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

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

Investigative Activity:	Review of EMS Run Reports
Involves:	Braceville Fire Department (O), Newton Falls Fire Department (O), John Adams (S)
Activity Date:	12/01/2025
Activity Location:	BCI Boardman – 760 Boardman-Canfield Road, Boardman, OH 44512
Authoring Agent:	**SA Joseph Lamping #184**

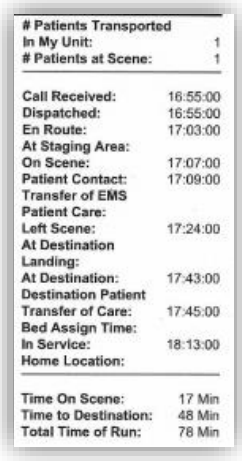
Narrative:

On Monday, December 1, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joe Lamping (SA Lamping) reviewed fire department run reports from the Newton Falls Fire Department (NFFD) and the Braceville Fire Department (BFD). NFFD and BFD responded to the November 14, 2025, Officer Involved Critical Incident that occurred at 1363 State Route 534 NW, Braceville, Ohio. The reports were obtained from each fire department on November 18, 2025. The summations below only represent the information deemed most pertinent by SA Lamping. The run reports were attached to this investigative report where they can be reviewed in their entirety.

Braceville Fire Department Run Report

The BFD run report was five pages in length and it documented the actions taken by BFD personnel for call number [redacted]

The snippet to the right provides in depth records of the dispatch, arrival, and care times of BFD members. The report went on to explain that one patient was transported with the assistance of a mutual aid paramedic. Only two crew members were listed on the BFD report: Anthony Jackman (Jackman) and Larry Kellar.



# Patients Transported	
In My Unit:	1
# Patients at Scene:	1
Call Received:	16:55:00
Dispatched:	16:55:00
En Route:	17:03:00
At Staging Area:	
On Scene:	17:07:00
Patient Contact:	17:09:00
Transfer of EMS Patient Care:	
Left Scene:	17:24:00
At Destination Landing:	
At Destination:	17:43:00
Destination Patient Transfer of Care:	17:45:00
Bed Assign Time:	
In Service:	18:13:00
Home Location:	
Time On Scene:	17 Min
Time to Destination:	48 Min
Total Time of Run:	78 Min

The patient was listed as John Adams (Adams). The snippet below provided information about Adams' injuries:

[redacted]

Jackman completed a series of assessments on Adams as documented below:

[redacted]

The vitals section of the BFD report was completed by Jackman as well as a mutual aid paramedic. The findings are displayed in the below three snippets:

[redacted]

[redacted]

Jackman was listed as having provided the following treatments to Adams:

[redacted]

The below pictured narrative taken from the BFD report provided details on the care that was rendered to Adams:

[redacted]

It should be noted that the BFD run reports do not make any direct mention of Fire Chief Todd Garland (Garland) being dispatched to the scene. This omission is contradictory to Garland's interview with SA Lamping and SA Dan Boerner the night of the incident[1]. The narrative section of the report does state "Squad 16-2 responded with one EMT-B and one firefighter with understanding that a paramedic was already on scene." The paramedic they referred to as being on scene may have been Garland, but Garland is not listed directly in the report.

Newton Falls Fire Department Run Report

The NFFD run report was four pages in length and documented that actions taken by NFFD members on call [redacted]

The dispatch times for the NFFD were documented in the snippet displayed to the right. Two crew members were listed on the NFFD report: Amy Ziccardi (Ziccardi) and Greg Moser (Moser).

Adams was listed as the patient in the NFFD report. His condition and injuries were described in the clinical section of the report, as shown below:

# Patients Transported	
In My Unit:	1
# Patients at Scene:	1
Call Received:	17:09:46
Dispatched:	17:09:46
En Route:	17:09:52
At Staging Area:	
On Scene:	17:09:52
Patient Contact:	17:10:52
Transfer of EMS Patient Care:	
Left Scene:	17:24:03
At Destination Landing:	
At Destination:	17:43:49
Destination Patient Transfer of Care:	17:44:00
Bed Assign Time:	
In Service:	18:13:03
Home Location:	
Time On Scene:	14 Min
Time to Destination:	34 Min
Total Time of Run:	63 Min

[1] The interview of Garland was documented in the report titled *2025-11-14: Interview of Todd Garland*. Garland claimed that he was dispatched to the incident around 1655 hours, made his way to the scene, and had logged himself in service during that same time frame.

[redacted]

The following assessments were completed by Ziccardi:

[redacted]

[redacted]

Ziccardi was listed as having obtained one set of vitals, as shown below:

[redacted]

An assortment of treatments/medications were provided to Adams as documented below:

[redacted]

The narrative section below, from the NFFD report, provided further details on the care provided to Adams:

[redacted]

References:

None

Attachments:

1. Braceville Fire Department Run Report 1-4
2. Newton Falls Fire Department Run Reports

Prehospital Care Report Summary

Braceville FD

800 Braceville Robinson Rd; Newton Falls, OH 44444

Date:11/14/2025 **Call #**[redacted] **Booklet:**64872982 **Branch:** Braceville FD **Time Zone:**GMT-05:00 Eastern

Call Information:

Billing Disposition: Treated/Transported
Unit Disposition: Patient Contact Made
Patient Evaluation/Care Disposition: Patient Evaluated and Care Provided
Crew Disposition: Initiated and Continued Primary Care
Transport Disposition: Transport by This EMS Unit, with a Member of Another Crew
Deceased Patient: Not Applicable
Acuity Upon EMS Release of Care: Critical (Red)
Unit #: Squad 16 B - Squad 16 BLS, Ground-Ambulance - BLS **Trip Type:** Initial Trip
Run Type to Scene: Emergency Response (Primary Response Area) Emergent (Immediate Response)

Service Requested: Emergency Response (Primary Response Area)
Incident Facility:
Incident Location: St Rt 534 and Shanks Phalanx Rd - Braceville, OH 44444 (Trumbull County)
Incident Location Type: Street/Hwy

Receiving Facility: UH - PORTAGE MEDICAL CENTER (Hospital) - 6847 N. Chestnut St. - Ravenna, OH 44266
Facility Address: 6847 N. Chestnut St. - Ravenna 44266
Facility Country: UNITED STATES
Bed #: N/A **Registration #:** N/A **Assumed Care Name:** N/A
Encounter/CSN: [redacted]
Destination Type: Hospital Emergency Department
Dest. Reason: Medical Protocol
Hospital Capability: Hospital (General)

Calculated Mileage: 17.21
Crew Members: Anthony Jackman, EMT-B*(DS)(DOC)*; Larry Kellar*(DH)*; MUTUALAID PARAMEDIC, Paramedic; MUTUALAID EMT, EMT-B

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

Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens, Destination - Lights and Sirens

# Patients Transported In My Unit:	1
# Patients at Scene:	1
Call Received:	16:55:00
Dispatched:	16:55:00
En Route:	17:03:00
At Staging Area:	
On Scene:	17:07:00
Patient Contact:	17:09:00
Transfer of EMS Patient Care:	
Left Scene:	17:24:00
At Destination Landing:	
At Destination:	17:43:00
Destination Patient Transfer of Care:	17:45:00
Bed Assign Time:	
In Service:	18:13:00
Home Location:	
Time On Scene:	17 Min
Time to Destination:	48 Min
Total Time of Run:	78 Min

Patient Information:

Name: John Adams
Address: 3759 Herrfield House Rd - Southington, OH 44470
County: Trumbull
Patient Country: UNITED STATES
Phone:
Email:
SSN: --
Driver License:
Local Resident: No

DOB: 05/02/1969
Sex: Male
Age: 56 Years
Weight:
Broselow:

Drug Use Suspected - Drug, Route: Unknown,
Current Meds: **Comments:**
-NO KNOWN MEDICATION
Env Allergies: **Comments:**
Med Allergies: -NO KNOWN DRUG ALLERGIES (NKDA) **Comments:**
Patient Physician:
Advance Directives:
PMH: None / No History / Not Known
Comment:
Patient Physical Limitations:
Comment:
Medical History Obtained From: Bystander/Other

Payer Information:

Clinical:

[redacted]

Duration:

Protocol 1:

Protocol 2:

Assessments:

Time	Employee	Type	Summary
[redacted]			

Vitals:

Time	Employee	Summary
[redacted]		

[redacted]

Treatments/Medications:

Time	Employee	Summary
[redacted]		

Supply

Qty	Supply

ECG Device Incident Number:

Narrative History Text:

[redacted]

SEE MEDIC REPORT # [redacted] FROM NEWTON FALLS JOINT FIRE DISTRICT

Unable to Sign:

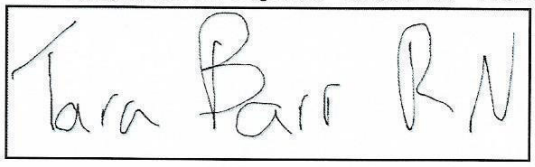
Unable to Sign Reason: [redacted]
Authorized Representative: No authorized representative is available or willing
Authorized Representative Signature: No
Secondary Documentation: Facility Face Sheet/Admissions Record
Secondary Documentation Signature: No
Comment:
Auth Signature: No **Privacy Sig:** No **Unable to Sign:** Yes **Refused to Sign:** No

Signature Image(s):

Authorization Signature

Privacy Notice Signature

Receiving Agent / RN / MD Signature - Tara Barr RN - 11/14/2025 20:55



Technician Signature - Jackman, Anthony EMT-B - 11/14/2025 20:34
Signature of documenting crew member and witness to signatures collected.

Prehospital Care Report Summary

Newton Falls Joint Fire District

45 East Broad St.; Newton Falls, OH 44444

Date:11/14/2025 **Call #** [redacted] **Booklet:**64872824 **Branch:** NF Joint Fire District **Time Zone:**GMT-05:00 Eastern

Call Information:

Billing Disposition [redacted]

Unit Disposition: Patient Contact Made
Patient Evaluation/Care Disposition: Patient Evaluated and Care Provided
Crew Disposition: Provided Care Supporting Primary EMS Crew
Transport Disposition: Transport by Another EMS Unit, with a Member of This Crew
Deceased Patient: [redacted]
Assist: Agency
Initial Patient Acuity: [redacted]
Acuity Upon EMS Release of Care: [redacted]
Unit #: Squad 43 - Squad 43, Ground-Ambulance - ALS2 **Trip Type:** Initial Trip
Run Type to Scene: Emergency Response (Mutual Aid) Emergent (Immediate Response)
Service Requested: Emergency Response (Mutual Aid)
Incident Facility:
Incident Location: St. Rt. 534 NW/Shanks Phlanx - Braceville, OH 44444 (Trumbull County)
Incident Location Type: Street/Hwy
NFIRS Location Type: Intersection

Receiving Facility: UH - PORTAGE MEDICAL CENTER (Hospital) - 6847 N Chestnut St. - Ravenna, OH 44266
Facility Address: 6847 N Chestnut St. - Ravenna 44266
Facility Country: UNITED STATES
Bed #: N/A **Registration #:** N/A **Assumed Care Name:** N/A
Encounter/CSN: 3222165550
Destination Type: Hospital Emergency Department
Dest. Reason: Nearest/Most Accessible Facility
Hospital Capability: Hospital (General)

Loaded Mileage: 16.9 (Total Mileage: 16.9)
Crew Members: Amy Ziccardi, Paramedic*(DOC)*; Greg Moser, EMT*(DS)*; FD Braceville*(DH)*
Personal Protective Equipment Used:
Amy Ziccardi - Gloves
Greg Moser - Gloves
FD Braceville - Gloves

Moved to Amb By: Stretcher **Transport Position:** Supine **From Amb By:** Stretcher
Factors Affecting Service Delivery:
Dispatch Delay: None/No Delay
Response Delay: None/No Delay
Scene Delay: None/No Delay
Transport Delay: None/No Delay
Turn-Around Delay: None/No Delay
Barriers To Patient Care: None Noted

Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens, Destination - Lights and Sirens
Transporting Agency: Braceville

# Patients Transported	
In My Unit:	1
# Patients at Scene:	1

Call Received:	17:09:46
Dispatched:	17:09:46
En Route:	17:09:52
At Staging Area:	
On Scene:	17:09:52
Patient Contact:	17:10:52
Transfer of EMS Patient Care:	
Left Scene:	17:24:03
At Destination Landing:	
At Destination:	17:43:49
Destination Patient Transfer of Care:	17:44:00
Bed Assign Time:	
In Service:	18:13:03
Home Location:	

Time On Scene:	14 Min
Time to Destination:	34 Min
Total Time of Run:	63 Min

Other Responding Agencies:

Agency Name:	On Scene:	First To Provide Care:	Joint Response Contract:	Transferred Patient/Care To/From Agency:
Braceville FD			No	
OSP			No	
Trumbull County Sheriff			No	
Braceville PD			No	

Fire Information:

Response Zone/District: 43
Aid Given Department FDID: 78016

Aid Given Department Name: Braceville FD
Incident Number Receiving Aid: [redacted]
Incident Actions Taken: [redacted]
Primary Vehicle - Apparatus Use: EMS

Patient Information:

Name: John P Adams
Address: 3759 Herrfield House Rd - Southington, OH 44470
County: Trumbull
Patient Country: UNITED STATES
Phone:
Email:
SSN: --
Driver License:
Migrant Worker: No
Local Resident: Yes
Veteran: No

DOB: 05/02/1969
Sex: Male
Age: 56 Years
Weight: 185.0 lbs, 83.9 kg
Broselow:

Drug Use Suspected - Drug, Route: THIS CALL IS NOT RELATED TO DRUG USE,
Current Meds: Unable to Complete **Comments:**
Env Allergies: **Comments:**
Med Allergies: Unable to Complete **Comments:**
Patient Physician:
Advance Directives: None
PMH: Unable to Complete,
Comment:
Patient Physical Limitations:
Comment:
Medical History Obtained From: Bystander/Other

Payer Information:

Work Related: No

Clinical:

[redacted]

Protocol 1: **Protocol 2:**

Assessments:

Time	Employee	Type	Summary
[redacted]			

[redacted]

17:12:00 Ziccardi, Amy [redacted]

17:15:00 Ziccardi, Amy [redacted]

Injury Modifier:

Vitals:

Time	Employee	Summary
[redacted]		

Treatments/Medications:

Time	Employee	Summary
[redacted]		

Supply

Qty **Supply**

ECG Device Incident Number:

PowerFields:

PowerField	Value
Event Log - Event Log - Medication - - Medication - Did you fill out drug box paperwork and seal the drug box?	No

Narrative History Text:

[redacted]

Unable to Sign:

Unable to Sign Reason: [redacted]
Authorized Representative: Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services) but furnished other care, services, or assistance to the patient
Authorized Representative Signature: Yes
Secondary Documentation:
Secondary Documentation Signature: No
Comment:
[redacted]
Apparatus Narrative: see report

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

Signature Image(s):

Authorization Signature

Privacy Notice Signature

Receiving Agent / RN / MD Signature - RN - 11/14/2025 19:39
My signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered to this patient.

Technician Signature - Ziccardi, Amy Paramedic - 11/14/2025 22:59
Signature of documenting crew member and witness to signatures collected.

Authorized Representative Signature - Amy Ziccardi, EMT-P - 11/14/2025 19:45
I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to the patient by NFJFD now or in the past, (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. My signature is not an acceptance of financial responsibility for the services rendered.