



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



2024-3649
Officer Involved Critical Incident - 6880 Sunset Strip Ave
NW, Room #220, North Canton, Ohio, 44720

Investigative Activity: Review of Autopsy
Involves: James Vanest (S)
Activity Date: 07/11/2025
Activity Location: BCI - Richfield
Authoring Agent: SA Allison Fletcher

Narrative:

On Wednesday, June 25, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent Supervisor (SAS) Matthew Armstrong received an email from the Stark County Coroner's Office. The correspondence consisted of the autopsy report for James Vanest (Vanest).

Special Agent (SA) Allison Fletcher reviewed the report and noted the following:

The documentation provided included the following:

- Stark County Coroner's Investigative Report
- Death Certificate for Vanest
- Cuyahoga County Medical Examiner's Office (CCMEO) Autopsy Report
- Cuyahoga County Regional Forensic Science Laboratory Toxicology Report

This autopsy report was authored by Harry Campbell, Chief Investigator for the Stark County Coroner's Office and Chief Deputy Coroner, Anthony Bertin.

The "CAUSE OF DEATH" for Vanest was listed as [REDACTED]
[REDACTED] The "MANNER OF DEATH" was listed as [REDACTED]





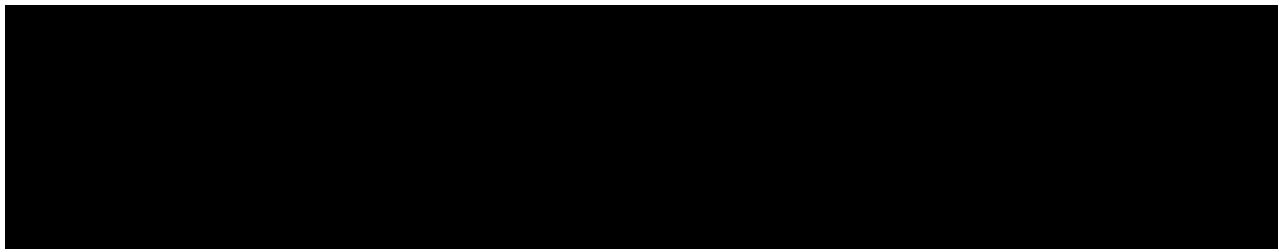
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The information deemed to be the most relevant to this inquiry is summarized below for the convenience of the reader. However, as the author is not a doctor, it is suggested that the report be viewed in its entirety to ensure no pertinent information has been omitted or described out-of-context.

A death certificate was included in the report and listed to "time of death" for Vanest as hours on page 4. The doctor who certified the death was Ronald Robert Rusnak, MD.



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The autopsy was performed on November 19, 2024, at 0900 hours by Daniel Sullivan, MD.

The "DIAGNOSIS" section of the report listed the following relevant information:



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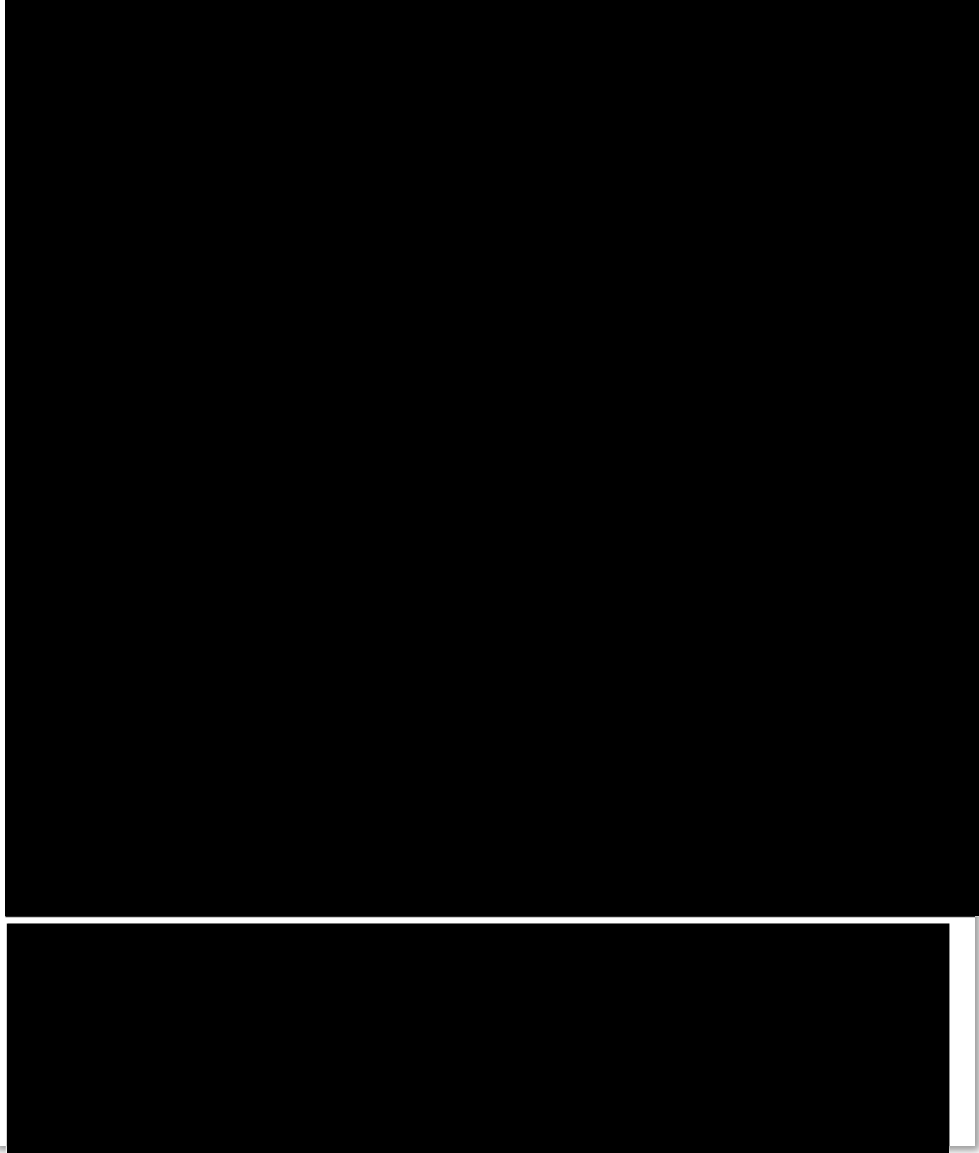


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ANATOMIC DIAGNOSES:





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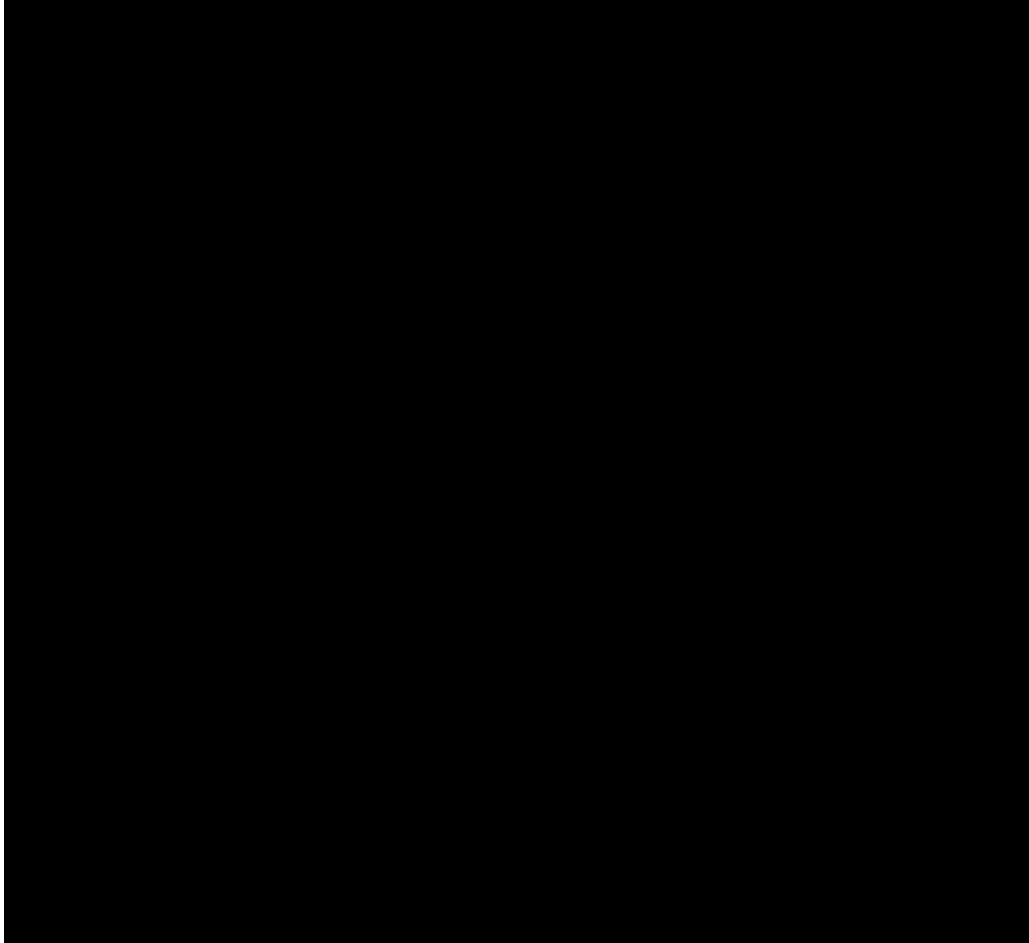
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The "EXTERNAL EXAMINATION" section contained the following information:

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There was evidence of medical intervention based upon four electrocardiogram pads observed on the torso and upper extremities (Page 8).

“EXTERNAL AND INTERNAL EVIDENCE OF RECENT INJURY” has also been included below.

[REDACTED]

[REDACTED]

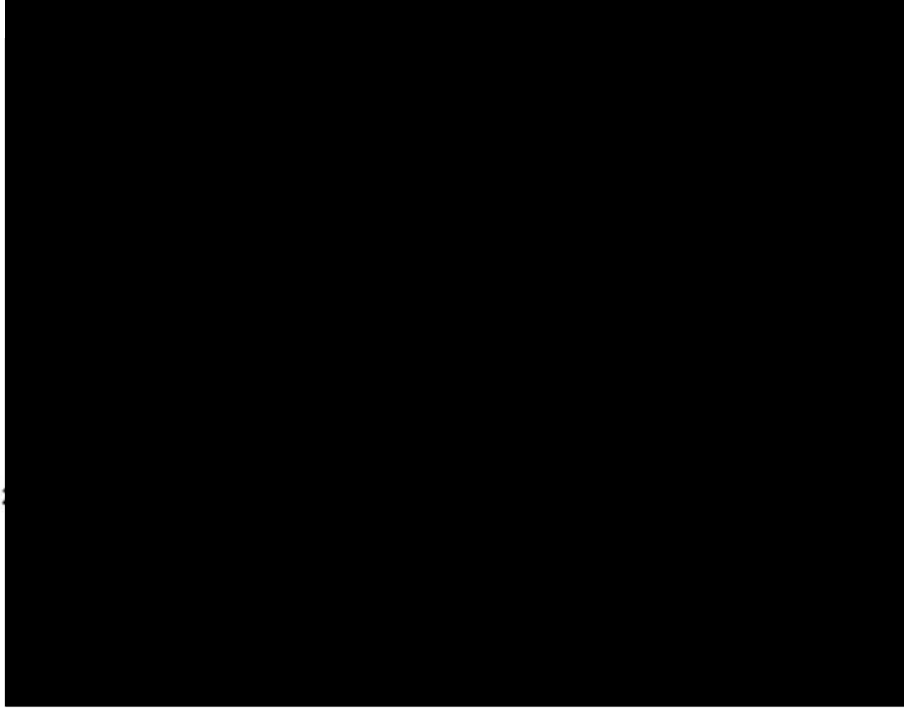
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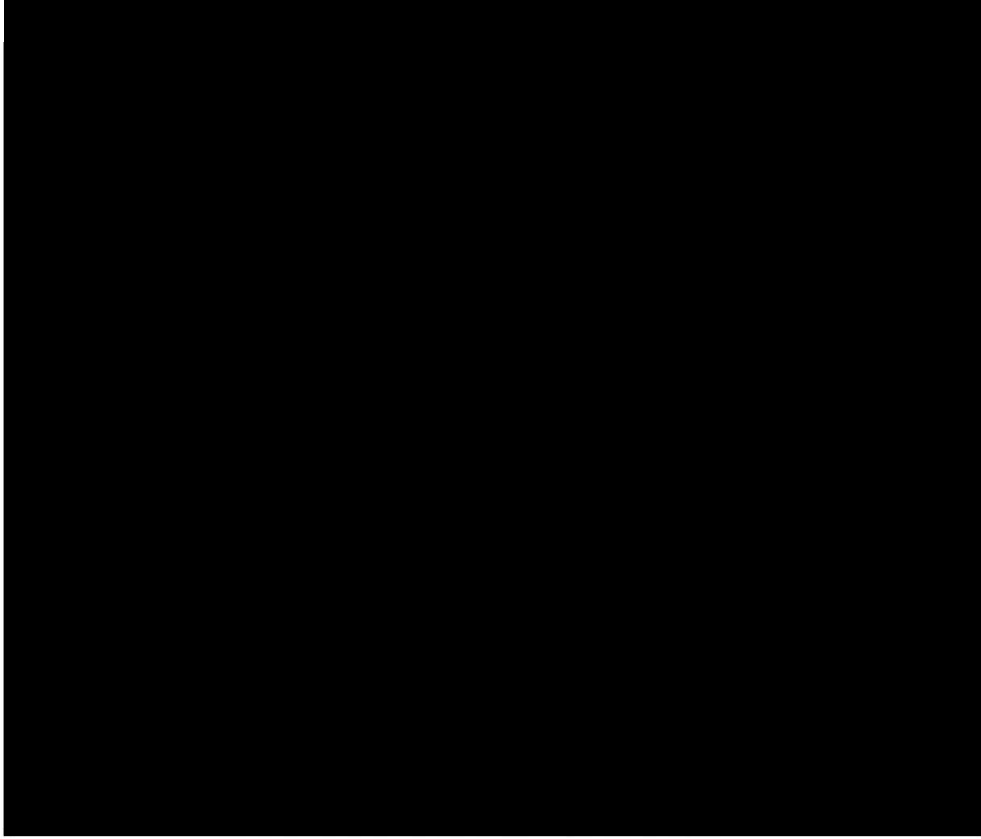
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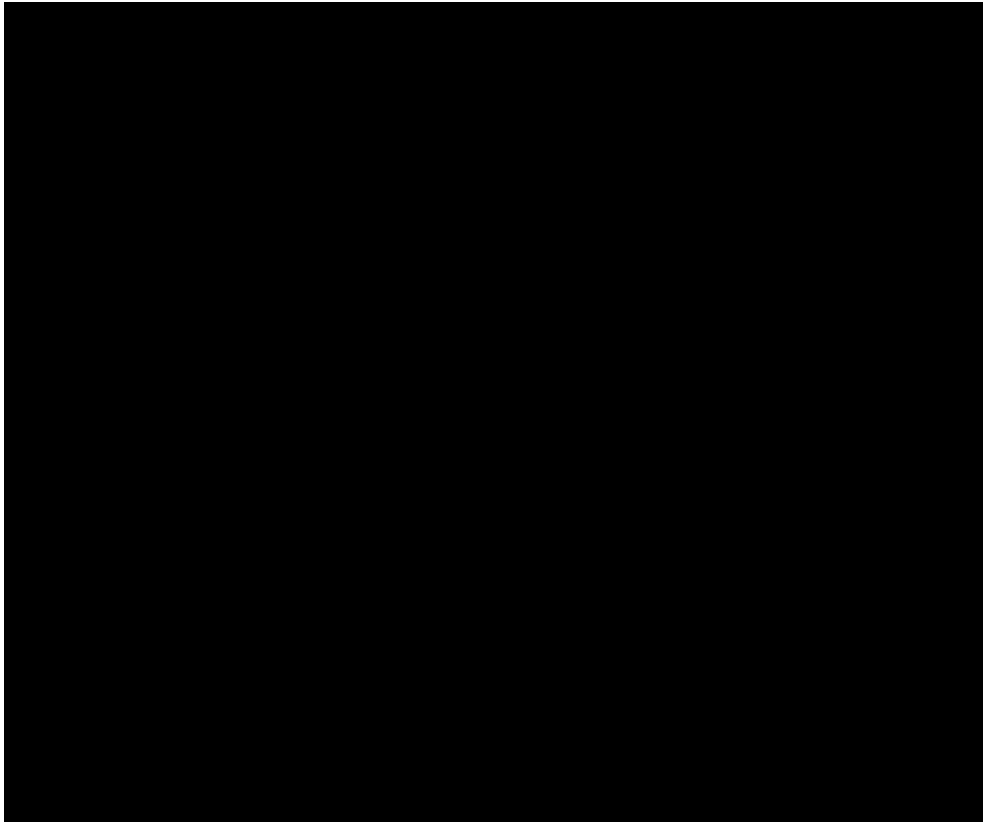
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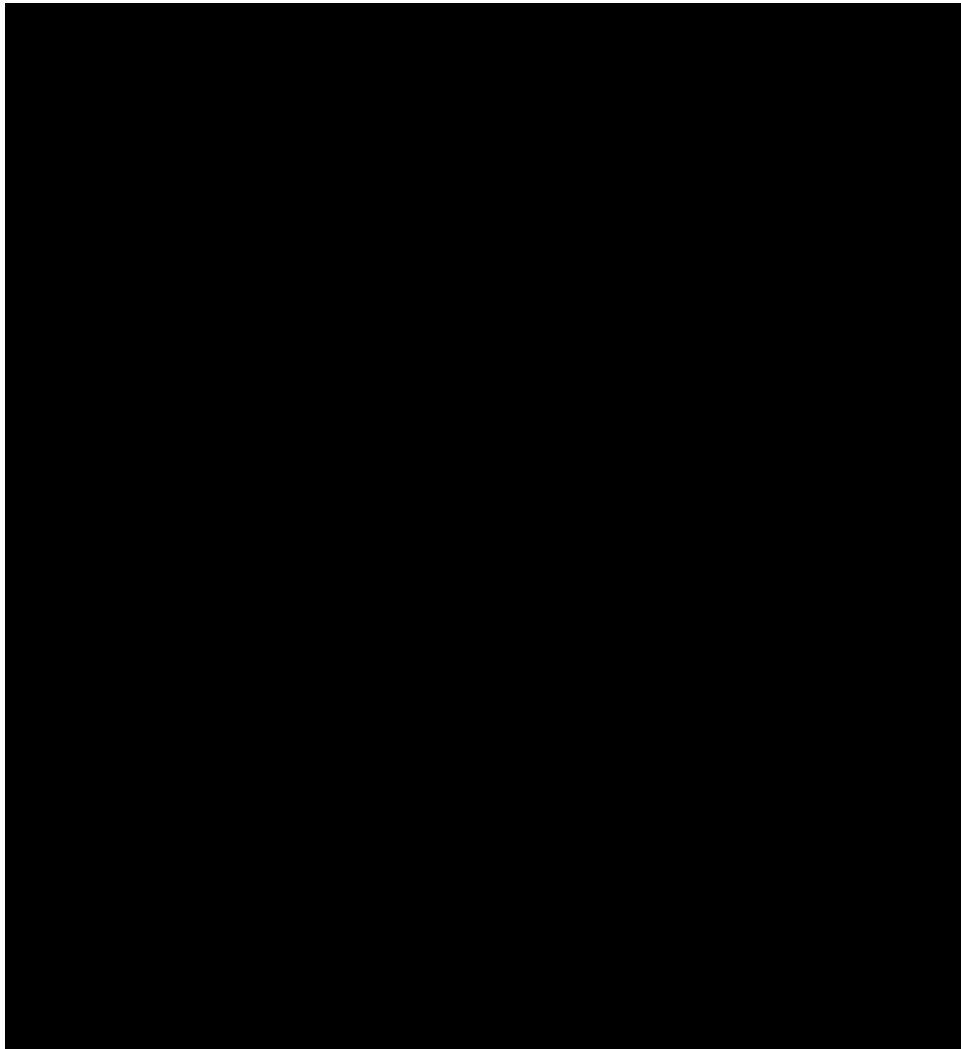
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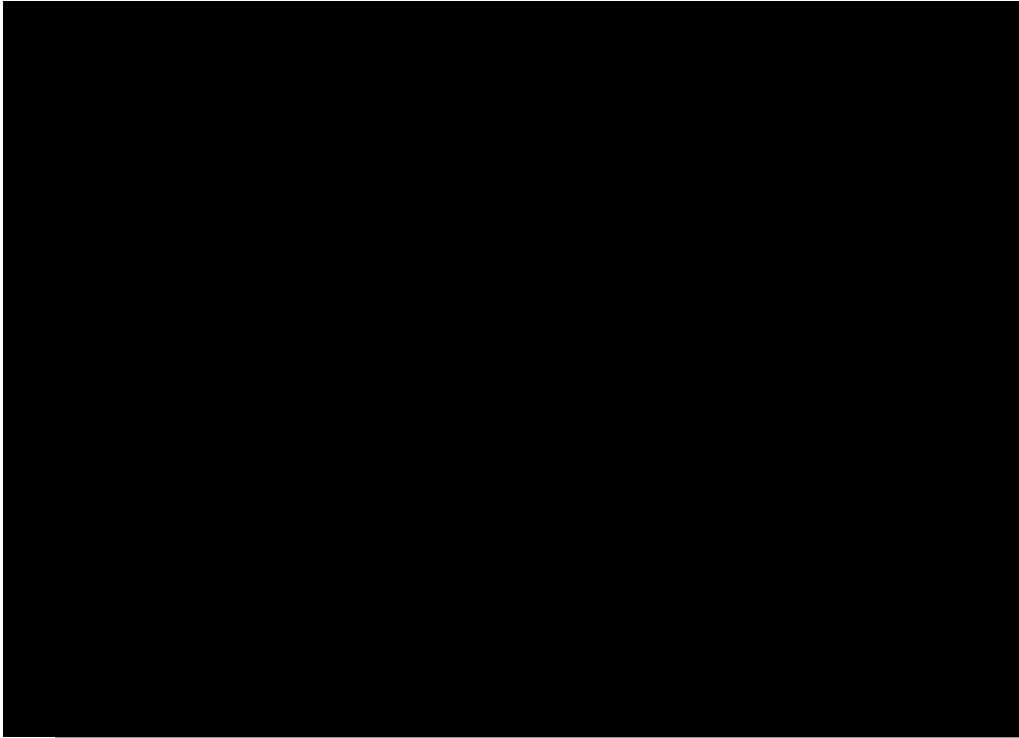
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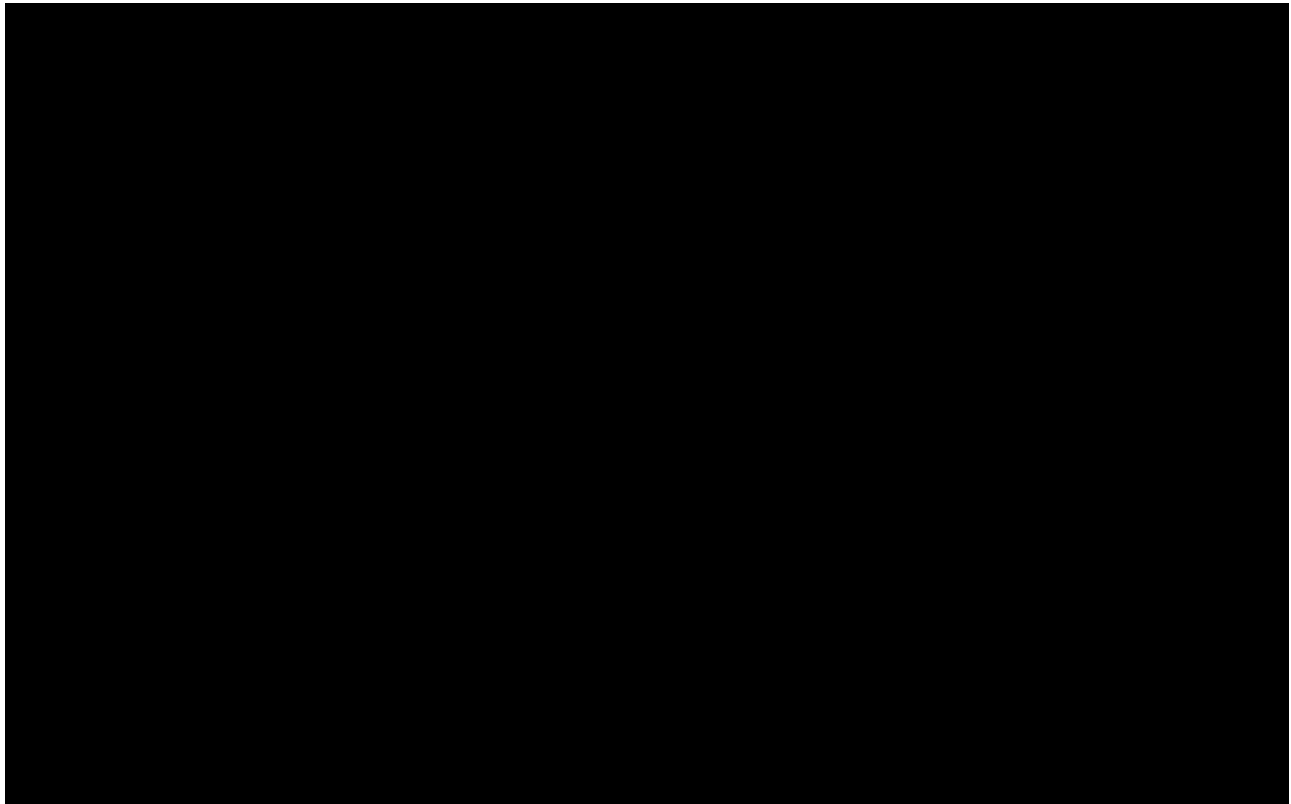


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The "TOXICOLOGY REPORT" contained the following pertinent information:



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The autopsy report received is attached to this report. Please refer to the attachment for the full details.

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References:

None

Attachments:

1. 2025-06-25 Autopsy Report – James Vanest

Citations:

Huecker MR, Smiley A, Saadabadi A. Bupropion. [Updated 2024 Sep 2]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470212/>

Singh HK, Saadabadi A. Sertraline. [Updated 2023 Feb 13]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK547689/>

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Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 7600

State File No. 2024114047

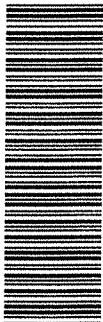
Registrar's No. 7600-2024001928

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) JAMES J VANEST						2. Sex MALE	3. Date of Death (Month/Day/Year) NOVEMBER 18, 2024
	4. Social Security Number 287-56-1601	5a. Age (Years) 68	5b. Under 1 Year Months	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) JUNE 01, 1956	7. Birthplace (City and State or Foreign Country) SAN DIEGO, CALIFORNIA		
	8a. Residence State OHIO		8b. County STARK		8c. City or Town JACKSON TOWNSHIP			
	8d. Street Address and Zip Code 6880 SUNSET STRIP 44720						9. Ever in US Armed Forces? NO	
	10. Marital Status at Time of Death WIDOWED (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 NO		14. Decedent's Race WHITE		
	15. Father's Name JAMES VANEST				16. Mother's Name (prior to first marriage) MADALINE VANSICKLE			
	17a. Informant's Name JOLEEN KUHN			17b. Relationship to Decedent SISTER		17c. Mailing Address (Street and Number, City, State, Zip Code) 145 JAMES ADKINS DR KYLE, TEXAS 78640		
	18a. Place of Death DECEDENT'S HOME						18d. County of Death STARK	
	18b. Facility Name (If not institution, give street & number) 6880 SUNSET STRIP				18c. City or Town, State and Zip Code JACKSON TOWNSHIP, OH 44720			
DISPOSITION	19. Funeral Service Licensee or Other Agent SCOTT A DEAN			20. License Number (of licensee) 009776		21. Name and Complete Address of Funeral Facility DEAN S FUNERAL HOME 256 W OHIO AVE SEBRING, OH 44672		
	22. Method and Place of Disposition CREMATION - OPEN ARMS CREMATORIUM, SEBRING, OH							
	23. Local Registrar KIRKLAND NORRIS			24. Date Filed (Month/Day/Year) NOVEMBER 25, 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 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.							
CERTIFIER	26b. Time of Death 14:51		26c. Date Pronounced Dead (Month/Day/Year) NOVEMBER 18, 2024		26d. Was Case Referred to Medical Examiner or Coroner? YES			
	26e. Certifier Name and Title RONALD ROBERT RUSNAK MD			26f. License number 35.057165		26g. Date Signed (Month/Day/Year) NOVEMBER 25, 2024		
	27. Name and Address of Person who Completed Cause of Death RONALD ROBERT RUSNAK, 3053 CLEVELAND AVE SW, CANTON, OH 44707							
CAUSE OF DEATH	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.						Approximate Interval: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death)	a. PENDING						
	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? NO	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? NOT APPLICABLE		
30. Did Tobacco Use Contribute to Death? UNKNOWN		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:			



2234939

2024114047



2024114047

Reg. Dist. No. 7600

Registrar's No. 7600-2024001928

Ohio Department of Health
VITAL STATISTICS
Supplementary Medical Certification

State File No. 2024114047

2234939

Name of Deceased JAMES J VANEST			
Place of Death DECEDENT'S HOME		Date of Death NOVEMBER 18, 2024	
23. Local Registrar KIRKLAND K. NORRIS		24. Date Filed FEBRUARY 13, 2025	
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 14:51		26c. Date Pronounced Dead (Month/Day/Year) NOVEMBER 18, 2024	26d. Was Case referred to Coroner? YES
26e. Certifier Name and Title BERTIN, ANTHONY P DO		26f. License number 34.003103	26g. Date Signed FEBRUARY 13, 2025
27. Name and Address of Person who Completed Cause of Death BERTIN, ANTHONY P, 3053 CLEVELAND AVE SW, CANTON, OH, 44707			
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)	a. MULTIPLE GUNSHOT WOUNDS TO HEAD, TORSO, AND EXTREMITIES		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) NOVEMBER 18, 2024	33b. Time of Injury UNKNOWN	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) MOTEL	33d. Injury at Work? NO
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 6880 SUNSET STRIP AVENUE ROOM 220, NORTH CANTON, OHIO			
33f. Describe How Injury Occurred: LAW ENFORCEMENT INVOLVED SHOOTING		33g. If Transportation Injury, Specify:	

HEA 2752
Rev. 08/18

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



2234939



2024114047

