



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



2023-2639
 Officer Involved Critical Incident - 7498 Van Ness Avenue,
 Hubbard, Ohio 44425, Trumbull County

Investigative Activity: Coroner's Report and Toxicology Report Received
Involves: Shawn Thomas (S), Mahoning County Coroner's Office (O)
Activity Date: 02/27/2024
Activity Location: Email
Authoring Agent: SA

Narrative:

On February 27, 2024, at 1410 hours, Ohio Bureau of Criminal Investigation (BCI) Special Agent Supervisor (SAS) Chuck Moran (Moran) received an email from the Mahoning County Coroner's Office. The email attachments consisted of the autopsy report, toxicology report, and other documents related to the decedent, Shawn Thomas (Thomas).

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.

SA Moran reviewed the documents and noted the following:

- **Mahoning County Coroner – Shawn Thomas Death Certificate 26109 DC**

This document consisted of two pages. This was Thomas's death certificate. His date of death was October 4, 2023. The manner of death was listed as homicide. The injury was listed as a gunshot wound to the chest. The facility name for the place of death was listed as St. Elizabeth Medical Center, Youngstown, Ohio.

- **Mahoning County Coroner – Shawn Thomas History and Coroner's Finding 26109 Final**

This document consisted of two pages. It provided a brief history of the incident immediately prior and during Thomas' death. The date and time of his death was October 4, 2023, at 0050 hours. [REDACTED]

- **Mahoning County Coroner – Cuyahoga County Medical Examiner and Lab – Shawn Thomas Toxicology and Autopsy 26109 Autopsy Tox Report**

This document consisted of nine pages.

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



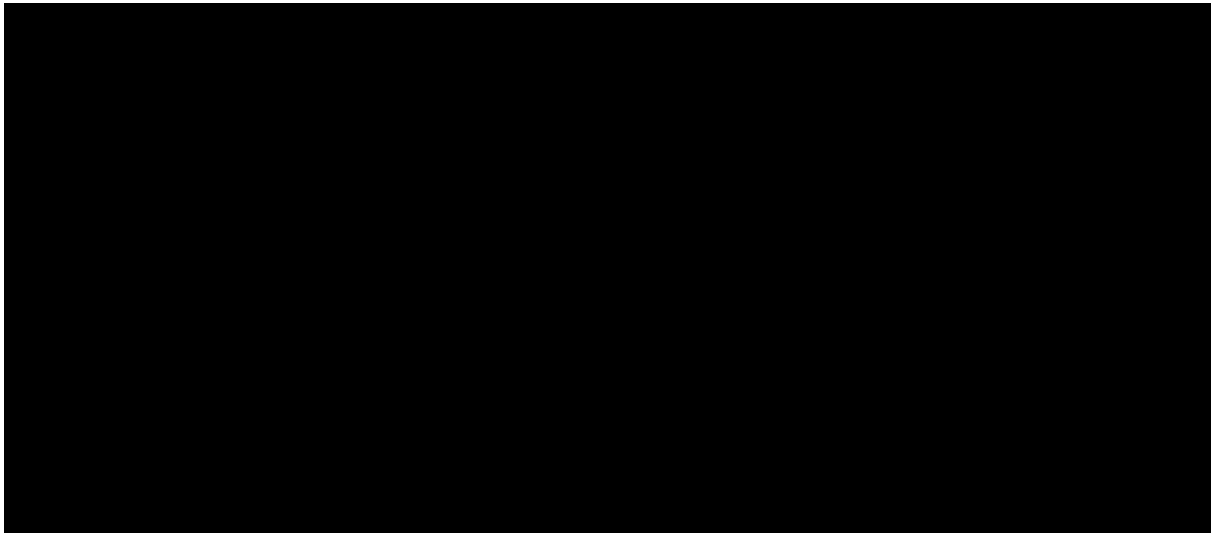
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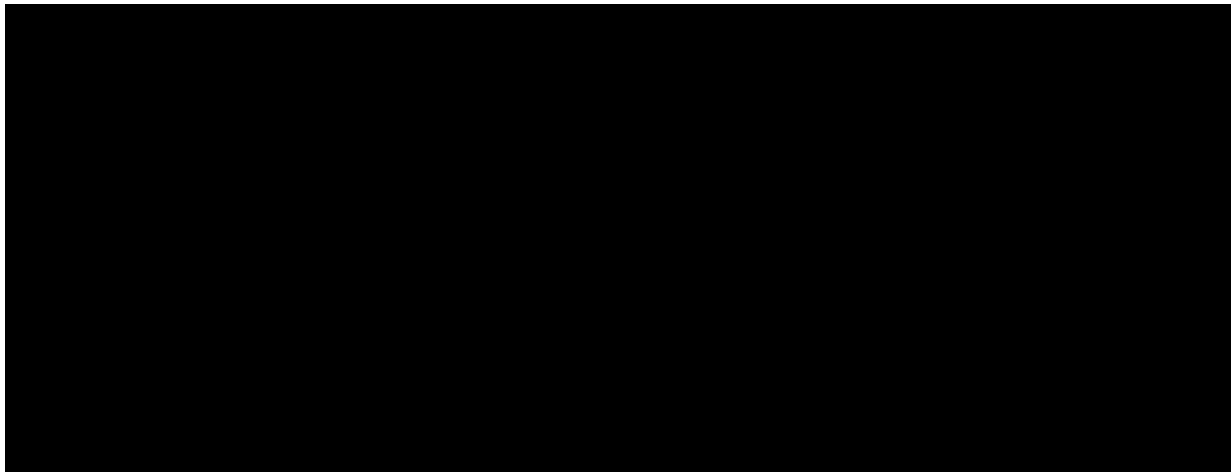
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Pages 1-4 - This was the "Toxicology Laboratory Final Report" for Thomas.

The toxicology lab testing was conducted by the Cuyahoga County Regional Forensic Science Laboratory. It provided the following information:



Screen capture from page 1.



Screen captures from pages 1-2.

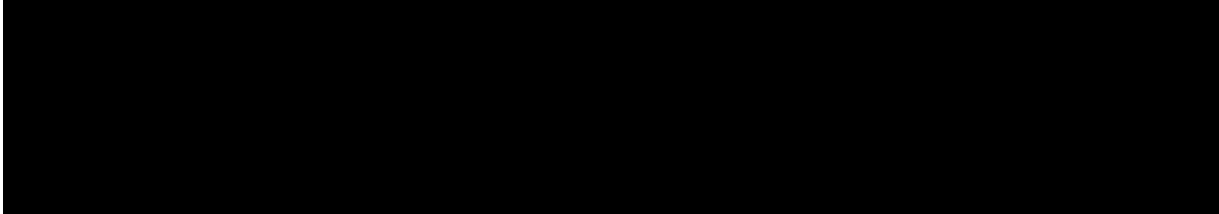
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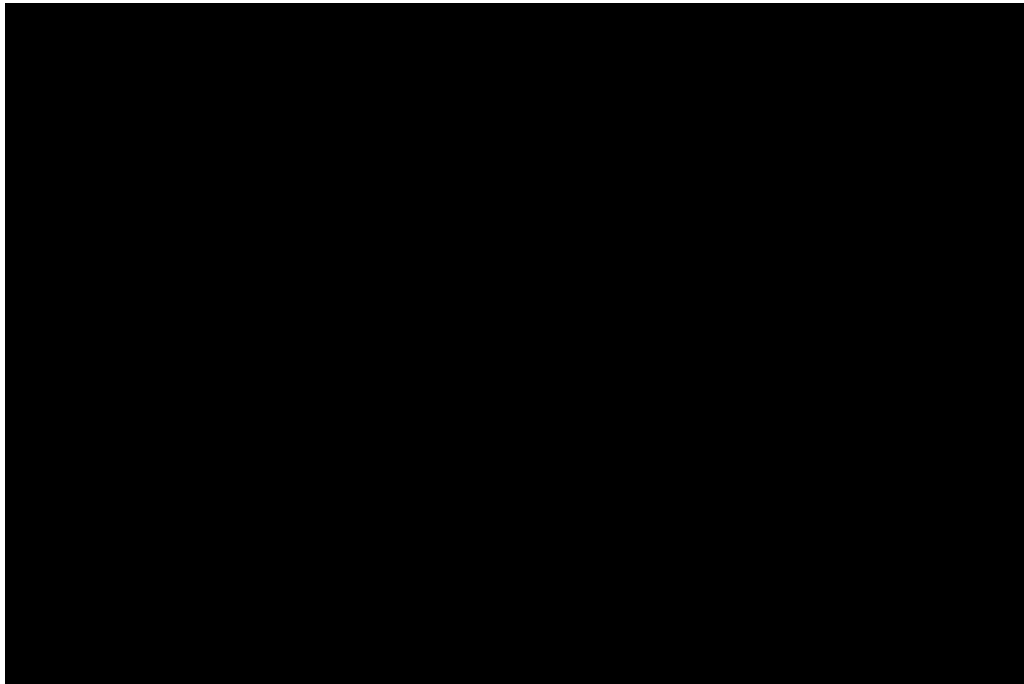
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Screen capture from page 2.

Pages 5-9 - This was the "Report of Autopsy" for Thomas.

The autopsy was conducted at the Cuyahoga County Medical Examiner's Office by Elizabeth Mooney (Mooney). The autopsy report provided the following information:



Screen capture from page 5.

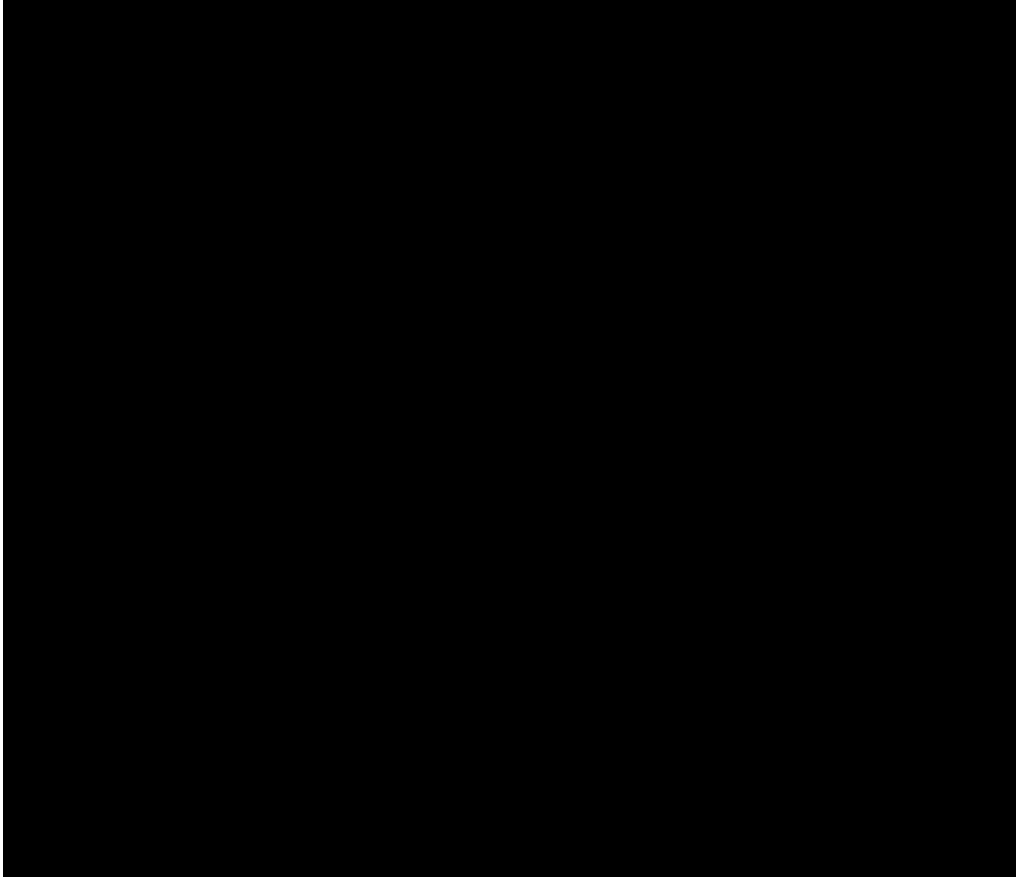
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Screen capture from page 7.

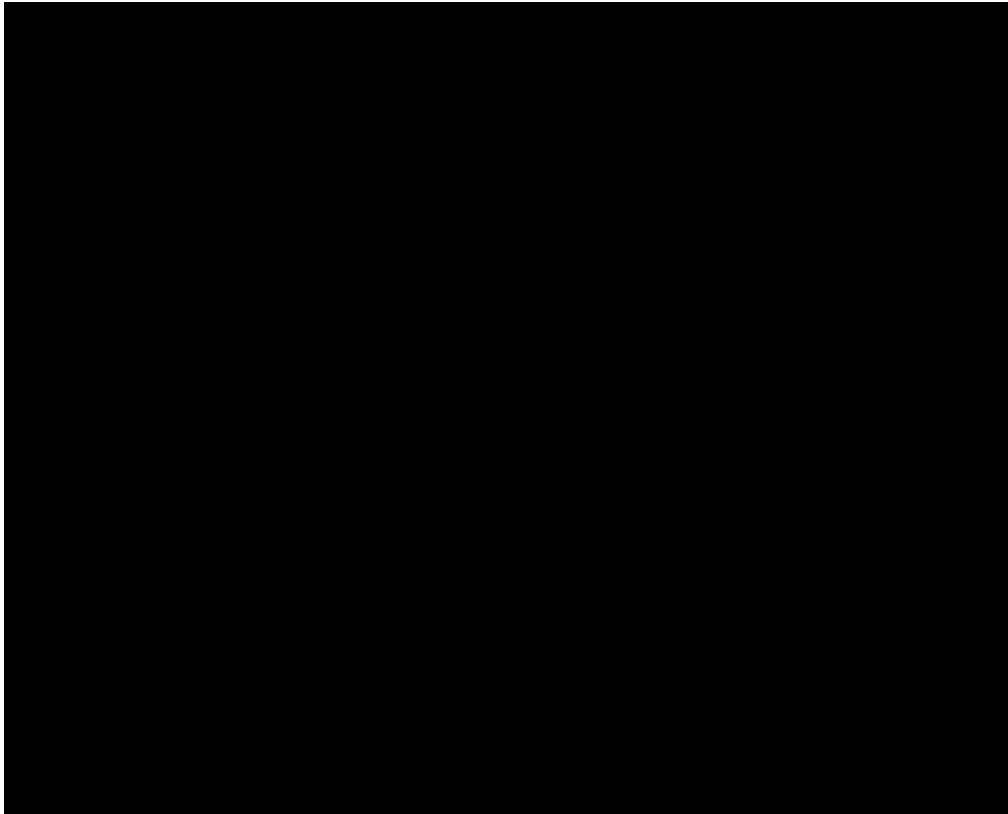
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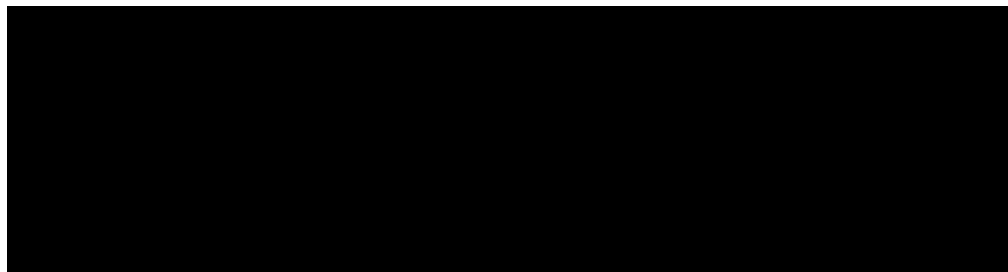
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Screen capture from page 7.



Screen capture from page 9.

The reports and documents received from the Mahoning County Coroner's Office are attached to this report.

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Attachments:

1. Mahoning County Coroner - Shawn Thomas Death Certificate 26109 DC
2. Mahoning County Coroner - Shawn Thomas History and Coroners Findings 26109 Final
3. Mahoning County Coroner - Cuyahoga County Medical Examiner and Lab - Shawn Thomas Toxicology 26109 Autopsy Tox Report

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Reg. Dist. No. 5001

Ohio Department of Health
VITAL STATISTICS

State File No. 2023097210

Registrar's No. 5000-2023002860

Supplementary Medical Certification

2084450

Name of Deceased SHAWN M THOMAS			
Place of Death HOSPITAL - EMERGENCY ROOM / OUTPATIENT		Date of Death OCTOBER 03, 2023	
23. Local Registrar ERIN BISHOP		24. Date Filed DECEMBER 01, 2023	
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 00:50		26c. Date Pronounced Dead (Month/Day/Year) OCTOBER 04, 2023	26d. Was Case referred to Coroner? YES
26e. Certifier Name and Title KENNEDY, DAVID M MD		26f. License number 35.060712	26g. Date Signed DECEMBER 01, 2023
27. Name and Address of Person who Completed Cause of Death KENNEDY, DAVID M, 345 OAK HILL AVE #320, YOUNGSTOWN, OH, 44502			
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. GUNSHOT WOUND OF THE CHEST		HOURS
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? UNKNOWN	31. If Female, Pregnancy Status NOT APPLICABLE.	32. Manner of Death HOMICIDE	
33a. Date of Injury (Month/Day/Year) OCTOBER 03, 2023	33b. Time of Injury 22:30	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) WOODED AREA	33d. Injury at Work? NO
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) HUBBARD MASURY ROAD , HUBBARD, OHIO			
33f. Describe How Injury Occurred: GUNSHOT WOUND TO THE CHEST		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



2084450



2023097210

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 5001
Registrar's No. 5000-2023002860

State File No. 2023097210

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) SHAWN M THOMAS						2. Sex MALE	3. Date of Death (Month/Day/Year) OCTOBER 03, 2023
	4. Social Security Number [REDACTED]		5a. Age (Years) 55	5b. Under 1 Year Months	5c. Under 1 day Hours	5c. Under 1 day Minutes	6. Date of Birth (Mo/Day/Year) JANUARY 02, 1968	7. Birthplace (City and State or Foreign Country) FARRELL, PENNSYLVANIA
	8a. Residence State OHIO		8b. County TRUMBULL			8c. City or Town HUBBARD		
	8d. Street Address and Zip Code 2180 HUBBARD MASURY ROAD 44425							9. Ever in US Armed Forces? NO
DISPOSITION	10. Marital Status at Time of Death MARRIED					11. Surviving Spouse's Name (If wife, give name prior to first marriage) CAROL MCELHANEY		
	12. Decedent's Education HIGH SCHOOL GRADUATE OR GED			13. Decedent of Hispanic Origin NO		14. Decedent's Race WHITE		
	15. Father's Name JOHN F THOMAS				16. Mother's Name (prior to first marriage) ROBERTA VASSEN			
	17a. Informant's Name CAROL THOMAS				17b. Relationship to Decedent WIFE		17c. Mailing Address (Street and Number, City, State, Zip Code) 2180 HUBBARD MASURY ROAD HUBBARD, OHIO 44425	
	18a. Place of Death HOSPITAL - EMERGENCY ROOM / OUTPATIENT							
	18b. Facility Name (If not Institution, give street & number) ST ELIZABETH HEALTH CENTER					18c. City or Town, State and Zip Code YOUNGSTOWN, OH 44501		18d. County of Death MAHONING
	19. Funeral Service Licensee or Other Agent KAREN A MURPHY				20. License Number (of licensee) 138274		21. Name and Complete Address of Funeral Facility J BRADLEY MCGONIGLE FUNERAL HOME & 1090 E STATE ST SHARON, PA 16146	
	22. Method and Place of Disposition REMOVAL FROM STATE - J. BRADLEY MCGONIGLE FUNERAL HOME & CREMATORY, INC, SHARON, PA							
	23. Local Registrar ERIN BISHOP					24. Date Filed (Month/Day/Year) OCTOBER 11, 2023		
	CERTIFIER	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.						
26b. Time of Death 00:50			26c. Date Pronounced Dead (Month/Day/Year) OCTOBER 04, 2023			26d. Was Case Referred to Medical Examiner or Coroner? YES		
26e. Certifier Name and Title DAVID M. KENNEDY MD				26f. License number 35.060712		26g. Date Signed (Month/Day/Year) OCTOBER 11, 2023		
27. Name and Address of Person who Completed Cause of Death DAVID M. KENNEDY, 345 OAK HILL AVE #320, YOUNGSTOWN, OH 44502								
CAUSE OF DEATH	29. 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)						
		c. Due to (or as Consequence of)						
	Enter Underlying Cause: (Disease or injury that initiated events resulting in a death)	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? NO		
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:		

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