



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.

[REDACTED]

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:

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law – a statute, an administrative rule, or any rule of procedure.

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

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:

[REDACTED]

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

Registrar's No. 5000-2023002927

2087992

Name of Deceased RICCO ACEVEDO			
Place of Death OTHER		Date of Death OCTOBER 12, 2023	
23. Local Registrar ERIN BISHOP		24. Date Filed FEBRUARY 02, 2024	
26a. Certifier (Check only one) <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.			
26b. Time of Death 10:04		26c. Date Pronounced Dead (Month/Day/Year) OCTOBER 12, 2023	26d. Was Case referred to Coroner? YES
26e. Certifier Name and Title KENNEDY, DAVID M MD		26f. License number 35.060712	26g. Date Signed FEBRUARY 02, 2024
27. Name and Address of Person who Completed Cause of Death KENNEDY, DAVID M, 345 OAK HILL AVE #320, YOUNGSTOWN, OH, 44502			
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	GUNSHOT WOUNDS OF THE LEFT UPPER EXTREMITY AND CHEST		MINUTES
Sequentially list conditions, if any, leading to the immediate cause.	b. Due to (or as Consequence of)		
Enter Underlying Cause Last (Disease or Injury that initiated events resulting in a death)	c. Due to (or as Consequence of)		
	d. Due to (or as Consequence of)		
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		29a. Was an Autopsy Performed? YES	29b. Were Autopsy Findings Available Prior to completion of Cause of Death? YES
30. Did Tobacco Use Contribute to Death? NO	31. If Female, Pregnancy Status NOT APPLICABLE.	32. Manner of Death HOMICIDE	
33a. Date of Injury (Month/Day/Year) OCTOBER 12, 2023	33b. Time of Injury 09:43	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) RESIDENCE OF ANOTHER	33d. Injury at Work? NO
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 4312 HELENA AVENUE, YOUNGSTOWN, OHIO			
33f. Describe How Injury Occurred: SHOT BY POLICE OFFICER			33g. If Transportation Injury, Specify:

HEA 2752
Rev. 03/18

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



2087992



2023100626

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 5001
Registrar's No.

State File No. 2023100626

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) RICCO ACEVEDO					2. Sex MALE	3. Date of Death (Month/Day/Year) OCTOBER 12, 2023
	4. Social Security Number [REDACTED]	5a. Age (Years) 45	5b. Under 1 Year Months	5c. Under 1 day Hours	5d. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) DECEMBER 23, 1977	7. Birthplace (City and State or Foreign Country) YOUNGSTOWN, OHIO
	8a. Residence State OHIO		8b. County MAHONING		8c. City or Town BOARDMAN		
	8d. Street Address and Zip Code 5300 MARKET ST. APT. 9 44512					9. Ever in US Armed Forces? NO	
10. Marital Status at Time of Death DIVORCED (AND NOT REMARRIED)					11. Surviving Spouse's Name (If wife, give name prior to first marriage)		
12. Decedent's Education HIGH SCHOOL GRADUATE OR GED				13. Decedent of Hispanic Origin YES - PUERTO RICAN	14. Decedent's Race UNKNOWN		
15. Father's Name WILFREDO ACEVEDO				16. Mother's Name (prior to first marriage) CHRISTINE DILLON			
17a. Informant's Name ALYIAH ACEVEDO				17b. Relationship to Decedent DAUGHTER	17c. Mailing Address (Street and Number, City, State, Zip Code) 2030 WOLOSYN CIR 1 POLAND, OHIO 44514		
18a. Place of Death RESIDENCE OTHER THAN OWN				18b. Facility Name (If not institution, give street & number) 4312 HELENA AVE		18c. City or Town, State and Zip Code YOUNGSTOWN, OH 44512	18d. County of Death MAHONING
19. Funeral Service Licensee or Other Agent BETH A NICHOLAS				20. License Number (of licensee) 010203		21. Name and Complete Address of Funeral Facility WM NICHOLAS FUNERAL HOME LLC 614 WARREN AVE NILES, OH 44446	
22. Method and Place of Disposition CREMATION - WESTERN RESERVE CREMATION SERVICE, STRUTHERS,				23. Local Registrar ERIN BISHOP			
24. Date Filed (Month/Day/Year)				25. Date of Death (Month/Day/Year)			
DISPOSITION	26a. Certifier (Check only one) <input type="checkbox"/> 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.						
	<input checked="" type="checkbox"/> Coroner or Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.						
	26b. Time of Death 10:04	26c. Date Pronounced Dead (Month/Day/Year) OCTOBER 12, 2023			26d. Was Case Referred to Medical Examiner or Coroner? YES		
26e. Certifier Name and Title DAVID M. KENNEDY MD		26f. License number 35.060712		26g. Date Signed (Month/Day/Year) OCTOBER 17, 2023			
27. Name and Address of Person who Completed Cause of Death DAVID M. KENNEDY, 345 OAK HILL AVE #320, YOUNGSTOWN, OH 44502							
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.							
Immediate Cause (Final disease or condition resulting in death)		a. PENDING					Approximate Interval: Onset and Death
Sequentially list conditions, if any, leading to immediate cause.		b. Due to (or as Consequence of)					
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)					
		d. Due to (or as Consequence of)					
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					29a. Was An Autopsy Performed? YES	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? NO	
30. Did Tobacco Use Contribute to Death? NO		31. If Female, Pregnancy Status NOT APPLICABLE.			32. Manner of Death PENDING INVESTIGATION		
33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			33d. Injury at Work?		
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)							
33f. Describe How Injury Occurred:					33g. If Transportation Injury, Specify:		



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JUN 21 1964

