



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



2024-2371

Officer Involved Critical Incident – 197 West 8th Ave., Columbus,  
Ohio 43201 (L)

**Investigative Activity:** Records Received, Review of Records

**Involves:** [REDACTED]

**Date of Activity:** 10/15/2024

**Author:** SA Kyle Douglass, #126

**Narrative:**

On October 15, 2024, Ohio Bureau of Criminal Investigation (BCI) Special Agent Kyle Douglass (SA Douglass) reviewed personnel file records, including disciplinary and use of force history, for Ohio State University Police Department (OSUPD) [REDACTED], which were received electronically from OSUPD Deputy Chief Dennis Jeffrey via email.

These records were reviewed as part of the investigation of an Officer-Involved Critical Incident involving [REDACTED] and law enforcement officers from OSUPD and Columbus Division of Police (CPD). On August 11, 2024 at approximately 0817 hours, CPD officers attempted to make contact with Asante Miller in response to a forced entry/break-in at 1517 Worthington Street. Upon CPD arrival, Miller attempted to flee the location and an exchange of gunfire occurred at 242 West 8th Avenue. Officers from CPD as well as OSUPD pursued Miller to 197 West 8th Avenue, where he had barricaded himself. While attempting to locate Miller inside the structure, CPD and OSUPD officers were fired upon and multiple responding law enforcement officers returned fire. CPD and OSUPD officers retreated from where Miller had barricaded himself, and a single gunshot was heard shortly after. Miller was later located in a bedroom closet and found to be deceased with a potentially self-inflicted gunshot wound to the head. No law enforcement officers were injured during this incident.

Please refer to the attached files and actual records provided by OSUPD for further details and clarification.

Upon reviewing these records, SA Douglass noted the following:

Use of Force History:

Prior to the incident on August 11, 2024, [REDACTED] had been involved in use of force incidents on the following dates:

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Approved By SAS James A. Mulford on  
10/23/2024

- February 28, 2018
- April 20, 2018
- September 8, 2018
- August 24, 2019
- July 5, 2020
- January 31, 2021
- October 3, 2021
- February 12, 2022
- April 21, 2022
- April 18, 2023
- November 13, 2023
- February 20, 2024
- April 7, 2024
- April 25, 2024

██████████ actions were found "within policy" for all of the use of force incidents listed above. ██████████ had no record of "outside policy" use of force violations and there were no indications that ██████████ had been disciplined for her use of force responses on the dates of any of the aforementioned incidents.

Internal Investigation:

Prior to the incident on August 11, 2024, ██████████ had one documented incident of disciplinary action:

- July 21, 2021

Records from OSUPD indicated ██████████ was verbally reprimanded for this policy violation.

**References:**

No references.

**Attachments:**

Attachment # 01: OSUPD Use of Force Records – ██████████

Attachment # 02: OSUPD Disciplinary Records – ██████████

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law – a statute, an administrative rule, or any rule of procedure.

**Action Response Report**  
**The Ohio State University Police Division**

Date 2-28-18		Time 21:47		Location 2201 Fred Taylor Dr.			Report # [REDACTED]		
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic		<input checked="" type="checkbox"/> Suspicious Person <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input type="checkbox"/> No Injury Reported		Number of Suspects 1  Number of Officers 2	
Officer Last Rizalvo		First Marjorie		Middle J		Badge 344	Height 5'-01"	Weight 150	Age 46
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Subject 1 Last Calhoun		First Mathew		Middle B		DOB 06-16-1997	SSN NA	HT 6'-00"	WT NA
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Witness Last		First		Middle		Address		Phone #	
Witness Last		First		Middle		Address		Phone #	
<input type="checkbox"/> Check if Additional Information Sheet added.									

**Aggressive/Resistive Subject Actions**  
 (Check all that Apply)

<input checked="" type="checkbox"/> Verbal or physical Danger Cues	<input type="checkbox"/> Not Responding to Commands	<input type="checkbox"/> Refusing to Move (Dead Weight)
<input type="checkbox"/> Pulling Away from Officer	<input type="checkbox"/> Running from Officer	<input type="checkbox"/> Pushing Officer
<input type="checkbox"/> Wrestling with Officer	<input type="checkbox"/> Striking or Kicking Officer	<input type="checkbox"/> Assaulting Third Party
<input type="checkbox"/> Life Threatening Weaponless Assault	<input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Weapon Used Against Officer
<input checked="" type="checkbox"/> Other Driving away, unable to see his hands		

**Display of Weapon**

<input checked="" type="checkbox"/> Firearm pointed at individual	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used: Sidearm	

**Type of Force Used**  
 (Check all that Apply)

<input type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)	
Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Subject physically placed on ground	
Technique Used	Effective <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Chemical Spray	
	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)	
Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Impact Weapon (Baton)	
Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Police Dog	
	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions	
Round Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force	
<input type="checkbox"/> Firearm	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble	
	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances**  
 (Check all that Apply)

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input type="checkbox"/> Age	<input type="checkbox"/> Subject Skill Level	<input type="checkbox"/> Closeness of a Weapon	<input type="checkbox"/> Suspected/Known mental issues
<input type="checkbox"/> Size	<input type="checkbox"/> Multiple Subjects	<input type="checkbox"/> Injury or Exhaustion	<input type="checkbox"/> Environmental Conditions
<input type="checkbox"/> Sex	<input type="checkbox"/> Relative Strength	<input type="checkbox"/> Being on the ground	<input type="checkbox"/> Subject Handcuffed
<input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Distance from the Subject	<input type="checkbox"/> Building Search
		<input checked="" type="checkbox"/> Special Knowledge	<input checked="" type="checkbox"/> Other (Explain in narrative)
		<input type="checkbox"/> Suspected/known drug/alcohol use	vehicle and physical descriptions matched recent intelligence report of known criminal offender (via CPD)

## Officer Narrative Summary

Report # [REDACTED]

- ☒ Copy of U-10.100 Attached  
☒ Copy of Report Narrative Attached  
☒ Narrative Summary Cont. (Page 3)

Officers responded on a suspicious vehicle and person while at Chadwick Lake. It was dark and not well lit. The vehicle and driver matched the physical descriptions of a recent intelligence report of known criminal offender (via CPD). The driver continued to look out his window towards our cruiser as if he was trying to gauge our positioning. As soon as the cruiser stopped and we exited the cruiser, he began to accelerate and drive away. Officers were unable to see his hands. Upon reaching the passenger side of the vehicle, Officer Rizalvo unholstered her sidearm and had it in a low ready position while giving verbal commands to turn off the vehicle and to place his hands on the steering wheel.

Officer's Signature

ofc. M. Rizalvo / Rizalvo #344

Date 3-1-18

Reviewed by Shift Lieutenant:

Comments: I reviewed the report and BWC videos. I spoke w/ ofc. Rizalvo and [REDACTED] regarding the incident. Judging from the facts and circumstances facing ofc. Rizalvo at the time of incident, her unholstering and drawing her firearm is <sup>objectively</sup> reasonable.

Lieutenant's Signature

Date 3-3-2018

Reviewed by Operations Captain:

Comments: I reviewed the report and BWC video. Actions of Officer Rizalvo were appropriate and within policy.

Captain's Signature

Date 3-7-18

Reviewed by Deputy Chief:

Comments:

Deputy Chief's Signature

Date

Reviewed by Chief of Police:

Comments:

Chief's Signature

Date







**Action Response Report**  
**The Ohio State University Police Division**

Date 4/20/2018	Time 1130	Location 305 W 12 <sup>th</sup> Avenue, Columbus Ohio 43210	Report # [REDACTED]
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other	Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic	<input type="checkbox"/> Suspicious Person <input type="checkbox"/> Crime in Progress <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported
		Number of Suspects 1	Number of Officers 3
Officer: Last [REDACTED] First [REDACTED] Middle [REDACTED] DOB [REDACTED] SSN [REDACTED] HT [REDACTED] WT [REDACTED]			
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes explain: NA		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other
Subject I Last Taylor First Adam Middle J DOB 12/02/1989 SSN [REDACTED] HT 6'04" WT 300			
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes explain: NA		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other
Witness Last O'Donnell	First Gwendolyn	Middle Adele	Address 613 Village Ct. Apt. G, Washington Ct. House, Oh 43160 Phone # [REDACTED]
Witness Last etles	First Tavia	Middle R	Address 833 Aspen Dr. Washington Ct. House, Oh 43160 Phone # [REDACTED]
<input checked="" type="checkbox"/> Check if Additional Information Sheet added.			

**Aggressive/Resistive Subject Actions**  
(Check all that Apply)

<input checked="" type="checkbox"/> Verbal or physical Danger Cues <input checked="" type="checkbox"/> Pulling Away from Officer <input type="checkbox"/> Wrestling with Officer <input type="checkbox"/> Life Threatening Weaponless Assault <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Not Responding to Commands <input type="checkbox"/> Running from Officer <input type="checkbox"/> Striking or Kicking Officer <input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Refusing to Move (Dead Weight) <input checked="" type="checkbox"/> Pushing Officer <input checked="" type="checkbox"/> Assaulting Third Party <input type="checkbox"/> Weapon Used Against Officer
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**Display of Weapon**

<input type="checkbox"/> Firearm pointed at individual Type of firearm used:	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Type of Force Used**  
(Check all that Apply)

<input checked="" type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)	Technique Used Restrained arms and shoulders against chair	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Subject physically placed on ground	Technique Used	Effective <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Chemical Spray	Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)	Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Impact Weapon (Baton)	Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Police Dog	Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions	Round Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force	<input type="checkbox"/> Firearm <input type="checkbox"/> Other	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances**  
(Check all that Apply)

Officer-Subject Factors (Check all That Apply)	Special Circumstances (Check All That Apply)
<input type="checkbox"/> Age <input checked="" type="checkbox"/> Size <input type="checkbox"/> Sex <input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Subject Skill Level <input type="checkbox"/> Multiple Subjects <input checked="" type="checkbox"/> Relative Strength <input type="checkbox"/> Other (Explain in narrative)
	<input type="checkbox"/> Closeness of a Weapon <input type="checkbox"/> Injury or Exhaustion <input type="checkbox"/> Being on the ground <input type="checkbox"/> Distance from the Subject <input type="checkbox"/> Special Knowledge <input type="checkbox"/> Suspected/known drug/alcohol use
	<input checked="" type="checkbox"/> Suspected/Known mental issues <input type="checkbox"/> Environmental Conditions <input type="checkbox"/> Subject Handcuffed <input type="checkbox"/> Building Search <input type="checkbox"/> Other (Explain in narrative)

All of the above must be articulated in narrative.

## Officer Narrative Summary

Report # [REDACTED]

- ☐ Copy of U-10.100 Attached  
☒ Copy of Report Narrative Attached  
☐ Narrative Summary Cont. (Page 3)

Officers responded to Postle Hall on a possible physical altercation between a male patient and his care giver. Upon arrival, Officers met with the individuals Tavia Kettle, Gwen O'Donnell and her son Adam Taylor who is Autistic and was getting medical treatment for a tooth ache.

Taylor was sitting next to O'Donnell when he began squeezing O'Donnell's hand causing her to scream and he attempted to pull her hair and bite her arm. Officers prevented Taylor from assaulting his mother by physically restraining him into his seat. Taylor was told to calm down but continued to fight against officers. Officer Grefe and I held down Taylors arms while Officer Laman held back Taylors shoulders. Taylor began to scream and attempted to bite and kick Officer Grefe and I. Officer Grefe placed his forearm onto the side of Taylors face to prevent Taylor from biting him. Officers continued to restrain Taylor until medical staff sedated him. After he was taken back for surgery Officers had no further incident with Taylor.

No Injury to Officers or Taylor.

Officer's Signature [REDACTED]

Date 4/21/18

Reviewed by Shift Lieutenant:

Comments: Actions taken by officers as described above are consistent with training and departmental policy. BWC footage available.

Lieutenant's Signature

[Signature] #236

Date

4/21/18

Reviewed by Operations Captain:

Comments: Reviewed the report and watched the BWC video footage. Actions of officers appropriate and within policy

Captain's Signature

[Signature] #214

Date

4-26-18

Reviewed by Deputy Chief:

Comments:

Deputy Chief's Signature

Date

Reviewed by Chief of Police:

Comments:

Chief's Signature

Date

Officer Narrative Summary Cont.

Report #

Officer's Signature

Date

Report							
Officer Last Grefe	First Brian	Middle Richard	Badge #317	Height 5'09"	Weight 170	Age 42	
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain: NA		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last Laman	First Steve	Middle Edward	Badge #332	Height 6'	Weight 195	Age 32	
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain: NA		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last	First	Middle	Badge	Height	Weight	Age	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last	First	Middle	Badge	Height	Weight	Age	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			

Subject 2 Last	First	Middle	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Subject 3 Last	First	Middle	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Subject 4 Last	First	Middle	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Subject 5 Last	First	Middle	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		

Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #

**Action Response Report**  
**The Ohio State University Police Division**

Date 9/8/18	Time 0139	Location 1739 N High St. Columbus, OH 43210	Report # [REDACTED]
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other	Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic	<input checked="" type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Crime in Progress <input checked="" type="checkbox"/> Other Disturbance	<input checked="" type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input type="checkbox"/> No Injury Reported
Number of Suspects 1		Number of Officers 1	
Officer Last Patterson	First Aaron	Middle Joseph	Badge 324 Height 6'2" Weight 265 Age 32
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:	Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other
Subject 1 Last Phillips	First Kyle	Middle Patrick	Sex M Race W DOB 3/30/99 SSN [REDACTED] HT 5'9" WT 140
Injury <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Abrasions to face	Medical Treatment Given <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input checked="" type="checkbox"/> Medic <input checked="" type="checkbox"/> OSU Med Center <input type="checkbox"/> Other
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Witness Last	First	Middle	Address
Witness Last	First	Middle	Address
Phone #			
<input type="checkbox"/> Check if Additional Information Sheet added.			

**Aggressive/Resistive Subject Actions**

(Check all that Apply)

<input checked="" type="checkbox"/> Verbal or physical Danger Cues <input checked="" type="checkbox"/> Pulling Away from Officer <input checked="" type="checkbox"/> Wrestling with Officer <input type="checkbox"/> Life Threatening Weaponless Assault <input checked="" type="checkbox"/> Other Suspect was naked	<input checked="" type="checkbox"/> Not Responding to Commands <input checked="" type="checkbox"/> Running from Officer <input type="checkbox"/> Striking or Kicking Officer <input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Refusing to Move (Dead Weight) <input type="checkbox"/> Pushing Officer <input type="checkbox"/> Assaulting Third Party <input type="checkbox"/> Weapon Used Against Officer
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**Display of Weapon**

<input type="checkbox"/> Firearm pointed at individual	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used:	

**Type of Force Used**

(Check all that Apply)

<input checked="" type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance) Technique Used Escort Position	Effective <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Subject physically placed on ground Technique Used Balance Displacement	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chemical Spray	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points) Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Impact Weapon (Baton) Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Police Dog	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force <input type="checkbox"/> Firearm <input type="checkbox"/> Other	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances**

(Check all that Apply)

Officer-Subject Factors (Check all That Apply)	Special Circumstances (Check All That Apply)
<input checked="" type="checkbox"/> Age <input type="checkbox"/> Size <input type="checkbox"/> Sex <input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Closeness of a Weapon <input type="checkbox"/> Injury or Exhaustion <input type="checkbox"/> Being on the ground <input type="checkbox"/> Distance from the Subject <input type="checkbox"/> Special Knowledge <input checked="" type="checkbox"/> Suspected/known drug/alcohol use
<input type="checkbox"/> Subject Skill Level <input type="checkbox"/> Multiple Subjects <input type="checkbox"/> Relative Strength <input type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Suspected/known mental issues <input type="checkbox"/> Environmental Conditions <input type="checkbox"/> Subject Handcuffed <input type="checkbox"/> Building Search <input type="checkbox"/> Other (Explain in narrative)

## Officer Narrative Summary

Report # [REDACTED]

- ☒ Copy of U-10.100 Attached  
☐ Copy of Report Narrative Attached  
☒ Narrative Summary Cont. (Page 3)

On 9/8/18, Officers were dispatched to the College Road side of the Ohio Union on a report of a white male that was naked and intoxicated who was trying to gain entry into the building.

I (Ofc. A. Patterson #324) responded to the Union and pulled up on the sidewalk near the courtyard area just outside the doors on the west side. I immediately noticed a naked white male walking toward the Ohio Union and exited my cruiser to take custody of him. I said "Get over here" multiple times and the individual continued to ignore my commands and tried to open the Union doors. I asked him what he was doing and he did not answer. I grabbed his arm and began to walk him to my cruiser. He immediately began to tense up and started to pull his arm away from me. I was in the process of telling him that if he tensed up again, I was going to put him on the ground and he turned into me and began to try and pull away again. I took him to the ground by his left arm and repeatedly told him to put his arms behind his back. He said "No" several times and pulled his arms under his body and continued to resist my attempts to control and handcuff him. I was able to gain control of his left arm and got it behind his back. [REDACTED] arrived to assist and helped me secure the suspect's right arm behind his back. I requested that OSU Dispatch send a medic to my location to check abrasions to the suspect's face. He was handcuffed (gapped and double locked) and placed in the rear of OSU marked cruiser #34. Video of the abrasions to the suspect's face was captured and he identified himself as Kyle Patrick Phillips (non-affiliate).

Officer's Signature A. Patterson #324

Date 9/9/18

Reviewed by Shift Lieutenant:

Comments: BASED ON MY REVIEW OF THIS INCIDENT, I BELIEVE OFFICER PATTERSON'S RESPONSE WAS NECESSARY AND OBJECTIVELY REASONABLE TO SAFELY APPREHEND A NAKED AND INTOXICATED MALE REFUSING TO LISTEN TO COMMANDS. NO POLICY VIOLATIONS WERE OBSERVED AFTER REVIEW OF THE BODY WORN CAMERA FOOTAGE

Lieutenant's Signature [Signature] #234

Date 9-9-18

Reviewed by Operations Captain:

Comments: Reviewed the action response report, U-10, incident report and all available BWC video. Actions of Officer Patterson were appropriate and within policy.

Captain's Signature [Signature] #214

Date 9-10-18

Reviewed by Deputy Chief:

Comments:

Deputy Chief's Signature

Date

Reviewed by Chief of Police:

Comments:

Chief's Signature

Date



Columbus Fire Department Medic #7 arrived to treat Phillips. Phillips was uncooperative with medics and refused to answer their questions. He stated that he was okay and has not been diagnosed with any medical conditions and was not taking any medications. During the entire interaction with police and medics, Phillips displayed signs of intoxication, including being unsteady on his feet, swaying while standing, having bloodshot/glassy eyes, slurred/slow speech, and he eventually admitted to medics that he had been drinking alcoholic beverages. Upon taking his blood pressure, the medics determined that it was abnormally high and they suspected Phillips had taken some illicit drugs to elevate his blood pressure. Medic #7 decided to transport him to OSU Wexner Medical Center Emergency Department and he was taken back to bed #26 to be treated. I followed Medic #7 to the Emergency Department and completed a summons to appear at Franklin County Municipal Court on 9/18/18 at 9:00am. Phillips was served with his copy of the summons for Offenses Involving Underage Persons and was advised of his court date. He was also told that missing the court date would result in a warrant being issued for his arrest.

Officer's Signature A. Patterson #324

Date 9/9/18

# Additional Information Sheet

Report

Officer Last	First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes explain:			
Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused			Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last	First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes explain:			
Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last	First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes explain:			
Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last	First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes explain:			
Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			

Subject 2 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No			Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other					
Subject 3 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No			Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other					
Subject 4 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No			Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other					
Subject 5 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No			Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other					

Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #

THE OHIO STATE UNIVERSITY POLICE DIVISION					ARREST INFORMATION		Columbus, Ohio	
LAST NAME FIRST MIDDLE <b>PHILLIPS, KYLE PATRICK</b>							SLATE NUMBER	
ALIAS							TICKET NUMBER	
ADDRESS <b>73 BLAIR PL ST CHARLES, MO 63301 73 BLAIR PL ST CHARLES, MO</b>							[REDACTED]	
SEX <b>Male</b>	RACE <b>White</b>	HEIGHT <b>5' 9"</b>	WEIGHT <b>140</b>	HAIR <b>Brown</b>	EYES <b>Hazel</b>	AGE <b>19</b>	MARRIED <input type="checkbox"/>	COURT DATE
SOCIAL SECURITY [REDACTED]		D.O.B <b>3/30/99</b>		BIRTH PLACE ,		ID NUMBER [REDACTED]		PERMIT HOLDER
PLACE OF EMPLOYMENT AND DURATION <b>Student</b>						RELIGION <b>N/A</b>		TELEPHONE NUMBERS
ORI [REDACTED]	ARREST DATE / TIME <b>09/08/18 01:39</b>			ARREST LOCATION <b>1739 N High St. Columbus, OH 43210</b>				
ARRESTING OFFICER <b>A. Patterson</b>		BADGE NO. <b>324</b>	AGENCY <b>OSU PD</b>		ASSIGNMENT <b>Patrol</b>		COURT DAY	DAYS OFF <b>Tues/Wed</b>
ARRESTING OFFICER		BADGE NO.	AGENCY		ASSIGNMENT		COURT DAY	DAYS OFF
ARRESTING OFFICER		BADGE NO.	AGENCY		ASSIGNMENT		COURT DAY	DAYS OFF
ACCIDENT INVOLVED <b>No</b>		LICENSE NUMBER & STATE		VEHICLE DISPOSITION <b>IMPOUNDED _ RELEASED _</b>			YEAR	MAKE
ACCIDENT INVOLVED <b>No</b>		LICENSE NUMBER & STATE		VEHICLE DISPOSITION <b>IMPOUNDED _ RELEASED _</b>			YEAR	MAKE
ON VIEW <input checked="" type="checkbox"/> WARRANT <input type="checkbox"/>		ZONE & SECTOR <b>OSU</b>			CAR SEARCHED <b>No</b>		HELD FOR PRINTS <b>No</b>	
CONVEYING OFFICER		BADGE NO.	AGENCY		ASSIGNMENT		NEEDS TO BE SUBPOENAED AS WITNESS <b>No</b>	
CONVEYING OFFICER		BADGE NO.	AGENCY		ASSIGNMENT		NEEDS TO BE SUBPOENAED AS WITNESS <b>No</b>	
SLATING OFFICER		SLATE TIME	TELEPHONE CALL <b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>		CALL COMPLETED <b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>		TIME COMPLETED	OFFICER
PROPERTY BIN NO/		CASH RECEIVED	BOND		PROPERTY SLIP NO. (PROPERTY RM)		SPECIMEN TYPE/TIME TAKEN	
RELEASED OR CELL NO.		SICK OR INJURED <b>Yes</b>		MEDICATION <b>N/A</b>			FELONY <input type="checkbox"/> MISDEMEANOR <input checked="" type="checkbox"/> CITY <input type="checkbox"/> STATE <input checked="" type="checkbox"/>	
VIOLATION/CODE SECTION		CHARGE DESCRIPTION						CASE NUMBER
1. 4301.69E1 - Offenses Involving Underage Persons _ underage consume beer intoxicating liquor M1								
2.								
3.								
4.								
5.								
DETAINERS								
1.								
2.								
<b>IF PERSON ARRESTED IS A JUVENILE COMPLETE THIS SECTION</b>								
FATHER'S NAME, ADDRESS AND TELEPHONE NUMBER (OR LEGAL GUARDIAN)								
MOTHER'S NAME, ADDRESS AND TELEPHONE NUMBER (OR LEGAL GUARDIAN)								
JUV. SENT TO UNRULY UNIT <input type="checkbox"/>			PARENTS NOTIFIED BY:			DATE: <b>9/8/18</b>	PARENTS TO APPEAR AT: ISD (9AM) <input type="checkbox"/> CT (1PM) <input type="checkbox"/>	

# WITNESS TO BE SUBPOENAED AT TIME OF TRIAL

CIVILIANS SPECIFY HOME PHONE AND WORK PHONE, IDENTIFY OFFICERS BY BADGE NUMBER AND ASSIGNMENT

NAME	ADDRESS	TELEPHONE		BADGE	ASSIGN.
		HOME	WORK		
1.					
2.					
3.					
4.					
5.					
6.					

DID YOU WITNESS DRIVING **No** IF NOT, WHICH OF THE ABOVE WITNESSED IT?

DID THE DEFENDANT OR CO-DEFENDANT FURNISH A RELEVANT WRITTEN OR RECORDED STATEMENT **Yes** WERE WRITTEN SUMMARIES MADE OF ANY RELEVANT ORAL STATEMENTS BY THE DEFENDANT OR CO-DEFENDANT **Yes**

DID YOU OR ANY OFFICER OBTAIN ANY PHYSICAL EVIDENCE SUCH AS PHOTOS BOOKS, PAPERS OR TANGIBLE OBJECTS RELATING TO THIS CASE? **No** DOES DEFENDANT HAVE A PRIOR CONVICTION RECORD? **No**

WERE ANY PHYSICAL OR MENTAL EXAMINATIONS OR SCIENTIFIC TESTS OF ANY KIND CONDUCTED IN CONNECTION WITH THIS CASE? **No**

IF YES SPECIFY

BWC **Yes** ITN Number CODIS DNA obtained? **No**

STATEMENT OF FACT: On 9/8/18, Officers were dispatched to the College Road side of the Ohio Union on a report of a white male that was naked and intoxicated who was trying to gain entry into the building.

I (Ofc. A. Patterson #324) responded to the Union and pulled up on the sidewalk near the courtyard area just outside the doors on the west side. I immediately noticed a naked white male walking toward the Ohio Union and exited my cruiser to take custody of him. I said "Get over here" multiple times and the individual continued to ignore my commands and tried to open the Union doors. I asked him what he was doing and he did not answer. I grabbed his arm and began to walk him to my cruiser. He immediately began to tense up and started to pull his arm away from me. I was in the process of telling him that if he tensed up again, I was going to put him on the ground and he turned into me and began to try and pull away again. I took him to the ground by his left arm and repeatedly told him to put his arms behind his back. He said "No" several times and pulled his arms under his body and continued to resist my attempts to control and handcuff him. I was able to gain control of his left arm and got it behind his back. [REDACTED] arrived to assist and helped me secure the suspect's right arm behind his back. I requested that OSU Dispatch send a medic to my location to check abrasions to the suspect's face. He was handcuffed (gapped and double locked) and placed in the rear of OSU marked cruiser #34. Video of the abrasions to the suspect's face was captured and he identified himself as Kyle Patrick Phillips (non-affiliate).

Columbus Fire Department Medic #7 arrived to treat Phillips. Phillips was uncooperative with medics and refused to answer their questions. He stated that he was okay and has not been diagnosed with any medical conditions and was not taking any medications. During the entire interaction with police and medics, Phillips displayed signs of intoxication, including being unsteady on his feet, swaying while standing, having bloodshot/glassy eyes, slurred/slow speech, and he eventually admitted to medics that he had been drinking alcoholic beverages. Upon taking his blood pressure, the medics determined that it was abnormally high and they suspected Phillips had taken some illicit drugs to elevate his blood pressure. Medic #7 decided to transport him to OSU Wexner Medical Center Emergency Department and he was taken back to bed #26 to be treated. I followed Medic #7 to the Emergency Department and completed a summons to appear at Franklin County Municipal Court on 9/18/18 at 9:00am. Phillips was served with his copy of the summons for Offenses Involving Underage Persons and was advised of his court date. He was also told that missing the court date would result in a warrant being issued for his arrest.

JACKET NO.	REC. BOND	PLEA	JUDGE	WEAPON USED {weapon_used}	MAKE	MODEL	SERIAL NUMBER
ON PAROLE No	PROBATION {probation}	OFFENSE	PAROLE OR PROBATION OFFICER AND PHONE NUMBER				
RECOVERED PROPERTY							
INVESTIGATING DETECTIVES 1.			BADGE		ASSIGNMENT		

**Action Response Report**  
**The Ohio State University Police Division**

Date <b>08/24/2019</b>		Time <b>1900</b>		Location <b>North side, Outside of Bowen House</b>			Report # <b>[REDACTED]</b>	
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic		<input checked="" type="checkbox"/> Suspicious Person <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input checked="" type="checkbox"/> Injury to Officer <input type="checkbox"/> No Injury Reported		Number of Suspects <b>1</b>  Number of Officers <b>1</b>
Officer Last <b>Chambers</b>		First <b>Chris</b>		Middle <b>L</b>		Badge <b>309</b>	Height <b>5'09"</b>	Weight <b>230</b>
Injury <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain: <small>Bite to back side of right bicep, abrasions to left hand knuckles</small>		Medical Treatment Given <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input checked="" type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Subject 1 Last <b>Chin</b>		First <b>Moses</b>		Middle <b>S.W.</b>		Sex <b>M</b>	Race <b>A</b>	DOB <b>09/11/1995</b>
Injury <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input checked="" type="checkbox"/> OSU Med Center <input checked="" type="checkbox"/> Other Possible Drug Abuse		
Witness Last <b>Lilly</b>		First <b>Anna</b>		Middle <b>K.</b>		Address <b>2398 Ziner Cir S. Grove City, 43123</b>		Phone #
Witness Last <b>Jones</b>		First <b>Nicolas</b>		Middle <b>R</b>		Address <b>737 E. Tibet Rd., Columbus, 43211</b>		Phone #
<input type="checkbox"/> Check if Additional Information Sheet added.								

**Aggressive/Resistive Subject Actions**  
(Check all that Apply)

<input checked="" type="checkbox"/> Verbal or physical Danger Cues	<input checked="" type="checkbox"/> Not Responding to Commands	<input type="checkbox"/> Refusing to Move (Dead Weight)
<input checked="" type="checkbox"/> Pulling Away from Officer	<input type="checkbox"/> Running from Officer	<input type="checkbox"/> Pushing Officer
<input checked="" type="checkbox"/> Wrestling with Officer	<input type="checkbox"/> Striking or Kicking Officer	<input checked="" type="checkbox"/> Assaulting Third Party
<input type="checkbox"/> Life Threatening Weaponless Assault	<input checked="" type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Weapon Used Against Officer
<input checked="" type="checkbox"/> Other Biting		

**Display of Weapon**

<input type="checkbox"/> Firearm pointed at individual	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used:	

**Type of Force Used**  
(Check all that Apply)

<input checked="" type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)		Effective <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Technique Used <b>Joint Manipulation to the arm and elbow</b>		
<input type="checkbox"/> Subject physically placed on ground		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used		
<input type="checkbox"/> Chemical Spray		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used		
<input type="checkbox"/> Impact Weapon (Baton)		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used		
<input type="checkbox"/> Police Dog		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Firearm		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Hobble		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances**  
(Check all that Apply)

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input checked="" type="checkbox"/> Age	<input type="checkbox"/> Subject Skill Level	<input type="checkbox"/> Closeness of a Weapon	<input type="checkbox"/> Suspected/Known mental issues
<input checked="" type="checkbox"/> Size	<input type="checkbox"/> Multiple Subjects	<input checked="" type="checkbox"/> Injury or Exhaustion	<input type="checkbox"/> Environmental Conditions
<input type="checkbox"/> Sex	<input checked="" type="checkbox"/> Relative Strength	<input checked="" type="checkbox"/> Being on the ground	<input type="checkbox"/> Subject Handcuffed
<input type="checkbox"/> Officer Skill Level	<input checked="" type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Distance from the Subject	<input type="checkbox"/> Building Search
		<input type="checkbox"/> Special Knowledge	<input type="checkbox"/> Other (Explain in narrative)
		<input checked="" type="checkbox"/> Suspected/known drug/alcohol use	

**All of the above must be articulated in narrative.**

## Officer Narrative Summary

Report # [REDACTED]

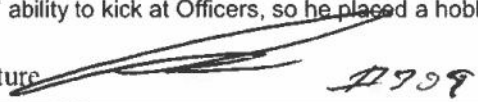
- ☐ Copy of U-10.100 Attached  
☐ Copy of Report Narrative Attached  
☐ Narrative Summary Cont. (Page 3)

As I exited my cruiser, I could see that the male was attempting to sit up while several students held him down. As I got close, I could see that the male appeared to be highly active and was showing that he had substantial physical strength demonstrated by the way that he was resisting the students from holding on to him. I asked the students for assistance to roll the male over so that I could place handcuffs on him. As we, me and the students, started to roll him over, the male started to resist my attempts to put hand cuffs on him. When he attempted to stand up, I was able to displace his balance, and we rolled over together out of the flower bed and on to the sidewalk, with me on top of his back. I again attempted to gain control of his arms but he pulled his arms away and was using them under his body to lift himself. As the male was resisting me, I noted that the male appeared to be unaware of reality and the fact that I, and others, were attempting to control his movements. The male was making incoherent statements and was using all of his strength to resist my attempts to calm or control him. I believed that the male was not intoxicated but he may be under the influence of some drug where he was exhibiting a condition of "superhuman strength".

I determined that I was not going to be able to place hand cuffs on the male, without further assistance, so I used my weight placement on top of his back to maintain positive control of his body and I was able to control the male's left arm with my hands. While holding the male's arm down, the male turned his head toward my right arm bicep and bit me for several seconds before he stopped.

Officer [REDACTED] T. Shankle, and several Columbus Police Officers arrived to assist. With the male continuing to resist, we were able to place him into hand cuffs where after, the male continued to yell incoherent statements, resisted attempts to keep him in a laying position, and would not respond to questions or commands. A Columbus Police Officer decided that a hobble was necessary to inhibit the males' ability to kick at Officers, so he placed a hobble on the male's legs.

Officer's Signature



Date 08/24/2019

Reviewed by Shift Lieutenant:

Comments: *I have reviewed the associated body worn video.**I find Officer Chamber's actions to be within policy : commendable given the circumstances.*

Lieutenant's Signature



Date 8-29-19

Reviewed by Operations Captain:

Comments:

*I have reviewed this report, the incident report and all available BWC footage. Actions of responding officers appropriate and within policy.*

Captain's Signature



Capt Eric Whiteside

Date 8-30-19

Reviewed by Deputy Chief:

Comments:

Deputy Chief's Signature

Date

Reviewed by Chief of Police:

Comments:

Chief's Signature

Date



## Additional Information Sheet

Report #							
Officer Last		First	Middle	Badge	Height	Weight	Age
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last		First	Middle	Badge	Height	Weight	Age
Shankle		Tom	H	346	5'06"	170	39
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last		First	Middle	Badge	Height	Weight	Age
Byrge		Ryan		CPD	Unk	Unk	Unk
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last		First	Middle	Badge	Height	Weight	Age
Davis		Kevin		CPD	Unk	Unk	Unk
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			

Subject 2 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							
Subject 3 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							
Subject 4 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							
Subject 5 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							

Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #

Officer Narrative Summary Cont.

Report #

Officer's Signature

Date



**Action Response Report**  
**The Ohio State University Police Division**

Date 7/5/2020		Time 0237 hrs		Location E 12 <sup>th</sup> Ave at N High St			Report # [REDACTED]	
<input type="checkbox"/> Dispatched Run <input checked="" type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		Type of Incident <input checked="" type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic		<input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Crime in Progress <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported		Number of Suspects 1  Number of Officers 3
Officer Last		First		Middle		Badge	Height	Weight
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Subject 1 Last		First		Middle		DOB	SSN	HT
Duty		John		J.		12/2/1966	[REDACTED]	5'10"
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input checked="" type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other Evaluated due to behavior and diabetes		
Witness Last		First		Middle		Address		Phone #
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]
Witness Last		First		Middle		Address		Phone #
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]
<input type="checkbox"/> Check if Additional Information Sheet added.								

**Aggressive/Resistive Subject Actions**  
(Check all that Apply)

<input type="checkbox"/> Verbal or physical Danger Cues	<input checked="" type="checkbox"/> Not Responding to Commands	<input checked="" type="checkbox"/> Refusing to Move (Dead Weight)
<input checked="" type="checkbox"/> Pulling Away from Officer	<input type="checkbox"/> Running from Officer	<input type="checkbox"/> Pushing Officer
<input type="checkbox"/> Wrestling with Officer	<input type="checkbox"/> Striking or Kicking Officer	<input type="checkbox"/> Assaulting Third Party
<input type="checkbox"/> Life Threatening Weaponless Assault	<input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Weapon Used Against Officer
<input type="checkbox"/> Other		

**Display of Weapon**

<input type="checkbox"/> Firearm pointed at individual	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used:	

**Type of Force Used**  
(Check all that Apply)

<input checked="" type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used Wrist lock to cuffing	
<input checked="" type="checkbox"/> Subject physically placed on ground	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used Physically placed face down on ground	
<input type="checkbox"/> Chemical Spray	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used	
<input type="checkbox"/> Impact Weapon (Baton)	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used	
<input type="checkbox"/> Police Dog	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Round Used	
<input type="checkbox"/> Lethal (Deadly) Force	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Firearm	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances**  
(Check all that Apply)

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input type="checkbox"/> Age	<input type="checkbox"/> Subject Skill Level	<input type="checkbox"/> Closeness of a Weapon	<input type="checkbox"/> Suspected/Known mental issues
<input type="checkbox"/> Size	<input type="checkbox"/> Multiple Subjects	<input type="checkbox"/> Injury or Exhaustion	<input type="checkbox"/> Environmental Conditions
<input type="checkbox"/> Sex	<input type="checkbox"/> Relative Strength	<input type="checkbox"/> Being on the ground	<input type="checkbox"/> Subject Handcuffed
<input type="checkbox"/> Officer Skill Level	<input checked="" type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Distance from the Subject	<input type="checkbox"/> Building Search
		<input type="checkbox"/> Special Knowledge	<input checked="" type="checkbox"/> Other (Explain in narrative)
		<input checked="" type="checkbox"/> Suspected/known drug/alcohol use	

**All of the above must be articulated in narrative.**

## Officer Narrative Summary

Report # [REDACTED]

- ☐ Copy of U-10.100 Attached  
☒ Copy of Report Narrative Attached  
☐ Narrative Summary Cont. (Page 3)

On the 5th day of July 2020 at approximately 0227 Hours. While on routine patrol, [REDACTED] and I were in marked Ohio State University Patrol Car [REDACTED]. As Officers were traveling northbound on High Street at 12th Avenue we observed a group of pedestrians yelling at a vehicle in the middle of the intersection. The vehicle, tan Chevy S10 (#FTH2923), was completely stopped in the far right lane, blocking all traffic heading North bound. The group yelled toward officers that the driver was intoxicated and pretending to be an Uber driver. The driver crossed back into the left lane and almost hit another vehicle in the intersection. Once the vehicle cleared the intersection, I initiated a traffic stop with my lights and sirens.

I told Duty I stopped him because he was impeding traffic at High St. and 12th Ave, almost hit another vehicle when moving into the left lane and I had probable cause to believe he was impaired. Duty was told multiple times to exit the vehicle but refused. I then turned on my body worn camera. I opened the driver side door. Due to the fact Officers were standing in the middle of traffic, I ordered Duty out of the vehicle but he refused multiple times. I advised Duty he would be arrested for Obstructing Official Business if he did not get out of the car and he refused. Officer Patterson #324 and I grabbed the drivers left arm and physically placed him on the ground. Duty was placed under arrest, read his Miranda rights and placed in cruiser [REDACTED].

Officer's Signature [REDACTED]

Date 7/5/2020

Reviewed by Shift Lieutenant:

Comments: I spoke w/ officers at scene and reviewed BWC videos. The vehicle extraction was reasonable and appropriate under Penn. vs Minors. The amount of force used is objectively reasonable and in accordance w/ policy.

Lieutenant's Signature [REDACTED]

Date 7-16-20

Reviewed by Operations Captain:

Comments: I have reviewed the incident report, action response report, and all associated BWC footage. The actions of officers [REDACTED] and Patterson appropriate and within policy.

Captain's Signature [REDACTED] #214

Date 7-20-20

Reviewed by Deputy Chief:

Comments:

Deputy Chief's Signature

Date

Reviewed by Chief of Police:

Comments:

Chief's Signature

Date

Report # [REDACTED]							
Officer Last Patterson	First Aaron	Middle J.	Badge 324	Height 6'2"	Weight 260	Age 34	
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last Velez	First Carlos	Middle M.	Badge 354	Height 5'7"	Weight 175	Age 30	
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last	First	Middle	Badge	Height	Weight	Age	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last	First	Middle	Badge	Height	Weight	Age	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			

Subject 2 Last	First	Middle	DOB	SSN	HT	WT	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							
Subject 3 Last	First	Middle	DOB	SSN	HT	WT	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							
Subject 4 Last	First	Middle	DOB	SSN	HT	WT	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							
Subject 5 Last	First	Middle	DOB	SSN	HT	WT	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							

Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #

Officer Narrative Summary Cont.

Report # [REDACTED]

Officer's Signature

Date



Case Narrative for [REDACTED] (07/05/20 03:57)

Printed on July 20, 2020

## Supplemental Report By [REDACTED] 07/05/20 03:57

Case  
Typed [REDACTED]

### First Observations:

On the 5th day of July 2020 at approximately 0227 Hours, while on patrol, [REDACTED] and I were in marked Ohio State University Patrol Car [REDACTED]. As Officers were traveling northbound on High Street at 12th Avenue we observed a group of pedestrians yelling at a vehicle in the middle of the intersection. The vehicle, tan Chevy S10 (#FTH2923), was completely stopped in the far right lane, blocking all traffic heading North bound. The group yelled toward officers that the driver was intoxicated and pretending to be an Uber driver. The driver crossed back into the left lane and almost hit another vehicle in the intersection. Once the vehicle cleared the intersection, I initiated a traffic stop with my lights and sirens.

### Observations:

Upon making a driver's side approach to the vehicle I asked the driver, later identified as John Duty, where he was coming from and he stated campus. I asked Duty where he was and he stated Out-R-Inn, which is located 8 blocks north of where we were. I smelled the odor of an alcoholic beverage coming from his person. Duty had bloodshot glassy eyes, slurred speech and was unsure of his location. I asked Duty how much he had to drink and he stated a couple beers. I asked Duty to step out of the vehicle so I could speak with him on the sidewalk but he continuously asked why he was stopped. I explained I stopped him because he was impeding traffic at High St. and 12th Ave, almost hit another vehicle when moving into the left lane, and I had probable cause to believe he was impaired. Duty was told multiple times to exit the vehicle but refused. I then turned on my body worn camera. I opened the driver side door. Due to the fact Officers were standing in the middle of traffic, I ordered Duty out of the vehicle but he refused multiple times. I advised Duty he would be arrested for Obstructing Official Business if he did not get out of the car and he refused. Officer Patterson #324 and I grabbed the drivers left arm and physically placed him on the ground. Duty was placed under arrest, read his Miranda rights and placed in cruiser [REDACTED]. I was able to identify the defendant by his Ohio Driver's License.

### Field Sobriety Tests:

Once at OSUPD, I asked Duty if he consented to SFST's and he willingly consented. The SFST's were conducted in a well lit hallway, on a flat surface.

### HGN:

I asked Duty if he had any eye problems or recent injuries and he stated that he had diabetes. Before starting HGN, I observed his eyes to be bloodshot and glassy in appearance. Even after explaining the directions several times I noticed that the defendant had a hard time keeping his balance and focusing on the stimulus. Several times I had to instruct the defendant to keep his head still and to follow my pen with his eyes only. Once Duty started to focus on the stimulus he lost his balance and almost fell over. For safety reasons, I did not administer the rest of the test.

### Walk and Turn Test Results:

I placed Duty in the correct position for the instruction phase but he was unable to keep his balance. Duty advised he could not place his right foot in front of his left foot without falling. Duty did not complete this Field Sobriety Test due to lack of balance and safety reasons.

### One Leg Stand Test Results:

The defendant could not complete this Field Sobriety Test due to lack of balance and safety reasons.

Additional Testing:

No additional tests were administered.

Vehicle Disposition:

The vehicle was towed by Shamrock Towing Company. No hold was placed on the vehicle.

Chemical Test:

Duty chose to submit to an official chemical breath test. His results were that of a .114g/210L

Release:

Duty was slated for OVI 4511.19A1a, Slow speed 4511.22, Resisting Arrest 2921.33A, and Failure to Comply 2921.331B.

This was recorded on my body worn camera and video coverage of the traffic stop was added to the report.

**Action Response Report  
The Ohio State University Police Division**

Date 1/31/21		Time 0916 hours		Location 460 W 10 <sup>th</sup> Ave. Columbus Ohio 43210			Report # [REDACTED]	
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic		<input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Crime in Progress just occurred, still on scene <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input type="checkbox"/> No Injury Reported		Number of Suspects 1  Number of Officers 1
Officer Last		First		Middle		Badge	Height	Weight
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Subject 1 Last Evans		First Clifton		Middle A		Sex M	Race B	DOB 7/11/76
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
Injury <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain: scratch on left thumb		Medical Treatment Given <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input checked="" type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input checked="" type="checkbox"/> Other cleared by medics on scene/nurse at jail treated scratch on left hand		
Witness Last Robinson		First Jacob		Middle Thomas		Address 450 W. 10 <sup>th</sup> Ave.		Phone # [REDACTED]
Witness Last Dellibovi		First Phil "Felix"		Middle		Address 450 W. 10 <sup>th</sup> Ave.		[REDACTED]
<input type="checkbox"/> Check if Additional Information Sheet added.								

**Aggressive/Resistive Subject Actions  
(Check all that Apply)**

<input checked="" type="checkbox"/> Verbal or physical Danger Cues	<input checked="" type="checkbox"/> Not Responding to Commands	<input checked="" type="checkbox"/> Refusing to Move (Dead Weight)
<input checked="" type="checkbox"/> Pulling Away from Officer	<input type="checkbox"/> Running from Officer	<input type="checkbox"/> Pushing Officer
<input checked="" type="checkbox"/> Wrestling with Officer	<input type="checkbox"/> Striking or Kicking Officer	<input checked="" type="checkbox"/> Assaulting Third Party
<input type="checkbox"/> Life Threatening Weaponless Assault	<input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Weapon Used Against Officer
<input checked="" type="checkbox"/> Other Injured 2 OSU hospital security Officers		

**Display of Weapon**

<input type="checkbox"/> Firearm pointed at individual	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used:	

**Type of Force Used  
(Check all that Apply)**

<input checked="" type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)	
Technique Used joint manipulation to pry left arm from Hospital Security Sergeant's neck	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Subject physically placed on ground	
Technique Used placed on ground	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chemical Spray	
	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)	
Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Impact Weapon (Baton)	
Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Police Dog	
	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode	
	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used	
	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force	
<input type="checkbox"/> Firearm	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble	
	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances  
(Check all that Apply)**

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input checked="" type="checkbox"/> Age	<input type="checkbox"/> Subject Skill Level	<input type="checkbox"/> Closeness of a Weapon	<input checked="" type="checkbox"/> Suspected/Known mental issues
<input checked="" type="checkbox"/> Size	<input type="checkbox"/> Multiple Subjects	<input type="checkbox"/> Injury or Exhaustion	<input type="checkbox"/> Environmental Conditions
<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> Relative Strength	<input checked="" type="checkbox"/> Being on the ground	<input type="checkbox"/> Subject Handcuffed
<input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Distance from the Subject	<input type="checkbox"/> Building Search
		<input type="checkbox"/> Special Knowledge	<input type="checkbox"/> Other (Explain in narrative)
		<input type="checkbox"/> Suspected/known drug/alcohol use	



All of the above must be articulated in narrative.

Officer Narrative Summary

Report # [REDACTED]

- ☒ Copy of U-10.100 Attached  
☐ Copy of Report Narrative Attached  
☐ Narrative Summary Cont. (Page 3)

Evans was cooperative at first and began to explain his side of the story. After Evans admitted to breaking Hiner's glasses and assaulting him, he attempted to walk away. I told Evans he was detained and still being investigated. Evans became aggressive and continued yelling "just shoot me". I ordered Evans multiple times to stop but he did not comply. I told Evans he was not getting back in his vehicle and went to grab his left arm. At the same time hospital security Officers grabbed his right arm. Evans began fighting with Officers, I disengaged and attempted to draw my taser but due to the number of officers involved, I was unable to do so. Officers used balance displacement to get Evans to the ground. In the process, Evans landed on Hospital Security Sergeant Dellibovi and caused him to hit his head and go unconscious. Evans then wrapped his arms around Security Sergeant Dellibovi's neck, until Officers pried his arms off. Evans continued to ignore my commands to roll onto his stomach and put his hands behind his back. At this time, Evans was still on top of Security Sergeant Dellibovi and I aired for assistance. Security Sergeant Pearson deployed his taser in the middle of Evans back while Officers used joint manipulation to gain compliance and hand cuff Evans.

Officer's Signature [REDACTED]

Date 1/31/21

Reviewed by Shift Lieutenant: B. ALLEN

Comments: FORCE WAS OBJECTIVE & REASONABLE CONSIDERING THE CIRCUMSTANCES.  
CEW DEPLOYED BY OSU HOSPITAL SECURITY OFF. ROBINSON.  
INCIDENT CAPTURED ON CCTV & BWC.

Lieutenant's Signature [Signature]

Date 2/4/2021

Reviewed by Operations Captain:

Comments: I have reviewed this report, the incident report, and all available BWC/CCTV footage. Actions of Officer [REDACTED] appropriate and within policy.

Captain's Signature [Signature]

#214

Capt. Eric White

Date 2-19-21

Reviewed by Deputy Chief:

Comments:

Deputy Chief's Signature

Date

Reviewed by Chief of Police:

Comments:

Chief's Signature

Date



# ARREST INFORMATION

UNDER OFFICIALLY DECLARED EMERGENCY CONDITIONS, FILL IN BOLD BLOCKS ONLY.

585

THE OHIO STATE UNIVERSITY POLICE DEPARTMENT

COLUMBUS, OHIO

Name Last <b>Evans</b> First <b>Clifford</b> Middle <b>A</b>		State Number	
Address <b>3437 Durban Street Apt I Hilliard, OH 43026</b>		Ticket Number	
Sex <b>M</b> Race <b>Black</b> Height <b>6'3"</b> Weight <b>250</b> Hair <b>Brown</b> Eyes <b>Brown</b> Age <b>44</b>		Married <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Court Date	
Social Security <b>[REDACTED]</b> D.O.B. <b>7/11/1976</b> Birthplace <b>Cleveland, OH</b> ID Number		Permit Holder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Place of Employment and Duration <b>Liberty Eats</b>		Religion <b>N/A</b> Telephone Home <b>[REDACTED]</b>	
ORI OSU	Arrest Date <b>1/31/2021</b>	Arrest Time <b>6:16</b>	Release Time
Arrest Location <b>460 W 10th Ave Columbus, OH 43210</b>			
Arresting Officer <b>[REDACTED]</b>	Badge No. <b>[REDACTED]</b>	Agency <b>OSU</b>	Assignment
Arresting Officer	Badge No.	Agency	Assignment
Arresting Officer	Badge No.	Agency	Assignment
Accident Involved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	License Number & State	Vehicle Disposition <input type="checkbox"/> Imp. <input type="checkbox"/> R.T.O.	Year
Make	Model	Style	
Zone & Sector <b>OSU</b>		Car Searched <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Held For Prints <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Conveying Officer <b>Same</b>	Badge No.	Agency	Assignment
Conveying Officer	Badge No.	Agency	Assignment
Conveying Officer	Badge No.	Agency	Assignment
Officer	State Time	Telephone Call <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Call Completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Time Completed	Officer		
Property Bin No.	Cash Received <b>0</b>	Bond	Property Slip No. (Property Rm)
Specimen Type/Time Taken			
Released Or Cell Number	Sick or Injured <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Medication <b>[REDACTED]</b>	Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>
City <input type="checkbox"/> State <input type="checkbox"/>			
Violation/Code Section	Charge Description	Case Number	
1. <b>2921.33</b>	<b>Resisting arrest</b>	<b>m-2</b>	
2.			
3.			
4.			
5.			
Detainers			
1.			
2.			
If Person Arrested Is A Juvenile-Complete This Section			
Fathers Name, Address and Telephone Number (or Legal Guardian)			
Mothers Name, Address and Telephone Number (or Legal Guardian)			
Juv. Sent To Unruly Unit <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Parents Notified By:	Date	Parents To Appear At: ISD (9am) <input type="checkbox"/> CT (1pm) <input type="checkbox"/>



**Witnesses To Be Subpoenaed At Time of Trial**

Civilians Specify Home And Work Phone, Identify Officers By Badge Number and Assignment						
Name	Address	Zip	Telephone		Badge	Assign.
			Home	Work		
1.						
2.						
3.						
4.						
5.						
6.						

Did You Witness Driving? Yes ☒ No ☐ If Not Which Of Above Witnessed It? \_\_\_\_\_

Did The Defendant Or Co-defendant Furnish A Relevant Written Or Recorded Statement? Yes ☐ No ☒ Were Written Summaries Made Of Any Relevant Oral Statements By The Defendant Or Co-Defendant? Yes ☐ No ☒

Did You Or Any Officer Obtain Any Physical Evidence Such As Photos Books, Papers Or Tangible Objects Relating To This Case? Yes ☒ No ☐ Does Defendant Have A Prior Conviction Record? Yes ☐ No ☒

Were Any Physical Or Mental Examinations Or Scientific Tests Of Any Kind Conducted In Connection With This Case? Yes ☐ No ☒

If Yes, Specify

Statement Of Fact: On 1/31/2021 officer [redacted] was dispatched to the 4500 Warner Emergency Department on a report of an assault. The suspect fled the area prior to arrival. The suspect identified as Clinton Evans arrived back on scene and was told he was not free to leave. [redacted] went to place him in custody when Evans pulled away and began to fight Hospital Security. The fight result in a security officer being injured, and Evans placed under arrest.

Jacket No.	Rec. Bond	Plea	Judge	Weapon Used Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Make	Model	Serial Number
On Parole Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Probation Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Offense	Parole Or Probation Officer And Phone Number				
Recovered Property							
Investigating Detectives			Badge		Assignment		
1.							
2.							
Court Disposition/Continuance							



**Action Response Report**  
**The Ohio State University Police Division**

Date 10/3/2021		Time 14:33		Location 858 Kinnear Rd. Clinton Twp, OH 43212			Report # [REDACTED]				
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		Type of Incident <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> Suspicious Person <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported		Number of Suspects 1 Number of Officers 2			
Officer Last Bishop		First Sarah		Middle E		Badge #342	Height 5'5"	Weight 160	Age 35		
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other					
Subject 1 Last Houssein		First Mohamed		Middle Saleh		Sex M	Race B	DOB 7/5/1994	SSN [REDACTED]	HT 5'9"	WT 158
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other					
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No											
Witness Last [REDACTED]		First [REDACTED]		Middle [REDACTED]		Address 901 WOODY HAYES DR.			Phone # [REDACTED]		
Witness Last [REDACTED]		First [REDACTED]		Middle [REDACTED]		Address [REDACTED]			Phone # [REDACTED]		
<input type="checkbox"/> Check if Additional Information Sheet added.											

**Aggressive/Resistive Subject Actions**  
(Check all that Apply)

<input checked="" type="checkbox"/> Verbal or physical Danger Cues	<input type="checkbox"/> Not Responding to Commands	<input type="checkbox"/> Refusing to Move (Dead Weight)
<input type="checkbox"/> Pulling Away from Officer	<input type="checkbox"/> Running from Officer	<input type="checkbox"/> Pushing Officer
<input type="checkbox"/> Wrestling with Officer	<input type="checkbox"/> Striking or Kicking Officer	<input type="checkbox"/> Assaulting Third Party
<input type="checkbox"/> Life Threatening Weaponless Assault	<input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Weapon Used Against Officer
<input checked="" type="checkbox"/> Other Was in possession of a firearm		

**Display of Weapon**

<input checked="" type="checkbox"/> Firearm pointed at individual	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used: Sidearm	

**Type of Force Used**  
(Check all that Apply)

<input type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used		
<input type="checkbox"/> Subject physically placed on ground		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used		
<input type="checkbox"/> Chemical Spray		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used		
<input type="checkbox"/> Impact Weapon (Baton)		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used		
<input type="checkbox"/> Police Dog		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Firearm		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances**  
(Check all that Apply)

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input type="checkbox"/> Age	<input type="checkbox"/> Subject Skill Level	<input checked="" type="checkbox"/> Closeness of a Weapon	<input type="checkbox"/> Suspected/Known mental issues
<input type="checkbox"/> Size	<input type="checkbox"/> Multiple Subjects	<input type="checkbox"/> Injury or Exhaustion	<input type="checkbox"/> Environmental Conditions
<input type="checkbox"/> Sex	<input type="checkbox"/> Relative Strength	<input type="checkbox"/> Being on the ground	<input type="checkbox"/> Subject Handcuffed
<input type="checkbox"/> Officer Skill Level	<input checked="" type="checkbox"/> Other (Explain in narrative) Was in possession of a firearm	<input type="checkbox"/> Distance from the Subject	<input type="checkbox"/> Building Search
		<input type="checkbox"/> Special Knowledge	<input type="checkbox"/> Other (Explain in narrative)
		<input type="checkbox"/> Suspected/known drug/alcohol use	

## Officer Narrative Summary

Report # [REDACTED]

- ☐ Copy of U-10.100 Attached  
☒ Copy of Report Narrative Attached  
☐ Narrative Summary Cont. (Page 3)

On October 3, 2021, I, Officer Bishop (#342) and [REDACTED] responded to a call of an individual breaking into an apartment with a firearm.

Upon arrival, I saw a male, later identified as Mohamed Houssein in the parking lot on the phone. Houssein told us that he was the person who called in the incident and that another individual was inside the apartment complex with a gun. Houssein was standing in between two vehicles at the time and then bent down between the vehicles outside of our view. At that time, I heard what I believed to be the sound of a gun racking coming from the same area as Houssein. Houssein quickly stood up from between the vehicles and began walking toward [REDACTED] and the entrance to the apartment complex.

I looked in between the vehicles where Houssein had just been and saw a firearm sitting beside the back drivers side tire of a white Hyundai Elantra. At that time, I drew my firearm and pointed it at Houssein and told him not to move, due to not knowing if he had any other weapons on his person [REDACTED] was able to detain Houssein without incident.

The firearm was identified as a black BB gun.

Officer's Signature *S. F. Bishop* #342

Date 10/3/2021

## Reviewed by Shift Lieutenant:

Comments: I HAVE REVIEWED ALL RELATED BWC FOOTAGE. I FIND OFFICER BISHOP'S ACTIONS TO BE OBJECTIVELY REASONABLE AND WITH-IN POLICY.

Lieutenant's Signature *H. J. N...* #236

Date 10/5/2021

## Reviewed by Operations Captain:

Comments: I have reviewed this report, the incident report, and all available BWC. Actions of Officer Bishop appropriate and within policy.

Captain's Signature *[Signature]* Capt Eric Whiteside

Date 10-15-21

## Reviewed by Deputy Chief:

Comments:

Deputy Chief's Signature

Date

## Reviewed by Chief of Police:

Comments:

Chief's Signature

Date



Case Narrative for [REDACTED] (10/03/21 16:15)

Printed on October 5, 2021

## Supplemental Report By Sarah Bishop, 10/03/21 16:15

Case [REDACTED]  
Typed By Sarah Bishop

On October 3, 2021, I, Officer Bishop (#342) and [REDACTED] responded to a call of an individual breaking into an apartment with a firearm.

Upon arrival, I saw a male, later identified as Mohamed Houssein in the parking lot on the phone. Houssein told us that he was the person who called in the incident and that another individual was inside the apartment complex with a gun. Houssein was standing in between two vehicles at the time and then bent down between the vehicles outside of our view. At that time, I heard what I believed to be the sound of a gun racking coming from the same area as Houssein. Houssein quickly stood up from between the vehicles and began walking toward [REDACTED] and the entrance to the apartment complex.

I looked in between the vehicles where Houssein had just been and saw a firearm sitting beside the back drivers side tire of a white Hyundai Elantra. At that time, I drew my firearm and pointed it at Houssein and told him not to move, due to not knowing if he had any other weapons on his person. [REDACTED] was able to detain Houssein without incident.

The firearm was identified as a black BB gun.





**Action Response Report  
The Ohio State University Police Division**

Date 02/12/2022	Time 2252	Location Apartment 515 Montgomery Court Columbus, OH 43210		Report # [REDACTED]
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other	Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic	<input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Crime in Progress Burglary/ Intrusion Alarm <input type="checkbox"/> Other	<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported	Number of Suspects 1 Number of Officers 2
Officer Last Ray	First Katie	Middle LeeAnn	Badge 353	Height 5' 02" Weight 125 Age 27
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:	Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other	
Subject 1 Last Mays	First Cody	Middle Alaxander	Sex M Race W DOB 03/26/92 SSN [REDACTED] HT 5' 10" WT 201	
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:	Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other	
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
<input type="checkbox"/> Check if Additional Information Sheet added.				

**Aggressive/Resistive Subject Actions  
(Check all that Apply)**

<input type="checkbox"/> Verbal or physical Danger Cues <input type="checkbox"/> Pulling Away from Officer <input type="checkbox"/> Wrestling with Officer <input type="checkbox"/> Life Threatening Weaponless Assault <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Not Responding to Commands <input type="checkbox"/> Running from Officer <input type="checkbox"/> Striking or Kicking Officer <input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Refusing to Move (Dead Weight) <input type="checkbox"/> Pushing Officer <input type="checkbox"/> Assaulting Third Party <input type="checkbox"/> Weapon Used Against Officer
--	---	--

**Display of Weapon**

<input checked="" type="checkbox"/> Firearm pointed at individual	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used: Sidearm	

**Type of Force Used  
(Check all that Apply)**

<input type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used	
<input type="checkbox"/> Subject physically placed on ground	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used	
<input type="checkbox"/> Chemical Spray	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used	
<input type="checkbox"/> Impact Weapon (Baton)	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used	
<input type="checkbox"/> Police Dog	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Firearm	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances  
(Check all that Apply)**

Officer-Subject Factors (Check all That Apply)	Special Circumstances (Check All That Apply)
<input type="checkbox"/> Age <input type="checkbox"/> Size <input type="checkbox"/> Sex <input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Closeness of a Weapon <input type="checkbox"/> Injury or Exhaustion <input type="checkbox"/> Being on the ground <input type="checkbox"/> Distance from the Subject <input type="checkbox"/> Special Knowledge <input type="checkbox"/> Suspected/known drug/alcohol use
<input type="checkbox"/> Subject Skill Level <input type="checkbox"/> Multiple Subjects <input type="checkbox"/> Relative Strength <input type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Suspected/known mental issues <input type="checkbox"/> Environmental Conditions <input type="checkbox"/> Subject Handcuffed <input checked="" type="checkbox"/> Building Search <input type="checkbox"/> Other (Explain in narrative)

**All of the above must be articulated in narrative.**

Officer Narrative Summary

- ☐ Copy of U-10.100 Attached
- ☐ Copy of Report Narrative Attached
- ☐ Narrative Summary Cont. (Page 3)

Report #

On 02/11/2022 at approximately 2252 OSUPD [REDACTED] and Ray were dispatched to Apt 515 Montgomery Court- Buckeye Village Apartments for a burglary alarm, specifically a motion alarm within the apartment. [REDACTED] and I arrived in the area and drew our weapons to conduct a search of the apartment. Officers arrived at unit 515 and observed a broken window immediately next to the door to the unit.

[REDACTED] pushed open the unlocked front door to the unit and Officers observed broken glass and debris covering the floor. [REDACTED] announced herself as police and ordered anyone inside the unit to come out. Officers observed an individual walk out of the bedroom area of the apartment and slowly walked into the kitchen. Officers ordered the individual, later identified as Cody Mays, to the ground while our weapons were pointed at him. Cody Mays was slow to respond to commands and appeared in a semi disoriented state. [REDACTED] cleared the rest of the apartment while Officer Ray remained with Cody Mays. Cody Mays remained in the prone position with Officer Ray pointing her weapon at him. [REDACTED] cleared the rest of the apartment, before moving to hold cover while Officer Ray holstered her weapon. Officer Ray placed handcuffs on Cody Mays and moved him to OSUPD car 33, where he was read his Miranda Rights. He was placed under arrest for Burglary ORC 291.12 F2.

Officer's Signature

Ofc. K. Ray #353

Date 02/12/2022

Reviewed by Shift Lieutenant:

Comments: Based on nature of the call, information available to the officers, display of weapon for the search is reasonable.

Lieutenant's Signature



Date 2-23-22

Reviewed by Operations Captain:

Comments:

Captain's Signature

Date

Reviewed by Deputy Chief:

Comments: I have reviewed this report, the incident report, and all available BWC. The display of weapon was appropriate and within policy.

Deputy Chief's Signature

 #203

Date 3-15-22

Reviewed by Chief of Police:

Comments: Officer actions were within policy.

Chief's Signature K. Spina McNett #24

Date 04-27-2022

# Additional Information Sheet

Report # [REDACTED]													
Officer Last		First		Middle		Badge		Height		Weight		Age	
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other							
Officer Last		First		Middle		Badge		Height		Weight		Age	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other							
Officer Last		First		Middle		Badge		Height		Weight		Age	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other							
Officer Last		First		Middle		Badge		Height		Weight		Age	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other							
Officer Last		First		Middle		Badge		Height		Weight		Age	

Subject 2 Last		First		Middle		Sex		Race		DOB		SSN		HT		WT	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other											
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No															
Subject 3 Last		First		Middle		Sex		Race		DOB		SSN		HT		WT	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other											
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No															
Subject 4 Last		First		Middle		Sex		Race		DOB		SSN		HT		WT	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other											
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No															
Subject 5 Last		First		Middle		Sex		Race		DOB		SSN		HT		WT	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other											
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No															

Witness Last		First		Middle		Address		Phone #	
Witness Last		First		Middle		Address		Phone #	
Witness Last		First		Middle		Address		Phone #	
Witness Last		First		Middle		Address		Phone #	
Witness Last		First		Middle		Address		Phone #	
Witness Last		First		Middle		Address		Phone #	

Officer Narrative Summary Cont.

Report #

Officer's Signature

Date

**Action Response Report**  
**The Ohio State University Police Division**

Date 4/21/22		Time 2053		Location 410 W 10 <sup>th</sup> Ave. Columbus, OH 43210			Report # [REDACTED]	
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		Type of Incident <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> Suspicious Person <input type="checkbox"/> Crime in Progress <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported		Number of Suspects 1 victim  Number of Officers 2
Officer Last		First		Middle		Badge	Height	Weight
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Subject 1 Last McGee		First Aishah		Middle Michele		Sex F	Race B	DOB 4/11/74
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No								
Witness Last Wertz		First Hospital Security Lt. Crystal		Middle		Address 410 W 10 <sup>th</sup> Ave. Columbus, OH 43210		Phone # [REDACTED]
Witness Last		First		Middle		Address		Phone #
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]
<input type="checkbox"/> Check if Additional Information Sheet added.								

**Aggressive/Resistive Subject Actions**  
 (Check all that Apply)

<input checked="" type="checkbox"/> Verbal or physical Danger Cues	<input checked="" type="checkbox"/> Not Responding to Commands	<input type="checkbox"/> Refusing to Move (Dead Weight)
<input checked="" type="checkbox"/> Pulling Away from Officer	<input type="checkbox"/> Running from Officer	<input type="checkbox"/> Pushing Officer
<input type="checkbox"/> Wrestling with Officer	<input type="checkbox"/> Striking or Kicking Officer	<input type="checkbox"/> Assaulting Third Party
<input type="checkbox"/> Life Threatening Weaponless Assault	<input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Weapon Used Against Officer
<input type="checkbox"/> Other		

**Display of Weapon**

<input type="checkbox"/> Firearm pointed at individual	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used:	

**Type of Force Used**  
 (Check all that Apply)

<input checked="" type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)		
Technique Used Joint Manipulation of the right arm		Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Subject physically placed on ground		
Technique Used physically placed on ground		Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chemical Spray		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)		
Technique Used		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Impact Weapon (Baton)		
Technique Used		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Police Dog		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force		
<input type="checkbox"/> Firearm		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances**  
 (Check all that Apply)

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input type="checkbox"/> Age	<input type="checkbox"/> Subject Skill Level	<input type="checkbox"/> Closeness of a Weapon	<input checked="" type="checkbox"/> Suspected/Known mental issues
<input checked="" type="checkbox"/> Size	<input type="checkbox"/> Multiple Subjects	<input type="checkbox"/> Injury or Exhaustion	<input type="checkbox"/> Environmental Conditions
<input type="checkbox"/> Sex	<input type="checkbox"/> Relative Strength	<input type="checkbox"/> Being on the ground	<input type="checkbox"/> Subject Handcuffed
<input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Distance from the Subject	<input type="checkbox"/> Building Search
		<input type="checkbox"/> Special Knowledge	<input type="checkbox"/> Other (Explain in narrative)
		<input checked="" type="checkbox"/> Suspected/known drug/alcohol use	



## Officer Narrative Summary

Report # [REDACTED]

- ☐ Copy of U-10.100 Attached  
☐ Copy of Report Narrative Attached  
☐ Narrative Summary Cont. (Page 3)

Aishia McGee was being questioned for a domestic violence incident. Officers knew she was mentally unstable, off her medication and currently in mental health crisis. While speaking with Officers, Aishia handed Officers a folded pocket knife from her pocket. While [REDACTED] conducted a pat down for additional weapons, Aishia continued to turn away and yell loudly when [REDACTED] touched the area close to her buttocks area. [REDACTED] reported she felt an object in the area of Aishia's diaper and Officers placed her hands behind her back to secure her and complete the pat down. Aishia continued to pull away then dropped her body weight as Officer Ray and [REDACTED] each had control of one arm. [REDACTED] used joint manipulation to gain control of Aishia's right arm, in order to place her in handcuffs.

As Aishia dropped her body weight, [REDACTED] and Ray guided her to the ground to prevent her from falling uncontrolled and hurting herself. Once on the ground she was placed into handcuffs and [REDACTED] continued the pat down for weapons. Aishia initially stated she would retrieve the object from the diaper herself as she reported it was a cell phone. After she refused to remove the object, [REDACTED] manipulated the diaper area to remove the object, a cell phone.

Officer's Signature [REDACTED]

Date 4/21/22

Reviewed by Shift Lieutenant:

Comments:

*I reviewed BWC videos and spoke w/ officers on scene.  
 The use of force was objectively reasonable. The subject  
 went to the ground because she dropped her weight.*

Lieutenant's Signature [REDACTED]

Date 5-7-2022

Reviewed by Operations Captain:

Comments:

Captain's Signature [REDACTED]

Date

Reviewed by Deputy Chief:

Comments: *I have reviewed this report, the incident report, and all  
 available BWC footage. Actions of officers appropriate and within policy*

Deputy Chief's Signature [REDACTED] #203

Date 5-6-22

Reviewed by Chief of Police:

Comments: *The officers actions were within policy*

Chief's Signature K Spaw-mcNatt #201

Date 05-22-2022

## Additional Information Sheet

Report #							
Officer Last Ray		First Katie	Middle LeeAnn	Badge 353	Height 5-2	Weight 125	Age 27
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Officer Last		First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Officer Last		First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Officer Last		First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		

Subject 2 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Subject 3 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Subject 4 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Subject 5 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			

Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #







Case Narrative for [REDACTED] (04/21/22 22:14)

Printed on May 10, 2022

## Supplemental Report By Katie Ray, 04/21/22 22:14

Case [REDACTED]  
Typed By Katie Ray

OSUPD was contacted by Hospital Security regarding a domestic dispute occurring outside OSU Main Emergency Department.

[REDACTED] and I arrived and began speaking with the involved parties. [REDACTED] began speaking with Aishah McGee, who was in an agitated and emotional state. I began speaking with Imanii McGee, who identified herself as Aishah's daughter.

Imanii McGee reported the following information to Officer Ray:

*The family of Aishia McGee is worried for the wellbeing and safety of her due to her worsening health conditions and altered mental status. It was reported Aishia receives dialysis 3x per week and has not recently had dialysis. As a result she has had an altered mental status and been acting in an erratic manner. Imanii reported the altered status may be due to toxins building up in Aishia's body as she is unaware the last time her body received her dialysis treatment. Imanii reported her husband and her had utilized the Find my Location feature on her mother's phone in Columbus just prior to coming to OSU Emergency Department as her family was extremely worried about her wellbeing and safety. Imanii reported her husband and her located her mother in her car in the Columbus area and that Aishia was in a semi conscious state and barely responsive when she located her. She reported her mother could barely walk and could not get out on the vehicle on her own when the family located her just prior to bringing Aishia to the ED.*

*While bringing her mother, Aishia McGee, to OSU Emergency Department for medical treatment, Imanni reported her mother grabbed the steering wheel of the moving vehicle multiple times in an attempt to wreck the vehicle into oncoming traffic. Imanni reported her mother has not eaten any food for several days, has had lack of sleep and has not been taking proper care of her basic needs. While Imanni spoke with me, she had her aunt and Power of Attorney to Aishia McGee on the phone echoed similar concerns.*

[REDACTED] spoke with Aishia McGee who was agitated and emotional. She was unable to provide any consistent information to [REDACTED]. Aishia turned over a closed pocket knife to OSU Officers, which was subsequently turned over to her daughter Imanni McGee and placed in her vehicle for safekeeping.

When asked about how she had been taking care of herself, Aishia confirmed she had not eaten for several days and could not recall the last time she ate. She continued to make disjointed statements and yell loudly so she would not answer Officers questions. While [REDACTED] conducted a pat down for weapons, Aishia continued to turn away and yell loudly when [REDACTED] touched the area close to her buttocks area. [REDACTED] reported she felt an object in the area of Aishia's diaper and Officers placed her hands behind her back to secure her and complete the pat down. Aishia continued to pull away then dropped her body weight as Officer Ray and [REDACTED] each had control of one arm.

As Aishia dropped her body weight, [REDACTED] and Ray guided her to the ground to prevent her from falling uncontrolled and hurting herself. Once on the ground Aishia began to shake her body and mimic seizure type movements. She then quickly stopped and resumed yelling loudly and attempting to shield Officers from searching her buttocks area. Once on the ground she was placed into handcuffs and [REDACTED] continued the pat down for weapons. Aishia initially stated she would retrieve the object from the diaper herself as she reported it was a cell phone. After she refused to immediately remove the object, [REDACTED] manipulated the diaper area to remove the object, which was revealed to be a cell phone belonging to Aishia's daughter, Imanni.

Additional OSUPD Officers Garcia, Winger, Bernstein and Lieutenant Howe arrived on scene to assist.



After speaking to all involved parties, Officers determined Aishia McGee would be admitted to OSU Emergency Department on an Application for Emergency Admission due to her altered mental status, declining health condition and inability to care for herself. Officer Ray completed the Application for Emergency Admission and turned Aishia McGee over to medical staff.



**Action Response Report**  
**The Ohio State University Police Division**

Date 4/18/23		Time 1300		Location Highland St. and W 11 <sup>th</sup> Ave.			Report # [REDACTED]	
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic		<input type="checkbox"/> Suspicious Person <input type="checkbox"/> Crime in Progress <input checked="" type="checkbox"/> Other CIT- Pink slip		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported		Number of Suspects 1  Number of Officers 2
Officer Last [REDACTED]		First [REDACTED]		Middle [REDACTED]		Badge [REDACTED]		Height [REDACTED] Weight [REDACTED] Age [REDACTED]
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other				
Subject 1 Last Pinto		First Daniel		Middle R		Sex M	Race W	DOB 6/10/00 SSN [REDACTED] HT 5-8 WT 120
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other				
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No								
Witness Last		First		Middle		Address		Phone #
Witness Last		First		Middle		Address		Phone #
<input type="checkbox"/> Check if Additional Information Sheet added.								

**Aggressive/Resistive Subject Actions**  
 (Check all that Apply)

<input type="checkbox"/> Verbal or physical Danger Cues <input checked="" type="checkbox"/> Pulling Away from Officer <input type="checkbox"/> Wrestling with Officer <input type="checkbox"/> Life Threatening Weaponless Assault <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Not Responding to Commands <input type="checkbox"/> Running from Officer <input type="checkbox"/> Striking or Kicking Officer <input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Refusing to Move (Dead Weight) <input type="checkbox"/> Pushing Officer <input type="checkbox"/> Assaulting Third Party <input type="checkbox"/> Weapon Used Against Officer
---	---	--

**Display of Weapon**

<input type="checkbox"/> Firearm pointed at individual Type of firearm used:	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**Type of Force Used**  
 (Check all that Apply)

<input checked="" type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance) Technique Used joint manipulation	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Subject physically placed on ground Technique Used balance displacement	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chemical Spray	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points) Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Impact Weapon (Baton) Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Police Dog	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force <input type="checkbox"/> Firearm <input type="checkbox"/> Other	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances**  
 (Check all that Apply)

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input type="checkbox"/> Age <input type="checkbox"/> Size <input type="checkbox"/> Sex <input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Subject Skill Level <input type="checkbox"/> Multiple Subjects <input type="checkbox"/> Relative Strength <input type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Closeness of a Weapon <input type="checkbox"/> Injury or Exhaustion <input type="checkbox"/> Being on the ground <input type="checkbox"/> Distance from the Subject <input checked="" type="checkbox"/> Special Knowledge <input checked="" type="checkbox"/> Suspected/known drug/alcohol use	<input checked="" type="checkbox"/> Suspected/Known mental issues <input type="checkbox"/> Environmental Conditions <input type="checkbox"/> Subject Handcuffed <input type="checkbox"/> Building Search <input type="checkbox"/> Other (Explain in narrative)

## Officer Narrative Summary

Report # [REDACTED]

- ☐ Copy of U-10.100 Attached  
☐ Copy of Report Narrative Attached  
☐ Narrative Summary Cont. (Page 3)

Officers were dispatched to the medical center area for a pink slip patient that ran away from Rhodes Hall before being discharged. Dispatch advised Pinto was known to resist arrest and was known to abuse drugs. Officer Collier made contact with Pinto on Highland Street, and West 11<sup>th</sup> Avenue. Pinto ignored Officer Colliers multiple orders to stop and put his hands behind his back. Pinto continued to pull away from Officer Collier and moved his hands to prevent him from being hand cuffed. [REDACTED] also ordered Pinto to stop pulling away and to put his hands behind his back. Pinto also appeared to be under the influence of drugs. Pinto had slurred speech and his eyes were barely open. For the safety of Pinto and Officers, [REDACTED] used balance displacement to take Pinto to the ground. [REDACTED] cuffed Pinto's left arm. Pinto attempted to hide his right arm under his chest. Officer Collier used joint manipulation to place his right arm behind his back to be cuffed.

Officer's Signature

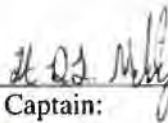
 #331

Date 4/18/23

Reviewed by Shift Lieutenant:

Comments: I HAVE REVIEWED ALL AVAILABLE BWC FOOTAGE ASSOCIATED WITH THIS CASE. I BELIEVE THIS USE OF FORCE WAS OBJECTIVELY REASONABLE AND WITHIN THE GUIDELINES OF DEPARTMENT POLICY.

Lieutenant's Signature

 #236

Date 4/22/23

Reviewed by Operations Captain:

Comments:

N/A

Captain's Signature

Date

Reviewed by Deputy Chief: DENNIS JEFFREY #202

Comments:

I HAVE REVIEWED THE BWC VIDEO FOR THIS INCIDENT AND FIND THE USE OF FORCE WAS REASONABLE AND WITHIN POLICY.

Deputy Chief's Signature

 #202

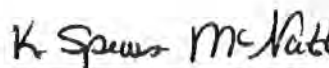
Date

4/26/23

Reviewed by Chief of Police:

Comments: The officers actions were reasonable and necessary.

Chief's Signature

 #201

Date

04-27-2023

## Additional Information Sheet

Report #							
Officer Last Collier		First Dustin	Middle Vincent	Badge 331	Height 5-7	Weight 192	Age 32
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last		First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last		First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last		First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			

Subject 2 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other				
Subject 3 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other				
Subject 4 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other				
Subject 5 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other				

Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #

Officer Narrative Summary Cont.

Report #

Officer's Signature



Date 4/18/23



**Action Response Report  
The Ohio State University Police Division**

Date 11/13/23		Time 1320		Location Smashburger 1840 N. High St Columbus, Ohio 43210			Report # [REDACTED]	
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic		<input checked="" type="checkbox"/> Suspicious Person <input type="checkbox"/> Crime in Progress <input checked="" type="checkbox"/> Other Warrant Arrest		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported		Number of Suspects 1  Number of Officers 2
Officer Last [REDACTED]		First [REDACTED]		Middle [REDACTED]		Badge [REDACTED]		Height [REDACTED]
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain: N/A		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Subject 1 Last Pinto		First Daniel		Middle [REDACTED]		Sex M	Race W	DOB 6102000
Injury <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes explain: He stated he had a knee injury due to a previous bicycle crash.		Medical Treatment Given <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input checked="" type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other Transported to OSU Main		
Witness Last		First		Middle		Address		Phone #
Witness Last		First		Middle		Address		Phone #
<input type="checkbox"/> Check if Additional Information Sheet added.								

**Aggressive/Resistive Subject Actions  
(Check all that Apply)**

<input type="checkbox"/> Verbal or physical Danger Cues	<input checked="" type="checkbox"/> Not Responding to Commands	<input type="checkbox"/> Refusing to Move (Dead Weight)
<input checked="" type="checkbox"/> Pulling Away from Officer	<input type="checkbox"/> Running from Officer	<input type="checkbox"/> Pushing Officer
<input checked="" type="checkbox"/> Wrestling with Officer	<input type="checkbox"/> Striking or Kicking Officer	<input type="checkbox"/> Assaulting Third Party
<input type="checkbox"/> Life Threatening Weaponless Assault	<input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Weapon Used Against Officer
<input type="checkbox"/> Other		

**Display of Weapon**

<input type="checkbox"/> Firearm pointed at individual	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used:	

**Type of Force Used  
(Check all that Apply)**

<input checked="" type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used Joint manipulation to handcuff	
<input checked="" type="checkbox"/> Subject physically placed on ground	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used balance displacement	
<input type="checkbox"/> Chemical Spray	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used	
<input type="checkbox"/> Impact Weapon (Baton)	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used	
<input type="checkbox"/> Police Dog	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Firearm	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances  
(Check all that Apply)**

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input type="checkbox"/> Age	<input type="checkbox"/> Subject Skill Level	<input type="checkbox"/> Closeness of a Weapon	<input checked="" type="checkbox"/> Suspected/Known mental issues
<input type="checkbox"/> Size	<input type="checkbox"/> Multiple Subjects	<input type="checkbox"/> Injury or Exhaustion	<input type="checkbox"/> Environmental Conditions
<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> Relative Strength	<input type="checkbox"/> Being on the ground	<input type="checkbox"/> Subject Handcuffed
<input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Distance from the Subject	<input type="checkbox"/> Building Search
		<input type="checkbox"/> Special Knowledge	<input type="checkbox"/> Other (Explain in narrative)
		<input checked="" type="checkbox"/> Suspected/known drug/alcohol use	

**All of the above must be articulated in narrative.**

## Officer Narrative Summary

Report # [REDACTED]

- ☒ Copy of U-10.100 Attached  
☒ Copy of Report Narrative Attached  
☒ Narrative Summary Cont. (Page 3)

[REDACTED] and I (Officer Kovach) approached the suspect at the table inside Smashburger. He was told to stand up and put his hands behind his back multiple times. He immediately started to grab his property as if he was going to leave. I grabbed his left arm and [REDACTED] grabbed his right arm. Pinto was not complying with any verbal commands and his body was tensing up. He pulled away from officers several times to avoid being handcuffed. He then stated, "Don't cuff me." [REDACTED] said, "Let's take him to the ground." I had his left arm and [REDACTED] had his right arm as we used a balance displacement technique to move him to the ground. Pinto was on his stomach, but was continually attempting to keep his arms underneath of his body. Pinto kept saying, "Don't handcuff me." We both kept telling him to relax his body. Both officers used joint manipulations to secure his hands behind his back. Pinto continued to struggle even after the cuffs were put on and I put him in a figure four leg lock in order to maintain control of his person until he was no longer combative.

Officer's Signature Kristen Kovach

Date 11/13/23

Reviewed by Shift Lieutenant:

Comments: I have reviewed & find all actions legal and within policy.

Lieutenant's Signature [Signature]

Date 11-21-23

Reviewed by Operations Captain:

Comments: N/A

Captain's Signature

Date

Reviewed by Deputy Chief: DENNIS JEFFERY #202

Comments: I HAVE REVIEWED THE BWC VIDEOS AND INCIDENTS ASSOCIATED WITH THIS INCIDENT. I FIND THE USE OF FORCE TO BE WITHIN DIVISION POLICY.

Deputy Chief's Signature [Signature]

Date 12/4/23

Reviewed by Chief of Police:

Comments: The officers actions were reasonable and necessary and within policy.

Chief's Signature K. Spears-McNatt #201

Date 12-5-2023

### Additional Information Sheet

Report #									
Officer Last Kovach		First Kristen		Middle Nichole		Badge 363	Height 5'6	Weight 160	Age 37
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last		First		Middle		Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last		First		Middle		Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last		First		Middle		Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			

Subject 2 Last		First		Middle		Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other					
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No											
Subject 3 Last		First		Middle		Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other					
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No											
Subject 4 Last		First		Middle		Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other					
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No											
Subject 5 Last		First		Middle		Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:			Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other					
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No											

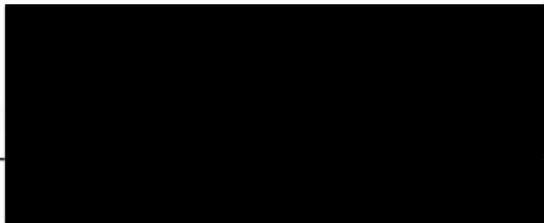
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #

Officer Narrative Summary Cont.

Report #



Officer's Signature



Date

11-13-23



Case Narrative for [REDACTED] 11/13/23 14:21)

Printed on November 21, 2023

**Primary Report By [REDACTED] 11/13/23 14:21**

Case # [REDACTED]  
Typed [REDACTED]

Officers were dispatched to 1881 N High Street on a homeless male sleeping in the outdoor patio area. The caller/manager requested he leave the property.

Officer Kovach and I arrived on scene. Officers observed Daniel Pinto sleeping in the patio area under a blanket. Pinto was told to leave the area and he complied. Officers observed Pinto walk south on High Street and walked into the Smashburger at 15th Avenue. Dispatch then advised Pinto had an active warrant through OSUPD.

Officer Kovach and I went inside Smashburger and advised Pinto he had an active warrant. Pinto was ordered to stand up and put his hands behind his back. Pinto attempted to grab his property when officers grabbed both his arms and again told him to put his hands behind his back. Pinto began to pull away from officers and resist. Pinto refused all verbal commands and tensed his body in attempt to avoid being hand cuffed. Pinto stated "don't cuff me". I then used balance displacement to lower Pinto to the ground. Pinto continued to try to move his hands underneath his body and moved his hips in attempts to get up. Officer Kovach and I used joint manipulation to gain control of his hands. Pinto was cuffed but continued to turn and fight with officers to get up. Officer Kovach put Pintos legs in a figure four until he was no longer combative. Pinto was searched incident to arrest and placed in cruiser 32.

Pinto requested a medic due to knee pain from a bicycle accident last week. Medic 13 arrived and advised they would be transporting him to the main ED. Pinto was released to medics.

I filed a warrant for Pinto for resisting arrest on 11/14.



THE OHIO STATE UNIVERSITY POLICE DIVISION					ARREST INFORMATION			Columbus, Ohio	
LAST NAME FIRST MIDDLE <b>PINTO, DANIEL R, JR</b>								SLATE NUMBER	
ALIAS								TICKET NUMBER	
ADDRESS <b>STREETS COLUMBUS, OH 43227</b>									
SEX <b>Male</b>	RACE <b>White</b>	HEIGHT <b>5' 8"</b>	WEIGHT <b>120</b>	HAIR <b>Brown</b>	EYES <b>Brown</b>	AGE <b>23</b>	MARRIED <input type="checkbox"/>	COURT DATE	
SOCIAL SECURITY [REDACTED]		D.O.B <b>6/10/00</b>		BIRTH PLACE <b>Illinois, IL</b>		ID NUMBER [REDACTED]		PERMIT HOLDER <b>No</b>	
PLACE OF EMPLOYMENT AND DURATION <b>unemployed</b>						RELIGION		TELEPHONE NUMBERS	
ORI [REDACTED]	ARREST DATE / TIME			ARREST LOCATION					
ARRESTING OFFICER		BADGE NO.	AGENCY		ASSIGNMENT		COURT DAY	DAYS OFF	SHIFT
ARRESTING OFFICER		BADGE NO.	AGENCY		ASSIGNMENT		COURT DAY	DAYS OFF	SHIFT
ACCIDENT INVOLVED <b>No</b>	LICENSE NUMBER & STATE		VEHICLE DISPOSITION <b>IMPOUNDED _ RELEASED _</b>				YEAR	MAKE	STYLE
<b>ON VIEW</b> <input type="checkbox"/> <b>WARRANT</b> <input checked="" type="checkbox"/>		ZONE & SECTOR <b>OSU</b>			CAR SEARCHED <b>No</b>		HELD FOR PRINTS <b>No</b>		
CONVEYING OFFICER		BADGE NO.	AGENCY		ASSIGNMENT		NEEDS TO BE SUBPOENAED AS WITNESS <b>No</b>		
CONVEYING OFFICER		BADGE NO.	AGENCY		ASSIGNMENT		NEEDS TO BE SUBPOENAED AS WITNESS <b>No</b>		
SLATING OFFICER		SLATE TIME	TELEPHONE CALL <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		CALL COMPLETED <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		TIME COMPLETED	OFFICER	
PROPERTY BIN NO/	CASH RECEIVED	BOND		PROPERTY SLIP NO. (PROPERTY RM)			SPECIMEN TYPE/TIME TAKEN		
RELEASED OR CELL NO.		SICK OR INJURED <b>No</b>		MEDICATION		PREGNANT OR 6 WEEKS POSTPARTUM <b>No</b>		FELONY <input type="checkbox"/> MISDEMEANOR <input checked="" type="checkbox"/> CITY <input type="checkbox"/> STATE <input checked="" type="checkbox"/>	
VIOLATION/CODE SECTION		CHARGE DESCRIPTION						CASE NUMBER	
1. 2921.33A - Resisting Arrest _ resist or interfere M2									
2.									
3.									
4.									
5.									
DETAINEES									
1.									
2.									
<b>IF PERSON ARRESTED IS A JUVENILE COMPLETE THIS SECTION</b>									
FATHER'S NAME, ADDRESS AND TELEPHONE NUMBER (OR LEGAL GUARDIAN)									
MOTHER'S NAME, ADDRESS AND TELEPHONE NUMBER (OR LEGAL GUARDIAN)									
JUV. SENT TO UNRULY UNIT <input type="checkbox"/>		PARENTS NOTIFIED BY:			DATE: <b>11/14/23</b>		PARENTS TO APPEAR AT: <b>ISD (9AM)</b> <input type="checkbox"/> <b>CT (1PM)</b> <input type="checkbox"/>		





# WITNESS TO BE SUBPOENAED AT TIME OF TRIAL

CIVILIANS SPECIFY HOME PHONE AND WORK PHONE, IDENTIFY OFFICERS BY BADGE NUMBER AND ASSIGNMENT

NAME	ADDRESS	TELEPHONE		BADGE	ASSIGN.
		HOME	WORK		
1.					
2.					
3.					
4.					
5.					
6.					

DID YOU WITNESS DRIVING **No** IF NOT, WHICH OF THE ABOVE WITNESSED IT?

DID THE DEFENDANT OR CO-DEFENDANT FURNISH A RELEVANT WRITTEN OR RECORDED STATEMENT **No** WERE WRITTEN SUMMARIES MADE OF ANY RELEVANT ORAL STATEMENTS BY THE DEFENDANT OR CO-DEFENDANT **No**

DID YOU OR ANY OFFICER OBTAIN ANY PHYSICAL EVIDENCE SUCH AS PHOTOS BOOKS, PAPERS OR TANGIBLE OBJECTS RELATING TO THIS CASE? **No** DOES DEFENDANT HAVE A PRIOR CONVICTION RECORD? **Yes**

WERE ANY PHYSICAL OR MENTAL EXAMINATIONS OR SCIENTIFIC TESTS OF ANY KIND CONDUCTED IN CONNECTION WITH THIS CASE? **No**

IF YES SPECIFY

BWC **Yes** ITN Number CODIS DNA obtained? **No**

STATEMENT OF FACT: Officers were dispatched to 1881 N High Street on a homeless male sleeping in the outdoor patio area. The caller/manager requested he leave the property.

Officer Kovach and I arrived on scene. Officers observed Daniel Pinto sleeping in the patio area under a blanket. Pinto was told to leave the area and he complied. Officers observed Pinto walk south on High Street and walked into the Smashburger at 15th Avenue. Dispatch then advised Pinto had an active warrant through OSUPD.

Officer Kovach and I went inside Smashburger and advised Pinto he had an active warrant. Pinto was ordered to stand up and put his hands behind his back. Pinto attempted to grab his property when officers grabbed both his arms and again told him to put his hands behind his back. Pinto began to pull away from officers and resist. Pinto refused all verbal commands and tensed his body in an attempt to avoid being handcuffed. Pinto stated "don't cuff me". I then used balance displacement to lower Pinto to the ground. Pinto continued to try to move his hands underneath his body and moved his hips in attempts to get up. Officer Kovach and I used joint manipulation to gain control of his hands. Pinto was cuffed but continued to turn and fight with officers to get up. Officer Kovach put Pinto's legs in a figure four until he was no longer combative. Pinto was searched incident to arrest and placed in cruiser 32.

JACKET NO.	REC. BOND	PLEA	JUDGE	WEAPON USED {weapon_used}	MAKE	MODEL	SERIAL NUMBER
ON PAROLE No	PROBATION {probation}	OFFENSE	PAROLE OR PROBATION OFFICER AND PHONE NUMBER				
RECOVERED PROPERTY							
INVESTIGATING DETECTIVES			BADGE			ASSIGNMENT	
1.							
2.							
COURT DISPOSITION/CONTINUANCE							

U-10-100 Continuation Sheet	Defendant Name	Case Number
	PINTO, DANIEL R, JR	

# Action Response Report The Ohio State University Police Division

Date 2/20/2024		Time 2121		Location 555 Borror Dr, Columbus OH 43210			Report # [REDACTED]	
<input type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input checked="" type="checkbox"/> Other On View Crime		Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic		<input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Crime in Progress Criminal Trespass <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input checked="" type="checkbox"/> Injury to Officer <input type="checkbox"/> No Injury Reported		Number of Suspects 1  Number of Officers 2
Officer Last [REDACTED]		First [REDACTED]		Middle [REDACTED]		Rank [REDACTED]		Height [REDACTED]
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain: [REDACTED]		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center		<input type="checkbox"/> Other
Subject Last Ahmed		First Sayid		Middle Omar Aadan		Sex M	Race B	DOB 4/15/05
SSN [REDACTED]		HT 6		WT 145				
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center		<input type="checkbox"/> Other
Witness Last		First		Middle		Address		Phone #
Witness Last		First		Middle		Address		Phone #
<input checked="" type="checkbox"/> Check if Additional Information Sheet added.								

## Aggressive/Resistive Subject Actions (Check all that Apply)

<input type="checkbox"/> Verbal or physical Danger Cues	<input checked="" type="checkbox"/> Not Responding to Commands	<input type="checkbox"/> Refusing to Move (Dead Weight)
<input type="checkbox"/> Pulling Away from Officer	<input checked="" type="checkbox"/> Running from Officer	<input type="checkbox"/> Pushing Officer
<input type="checkbox"/> Wrestling with Officer	<input type="checkbox"/> Striking or Kicking Officer	<input type="checkbox"/> Assaulting Third Party
<input type="checkbox"/> Life Threatening Weaponless Assault	<input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Weapon Used Against Officer
<input type="checkbox"/> Other		

## Display of Weapon

<input type="checkbox"/> Firearm pointed at individual	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used:	

## Type of Force Used (Check all that Apply)

<input checked="" type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)	
Technique Used arm bar to ground and figure four	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Subject physically placed on ground	
Technique Used balance displacement	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chemical Spray	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)	
Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Impact Weapon (Baton)	
Technique Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Police Dog	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force	
<input type="checkbox"/> Firearm	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

## Officer-Subject Factors / Special Circumstances (Check all that Apply)

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input type="checkbox"/> Age	<input type="checkbox"/> Subject Skill Level	<input type="checkbox"/> Closeness of a Weapon	<input type="checkbox"/> Suspected/Known mental issues
<input type="checkbox"/> Size	<input type="checkbox"/> Multiple Subjects	<input type="checkbox"/> Injury or Exhaustion	<input type="checkbox"/> Environmental Conditions
<input checked="" type="checkbox"/> Sex	<input type="checkbox"/> Relative Strength	<input type="checkbox"/> Being on the ground	<input type="checkbox"/> Subject Handcuffed
<input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Distance from the Subject	<input type="checkbox"/> Building Search
		<input type="checkbox"/> Special Knowledge	<input type="checkbox"/> Other (Explain in narrative)
		<input type="checkbox"/> Suspected/know drug/alcohol use	

## Officer Narrative Summary

Report # [REDACTED]

- ☒ Copy of U-10.100 Attached  
☐ Copy of Report Narrative Attached  
☐ Narrative Summary Cont. (Page 3)

Ahmed ran from OSUPD and ignored all verbal commands to stop. [REDACTED] and Officer Ward ran after Ahmed. [REDACTED] caught up to Ahmed and pushed him against the wall to prevent him from running further. [REDACTED] placed his left arm in an arm bar hold and then used balance displacement to take him to the ground. [REDACTED] secured his hands behind his back. Officer Ward placed Ahmed's legs in a figure four. Ahmed was placed in handcuffs.

Officer's Signature [REDACTED]

Date 2/20/2024

Reviewed by Shift Lieutenant:

Comments: Officer Ward, [REDACTED] is Kovach (not listed, present, no force used) reported immediately following the incident their BWC's were not activated prior to the use of force, due to the rapidly evolving circumstances. Surveillance video supports their statement. I find no policy violation ref. BWC is the response to resistance to be within policy.

Lieutenant's Signature

Lt. Joanna [REDACTED]

Date 03-01-2024

Reviewed by ~~Operations Captain~~:

Comments:

Video reviewed ✓  
Subject interviewed ✓

~~Captain's Signature~~

Date

Reviewed by Deputy Chief: DENNIS JEFFREY #202

Comments:

AFTER REVIEWING THE LIMITED BWC AND SURVEILLANCE VIDEO,  
I FIND THIS USE OF FORCE WAS WITHIN POLICY.

Deputy Chief's Signature

[REDACTED] #202

Date

3/10/24

Reviewed by Chief of Police:

Comments: The officer's actions were within policy.

Chief's Signature K. Spens-McBatt #201

Date 03-11-2024

THE OHIO STATE UNIVERSITY POLICE DIVISION						ARREST INFORMATION		Columbus, Ohio	
LAST NAME FIRST MIDDLE AHMED, SAYID OMAR AADAN								SLATE NUMBER	
ALIAS								TICKET NUMBER	
ADDRESS 3352 THORNAPPLE CIR N COLUMBUS, OH 43231								INCIDENT NUMBER [REDACTED]	
SEX Male	RACE Black or African American	HEIGHT 6' 0"	WEIGHT 145	HAIR Black	EYES Black	AGE 18	MARRIED <input type="checkbox"/>	COURT DATE	
SOCIAL SECURITY [REDACTED]		D.O.B. 4/15/05		BIRTH PLACE ,		ID NUMBER [REDACTED]		PERMIT HOLDER No	
PLACE OF EMPLOYMENT AND DURATION						RELIGION		TELEPHONE NUMBERS [REDACTED]	
ORI [REDACTED]		ARREST DATE / TIME 02/20/24 21:21			ARREST LOCATION 555 Berror Drive, Columbus Ohio 43210				
ARRESTING OFFICER		BADGE NO.	AGENCY	ASSIGNMENT	COURT DAY	DAYS OFF	SHIFT		
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
ARRESTING OFFICER A. Ward		BADGE NO. 354	AGENCY OSU	ASSIGNMENT Special Duty	COURT DAY	DAYS OFF S/S	SHIFT 11p-7a		
ACCIDENT INVOLVED No		LICENSE NUMBER & STATE		VEHICLE DISPOSITION IMPOUNDED _ RELEASED _		YEAR	MAKE	STYLE	
ON VIEW <input checked="" type="checkbox"/> WARRANT <input type="checkbox"/>		ZONE & SECTOR OSU		CAR SEARCHED No		HELD FOR PRINTS No			
CONVEYING OFFICER		BADGE NO.	AGENCY	ASSIGNMENT	NEEDS TO BE SUBPOENAED AS WITNESS No				
CONVEYING OFFICER		BADGE NO.	AGENCY	ASSIGNMENT	NEEDS TO BE SUBPOENAED AS WITNESS No				
SLATING OFFICER		SLATE TIME	TELEPHONE CALL YES <input type="checkbox"/> NO <input type="checkbox"/>	CALL COMPLETED YES <input type="checkbox"/> NO <input type="checkbox"/>	TIME COMPLETED	OFFICER			
PROPERTY BIN NO/		CASH RECEIVED	BOND	PROPERTY SLIP NO. (PROPERTY RM.)		SPECIMEN TYPE/TIME TAKEN			
RELEASED OR CELL NO		SICK OR INJURED No	MEDICATION	PREGNANT OR 6 WEEKS POSTPARTUM No		FELONY <input type="checkbox"/> MISDEMEANOR <input checked="" type="checkbox"/> CITY <input type="checkbox"/> STATE <input checked="" type="checkbox"/>			
VIOLATION/CODE SECTION		CHARGE DESCRIPTION					CASE NUMBER		
1. 2911.21A2 - Criminal Trespass _ restricted area M4									
2.									
3.									
4.									
5.									
DETAINERS									
1.									
2.									
<b>IF PERSON ARRESTED IS A JUVENILE COMPLETE THIS SECTION</b>									
FATHER'S NAME, ADDRESS AND TELEPHONE NUMBER (OR LEGAL GUARDIAN)									
MOTHER'S NAME, ADDRESS AND TELEPHONE NUMBER (OR LEGAL GUARDIAN)									
JUV. SENT TO UNRULY UNIT <input type="checkbox"/>		PARENTS NOTIFIED BY:		DATE: 2/24/24		PARENTS TO APPEAR AT: ISD (9AM) <input type="checkbox"/> CT (1PM) <input type="checkbox"/>			



# WITNESS TO BE SUBPOENAED AT TIME OF TRIAL

CIVILIANS SPECIFY HOME PHONE AND WORK PHONE. IDENTIFY OFFICERS BY BADGE NUMBER AND ASSIGNMENT

NAME	ADDRESS	TELEPHONE HOME   WORK	BADGE	ASSIGN
1. REEVES, DARLENE LA VON	2408 DUNKIRK DR COLUMBUS, OH 43219	Cell - [REDACTED]		
2.				
3.				
4.				
5.				
6.				

DID YOU WITNESS DRIVING **No** IF NOT, WHICH OF THE ABOVE WITNESSED IT?

DID THE DEFENDANT OR CO-DEFENDANT FURNISH A RELEVANT WRITTEN OR RECORDED STATEMENT **Yes** WERE WRITTEN SUMMARIES MADE OF ANY RELEVANT ORAL STATEMENTS BY THE DEFENDANT OR CO-DEFENDANT **No**

DID YOU OR ANY OFFICER OBTAIN ANY PHYSICAL EVIDENCE SUCH AS PHOTOS BOOKS, PAPERS OR TANGIBLE OBJECTS RELATING TO THIS CASE? **No** DOES DEFENDANT HAVE A PRIOR CONVICTION RECORD? **No**

WERE ANY PHYSICAL OR MENTAL EXAMINATIONS OR SCIENTIFIC TESTS OF ANY KIND CONDUCTED IN CONNECTION WITH THIS CASE? **No**

IF YES SPECIFY

BWC Yes ITN Number CODIS DNA obtained? **No**

STATEMENT OF FACT: While working special duty at the Schottenstein Center, OSUPD officers were walking in the concourse near section 122. Best Security Officers began yelling "stop" as six black males ran past them into the concourse area. OSUPD also gave them commands to stop but they ran in opposite directions of the concourse.

Officer Ward and I ran after the male in the front, later identified as Sayid Omar Aadan Ahmed. Ahmed continued to run east until he saw Officer Ward behind him. He then attempted to evade her and turned to run west. I pushed Ahmed against the wall to prevent him from running further. I then placed his left arm in an arm bar and used balance displacement to take him to the ground. At the same time Officer Ward went to the ground with us but landed on her left knee, causing bruising and swelling. Officer Ward placed Ahmed's legs in a figure four, while I secured his hands. Ahmed was placed in hand cuffs and I activated my body worn camera at this time. Due to how quickly we responded our cameras were activated after Ahmed was placed on the ground. Ahmed was searched incident to arrest. Officer Laman arrived and escorted Ahmed to the police room.

Officer Ward and I observed Officer Jellison speaking with another male who was involved, Hakimed Kamara. Kamara was ignoring verbal commands to get off his phone and speak with officers. I verified with Best Security that Kamara was apart of the group that gained illegally entry. I then placed Kamara under arrest and he was escorted to the police room.

Kamara was able to prove another friend by the name of Cole had purchased ticket 123, Row L, Seat 3 for him. Ahmed did not have a valid ticket for the concert.

Officers reviewed camera coverage of the incident and observed Kamara let the group inside from the north door next to the team shop. Per camera #3318, Kamara lets 6 males into the door and he sits down. The five unidentified males physically pushed the redcoat attendant, Darlene Reeves, who attempted to stop them from gaining entry. Camera #3318 shows four of them run back out of the door they came in thru, one runs west inside the concourse and officers arrest Ahmed and Kamara.

JACKET NO.	REC. BOND	PLEA	JUDGE	WEAPON USED (weapon_used)	MAKE	MODEL	SERIAL NUMBER
ON PAROLE No	PROBATION (probation)	OFFENSE	PAROLE OR PROBATION OFFICER AND PHONE NUMBER				

RECOVERED PROPERTY

INVESTIGATING DETECTIVES	BADGE	ASSIGNMENT
1.		
2.		

COURT DISPOSITION/CONTINUANCE

# Additional Information Sheet

Officer						Report #	
Last	First	Middle	Badge	Height	Weight	Age	
Ward	Adrienne	Elizabeth	354	5'8"	155	31	
Injury <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: soreness and bruising on left knee		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Last	First	Middle	Badge	Height	Weight	Age	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Last	First	Middle	Badge	Height	Weight	Age	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Last	First	Middle	Badge	Height	Weight	Age	
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Last	First	Middle	Badge	Height	Weight	Age	

Subject 2 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No								
Subject 3 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No								
Subject 4 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No								
Subject 5 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No								

Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #

Officer Narrative Summary Cont.

Report #

Officer's Signature

A solid black rectangular box used to redact the officer's signature.

Date



**Action Response Report**  
**The Ohio State University Police Division**

Date 4/7/24		Time 1124		Location W Lane Avenue/Perry Street				Report # [REDACTED]	
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic		<input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Crime in Progress Public Indecency <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported		Number of Suspects 1  Number of Officers 2	
Officer Last Collier		First Dustin		Middle Vincent		Badge 331		Height 5'7"	
Weight 195		Age 33		Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	
Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center		<input type="checkbox"/> Other		Subject I Last Nielson		First Stephen		Middle Allen	
Sex M		Race W		DOB 2/9/86		SSN [REDACTED]		HT 5'9"	
WT 170		Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center	
<input type="checkbox"/> Other		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Witness Last		First		Middle		Address		Phone #	
Witness Last		First		Middle		Address		Phone #	
<input type="checkbox"/> Check if Additional Information Sheet added.									

**Aggressive/Resistive Subject Actions**  
(Check all that Apply)

<input checked="" type="checkbox"/> Verbal or physical Danger Cues	<input checked="" type="checkbox"/> Not Responding to Commands	<input checked="" type="checkbox"/> Refusing to Move (Dead Weight)
<input type="checkbox"/> Pulling Away from Officer	<input checked="" type="checkbox"/> Running from Officer	<input type="checkbox"/> Pushing Officer
<input type="checkbox"/> Wrestling with Officer	<input type="checkbox"/> Striking or Kicking Officer	<input type="checkbox"/> Assaulting Third Party
<input type="checkbox"/> Life Threatening Weaponless Assault	<input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Weapon Used Against Officer
<input type="checkbox"/> Other		

**Display of Weapon**

<input type="checkbox"/> Firearm pointed at individual	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used:	

**Type of Force Used**  
(Check all that Apply)

<input checked="" type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)		Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used joint manipulation		
<input checked="" type="checkbox"/> Subject physically placed on ground		Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used balance displacement		
<input type="checkbox"/> Chemical Spray		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used		
<input type="checkbox"/> Impact Weapon (Baton)		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used		
<input type="checkbox"/> Police Dog		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Firearm		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances**  
(Check all that Apply)

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input type="checkbox"/> Age	<input type="checkbox"/> Subject Skill Level	<input type="checkbox"/> Closeness of a Weapon	<input checked="" type="checkbox"/> Suspected/Known mental issues
<input type="checkbox"/> Size	<input type="checkbox"/> Multiple Subjects	<input type="checkbox"/> Injury or Exhaustion	<input checked="" type="checkbox"/> Environmental Conditions
<input type="checkbox"/> Sex	<input type="checkbox"/> Relative Strength	<input type="checkbox"/> Being on the ground	<input type="checkbox"/> Subject Handcuffed
<input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Distance from the Subject	<input type="checkbox"/> Building Search
		<input type="checkbox"/> Special Knowledge	<input type="checkbox"/> Other (Explain in narrative)
		<input checked="" type="checkbox"/> Suspected/known drug/alcohol use	

All of the above must be articulated in narrative.

Officer Narrative Summary

Report # [REDACTED]

- ☒ Copy of U-10.100 Attached  
☐ Copy of Report Narrative Attached  
☐ Narrative Summary Cont. (Page 3)

Dispatch advised officers of an individual, later identified as Stephen Nielsen, walking into traffic and masturbating. Nielsen has a history of being highly intoxicated, violent, and suffers from mental illness. Officer Collier made contact with Nielsen, identified himself, and ordered Nielsen to stop where he was. Nielsen quickly walked in the opposite direction, north across Lane Avenue into oncoming traffic. [REDACTED] arrived and activated her cruiser lights and sirens in an attempt to get Nielsen to stop moving. [REDACTED] ordered Nielsen to stop and stated he was being detained. Nielsen yelled "what the fuck are you going to do" and turned toward officers in an aggressive manner. Officer Collier wrapped both of his arms around Nielsen's torso and used balance displacement to take him to the ground safely. [REDACTED] took control of Nielsen's left arm and rolled him onto his stomach. [REDACTED] mounted Nielsen to prevent him from rolling over again. Nielsen continued to cuss and yell at officers. Officer Collier took control of Nielsen's right hand and he was placed in hand cuffs. The cuffs were double locked.

Officer's Signature [REDACTED]

*[Signature]* #331

Date 4/7/24

Reviewed by Shift Lieutenant:

Comments: I have reviewed all BWC Actions were within policy + Objectively Reasonable.

Lieutenant's Signature

*[Signature]* 234

Date 6/12/24

Reviewed by Operations Captain:

Comments:

N/A

Captain's Signature

Date

Reviewed by Deputy Chief: DENNIS IFFORD #202

Comments:

I HAVE REVIEWED THE BWC VIDEO AND REPORTS FOR THIS ARREST. I FIND THE USE OF FORCE TO BE WITHIN DIVISION POLICY.

Deputy Chief's Signature

*[Signature]* #202

Date 6/13/24

Reviewed by Chief of Police:

Comments: The officers actions were within policy.

Chief's Signature

K Spence - McNatt #201

Date 06-20-2024

## Additional Information Sheet

Report #

Officer Last	First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Officer Last	First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Officer Last	First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Officer Last	First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		

Subject 2 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Subject 3 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Subject 4 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Subject 5 Last	First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			

Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #

Officer Narrative Summary Cont.

Report #

Officer's Signature

Date

**Action Response Report**  
**The Ohio State University Police Division**

Date 04/25/2024		Time 23:00		Location South Oval on OSU Campus			Report # [REDACTED]	
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic		<input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Crime in Progress Criminal Trespass <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported		Number of Suspects 1  Number of Officers 3
Officer Last [REDACTED]		First [REDACTED]		Middle [REDACTED]		Badges [REDACTED]		Height [REDACTED]
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain: [REDACTED]		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Subject 1 Last Garadah		First Dana		Middle Bassam		Sex F	Race W	DOB 09/12/20
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain: Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Witness Last		First		Middle		Address		Phone #
Witness Last		First		Middle		Address		Phone #
<input type="checkbox"/> Check if Additional Information Sheet added.								

**Aggressive/Resistive Subject Actions**  
 (Check all that Apply)

<input type="checkbox"/> Verbal or physical Danger Cues	<input checked="" type="checkbox"/> Not Responding to Commands	<input checked="" type="checkbox"/> Refusing to Move (Dead Weight)
<input checked="" type="checkbox"/> Pulling Away from Officer	<input type="checkbox"/> Running from Officer	<input type="checkbox"/> Pushing Officer
<input type="checkbox"/> Wrestling with Officer	<input type="checkbox"/> Striking or Kicking Officer	<input type="checkbox"/> Assaulting Third Party
<input type="checkbox"/> Life Threatening Weaponless Assault	<input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Weapon Used Against Officer
<input type="checkbox"/> Other		

**Display of Weapon**

<input type="checkbox"/> Firearm pointed at individual	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used: _____	

**Type of Force Used**  
 (Check all that Apply)

<input type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)		
Technique Used		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Subject physically placed on ground		
Technique Used balance displacement		Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chemical Spray		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)		
Technique Used		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Impact Weapon (Baton)		
Technique Used		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Police Dog		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force		
<input type="checkbox"/> Firearm		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble		Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances**  
 (Check all that Apply)

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input type="checkbox"/> Age	<input type="checkbox"/> Subject Skill Level	<input type="checkbox"/> Closeness of a Weapon	<input type="checkbox"/> Suspected/Known mental issues
<input type="checkbox"/> Size	<input type="checkbox"/> Multiple Subjects	<input type="checkbox"/> Injury or Exhaustion	<input checked="" type="checkbox"/> Environmental Conditions
<input type="checkbox"/> Sex	<input type="checkbox"/> Relative Strength	<input type="checkbox"/> Being on the ground	<input type="checkbox"/> Subject Handcuffed
<input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Distance from the Subject	<input type="checkbox"/> Building Search
		<input type="checkbox"/> Special Knowledge	<input type="checkbox"/> Other (Explain in narrative)
		<input type="checkbox"/> Suspected/known drug/alcohol use	

All of the above must be articulated in narrative.

Officer Narrative Summary

Report #

- ☐ Copy of U-10.100 Attached  
☐ Copy of Report Narrative Attached  
☐ Narrative Summary Cont. (Page 3)

Dana Garadah was a part of the crowd on the south oval that was given a criminal trespass advisement to leave the area. Garadah locked arms with individuals next to her. OSP Troopers removed her from the group and handed her back to OSUPD Officers. [REDACTED] used balance displacement to take her to the ground safely. Garadah continued to try to get up and move away from officers. Officer Ward placed her left knee on the small of Garadah's back to prevent her from rolling and [REDACTED] placed her left knee on her middle back to prevent her from getting up. [REDACTED] took control of her left arm and Officer Ward took control of her right arm. Officer Schneider placed her legs in a figure four. Garadah's arms were placed behind her back and were placed in flex cuffs. No injuries reported.

Officer's Signature

Date 5/9/2024

Reviewed by Shift Lieutenant:

Comments:

I have reviewed this ARR & BWC video  
I found [REDACTED] use of force to be within policy & reasonable

Lieutenant's Signature

[Signature] #236

Date 5-14-24

Reviewed by Operations Captain:

Comments:

N/A

Captain's Signature

Date

Reviewed by Deputy Chief: DENNIS JEFFREY #202

Comments:

I HAVE REVIEWED THE BWC VIDEO ASSOCIATED WITH THIS  
ARREST. I FIND THE USE OF FORCE WAS WITHIN POLICY IN ORDER  
TO EFFECT THE ARREST.

Deputy Chief's Signature

[Signature] #202

Date

5/16/24

Reviewed by Chief of Police:

Comments:

The Officer's actions were within policy.

Chief's Signature

K. Spears-McHatt #201

Date

05-21-2024

Officer Narrative Summary Cont.

Report #

Officer's Signature

Date



## Additional Information Sheet

Report

Officer Last Ward		First Adrienne	Middle E	Badge 354	Height 5-8	Weight 160	Age 32
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last Schneider		First Thomas	Middle Andrew	Badge 341	Height 6-1	Weight 180	Age 44
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last		First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			
Officer Last		First	Middle	Badge	Height	Weight	Age
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other			

Subject 2 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other				
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							
Subject 3 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other				
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							
Subject 4 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other				
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							
Subject 5 Last		First	Middle	Sex	Race	DOB	SSN	HT	WT
Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other				
		Injury Prior to Officer Arrival <input type="checkbox"/> Yes <input type="checkbox"/> No							

Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #
Witness Last	First	Middle	Address	Phone #



Case Narrative for [REDACTED] (04/29/24 09:42)

Printed on May 9, 2024

**Supplemental Report By** [REDACTED]**04/29/24 09:42**

Garadah, Dana Arrest Narrative

Case # [REDACTED]

Typed [REDACTED]

On April 25, 2024, I was assigned to an arrest team under the supervision of OSUPD (Lt. Howe/Horujko) in the South Oval. The members of my arrest team were Officer Clark #353, Officer Shaffer #348, Officer Dzubak #314 and I, [REDACTED]. In the South Oval, there was a gathering of 200-300 people. It was determined that the gathering of people were violating University Space Rules, and the group was given numerous orders to disperse the area starting at 1730 hrs. Between approximately 1930 hrs. and 2155 hrs., Deputy Chief Jeffrey gave multiple additional dispersal orders that were heard by law enforcement officers at the opposite side of the group and on the roof of the Ohio Union. The dispersal order informed people in the South Oval that they needed to leave the area, or they may be subject to arrest for criminal trespass. The dispersal provided directions to leave the area by walking south and east. A group of people on the outside of the group linked arms and refused to disperse the area as ordered.

At 2300, Ohio State Patrol Troopers removed Dana Garadah from the group of individuals refusing to leave the area. Dana Garadah was taken to the ground by [REDACTED] and Officer Ward #354. She was handcuffed and placed under arrest. Dana Garadah continued to yell that she could not breathe even though she was yelling the entire time.

*Who Figure 4?**Who is 3rd person*

During the arrest process, Dana Garadah was not cooperative and complained that her flex cuffs were too tight. However, she removed her right cuff as soon as she was stood up. Officer Schneider #341 and I walked her to the arrest processing area. I placed a new set of flex cuffs on Dana Garadah and confirmed there was a gap to allow for proper circulation.

At the arrest processing area, we turned over the arrestee to Franklin County Sheriff's Office personnel for arrest processing and transportation to the Franklin County Corrections Center II at 2460 Jackson Pike.

This arrest was captured on my body-worn camera and began at Timestamp 23:00.



**Action Response Report**  
**The Ohio State University Police Division**

Date 04/25/2024		Time 22:26		Location South Oval on OSU Campus			Report # [REDACTED]	
<input checked="" type="checkbox"/> Dispatched Run <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Other		Type of Incident <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Domestic		<input type="checkbox"/> Suspicious Person <input checked="" type="checkbox"/> Crime in Progress Criminal Trespass <input type="checkbox"/> Other		<input type="checkbox"/> Injury to Suspect <input type="checkbox"/> Injury to Officer <input checked="" type="checkbox"/> No Injury Reported		Number of Suspects 1  Number of Officers 2
Officer Last [REDACTED]		First [REDACTED]		Middle [REDACTED]		Rank [REDACTED]		Height [REDACTED]
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Subject I Last Steinberg		First Malka		Middle Elyse		Sex F	Race W	DOB 11/21/00
Injury <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes explain:		Medical Treatment Given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused		Treatment Given by: <input type="checkbox"/> Medic <input type="checkbox"/> OSU Med Center <input type="checkbox"/> Other		
Witness Last		First		Middle		Address		Phone #
Witness Last		First		Middle		Address		Phone #
<input type="checkbox"/> Check if Additional Information Sheet added.								

**Aggressive/Resistive Subject Actions**  
 (Check all that Apply)

<input type="checkbox"/> Verbal or physical Danger Cues	<input checked="" type="checkbox"/> Not Responding to Commands	<input checked="" type="checkbox"/> Refusing to Move (Dead Weight)
<input checked="" type="checkbox"/> Pulling Away from Officer	<input type="checkbox"/> Running from Officer	<input type="checkbox"/> Pushing Officer
<input type="checkbox"/> Wrestling with Officer	<input type="checkbox"/> Striking or Kicking Officer	<input type="checkbox"/> Assaulting Third Party
<input type="checkbox"/> Life Threatening Weaponless Assault	<input type="checkbox"/> Attempt to Disarm Officer	<input type="checkbox"/> Weapon Used Against Officer
<input type="checkbox"/> Other		

**Display of Weapon**

<input type="checkbox"/> Firearm pointed at individual	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of firearm used:	

**Type of Force Used**  
 (Check all that Apply)

<input type="checkbox"/> Empty Hand Control (Pressure Point/Joint Manipulation/Pain Compliance)	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used	
<input checked="" type="checkbox"/> Subject physically placed on ground	Effective <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used balance displacement	
<input type="checkbox"/> Chemical Spray	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Empty Hand Control (Strike to Muscle Masses and Motor Points)	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used	
<input type="checkbox"/> Impact Weapon (Baton)	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
Technique Used	
<input type="checkbox"/> Police Dog	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Taser <input type="checkbox"/> Probes deployed <input type="checkbox"/> Drive-stun mode	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Specialty Impact Munitions Round Used	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lethal (Deadly) Force	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Firearm	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hobble	Effective <input type="checkbox"/> Yes <input type="checkbox"/> No

**Officer-Subject Factors / Special Circumstances**  
 (Check all that Apply)

Officer-Subject Factors (Check all That Apply)		Special Circumstances (Check All That Apply)	
<input type="checkbox"/> Age	<input type="checkbox"/> Subject Skill Level	<input type="checkbox"/> Closeness of a Weapon	<input type="checkbox"/> Suspected/Known mental issues
<input type="checkbox"/> Size	<input type="checkbox"/> Multiple Subjects	<input type="checkbox"/> Injury or Exhaustion	<input checked="" type="checkbox"/> Environmental Conditions
<input type="checkbox"/> Sex	<input type="checkbox"/> Relative Strength	<input type="checkbox"/> Being on the ground	<input type="checkbox"/> Subject Handcuffed
<input type="checkbox"/> Officer Skill Level	<input type="checkbox"/> Other (Explain in narrative)	<input type="checkbox"/> Distance from the Subject	<input type="checkbox"/> Building Search
		<input type="checkbox"/> Special Knowledge	<input type="checkbox"/> Other (Explain in narrative)
		<input type="checkbox"/> Suspected/known drug/alcohol use	

All of the above must be articulated in narrative.

Officer Narrative Summary

Report # [REDACTED]

- ☐ Copy of U-10.100 Attached  
☐ Copy of Report Narrative Attached  
☐ Narrative Summary Cont. (Page 3)

Malka Steinberg was a part of the crowd on the south oval that was given a criminal trespass advisement to leave the area. Steinberg locked arms with individuals next to her. OSP Troopers removed her from the group and handed her back to OSUPD Officers. [REDACTED] used balance displacement to take her to the ground safely. [REDACTED] took control of her right arm and Officer Shaffer took control of her left arm. Officer Shaffer placed her right knee on the small of Steinberg's back for ground control. Steinberg arms were placed behind her back and were placed in flex cuffs.

Officer's Signature [REDACTED]

Date 5/9/2024

Reviewed by Shift Lieutenant:

Comments: I have reviewed this ARR & BWC video  
I found the use of force to be within policy & reasonable

Lieutenant's Signature [Signature] #230

Date 5-14-24

Reviewed by Operations Captain:

Comments: N/A

Captain's Signature

Date

Reviewed by Deputy Chief: DENNIS JEFFREY #202

Comments: I HAVE REVIEWED THE BWC VIDEO AND RECORDS ASSOCIATED WITH THIS ARREST. I FIND THE USE OF FORCE WAS REASONABLE TO AFFECT THE ARREST.

Deputy Chief's Signature [Signature] #202

Date 5/14/24

Reviewed by Chief of Police:

Comments: The officer's actions were within policy.

Chief's Signature K. Spencer-McNabb #201

Date 05-17-2024

Officer Narrative Summary Cont.

Report #

Officer's Signature

Date







**Supplemental Report By [REDACTED] 04/29/24 09:17**

Steinberg, Malka Arrest Narrative

Case # [REDACTED]

Typed [REDACTED]

On April 25, 2024, I was assigned to an arrest team under the supervision of OSUPD (Lt. Howe/Horujko) in the South Oval. The members of my arrest team were Officer Clark #353, Officer Shaffer #348, and Officer Dzubak #314. In the South Oval, there was a gathering of 200-300 people. It was determined that the gathering of people were violating University Space Rules, and the group was given numerous orders to disperse the area starting at 1730 hrs. Between approximately 1930 hrs. and 2155 hrs., Deputy Chief Jeffrey gave multiple additional dispersal orders that were heard by law enforcement officers at the opposite side of the group and on the roof of the Ohio Union. The dispersal order informed people in the South Oval that they needed to leave the area, or they may be subject to arrest for criminal trespass. The dispersal provided directions to leave the area by walking south and east. A group of people on the outside of the group linked arms and refused to disperse the area as ordered.

At 2226 Ohio State Highway Patrol Troopers removed Malka Steinberg from the group refusing to leave. Ohio State Highway Patrol Troopers attempted to move the group backward off of the South Oval but Steinberg was uncooperative. She began pushing against Ohio State Highway Patrol Troopers in the opposite direction. Officer Shaffer #348 and I took Steinberg to the ground, where she was handcuffed and placed under arrest.

Once in our custody, Steinberg was compliant and was walked to the arrest processing area by Officer Ferimer #316 and an OSP Trooper.

At the arrest processing area, she was turned over to the Franklin County Sheriff's Office personnel for arrest processing and transportation to the Franklin County Corrections Center II at 2460 Jackson Pike.

This arrest was captured on my body-worn camera and began at Time-stamp 22:26.





**Subject:** Verbal Reprimand

**From:** Lieutenant B. Allen

**To:** [REDACTED]

**Date:** July 21st, 2021

On July 16<sup>th</sup>, 2021, without permission, you traveled to an off-campus location to conduct personal business. This hindered your ability to respond promptly to requests for assistance from the public and fellow employees. You were likewise not devoting your full attention to work for a period one and a half hour. This was in violation of General Order 26.1.1 (Code of Conduct).

You did not advise your immediate supervisor of all activities or conditions that may have a bearing on their duties or responsibilities. This was in violation of General Order 26.1.1 (Code of Conduct).

You have submitted leave to rectify your absence during that time.

On July 18<sup>th</sup>, 2021, we met and discussed the expectation that you will dedicate your on-duty time to activities within the scope of your employment. Any further violations of this policy could result in further discipline.

  
Lt. B. Allen #237



C: Capt. Whiteside 214  
File

Reviewed DC [Signature] #202 07-27-2021





**From:** Lt. B. Allen

**To:** Chief K. Spears McNatt

**Date:** July 22<sup>nd</sup>, 2021

**Subject:** [REDACTED] Incident July 16

Chief,

On July 16<sup>th</sup>, 2021, [REDACTED] made a request via text message to Lt. Rizalvo to travel to her private residence at [REDACTED] to meet with and/or let inside, a heating and cooling technician. This location is about 8 miles from Blankenship Hall. Lt. Rizalvo was attending the CPD graduation and told [REDACTED] to make the request to Lt. Shaul, who was covering the shift. [REDACTED] did not consult with Lt. Shaul and instead went to the residence without permission.

When [REDACTED] arrived, at 1330 hours, she found that both back doors (unit is a duplex) had been kicked in and the house had been burglarized. She called Lt. Rizalvo who was back on shift to notify her of the situation. This was the first time Lt. Rizalvo was aware that [REDACTED] had gone to the residence. Lt. Rizalvo instructed [REDACTED] to call the City of Columbus Division of Police (CPD) and wait for them to clear the house and assist further, as the property is on their jurisdiction. Several moments later, [REDACTED] entered both sides of the residence and cleared them by herself. Eventually, CPD officers arrived to take a report and process the scene. [REDACTED] cleared the residence at 1530 hours.

After learning of these events, I took the following steps. I inquired with dispatchers who were present that day, Dispatchers Tardino and Dispatch Supervisor Page. They confirmed that <sup>they</sup> were not made aware of the incident until [REDACTED] called them at 1338 hours to inform them that she was at her house and that there was a "7a". She requested CPD response, so they transferred her to the CPD non-emergency line. The dispatchers confirmed that they were not made aware in advance that [REDACTED] was running this errand and were confused as to what exactly was going on. [REDACTED] aired some details of the incident over the radio which also confused officers working shift.

I confirmed with Lt. Shaul that she was never made aware of the errand by [REDACTED]. [REDACTED] later stated that she did not consult with Lt. Shaul.





## THE OHIO STATE UNIVERSITY

I checked to see if there was body worn camera footage of the incident and confirmed that there was and reviewed it. [REDACTED] activated her camera as she began the phone conversation with Lt. Rizalvo. She ended this short conversation by saying "Okay, I'll call dispatch". She explained to the heating and cooling technician who had just exited his vehicle that the house had been broken into and she was calling the appropriate jurisdiction to investigate further. A next-door neighbor was mowing his lawn and stopped to tell her that the gate to the rear of the property had been open for 2 - 3 days. [REDACTED] disconnected from the CPD non-emergency line and aired on the P1 radio channel, "I'm gonna be out at [REDACTED] if you could send CPD to assist, there's a 7a on the building." [REDACTED] called CPD back and that time spoke with a dispatcher. They asked if she had done a walk-through of the house and she replied, "No, my Lieutenant wants me to wait since it's not on our jurisdiction."

After hanging up with CPD, she reengaged with the technician and said to him, "So, I didn't let them know I was out here so that was a problem... I didn't tell my Lieutenant that I was coming here to check on it." [REDACTED] radioed Lt. Rizalvo that she was going to clear the residence. Lt. Rizalvo replied, "okay", trusting that circumstances may have changed and that [REDACTED] was using good judgement to make that decision.

[REDACTED] entered both units, with her weapon drawn and identified herself as an OSU Police Officer and cleared them. She cleared both units without incident.

I met with [REDACTED] to discuss the incident on Sunday July 18<sup>th</sup>. I instructed her to submit vacation or compensatory time she was absent from campus, which she did. Points of discussion included the importance of being available for service and not conducting personal business on-duty, following instructions of supervisors including omitting instructions, officer safety concerns with building clearing solo, and legal ramifications of this behavior while off jurisdiction and outside the scope of her employment.

Call For Service: [REDACTED]

Thank you

Lt. Bruce Allen

Reviewed DC TC [Signature] #202 07-27-2021

Reviewed - Please ensure this information is shared with Human Resources. K Spens-McNutt #201 07-29-2021