



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



2023-0052

Officer Involved Critical Incident – 1785 Rt. 28, Lot 419, Goshen Township, OH 45122 (L)

**Investigative Activity:** Interview with Witness  
**Involves:** Thomas Dewald, Jr. (S)  
**Date of Activity:** 01/06/2023  
**Activity Location:** Goshen Township Fire Station 19 – 6576 OH-48, Goshen, OH 45122, Clermont County  
**Author:** SA Steven Seitzman

**Narrative:**

On January 6, 2023, the Ohio Bureau of Criminal Investigation (BCI) was requested by the Goshen Township Police Department in Clermont County, Ohio, to investigate the facts and circumstances surrounding an Officer-Involved Critical Incident (OICI) that occurred at 1785 State Route 28, Lot 419 AA, Goshen Township, Ohio. During the OICI, Dewald reportedly committed suicide while Goshen Township police officers were attempting to apprehend him for a felony warrant.

On January 6, 2023, at approximately 1810 hours, BCI Special Agents Steven Seitzman (SA Seitzman) and Sean Zint (SA Zint) interviewed Goshen Township Fire Department Lieutenant Todd Estep (Lt. Estep). The purpose of the interview was to obtain information as to Lt. Estep's involvement in the subsequent EMS run after the OICI.

Lt. Estep advised the BCI agents that he has been employed by the Goshen Township Fire Department for approximately 10 years. He had prior part-time experience with other fire departments. On January 6, 2023, his shift began at 0700 hours.

Lt. Estep advised that sometime between 1200 and 1300 hours, he responded to 1785 State Route 28, Lot 419 AA (Lakeshore Mobile Home Park). The dispatch was initially for a "psychiatric emergency." The call was updated shortly thereafter with information that a male had cut his throat with a box cutter and police officers were already on the scene.

Lt. Estep was the first medic unit to arrive. He was met by Goshen Township Police Officer Matthew Richwine, who provided him with a briefing of the incident. He was told that Dewald had "agonal respirations and arterial bleeding." He went inside the residence and saw Dewald in a bedroom being tended to by Goshen Township Police Detective [REDACTED] (Det. [REDACTED]). Dewald was on his back near the foot of the bed. Det. [REDACTED] was holding

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pressure on Dewald's neck with a t-shirt to control the bleeding. Det. ██████ said, "He just stopped breathing before you got here." Lt. Estep saw a silver box cutter on a dresser inside the room, which was covered in blood. He assumed that was the instrument that caused Dewald's injuries.

Lt. Estep checked for breathing and a pulse, finding neither. No shock was advised by the AED police officers attached prior to his arrival. He said that possibly indicated Dewald's heart was in asystole. He began chest compressions and requested a LUCAS machine from a responding engine. The LUCAS machine was attached and began automated compressions. As the LUCAS machine was working, medics continued with other lifesaving measures. He advised that Dewald never regained a pulse.

Miami Township medics responded to the scene to provide mutual aid. A Miami Township medic contacted the emergency room doctor to relay the information from the scene. Around the eighteen-minute mark of resuscitation, there was a heart rhythm change. As a result, Dewald was removed from the scene and placed in a Miami Township medic. Dewald was subsequently transported to Tri-Health Bethesda North Hospital.

Lt. Estep said he was able to observe Dewald's injuries. He said Dewald had a deep cut on the right side of the neck from behind the ear to the trachea area. On the left side of his neck, the cut went from the ear to the trachea. He said the left side was heavily bleeding, as he went through several thick trauma dressings. He was uncertain if Dewald cut his trachea, but he said it was possible.

SA Seitzman asked Lt. Estep if he had been informed that an officer had used a taser on Dewald. He stated that officers did inform him of the use of a taser. He also saw a taser barb in Dewald's chest upon his arrival. SA Seitzman asked Lt. Estep if any of the officers informed him as to what occurred. He said that Sergeant West told him that Dewald tried to get officers to shoot him. An officer deployed a taser, at which point Dewald began cutting his neck with the box cutter.

Lt. Estep said that Dewald was unconscious during the entire time he rendered medical care.

Lt. Estep provided SA Seitzman with a copy of the EMS run report. It is attached below.

The interview was concluded at 1827 hours. The audio recording is attached below.

**Attachments:**

Attachment # 01: 2023-01-06 / Interview with Goshen Twp Fire Lt. Todd Estep

Attachment # 02: Goshen Township Fire EMS Report

# **Exhibit 1**

**Included as a separate file.**

## **Exhibit 2**

**A** FDID 13011 State OH Incident Date 01/06/2023 Station 18 Incident Number 0000016 Exposure 000  Delete  Change  No Activity **NFIRS-1 Basic**

**B Location Type**  Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract          

Street address  Intersection  In front of  Rear of  Adjacent to  Directions  U.S. National Grid

1785 SR28 419 Goshen OH 45122

OLD SR28

Number/Milepost Prefix Street or Highway Street Type Suffix Apt./Suite/Room City State ZIP Code

Cross Street, Directions or National Grid, as applicable

**C Incident Type** 321 EMS call, excluding ve...

**E1 Dates and Times** Alarm 01/06/2023 1241 Arrival 1246 Last Unit Cleared 1337

**E2 Shifts and Alarms** Shift or Platoon 1 Alarms 1 District     

**E3 Special Studies** Special Study ID#      Special Study Value     

**D Aid Given or Received**  None

1  Mutual aid received  Auto. aid received

2  Mutual aid given  Auto. aid given

3  Other aid given

Their FDID      Their State      Their Incident Number     

**F Actions Taken** 33 Provide advanced life support (ALS)

Primary Action Taken (1)     

Additional Action Taken (2)     

Additional Action Taken (3)     

**G1 Resources**  Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus      Personnel     

Suppression      EMS      Other     

Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses and Values**

LOSSES: Required for all fires if known. Optional for non-fires. None

Property \$     ,     ,     

Contents \$     ,     ,     

PRE-INCIDENT VALUE: Optional

Property \$     ,     ,     

Contents \$     ,     ,     

**Completed Modules**

Fire-2  Structure Fire-3  Civilian Fire Cas.-4  Fire Service Cas.-5  EMS-6  HazMat-7  Wildland Fire-8  Apparatus-9  Personnel-10  Arson-11

**H1 Casualties**  None

Deaths      Injuries     

Fire Service          

Civilian          

**H2 Detector** Required for confined fires.

Detector alerted occupants  Detector did not alert them  Unknown

**H3 Hazardous Materials Release**  None

1  Natural gas: slow leak, no evacuation or HazMat actions

2  Propane gas: <21-lb tank (as in home BBQ grill)

3  Gasoline: vehicle fuel tank or portable container

4  Kerosene: fuel burning equipment or portable storage

5  Diesel fuel/fuel oil: vehicle fuel tank or portable storage

6  Household solvents: home/office spill, cleanup only

7  Motor oil: from engine or portable container

8  Paint: from paint cans totaling <55 gallons

0  Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

**I Mixed Use Property**  Not mixed

10  Assembly use

20  Education use

33  Medical use

40  Residential use

51  Row of stores

53  Enclosed mall

58  Business & residential

59  Office use

60  Industrial use

63  Military use

65  Farm use

00  Other mixed use

**J Property Use**  None

**Structures**

131  Church, place of worship

161  Restaurant or cafeteria

162  Bar/Tavern or nightclub

213  Elementary school, kindergarten

215  High school, junior high

241  College, adult education

311  Nursing home

331  Hospital

341  Clinic, clinic-type infirmary

342  Doctor/Dentist office

361  Prison or jail, not juvenile

419  1- or 2-family dwelling

429  Multifamily dwelling

439  Rooming/Boarding house

449  Commercial hotel or motel

459  Residential, board and care

464  Dormitory/Barracks

519  Food and beverage sales

539  Household goods, sales, repairs

571  Gas or service station

579  Motor vehicle/boat sales/repairs

599  Business office

615  Electric-generating plant

629  Laboratory/Science laboratory

700  Manufacturing plant

819  Livestock/Poultry storage (barn)

882  Non-residential parking garage

891  Warehouse

**Outside**

124  Playground or park

655  Crops or orchard

669  Forest (timberland)

807  Outdoor storage area

919  Dump or sanitary landfill

931  Open land or field

936  Vacant lot

938  Graded/Cared for plot of land

946  Lake, river, stream

951  Railroad right-of-way

960  Other street

961  Highway/Divided highway

962  Residential street/driveway

981  Construction site

984  Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use      Code     

Property Use Description



**K1 Person/Entity Involved**

Local Option  Business Name (if applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Number \_\_\_\_\_ Prefix \_\_\_\_\_ Street or Highway \_\_\_\_\_ Street Type \_\_\_\_\_ Suffix \_\_\_\_\_

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

**K2 Owner**

Local Option  Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Number \_\_\_\_\_ Prefix \_\_\_\_\_ Street or Highway \_\_\_\_\_ Street Type \_\_\_\_\_ Suffix \_\_\_\_\_

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**L Remarks:**

The incident narrative is printed on the Supplemental Form.

More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

**M Authorization**

Check box if same as Officer in charge. <input checked="" type="checkbox"/>	Officer in charge ID	163	Signature	TRAVIS ELLEN	Position or rank	Captain	Assignment	Engine 19	Month	01	Day	06	Year	2023
	Member making report ID	163	Signature	TRAVIS ELLEN	Position or rank	Captain	Assignment	Engine 19	Month	01	Day	06	Year	2023

L

## Remarks:

Local Option

**TRAVIS ELLEN**

Engine 19 self-dispatched to assist ALS 18 and mutual aid Medic 29 for suicide attempt. While in route ALS 18 arrived on scene to GPD officer Richwine stating the PT had agonal respirations and Arterial bleeding from his neck. As ALS 18 entered the room with first in bag. LT. Estep found PT laying on the floor at the foot of the bed with PD's AED attached stating "no shock advised" and GPD officer [REDACTED] holding direct pressure to PT's neck. Officer [REDACTED] advised LT. Estep "he just stopped breathing as you walked in". LT. Estep felt for Femoral pulse. With no palpable pulse noted, LT. Estep requested E 19 crew to enter with Lucas device. Engine 19 arrived on scene and entered room with Lucas device and Lifepac 15. Lucas device was placed on PT. IGel placed in PT airway by Capt. Ellen and ventilations were begun. 18G IV started in PT's RAC by LT. Estep and PT was given 500ml NS as fast as possible. Lifepac defib pads placed on PT showing asystole. PT give 1 dose cardiac Epi as medic 29 arrived. Medic 29 called medical control for termination of resuscitation due to nature of injury. At that time PT gained organized rhythm. PT placed on Reeves, carried to cot and cot to medic unit. Rest of EMS report to be carried by Miami Township medic 29.

LT. Estep went with medic 29 to station 26 where they picked up more manpower. Engine 19 crew entered home escorted by GPD officer Richwine to retrieve medical equipment with time and date noted. Engine 19 returned to service and quarters. ALS 18 returned unavailable.



**A** FDID   OH State  MM  DD  YYYY  Station  Incident Number  Exposure  Delete  Change **NFIRS-10 Personnel**

**B** Apparatus or Resources **Dates and Times** Midnight is 0000  
 Check if same date as Alarm date on the Basic Module (Block E1).  
 Month Day Year Hour/Min  
 Sent  X Number of People  Apparatus Use  Suppression  EMS  Other Actions Taken

**1** ID  Dispatch       1243  
 Arrival       1247  
 Clear       1337  
 ☆Type

Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="163"/>	TRAVIS ELLEN		<input checked="" type="checkbox"/>				
<input type="text" value="085"/>	Kevin Lynch		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

**2** ID  Dispatch       1241  
 Arrival       1246  
 Clear       1337  
 ☆Type  Sent  X Number of People  Apparatus Use  Suppression  EMS  Other Actions Taken

Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="008"/>	Todd Estep		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

**3** ID  Dispatch        
 Arrival        
 Clear        
 ☆Type  Sent  X Number of People  Apparatus Use  Suppression  EMS  Other Actions Taken

Personnel ID ☆	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				



<b>A</b>	FDID <input type="text" value="13011"/> ★	State <input type="text" value="OH"/> ★	Incident Date <input type="text" value="01"/> <input type="text" value="06"/> <input type="text" value="2023"/> ★	Station <input type="text" value="18"/>	Incident Number <input type="text" value="0000016"/> ★	Exposure <input type="text" value="000"/> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	<b>ESO-1 Non-NFIRS Fields</b>
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<b>E1 Additional Incident Times</b>											
	Month	Day	Year	Hour	Min		Month	Day	Year	Hour	Min
PSAP Recieved	<input type="text" value="01"/>	<input type="text" value="06"/>	<input type="text" value="2023"/>	<input type="text" value="12"/>	<input type="text" value="33"/>	Dispatch Notified	<input type="text" value="01"/>	<input type="text" value="06"/>	<input type="text" value="2023"/>	<input type="text" value="12"/>	<input type="text" value="33"/>

<b>B</b>	Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>	ID	Type	En Route	District
		<small>Month Day Year Hour/Min</small>				
<input type="text" value="1"/>	ID <input type="text" value="E-19"/> Type <input type="text"/>	En Route <input type="text" value="01"/> <input type="text" value="06"/> <input type="text" value="2023"/> <input type="text" value="1243"/> District <input type="text" value="01"/> <input type="text" value="06"/> <input type="text" value="2023"/> <input type="text"/>	<input type="text" value="5"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="2"/>	ID <input type="text" value="B-19"/> Type <input type="text"/>	En Route <input type="text" value="01"/> <input type="text" value="06"/> <input type="text" value="2023"/> <input type="text" value="1242"/> District <input type="text" value="01"/> <input type="text" value="06"/> <input type="text" value="2023"/> <input type="text"/>	<input type="text" value="6"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="3"/>	ID <input type="text"/> Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="7"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="4"/>	ID <input type="text"/> Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="8"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text" value="9"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>