



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



2026-1239

Officer Involved Critical Incident - 31000 Block U.S. Route
250, Uhrichsville, Ohio 44683, Harrison County

Investigative Activity: Receipt and Review of Michael Decker's Autopsy Report
Involves: Michael Decker (S)
Activity Date: 09/28/2026
Activity Location: BCI Boardman - 760 Boardman-Canfield Road, Boardman,
OH 44512
Authoring Agent: Special Agent Joseph Lamping #184

Narrative:

On Friday, September 25, 2026, Ohio Bureau of Criminal Investigation (BCI) Special Agent Joe Lamping (Lamping) received an email from the Harrison County Sheriff's Office. The correspondence contained the autopsy report for Michael Decker (Decker). 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.

Cuyahoga County Medical Examiner's Office Report

The autopsy report was completed by Doctor Daniel Sullivan, M.D. (Doctor Sullivan) on April 1, 2026, at 10:30 hours. The initial anatomic diagnoses section contained the following observations: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Cause of Death

Doctor Sullivan indicated that Decker's cause of death was, "[REDACTED]"

Evidence of Injury

Decker sustained [REDACTED]
[REDACTED] The most pertinent information related to each injury is listed below:

[REDACTED]

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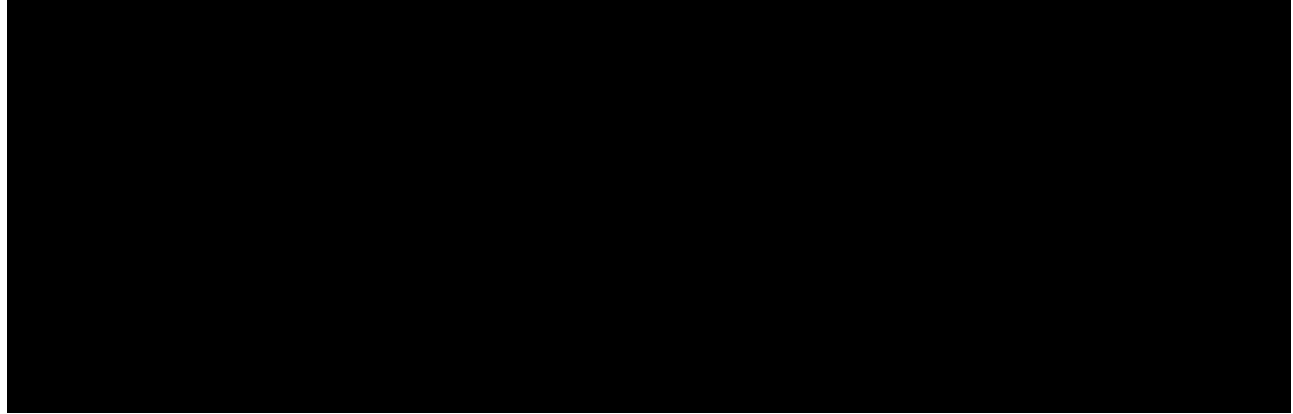


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[Toxicology Report](#)

Decker's toxicology report [REDACTED]

[Michael Decker's Death Certificate](#)

The Harrison County Coroner's Office was not able to provide a copy Decker's death certificate. A copy was obtained on October 1, 2026, via the Harrison County Health Department. The form listed Decker's immediate cause of death as "[REDACTED]" and his manner of death as "[REDACTED]"

The autopsy report and death certificate are attached to this report.

References:

None

Attachments:

1. 2026-09-24 - Autopsy - Michael Decker
2. 2026-10-01 - Michael Decker's Death Certificate

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Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

State File Number 2026037974

DECEDENT	DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix, Including AKA's if any)			SEX	DATE OF DEATH (Mo/Day/Yr)	
	MICHAEL WADE DECKER			MALE	03/30/2026	
	DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE (Surname)			SOCIAL SECURITY NUMBER		
	--			[REDACTED]		
	AGE	DATE OF BIRTH (Mo/Day/Yr)	BIRTHPLACE (City and State, or Foreign Country)			
	53 YEARS	06/03/1972	AKRON, OHIO			
	RESIDENCE STATE	COUNTY	CITY OR TOWN			
	OHIO	JEFFERSON	STEUBENVILLE			
	STREET AND NUMBER		APT. NO.	ZIP CODE	EVER IN US ARMED FORCES?	
	946 ARDEN AVENUE		--	43952	NO	
MARITAL STATUS AT TIME OF DEATH			SURVIVING SPOUSE'S NAME (Last Name Prior to First Marriage [Surname])			
DIVORCED			--			
DECEDENT'S EDUCATION		HISPANIC ORIGIN	DECEDENT'S RACE			
BACHELOR'S DEGREE		NO, NOT HISPANIC	WHITE			
FATHER NAME (LAST NAME PRIOR TO FIRST MARRIAGE [SURNAME])			MOTHER NAME (LAST NAME PRIOR TO FIRST MARRIAGE [SURNAME])			
RANDALL DECKER			NANCY DAVIS			
INFORMANT'S NAME			INFORMANT MAILING ADDRESS - STREET AND NUMBER			
ARLENE BROST			986 BELVEDERE AVENUE SE			
INFORMANT MAILING ADDRESS - CITY, STATE, AND ZIP CODE					RELATIONSHIP TO DECEDENT	
WARREN, OH 44484					DAUGHTER	
DISPOSITION	PLACE OF DEATH		FACILITY NAME (If Not Institution, Street and Number)			
	THE WOODS BETWEEN MINE AND BLACK ROADS		UNKNOWN UNKNOWN			
	CITY OR TOWN		STATE	ZIP CODE	COUNTY OF DEATH	
	JEWETT		OHIO	43986	HARRISON	
	FUNERAL SERVICE LICENSEE OR OTHER AGENT		LICENSE NUMBER (Of Licensee)	NAME OF FUNERAL FACILITY		
KARLA MARTIN		FD.008800	GREGORY-MARTIN FUNERAL HOME, LLC			
FUNERAL FACILITY ADDRESS - STREET AND NUMBER			FUNERAL FACILITY - CITY, STATE, AND ZIP CODE			
711 SOUTH STREET			STEUBENVILLE, OHIO 43952			
METHOD AND PLACE OF DISPOSITION			DISPOSITION ADDRESS (City and State, or Foreign Country)			
CREMATION - JEFFERSON CREMATION SERVICE, INC.			TORONTO, OHIO			
CERTIFIER	CERTIFIER TYPE	TIME OF DEATH (24 hr)	DATE PRONOUNCED DEAD (Mo/Day/Yr)		TIME PRONOUNCED DEAD (24 hr)	
	CORONER	21:11	03/30/2026		21:11	
	CERTIFIER NAME AND TITLE		CERTIFIER LICENSE NUMBER		DATE CERTIFIED (Mo/Day/Yr)	
	PORSCHE DEPEW BEETHAM, DO		34.009929		04/17/2026	
CERTIFIER ADDRESS - STREET AND NUMBER		CERTIFIER - CITY, STATE, AND ZIP CODE		DATE FILED (Mo/Day/Yr)		
951 E MARKET STREET		CADIZ, OHIO 43907		04/20/2026		
PART I. DISEASE, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH					APPROXIMATE INTERVAL BETWEEN ONSET & DEATH	
CAUSE OF DEATH	IMMEDIATE CAUSE (Final Disease/ Condition Resulting in Death)		[REDACTED]			
	UNDERLYING CAUSES (Sequentially Listed Conditions, Diseases, or Injuries, if any, that Initiated Events Resulting in Death)		b. DUE TO (Or As a Consequence Of)		--	
			--			
			c. DUE TO (Or As a Consequence Of)		--	
			--			
		d. DUE TO (Or As a Consequence Of)		--		
		--				
PART II. OTHER SIGNIFICANT CONDITIONS (Contributing to Death But Not Resulting in Underlying Causes Given in Part I)			WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?	
[REDACTED]			YES		YES	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH?		PREGNANCY STATUS (If Female)		MANNER OF DEATH		
UNKNOWN		--		[REDACTED]		
INJURY DATE (Mo/Day/Yr)		INJURY TIME (24 hr)	PLACE OF INJURY		INJURY AT WORK?	
03/30/2026		21:11	WOODED AREA		NO	
LOCATION OF INJURY (Street and Number, City or Town, State, ZIP Code)						
--						
DESCRIPTION OF HOW INJURY OCCURRED				IF TRANSPORTATION INJURY, SPECIFIED MODE		
DECEDENT RUNNING FROM POLICE AFTER BEING PULLED OVER. CORNERED IN WOODED AREA AND				--		
MEDICAL SUPPLEMENT, SEP-16-2026, CAUSE OF DEATH-LINE A DESCRIPTION : SEP-16-2026, CAUSE OF DEATH-LINE A ONSET INTERVAL: SEP-16-2026, CAUSE OF DEATH - PART II OTHER SIGNIFICANT CONDITIONS: SEP-16-2026, OTHER FACTORS - MANNER OF DEATH: SEP-16-2026, OTHER FACTORS - WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?: SEP-16-2026, INJURY-DATETIME OF INJURY: SEP-16-2026, PLACE OF INJURY - INJURY AT WORK: SEP-16-2026, INJURY-ADDRESS CITY: SEP-16-2026, INJURY-ADDRESS STATE: SEP-16-2026, INJURY-ADDRESS COUNTY: SEP-16-2026, INJURY-DESCRIBE HOW INJURY OCCURRED: SEP-16-2026, INJURY-DATE OF INJURY MODIFIER: SEP-16-2026, INJURY-TIME OF INJURY MODIFIER: SEP-16-2026, CERTIFIER - EDIT CERTIFIER ADDRESS						