



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



2022-1090  
 Officer-Involved Critical Incident - Cora Baughman

Investigative Activity: Records Received; Document Review; Medical Records Review  
 Involves: Cora Baughman (S)  
 Activity Date: 5/25/2022  
 Activity Location: University Hospital Portage Medical Center  
 Authoring Agent: Arvin E. Clar #127

**Narrative:**

On Wednesday, May 25, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Arvin Clar (Clar) received the subject's (Cora Baughman) medical records from University Hospital Portage Medical Center. The records were obtained pursuant to a search warrant.

On May 25, 2022, a search warrant was obtained and signed by acting Portage Municipal Judge Silver, requesting medical records of the subject, Cora Baughman (Baughman).

On same date, the search warrant was presented to University Hospital Portage Medical Center's Custodian of Records.

SA Clar reviewed the medical records and noted the following:

[REDACTED]

The following injuries were noted and reported by the attending medical staff:

[REDACTED]

[REDACTED]

The medical report also stated the "[REDACTED]"



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The disposition of the received medical findings reported “ [REDACTED] ”

The University Hospital Portage Medical Center's medical records consisted of 64 pages.

The medical records obtained are attached to this report, as well as a copy of the search warrant. Please refer to the attachment for further details.

The digital records supplied by University Hospital have been placed in the case file for further reference.

















































































































































STATE OF OHIO                    )        IN THE PORTAGE COUNTY MUNICIPAL COURT  
COUNTY OF PORTAGE        )        SEARCH WARRANT

**TO: OHIO ATTORNEY GENERAL DAVE YOST AND SPECIAL AGENT  
ARVIN E. CLAR, OHIO BUREAU OF CRIMINAL INVESTIGATION,  
AND/OR ANY OTHER LAW ENFORCEMENT OFFICERS AS  
AUTHORIZED.**

Whereas there has been filed with me an affidavit, a copy of which is attached hereto,

Designated as Exhibit A, and incorporated herein as though fully re-written, wherein the affiant avers that he believes and has good cause to believe that a within the premises known as University Hospital, located at Portage Medical Center, 6847 N. Chestnut St., Ravenna, Ohio 44266, Portage County, Ohio, and further described as a healthcare facility / hospital, there is now being kept, concealed, and possessed the following evidence of a criminal offense:

**Any and all medical records starting from the date of treatment on May 14, 2022 through present, for Cora A. Baughman, DOB: 4/18/1956, Social Security # [REDACTED] including but not limited to, toxicology records/reports, treating physician records, photographs, blood test, correspondence, x-rays, progress notes, written statements, reports, test results, practitioner notes, and other records relevant to the patient's care, which are evidence of the following criminal offense: Felonious Assault ORC # 2903.11.**

I am satisfied that there is probable cause to believe the property described is being maintained within the above-described premises and that grounds for issuance of the search warrant exist.

THEREFORE: You are hereby commanded in the name of the State of Ohio, with the necessary and proper assistance, to serve this warrant and search forthwith for the property specified, and if the property specified, and if the property or any part thereof be found there, you are commanded to seize it, leaving a copy of this warrant and receipt for the property taken, to prepare a written inventory of the property seized, to return this warrant to the under-signed or any Judge of the Portage County Municipal Court, Portage County, and to bring the property found on such search forthwith before said Judge, or some other judge or magistrate of the county having cognizance thereof.

Given under my hand the 25<sup>th</sup> day of May, 2022



*Acting* Judge, Portage County Municipal Court

Portage County, Ohio

STATE OF OHIO                    )        IN THE PORTAGE COUNTY MUNICIPAL COURT  
COUNTY OF PORTAGE        )        SEARCH WARRANT

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**Any and all medical records starting from the date of treatment on May 14, 2022 through present, for Cora A. Baughman, DOB: 4/18/1956, Social Security # [REDACTED] including but not limited to, toxicology records/reports, treating physician records, photographs, blood test, correspondence, x-rays, progress notes, written statements, reports, test results, practitioner notes, and other records relevant to the patient's care, which are evidence of the following criminal offense: Felonious Assault ORC # 2903.11.**

I am satisfied that there is probable cause to believe the property described is being maintained within the above-described premises and that grounds for issuance of the search warrant exist.

STATE OF OHIO

PORTAGE COUNTY MUNICIPAL COURT

CRIMINAL DIVISION

SS: AFFIDAVIT IN SUPPORT OF SEARCH WARRANT

Before me a Judge of the Portage County Municipal Court, personally appeared the undersigned, Special Agent Arvin Clar, Badge #127, who being first duly sworn, deposes and says that he has been a Special Agent with the Ohio Bureau of Criminal Investigation (BCI) for over 14 years. Prior to that, Affiant was a police officer for the City of Cleveland for 30 years, including 27 years in the Detective Sections and over 19 years assigned to the Financial Crime Unit. In Affiant's more than 40 years of law enforcement experience, Affiant has investigated thousands of cases for all manner of violations of Ohio law, including felonious assault, attempted murder and aggravated robbery.

Affiant avers that he believes and has probable cause to believe, that within the premises known as University Hospital at Portage Medical Center, 6847 N. Chestnut St., Ravenna, Ohio 44266, Portage County, Ohio, and further described as a healthcare facility / hospital, there is now being kept, concealed, and possessed the following evidence of a criminal offense:

Any and all medical records starting from the date of treatment on May 14, 2022 through present, for Cora A. Baughman, DOB: 4/18/1956, Social Security # [REDACTED] including but not limited to, toxicology records/reports, treating physician records, photographs, blood test, correspondence, x-rays, progress notes, written statements, reports, test results, practitioner notes, and other records relevant to the patient's care, which are evidence of the following criminal offense: Felonious Assault ORC # 2903.11.

The facts upon which Affiant bases such belief are as follows:

1. Affiant avers that on May 14<sup>th</sup>, 2022, at approximately 0933 hrs., Cora Baughman (Baughman), was observed by persons residing at 8643 Werber Rd., Garrettsville, Ohio attempting to gain entry into their home. The persons who resided at the dwelling observed the subject, Baughman having a firearm. The owner of the dwelling, using his cell phone, obtained a photograph of the subject in his garage pointing a gun at

but not limited to, toxicology records/reports, treating physician records, photographs, blood test, correspondence, x-rays, progress notes, written statements, reports, test results, practitioner notes, and other records relevant to the patient's care, which are evidence of the following criminal offense: Felonious Assault ORC # 2903.11.

7. Affiant avers that this search warrant is necessary since Ohio law precludes law enforcement from obtaining such records by grand jury subpoena pursuant to *Turk v. Oiler*, 732 F. Supp.2d 758, 2010 WL3211680 (August 11, 2010, N.D. Ohio).

FURTHER AFFIANT SAYETH NAUGHT.



Arvin Clar

Special Agent # 127

Ohio Bureau of Criminal Investigations

Sworn to before me and subscribed in my presence on May 25, 2022



Acting Judge, Portage County Municipal Court

Portage County, Ohio



# University Hospitals

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Records to be released from:

- Cleveland Medical Center  Ahuja  Bedford  Conneaut  Elyria  Geneva  Geauga  Parma   
 Portage  Richmond  UH Home Care  UHPS  Samaritan  St. John

Patient Name BAUGHMAN CORA  
 (Please Print) Last First M/I  
 Date of Birth 4-18-1956 Social Security Number (last four digits) 6310  
 Address 8657 WERBER RD Phone Number (\_\_\_\_) - \_\_\_\_  
GARRETSVILLE, OHIO Medical Record Number \_\_\_\_  
44231 Prior MR # \_\_\_\_

Treatment Date(s) 5/19/2022

Please Release Medical Information to the Following Recipient:  
 Name of Person or Organization ARVIN CLINIC (BCI) Phone # 330 573 5808  
 Address 4055 HIGHLANDER PARKWAY Mallstop \_\_\_\_  
RICHFIELD OHIO 44286 Fax # \_\_\_\_  
 City State Zip Code

Purpose of Disclosure  at the patient's request

**Description of Information to be Released:**

<input checked="" type="checkbox"/> Pertinent Summary (Includes all * items)	<input checked="" type="checkbox"/> Facesheet / Demographics	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Admission Form	<input checked="" type="checkbox"/> Lab Reports	<input type="checkbox"/> Entire Record
<input checked="" type="checkbox"/> *Discharge Summary	<input type="checkbox"/> *Radiology Report	<input type="checkbox"/> Physician's Notes
<input checked="" type="checkbox"/> *Emergency Room Report	<input type="checkbox"/> *EKG Report	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> *History & Physical	<input type="checkbox"/> *Pathology Report	_____
<input type="checkbox"/> *Consultation Report	<input type="checkbox"/> *Card Cath Report	_____
<input type="checkbox"/> *Operative Report		

I, the undersigned, authorize \_\_\_\_\_ (Disclosing Institution) and its employees to release information from my medical records as described above. I understand and acknowledge that the medical record may contain information regarding psychiatric disorders, Human Immune Virus (HIV) test results, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related conditions, alcohol, and/or drug dependence/abuse. I also understand that information used or disclosed according to this authorization may be subject to redisclosure by the recipient and may no longer be protected. My failure to sign this authorization may result in my information not being released.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: \_\_\_\_\_. If I fail to specify an expiration date, event or condition, this authorization will expire in one year.

I understand that treatment, payment, enrollment, or eligibility for benefits will not be conditioned on my failure to sign this authorization.

I understand there may be charges for the copying and release of information and accept financial responsibility.

X \_\_\_\_\_ Signature of Patient/Legal Representative\*\* Date Signed \_\_\_\_\_

\_\_\_\_\_  
 Description of Legal Representative's Authority to Act on Behalf of Patient (if applicable)  Patient unable to sign

By signing this form as the patient's legal representative, I am certifying that there is no court order or other legal reason (such as a binding arbitration decision or final mediation agreement) prohibiting me from obtaining a copy of the requested records. This box must be checked for ALL releases of records authorized by legal representatives.

\*\*If other than patient's signature, a copy of legal documents MUST accompany the authorization when presented; the exception is a parent of minors under 18 years of age.





# University Hospitals

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Records to be released from:

- Cleveland Medical Center  Ahuja  Bedford  Conneaut  Elyria  Geneva  Geauga  Parma
- Portage  Richmond  UH Home Care  UHPS  Samaritan  St. John

Patient Name BAUGHMAN CORA  
 (Please Print) Last First M/I

Date of Birth 4-18-1956 Social Security Number (last four digits) 6310

Address 8657 WERGER RD Phone Number (\_\_\_\_)-\_\_\_\_  
GARRETSVILLE, OHIO Medical Record Number \_\_\_\_\_  
44231 Prior MR # \_\_\_\_\_

Treatment Date(s) 5/14/2022

Please Release Medical Information to the Following Recipient:  
 Name of Person or Organization ARVIN CLAR (BCI) Phone # 3305735808  
 Address 4055 HIGHLANDER PARKWAY Mailstop \_\_\_\_\_  
RICHFIELD OHIO 44286 Fax # \_\_\_\_\_  
 City State Zip Code

Purpose of Disclosure  at the patient's request

- Description of Information to be Released:**
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Pertinent Summary (includes all * items) | <input checked="" type="checkbox"/> Facesheet / Demographics | <input type="checkbox"/> Physical Therapy  |
| <input type="checkbox"/> Admission Form                                      | <input checked="" type="checkbox"/> Lab Reports              | <input type="checkbox"/> Entire Record     |
| <input checked="" type="checkbox"/> *Discharge Summary                       | <input type="checkbox"/> *Radiology Report                   | <input type="checkbox"/> Physician's Notes |
| <input checked="" type="checkbox"/> *Emergency Room Report                   | <input type="checkbox"/> *EKG Report                         | <input type="checkbox"/> Other _____       |
| <input checked="" type="checkbox"/> *History & Physical                      | <input type="checkbox"/> *Pathology Report                   | _____                                      |
| <input type="checkbox"/> *Consultation Report                                | <input type="checkbox"/> *Card Cath Report                   | _____                                      |
| <input type="checkbox"/> *Operative Report                                   |  |  |

I, the undersigned, authorize \_\_\_\_\_ (Disclosing Institution) and its employees to release information from my medical records as described above. I understand and acknowledge that the medical record may contain information regarding psychiatric disorders, Human Immune Virus (HIV) test results, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related conditions, alcohol, and/or drug dependence/abuse. I also understand that information used or disclosed according to this authorization may be subject to redisclosure by the recipient and may no longer be protected. My failure to sign this authorization may result in my information not being released.

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