



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



2025-2991

Officer Involved Critical Incident - 513 South Isabella St.,
Springfield, OH 45506 (L)

Investigative Activity: Garrity Review – Springfield PD Supplemental Reports
Involves: Springfield PD (O)
Activity Date: 10/08/2025
Activity Location: BCI – Richfield
Authoring Agent: SA Daniel P. Boerner #135

Narrative:

On Thursday, October 02, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Dan Boerner (SA Boerner) received a "ZIP file" (Reports.zip) from BCI Special Agent Supervisor (SAS) Charles Moran (SAS Moran) containing six (6) supplemental reports completed by officers of the Springfield Police Department (SPD) in regard to the Tuesday, September 16, 2025, officer-involved critical incident that occurred in Springfield, Ohio. SAS Moran requested that SA Boerner review the supplemental reports for Garrity¹ related information and to redact the Garrity related information.

On Wednesday, October 8, 2025, SA Boerner reviewed the supplemental reports for any Garrity related information and redacted any information believed to be Garrity related. After completing the Garrity redaction, the supplemental reports were uploaded to Matrix.

Please see the attached reports for further information.

References:

None

Attachments:

1. BRay IO (REDACTED).pdf
2. K Kitchen (REDACTED).pdf
3. Sgt Smith IO (REDACTED).pdf
4. Warnock IO (REDACTED).pdf
5. Z Massie IO (REDACTED).pdf
6. Supp Report (UNREDACTED).pdf

¹ Garrity v. New Jersey, 385 U.S. 493 (1967)

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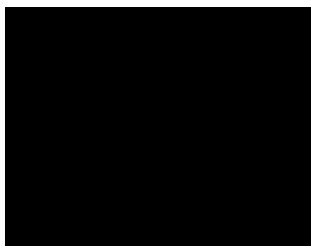


Springfield Police Division

OHIO UNIFORM INCIDENT REPORT

ADMINISTRATIVE	AGENCY NAME: Springfield Police Division				*INCIDENT NUMBER: [REDACTED]							
	*GEOCODE: Southwest				INCIDENT NATURE: Inter-Office Memo							
	TOD:		TOA:		TOC:		<input checked="" type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE					
	*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO			
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
	09	16	2025	17:03:00	09	16	2025	11:38:00	09	16	2025	11:45:00
*INCIDENT LOCATION (Street, Apt., City, State, Zip):				S Isabella St, W Clark St, Springfield, OH, 45506								

SUSPECT	*NO. 1		AGE CLASS: Adult		CATEGORY: Suspect		CHARGES FILED?					
	NAME (Last, First, Middle):				Foley, Patrick, Ray				SSN: [REDACTED]			
	ALIAS:				GANG AFFILIATION:				CELL PHONE:			
	ADDRESS (Street, Apt., City, State, Zip):				8302 GIBSON DR, FAIRBORN, OH, 45506-4532				HOME PHONE: 937-244-8012			
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):								PHONE:			
	PLACE OF BIRTH:				DL#/DL STATE: [REDACTED]		OCCUPATION/SCHOOL:					
	*Age: 37 *D.O.B: 08/15/1988		*SEX: Male		*RACE: White		*ETHNICITY: Not Hispanic or Latino		*HEIGHT: 5 ft 11 in		WEIGHT: 180	
	SUSPECT OF USING:				MARITAL STATUS:		*RESIDENT STATUS: Resident		*HAIR: Blond or Strawberry		*EYES: Blue	
	SCARS, MARKS, TATOOS:											
	ADDITIONAL DESCRIPTION:											
POTENTIAL INJURIES:												



NARRATIVE	TITLE:		NARRATIVE TYPE: Initial Narrative	
	SUPPLEMENT: No		SUPPLEMENT #:	

ORI NUMBER: OH0120200		INCIDENT NUMBER		REPORT DATE: 09/16/2025 11:38:00
NARRATIVE				
NARRATIVE DATE: 09/16/2025 17:06		OFFICER: 882 - Ray, Beau		

CLEARANCE HISTORY	CLEARANCE TYPE	CLEARANCE DATE	CLEARED BY
	Active	09/16/2025	882 - Ray, Beau

OFFICER	OFFICER	ROLE	CREATED ON
	882 - Ray, Beau	Reporting	09/16/2025
	773 - Wildeman, Anna	Approving	09/16/2025
	827 - Massie, Justin	Assigning	09/17/2025



Springfield Police Division

OHIO UNIFORM INCIDENT REPORT

ADMINISTRATIVE	AGENCY NAME: Springfield Police Division								*INCIDENT NUMBER: [REDACTED]							
	*GEOCODE:								INCIDENT NATURE: Inter-Office Memo							
	TOD: 09/16/2025 11:38:00				TOA: 09/16/2025 11:40:00				TOC:				<input checked="" type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE			
	*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO							
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME				
	09	16	2025	16:13:00	09	16	2025	11:37:00	09	16	2025	12:00:00				
	*INCIDENT LOCATION (Street, Apt., City, State, Zip):								S Isabella St, W Clark St, Springfield, OH, 45506							

SUSPECT	*NO. 1		AGE CLASS: Adult				CATEGORY: Suspect				CHARGES FILED?					
	NAME (Last, First, Middle):						Foley, Patrick, Ray						SSN: [REDACTED]			
	ALIAS:				GANG AFFILIATION:						CELL PHONE:					
	ADDRESS (Street, Apt., City, State, Zip):						8302 GIBSON DR, FAIRBORN, OH, 45506-4532						HOME PHONE: 937-244-8012			
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):												PHONE:			
	PLACE OF BIRTH:				DL#/DL STATE: [REDACTED]				OCCUPATION/SCHOOL:							
	*Age: 37 *D.O.B: 08/15/1988		*SEX: Male		*RACE: White		*ETHNICITY: Not Hispanic or Latino		*HEIGHT: 5 ft 11 in		WEIGHT: 180					
	SUSPECT OF USING:				MARITAL STATUS:		*RESIDENT STATUS: Resident		*HAIR: Blond or Strawberry		*EYES: Blue					
	SCARS, MARKS, TATOOS:															
	ADDITIONAL DESCRIPTION:															
	POTENTIAL INJURIES:															

[REDACTED]

NARRATIVE	TITLE:				NARRATIVE TYPE: Initial Narrative			
	SUPPLEMENT: No		SUPPLEMENT #:					

NARRATIVE

[REDACTED]

NARRATIVE DATE: 09/16/2025 16:11

OFFICER: 876 - Kitchen, Kristopher

PROPERTY

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

PROPERTY

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

PROPERTY

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

PROPERTY

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ORI NUMBER: OH0120200		INCIDENT NUMBER: [REDACTED]		REPORT DATE: 09/16/2025 11:37:00		
PROPERTY	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]
	[REDACTED]		[REDACTED]		[REDACTED]	
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PROPERTY	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]
	[REDACTED]		[REDACTED]		[REDACTED]	
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
PROPERTY	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]
	[REDACTED]		[REDACTED]		[REDACTED]	
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
CLEARANCE HISTORY	CLEARANCE TYPE		CLEARANCE DATE		CLEARED BY	
	Active		09/16/2025		876 - Kitchen, Kristopher	
OFFICER	OFFICER		ROLE		CREATED ON	
	876 - Kitchen, Kristopher		Reporting		09/16/2025	
	773 - Wildeman, Anna		Approving		09/16/2025	
	827 - Massie, Justin		Assigning		09/17/2025	



Springfield Police Division

OHIO UNIFORM INCIDENT REPORT

ADMINISTRATIVE	AGENCY NAME: Springfield Police Division								*INCIDENT NUMBER: [REDACTED]							
	*GEOCODE:								INCIDENT NATURE: Inter-Office Memo							
	TOD: 09/16/2025 11:45:00				TOA: 09/16/2025 11:50:00				TOC: 09/16/2025 16:20:00				<input checked="" type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE			
	*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO							
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME				
	09	18	2025	10:00:00	09	16	2025	11:40:00	09	16	2025	11:45:00				
NARRATIVE	*INCIDENT LOCATION (Street, Apt., City, State, Zip):								522 S. Isabella St., Springfield, OH, 45506							
	TITLE:								NARRATIVE TYPE: Initial Narrative							
	SUPPLEMENT: No				SUPPLEMENT #:											
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															

ORI NUMBER: OH0120200		INCIDENT NUMBER:		REPORT DATE: 09/16/2025 11:40:00
NARRATIVE DATE: 09/18/2025 09:55	OFFICER: 815 - Smith, Derek			

CLEARANCE HISTORY	CLEARANCE TYPE	CLEARANCE DATE	CLEARED BY
	Active	09/18/2025	815 - Smith, Derek

OFFICER	OFFICER	ROLE	CREATED ON
	815 - Smith, Derek	Reporting	09/18/2025
	862 - Slusser, Christopher	Approving	09/18/2025



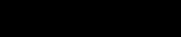
Springfield Police Division

OHIO UNIFORM INCIDENT REPORT

ADMINISTRATIVE	AGENCY NAME: Springfield Police Division								*INCIDENT NUMBER: [REDACTED]															
	*GEOCODE:								INCIDENT NATURE: Inter-Office Memo															
	TOD:				TOA:				TOC:				<input checked="" type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE											
	*REPORT DATE/TIME								*INCIDENT OCCURRED FROM								*INCIDENT OCCURRED TO							
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME												
	09	16	2025	13:19:00	09	16	2025	11:34:00	09	16	2025	11:50:00												
*INCIDENT LOCATION (Street, Apt., City, State, Zip):								S. ISABELLA ST., W. CLARK ST. ALLEY, SPRINGFIELD, OH, 45506																

NARRATIVE	TITLE:								NARRATIVE TYPE: Initial Narrative							
	SUPPLEMENT: No				SUPPLEMENT #:											
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
	[REDACTED]															
NARRATIVE DATE: 09/16/2025 13:22								OFFICER: 855 - Warnock, Brad								

CLEARANCE HISTORY	CLEARANCE TYPE	CLEARANCE DATE	CLEARED BY
	Active	09/16/2025	855 - Warnock, Brad
OFFICER	OFFICER	ROLE	CREATED ON
	855 - Warnock, Brad	Reporting	09/16/2025
	773 - Wildeman, Anna	Approving	09/16/2025
	827 - Massie, Justin	Assigning	09/17/2025



**Springfield Police Division****OHIO UNIFORM INCIDENT REPORT**

ADMINISTRATIVE	AGENCY NAME: Springfield Police Division				*INCIDENT NUMBER: [REDACTED]							
	*GEOCODE: Southwest				INCIDENT NATURE: Inter-Office Memo							
	TOD:		TOA:		TOC:		<input checked="" type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE					
	*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO			
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
	09	18	2025	13:40:00	09	16	2025	11:35:00	09	16	2025	12:00:00
*INCIDENT LOCATION (Street, Apt., City, State, Zip):				522 S. Isabella St., Springfield, OH, 45506								

SUSPECT	*NO. 1		AGE CLASS: Adult		CATEGORY: Suspect		CHARGES FILED?					
	NAME (Last, First, Middle):				Foley, Patrick, Ray				SSN: [REDACTED]			
	ALIAS:		GANG AFFILIATION:				CELL PHONE:					
	ADDRESS (Street, Apt., City, State, Zip):		8302 GIBSON DR, FAIRBORN, OH, 45506-4532				HOME PHONE: 937-244-8012					
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):						PHONE:					
	PLACE OF BIRTH:		DL#/DL STATE:		OCCUPATION/SCHOOL:							
	*Age: 37 *D.O.B: 08/15/1988		*SEX: Male		*RACE: White		*ETHNICITY: Not Hispanic or Latino		*HEIGHT: 5 ft 11 in		WEIGHT: 180	
	SUSPECT OF USING:		MARITAL STATUS:		*RESIDENT STATUS: Resident		*HAIR: Blond or Strawberry		*EYES: Blue			
	SCARS, MARKS, TATOOS:											
	ADDITIONAL DESCRIPTION:											
POTENTIAL INJURIES:												

[REDACTED]

NARRATIVE	TITLE:		NARRATIVE TYPE:	
	SUPPLEMENT: No		SUPPLEMENT #:	

[illegible]

OFFICER: 839 - Massie, Zachary

CLEARANCE HISTROY	CLEARANCE TYPE	CLEARANCE DATE	CLEARED BY
	Active	09/18/2025	839 - Massie, Zachary
OFFICER	OFFICER	ROLE	CREATED ON
	839 - Massie, Zachary	Reporting	09/18/2025
	773 - Wildeman, Anna	Approving	09/18/2025



Springfield Police Division

OHIO UNIFORM INCIDENT REPORT

ADMINISTRATIVE	AGENCY NAME: Springfield Police Division				*INCIDENT NUMBER: [REDACTED] SUP1							
	*GEOCODE: Southwest				INCIDENT NATURE: Non-Criminal							
	TOD:		TOA:		TOC:		<input checked="" type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE					
	*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO			
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
	09	16	2025	19:01:00	09	16	2025	11:34:00	09	16	2025	19:00:00
*INCIDENT LOCATION (Street, Apt., City, State, Zip):				522 S Isabella St, Springfield, OH, 45506								

SUSPECT/ARRESTEE	*NO. 1		AGE CLASS: Adult		CATEGORY: Suspect/Arrestee		CHARGES FILED?					
	NAME (Last, First, Middle):				Foley, Patrick, Ray				SSN: [REDACTED]			
	ALIAS:		GANG AFFILIATION:				CELL PHONE:					
	ADDRESS (Street, Apt., City, State, Zip):		8302 GIBSON DR, FAIRBORN, OH, 45506-4532				HOME PHONE: 937-244-8012					
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):						PHONE:					
	PLACE OF BIRTH:		DL#/DL STATE: [REDACTED]		OCCUPATION/SCHOOL:							
	*Age: 37 *D.O.B: 08/15/1988		*SEX: Male		*RACE: White		*ETHNICITY: Not Hispanic or Latino		*HEIGHT: 5 ft 11 in		WEIGHT: 180	
	SUSPECT OF USING:		MARITAL STATUS:		*RESIDENT STATUS: Resident		*HAIR: Blond or Strawberry		*EYES: Blue			
	SCARS, MARKS, TATOOS:											
	ADDITIONAL DESCRIPTION:											
	POTENTIAL INJURIES:											
	ARREST INFORMATION					ARREST DISPOSITION:						
	ARREST DATE/TIME:		ARRESTING OFFICER:			INC TRACKING NUMBER: [REDACTED]						
	ARREST LOCATION (Street, Apt., City, State, Zip):											
	*ARRESTEE ARMED WITH:		CASE #:			DISPOSITION:						
FINGERPRINTED: No		FINGERPRINT CARD NO.:		IS PHOTOS TAKEN: No		NO. TAKEN:		PHOTO ID NO.:		FBI/BCI#:		
*MULTIPLE ARRESTEE SEGMENTS INDICATOR:		MIRANDA WITNESSED BY:			BAIL: 0		TIME READ:					

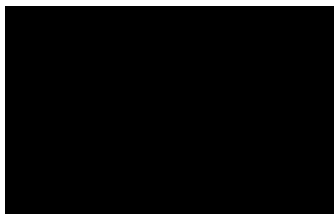
VICTIM	*NO. 1	TOTAL VICTIMS: 5	VICTIM TYPE: Individual		VICTIM IS ALSO THE REPORTTEE : No
	NAME (Last, First, Middle): Ray, Beau, J				
	ADDRESS (Street, Apt., City, State, Zip): 130 North Fountain Ave, Springfield, OH, 45502		CELL PHONE:	HOME PHONE:	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip): SPRINGFIELD POLICE DIVISION, 130 N Fountain Avenue, Springfield, OH, 45502		PHONE: 937-324-7685		
	*AGE: 28 D.O.B: 12/31/1996	*SEX: Male	*RACE: White	*ETHNICITY: Not Hispanic or Latino	
	HGT:	WGT:	HAIR: Brown	EYES: Blue	DL#/DL STATE: /
	OCCUPATION/SCHOOL: SPRINGFIELD POLICE		SSN:	*RESIDENT STATUS: Other Status	
	VICTIM INJURED? No	IF INJURED, DESCRIBE INJURIES:			
	*AGG. ASSAULT/ HOMICIDE CIRC.:	*VICTIM/SUSPECT RELATIONSHIP:		*VICTIM/OFFENSE LINK:	
	OFFICER CIRCUMSTANCE:				
OFFICER ASSIGNMENT TYPE:					
OFFICER ORI:					
My signature verifies that the information on this report is accurate and true				DATE:	

VICTIM	*NO. 2	TOTAL VICTIMS: 5	VICTIM TYPE: Individual		VICTIM IS ALSO THE REPORTTEE : No
	NAME (Last, First, Middle): MASSIE, ZACHARY				
	ADDRESS (Street, Apt., City, State, Zip): 130 N FOUNTAIN AVE, SPRINGFIELD, OH, 45502		CELL PHONE:	HOME PHONE:	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip): SPRINGFIELD POLICE DIVISION, 130 N FOUNTAIN AVE, SPRINGFIELD, OH, 45502		PHONE: 937-324-7685		
	*AGE: 32 D.O.B: 06/24/1993	*SEX: Male	*RACE: Caucasian - Non-Hispanic	*ETHNICITY: Not Hispanic or Latino	
	HGT:	WGT:	HAIR:	EYES:	DL#/DL STATE: /
	OCCUPATION/SCHOOL:		SSN:	*RESIDENT STATUS:	
	VICTIM INJURED? No	IF INJURED, DESCRIBE INJURIES:			
	*AGG. ASSAULT/ HOMICIDE CIRC.:	*VICTIM/SUSPECT RELATIONSHIP:		*VICTIM/OFFENSE LINK:	
	OFFICER CIRCUMSTANCE:				
OFFICER ASSIGNMENT TYPE:					
OFFICER ORI:					
My signature verifies that the information on this report is accurate and true				DATE:	

VICTIM	*NO. 3	TOTAL VICTIMS: 5	VICTIM TYPE: Individual		VICTIM IS ALSO THE REPORTTEE : No
	NAME (Last, First, Middle): [REDACTED]				
	ADDRESS (Street, Apt., City, State, Zip): 130 N FOUNTAIN AVE, SPRINGFIELD, OH, 45502		CELL PHONE:	HOME PHONE: 937-324-7685	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip): Springfield Police Department, 130 N FOUNTAIN AVE, SPRINGFIELD, OH, 45502		PHONE: 937-324-7685		
	*AGE: [REDACTED] D.O.B: [REDACTED]	*SEX: Male	*RACE: White	*ETHNICITY: [REDACTED]	

ORI NUMBER: OH0120200		INCIDENT NUMBER: [REDACTED]-SUP-1		REPORT DATE: 09/16/2025 11:34:00	
VICTIM	HGT: [REDACTED]	WGT: [REDACTED]	HAIR: [REDACTED]	EYES: [REDACTED]	DL#/DL STATE: /
	OCCUPATION/SCHOOL:		SSN:	*RESIDENT STATUS: Resident	
	VICTIM INJURED? No	IF INJURED, DESCRIBE INJURIES:			
	*AGG. ASSAULT/ HOMICIDE CIRC.:	*VICTIM/SUSPECT RELATIONSHIP:	*VICTIM/OFFENSE LINK:		
	OFFICER CIRCUMSTANCE:				
	OFFICER ASSIGNMENT TYPE:				
	OFFICER ORI:				
	My signature verifies that the information on this report is accurate and true				DATE:

VICTIM	*NO. 4	TOTAL VICTIMS: 5	VICTIM TYPE: Individual		VICTIM IS ALSO THE REPORTTEE : No
	NAME (Last, First, Middle): Kitchen, Kristopher, S				
	ADDRESS (Street, Apt., City, State, Zip): 130 N FOUNTAIN AVE, SPRINGFIELD POLICE HEADQUARTERS, Springfield, OH, 45502		CELL PHONE:	HOME PHONE:	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip): SPRINGFIELD POLICE, 130 N FOUNTAIN AVE, SPRINGFIELD, OH, 45502		PHONE: 937-324-7685		
	*AGE: 29 D.O.B: 08/08/1996	*SEX: Male	*RACE: Caucasian - Non-Hispanic	*ETHNICITY: Not Hispanic or Latino	
	HGT: 5 ft 10 in	WGT: 185	HAIR: Brown	EYES: Blue	DL#/DL STATE: /
	OCCUPATION/SCHOOL: Police Officer (SPD)		SSN:	*RESIDENT STATUS: Resident	
	VICTIM INJURED? No	IF INJURED, DESCRIBE INJURIES:			
	*AGG. ASSAULT/ HOMICIDE CIRC.:	*VICTIM/SUSPECT RELATIONSHIP: No relationship - Foley, Patrick	*VICTIM/OFFENSE LINK:		
	OFFICER CIRCUMSTANCE:				
	OFFICER ASSIGNMENT TYPE:				
	OFFICER ORI:				
My signature verifies that the information on this report is accurate and true				DATE:	



VICTIM	*NO. 5	TOTAL VICTIMS: 5	VICTIM TYPE: Individual		VICTIM IS ALSO THE REPORTTEE : No
	NAME (Last, First, Middle): Emory, Off. J.				
	ADDRESS (Street, Apt., City, State, Zip): 130 N Fountain Ave, Springfield, OH		CELL PHONE:	HOME PHONE:	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):		PHONE:		
	*AGE: 32 D.O.B: 06/30/1993	*SEX:	*RACE: White	*ETHNICITY:	
	HGT:	WGT:	HAIR:	EYES:	DL#/DL STATE: /
	OCCUPATION/SCHOOL:		SSN:	*RESIDENT STATUS:	

ORI NUMBER: OH0120200		INCIDENT NUMBER	SUP-1	REPORT DATE: 09/16/2025 11:34:00
VICTIM	VICTIM INJURED? No	IF INJURED, DESCRIBE INJURIES:		
	*AGG. ASSAULT/ HOMICIDE CIRC.:	*VICTIM/SUSPECT RELATIONSHIP:	*VICTIM/OFFENSE LINK:	
	OFFICER CIRCUMSTANCE:			
	OFFICER ASSIGNMENT TYPE:			
	OFFICER ORI:			
My signature verifies that the information on this report is accurate and true				DATE:

NARRATIVE	TITLE:		NARRATIVE TYPE: Initial Narrative	
	SUPPLEMENT: No	SUPPLEMENT #:		
	<p>On September 16, 2025, several officers including officers Z. Massie and B. Ray assisted [REDACTED] with a traffic stop near the area of E Perrin Ave/S Limestone St.</p> <p>Patrick Ray Foley the operator of the vehicle that was stopped by [REDACTED] attempted to flee from the traffic stop which resulted in him sustaining facial injuries due to him falling on to the pavement. After sustaining said injuries [REDACTED] Z. Massie, and B. Ray rendered aid to Mr. Foley in an attempt to control the injuries until medics arrived on scene. Eventually, officers were informed that medics were dealing with several other matters and would be a substantial amount of time before they could respond to E Perrin Ave/S Limestone St which resulted in officers transporting Mr. Foley themselves via there emergency vehicle.</p> <p>Upon Mr. Foley arriving at Springfield Regional Medical Center he was briefly treated before he was ultimately transported to Miami Valley Hospital for further treatment/evaluation. In the midst of Mr. Foley being treated/evaluated it was discovered that he in fact is a [REDACTED]</p> <p>Although Officers Massie and B. Ray were wearing gloves at the time they were rendering aid and extracting Mr. Foley from the pavement blood from Mr. Foley's facial injuries made contact with the arms Officers Z. Massie and B. Ray, additionally blood made contact with the hands of [REDACTED]</p> <p>Nothing further to report at this time.</p>			
	NARRATIVE DATE: 09/16/2025 19:30		OFFICER: 897 - Rippley, Aaron	

NARRATIVE	TITLE: Supplement		NARRATIVE TYPE: Supplement	
	SUPPLEMENT: No	SUPPLEMENT #:		
	<p>On 9-17-2025 at approximately 0830hrs, I was notified that Off. Kitchen and Det. Emory were exposed to [REDACTED] during this incident. Both Officers were on scene and were assisting with helping the Suspect, Patrick Foley to the Hospital. Off. Kitchen got blood on his pants, boots, and possible little specks of blood about his arms. Det. Emory got blood onto one of his hands with possible small specks about his arms. [REDACTED] Det. Emory at this time has not been to the Hospital.</p>			
NARRATIVE DATE: 09/17/2025 09:49		OFFICER: 800 - Osborne, Jerrod		

CLEARANCE HISTROY	CLEARANCE TYPE	CLEARANCE DATE	CLEARED BY
	Active	09/16/2025	897 - Rippley, Aaron

OFFICER	OFFICER	ROLE	CREATED ON
	897 - Rippley, Aaron	Reporting	09/16/2025
	773 - Wildeman, Anna	Approving	09/16/2025
	800 - Osborne, Jerrod	Reporting	09/17/2025
	800 - Osborne, Jerrod	Approving	09/17/2025
	833 - Miller, Kevin	Investigating	09/17/2025