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

2026-2005
Officer Involved Critical Incident - 905 Brady Ave., Steubenville, OH 43952, Jefferson County

Investigative Activity:	EMS Reports Reviewed
Involves:	Matthew Metzger (S)
Activity Date:	06/08/2026
Activity Location:	BCI - Richfield
Authoring Agent:	SA Joseph Goudy

Narrative:

On Monday, June 1, 2026, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joseph Goudy (Goudy) received the Steubenville Fire Department Emergency Medical Service (EMS) run sheets from Steubenville Police Captain, Joe Buchmelter (Buchmelter). This report was associated with the officer involved critical incident which occurred on May 24, 2026, which resulted in the death of Matthew Metzger (Metzger).

SA Goudy reviewed the EMS reports and noted the following:

Call #[redacted]

Incident #[redacted]

On Sunday, May 24, 2026, at 17:05:18 hours, the Steubenville Fire Department EMS #67 was dispatched to 905 Brady Avenue, Steubenville, Ohio, in front of Team Ford Automotive group, for a subject with gunshot wounds.

Relevant times related to the emergency run are depicted below:

Assigned	05/24/26 17:06:31
Enroute	05/24/26 17:06:31
Staged	
Arrived	05/24/26 17:10:36
Backup Requested	
Backup Arrived	
Leaving	
Arrived At	
Completed	05/24/26 17:57:40

The report listed the patient as Mathew Metzger and indicated the subject was found lying in the prone position handcuffed behind his back. The report further stated that Metzger had an [redacted]" Metzger was found to be [redacted] The EMS report stated, "[redacted]"

The narrative below was taken from page 2 of the Steubenville Fire Department - EMS run sheets.

67 ems was dispatched to Brady ave in front of Team Automotive group for a subject with gunshot wounds. 6774 responded in a emergent manner with the use of lights and sirens. Crew arrived on scene and was instructed to proceed to pt in street by SPD Officer. Pt was found laying in the prone position handcuffed behind his back. Pt had an [redacted] It appeared that SPD had started to pack wound in pts back. PT [redacted] SPD was asked to remove handcuffs and pulse was checked at same time. PT was found [redacted] Pt was log rolled to his back and monitor was placed on pt using multi use pads [redacted] A further physical assessment completed by cutting jeans up legs to revea [redacted] Body was covered by a sheet. County coroners office was contacted and requested to scene. A 1 hour eta was given. Crew waited in ambulance on scene until BCI arrived on scene, took custody of body and released crew.

Later, EMS assisted the Jefferson County Coroner's office with removal and transport of the decedent, Metzger.

For further information, please refer to the attached Steubenville Fire Department run sheets.

References:

None

Attachments:

1. EMS Run Sheet
2. EMS – Assist Coroner
3. Steubenville Fire Department – EMS run sheets

Jefferson County 911

CFS Report Printed on May 26, 2026

CFS #	[redacted]
Call Taker	Ron Cavanaugh
Location	UNIVERSITY BLVD / BRADY AVE, STEUBENVILLE, OH 43952
Location Details	
Primary Incident Code	224 : Trauma / Musculoskeletal
Mod	
Priority	1
Use Caution	No
Primary Disposition	Handled By Officer / Deputy
Call Time	05/24/26 17:05:18
Completed Time	05/24/26 17:57:40

Reporters

Unknown (Initial Reporter)

Sex	
DOB	
Address	
Report Time	05/24/26 17:05:18
How Reported	
From Phone	
Contact Phone	
Comments	

Other Names

Vehicles

Responders

6713 (Primary)	6713 Paging	67 (Primary)
6774		67 (Primary)
6775		67 (Primary)

Response Times

Assigned	05/24/26 17:06:31 *
Enroute	05/24/26 17:06:31
Staged	
Arrived	05/24/26 17:10:36
Backup Requested	
Backup Arrived	
Leaving	
Arrived At	
Completed	05/24/26 17:57:40

IR / External Agency Numbers

[redacted]

Unit Response Times

Non Unit Specific Times

05/24/26 17:05:18 | New CFS
05/24/26 17:05:57 | MALE WITH A GUNSHOT WOUND
05/24/26 17:07:30 | EMS REQUESTED BY 68

6713

05/24/26 17:18:00 | On Scene
05/24/26 17:23:11 | Clear Alarms
05/24/26 17:57:28 | In Service
05/24/26 17:57:33 | In Quarters

6774

05/24/26 17:06:31 | Enroute
05/24/26 17:52:27 | In Service
05/24/26 17:57:40 | In Quarters

6775

05/24/26 17:06:50 | Enroute
05/24/26 17:10:36 | On Scene
05/24/26 17:10:43 | Clear Alarms
05/24/26 17:18:18 | In Service
05/24/26 17:23:16 | In Quarters

Jefferson County 911

CFS Report Printed on May 26, 2026

CFS #	[redacted]
Call Taker	Casey Stewart
Location	905 BRADY AVE, STEUBENVILLE, OH 43952 (Team Ford)
Location Details	
Primary Incident Code	128 : Dead On Arrival
Mod	
Priority	1
Use Caution	No
Primary Disposition	Handled By Officer / Deputy
Call Time	05/24/26 20:07:57
Completed Time	05/24/26 20:58:20

Reporters

Unknown (Initial Reporter)

Sex	
DOB	
Address	
Report Time	05/24/26 20:07:57
How Reported	
From Phone	
Contact Phone	
Comments	

Other Names

Vehicles

Responders

67-EMS	67 Ems Paging	67 (Primary)
6713 (Primary)	6713 Paging	67 (Primary)
6774		67 (Primary)

Response Times

Assigned	05/24/26 20:07:57
Enroute	05/24/26 20:08:46
Staged	
Arrived	05/24/26 20:15:48
Backup Requested	
Backup Arrived	
Leaving	05/24/26 20:22:25
Arrived At	
Completed	05/24/26 20:58:20

IR / External Agency Numbers

[redacted]

Unit Response Times

Non Unit Specific Times

05/24/26 20:08:40 | ASSIST THE CORONERS OFFICE WITH A BODY REMOVAL FROM A PREVIOUS SCENE

67-EMS

05/24/26 20:07:57 | New CFS
05/24/26 20:08:07 | Page
05/24/26 20:08:51 | OFF DUTY

6713

05/24/26 20:20:53 | Dispatch
05/24/26 20:21:02 | Dispatch
05/24/26 20:23:25 | Enroute
05/24/26 20:26:56 | On Scene
05/24/26 20:26:59 | Clear Alarms
05/24/26 20:58:16 | In Service
05/24/26 20:58:20 | In Quarters

6774

05/24/26 20:08:46 | Enroute
05/24/26 20:15:48 | On Scene
05/24/26 20:15:51 | Clear Alarms
05/24/26 20:22:25 | Leaving Scene to (Location: Trinity West)
05/24/26 20:45:19 | In Service
05/24/26 20:52:18 | Enroute
05/24/26 20:52:23 | OFF DUTY

Patient Information			
Last	METZGER	**Address**	604 FORESTVIEW DR
First	MATTHEW	**Address 2**	
Middle		**City**	Wintersville
Name Suffix		**State**	OH
Sex	Male	**Zip**	43953
Gender	Male	**Country**	
DOB	09/22/1989	**Tel**	
Age	36 Yrs, 8 Months, 2 Days	**Physician**	
Weight		**Phys. Tel**	
Height		**Ethnicity**	Not Hispanic or Latino
Pedi Color		**Race**	White
SSN	[redacted]		
Advance Directives			
Resident Status			
Patient Resides in Service Area			
Temporary Residence Type			

Clinical Impression			
Primary Impression	[redacted]		
Secondary Impression			
Protocols Used			
Local Protocol Provided Care Level			
Anatomic Position			
Onset Time			
Last Known Well			
Chief Complaint	[redacted]		
Duration		**Units**	
Secondary Complaint			
Duration		**Units**	
Patient's Level of Distress			
Signs & Symptoms	[redacted]		
Injury			
Additional Injury			
Mechanism of Injury			
Medical/Trauma			
Barriers of Care			
Alcohol/Drugs			
Pregnancy			
Initial Patient Acuity			
Final Patient Acuity			
Patient Activity			

Medications/Allergies/History/Immunizations	
Medications	[redacted]
Allergies	
History	
Immunizations	
Last Oral Intake	

Vital Signs

Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain
17:09	[redacted]											

Vitals Calculations

Time	GCS(E+V+M)/Qualifiers	RASS	BARS	RTS	PTS	MAP	Shock Index
17:09	[redacted]						

Flow Chart

Time	Treatment	Description	Provider
17:08	**ALS Assessment**	[redacted]	Gibbs, Andrew
17:08	**Time of Death**		Gibbs, Andrew

Assessments

Assessment Time: 05/24/2026 17:09:00

Category	Comments	Subcategory	
Mental Status		[redacted]	
Skin			

05/26/2026 12:35:14
PCRID: 50ab4adf-c35d-4368-a839-b45400f8d4bd
Electronically Signed by: Gibbs, Andrew
Template Version: PCR-WEB-1.3.1
Data Version: 00000-0000000018B3623F

Assessments

Assessment Time: 05/24/2026 17:09:00

Category	Comments	Subcategory	
HEENT		Head	[redacted]
		Face	
		Eyes	
		Neck	
Chest		Chest	
		Heart Sounds	
		Lung Sounds	
Abdomen		General	
Back		Thoracic	
Pelvis/GU/GI		Pelvis/GU/GI	
Extremities		Left Arm	
		Right Arm	
		Left Leg	
		Right Leg	
Neurological		Neurological	
Neonatal			

Narrative

67 ems was dispatched to Brady ave in front of Team Automotive group for a subject with gunshot wounds. 6774 responded in a emergent manner with the use of lights and sirens. Crew arrived on scene and was instructed to proceed to pt in street by SPD Officer. Pt was found laying in the prone position handcuffed behind his back. Pt had [redacted] It appeared that SPD had started to pack wound in pts back. [redacted] SPD was asked to remove handcuffs and pulse was checked at same time. PT was found [redacted] Pt was log rolled to his back and monitor was placed on pt using multi use pads [redacted] further physical assessment completed by cutting jeans up legs to reveal [redacted] Body was covered by a sheet. County coroners office was contacted and requested to scene. A 1 hour eta was given. Crew waited in ambulance on scene until BCI arrived on scene, took custody of body and released crew.

Specialty Patient - CDC 2011 Trauma Criteria

Vital Signs	[redacted]	**Trauma Activation**	[redacted]
Anatomy of Injury		**Time**	
Mechanism of Injury		**Date**	
Special Considerations		**Trauma level**	
		Reason Not Activated	

Incident Details		Destination Details		Incident Times	
Location Type	Place of Business	**Disposition**		**PSAP Call**	
Location	Team automotive	**Unit Disposition**	Patient Contact Made	**Dispatch Notified**	
Address	905 brady Ave	**Patient Evaluation and/or Care Disposition**	Patient Evaluated, No Care Required	**Call Received**	05/24/2026 17:05:18
Address 2		**Crew Disposition**	Initiated and Continued Primary Care	**Dispatched**	05/24/2026 17:05:57
Mile Marker		**Transport Disposition**	No Transport	**En Route**	05/24/2026 17:06:31
City	Steubenville	**Transport Mode**		**Staged**	
County	Jefferson	**Reason for Refusal or Release**	Released to Law Enforcement	**Resp on Scene**	
State	OH	**Transport Mode Descriptors**		**On Scene**	05/24/2026 17:08:00
Zip	43952	**Transport Due To**		**At Patient**	05/24/2026 17:08:00
Country	US	**Transported To**		**Care Transferred**	
Medic Unit	6764	**Requested By**	Law Enforcement	**Depart Scene**	05/24/2026 17:52:27
Medic Vehicle	6764	**Transferred To**		**At Destination**	
Run Type	Emergency Response (Primary Response Area)	**Transferred Unit**		**Pt. Transferred**	

05/26/2026 12:35:14
PCRID: 50ab4adf-c35d-4368-a839-b45400f8d4bd
Electronically Signed by: Gibbs, Andrew
Template Version: PCR-WEB-1.3.1
Data Version: 00000-0000000018B3623F

Incident Details		Destination Details		Incident Times	
Response Mode	Emergent	**Destination**		**Call Closed**	05/24/2026 17:57:40
Response Mode Descriptors	Lights and Sirens	**Department**		**In District**	
Shift	1 Turn	**Address**		**At Landing Area**	
Zone	Downtown EMS	**Address 2**			
Level of Service		**City**			
EMD Complaint	Active Shooter	**County**			
EMD Card Number		**State**			
Dispatch Priority		**Zip**			
		Country	US		
		Zone			
		Condition at Destination			
		State Wristband #			
		Destination Record #			
		Trauma Registry ID			
		STEMI Registry ID			
		Stroke Registry ID			
Alternative Disposition Offered					

Crew Members				
Personnel	**Role**	**Certification Level**	**PPE**	**Exposures**
Dobson , Conrad	Driver	EMT-Basic (Ohio) - 203831		
Gibbs , Andrew	Lead	EMT-Paramedic (Ohio) - 148659		

Insurance Details					
Insured's Name	MATTHEW METZGER	**Primary Payer**	Not Billed (for any reason)	**Dispatch Nature**	GSW
Relationship	Self	**Medicare**		**Response Urgency**	Immediate
Insured SSN	[redacted]	**Medicaid**		**Job Related Injury**	
Insured DOB	09/22/1989	**Primary Insurance**		**Employer**	
Address1	604 FORESTVIEW DR	**Policy #**		**Contact**	
Address2		**Primary Insurance Group Name**		**Phone**	
Address3		**Group #**		**Mileage to Closest Hospital**	
City	Wintersville	**Secondary Ins**			
State	OH	**Policy #**			
Zip	43953	**Secondary Insurance Group Name**			
Country		**Group #**			

Mileage		Delays	
Scene		**Category**	**Delays**
Destination			
Loaded Miles			
Start			
End			
Total Miles			

Next of Kin					
Next of Kin Name		**Address1**		**City**	
Relationship to Patient		**Address2**		**State**	
Phone		**Address3**		**Zip**	
				Country	US

Transfer Details			
PAN		**Sending Physician**	
Prior Authorization Code Payer		**Sending Record #**	
PCS		**Receiving Physician**	

05/26/2026 12:35:14
PCRID: 50ab4adf-c35d-4368-a839-b45400f8d4bd
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Transfer Details			
Interfacility Transfer or Medical Transport Reason		**Condition Code**	
ABN		**Condition Code Modifiers**	
CMS Service Level	ALS, Level 1 Emergency		
>ICD-9 Code			
Transport Assessment			
Specialty Care Transport Provider			
Transfer Reason			
Justification for Transfer			
Other/Services			
Medical Necessity			

Billing Authorization

Authorization	

Section I - Patient / Parent of Minor Authorization Signature

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Patient / Parent Name	
Billing Authorization	
HIPAA Acknowledgement	

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.
Authorized representatives include only the following:(Check one)

Patient's Legal Guardian
Patient's Medical Power of Attorney
Relative or other person who receives benefits on behalf of the patient
Relative or other person who arranges treatment or handles the patient's affairs
Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. 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.**

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Reason unable to sign	

05/26/2026 12:35:14
PCRID: 50ab4adf-c35d-4368-a839-b45400f8d4bd
Electronically Signed by: Gibbs, Andrew
Template Version: PCR-WEB-1.3.1
Data Version: 00000-0000000018B3623F

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

A signature below authorizes the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service. My signature below indicates that, at the time of service, the patient 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.**

Signed On	
Printed Name	
Reason unable to sign	

Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered..**

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Title of Representative	

Facility Signatures

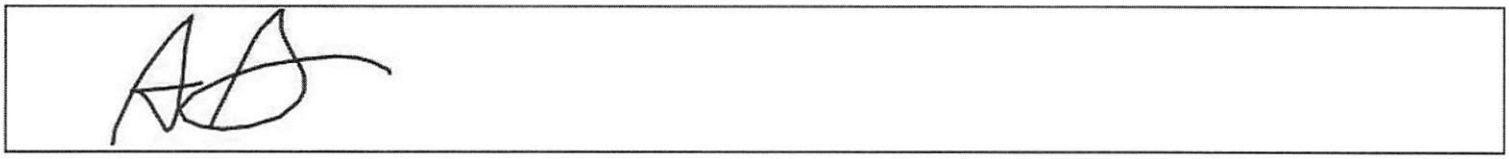
Signed On	
Receiving	

Signed On	
Paperwork Received	

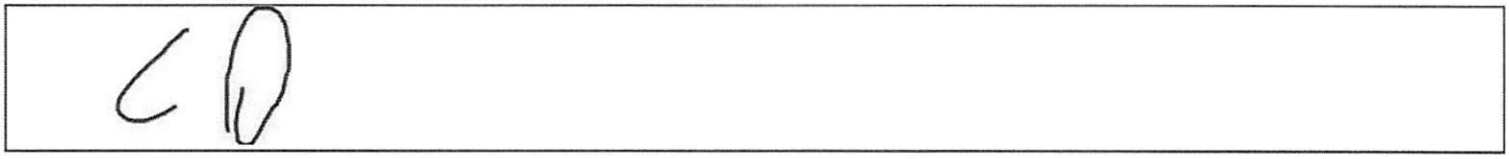
Signed On	
Airway Confirmation	

05/26/2026 12:35:14
PCRID: 50ab4adf-c35d-4368-a839-b45400f8d4bd
Electronically Signed by: Gibbs, Andrew
Template Version: PCR-WEB-1.3.1
Data Version: 00000-0000000018B3623F

Provider Signatures



Lead Provider	Gibbs, Andrew	Certification Level	EMT-Paramedic (Ohio) - 148659
Signed On	05/24/2026 19:18:40		



Provider	Dobson, Conrad	Certification Level	EMT-Basic (Ohio) - 203831
Signed On	05/25/2026 05:52:22		

Provider		Certification Level	
Signed On			

Provider		Certification Level	
Signed On			

05/26/2026 12:35:14
PCRID: 50ab4adf-c35d-4368-a839-b45400f8d4bd
Electronically Signed by: Gibbs, Andrew
Template Version: PCR-WEB-1.3.1
Data Version: 00000-0000000018B3623F

INCIDENT

Incident Number	Incident Date	NFIRS Number	Incident Type
[redacted]	05/24/2026	0002253	(311) - Medical assist, assist EMS crew

FDID	Station	Shift	District
41037	Pleasant Heights	1 Turn	Pleasant Heights

Initial Dispatch Code

Alarms	Working Fire?	COVID-19 was a factor	Critical Incident	Critical Incident Team
	No	No, COVID-19 was not a factor		

Temporary Resident Involvement

Hazardous Materials Released

Action Taken 1
(73) - Provide manpower

AID

Aid Given/Received
(N) - None

LOCATION

Location Type
(2) - Intersection

Address
University, , Steubenville, Ohio, 43952

Cross Street, USNG, or Directions	Latitude	Longitude	Census Tract
Brady Ave			

Detector Alerted Occupant

Property Use	Mixed Use
(960) - Street, other	

TIMES

PSAP Received	Dispatch Notified Time	Alarm Time
		17:06:00, 05/24/2026

Arrival Time	Water on Fire Time	At Patient Time
17:10:00, 05/24/2026		

Loss Stop Time	Controlled Time	Last Unit Cleared Time
		17:57:00, 05/24/2026

TIMES

Total On Scene Time	Total Incident Time
0 hrs 47 mins 0 sec	0 hrs 51 mins 0 sec

COUNTS

Counts Include Aid Received?
No

Suppression:		EMS:		Other:	
Apparatus	Personnel	Apparatus	Personnel	Apparatus	Personnel
2	3	0	0	1	1

PERSON/OWNER

AUTHORIZATION

Report Writer:

Name	Employee Number	Assignment	Authorization Date
Scott, Johnathan	05497	Captain	05/24/2026

Officer in Charge:

Name	Employee Number	Assignment	Authorization Date
Takach, Christopher	52997	AC	05/24/2026

Quality Control:

Name	Authorization Date
Takach, Christopher	05/24/2026

INCIDENT NARRATIVE

Called to the listed address to assist 67 EMS for a male patient with a GSW. Upon arrival 6713 crew provided manpower and equipment.

6701 was contacted by EMS to come to the scene for assistance.

Created By: Scott, Johnathan

Unit Reports

6713

Use	Responding From	Priority
(1) - Suppression	Hilltop (3)- Fire	Emergent

Response Delays
None/No Delay

Dispatch Time	Enroute Time	Arrival Time
17:06:00, 05/24/2026	17:06:00, 05/24/2026	17:10:00, 05/24/2026

At Patient Time	Clear Time	In District Time
	17:57:00, 05/24/2026	

Actions Taken:
Emergency medical services, other

Personnel
Joshua Thomas, Johnathan Scott

6731

Use: (0) - Other

Responding From: Headquarters- Fire

Priority: Emergent

Response Delays: None/No Delay

Dispatch Time: 17:06:00, 05/24/2026

Enroute Time: 17:07:00, 05/24/2026

Arrival Time: 17:10:00, 05/24/2026

At Patient Time:

Clear Time: 17:57:00, 05/24/2026

In District Time: 17:57:00, 05/24/2026

Actions Taken: Incident command

Personnel: Christopher Takach

6701

Use: (1) - Suppression

Responding From:

Priority: Non-Emergent

Response Delays: None/No Delay

Dispatch Time: 17:20:00, 05/24/2026

Enroute Time: 17:20:00, 05/24/2026

Arrival Time: 17:25:00, 05/24/2026

At Patient Time:

Clear Time: 17:45:00, 05/24/2026

In District Time: 17:45:00, 05/24/2026

Actions Taken: Standby

Personnel: Robert Ribar

Steubenville Fire Department
Patient Care Record

Name: METZGER, MATTHEW **Incident #** [redacted] **Date:** 05/24/2026

Patient Information			
Last	METZGER	Address	604 FORESTVIEW DR.
First	MATTHEW	Address 2	
Middle		City	Wintersville
Name Suffix		State	OH
Sex	Male	Zip	43953
Gender	Male	Country	
DOB	09/22/1989	Tel	
Age	36 Yrs, 8 Months, 2 Days	Physician	
Weight		Phys. Tel	
Height		Ethnicity	Not Hispanic or Latino
Pedi Color		Race	White
SSN			
Advance Directives			
Resident Status			
Patient Resides in Service Area			
Temporary Residence Type			

Clinical Impression	
Primary Impression	[redacted]
Secondary Impression	
Protocols Used	
Local Protocol Provided Care Level	
Anatomic Position	
Onset Time	
Last Known Well	
Chief Complaint	
Duration	
Secondary Complaint	
Duration	
Patient's Level of Distress	
Signs & Symptoms	
Injury	
Additional Injury	
Mechanism of Injury	
Medical/Trauma	
Barriers of Care	
Alcohol/Drugs	
Pregnancy	
Initial Patient Acuity	
Final Patient Acuity	
Patient Activity	

Medications/Allergies/History/Immunizations

Medications	[redacted]
Allergies	
History	
Immunizations	
Last Oral Intake	

Vital Signs

Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain
20:17	[redacted]											

Vitals Calculations

Time	GCS(E+V+M)/Qualifiers	RASS	BARS	RTS	PTS	MAP	Shock Index
20:17	[redacted]						

ECG

Time	Type	Rhythm	Method of ECG Interpretation	Notes
20:17	[redacted]			

Assessments

Assessment Time: 05/24/2026 20:17:10

Category	Comments	Subcategory		
Mental Status		[redacted]		
Skin				
HEENT				
Chest				
Abdomen				
Back				
Pelvis/GU/GI				

05/26/2026 12:35:06
PCRID: a9a3fbca-2260-401f-be3b-b454012b2d37
Electronically Signed by: Gibbs, Andrew
Template Version: PCR-WEB-1.3.1
Data Version: 00000-0000000018B3622F

Assessments

Assessment Time: 05/24/2026 20:17:10

Category	Comments	Subcategory	
Extremities		[redacted]	
Neurological			
Neonatal			

Narrative

67EMS was dispatched to above mentioned address to assist the coroners office with a doa. Crew arrived on scene and was met by coroner's assistant and spd. Pt was in street cover with a sheet. Pt was moved into a body bag and loaded onto cot where he was secured. Crew transported body to trinity morgue and transferred possession to hospital staff with out issue. Crew returned to service.

Specialty Patient - CDC 2011 Trauma Criteria

Vital Signs	[redacted]	Trauma Activation	[redacted]
Anatomy of Injury		Time	
Mechanism of Injury		Date	
Special Considerations		Trauma level	
		Reason Not Activated	

Incident Details		Destination Details		Incident Times	
Location Type	Street or Highway	Disposition		PSAP Call	
Location		Unit Disposition	Patient Contact Made	Dispatch Notified	
Address	905 Brady Ave	Patient Evaluation and/or Care Disposition	Patient Evaluated, No Care Required	Call Received	05/24/2026 20:07:57
Address 2		Crew Disposition	Initiated and Continued Primary Care	Dispatched	05/24/2026 20:08:07
Mile Marker		Transport Disposition	Transport by This EMS Unit (This Crew Only)	En Route	05/24/2026 20:08:46
City	Steubenville	Transport Mode	Non-Emergent	Staged	
County	Jefferson	Reason for Refusal or Release	Other, Not Listed	Resp on Scene	
State	OH	Transport Mode Descriptors	No Lights or Sirens	On Scene	05/24/2026 20:15:48
Zip	43952	Transport Due To	Law Enforcement	At Patient	05/24/2026 20:15:51
Country	US	Transported To	Trinity Medical Center West	Care Transferred	
Medic Unit	6764	Requested By	Other	Depart Scene	05/24/2026 20:22:25
Medic Vehicle	6764	Transferred To		At Destination	05/24/2026 20:36:00
Run Type	Emergency Response (Primary Response Area)	Transferred Unit		Pt. Transferred	05/24/2026 20:38:00
Response Mode	Non-Emergent	Destination	Hospital	Call Closed	05/24/2026 20:45:19
Response Mode Descriptors	No Lights or Sirens	Department	Other	In District	
Shift	1 Turn	Address	4000 Johnson Road	At Landing Area	
Zone	Downtown EMS	Address 2	Morgue		
Level of Service		City	Steubenville		
EMD Complaint	No Other Appropriate Choice	County	Jefferson		
EMD Card Number		State	OH		
Dispatch Priority		Zip	43952		
		Country	US		
		Zone	West End EMS		
		Condition at Destination			
		State Wristband #			
		Destination Record #			
		Trauma Registry ID			
		STEMI Registry ID			

05/26/2026 12:35:06
PCRID: a9a3fbca-2260-401f-be3b-b454012b2d37
Electronically Signed by: Gibbs, Andrew
Template Version: PCR-WEB-1.3.1
Data Version: 00000-0000000018B3622F

Incident Details	Destination Details		Incident Times
	Stroke Registry ID		
Alternative Disposition Offered			

Crew Members

Personnel	Role	Certification Level	PPE	Exposures
Gibbs , Andrew	Lead	EMT-Paramedic (Ohio) - 148659		
Dobson , Conrad	Driver	EMT-Basic (Ohio) - 203831		

Insurance Details

Insured's Name		Primary Payer		Dispatch Nature	Dead on arrival
Relationship		Medicare		Response Urgency	Non-Immediate
Insured SSN		Medicaid		Job Related Injury	
Insured DOB		Primary Insurance		Employer	
Address1		Policy #		Contact	
Address2		Primary Insurance Group Name		Phone	
Address3		Group #		Mileage to Closest Hospital	
City		Secondary Ins			
State		Policy #			
Zip		Secondary Insurance Group Name			
Country	US	Group #			

Mileage			Delays	
Scene	1.0		Category	Delays
Destination	3.7		Dispatch Delays	None/No Delay
Loaded Miles	2.7	geo-verified	Response Delays	None/No Delay
Start			Scene Delays	None/No Delay
End			Transport Delays	None/No Delay
Total Miles			Turn Around Delays	None/No Delay

Next of Kin

Next of Kin Name		Address1		City	
Relationship to Patient		Address2		State	
Phone		Address3		Zip	
				Country	US

Patient Transport Details

How was Patient Moved To Stretcher		How was Patient Moved To Ambulance	Stretcher
How was Patient Moved From Ambulance	Stretcher	Patient Position During Transport	Supine
Condition of Patient at Destination			

Transfer Details

PAN		Sending Physician	
Prior Authorization Code Payer		Sending Record #	
PCS		Receiving Physician	
Interfacility Transfer or Medical Transport Reason		Condition Code	
ABN		Condition Code Modifiers	
CMS Service Level	BLS, Emergency		
>ICD-9 Code			
Transport Assessment			
Specialty Care Transport Provider			
Transfer Reason			
Justification for Transfer			
Other/Services			
Medical Necessity			

05/26/2026 12:35:06
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Billing Authorization

Authorization	

Section I - Patient / Parent of Minor Authorization Signature

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Patient / Parent Name	
Billing Authorization	
HIPAA Acknowledgement	

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.
Authorized representatives include only the following:(Check one)

Patient's Legal Guardian
Patient's Medical Power of Attorney
Relative or other person who receives benefits on behalf of the patient
Relative or other person who arranges treatment or handles the patient's affairs
Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. 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.**

Signature

Signed On	
Notice of Privacy Practices Provided	
Printed Name	
Reason unable to sign	

05/26/2026 12:35:06
PCRID: a9a3fbca-2260-401f-be3b-b454012b2d37
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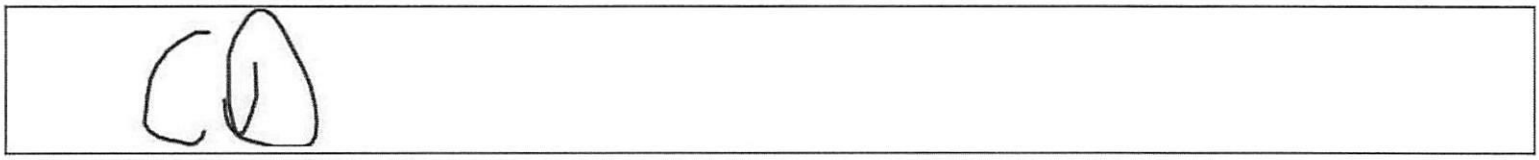
Data Version: 00000-0000000018B3622F

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

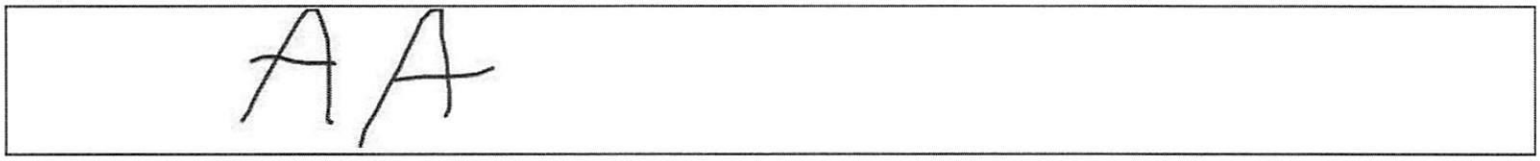
A signature below authorizes the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service. My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and 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.**



Signed On	05/24/2026 21:53:55
Printed Name	Conrad Dobson
Reason unable to sign	Death

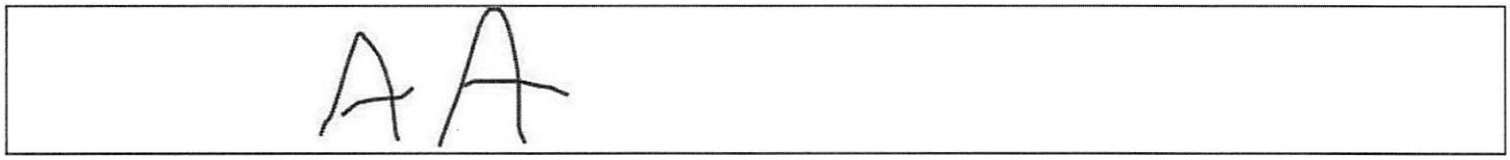
Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered..**



Signed On	05/24/2026 20:41:04
Notice of Privacy Practices Provided	Yes
Printed Name	Aaron andress
Title of Representative	Security

Facility Signatures

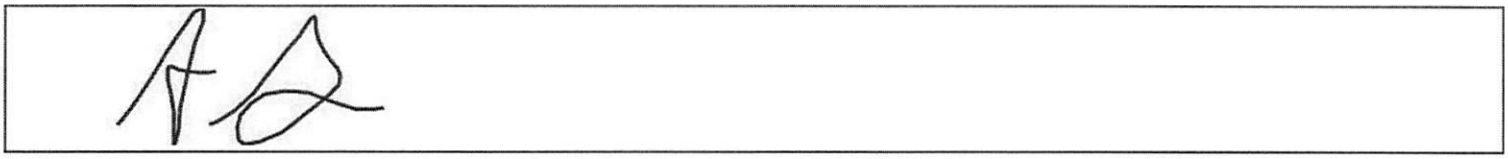


Signed On	05/24/2026 20:41:19
Receiving	Aaron Andress

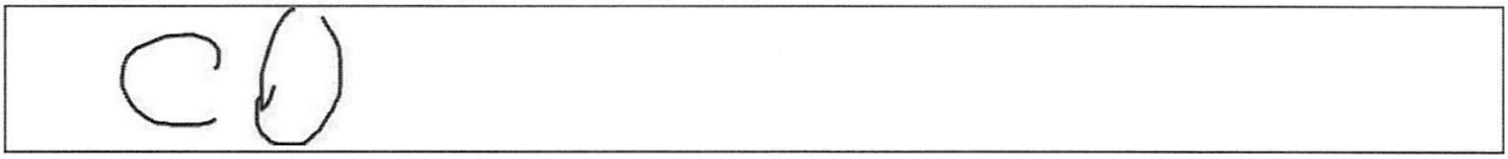
Signed On	
Paperwork Received	

Signed On	
Airway Confirmation	

Provider Signatures



Lead Provider	Gibbs, Andrew	Certification Level	EMT-Paramedic (Ohio) - 148659
Signed On	05/25/2026 02:02:36		



Provider	Dobson, Conrad	Certification Level	EMT-Basic (Ohio) - 203831
Signed On	05/24/2026 21:55:35		

Provider		Certification Level	
Signed On			

Provider		Certification Level	
Signed On			

05/26/2026 12:35:06
PCRID: a9a3fbca-2260-401f-be3b-b454012b2d37
Electronically Signed by: Gibbs, Andrew
Template Version: PCR-WEB-1.3.1
Data Version: 00000-0000000018B3622F

INCIDENT

Incident Number	Incident Date	NFIRS Number	Incident Type
[redacted]	05/24/2026	0002254	(551) - Assist police or other governmental agency

FDID	Station	Shift	District
41037	Pleasant Heights	1 Turn	Pleasant Heights

Initial Dispatch Code

Alarms	Working Fire?	COVID-19 was a factor	Critical Incident	Critical Incident Team
	No			

Temporary Resident Involvement

Hazardous Materials Released

Action Taken 1
(76) - Provide water

AID

Aid Given/Received
(N) - None

LOCATION

Location Type
(2) - Intersection

Address
Brady Avenue, STEUBENVILLE, Ohio, 43952

Cross Street, USNG, or Directions	Latitude	Longitude	Census Tract
University Blvd			

Detector Alerted Occupant

Property Use	Mixed Use
(960) - Street, other	

TIMES

PSAP Received	Dispatch Notified Time	Alarm Time
		20:08:00, 05/24/2026

Arrival Time	Water on Fire Time	At Patient Time
20:15:00, 05/24/2026		

Loss Stop Time	Controlled Time	Last Unit Cleared Time
		20:58:00, 05/24/2026

TIMES

Total On Scene Time	Total Incident Time
0 hrs 43 mins 0 sec	0 hrs 50 mins 0 sec

COUNTS

Counts Include Aid Received?
No

Suppression:		EMS:		Other:	
Apparatus	Personnel	Apparatus	Personnel	Apparatus	Personnel
1	2	0	0	1	1

PERSON/OWNER

AUTHORIZATION

Report Writer:

Name	Employee Number	Assignment	Authorization Date
Scott, Johnathan	05497	Captain	05/24/2026

Officer in Charge:

Name	Employee Number	Assignment	Authorization Date
Takach, Christopher	52997	AC	05/24/2026

Quality Control:

Name	Authorization Date
Takach, Christopher	

INCIDENT NARRATIVE

6713 crew assisted EMS and SPD with removal of bodily fluids from the listed roadway. 6713 crews used a 1 3/4 pre-connect and approximately 200 gallon of water.

Created By: Scott, Johnathan

Unit Reports

6713

Use	Responding From	Priority
(1) - Suppression	Hilltop (3)- Fire	Non-Emergent

Response Delays
None/No Delay

Dispatch Time	Enroute Time	Arrival Time
20:08:00, 05/24/2026	20:08:00, 05/24/2026	20:15:00, 05/24/2026

At Patient Time	Clear Time	In District Time
	20:58:00, 05/24/2026	

Actions Taken:
Remove hazard

Personnel
Johnathan Scott, Joshua Thomas

6731

Use	Responding From	Priority
(0) - Other	Headquarters- Fire	Non-Emergent

Response Delays
None/No Delay

Dispatch Time	Enroute Time	Arrival Time
20:08:00, 05/24/2026	20:08:00, 05/24/2026	20:15:00, 05/24/2026

At Patient Time	Clear Time	In District Time
	20:58:00, 05/24/2026	

Actions Taken:
Incident command

Personnel
Christopher Takach