



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



2025-3447

Officer Involved Critical Incident - 1642 Cherry Ln., Findlay,
Ohio 45840, Hancock County (L)

Investigative Activity: EMS Run Report Review

Involves: Robert Norton (S)

Activity Date: 11/24/2025

Activity Location: BCI Richfield

Authoring Agent: SA John Tingley #154

Narrative:

On Monday, November 24, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent John Tingley (SA Tingley) reviewed the Emergency Medical Service (EMS) Patient Care Records from HANCO EMS for Robert Norton (Norton) related to the Officer Involved Critical Incident (OICI) which occurred on October 22, 2025, at 1642 Cherry Lane, Findlay, Hancock County, Ohio.

SA Tingley reviewed the documentation and noted the following:

On October 22, 2025, HANCO EMS Squad 1 was dispatched to a residence at 1642 Cherry Lane, Findlay, Ohio, for a trauma call for a subject with multiple gunshot wounds. The run number is listed as [REDACTED] and listed the response priority as Signal 40 Emergency. The following table lists the major times related to the incident.

Specific Activity	Time and Date
Dispatched	1350 10/22/2025
En Route	1351 10/22/2025
At Scene	1351 10/22/2025
At Patient	1352 10/22/2025

The following is taken directly from the Narrative section of the Patient Care Report and documents the actions taken by EMS personnel:

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.

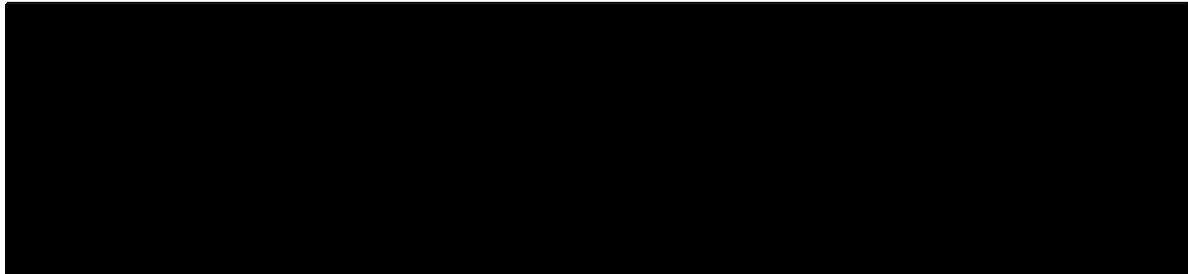


**Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report**



2025-3447

Officer Involved Critical Incident - 1642 Cherry Ln., Findlay,
Ohio 45840, Hancock County (L)



For further details, please refer to the full Patient Care Report which is attached to this report.

References:

None

Attachments:

1. HANCO Patient Care Report

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.

FINAL

Patient Care Report

ROBERT NORTON



HANCO EMS LLC

Date of Service: 10/22/2025

Run Number: XXXXXXXXXX

Incident Number:

FINAL**Patient Care Report****ROBERT NORTON****HANCO EMS LLC**

Date of Service: 10/22/2025

Run Number: [REDACTED]

Incident Number: [REDACTED]

NPI: [REDACTED]

NPI: [REDACTED]

PATIENT INFORMATION

Name : ROBERT CNORTON

Phone : (419) 422-4915

Mobile No. :

SSN : [REDACTED]

DOB : 03/08/1935 (90 yrs)

Doctor: <None>

Sex : Male

Weight : 0.00 lbs 0.00 Kgs

Homeless:

Ethnicity : Not Hispanic or Latino

Emergency Info Form :

Last Known Well:

DL Info :

Home Country :

Email:

Belonging Left With:

Face Sheet:

Belongings:

Broselow/ Luten Color :

Race : White
Advanced
Directives :
Patient
Characteristics:

Medicare Questionnaire

Home Addr. : 1642 CHERRY LN
FINDLAY, HANCOCK, OH 45840Mailing Addr. : 1642 CHERRY LN
FINDLAY, OH 45840**NEXT OF KIN**

Name :

Phone :

Relationship :

SSN :

DOB :

Cell Phone: :

Sex :

Home Addr. :

Work Related: No
Occupation:
no insurance information entered

Employer:

Payer Type:

Employer Address:

PATIENT COMPLAINTS**HISTORY****ASSESSMENT**

FINAL**Patient Care Report****ROBERT NORTON****HANCO EMS LLC**

Date of Service: 10/22/2025

Run Number: [REDACTED]

Incident Number: [REDACTED]

NPI: [REDACTED]

NPI: [REDACTED]

ETOH/Drug use: None Reported

Pregnancy: No

10/22/2025 13:52:00 By: GOETZ, JEFF

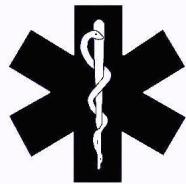
<u>Body Area</u>	<u>Assessments and Comments</u>	<u>Body Area</u>	<u>Assessments and Comments</u>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

IMPRESSIONSPrimary Impression: [REDACTED]Secondary Impressions: [REDACTED]

FINAL

Patient Care Report

ROBERT NORTON



HANCO EMS LLC

Date of Service: 10/22/2025

Run Number: [REDACTED]

Incident Number: [REDACTED]

NPI: [REDACTED]

NPI: [REDACTED]

TRAUMA

FINAL

Patient Care Report

ROBERT NORTON



HANCO EMS LLC

Date of Service: 10/22/2025

Run Number: [REDACTED]

Incident Number: [REDACTED]

NPI: [REDACTED]

NPI: [REDACTED]

VITAL SIGNS

TRAUMA SCORES

no trauma scores entered

PRIOR AID

no prior aid entered

TREATMENT SUMMARY

FINAL

Patient Care Report

ROBERT NORTON



HANCO EMS LLC

Date of Service: 10/22/2025

Run Number: [REDACTED]

Incident Number: [REDACTED]

NPI: [REDACTED]

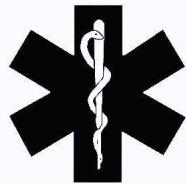
NPI: [REDACTED]

TREATMENT SUMMARY CONTINUED

FINAL

Patient Care Report

ROBERT NORTON



HANCO EMS LLC

Date of Service: 10/22/2025

Run Number: [REDACTED]

Incident Number: [REDACTED]

NPI: [REDACTED]

NPI: [REDACTED]

TREATMENT SUMMARY CONTINUED

FINAL**Patient Care Report****ROBERT NORTON****HANCO EMS LLC****Date of Service: 10/22/2025****Run Number: [REDACTED]****Incident Number: [REDACTED]**

NPI: [REDACTED]

NPI: [REDACTED]

NARRATIVE**MISCELLANEOUS****HIPAA**

no HIPAA signatures entered

SIGNATURES

<u>Time</u>	<u>Type</u>	<u>Who signed</u>	<u>Why patient did not sign</u>
10/22/2025 17:40	Section 3 - Crew&Receiving Signatures (Billing)	Nurse (RN) - Risner, Axel	No Pt Sig - Mental Status/Impaired

X _____

Complete this section only if: (1) the patient was physically or mentally incapable of signing, and (2) no authorized representative (Section II) was available or willing to sign on behalf of the patient at the time of service. Healthcare Provider

Privacy Practices Acknowledgment: by signing below, Axel Risner, acknowledges that HANCO EMS, LLC provided a copy of its Notice of Privacy Practices to the patient or other party with instructions to provide the Notice to the patient.

A copy of this form is valid as an original

Ambulance Crew Member Statement (must be completed by crew member at time of transport)

My, Axel Risner, signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered.

CREW INFORMATION**Start Date/Time : 10/22/2025 13:14**

<u>Crew #</u>	<u>Name</u>
439	GREEK, ALEXANDER

<u>Crew #</u>	<u>Name</u>
453	GOETZ, JEFF

<u>Crew #</u>	<u>Name</u>
458	KUCK, DANA

Crew1 State ID

194842

Crew2 State ID

188373

Crew3 State ID

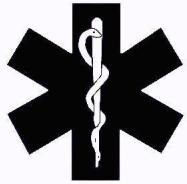
195932

License: EMT**License:** Paramedic**License:** EMT**Level:** 2009 Emergency Medical Technician (EMT)**Level:** EMT-Paramedic**Level:** 2009 Emergency Medical Technician (EMT)

FINAL

Patient Care Report

ROBERT NORTON



HANCO EMS LLC

Date of Service: 10/22/2025

Run Number: [REDACTED]

Incident Number: [REDACTED]

NPI: [REDACTED]

NPI: [REDACTED]





PHYSICIANS CERTIFICATION STATEMENT FOR AMBULANCE TRANSPORTATION

no PCS entered

PATIENT REFUSAL FORM

no Patient Refusal entered