

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



2023-2730

Officer Involved Critical Incident – 4312 Helena Avenue, Youngstown, OH 44512, Mahoning County

Investigative Activity: Records Received, Review of Records

Involves: Ricco Acevedo (S)

Date of Activity: 02/13/2024

Author: SA John P. Tingley, #154

Narrative:

On Tuesday, February 14, 2024, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) John Tingley (Tingley) received an email from Kathryn Grossman of the Mahoning County Coroner's Office. The email correspondence consisted of the autopsy report from the Cuyahoga County Coroner's Office for Ricco Acevedo (Acevedo).

The information deemed to be the most relevant to this inquiry is summarized below for the convenience of the reader. However, as the author is not a doctor, it is suggested that the report be viewed in its entirety to ensure no pertinent information has been omitted or described out of context.

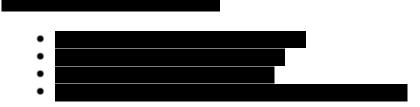
SA Tingley reviewed the autopsy report and noted the following:

This autopsy report was authored by Kaitlin Weaver, D.O, Forensic Pathologist.

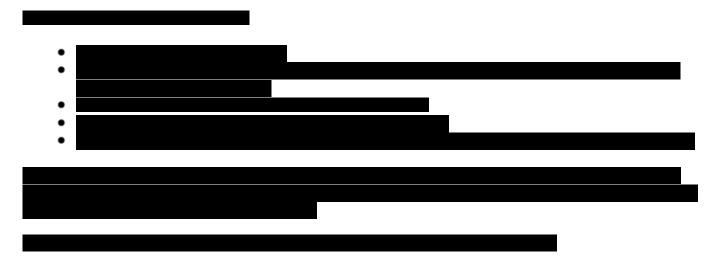
The "REPORT OF AUTOPSY" SECTION of the report listed the following relevant information:

An autopsy was performed by Kaitlin Weaver, D.O. on October 13, 2023 at 0910 hours at the Cuyahoga County Medical Examiner's Office.

ANOTOMIC DIAGNOSES:



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The "TOXICOLOGY" SECTION of the report listed the following relevant information:

The Cuyahoga County Regional Forensic Science Laboratory reported on November 27, 2023 the following:

EVIDENCE COLLECTED

The following items of evidence were collected by the Cuyahoga County Coroner's Office and were released to BCI SA Goudy who took the items of evidence and placed the evidence into the evidence room at the BCI Richfield Office. The following is the list of the evidence items:

- one adhesive stub for gunshot residue examination from the hands
- one swab from under the fingernails of the right hand
- one swab from under the fingernails of the left hand
- two swabs from knuckles and palms of the right hand
- two swabs from knuckles and palms of the left hand
- two swabs from right wrist
- two swabs from left wrist
- two swabs from the neck
- one pair of black pants
- one pair of black with white trim underwear
- one blue calf length sock
- one blue calf length sock
- one right black shoe
- one left black shoe
- blood stain card
- buccal swabs
- reference pubic hair
- projectile (whole) from back

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Please refer to the attached autopsy report for further details.

Attachments:

Attachment # 01: 2023-2730 AUTOPSY REPORT

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Reg. Dist. No. 5001

Ohio Department of Health VITAL STATISTICS

Supplementary Medical Certification

State File No. 2023100626

2087992

Registrar's No. 5000-2023002927 Name of Deceased RICCO ACEVEDO Date of Death OCTOBER 12, 2023 Place of Death **OTHER** 23. Local Registrar **FEBRUARY 02, 2024 ERIN BISHOP** 26a. Certifier (Check only one) Certifying Physician
To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. X Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the causa(s) and manner stated. 25d, Was Case referred to Coroner? 26b. Time of Death 26c. Date Pronofinced Dead (Month/Day/Year) YES **OCTOBER 12, 2023** 10:04 26g. Date Signed (TELL) 26f. Licenza number 26e, Certifler Name and Title **FEBRUARY 02, 2024** MD 35.060712 KENNEDY, DAVID M 27. Name and Address of Person who Completed Cause of Death YOUNGSTOWN, OH, 44502 KENNEDY, DAVID M, 345 OAK HILL AVE #320 28. Part I. Enter the disease, injuries, or complications that cassed the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure.

List only one cause on each line. Type or print in permanent black ink. Approximate Interval Between Onset and Doath **MINUTES** immodiate Cause (Final disease or condition GUNSHOT WOUNDS OF THE LEFT UPPER EXTREMITY AND CHEST resulting in death) Sequentially fist b. Due to (or as Consequence of conditions, if any, leading to the immediate cause. c. Due to (or as Consequence of) Enter Underlying Cause Last (Disease or injury that initiated events resulting in a death) d. Due to (or as Consequence of) 29b. Were Autopsy Findings Available Prior to completion of Cause of Death? 29a. Was an Autopsy Performed? YES Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. YES 32. Manner of Death 30. Did Tobacco Use Contribute to 31. If Female, Prognancy Status HOMICIDE NOT APPLICABLE. NO 33c. Place of injury (e.g., Decedent's home, construction site, restaurant, wooded area) 33d. Injury at Work? 33e. Date of Injury (Month/Day/Year) 33b. Time of Injury OCTOBER 12, 2023 NO RESIDENCE OF ANOTHER 09:43 33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)
4312 HELENA AVENUE, YOUNGSTOWN, OHIO

HEA 2752

33f. Describe How Injury Occurred:

THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS

Required by section 3705.27 of the Ohio Revised Code



SHOT BY POLICE OFFICER

2087992



33g. If Transportation Injury, Specify:

Ohio Department of Health VITAL STATISTICS CERTIFICATE OF DEATH

State File No. 2023100626

1.Decedent's Legal Name (est, Suffix)	(Include	AKA'a if an	y)					ALE	ОСТО	DBEF	Month/Day/Ye R 12, 202
4. Social Security Number		5b. Under 1 Vionths	Year Days	Sc. Under Hours	1 day Minutes	6, Date of Birth(I DECEMBER			Birthplace(C				y)
8a. Residence State OHIO		86. C	HON	IING		n	80 B	OARE	OMAN				
8d. Street Address and Zip 5300 MARKET	ST. APT.					CITE OF THE PERSON OF THE PERS				NO	us Arme		37
10. Marital Status at Time of DIVORCED (AN		EMAR	RIFF))		11. Surviving S	pouse's	Name (If w	vite, give nam	e prior to tirs	a mamage	,	
12. Decedent's Education HIGH SCHOOL				D	YES -	edent of Hispanic RUERTO RI		The second second	edent's Race NOWN				
15. Father's Name WILFREDO AC	EVEDO			(16. Mother's N CHRIST	INE I	DILLO	N			. I thunk	er, City, State, Zip
17a. Informant's Namo ALYIAH ACEVE	DO		6	2 6		17b. Relations DAUGH		cedent	2030	ng Address WOLO: ND, OH	SYN C	IR 1	n, ony, alam, al
18a. Place of Death RESIDENCE O	nstitution, give	AN OV street & nur	VNL nber)		-	18c. City or To	own, State	and Zip	Code		110 44	18d. C	ounty of Death
4312 HELENA A 19. Funeral Service Licens		ent		_	20.	YOUNG:			21. Name	and Comple	ete Addres	s of Fun	eral Facility
BETH A NICHO	LAS		_			0203			614 V	VARRE	N AVE		OME LLC
CREMATION - W	ESTERN	RESER	VE CI	REMATI	ON SI	ERVICE, ST	RUTH	IERS,		s, OH 4			
23. Local Registrar ERIN BISHOP							24. Date	Filed (Mo	onth/Day/Year	1			
	fying Physiclar	: To the best	of my kno	owledge, death	occurred s	et the time, date, and	place; and	due to the o	cause(s) and me	nner stated.			
Coro	ner or Medical	Examiner: C				Investigation, in my o		th occurred	et the time, dat	e, and place; a	nd due to th	e cause(s)	and manner stat
26b. Time of Death 10:04				26c. Date Pr OCTOE	enounce	d Deed (Month/Da 2, 2023	ay/Year)		YES				xaminer or Co
26e, Certifier Name and T				-	MD		26f. Li	60712	nber 2	26g. Date S OCTO	Signed (Mo BER 1	nth/Day 7, 20	70ar) 23
DAVID M, KENI 27. Name and Address of	Person who Co	mpleted Ca	use of C	Death			_			00.0			
DAVID M. KENI 28. Part I. Enter the disease	JEDY 24	FOAK	HII I	AVE :	#320,	YOUNGS	TOW	N, OH	44502 ary arrest, shock	or heart failur	o, List	Approx	imate Interval: and Death
Immediate Cause a	PENDING	or print in pern	nenent bli	ue or black ink	of Grazy and	ando or dying, acc.	, S 55 (MINI	3.000				Onset	and Death
(Final disease or condition resulting in death)	0.00											-	
Sequentially list b conditions, if any, leading to immediate	Due to (or as	Consequen	ce of)										
cause. Enter Underlying Cause	Due to (or as	Consequen	ce of)										
(Disease or injury that initiated events resulting d in a death)	. Due to (or as	Consequen	ce of)		_	_				-			_
Part II. Other significant conditi	ons contributing to	doeth but not	resulting	in the underly	ing cause g	pven in Part I.	_		29a. Was	An Autopsy	29b. W	ere Auto	psy Findings A stion Of Cause
									YES		Death?		
30, Did Tobacco Use Con	inbute to Death		TAP	Pregnancy PPLICA	BLE.				1.7	ING IN			
33a. Date of Injury (Mo/Da	sy/Year) 33t	. Time of In				.g., Decedent's h	ome, con	struction s	site, restaurar	it, wooded a	rea)		33d. Injury at V
33e. Location of Injury (St	reet and Numb	er or Rural I	Route N	lumber, City	or Town,	State)							
33f. Describe How Injury (Occarmed.								3	3g. If Transp	ortation In	jury, Spo	ecity:





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