



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



2024-4082

Officer Involved Critical Incident – 303 S. Main St. Celina, Oh.  
45822

**Investigative Activity:** Interview with Witness  
**Involves:** Christopher J Cline (W)  
**Date of Activity:** 01/14/2025  
**Activity Location:** Cline, Christopher J – Business – 202 N. Main St. , Celina, OH  
45822

**Narrative:**

On January 14, 2025, at 1000, Special Agent (SA) Jason Snyder (Snyder), with the Ohio Attorney General's Office, Bureau of Criminal Investigation (BCI), conducted a recorded interview of Fireman, Christopher Cline (Cline). The interview was conducted at Cline's office located at 202 N. Main St., Celina, Oh. 45822.

The interview was relative to the Officer Involved Critical Incident (OICI) which took place on December 31, 2024. The purpose of the interview was to obtain all relevant information of the incident known or observed by this individual regarding their response to the incident scene.

Due to the nature of the investigation, Special Agent (SA) Jason Snyder (Snyder) was requested to assist the Special Investigation Unit (SIU) with the OICI.

SA Snyder advised Cline that he could be asked to leave at any time and that he did not have to speak to SA Snyder. Cline understood and participated in this voluntary interview.

SA Snyder asked Cline a little about himself. Cline has a high school diploma. He has been working for the Celina Fire Department (Celina Fire) since 2000. He is certified as a fireman and emergency medical technician. He has been the rank of lieutenant for fifteen (15) years. His unit number is 3.

SA Snyder asked Cline about an incident that occurred on December 31, 2024, were officers from Celina Police Department (Celina PD) and Mercer County Sheriff's Office were involved in an OICI.

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Cline stated that he was called by dispatch that there was someone with a gunshot wound only a few blocks from the station. The Emergency Medical Technicians (EMT) from Celina Fire were requested to proceed to the scene to render medical aid to the individual.

His unit left the station and arrived at the location of the incident which was 303 S. Main St., Celina, Oh. 45822. The individual who was later determined to be Moses Alik (Alik) was on the ground and officers were providing medical aid to him.

All of the EMT's exited their vehicle and started providing medical attention to Alik. Alik had a bandage on his chest, and he was handcuffed. There were cuts to the left side of his neck. The officers reported to Cline that Alik was shot in the chest, right leg, and left hip. To further assess Alik, the handcuffs were taken off of him and he was then placed on a stretcher.

Alik was awake and saying, "just let me die", "I want to die" and was combative to the EMS staff and officers. Cline advised that Alik was attempting to keep EMT staff from rendering aid to him during their assessment and treatment.

When an I.V. was being administered, Alik was held in place by an officer while Cline put the I.V. in. Several medications and an intubation tube were also administered. When Alik's heart stopped, a CPR machine was also applied.

Eight (8) minutes from leaving the scene, the ambulance with Alik arrived at Mercer County Community Medical Hospital (Hospital). From there, medical staff took control of Alik and Cline and his unit cleaned the ambulance and left the hospital.

SA Snyder asked Cline what officers at the scene said about the incident. Cline explained that one of the officers said that Alik had a knife and was stabbing himself with it. Later, Alik came at one of them with a knife. Shots were fired from the officers. The officers thought that Alik was hit three (3) times.

Cline wrote the call sheet with specifics of the medical run which is attached.

This report only summarizes the information deemed by the author to be of the most relevance to the investigation and does not purport to contain all questions and answers from the interview. Further, this report was placed in a chronology to aid the reader's overall understanding of the information elicited during the interview and may not be reflective of the actual sequencing of questions.

#### **Attachments:**

Attachment # 01: 2025-01-14, Interview of EMT Chris Cline

Attachment # 02: EMT call sheet

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Patient Information				Clinical Impression	
Last	ALIK	Address	1400 W. Market	Primary Impression	
First	MOSES	Address 2	4	Secondary Impression	
Middle		City	Celina	Protocols Used	
Gender	Male	State	OH	Local Protocol Provided Care Level	
DOB	03/08/2002	Zip	45822	Anatomic Position	
Age	22 Yrs, 9 Months, 23 Days	Country	US	Onset Time	
Weight		Tel		Last Known Well	
Height		Physician		Chief Complaint	
Pedi Color		Phys. Tel		Duration	
SSN		Ethnicity	Not Hispanic or Latino	Secondary Complaint	
Race				Duration	
Advance Directives				Patient's Level of Distress	
Resident Status				Signs & Symptoms	
Patient Resides in Service Area					
Temporary Residence Type				Injury	
				Additional Injury	
				Mechanism of Injury	
				Medical/Trauma	
				Barriers of Care	
				Alcohol/Drugs	
				Pregnancy	
				Initial Patient Acuity	
				Final Patient Acuity	
				Patient Activity	

Medications/Allergies/History/Immunizations	
Medications	
Allergies	
History	
Immunizations	
Last Oral Intake	

Vital Signs																	
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RASS	BARS	RTS	PTS
03:16																	
03:22																	

Flow Chart			
Time	Treatment	Description	Provider
03:10			
03:11			
03:12			
03:20			
03:20			
03:22			
03:23			
03:24			
03:28			

Name: ALIK, MOSES

Incident #: 1-241958

Date: 12/31/2024

Patient 1 of 1

Flow Chart			
Time	Treatment	Description	Provider
03:34			

Assessments			
Assessment Time: 12/31/2024 03:09:00			
Category	Comments	Subcategory	
Mental Status			
Skin			
HEENT			
Chest			
Abdomen			
Back			
Pelvis/GU/GI			
Extremities			
Neurological			
Neonatal			

Narrative	

Specialty Patient - Advanced Airway				
Airway	Indications	Monitoring Devices	Rescue Devices	Reasons Failed Intubation

Specialty Patient - CPR			
Cardiac Arrest		Prearrival CPR Instructions	In Field Pronouncement
Cardiac Arrest Etiology		First Defibrillated By	Expired
Estimated Time of Arrest		Time of First Defib	Time
Est Time Collapse to 911		Initial ECG Rhythm	Date
Est Time Collapse to CPR		Rhythm at Destination	Physician
Arrest Witnessed By		Hypothermia	
CPR Initiated By		End of Event	
Time 1st CPR		ROSC	
CPR Feedback		ROSC Time	
ITD Used		ROSC Occured	
Applied AED		Resuscitation Discontinued	
Applied By		Discontinued Reason	
Defibrillated		Resuscitation	
CPR Type			

Specialty Patient - CDC 2011 Trauma Criteria	
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Name: ALIK, MOSES

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Date: 12/31/2024

Patient 1 of 1

Insurance Details			
Address3		Group #	
City		Secondary Ins	
State		Policy #	
Zip		Secondary Insurance Group Name	
Country		Group #	

Mileage		Delays		Additional Agencies	
Scene	1.0	Category	Delays		
Destination	8.5				
Loaded Miles	7.5	geo-verified			
Start					
End					
Total Miles					

Next of Kin			
Next of Kin Name		Address1	
Relationship to Patient		Address2	
Phone		Address3	
		City	
		State	
		Zip	
		Country	US

Personal Items		
Item	Given To	Comment
None		

Patient Transport Details	
How was Patient Moved To Stretcher	
How was Patient Moved From Ambulance	
Condition of Patient at Destination	

Transfer Details	
PAN	Sending Physician
Prior Authorization Code	Sending Record #
Payer	Receiving Physician
PCS	Condition Code
Interfacility Transfer or Medical Transport Reason	Condition Code Modifiers
ABN	
CMS Service Level	
>ICD-9 Code	
Transport Assessment	
Specialty Care Transport Provider	
Transfer Reason	
Justification for Transfer	
Other/Services	
Medical Necessity	



Name: ALIK, MOSES

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Patient 1 of 1

<b>Vital Signs</b>		<b>Trauma Activation</b>	No
<b>Anatomy of Injury</b>		<b>Time</b>	
<b>Mechanism of Injury</b>		<b>Date</b>	
<b>Special Considerations</b>		<b>Trauma level</b>	Undesignated
		<b>Reason Not Activated</b>	Distance

Incident Details		Destination Details		Incident Times	
<b>Location Type</b>	Place of Business	<b>Disposition</b>		<b>PSAP Call</b>	03:03:51
<b>Location</b>		<b>Unit Disposition</b>		<b>Dispatch Notified</b>	
<b>Address</b>	303 S MAIN ST	<b>Patient Evaluation and/or Care Disposition</b>		<b>Call Received</b>	03:03:51
<b>Address 2</b>	MARATHON	<b>Crew Disposition</b>		<b>Dispatched</b>	03:06:59
<b>Mile Marker</b>		<b>Transport Disposition</b>		<b>En Route</b>	03:06:59
<b>City</b>	Celina	<b>Transport Mode</b>		<b>Staged</b>	
<b>County</b>	Mercer	<b>Reason for Refusal or Release</b>		<b>Resp on Scene</b>	
<b>State</b>	OH	<b>Transport Mode Descriptors</b>	Lights and Sirens	<b>On Scene</b>	03:07:55
<b>Zip</b>	45822	<b>Transport Due To</b>	Closest Facility	<b>At Patient</b>	03:08:00
<b>Country</b>	US	<b>Transported To</b>	Mercer County Community Hospital - Coldwater	<b>Care Transferred</b>	
<b>Medic Unit</b>	SQ2	<b>Requested By</b>	Law Enforcement	<b>Depart Scene</b>	03:26:30
<b>Medic Vehicle</b>	Squad 2	<b>Destination</b>	Hospital	<b>At Destination</b>	03:34:37
<b>Run Type</b>	Emergency Response (Primary Response Area)	<b>Department</b>	Emergency Room	<b>Pt. Transferred</b>	03:35:00
<b>Response Mode</b>	Emergent	<b>Address</b>	800 W. Main St.	<b>Call Closed</b>	04:19:00
<b>Response Mode Descriptors</b>	Lights and Sirens	<b>Address 2</b>		<b>In District</b>	
<b>Shift</b>	Celina	<b>City</b>	Coldwater	<b>At Landing Area</b>	
<b>Zone</b>	Celina	<b>County</b>	Mercer		
<b>Level of Service</b>		<b>State</b>	OH		
<b>EMD Complaint</b>	Stab/Gunshot Wound/Penetrating Trauma	<b>Zip</b>	45828		
<b>EMD Card Number</b>		<b>Country</b>	US		
<b>Dispatch Priority</b>		<b>Zone</b>	Coldwater		
		<b>Condition at Destination</b>			
		<b>State Wristband #</b>			
		<b>Destination Record #</b>			
		<b>Trauma Registry ID</b>			
		<b>STEMI Registry ID</b>			
		<b>Stroke Registry ID</b>			

Crew Members				
Personnel	Role	Certification Level	PPE	Exposures
CLINE , CHRISTOPHER	Lead	EMT-Paramedic (Ohio) - 0107336		
SCHOTT , AARON	Other	EMT-Paramedic (Ohio) - 172756		
SCHOENLEBEN , ALEC	Other	EMT-Paramedic (Ohio) - 177608		
BEOUGH , AARON	Driver	EMT-Paramedic (Ohio) - 0087416		

Insurance Details					
<b>Insured's Name</b>		<b>Primary Payer</b>		<b>Dispatch Nature</b>	
<b>Relationship</b>		<b>Medicare</b>		<b>Response Urgency</b>	Immediate
<b>Insured SSN</b>		<b>Medicaid</b>		<b>Job Related Injury</b>	
<b>Insured DOB</b>		<b>Primary Insurance</b>		<b>Employer</b>	
<b>Address1</b>		<b>Policy #</b>		<b>Contact</b>	
<b>Address2</b>		<b>Primary Insurance Group Name</b>		<b>Phone</b>	