



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



2022-0727

Officer-Involved Critical Incident - 914 Salt Springs Road, Youngstown,
Ohio 44509

Investigative Activity: Records Received; Autopsy Review

Involves: James Sheets

Activity Date: July 15, 2022

Activity Location: BCI Youngstown Office

Authoring Agent: Special Agent Al Banský #115

Narrative:

On Friday, July 15, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Al Banský (Banský) received an email from the Mahoning County Coroner's Office. The correspondence consisted of the autopsy report for James John Sheets.

SA Banský reviewed the report and noted the following:

This autopsy report was authored by Deputy Medical Examiner Todd M. Barr from the Cuyahoga County Coroner's Office. [REDACTED]

The information deemed to be the most relevant to this inquiry is summarized below for the convenience of the reader. However, as the author is not a doctor, it is suggested that the report be viewed in its entirety to ensure no pertinent information has been omitted or described out-of-context.

The body being examined was identified in the report as being James John Sheets, a 35-year-old white male. The case number was listed as OU2022-00092.

The "TOXICOLOGY REPORT" contained the following pertinent information:

BASIC DRUGS BY GC/MS

[REDACTED]



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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The autopsy report received is attached to this report. Please refer to the attachment for the full details.

RECEIVED
7-13-22

RECEIVED
CME
7-13-22

Reg. Dist. No. 5001Ohio Department of Health
VITAL STATISTICS

State File No. 2022044462

Registrar's No. 5000-2022001225

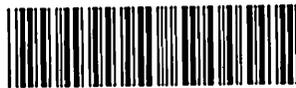
Supplementary Medical Certification

1883024

Name of Deceased JAMES JOHN SHEETS			
Place of Death OTHER		Date of Death APRIL 01, 2022	
23. Local Registrar ERIN BISHOP		24. Date Filed JULY 22, 2022	
25a. Certifier (Check only one)		<input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.	
25b. Time of Death 17:25		25c. Date Pronounced Dead (Month/Day/Year) APRIL 01, 2022	25d. Was Case referred to Coroner? YES
25e. Certifier Name and Title KENNEDY, DAVID M MD		25f. License number 35.060712	25g. Date Signed JULY 22, 2022
27. Name and Address of Person who Completed Cause of Death KENNEDY, DAVID M, 345 OAK HILL AVE #320, YOUNGSTOWN, OH, 44502			
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. MULTIPLE GUNSHOT WOUNDS		MINUTES
Sequentially list conditions, if any, leading to the immediate cause.	b. Due to (or as Consequence of)		
Enter Underlying Cause Last (Disease or injury that initiated events resulting in a death)	c. Due to (or as Consequence of)		
	d. Due to (or as Consequence of)		
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		29a. Was an Autopsy Performed? YES	29b. Were Autopsy Findings Available Prior to completion of Cause of Death? YES
30. Did Tobacco Use Contribute to Death? NO	31. If Female, Pregnancy Status NOT APPLICABLE.	32. Manner of Death HOMICIDE	
33a. Date of Injury (Month/Day/Year) APRIL 01, 2022 PM HOURS	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) ROADWAY	33d. Injury at Work? NO
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) INTERSECTION OF STEEL STREET & SALT SPRINGS ROAD, YOUNGSTOWN, OHIO			
33f. Describe How Injury Occurred: SHOT BY ANOTHER		33g. If Transportation Injury, Specify:	

HEA 2752
Rev. 08/18THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN
OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS

Required by section 3705.27 of the Ohio Revised Code



1883024



2022044462