



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



2020-1090
 Officer-Involved Critical Incident - Cora Baughman (S)

Investigative Activity: Records Received; Medical Examiner's Post/Autopsy Review
 Involves: Cora Baughman
 Activity Date: 5/16/2022
 Activity Location: Cuyahoga County Medical Examiner's Office
 Authoring Agent: Arvin E. Clar #127

Narrative:

On Wednesday, August 03, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Arvin Clar (Clar) received Cora Baughman's (Baughman) medical records from the Portage County Coroner's Office; Portage County Coroner's case number #2022-59. The records were obtained pursuant to a request by BCI SA Clar, who attended the Autopsy/Post of Baughman at the Cuyahoga County Medical Examiner's Office on May 16, 2022. SA Clar reviewed the medical records and noted the following:

Baughman's medical records consisted of 17 pages.

Dr. Dean DePerro, Coroner with the Office of the Portage County Coroner's Office requested that the Cuyahoga County Medical Examiner's Office perform the Autopsy/Post on Baughman.

The autopsy was performed by Dr. David Dolinak MD (Dolinak), Deputy Cuyahoga County Medical Examiner for the Cuyahoga County Medical Examiner's Office.

The autopsy was performed on May 16, 2022, at 0915 hours.

Dr. Dolinak reported the following injuries sustained by the subject, Baughman:

[REDACTED]

Dr. Dolinak reports in his conclusion portion of the report:

“ [REDACTED] ”



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Baughman's toxicology report showed the following compounds as being identified:

[REDACTED]

Dr. DePerro reported the "[REDACTED]"

The medical records obtained are attached to this report. Please refer to the attachment for further details.

REPORT OF INVESTIGATION

OFFICE OF THE CORONER, PORTAGE COUNTY, OHIO

Date: May 14, _____, 2022

The death of Cora A. BAUGHMAN . Ledger # 7669 Case File 2022 - 059

On May 14, _____, 2022, I was informed that the body of Cora A. BAUGHMAN, whose death occurred in a suspicious or unusual manner, (or was not under the care of a physician,) had been found within the County.

Whereupon, I or my appointed representative, went forth or had responder contact at the address of UH-Portage Medical Center, Ravenna, the place where the body was, and proceeded to inquire how the deceased came to her death.

After personal or appointed observation of the corpse as required by law, and considering the surrounding circumstances, together with statements of persons having adequate knowledge of the facts, I reached the conclusion that AN autopsy was necessary.

Supplementary Medical Certification Issued? YES NO Date Signed: 7/29/22

On the basis of examination and / or investigation, in my opinion, the cause of death was:

GUNSHOT WOUNDS

This report, as required by law, is made and filed as a part of the official records of the Portage County Coroner's Office.

IN WITNESS WHEREOF, I have here unto set my hand and affixed my seal at Ravenna, Ohio, this 19th day of May, 2022.

DEAN JAMES DEPERRO, DO

Dr. Dean J. DePerro, DO, Coroner
County of Portage, Ohio.

Manner of Death was ruled: HOMICIDE

Deputy Coroner consulting: Bryan J. Klich, MD

Reg. Dist. No. 6702Ohio Department of Health
VITAL STATISTICS

State File No. 2022056351

Registrar's No. 6700-2022000568

Supplementary Medical Certification

1898529

Name of Deceased CORA A BAUGHMAN			
Place of Death HOSPITAL - DEAD ON ARRIVAL		Date of Death MAY 14, 2022	
23. Local Registrar SANDRA KNEZEVICH		24. Date Filed JULY 29, 2022	
26a. Certifier (Check only one)		<input type="checkbox"/> Certifying Physician <small>To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.</small> <input checked="" type="checkbox"/> Coroner <small>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.</small>	
26b. Time of Death 10:34		26c. Date Pronounced Dead (Month/Day/Year) MAY 14, 2022	26d. Was Case referred to Coroner? YES
26e. Certifier Name and Title DEPERRO, DEAN JAMES DO		26f. License number 34.006535	26g. Date Signed JULY 29, 2022
27. Name and Address of Person who Completed Cause of Death DEPERRO, DEAN JAMES, 449 SOUTH MERIDIAN ST, RAVENNA, OH, 44266			
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. <small>List only one cause on each line. Type or print in permanent black ink.</small>			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. GUNSHOT WOUNDS		UNKNOWN
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) MAY 14, 2022	33b. Time of Injury 09:46	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) A RESIDENCE	33d. Injury at Work? NO
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 8643 WERGER ROAD, GARRETTSVILLE, OHIO			
33f. Describe How Injury Occurred: SHOT BY LAW ENFORCEMENT		33g. If Transportation Injury, Specify:	

HEA 2752
Rev. 08/18THIS 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

1898529



2022056351

CERTIFICATE OF DEATH

Primary Reg. Dist. No. 6702

Registrar's No.

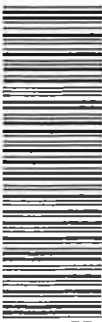
6700-2022000568

State File No. 2022056351

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) CORA A BAUGHMAN						2. Sex FEMALE	3. Date of Death (Month/Day/Year) MAY 14, 2022
	4. Social Security Number [REDACTED]	5a. Age (Years) 66	5b. Under 1 Year Months Days	5c. Under 1 day Hours Minutes	6. Date of Birth (Mo/Day/Year) APRIL 18, 1956	7. Birthplace (City and State or Foreign Country) CLEVELAND, OHIO		
	8a. Residence State OHIO		8b. County PORTAGE		8c. City or Town WINDHAM TOWNSHIP			
	8d. Street Address and Zip Code 8657 WERGER ROAD 44231						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 RUSSELL BRYCE COX				16. Mother's Name (prior to first marriage) MADELINE LUCAS			
	17a. Informant's Name JAMES ANDERSON			17b. Relationship to Decedent NEPHEW		17c. Mailing Address (Street and Number, City, State, Zip Code) 6233 STONE ROAD STREETSBORO, OHIO 44241		
	18a. Place of Death HOSPITAL - DEAD ON ARRIVAL						18b. Facility Name (if not Institution, give street & number) UH - PORTAGE MEDICAL CENTER	
					18c. City or Town, State and Zip Code RAVENNA, OH 44266		18d. County of Death PORTAGE	
DISPOSITION	19. Funeral Service Licensee or Other Agent MICHAEL E CARLSON			20. License Number (of licensee) 006317		21. Name and Complete Address of Funeral Facility MALLORY-DEHAVEN-CARLSON FUNERAL 8382 CENTER ST POB 252 GARRETTSVILLE, OH 44231		
	22. Method and Place of Disposition CREMATION - AKRON VAULT & CREMATORY, AKRON, OH							
	23. Local Registrar SANDRA KNEZEVICH				24. Date Filed (Month/Day/Year) MAY 19, 2022			
	25. 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	26a. Time of Death 10:34			26c. Date Pronounced Dead (Month/Day/Year) MAY 14, 2022		26d. Was Case Referred to Medical Examiner or Coroner? YES		
	26e. Certifier Name and Title BRYAN J KLICH MD			26f. License number 35.087357		26g. Date Signed (Month/Day/Year) MAY 19, 2022		
	27. Name and Address of Person who Completed Cause of Death BRYAN J KLICH, 449 SOUTH MERIDIAN ST, RAVENNA, OH 44266							
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)						
		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? NO			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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