



**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 and Review of Ashtabula County Coroner Investigator's Report

Involves: Amber Stewart (O)

Activity Date: 09/10/2025

Activity Location: BCI Boardman - 760 Boardman-Canfield Road, Boardman, OH 44512

Authoring Agent: SA Joseph Lamping #184

Narrative:

On Wednesday, September 10, 2025, at 1324 hours, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joe Lamping (SA Lamping) received an email from Ashtabula County Coroner Investigator Amber Stewart (Stewart). The email contained a copy of Stewart's report detailing her investigation of the scene of Jerry Pegram's (Pegram) death. Stewart's report was attached to this investigative report.

Stewart noted that Pegram was pronounced deceased at 1522 hours on September 8, 2025, by Jake Rice, an EMT with the Jefferson Emergency Rescue District. The following are snippets from the narrative section of Stewart's report that detail her findings at the scene:

[REDACTED]

[REDACTED]

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In the email Stewart sent, she noted that the Cuyahoga County Medical Examiner would be conducting Pegram's autopsy, but the report would likely not be available for eight months. She also noted that the Ashtabula County Coroner's Office had contacted Pegram's next of kin to alert them of his passing.

References:

None

Attachments:

1. Ashtabula County Coroner Investigator's Report

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Ashtabula County Coroner Office
Investigator Report
25 W. Jefferson Street
Jefferson, Ohio 44047 440-576-3550

Investigator: _____

Report #: _____

Reported Date: _____

Reported Time: _____

Reported by: _____

Agency: _____

Death Date: _____

Pronounced Time: _____

Pronounced by: _____

Responded to scene: _____

Coroner Case: _____

Coroner Transport: _____

Decedent Information:

First Name: _____

MI: _____

Last Name: _____

Residential Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ SSN: [REDACTED] Sex: _____ Race: _____ Marital: _____

Height: _____ Inches Weight: _____ lbs. Hair: _____ Eyes: _____

Place of Death: _____ Other: _____

Address of death location: _____

Location of body: _____ Position: _____

Apparent Manner: _____ Additional Agencies: _____

Weapons Involved: _____ Type: _____

Autopsy: _____

Toxicology: _____ Type: _____ Blood Draw Location: _____

Date/Time Collected: (Blood or Swab) _____/_____; (Urine) _____/_____

Attending Physician: _____ Phone: _____

Other MD's: _____ Office contacted: _____

Medical History [REDACTED] _____

Medications: _____

Next of Kin:

Name: _____ Relation: _____ Notified: _____

Address: _____ Phone: _____

Funeral Home: _____ Body Bag Tag#: _____

Report #: _____

Decedent Name
First: _____ Last : _____

Narrative:

[REDACTED]

[REDACTED]

[REDACTED]