



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



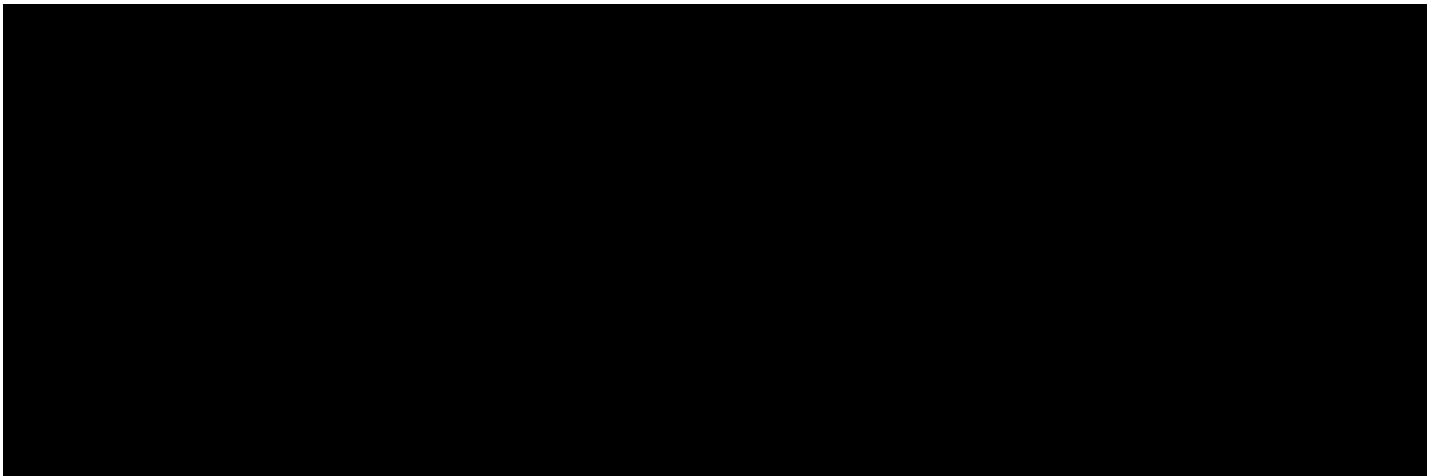
2025-1666  
Officer Involved Critical Incident – 909 Garden Ave., Middletown,  
OH 45044 (L)

**Investigative Activity:** Review of Records  
**Involves:** Michael Baker (S)  
**Date of Activity:** 05/27/2025  
**Activity Location:** – 909 Garden Ave., Middletown, OH 45042  
**Author:** SA Richard Ward, #55

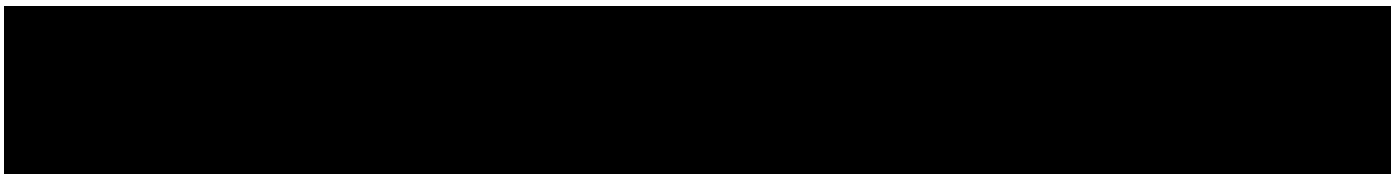
**Narrative:**

On Tuesday, May 27, 2025, Ohio Bureau of Criminal Investigations Special Agent Rick Ward received from the Middletown Fire Department the Prehospital Care Reports, (attached below). The May 27th report indicated the patient, listed as John Doe, was pronounced deceased at the scene. Mary Dunn was removed and treated at the hospital for a gunshot wound to the leg.

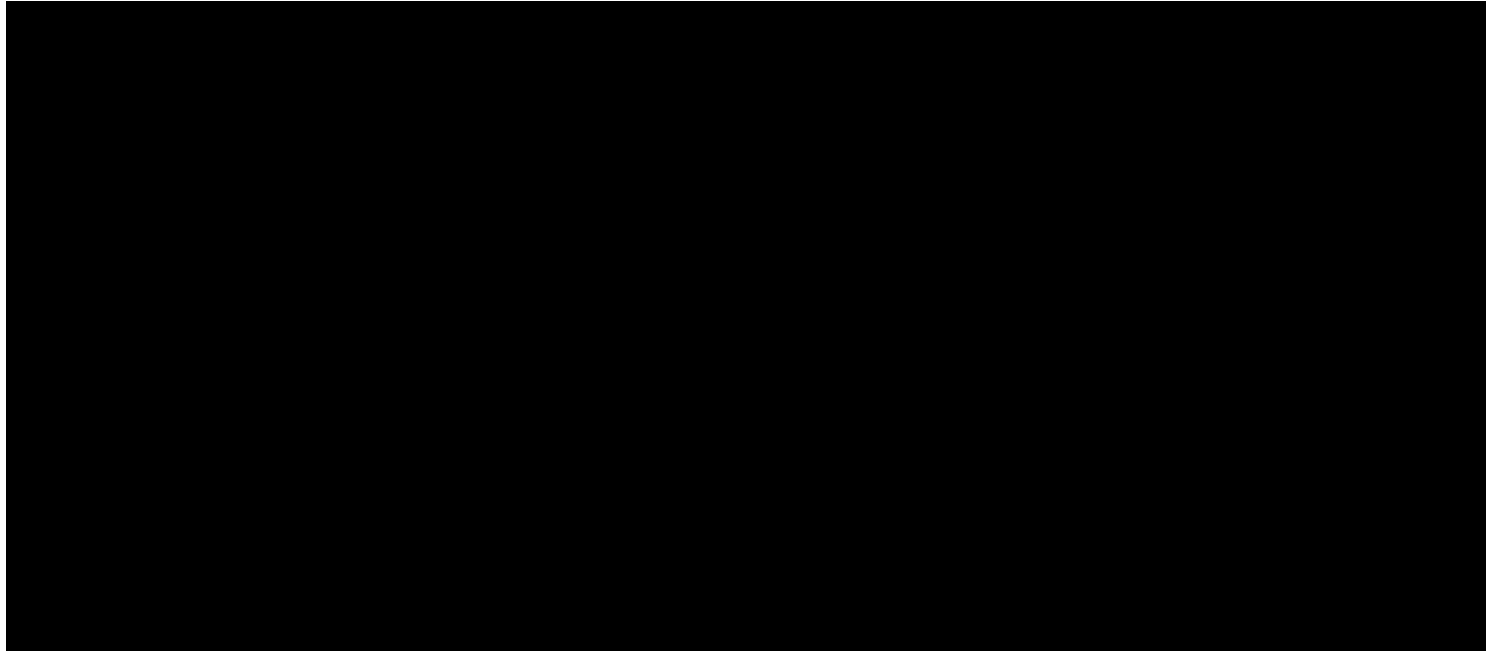
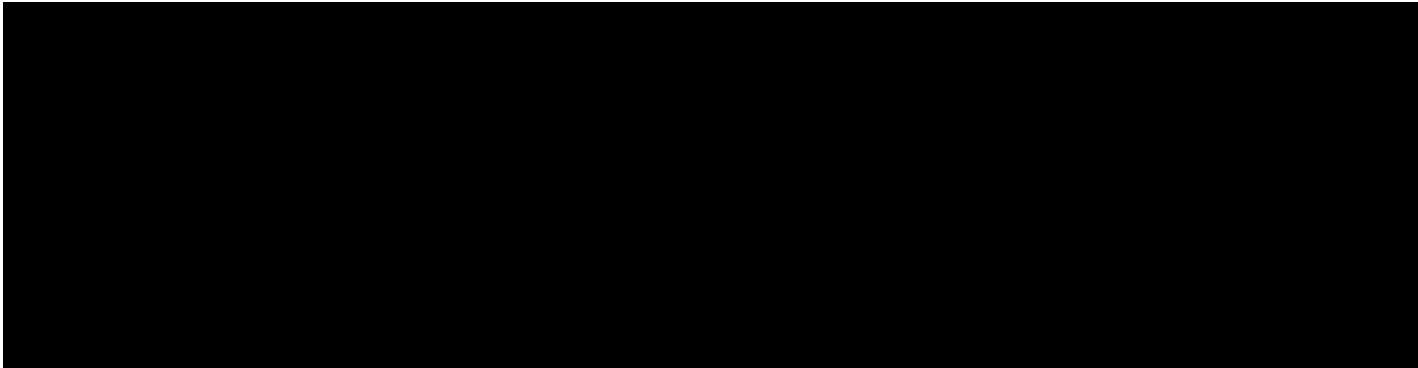
The EMS report read as follows for Michael Baker:



EMS Report read as follows for Mary Dunn:



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**References:**

No references.

**Attachments:**

Attachment # 01: Dunn, M-EMS Run Report

Attachment # 02: 25-024491-Michael Baker EMS Run Report

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Prehospital Care Report



Patient Information

Name: Dunn, ,,,Mary ,  
Address: 909 Garden ave  
, MiddletownOH 45042

Age: 57 Years  
Gender: Male

D.O.B.: 09/06/1967

SSN # [REDACTED]

Race: White

Patient Phone Numbers

Encounter Specific  
Patient Tracking  
Number: [REDACTED]

Provider Impression

Primary Impression [REDACTED]

Narrative

Narrative:

[REDACTED]

CG FF/Paramedic #235

Drug bag number  
replaced?:

Crew Member Gargiulo, Christopher  
Completing this Report:

Drug bag number  
used?:

Past Medical History

Medical History [REDACTED]  
Medical Histor  
Obtained From [REDACTED]

Advance Directives: [REDACTED]

Patient Condition

Primary Symptom: [REDACTED]

Activities

Patient Name: Dunn, Mary

**Procedures**

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success
05/27/2025 07:26:42	Gargiulo, Christopher						
05/27/2025 07:36:33	Gargiulo, Christopher						
05/27/2025 07:36:35	Gargiulo, Christopher						

**Vitals**

Time	BP	Limb	Pulse	Rhythm	Resp	Effort	SpO2	Qual	CO2	GCS	Pain	Stroke Scale	PTA	RTS	Pt. Position
05/27/2025 07:32:47															
05/27/2025 07:44:03															

**GCS**

Time	Eye	Motor	Verbal	Score	Qualifier
05/27/2025 07:32:47					
05/27/2025 07:44:03					

**Call Type/Location/Disposition**

**Call Type:** [Redacted]  
**Resp. Mode:** Emergent (Immediate Response)

**Disposition:** [Redacted]  
**Transport Mode:** Emergent (Immediate Response)

**Destination:** Atrium Medical Center  
One Medical Center Dr  
Middletown, OH 45005

**Response:** 911 Response (Scene)  
**Location:** Single-family non-institutional (private) house

**Dest. Determ.:** Patient's Choice

**Incident Address:** 909 GARDEN AVE  
Middletown, OH 45044

**Response Delay:** None/No Delay

**Transport Delay:** None/No Delay

**Patient Transport/Positioning**

**Patient Moved to Ambulance:** [Redacted]

**Patient's Position in Transport:** [Redacted]

**Patient Moved From Ambulance:** [Redacted]

**Response Times and Mileage**

**PSAP:** 05/27/2025 07:21:54

**At Patient:** 05/27/2025 07:25:25

**Incident Number:** 25-024490

**Disp. Notified:** 05/27/2025 07:21:54

**Depart:** 05/27/2025 07:37:17

**Call Sign:** M81

**Unit Disp.:** 05/27/2025 07:22:17

**Arrive Dest.:** 05/27/2025 07:45:50

**Veh. #:** Medic 81

**Enroute:** 05/27/2025 07:23:57

**In Service:** 05/27/2025 08:11:43

**Mileage:** 6

**At Scene:** 05/27/2025 07:25:15

**Unit Personnel**

Crew Member	Level of Certification	Role
Eitel, Caleb	EMT-Basic	
Gargiulo, Christopher	EMT-Paramedic	Primary Patient Caregiver

**Additional Responding Units**

**Billing Information**

**Payment:** No Insurance Identified

**Signatures**

**Unit Notified:** 05/27/2025 07:22:17

**Patient Name:** Dunn, Mary

**Date Printed:** 05/27/2025 14:25

**Incident #:** 25-024490

Type of Person Signing: Patient

Signature Reason: HIPAA acknowledgement/Release; Permission to Transport; Permission to Treat; Release for Billing

Paragraph Text:


Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

Status: Signed

Signature Graphic:



Printed Name: Mary Dunn

Signature Date: 05/27/2025 07:50:47


Type of Person Signing: Nurse

Signature Reason: Transfer of Patient Care

Paragraph Text:

Status: Signed

Signature Graphic:



Printed Name: Tabitha Schafor

Signature Date: 05/27/2025 07:51:08

Type of Person Signing: EMS Primary Care Provider (for this event)/Witness

Signature Reason: Report Author

Paragraph Text:

Status: Signed

Signature Graphic:

Patient Name: Dunn, Mary

Chris Gargiulo #235  
FF/P

**Printed Name:** Christopher Gargiulo

**Signature Date:** 05/27/2025 07:54:28

**Unit Notified:** 05/27/2025  
07:22:17

**Patient Name:** Dunn, Mary

**Date Printed:** 05/27/2025 14:25

**Incident #:** 25-024490

Prehospital Care Report



Patient Information

Name: Doe, John,  
Address: 909 Garden ave  
, MiddletownOH 45044

Age: 37 Years  
Gender: Male

D.O.B.: 01/01/1988  
SSN # : 999-99-9999  
Race: White

Patient Phone Numbers

Encounter Specific  
Patient Tracking  
Number:

Provider Impression

Primary Impression: [Redacted]

Narrative

Narrative: [Redacted]

Capt. Klug #165

Drug bag number  
replaced?:

Crew Member Klug, Chris  
Completing this  
Report:

Drug bag number  
used?:

Past Medical History

Patient Medications

Medication	Dosage	Route
[Redacted]		

Medication Allergies

Medication Allergies
[Redacted]

Medical History [Redacted]

Advance Directives: Not Applicable

Patient Condition

Complaint Type	Complaint	Duration
Chief (Primary)	DOA	

Primary Symptom: [Redacted]

Activities

Patient Name: Doe, John

Vitals

Time	BP	Limb	Pulse	Rhythm	Resp	Effort	SpO2	Qual	CO2	GCS	Pain	Stroke Scale	PTA	RTS	Pt. Position
05/27/2025 07:33:30	[REDACTED]														

GCS

Time	Eye	Motor	Verbal	Score	Qualifier
05/27/2025 07:33:30	[REDACTED]				

**Call Type/Location/Disposition**

Call Type: [REDACTED]

Disposition: [REDACTED]

Resp. Mode: Emergent (Immediate Response)

Transport Mode: Non-Emergent

Destination: Butler County Coroner  
315 High Street  
Hamilton, OH 45011

Response: 911 Response (Scene)

Location: Single-family non-institutional (private) house

Incident Address: 909 Garden ave  
Middletown, OH 45044

Response Delay: None/No Delay

**Response Times and Mileage**

PSAP: 05/27/2025 07:22:28

At Patient: 05/27/2025 07:30:32

Incident Number: 25-024491

Disp. Notified: 05/27/2025 07:22:28

Depart: 05/27/2025 07:39:00

Call Sign: M83

Unit Disp.: 05/27/2025 07:29:18

Arrive Dest.: 05/27/2025 07:39:00

Veh. #: Medic 83

Enroute: 05/27/2025 07:29:18

In Service: 05/27/2025 07:40:06

Mileage: 0.1

At Scene: 05/27/2025 07:30:05

In Quarters: 05/27/2025 07:40:06

**Unit Personnel**

Crew Member	Level of Certification	Role
Klug, Chris	EMT-Paramedic	
Spears, Jeremy	EMT-Paramedic	
Kennedy, Ryan	EMT-Paramedic	

Additional Responding Units

**Billing Information**

Payment: No Insurance Identified

Unit Notified: 05/27/2025 07:29:18

Patient Name: Doe, John

Date Printed: 05/27/2025 13:49

Incident #: 25-024491