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

2026-0121
Officer Involved Critical Incident - 1451 E. 219th St., Euclid, OH 44117, Cuyahoga County

Investigative Activity:	Review EMS Run Report
Involves:	Robert Riddlebarger (S)
Activity Date:	01/21/2026
Activity Location:	4055 Highlander Parkway, Richfield, OH
Authoring Agent:	**SA Jesse Bynum #179**

Narrative:

On Friday, January 16, 2026, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Allison Fletcher (SA Fletcher) received Robert Riddlebarger's (Riddlebarger) medical records from Euclid Fire Department (EFD). The records were sent by Euclid Police Department's Detective Sergeant Nick Edington. SA Jesse Bynum (Bynum) reviewed the medical records and noted the following:

Riddlebarger's medical records consisted of two documents with the first one labeled *2026-01-16 R.Riddlebarger 1.11.2026* with five pages and the second labeled *2026-01-16 PatientCareSummary 1.11.2026* with three pages.

2026-01-16 R.Riddlebarger 1.11.2026

On January 11, 2026, the EFD Emergency Medical Service (EMS) was dispatched to 1451 E 219th Street, Euclid, Ohio at 22:27:02 hours and showed as on scene at 22:33:46. Patient was found lying supine on the ground, handcuffed, with multiple gunshot wounds to the torso and exit wounds on the back. [redacted] Below is a timeline of interventions applied by EMS.

Time	Provider	Action / Treatment	Details
22:35:46	Briana Truett	[redacted]	
22:36:23	Briana Truett		
22:40:35	Briana Truett		

2026-0121
Officer Involved Critical Incident - 1451 E. 219th St., Euclid, OH 44117, Cuyahoga County

Time	Provider	Action / Treatment	Details
			4.0
22:42:14	Sam Meaney	[redacted]	
22:44:33	Briana Truett		
22:45:46	Bryon Frye		
22:46:06	Bryon Frye		
22:46:35	James Jorah		
22:48:15	Bryon Frye		
22:49:55	Bryon Frye		
22:51:54	Bryon Frye		
22:53:20	Bryon Frye		
22:53:46	Bryon Frye		
22:56:12	James Jorah		
23:00:55	Bryon Frye		
23:01:35	Bryon Frye		
23:05:33	Bryon Frye		

At 23:06:46 hours, EMS arrived at UH Cleveland Medical Center located at 11100 Euclid Avenue, Cleveland.

2026-01-16 PatientCareSummary 1.11.2026

On January 11, 2026, Euclid Fire Department – Station 2 responded to an emergency call at 1451 E 219th Street, Euclid, Ohio. The call was received at 22:27:02 hours and dispatched at 22:39:21 hours. Medic 4, an ambulance unit, was assigned to the incident. The EMS crew consisted of Paramedics Matt Hurst and Adam Jablonski. The unit arrived on scene at 22:41:18 hours, made patient contact at 22:42:18 hours, and departed the scene at 22:58:08 hours. The patient was transported to Euclid Hospital, located at 18901 Lakeshore Boulevard, arriving at 23:07:43 hours. Transfer of care was completed at 23:18:31 hours.

The patient was identified as [redacted], a 39-year-old female residing at the incident location. Upon arrival [redacted]

The patient was transported without incident and transferred to the emergency department staff at Euclid Hospital.

The medical records obtained are attached to this report. Please refer to the attachment for further details.

References:

None

Attachments:

1. 2026-01-16 PatientCareSummary 1.11.2026

Prehospital Care Report Summary

Euclid FD - Station 2
1500 Chardon Road; Euclid, OH 44117

Date:01/11/2026 **Call #:**[redacted] **Booklet:**65093048 **Branch:** Euclid FD - Station 2 **Time Zone:**GMT-05:00 Eastern

Call Information:

Billing Disposition: Dead After Arrival - Patient Dead at Scene-Resuscitation Attempted (With Transport)
Unit Disposition: Patient Contact Made
Patient Evaluation/Care Disposition: Patient Evaluated and Care Provided
Crew Disposition: Initiated and Continued Primary Care
Transport Disposition: Transport by This EMS Unit
Deceased Patient: Dead On Arrival
Initial Patient Acuity: Critical (Red)
Acuity Upon EMS Release of Care: Critical (Red)
Unit #: MEDIC2 - MEDIC 2, 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:
Incident Location: 1451 E 219TH ST - EUCLID, OH 44117 (Cuyahoga County)
Incident Location Type: Home/Residence

Receiving Facility: UH - CLEVELAND MEDICAL CENTER (Hospital) - 11100 Euclid Ave - Cleveland, OH 44106
Facility Address: 11100 Euclid Ave - Cleveland 44106
Facility Country: UNITED STATES
Bed #: N/A **Registration #:** N/A **Assumed Care Name:** N/A
Encounter/CSN: 999999
Destination Type: Hospital Emergency Department
Dest. Reason: Nearest/Most Accessible Facility
Hospital Capability: Hospital (General)
Specialty Center Reason: Criteria

Calculated Mileage: 6.28
Crew Members: Sam Meaney, Paramedic*(DS)*; Briana Truett, Paramedic*(DOC)*; Bryon Frye, Paramedic; James Jorah, Paramedic*(DH)*

Moved to Amb By: Stretcher **Transport Position:** Supine **From Amb By:** Stretcher

Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens, Destination - Lights and Sirens
Pre-Arrival Alert/Activation: Yes-Cardiac Arrest **Time:** 2026-01-11 22:51:00

# Patients Transported In My Unit:	1
# Patients at Scene:	1
Call Received:	22:27:02
Dispatched:	22:27:16
En Route:	22:29:43
At Staging Area:	
On Scene:	22:33:46
Patient Contact:	22:35:46
Transfer of EMS Patient Care:	
Left Scene:	22:49:46
At Destination Landing:	
At Destination:	23:06:46
Destination Patient Transfer of Care:	
Bed Assign Time:	
In Service:	00:37:22
Home Location:	
Time On Scene:	16 Min
Time to Destination:	39 Min
Total Time of Run:	130 Min

Patient Information:

Name: Robert Riddlebarger
Address: 1451 E 219TH ST - EUCLID, OH 44117
County: Cuyahoga
Patient Country: UNITED STATES
Phone:
Email:
SSN: --
Driver License:

DOB: 11/14/1988
Sex: Male
Gender: Male
Age: 37 Years
Weight: 115.0 lbs, 52.2 kg
Broselow:

Current Meds: Unable to Complete
Env Allergies:
Med Allergies: Unable to Complete
Patient Physician:
Advance Directives: None
PMH:
Comment:
Patient Physical Limitations:
Comment:

Comments:
Comments:
Comments:

Payer Information:

Clinical:

Onset Date/Time:
Dispatch Reason (EMD): 100 PD Request Evaluation
Medical Need: **Visible Bleeding - Yes**

Chief Complaint (Primary): Trauma Injury **Duration:**
Provider Impression: Trauma Injury
Mechanism of Injury: Assault Firearms
Alcohol/Drug Use Indicators: Unable to Complete
Trauma Triage Criteria
High Risk for Serious Injury:
[redacted]
Moderate Risk for Serious Injury:
None
Protocol 1: **Protocol 2:**

Assessments:

Time	Employee
22:35:46	Truett, Briana
22:35:47	Truett, Briana
22:35:50	Truett, Briana

[redacted]

Vitals:

Time	Employee
22:39:53	Truett, Briana

Treatments/Medications:

Time	Employee
22:36:23	Truett, Briana
22:40:35	Truett, Briana
22:42:14	Meaney, Sam
22:44:33	Truett, Briana

[redacted]

22:45:46	Frye, Bryon	[redacted]
22:46:06	Frye, Bryon	
22:46:35	Jorah, James	
22:48:15	Frye, Bryon	
22:49:55	Frye, Bryon	
22:51:54	Frye, Bryon	
22:53:20	Frye, Bryon	
22:53:46	Frye, Bryon	
22:56:12	Jorah, James	
23:00:55	Frye, Bryon	
23:01:35	Frye, Bryon	[redacted]
23:05:33	Frye, Bryon	

Supply

Qty	Supply

ECG Device Incident Number:

Narrative History Text:

Dispatched for a female that was a victim, of domestic violence, arrived on scene and was notified by EPD that there was a gunshot victim in the residence. Contact with caller, crew diverted to gunshot victim and dispatched next available squad for domestic victim. Gunshot victim was a male approx in his 30s, lying supine on the ground, handcuffed, multiple gunshot wounds, EPD actively providing first aid, [redacted] Pt transported to uh main hospital.

Unable to Sign:

Unable to Sign Reason: Major Trauma
Authorized Representative: No authorized representative is available or willing

Authorized Representative Signature: No
Secondary Documentation: Patient Care Report (signed by representative of facility)
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 - Richard - 01/11/2026 23:35

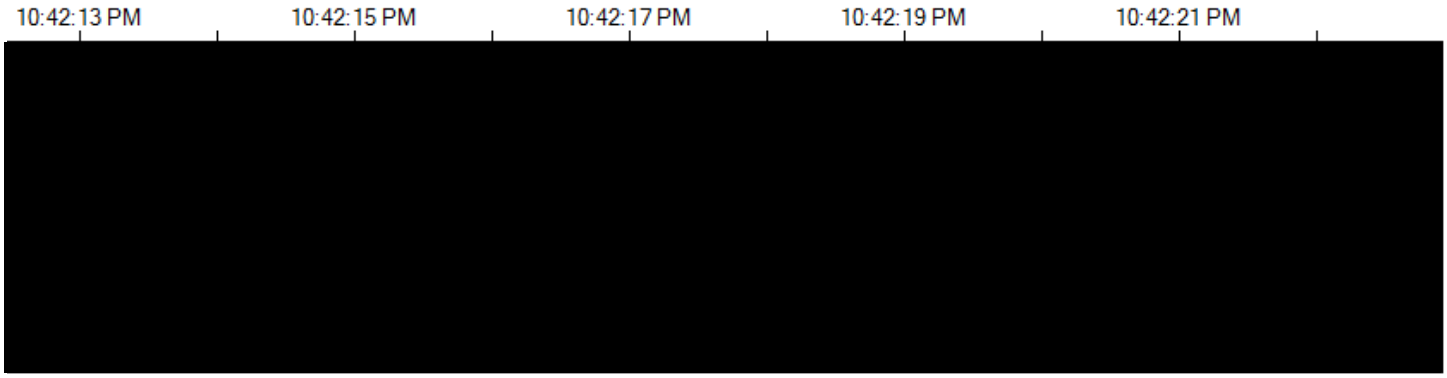
The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

Technician Signature - Truett, Briana Paramedic - 01/11/2026 23:36

Signature of documenting crew member.

Prehospital Care Report Summary

Date:01/11/2026 **Call #:** [redacted] **Booklet:**65093048



Prehospital Care Report Summary

Euclid FD - Station 2
1500 Chardon Road; Euclid, OH 44117

Date:01/11/2026 **Call #:**[redacted] **Booklet:**65093063 **Branch:** Euclid FD - Station 2 **Time Zone:**GMT-05:00 Eastern

Call Information:

Billing Disposition: Treated/Transported
Unit Disposition: Patient Contact Made
Patient Evaluation/Care Disposition: Patient Evaluated and Care Provided
Crew Disposition: Initiated and Continued Primary Care
Transport Disposition: Transport by This EMS Unit
Deceased Patient: Not Applicable
Assist: Not Applicable
Acuity Upon EMS Release of Care: Lower Acuity (Green)
Unit #: MEDIC4 - MEDIC 4, 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:
Incident Location: 1451 E 219TH ST - EUCLID, OH 44117 (Cuyahoga County)
Incident Location Type: Home/Residence

Receiving Facility: Euclid Hospital (Hospital) - 18901 Lakeshore Blvd - Euclid, OH 44119
Facility Address: 18901 Lakeshore Blvd - Euclid 44119
Facility Country: UNITED STATES
Registration # N/A
Destination Type: Hospital Emergency Department
Dest. Reason: Nearest/Most Accessible Facility
Hospital Capability: Hospital (General)

Calculated Mileage: 3.18
Crew Members: Matt Hurst, Paramedic*(DS)(DH)*; Adam Jablonski, Paramedic*(DOC)*

Moved to Amb By: Walked With Assist **Transport Position:** Semi/Full Fowlers **From Amb By:** Stretcher

Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens, Destination - No Lights and Sirens
Pre-Arrival Alert/Activation: No **Time:**

# Patients Transported In My Unit:	1
# Patients at Scene:	1
Call Received:	22:27:02
Dispatched:	22:39:21
En Route:	22:39:35
At Staging Area:	
On Scene:	22:41:18
Patient Contact:	22:42:18
Transfer of EMS Patient Care:	
Left Scene:	22:58:08
At Destination Landing:	
At Destination:	23:07:43
Destination Patient Transfer of Care:	
In Service:	23:18:31
Home Location:	
Time On Scene:	17 Min
Time to Destination:	28 Min
Total Time of Run:	39 Min

Patient Information:

Name: [redacted]
Address: 1451 E 219TH ST - EUCLID, OH 44117
County: Cuyahoga
Patient Country: UNITED STATES
Phone:
Email:
SSN: [redacted]
Driver License:
Local Resident: Yes

DOB: 02/03/1986
Sex: Female
Gender: Female
Age: 39 Years
Weight: 120.0 lbs, 54.4 kg
Broselow:

Current Meds: [redacted]
Comments:

Env Allergies:
Comments:
Med Allergies: [redacted]
Comments:
Patient Physician:
Advance Directives: None
PMH:
Comment:
Patient Physical Limitations:
Comment:

Payer Information:

Clinical:

Onset Date/Time:
Dispatch Reason (EMD): 32B01 Unknown Problem
Medical Need:

Chief Complaint (Primary): Unknown Medical **Duration:**
Provider Impression: Unknown Medical
Mechanism of Injury:
Protocol 1: **Protocol 2:**

Assessments:

Time	Employee	Type	Summary
22:42:18	Jablonski, Adam	[redacted]	
22:43:18	Jablonski, Adam		

Vitals:

Time	Employee
23:01:52	Jablonski, Adam

Treatments/Medications:

Time	Employee
22:44:18	Jablonski, Adam

Supply

Qty	Supply

ECG Device Incident Number:

Narrative History Text:

Medic 4 was dispatched to a domestic dispute. Upon arrival the female pt was sitting on her couch [redacted] Pt transported to ER without incident. Pt care transferred to ER staff.

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

Signature Image(s):

Authorization Signature - Jacqueline Punckowski - 01/11/2026 23:00

I request that payment of authorized Medicare, Medicaid, or any other insurance benefits be made on my behalf to Euclid Fire Dept. (EFD) for any services provided to me by EFD now, in the past, or in the future. I understand that I am financially responsible for the services and supplies provided to me by EFD, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to EFD any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to EFD. I authorize EFD to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to EFD and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by EFD, now, in the past, or in the future. A copy of this form is as valid as an original. The patient must sign here unless the patient is physically or mentally incapable of signing. If the patient signs with an "X" or other mark, someone should sign below as a witness. This can be an ambulance crew member. NOTE: if the patient is a minor, the parent or legal should sign in this section.

Privacy Notice Signature

Receiving Agent / RN / MD Signature

Technician Signature - Jablonski, Adam Paramedic - 01/11/2026 23:23

Signature of documenting crew member.