



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



2024-1015
Officer Involved Critical Incident – 100 Block 8th Street, N.E. New
Philadelphia, Ohio 44663

Investigative Activity: Evidence Collection
Involves: ██████████ ██████████ (S)
Date of Activity: 03/31/2024
Activity Location: Aultman Hospital – Business – 2600 6th Street SW, Canton, OH
44710
Author: SAS Charles Moran, #67

Narrative:

On March 31, 2024, at 2310 hours, Ohio Bureau of Criminal Investigation (BCI) Special Agent Supervisor (SAS) Chuck Moran (Moran) arrived at Aultman Hospital in Canton, Ohio. SAS Moran went to emergency room 15 and met with the Tuscarawas County Sheriff's Office (TCSO) ██████████ ██████████, who was identified as the deputy involved in the incident. Also present was TCSO Deputy Shott.

Deputy Shott informed SAS Moran that he was the union representative for TCSO deputies. Deputy Schott informed SAS Moran that ██████████ ██████████ was not going to provide a statement to BCI at that time primarily due to the injuries he sustained during the incident. Deputy Schott said ██████████ ██████████ would likely be represented by a Fraternal Order of Police (FOP) attorney.

██████████ ██████████ and Deputy Shott allowed SAS Moran to photograph ██████████ ██████████'s injuries, photograph his uniform and items, and collect relevant items. SAS Moran used Axon Capture to photograph the injuries and items. An evidence receipt was completed for the collection of the items.

SAS Moran could not collect ██████████ ██████████'s uniform pants because he was still wearing them. ██████████ ██████████ also mentioned that his right leg was injured and might be broken. SAS Moran photographed and collected the following items:

- Uniform shirt and white undershirt
- Right duty boot
- Left duty boot with black pocketknife inside
- Black sock
- Black watch

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SAS Moran photographed the following injuries on [REDACTED] [REDACTED]

- Large abrasion on left elbow
- Abrasion on left, upper head
- Cut, injury on right thumb
- Bloody left hand (reported gunshot wound to hand, but it was covered and SAS Moran did not want to disturb medical treatment)
- Right leg (reported injury)

SAS Moran provided a business card to Deputy Shott for future contact. SAS Moran left the hospital around 0000 hours.

The photographs were uploaded to evidence.com. SAS Moran downloaded the photographs from evidence.com and placed them in the Matrix case file. The photographs and evidence receipt mentioned in this report are attached.

Attachments:

- Attachment # 01: 2024-03-31 BCI Evidence Receipt – Items from Hospital
- Attachment # 02: Items_Deputy_at_Hopsital_2024-03-31_23_33_45
- Attachment # 03: Items_Deputy_at_Hopsital_2024-03-31_23_33_49
- Attachment # 04: Items_Deputy_at_Hopsital_2024-03-31_23_33_54
- Attachment # 05: Items_Deputy_at_Hopsital_2024-03-31_23_43_39
- Attachment # 06: Items_Deputy_at_Hopsital_2024-03-31_23_43_48
- Attachment # 07: Items_Deputy_at_Hopsital_2024-03-31_23_43_59
- Attachment # 08: Items_Deputy_at_Hopsital_2024-03-31_23_44_06
- Attachment # 09: Items_Deputy_at_Hopsital_2024-03-31_23_44_35
- Attachment # 10: Items_Deputy_at_Hopsital_2024-03-31_23_44_41
- Attachment # 11: Items_Deputy_at_Hopsital_2024-03-31_23_45_03
- Attachment # 12: Items_Deputy_at_Hopsital_2024-03-31_23_45_13

References:

- 007 – Uniform Shirt and Undershirt – TCSO [REDACTED] [REDACTED]
- 008 – Boot – Right – TCSO [REDACTED] [REDACTED]
- 009 – Boot – Left – TCSO [REDACTED] [REDACTED]
- 010 – Sock – TCSO [REDACTED] [REDACTED]
- 011 – Watch – Casio G-Shock – TCSO [REDACTED] [REDACTED]
- 012 – Knife – Folding knife – Smith & Wesson – TCSO [REDACTED] [REDACTED]

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Ohio Bureau of Criminal Investigation



CASE# 2024-1015

Inventory/Receipt Attachment

I received the below listed property from (person/location): TCSO [redacted] / E.R. Room 15

Item	Description	Location Found	Found by Whom
1	DEPUTY UNIFORM SHIRT, BLACK, WITH WHITE UNDERSHIRT	[redacted] / ER 15	SAC Moman
2	RIGHT DUTY BOOT, BLACK	↓	↓
3	LEFT DUTY BOOT, BLACK ^{pocho knife}	↓	↓
4	SOCK, BLACK	↓	↓
5	WATCH, 6 STRAP, BLACK	↓	↓
6	POCKET KNIFE, SMITH & WESSON	↓	↓

Signed SA [signature] #267
Inventory Agent

Date 03/31/2024

Items	Released By	Received By	Date/Time
1-5	[redacted]	SAC [signature] #267	03/31/24 (A) 2342
1-6	SAC [signature] #267	TEMP LOCKER 40	04/01/24 (B) 0518







Ohio Bureau of Workers' Compensation

Report of Injury, Occupational Disease, or Death (FRO)

Submit this form to BWC by one of the following ways: Online: www.bwc.com; Fax: 1-800-338-8332; Mail: 800 Main Building, Columbus, OH 43215

Note: If you work for a self-insured employer, submit this form to your employer's workers' comp manager.

Employer Name: [REDACTED]
 Employer Address: [REDACTED]
 Date of Injury: 3-31-24
 Date of Report: 4-28-24
 Employee Name: [REDACTED]
 Employee Address: [REDACTED]
 Date of Birth: [REDACTED]
 Social Security Number: [REDACTED]
 Job Title: [REDACTED]
 Description of Injury: [REDACTED]
 Date of Onset: [REDACTED]
 Date of Last Exposure: [REDACTED]
 Date of Last Exposure to Substance: [REDACTED]
 Date of Last Exposure to Environment: [REDACTED]
 Date of Last Exposure to Agent: [REDACTED]
 Date of Last Exposure to Hazard: [REDACTED]
 Date of Last Exposure to Risk Factor: [REDACTED]
 Date of Last Exposure to Stressor: [REDACTED]
 Date of Last Exposure to Trauma: [REDACTED]
 Date of Last Exposure to Violence: [REDACTED]
 Date of Last Exposure to Other: [REDACTED]

ON-SITE CUSTODY AND CONTROL/RESULT FORM

crystal

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

Specimen ID No: 2084773951

STEP 6a: TO BE COMPLETED BY COLLECTOR AND COMPLETED BY LABORATORY

STEP 6b: TO BE COMPLETED BY ON-SITE ANALYST

STEP 6c: TO BE COMPLETED BY ON-SITE ANALYST

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER

My determination/verification is:

Negative Positive Test Cancelled Refusal To Test because:

Adulterated Substituted

Signature of Medical Review Officer: [REDACTED]

(PRINT) Medical Review Officer's Name (First, MI, Last): [REDACTED]

Lot Number: [REDACTED]
 Expiration Date: 2/20/25

Alcohol Testing Form (Non-DOT)

VER. 2.6 4/23

Employee Name: [REDACTED]
 Employer Name: [REDACTED]
 Street: [REDACTED]
 City, ST, ZIP: [REDACTED]

Reason for Test:

Pre-Employment Post-Employment Post-Accident

Company Name: [REDACTED]
 Company Address: [REDACTED]

Test Type: Screening
 Test Date: 03/31/2024
 Test Time: 22:56:38
 Test Temperature: 14.5°C

Intoximeters ASV XL

Test Results:

Type	g/210L
BLNK	0.000
SUBJ	0.000
Test Status:	Success





Name _____
Length _____
Date _____

Weight _____

1

2

3

4

5



Transport







