO BE COMPLETED by Employer/Client Representative

Date Sent: / /
(Mo/Day/Yr.)Time Sent: : :
AM PM

A. Employer/Client Name, Address, Phone, & Fax:

ASHTABULA MEDICAL CENTER
 2420 LAKE AVE
 ASHTABULA, OH 44004
 440-964-3656 DOD-DOCT/DOCT

B. MRO Name, Address, Phone, & Fax:

DR. TRINETTA A. MASTERNICK, DO
 6700 PATRIOT BLVD
 AUSTINTOWN, OH 44411
 330-370-3180 330-352-3521

C. Name/ID:

D. Donor SS#:

E0296141057
SUB ACCOUNTF. Evening Phone No.: - - - G. Reason for Test: Pre-Employment Post Accident Reasonable Suspicion Promotion Periodic Random Other

H. Panel: Select a test panel from the list below. If you do not indicate a panel, the dominant panel on file for the client facility listed above will be used.

1: 1664 2: 1664 3: 4: 5: Other:
 BOR DRUG/DOTCD BOR DRUG/DOTCD
 +MOLAR/AM/CDT +MOLAR/AM/CDT

(write in panel number)

Important Information:

- At the clinic, donor MUST present photo ID (driver's license, passport, military ID).
- Failure to comply with testing requirements may result in ineligibility and/or disciplinary action.
- Please review your company policy for additional requirements or restrictions.

STEP 2: TO BE COMPLETED by Donor

Donor Certification and Consent: I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; that the container used was sealed with tamper-evident tape in my presence; and that the information provided on this form corresponding with the label affixed to the specimen container is correct. I hereby authorize the laboratory to forward the specimen to the laboratory (specifically including, but not limited to eScreen, Inc. and Alere) or laboratory (specifically including, but not limited to eScreen, Inc. and Alere) for testing and to forward the test results to the Employer/Client or their Designee.

X

Date (Mo/Dy/Yr)

STEP 3: TO BE COMPLETED by Collector and Donor

STEP 4: TO BE COMPLETED by Collector - Within 4 minutes, read temperature of specimen.

Within range? Yes 90°-100°F / 32°-38°C No Below 90°F / 32°C Above 100°F / 38°CRefusal to Test
(forward CCF to lab)

Specimen Type:

Negative Send to Lab

Remarks:

Collection Site Name & Address:

ACMC OCCUPATIONAL HEALTH (Enter here if not printed below)
 2420 LAKE AVE
 ASHTABULA, OH 44004

Collector Phone No.: - - -
 440-964-2235

Collection Site ID

9 / 0 / 8 / 2 / 5

Date Collected (Mo./Day/Yr.)

Time Collected: 6 : 10 AM
 PM

Collector Certification: I certify that the specimen identified on this form was given to me by the donor named at the top of this form and that it was collected, sealed, and prepared for transport to the laboratory.

X

Signature of Collector

Collector Name:
 (First Name MI Last Name)

JASON K. CAREY

STEP 5: TO BE COMPLETED by Lab

RECEIVED AT LAB:

X

Signature of Accessioner

PRINT Accessioner Name (First MI Last)

Primary Specimen Seal Intact?
 Yes No, Enter Remark

Specimen(s) Released to:
 TEMPORARY STORAGE

Remarks:

LAB NUMBER

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, ZipDER Name and
Telephone No.35 W. Jackson St
Chicago, IL 60601

LT. Nelson

DER Name

(404) 571-9041

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.

Signature _____

Date 10/12/2025 Month 10 Day 25 Year

Signature _____ 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 MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

ATMC
Alcohol Technician's Company3400 Lake Ave
Company Street Address

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

Company City, State, Zip

(404) 571-9041

Signature of Alcohol Technician

Date 10/12/2025 Month 10 Day 25 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 10/12/2025 Month 10 Day 25 Year**lifeloc Technologies**Phoenix 6.0 v8.9.9
Serial No. 22340019
Units BACTest Number 00533
Test Type (ez) Auto TestResult:
Date: 09/08/2025
Time: 18:20Air Blank
Time: 18:19

Subject: _____

Print Confirmation Results Here or
Affix with Tamper Evident TapePrint 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. _____25 W Jefferson St
Jefferson OH 44047L Nelson
DER Name _____(419) 576 9016
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

9 18 25
Date Month Day Year

Subject _____

Affix with Tamper Evident Tape

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 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 ResultCONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Print Additional Results Here or
Affix With Tamper Evident TapeALMC
Alcohol Technician's Company _____7420 Taft Ave
Company Street Address _____

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

Albuquerque NM 87104
Company City, State, Zip _____(419) 994 2635
Phone Number _____

Signature of Alcohol Technician _____

09 18 2025
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 YearPrint Screening Results Here or
Affix with Tamper Evident Tape**Lifeloc Technologies**Phoenix 6.0 v8.9.9
Serial No. 22340019
Units BACTest Number 00532
Test Type (ez) Auto TestResult: _____
Date: 09/08/2025
Time: 18:14Air Blank _____
Time: 18:13

0406186511

Alere

1111 Newton St., Gretna, LA 70053
 450 Southlake Blvd., Richmond, VA 23236
 Phone: 800.433.3823 | Fax: 504.361.8298

Alveo
 County
 Sheriff
 Department

ePass DRUG TESTING CUSTODY AND CONTROL FORM

eScreen

Specimen ID

STEP 1: TO BE COMPLETED by Employer/Client Representative

Date Sent: / /
(Mo./Day/Yr.)Time Sent: : :
AM
PM

A. Employer/Client Name, Address, Phone, & Fax:

ACMG OCCUPATIONAL HEALTH OHS
 2420 LAKE AVENUE
 ASHTABULA, OH 44004
 440-924-2825 800-800-0000

E0296141056

SUB ACCOUNT:

B. MRO Name, Address, Phone, & Fax:

DR. TRINETTA A. MASTERNICK, D.

6780 PATRIOT BLVD
 AUSTINTOWN, OH 44615
 330-270-3600 330-366-3691

C. Name/ID:

D. Donor SS:

G. Reason for Test: Pre-Employment Post Accident Reasonable Suspicion Promotion Periodic Random Other

H. Panel: Select a test panel from the list below. If you do not indicate a panel, the dominant panel on file for the client facility listed above will be used.

1: 3480 2: 1222 3: 5480 4: 4373 5: Other:
 5000 EXOP 1000 OPI/H/CXCD 5000 OPA/CXCD 5000 EXOPA
 +MDMA/AM +MDMA/AM +MDMA/AM +MDMA/AM

(write in panel number)

1223

Important Information

- At the clinic, donor MUST present photo ID (driver's license, passport, military ID).
- Failure to comply with testing requirements may result in ineligibility and/or disciplinary action.
- Please review your company policy for additional requirements or restrictions.

STEP 2: TO BE COMPLETED by Donor

Donor Certification and Consent: I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; that the container used was sealed with tamper-evident tape in my presence; and that the information provided on this form corresponding with the label affixed to the specimen container is correct. I have read and understood the terms and conditions of the test and laboratory (specifically including, but not limited to eScreen, Inc.) and I am giving my consent to the laboratory to release the results of the test to the Employer/Client or their Designee.

X

Signature of Donor

Date (Mo/Dy/Yr)

STEP 3: TO BE COMPLETED by Collector and Donor - Collector affixes bottle seals(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED by Collector - Within 4 minutes, read temperature of specimen.

Within range? Yes 90°-100°F / 32°-38°C No Below 90°F / 32°C Above 100°F / 38°C

Refusal to Test

(forward CCF to lab)

Specimen Type:

 Negative Send to Lab

Remarks:

Collection Site Name & Address: Collector Phone No.:

ACMG OCCUPATIONAL HEALTH
 (Enter here if not printed below)
 2420 LAKE AVE
 ASHTABULA, OH 44004

()- Collection Site ID
1234567890

440-924-2825

09/08/25

Date Collected (Mo./Day/Yr.)

Collector Certification: I certify that the specimen identified on this form was given to me by the donor named at the top of this form and that it was collected, sealed, and prepared for transport to the laboratory.

X

Robert Keifer

Signature of Collector

Collector Name:

(First Name MI Last Name)

Robert Keifer

STEP 5: TO BE COMPLETED by Lab

RECEIVED AT LAB:

X

Signature of Accessioner

PRINT Accessioner Name (First MI Last)

Primary Specimen Seal Intact?

 Yes No, Enter Remark

Specimen(s) Released to:

TEMPORARY STORAGE

Remarks:

LAB NUMBER

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, Zip25 W Jefferson St
Jefferson OH 44047DER Name and
Telephone No.

LT Nelson

(419) 576 9046

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

Signature of Employee

7/18/25

Date Month Day Year

Print Confirmation Results Here or
Affix with Tamper Evident Tape**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 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 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

7/18/25

Date Month Day Year

Print Additional Results Here or
Affix With Tamper Evident Tape**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 TechnologiesPhoenix 6.0 v8.9.9
Serial No. 22340019
Units BACTest Number 00534
Test Type (ez) Auto TestResult: **0.00**
Date: 09/08/2025
Time: 18:29Air Blank **0.00**
Time: 18:29