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

2022-1782
Officer Involved Critical Incident -3295 Sullivant Avenue, Apt. H, Columbus OH 43204 (L)

Investigative Activity:	Autopsy Review
Involves:	Donovan Latrell Lewis (S)
Date of Activity:	10/20/2022
Author:	SA Todd Fortner, #93

Narrative:

On August 30, 2022, BCI was requested by the Columbus Division of Police (CPD) to investigate an Officer-Involved Critical Incident at 3295 Sullivant Avenue, Apartment H, in Columbus. CPD officers were at the apartment attempting to serve an arrest warrant on the resident of apartment H, Donovan Lewis (Lewis). During the incident, an officer fired a single shot, striking Lewis. Lewis was transported to the hospital where he died.

As part of the investigation, Special Agent Todd Fortner (SA Fortner) obtained and reviewed reports related to the medical treatment and autopsy of Lewis. The complete documents are attached to this report. The following is a summary of the medical records.

EMS Report

Columbus Division of Fire (CFD) reported that, on August 30, 2022, they received the call from police at 0240 hours and arrived there in just a couple minutes. They assessed and loaded Lewis into the ambulance. [redacted] They arrived at Grant Medical Center at 0259 hours.

Grant Medical Center records

SA Fortner obtained records of Lewis' treatment, at Grant Medical Center, by subpoena. [redacted] Lewis' body was transferred to the Franklin County Coroner's Office (FCCO).

Post Mortem examination records

The body arrived at the FCCO and an autopsy was performed by physician's assistant, Jena

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Peters, under the supervision of pathologist, Dr. Kent Harshbarger, at 1000 hours. The reports stated that Lewis suffered [redacted]

[redacted]

[redacted]

Attachments:

Attachment # 01: CFD EMS report
Attachment # 02: Medical records of Donovan Lewis
Attachment # 03: AutopsyReport_Original_2022-10-12
Attachment # 04: LAB-22-3822-0001_220830-276
Attachment # 05: Coroner's Report_2022-10-17

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Patient Information			
Last	LEWIS	**Address**	
First	DONOVAN	**Address 2**	
Middle	LATRELL	**City**	
Gender	Male	**State**	
DOB	05/14/2002	**Zip**	
Age	20 Yrs, 3 Months, 16 Days	**Country**	US
Weight		**Tel**	
Pedi Color		**Physician**	
SSN	[redacted]	**Ethnicity**	Not Hispanic or Latino
Race	Black or African American		
Advance Directives			
Resident Status			
Patient Resides in Service Area			
Temporary Residence Type			

C	
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	Firearms - Discharge of handgun (Undetermined Intent) - Home - 08/30/2022
Additional Injury	
Mechanism of Injury	Penetrating
Medical/Trauma	Trauma
Barriers of Care	None Noted
Alcohol/Drugs	
Pregnancy	No
Initial Patient Acuity	Critical (Red)
Final Patient Acuity	Critical (Red)
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	GCS(E+V+M)/Qualifiers	RTS	PTS
02:44	[redacted]														
02:53															
02:55															

Flow Chart

Time	Treatment	Description	Provider
PTA	[redacted]		HALL, TYLER L.
02:43			HALL, TYLER L.
02:45			HALL, TYLER L.
02:45			M192,
02:47			HAGEMAN, MAX G.
02:50			HAGEMAN, MAX G.
02:51			HAGEMAN, MAX G.
02:56			M192,
02:58			HALL, TYLER L.

09/01/2022 15:39:24
PCRID: 8f9c2b56-a7a7-436d-b6a9-af010033d997
Electronically Signed by: HALL, TYLER L.
Template Version: PCR-WEB-1.3.1
Data Version: 00261-000000000D0ADBED

Assessments

Assessment Time: 08/30/2022 02:43:00

Category	Comments	Subcategory	
Mental Status	[redacted]	Mental Status	✓
Skin		Skin	✓
HEENT		Head	✓
		Face	
		Eyes	
		Neck	
Chest		Chest	
		Heart Sounds	
		Lung Sounds	
Abdomen		General	✓
		Right Lower	✓
Back		Back	
Pelvis/GU/GI		Pelvis/GU/GI	
Extremities		Left Arm	
		Right Arm	
		Left Leg	
		Right Leg	
Neurological		Neurological	✓
			✗

Assessments

Assessment Time: 08/30/2022 02:47:23

Category	Comments	Subcategory	
Mental Status		Mental Status	✓
Skin		Skin	✓
HEENT		Head	
		Face	
		Eyes	
		Neck	
Chest		Chest	
		Heart Sounds	
		Lung Sounds	
Abdomen	[redacted]	Right Lower	✓
Back		Back	
Pelvis/GU/GI		Pelvis/GU/GI	
Extremities		Left Arm	
		Right Arm	
		Left Leg	
		Right Leg	
Neurological		Neurological	

Narrative

M12 dispatched to a shooting. Upon arrival CPD is on scene and lead us to an approx 20yo male outside of an apartment building. [redacted] eport given to ER staff and transfer of care was made.

9/1/2022 01:02:16 PM COOPER, AMY
Updated the pt's name, DOB, and SSN via the coroner's request.

Specialty Patient - Advanced Airway

Airway	Indications	Monitoring Devices	Rescue Devices	Reasons Failed Intubation
				[redacted]

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Specialty Patient - CPR

Cardiac Arrest	Yes, After EMS Arrival	**Prearrival CPR Instructions**	No	**In Field Pronouncement**	
Cardiac Arrest Etiology	Trauma	**First Defibrillated By**		**Expired**	No
Estimated Time of Arrest	10-15 Minutes	**Time of First Defib**		**Time**	
Est Time Collapse to 911		**Initial ECG Rhythm**	PEA	**Date**	
Est Time Collapse to CPR		**Rhythm at Destination**	PEA	**Physician**	
Arrest Witnessed By	Witnessed by Healthcare Provider, Witnessed by Lay Person	**Hypothermia**	No		
CPR Initiated By	EMS	**End of Event**	[redacted]		
Tme 1st CPR	02:46 08/30/2022	**ROSC**	No		
CPR Feedback	Yes	**ROSC Time**			
ITD Used	No	**ROSC Occured**	Never		
Applied AED	Yes	**Resuscitation Discontinued**			
Applied By	First Responder (Fire, EMS)	**Discontinued Reason**			
Defibrillated	No	**Resuscitation**	[redacted]		
CPR Type	[redacted]				

Specialty Patient - CDC 2011 Trauma Criteria

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

Incident Details		Destination Details		Incident Times	
Location Type	Home/Residence	**Disposition**	Transported Lights/Siren	**PSAP Call**	
Location		**Transport Mode Descriptors**		**Dispatch Notified**	02:40:03
Address	3295 SULLIVANT AVE	**Transport Due To**	Protocol	**Call Received**	02:40:03
Address 2		**Transported To**	GRANT HOSPITAL	**Dispatched**	02:40:20
Mile Marker		**Requested By**	Law Enforcement	**En Route**	02:41:35
City	Columbus	**Destination**	Hospital	**Staged**	
County	Franklin	**Department**	Emergency Room	**Resp on Scene**	
State	OH	**Address**	111 S. Grant Ave	**On Scene**	02:42:45
Zip	43204	**Address 2**		**At Patient**	02:43:00
Country	US	**City**	Columbus	**Care Transferred**	
Medic Unit	M12	**County**	Franklin	**Depart Scene**	02:48:24
Medic Vehicle		**State**	OH	**At Destination**	02:59:26
Run Type	911 Response	**Zip**	43215	**Pt. Transferred**	
Response Mode	Emergent	**Country**	US	**Call Closed**	03:29:00
Response Mode Descriptors		**Zone**		**In District**	
Shift	3 Unit	**Condition at Destination**		**At Landing Area**	
Zone	Battalion 5	**State Wristband #**			
Level of Service	Advanced Life Support	**Destination Record #**			
EMD Complaint	Stab/Gunshot Wound/Penetrating Trauma	**Trauma Registry ID**			
EMD Card Number	SHOOTING	**STEMI Registry ID**			
Dispatch Priority		**Stroke Registry ID**			
Alternative Disposition Offered					

Crew Members

Personnel	Role	Certification Level
HALL, TYLER L.	Lead	2009 Paramedic - 165408
M192	Driver	
HAGEMAN, MAX G.	Other	2009 Paramedic - 153689

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Crew Members		
WALLACE, GEORGE H.	Other	2009 Paramedic - - 4981
M192	Other - First Responder	

Insurance Details					
Insured's Name		**Primary Payer**		**Dispatch Nature**	
Relationship		**Medicare**		**Response Urgency**	
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		Additional Agencies
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

Patient Transport Details			
How was Patient Moved to Ambulance	Carried, Stretcher	**How was Patient Moved From Ambulance**	Stretcher
Patient Position During Transport	Supine	**Condition of Patient at Destination**	

Billing Authorization

Authorization	

Section I - Patient / Parent of Minor Authorization Signature

Signature

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

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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	

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

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	08/30/2022 04:25:52
Printed Name	tyler hall
Reason unable to sign	cardiac arrest

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	08/30/2022 04:26:30
Notice of Privacy Practices Provided	Yes
Printed Name	Tyler Hall
Title of Representative	Medic

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Facility Signatures

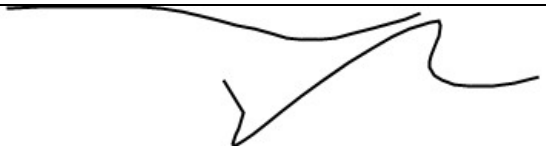


Signed On	08/30/2022 03:13:23
Receiving	mason

Signed On	
Paperwork Received	

Signed On	
Airway Confirmation	

Provider Signatures



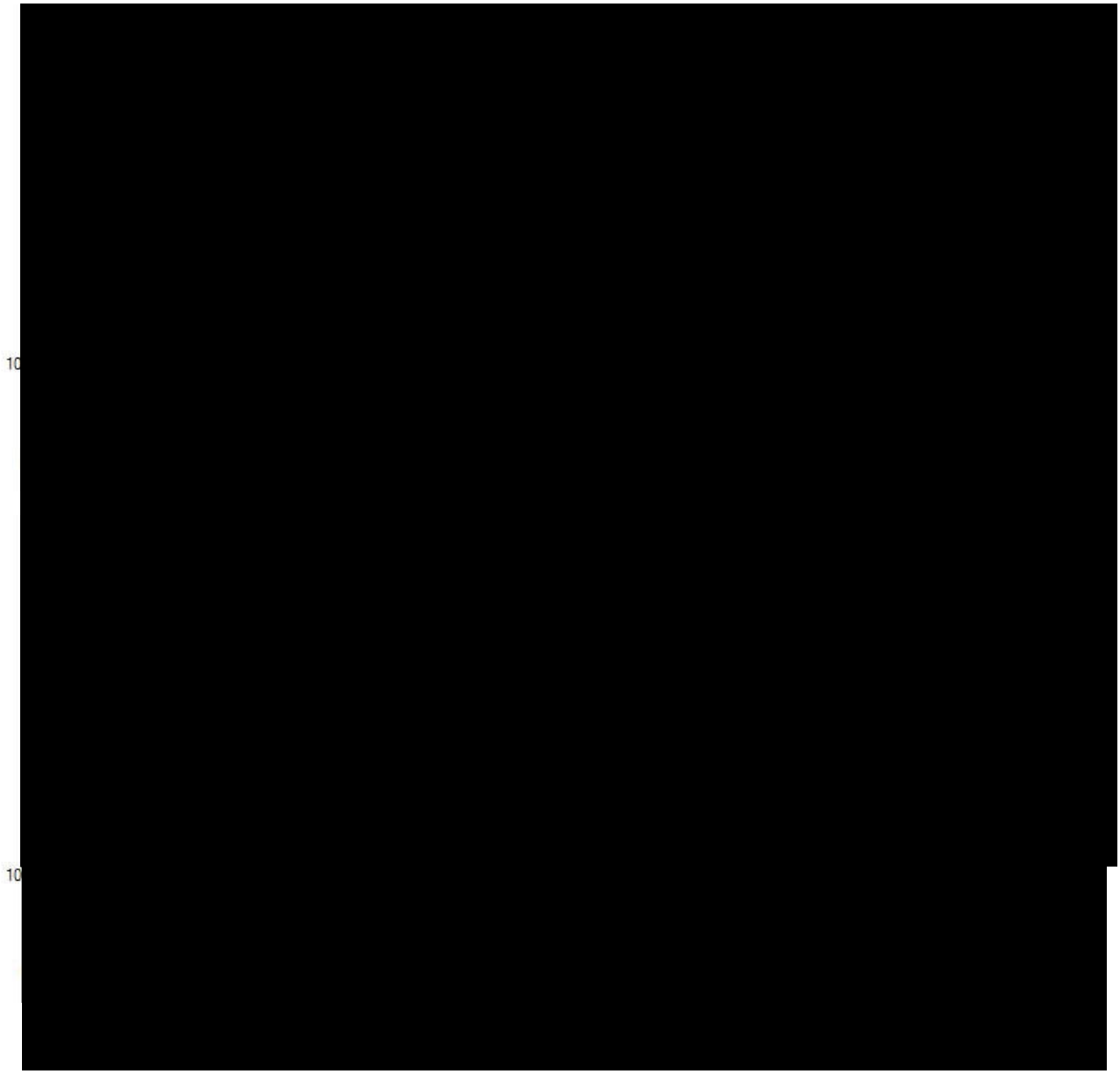
Lead Provider	HALL, TYLER L.	**Certification Level**	2009 Paramedic - 165408

Provider		**Certification Level**	

Provider		**Certification Level**	

Provider		**Certification Level**	

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OhioHealth

AFFIDAVIT

State of Ohio :

County of Franklin :

Before me, a Notary Public in and for said county, personally appeared Ron Jenkins, RHIA, who being duly sworn stated that he is an official custodian of the medical record at Grant Medical Center, OhioHealth, Columbus, Ohio. The undersigned further states that the accompanying copies of the medical records are true copies which were prepared under his supervision from the medical records which were made and maintained in the normal course of business by persons authorized by the hospital to do so, and contemporaneously with the events reported therein. The undersigned further states that such records form a true and accurate record of the hospitalization(s) of said patient.

I further certify that I am the custodian of the originals of these records and that this certification is given pursuant to Ohio Revised Code Section 2317.422.

Patient Name: **LEWIS, Donovan**

Date of Birth: **05/14/2002**

Dates of Treatment: **08/30/2022 – 08/30/2022 (1 visit)**

Ron Jenkins, RHIA
HIM Supervisor
Grant Medical Center

Sworn to before me and signed in my presence this

25 Day of October, 2022

Phyllis Ann Gallicchio, RHIT

PHYLLIS ANN GALLICCHIO
Notary Public
State of Ohio
My Comm. Expires
February 28, 2027

IN THE FRANKLIN COUNTY MUNICIPAL COURT
COLUMBUS, OHIO

TO: **OhioHealth Grant Medical Center**
Attn: Medical Records
111 South Grant
Columbus, OH 43215

RECEIVED
OCT 21 2022
BY: .....

Time Stamp

INVESTIGATIVE SUBPOENA

Ohio Revised Code §2935.23 authorizes this Court to issue subpoenas in aid of felony investigations. Upon the representation of **Ohio Bureau of Criminal Investigation** that there is an active felony investigation of **BCI# 2022-1782 - Felonious Assault – 2903.11**, you are hereby ORDERED to appear before this Court at the time, date, and location set forth below, and provide the following information:

Please provide the full patient file of Donovan Lewis DOB:05/14/2002 for treatment he received on or about August 30, 2022. Full patient file includes but not limited to : any and all medical records, reports, evaluations, test results, or any other documents regarding the treatment of Donovan Lewis at Ohio Health Grant Medical Center.

The documents can be provided electronically for pick up or emailed to SA Fortner

The failure to comply with this court-ordered Investigative Subpoena may result in a contempt of court citation. However, you can comply with this Investigative Subpoena without the court appearance scheduled below by providing the requested information to the law enforcement officer who requested this subpoena, and whose contact information is set forth below, prior to the date scheduled for the appearance.

It is so ORDERED on October 21st, 2022.

Electronically Signed
2022-10-21 10:18 am EDT
FRANKLIN COUNTY MUNICIPAL COURT
Judge, Eileen Paley

Instead of appearing in Court, provide the information above to the requesting officer prior to the Court date:

Special Agent Todd Fortner

todd.fortner@ohioago.gov
(740) 213-56720

OR

You are hereby scheduled to appear on your Court date: **11/4/2022** at **9:00 AM** before the Duty Judge in Courtroom 10C, at the Franklin County Municipal Court, 375 South High Street, 10th Floor, Columbus, Ohio 43215.