



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



2024-3954

Officer Involved Critical Incident - 3487 Belmont Avenue,
Youngstown, Ohio, 44505

Investigative Activity: Review EMS Run Report for Jason Cain

Involves: Jason Cain (S)

Activity Date: 01/09/2025

Activity Location: 4055 Highlander Parkway, Richfield, Ohio, 44286

Authoring Agent: SA John Tingley

Narrative:

On Thursday, January 9, 2024, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) John Tingley (Tingley) reviewed the Emergency Medical Services (EMS) records from the Liberty Township Fire Department (LTFD) for Jason Cain (Cain) related to the officer involved critical incident which occurred on December 16, 2024, at 3487 Belmont Avenue, Youngstown, Ohio, 44505.

SA Tingley reviewed the documentation and noted the following:

On December 19, 2024, LTFD Medic 34 responded to 3487 Belmont Avenue, Youngstown, Ohio, to render medical treatment to Cain [REDACTED]

The content of this Investigative Report is not intended to be a substitute for professional medical advice, diagnosis, treatment or analysis. Reliance on any

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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information provided by SA Tingley or any supporting employee of the Ohio Attorney General's Office is solely at your own risk.

Please refer to the attached records for a full account of the injuries observed and the medical treatment provided.

References:

None

Attachments:

1. Liberty Twp Fire Department – EMS Run Report

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Prehospital Care Report Summary

Liberty Twp Fire Dept

4001 Logan Way; Youngstown, OH 44505

Date: 12/16/2024 Call #: [REDACTED] Booklet: 63579175 Branch: Station 34 Time Zone: GMT-05:00 Eastern

Call Information:

Billing Disposition: Treated/Transported

Deceased Patient: Not Applicable

Assist: Not Applicable

Initial Patient Acuity: [REDACTED]

Unit #: M34 - Medic 34, Ground-Ambulance - ALS2 **Trip Type:** Initial Trip

Run Type to Scene: Emergency Response (Primary Response Area) Emergent (Immediate Response)

Service Requested: Emergency Response (Primary Response Area)

Incident Facility: No Facility (Scene of Accident/Acute Event) -

Incident Location: 3487 BELMONT AVE - Youngstown, OH 44505 (Trumbull County)

Incident Location Type: Private Commercial Establishment

Receiving Facility: St. Elizabeth - Main (Hospital) - 1044 Belmont Ave - Youngstown, OH 44504

Facility Address: 1044 Belmont Ave - Youngstown, OH 44504

Registration # N/A

Destination Type: Hospital Emergency Department

Dest. Reason: Nearest/Most Accessible Facility

Hospital Capability: Hospital (General)

Condition of Patient At Destination: Unchanged

Loaded Mileage: 2.2 (Total Mileage: 2.2)

Crew Members: Matthew Gray, Firefighter, Paramedic(DS)(DOC); Alec Coman, Firefighter, EMT; Tommy Gibbs, Fire Instructor, Firefighter, Paramedic; Dylan Campbell, Firefighter, EMT(DH)

Moved to Amb By: Carried, Stretcher **Transport Position:** Semi/Full Fowlers **From Amb By:** Stretcher

Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens, Destination - Lights and Sirens

Pre-Arrival Alert/Activation: Yes-Adult Trauma **Time:** 2024-12-16 14:52:45

Patients Transported

In My Unit: 1

Patients at Scene: 1

Call Received: 14:45:25

Dispatched: 14:46:28

En Route: 14:47:21

At Staging Area:

On Scene: 14:51:00

Patient Contact: 14:51:40

Transfer of EMS

Patient Care:

Left Scene: 14:55:57

At Destination: 14:58:58

Destination Patient

Transfer of Care: 15:01:58

In Service: 15:24:04

Time On Scene: 5 Min

Time to Destination: 13 Min

Total Time of Run: 38 Min

Other Responding Agencies:

Agency Name:

On Scene:

First To Provide Care:

Joint Response Contract:

Liberty Police

No

Patient Information:

Name: Jason Cain

Address: 649 Wilson Sharpsville Rd - Cortland, OH 44410

County: Trumbull

Phone:

Email:

SSN: [REDACTED]

Driver License:

Local Resident: No

Drug Use Suspected - Drug, Route: Unknown,

Current Meds: Unable to Complete

DOB: 04/05/1993

Gender: Male

Age: 31 Years

Weight: 170.0 lbs, 77.11 kg (Approx.)

Broselow:

Patient Physician:

Advance Directives:

PMH: Unable to Complete

Comment:

Patient Physical Limitations:

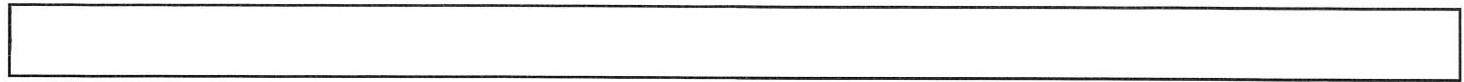
Comment:

Comments:

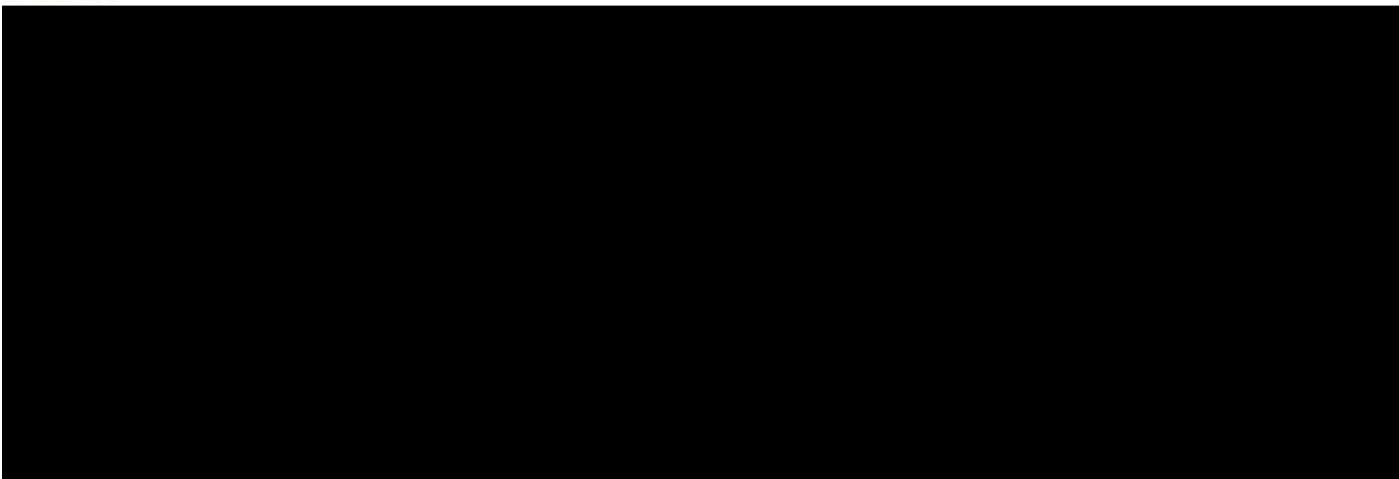
Comments:

Comments:

Payer Information:



Clinical:



Assessments:

| Time | Employee | Type | Summary |
|----------|---------------|------|---------|
| 14:51:41 | Gray, Matthew | | |
| 14:51:49 | Gray, Matthew | | |
| 14:51:53 | Gray, Matthew | | |

Vitals:

| Time | Employee | Summary |
|----------|---------------|---------|
| 14:58:33 | Gray, Matthew | |

Treatments/Medications:

| Time | Employee | Summary |
|----------|---------------|---------|
| 14:54:59 | Gray, Matthew | |

Supply

Qty Supply

ECG Device Incident Number:

Narrative History Text:

Unable to Sign:

Unable to Sign Reason [REDACTED]

Authorized Representative: No authorized representative is available or willing

Authorized Representative Signature: Yes

Secondary Documentation: Facility Face Sheet/Admissions Record

Secondary Documentation Signature: No

Comment:

Auth Signature: No Privacy Sig: No Unable to Sign: Yes Refused to Sign: No

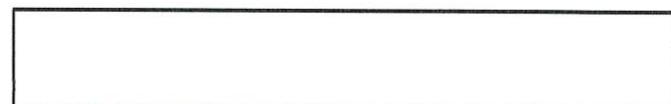
Signature Image(s):

Authorization Signature

Privacy Notice Signature

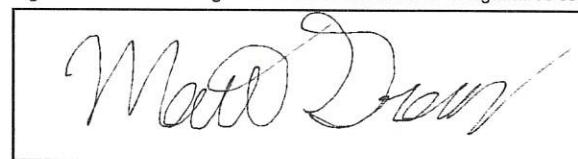


Receiving Agent / RN / MD Signature



Technician Signature - Gray, Matthew Firefighter, Paramedic - 12/16/2024 15:49

Signature of documenting crew member and witness to signatures collected.



Authorized Representative Signature - Austin main rn - 12/16/2024 15:12

I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Liberty Twp Fire Department now or in the past, (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. My signature is not an acceptance of financial responsibility for the services rendered.

