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

2025-3711
Officer Involved Critical Incident - 1363 State Route 534 NW, Braceville Township, OH 44470, Trumbull County

Investigative Activity:	Review of Braceville Incident Report
Involves:	John Adams (S)
Activity Date:	12/09/2025
Activity Location:	BCI Boardman – 760 Boardman-Canfield Road, Boardman, OH 44512
Authoring Agent:	**SA Joseph Lamping #184**

Narrative:

On Friday, November 21, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joe Lamping (SA Lamping) received documents from Braceville Police Department (BPD) Chief David Fay (Chief Fay). The records, which were requested, included any reports pertaining to the November 14, 2025, officer-involved critical incident, except for any statements made by the involved officers. SA Lamping reviewed the documents and noted the following:

The BPD report was five pages in length and written by Chief Fay. The narrative section of the report was sent to SA Jesse Bynum for a Garrity review to be completed. SA Bynum noted that aside from some mandatory drug and alcohol testing, no Garrity protected information was located. [redacted] had previously agreed to allow BCI to view her mandatory alcohol test, and as such no redactions were required[1].

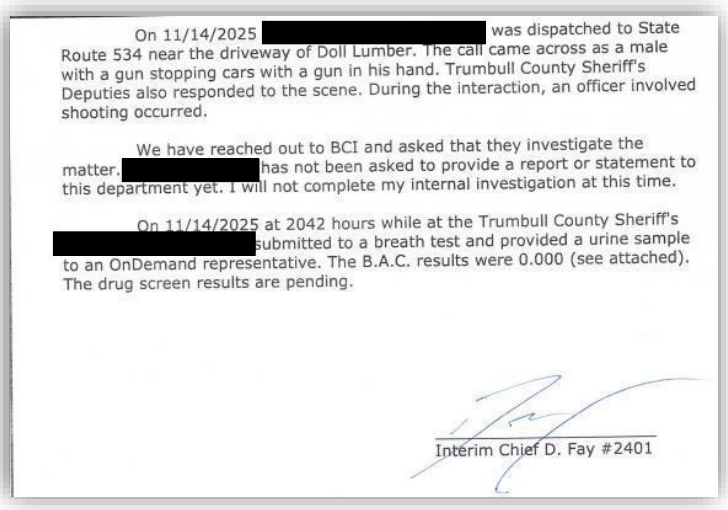
The report listed the following times and dates for the incident:

*REPORT DATE/TIME				*INCIDENT OCCURED FROM				*INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
11	14	2025	16:53	11	14	2025	16:53	11	14	2025	21:39

The offense was listed as: Suicidal Person. One suspect was listed as John Adams (Adams). The section included Adams social security number, address, employer, and demographic information. [redacted] was listed as a person in the report with no specified name type.

[1] During [redacted] interview she was accompanied by OPBA Attorney Danielle Chaffin. She agreed to allow BCI to review her mandatory BAC test which was documented in the report titled: *2025-12-01: Involved Officer Interview –* [redacted]

The narrative section was pictured below:



On 11/14/2025 [redacted] was dispatched to State Route 534 near the driveway of Doll Lumber. The call came across as a male with a gun stopping cars with a gun in his hand. Trumbull County Sheriff's Deputies also responded to the scene. During the interaction, an officer involved shooting occurred.

We have reached out to BCI and asked that they investigate the matter. [redacted] has not been asked to provide a report or statement to this department yet. I will not complete my internal investigation at this time.

On 11/14/2025 at 2042 hours while at the Trumbull County Sheriff's [redacted] submitted to a breath test and provided a urine sample to an OnDemand representative. The B.A.C. results were 0.000 (see attached). The drug screen results are pending.

Interim Chief D. Fay #2401

Chief Fay also provided two images taken by [redacted] at the scene. These images were stored on Axon Justice as part of Reference Item B – Crime Scene Photographs. The two images provided are shown below:

The first image shows EMS personnel rendering aid to Adams, and the second image shows where the firearm (that Adams possessed) landed subsequent to the shooting. During [redacted] interview she explained that she took these photos as she was fearful the firearm would become lost in the chaos of the scene.

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The report for BPD incident # [redacted] was attached to this investigative report. Please refer to the attachment for further details.

References:

Reference Item B – Crime Scene Photographs: Subfolder Braceville Police Department Crime Scene Photographs; stored on Axon Justice.

Attachments:

1. Braceville Police Department Report Pages 1-5

OHIO UNIFORM INCIDENT REPORT

ADMINISTRATIVE

AGENCY NAME: Braceville Police Department
CALL NUMBER:
*GEO CODE: 44444
*INCIDENT NUMBER-INVESTIGATIVE NUMBER: [redacted]

TOD: 16:53
TOA: 16:59
TOC: 21:39

[X] INCIDENT (NON-CRIMINAL)
[X] OFFENSE
[X] SUPPLEMENT

*CLEARANCES

A [ ] Death of Suspect		G [ ] Arrest - Juvenile	
B [ ] Prosecution Declined		H [ ] Warrant Issued	
C [ ] In Custody of Other Jurisd.		I [X] Invest Pending	
D [ ] Victim Refused to Coop.		J [ ] Closed	
E [ ] Juvenile/No Custody		K [ ] Unfounded	
F [ ] Arrest - Adult		U [ ] Unknow	

*CLEARANCE DATE:
CLEARED BY: 2406

Printed: 11-20-2025 12:47

*REPORT DATE/TIME MONTH	DAY	YEAR	TIME	*INCIDENT OCCURED FROM MONTH	DAY	YEAR	TIME	*INCIDENT OCCURED TO MONTH	DAY	YEAR	TIME
11	14	2025	16:53	11	14	2025	16:53	11	14	2025	21:39

INCIDENT LOCATION (Street, Apt. City, State, Zip): 1363 State Rte 534, SOUTHINGTON, OH 44470

OFFENSE

	*OFFENSE	*OFFENSE CODE	*A/C	*F/M & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1.	SUICIDAL PERSON	112						
2.								
3.								
4.								
5.								

*TYPE CRIMINAL ACTIVITY: 1. __ 2. __ 3. __ (Enter up to three for each offense)

B - Buying/Rec.
C - Cultivating/Mfg./Pub.
D - Distributing/Selling
E - Exploiting Children
O - Oper/Promoting/Ass.
P - Possessing/Concealing
T - Transp/Transmitting
U - Using/Consuming

*LOCATION OF OFFENSE (Enter up to two)

1. ___ 2. ___

RESIDENTIAL STRUCTURE
01 Single Family Home
02 Multiple Dwelling
03 Residential Facility
04 Other Residential
05 Garage/Shed

PUBLIC ACCESS BLDGS.
06 Transit Facility
07 Government Office
08 School
09 College
67 Library
10 Church
11 Hospital
12 Jail/Prison
13 Parking Garage
14 Other Public Access Buildings

COMMERCIAL LOCATIONS
15 Auto Shop
16 Financial Institution
17 Barber/Beauty Shop
18 Hotel/Motel
19 Dry Cleaners/Laundry
20 Professional Office
21 Doctor's Office
22 Other Business Office
23 Amusement Center
24 Rental Storage Facility
25 Other Commercial Service
56 ATM Machine Separate from Bank
59 Daycare Facility

RETAIL
26 Bar
27 Buy/Sell/Trade Shop
28 Restaurant
29 Gas Station
30 Auto Sales Lot
31 Jewelry Store
32 Clothing Store
33 Drugstore
34 Liquor Store
35 Shopping Mall
36 Sporting Goods
37 Grocery/Supermarket
38 Variety/Convenience
39 Department Store
40 Other Retail Store
41 Factory/Mill/Plant
42 Other Building

OUTSIDE
43 Yard
44 Construction Site
45 Lake/Waterway
46 Fields/Woods
47 Street
48 Parking Lot
49 Park/Playground
50 Cemetery
51 Public Transit Vehicle
52 Other Outside Location
57 Camp/Campground
64 Rest Area

OTHER
53 Abandoned / Condemned Structure
55 Arena / Stadium Fairgrounds/Coliseum
58 Cargo Container
60 Dock/Wharf/Freight/ Modal Terminal
61 Farm Facility
62 Gambling Facility/ Casino/Race Track
63 Military Installation
65 Shelter-Mission/ Homeless
66 Tribal Lands
77 Other

*SUSPECTED OF USING
[ ] A ALCOHOL
[ ] D DRUGS
[ ] C COMPUTER EQUIPMENT
[ ] N NOT APPLICABLE

*TYPE WEAPON/FORCE USED
1. ___ 2. ___ 3. ___
(Enter up to Three Codes)

*METHOD OF ENTRY
[ ] FORCE
[ ] NO FORCE

*NO. PREMISES ENTERED:

*METHOD OF ENTRY - MOTOR VEHICLE THEFT
[ ] 01 MOTOR RUNNING/KEYS IN CAR
[ ] 02 UNLOCKED
[ ] 03 DUPLICATE KEY USED
[ ] 04 WINDOW BROKEN
[ ] 05 TOWED
[ ] 06 HOT WIRE
[ ] 07 SLIM JIM/COAT HANGER
[ ] 08 TUMBLERS REMOVED
[ ] 09 COLUMN PEELED
[ ] 10 IGNITION PEELED

*METHOD OF ENTRY - BURGLARY/B & E

ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT
[ ] 1. BASEMENT	[ ]	[ ] 1. DOOR	[ ]	[ ] 1. FRONT	[ ]
[ ] 2. 1st FLOOR	[ ]	[ ] 2. WINDOW	[ ]	[ ] 2. SIDE	[ ]
[ ] 3. 2nd FLOOR	[ ]	[ ] 3. GARAGE	[ ]	[ ] 3. REAR	[ ]
[ ] 4. OTHER	[ ]	[ ] 4. SKYLIGHT	[ ]	[ ] 4. ROOF	[ ]
		[ ] 5. OTHER	[ ]	[ ] 5. OTHER	[ ]

METHODS OF OPERATION:
CARGO THEFT [ ] Y [ ] N

VICTIM

*NO.:
*TOTAL VICTIMS:
*VICTIM TYPE: [ ] I INDIVIDUAL [ ] B BUSINESS [ ] F FINANCIAL INSTITUTION [ ] G GOVERNMENT [ ] P POLICE OFFICER (IN THE LINE OF DUTY) [ ] R RELIGIOUS ORGANIZATION [ ] S SOCIETY [ ] U UNKNOWN [ ] O OTHER

NAME (Last, First, Middle):
PHONE:
ADDRESS (Street, Apt., City, State, Zip):
PHONE:
EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS:

*AGE/ D.O.B	*SEX	*RACE [ ] B [ ] A [ ] W [ ] I [ ] U	HEIGHT	WEIGHT	HAIR	EYES

OCCUPATION:
SSN:
*RESIDENT STATUS: [ ] RESIDENT [ ] MILITARY [ ] OTHER [ ] TOURIST [ ] STUDENT [ ] UNKNOWN

[ ] VICTIM INJURED
IF INJURED DESCRIBE INJURIES:

*AGG. ASLT/HOMICIDE CIR.:
*VICTIM/SUSPECT RELATIONSHIP: 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___
*VICTIM/OFFENSE LINK:

My signature verifies that the information on this report is accurate and true
DATE _____

INCIDENT NUMBER: [redacted]

REPORTING OFFICER	BADGE NO.	DATE
FAY, DAVID	2406	11-14-2025
APPROVING OFFICER	BADGE NO.	DATE
FAY, DAVID	2406	11-20-2025

[ ] FOLLOW UP
If yes, follow-up assignment:

ADDITIONAL SUPPLEMENTS: [ ] VICTIM/WITNESS [X] SUSPECT/ARRESTEE [ ] PROPERTY [X] NARRATIVE [ ] STATEMENTS [ ] OTHER
FORM RECEIVED BY: [ ] INVESTIGATION [ ] INTELLIGENCE [ ] RECORDS
SPECIAL COPIES:

INCIDENT REPORT - PART 2

INCIDENT NUMBER	[redacted]
OFFENSE	SUICIDAL PERSON
INCIDENT DATE/TIME	11-14-2025 16:53

REPORTEE

NO.	NAME (Last, First, Middle)	*AGE/ D.O.B	SSN

ADDRESS (Street, Apt., City, State, Zip)	PHONE

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE

☐ STATEMENTS OBTAINED — TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

VEHICLE

CHECK CATEGORIES ☐ STOLEN ☐ RECOVERED ☐ IMPOUNDED ☐ RECEIVED ☐ SUSPECT'S VEHICLE ☐ VICTIM'S VEHICLE ☐ UNAUTH. USE ☐ ABANDONED

NO.	☐ DAMAGE TO VEHICLE ☐ THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE

VYR	VMA	VMO	VST	VCO TOP BOTTOM	☐ VEHICLE LOCKED	☐ KEYS IN VEHICLE	☐ HOLD VEHICLE	☐ RELEASE CONTENTS

VEHICLE ASSOC W/ SUSPECT #	VEHICLE ASSOC W/ VICTIM #	☐ VEHICLE TOWED	TOWED BY	OWNERSHIP VERIFIED BY: ☐ TAG RECEIPT ☐ BILL OF SALE ☐ TITLE ☐ OTHER

STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN: ☐ RESID. ☐ BUSINESS ☐ RURAL	ADDITIONAL DESCRIPTION

AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)	PHONE

MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE RECOVERED	☐ STOLEN IN YOUR JURISDICTION WHERE RECOVERED?

PROPERTY

*TYPE PROPERTY LOSS (Enter Code Below) — 1 NONE; 2 BURNED; 3 COUNTERFEITED/FORGED; 4 DESTROYED/DAMAGED/VANDALIZED; 5 STOLEN/ETC.; 6 SEIZED; 7 RECOVERED; U UNKNOWN; P PHOTO; E EVIDENCE

*LOSS CODE	QUANTITY	DESCRIPTION	COLOR	*PROP CODE	TOTAL VALUE / *VALUE

VICT. NO	VEH. NO	MAKE/BRAND	MODEL	DATE RECOVERED

[redacted]	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	[redacted]

*LOSS CODE	QUANTITY	DESCRIPTION	COLOR	*PROP CODE	*VALUE

VICT. NO	VEH. NO	MAKE/BRAND	MODEL	DATE RECOVERED

[redacted]	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	[redacted]

*LOSS CODE	QUANTITY	DESCRIPTION	COLOR	*PROP CODE	*VALUE

VICT. NO	VEH. NO	MAKE/BRAND	MODEL	DATE RECOVERED

[redacted]	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	[redacted]

PROPERTY CODES:

EXCHANGE MEDIUMS
01 Money
02 Credit/Debit Card
03 Negotiable Instruments
04 Other Exchange Mediums

DOCUMENTS
05 Non-Negotiable Instruments
06 Personal Papers
62 Documents/Personal or Business
07 Other Documents

VALUABLES
08 Jewelry/Precious Metals
09 Art Objects, Antiques
10 Other Valuables

PERSONAL EFFECTS
11 Clothing/Furs
12 Purses/Handbags/Wallets
13 Other Personal Effects

HOUSHOLD ITEMS
14 Household Items

EQUIPMENT
15 Drug/Narcotic Equip.
16 Gambling Equipment
17 Computer Hardware/Soft.
18 Office Equipment
19 Stereo TV Equipment
20 Recordings - Audio Vis.
21 Sports Equipment
22 Photographic Equipment
23 Farm Equipment
24 Heavy Construction/Industrial
25 Building Supplies
26 Tools
27 Vehicle Parts/Accessories
57 Aircraft Parts/Accessories
28 School Supplies
58 Artistic Supplies/Accessories
59 Camping/Hunting/Fishing Equipment/Supplies
67 Law Enforcement Equip.
68 Lawn/Yard/Garden Equip.
69 Logging Equipment
70 Medical/Medical Lab Equip.
72 Musical Instruments
73 Portable Electronic Equip.
74 Watercraft Equip./Parts/ACC.
29 Other Equipment

CONSUMABLE ITEMS
30 Alcohol
31 Drugs/Narcotics
32 Consumable Goods
60 Chemicals
61 Crops
63 Explosives
65 Fuel

ANIMALS
33 Livestock
34 Household Pets

VEHICLES
35 Aircraft
36 Automobiles
37 Bicycles
38 Buses
39 Trucks
40 Trailers
41 Watercraft
42 Recreational Veh.
43 Other Motor Veh.

WEAPONS
44 Firearms
45 Other Weapons
64 Firearm Accessories

STRUCTURES
46 Single Occupancy
47 Other Dwellings
48 Commercial/Bus.
49 Indus./Mfg.
50 Public/Comm.
51 Storage
52 Other Structure

OTHER
53 Merchandise
54 Other Property
55 Pending Inventory
66 Identity-Intangible
71 Metals, Non-Precious

NARRATIVE

(SEE NARRATIVE SUPPLEMENT)

SUSPECT / ARREST SUPPLEMENT

ARRESTING AGENCY: Braceville Police Department
INCIDENT NUMBER: [redacted]
VICTIM:
OFFENSE:
INCIDENT DATE/TIME: 11-14-2025 16:53

NAME/DESCRIPTIVES

NO. 1 | [X] ADULT [ ] JUVENILE | CHECK APPROPRIATE CATEGORY: [X] SUSPECT [ ] ARRESTEE [ ] SUSPECT/ARRESTEE [ ] RUNAWAY [ ] MISSING [ ] OTHER | [ ] CHARGES FILED

NAME (Last, First, Middle): ADAMS, JOHN P
S.S.N.: [redacted]
ALIAS:
GANG AFFILIATION:
ADDRESS (Street, Apt., City, State, Zip): 3759 HERR FEILDHOUSE RD., SOUTHINGTON, OH 44470
PHONE:
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip): CNC PRECISION MACHINE
PHONE:
PLACE OF BIRTH:
D.L.#/STATE: /
OCCUPATION/SCHOOL:

*AGE/ D.O.B	AGE RANGE	*SEX	*RACE	*HEIGHT	*WEIGHT	HAIR	EYES
05-02-1969	56 - 56	M	[X] W [ ] B [ ] A [ ] I [ ] U			GRY	

MARITAL STATUS:
SCARS, MARKS, TATTOOS:
ADDITIONAL DESCRIPTIVES:

SUSPECTED OF USING: [ ] ALCOHOL [ ] DRUGS
POTENTIAL INJURIES?

*RESIDENT STATUS: [ ] 1. RESIDENT [ ] 2. TOURIST [ ] 3. MILITARY [ ] 4. STUDENT [ ] 5. OTHER (Explain) _____ [ ] 6. UNKNOWN

*ARRESTEE WAS ARMED WITH

ARRESTEE ARMED WITH 1. ___ 2. ___ 3. ___

99 NONE	13B OTHER FULLY AUTOMATIC FIREARM	16 IMITATION FIREARM	50 POISON
11 FIREARM	14 SHOTGUN	17 SIMULATED FIREARM	60 EXPLOSIVES
12 HANDGUN	15 OTHER FIREARM	18 BB/PELLET GUN	65 FIRE/INCENDIARY DEVICE
12A AUTOMATIC HANDGUN	15A SEMI-AUTOMATIC SPORTING RIFLE	20 KNIFE/CUTTING INSTRUMENT	70 DRUGS/NARCS/SLEEPING PILLS
13 RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT	80 OTHER WEAPON
13A FULLY AUTOMATIC	15C MACHINE PISTOL	35 MOTOR VEHICLE	U UNKNOWN
		40 PERSONAL WEAPON	

ASSOC. PERSONS

NAME	ADDRESS (Street, Apt., City, State, Zip)	Phone
1.	1.	1.
2.	2.	2.

ARREST INFORMATION

	*ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	*F/M & DEGREE	*WARRANT #	*ARREST LARCENY TYPE
1.					
2.					
3.					
4.					
5.					

23A - POCKET PICKING
23B - PURSE SNATCHING
23C - SHOPLIFTING
23D - THEFT FROM BUILDING
23E - THEFT FROM COIN-OP MACH.
23F - THEFT FROM MOTOR VEH.
23G - MOTOR VEH. PARTS/ACCES.
240 - THEFT OF MOTOR VEHICLE
23H - OTHER

*ARREST DATE | TIME : | ARREST LOCATION (Street, Apt., City, State, Zip)
*INCIDENT TRACKING NUMBER | *ARREST DISPOSITION | BAIL
MIRANDA WITNESSED BY: | TIME READ
[ ] FINGERPRINTED | FINGERPRINT CARD NO. | [ ] PHOTOS TAKEN | NO. TAKEN | PHOTO ID NO. | FBI/BCI#
MULTIPLE ARRESTEE SEGMENTS INDICATOR: [ ] COUNT ARRESTEE [ ] MULTIPLE INDICATOR [ ] N/A
*ARREST TYPE: [ ] IN PROGRESS [ ] SUMMONS [ ] OTHER [ ] COMPLAINANT [ ] WARRANT [ ] ORDER OF PROTECTION

JUVENILE

[ ] JUV. PARENT/ GUARDIAN NOTIFIED | DATE/TIME NOTIFIED | NOTIFIED BY | *JUVENILE DISPOSITION [ ] HANDLED W/IN DEPT. [ ] REFFERRED TO OTHER AUTH.
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip) | RELATIONSHIP | PHONE
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip) | RELATIONSHIP | PHONE

RUNAWAYS /MISSING

[ ] PREVIOUS RUNNAWAY/ MISSING | DATE OF LAST CONTACT | DATE OF EMANCIPATION | NCIC# | DATE/TIME ENTERED
LAST SEEN WEARING

REPORTING OFFICER/ARRESTING OFFICER: FAY, DAVID | BADGE NO. 2406 | DATE 11-14-2025
APPROVING OFFICER: FAY, DAVID | BADGE NO. 2406 | DATE 11-20-2025
COURT | COURT DATE

ADDITIONAL PERSONS SUPPLEMENT

VICTIM	OFFENSE	INCIDENT NUMBER	INCIDENT DATE/TIME
	SUICIDAL PERSON	[redacted]	11-14-2025 16:53

PERSON

NO.	NAME (Last, First, Middle)	NAME TYPE
1	[redacted]	-

GENDER	RACE	AGE/ D.O.B	SSN
[redacted]	[redacted]	[redacted]	[redacted]

ADDRESS (Street, Apt., City, State, Zip)	PHONE
780 BRACEVILLE ROBINSON RD, NEWTON FALLS, OH 44444	

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE
BRACEVILLE TWP PD	

☐ STATEMENTS OBTAINED — TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

PERSON

NO.	NAME (Last, First, Middle)	NAME TYPE

GENDER	RACE	AGE/ D.O.B	SSN

ADDRESS (Street, Apt., City, State, Zip)	PHONE

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE

☐ STATEMENTS OBTAINED — TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

PERSON

NO.	NAME (Last, First, Middle)	NAME TYPE

GENDER	RACE	AGE/ D.O.B	SSN

ADDRESS (Street, Apt., City, State, Zip)	PHONE

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE

☐ STATEMENTS OBTAINED — TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

PERSON

NO.	NAME (Last, First, Middle)	NAME TYPE

GENDER	RACE	AGE/ D.O.B	SSN

ADDRESS (Street, Apt., City, State, Zip)	PHONE

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE

☐ STATEMENTS OBTAINED — TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

PERSON

NO.	NAME (Last, First, Middle)	NAME TYPE

GENDER	RACE	AGE/ D.O.B	SSN

ADDRESS (Street, Apt., City, State, Zip)	PHONE

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE

☐ STATEMENTS OBTAINED — TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

PERSON

NO.	NAME (Last, First, Middle)	NAME TYPE

GENDER	RACE	AGE/ D.O.B	SSN

ADDRESS (Street, Apt., City, State, Zip)	PHONE

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE

☐ STATEMENTS OBTAINED — TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

PERSON

NO.	NAME (Last, First, Middle)	NAME TYPE

GENDER	RACE	AGE/ D.O.B	SSN

ADDRESS (Street, Apt., City, State, Zip)	PHONE

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE

☐ STATEMENTS OBTAINED — TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

REPORTING OFFICER/ARRESTING OFFICER	BADGE NO.	DATE
FAY, DAVID	2406	11-14-2025
APPROVING OFFICER	**BADGE NO.**	**DATE**
FAY, DAVID	2406	11-20-2025

NARRATIVE SUPPLEMENT	Investigative Narrative..... ☐	INCIDENT NUMBER [redacted]
VICTIM	OFFENSE SUICIDAL PERSON	INCIDENT DATE/TIME 11-14-2025 16:53

On 11/14/2025 [redacted] was dispatched to State Route 534 near the driveway of Doll Lumber. The call came across as a male with a gun stopping cars with a gun in his hand. Trumbull County Sheriff's Deputies also responded to the scene. During the interaction, an officer involved shooting occurred.

We have reached out to BCI and asked that they investigate the matter. [redacted] has not been asked to provide a report or statement to this department yet. I will not complete my internal investigation at this time.

On 11/14/2025 at 2042 hours while at the Trumbull County Sheriff's Office [redacted] submitted to a breath test and provided a urine sample to an OnDemand representative. The B.A.C. results were 0.000 (see attached). The drug screen results are pending.

Interim Chief D. Fay #2401

REASON CLEARED	☐ DEATH OF OFFENDER	☐ VICTIM REFUSED TO COORP.	☐ ARREST - JUVENILE	☐ CLOSED	DATE CLEARED
	☐ PROSECUTION DECLINED	☐ JUVENILE/NO CUSTODY	☐ WARRANT ISSUED	☐ UNFOUNDED	
	☐ EXTRADITION DENIED	☐ ARREST - ADULT	☒ INVEST. PENDING	☐ INVEST. PENDING	

REPORTING OFFICER	BADGE NO.	DATE
FAY, DAVID	2406	11-20-2025
APPROVING OFFICER	BADGE NO.	DATE
FAY, DAVID	2406	11-20-2025