



**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:

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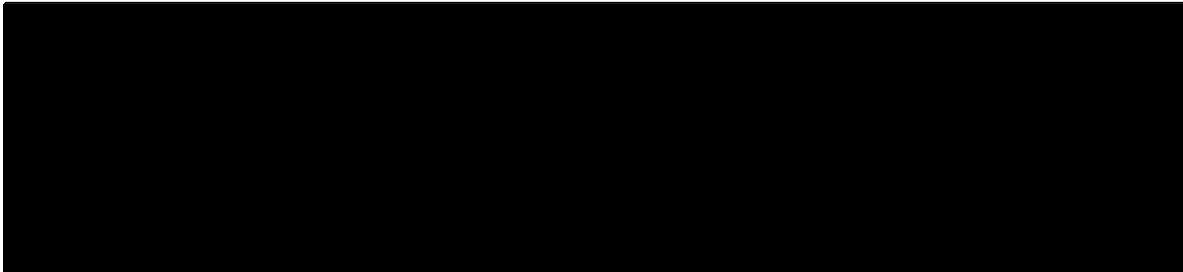


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Ohio 45840, Hancock County (L)



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

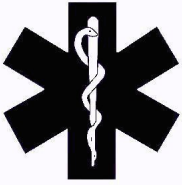
References:

None

Attachments:

1. HANCO Patient Care Report

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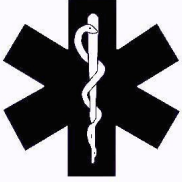
HANCO EMS LLC

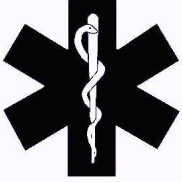
Date of Service: 10/22/2025

Run Number: [REDACTED]

Incident Number:

CREW INFO	RESPONSE INFO	DISPOSITION	TIMES
Vehicle: 1	Med/Trauma: Trauma	Type of Service: 911 Response (Scene)	Injury: 13:50 10-22-25
Call Sign:	Call Type: ALS	Outcome: Treated, Transported in this Unit	PSAP:
Resp No:	Resp Priority: Signal 40 Emergency	Dest. Reason: Closest Most Appropriate Facility	Disp Notify: 13:50 10-22-25
Primary Role: Ground Transport (ALS Equipped)	NatureOfCall: GUNSHOT WOUND (6)	Trans. Priority: Signal 40 Emergency	Recvd: 13:50 10-22-25
Crew #1 ID: GREEK, ALEXANDER	EMD Perform.: Yes, Unknown if Pre-Arrival Instructions Given	Odometer Start:	Dispatch: 13:50 10-22-25
Crew1 Role: Driver/Pilot-Response, Driver/Pilot-Transport	EMD Card No:	At Scene Miles: 0.0	En route: 13:50 10-22-25
Crew1 Level: 2009 Emergency Medical Technician (EMT)	Disp. Delay: None/No Delay	At Dest. Miles: 3.9	At scene: 13:51 10-22-25
Crew#2 ID: GOETZ, JEFF	Resp. Delay: None/No Delay	Odom. End:	At patient: 13:52 10-22-25
Crew2 Role: Primary Patient Caregiver-At Scene, Primary Patient Caregiver-Transport	Call Taken by: FINDLAY POLICE DEPARTMENT	Pts trans.: Stretcher	Tra. Of Care:
Crew2 Level: EMT-Paramedic	Resp. with: Fire Law	Cond at Dest.:	Transport: 14:20 10-22-25
Crew #3 ID: KUCK, DANA	Locn Type: Home/Residence	Dest Type: Emergency Room	At dest.: 14:27 10-22-25
Crew3 Role: Other Patient Caregiver-At Scene, Other Patient Caregiver-Transport	Location: 1642 CHERRY LN FINDLAY, Hancock, OH 45840	Level of care: ALS - Paramedic	Dest Tra Care: 14:39 10-22-25
Crew3 Level: 2009 Emergency Medical Technician (EMT)	Scn Zone No: 8E Findlay	Dest Zone No: 8H Findlay	In service: 14:59 10-22-25
Disp Locn: Hanco Station 2	Scene GPS:	Barriers to Care: None Noted None None	Cancel:
Disp Zone:			At base: 15:33 10-22-25
			Air Med.Arr.
			EMS Call Cmp 14:59 10-22-25
Disp GPS Locn:	Pt. Found: On Floor	Pt. Trans.: Supine - Stretcher	
Other EMS Agency:	# Patients: Single	Triage Class.:	
Sending Fac MR#:	Mass Casualty: No	Scene Delay: None/No Delay	
Est 1st At Scene:	Activity at Onset: Activity, unspecified	Trans. Delay: None <None> <None>	
1st At Scn time:	Poss. Injury: Yes	Dest Delay: None/No Delay	
Assisted By: Findlay Fire Dept	Protocols:	Destination: Blanchard Valley Hospital Dept: Emergency Dept 1900 S MAIN ST ED02 Findlay, Hancock, OH 45840-1214	
		Dest GPS:	
Doc'd By: GOETZ, JEFF	Response Zone: <None>	Dest Fac MR#:	
	Acuity at Dispatch: Priority 1 (Critical)	Recv Doctor: <None>	
Unit Type:	Initial Pt. Acuity: Critical (Red)	Disp.Cen.Name:	Cxl Reason: <NONE>
	Level of Care of this Unit: ALS-Paramedic		
Final Pt. Acuity: Critical (Red)	Seat Position:	Instructions Provided:	
	Height of Fall:	Trauma Center Criteria:	
Addl.Resp. Mode: Lights and Sirens		Transport Mode: Lights and Sirens	
		Descriptors:	
Patients: 1	Transport Method: Ground-Ambulance	Destination Reason:	
Transported:	Hospital in Pt. Destination:		
Hospital Designation: Trauma Center Level 3			

FINAL**Patient Care Report****ROBERT NORTON****HANCO EMS LLC****Date of Service: 10/22/2025****Run Number:** [REDACTED]**Incident Number:****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:****Emergency Info Form :****Last Known Well:****Ethnicity :** Not Hispanic or Latino**DL Info :****Home Country :****Email:****Belonging Left With:****Face Sheet:****Belongings:****Broselow/ Luten Color :****Medicare Questionnaire****:****Home Addr. :** 1642 CHERRY LN
FINDLAY, HANCOCK, OH 45840**Mailing Addr. :** 1642 CHERRY LN
FINDLAY, OH 45840**Race :** White**Advanced****Directives :****Patient****Characteristics:****NEXT OF KIN****Name :****Phone :****Relationship :****SSN :****DOB :****Cell Phone :****Sex :****Home Addr. :****INSURANCE****Work Related:** No**Employer:****Payer Type:****Occupation:****Employer Address:***no insurance information entered***PATIENT COMPLAINTS****HISTORY****ASSESSMENT**

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

Date of Service: 10/22/2025

Run Number: [REDACTED]

Incident Number:

NPI: [REDACTED]

NPI: [REDACTED]

ETOH/Drug use: None Reported

Pregnancy: No

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

Body Area	Assessments and Comments	Body Area	Assessments and Comments
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IMPRESSIONSPrimary Impression:Secondary Impressions:

FINAL

Patient Care Report

ROBERT NORTON



HANCO EMS LLC

Date of Service: 10/22/2025

Run Number: [REDACTED]

Incident Number:

NPI: [REDACTED]

NPI: [REDACTED]

[REDACTED]

[REDACTED]

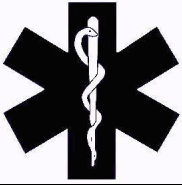
TRAUMA

[REDACTED]

FINAL

Patient Care Report

ROBERT NORTON



HANCO EMS LLC

Date of Service: 10/22/2025

Run Number: [REDACTED]

Incident Number:

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:

NPI: [REDACTED]

NPI: [REDACTED]

TREATMENT SUMMARY CONTINUED

FINAL

Patient Care Report

ROBERT NORTON



HANCO EMS LLC

Date of Service: 10/22/2025

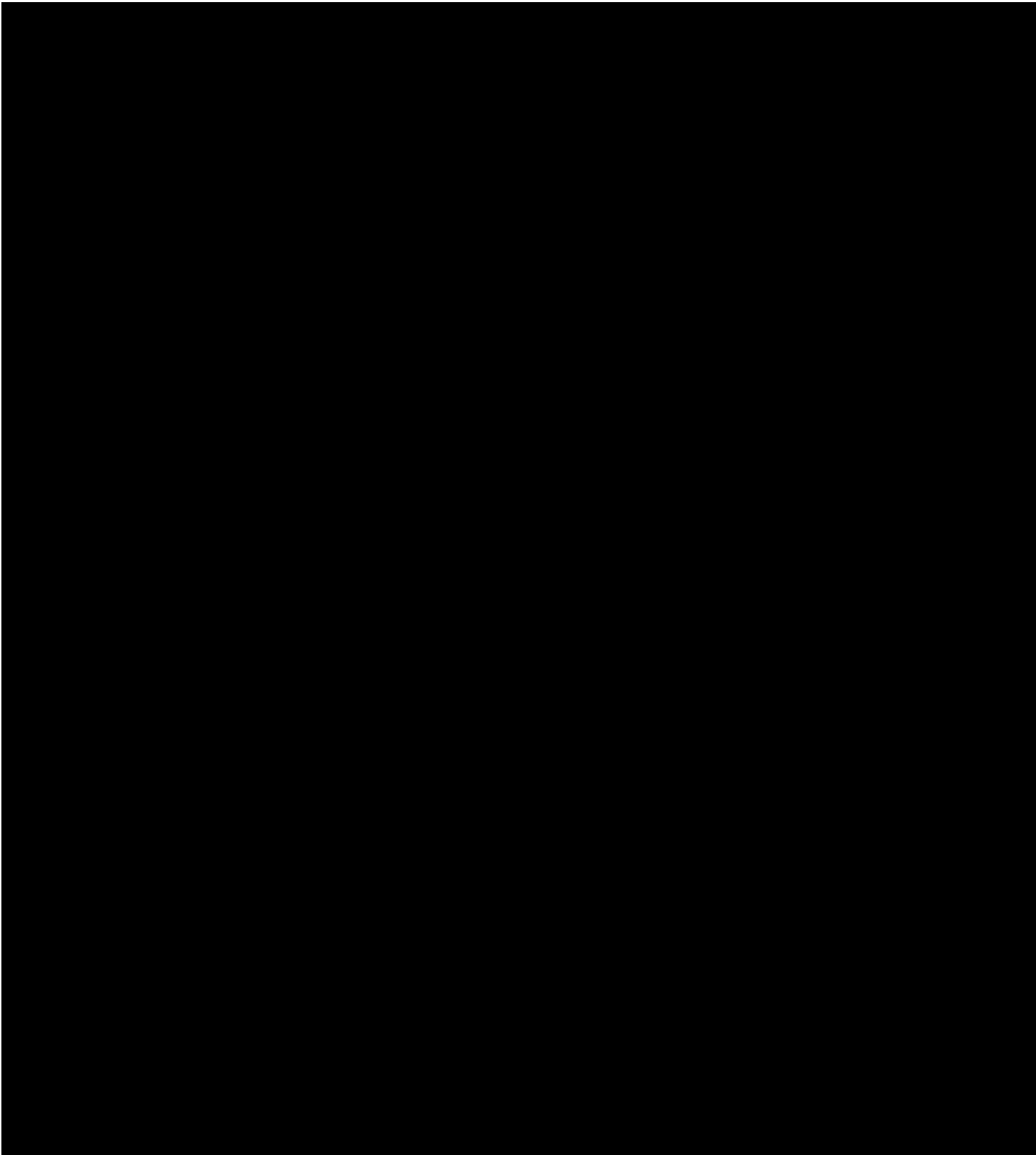
Run Number: [REDACTED]

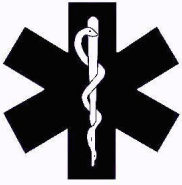
Incident Number:

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:

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.

Type of Person Signing _____ 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 INFORMATIONStart Date/Time: 10/22/2025 13:14

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

Crew1 State ID

194842

License: EMTLevel: 2009 Emergency Medical Technician (EMT)

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

Crew2 State ID

188373

License: ParamedicLevel: EMT-Paramedic

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

Crew3 State ID

195932

License: EMTLevel: 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:

NPI: [REDACTED]

NPI: [REDACTED]

X 

X 

PHYSICIANS CERTIFICATION STATEMENT FOR AMBULANCE TRANSPORTATION

no PCS entered

PATIENT REFUSAL FORM

no Patient Refusal entered