

## 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 asses 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 tub 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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Incident #: 1-241958

Date: 12/31/2024 Patient 1 of 1 **Patient Information** Clinical Impression Last ALIK **Address** 1400 W. Market **Primary Impression** First MOSES Address 2 **Secondary Impression** Middle City Celina **Protocols Used** Gender Male State OH **Local Protocol Provided** Care Level DOB 03/08/2002 45822 Zip **Anatomic Position** 22 Yrs, 9 Months, 23 Days US Age Country **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** 

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

**Final Patient Acuity Patient Activity** 

									Vit	al Signs		0 11					
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																	

100000			Flow Chart	320	
Time	Treatment	Description			Provider
03:10					
03:11					
03:12					
03:20					
03:20					
03:22					
03:23					
03:24					
03:28					

Incid	ent (	<b>#: 1-2</b>	41958
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Date: 12/31/2024 Patient 1 of 1

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Insurance Details							
Address3	Group #	Mileage to Closest	t Hospital				
City	Secondary Ins						
State	Policy#						
Zip	Secondary Insurance Group Name						
Country	Group #						

	Milea	ge		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	City	
Relationship to Patient	Address2	State	
Phone	Address3	Zip	
		Country	US

	Personal Items	
Item	Given To	Comment
None		

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

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



Name: ALIK, MOSES	Incident #* 1-241958	Date: 12/31/2024	Patient 1 of 1
Vital Signs	Trauma Activation	No	
Anatomy of Injury	Time		
Mechanism of Injury	Date		
Special Considerations	Trauma level	Undesignated	
	Reason Not Activate	d Distance	

Incident Details		Destination Details		Incident Times	10 =
Location Type	Place of Business	Disposition		PSAP Call	03:03:51
Location		Unit Disposition		Dispatch Notified	
Address	303 S MAIN ST	Patient Evaluation and/or Care Disposition		Call Received	03:03:51
Address 2	MARATHON	Crew Disposition		Dispatched	03:06:59
Mile Marker		Transport Disposition		En Route	03:06:59
City	Celina	Transport Mode		Staged	
County	Mercer	Reason for Refusal or Release		Resp on Scene	
State	ОН	Transport Mode Descriptors	Lights and Sirens	On Scene	03:07:55
Zip	45822	Transport Due To	Closest Facility	At Patient	03:08:00
Country	US	Transported To	Mercer County Community Hospital - Coldwater	Care Transferred	
Medic Unit	SQ2	Requested By	Law Enforcement	Depart Scene	03:26:30
Medic Vehicle	Squad 2	Destination	Hospital	At Destination	03:34:37
Run Type	Emergency Response (Primary Response Area)	Department	Emergency Room	Pt. Transferred	03:35:00
Response Mode	Emergent	Address	800 W. Main St.	Call Closed	04:19:00
Response Mode Descriptors	Lights and Sirens	Address 2		In District	
Shift	Celina	City	Coldwater	At Landing Area	
Zone	Celina	County	Mercer		
evel of Service		State	ОН		
EMD Complaint	Stab/Gunshot Wound/Penetrating Trauma	Zip	45828		
EMD Card Number		Country	US		
Dispatch Priority		Zone	Coldwater		
		Condition at Destination			
		State Wristband #			
		Destination Record #			
		Trauma Registry ID			
		STEMI Registry ID			
		Stroke Registry ID			

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			
BEOUGHER, AARON	Driver	EMT-Paramedic (Ohio) - 0087416			

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