



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



2025-3298

Officer Involved Critical Incident - 4134 Rush Blvd.,
Youngstown, OH 44512, Mahoning County

Investigative Activity: Autopsy Report Review
Involves: Arthur Mitchell (S)
Activity Date: 05/29/2026
Activity Location: BCI – Richfield
Authoring Agent: SA Darien Spann #158

Narrative:

On Friday, May 29, 2026, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Darien Spann (SA Spann) received an email from the Mahoning County Coroner's Office. The correspondence consisted of the autopsy report for Arthur Mitchell (Mitchell). SA Spann reviewed the report and noted the following:

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

This autopsy report was authored by Kara L Gawelek, M. D. The "CAUSE OF DEATH" for Mitchell was listed as [REDACTED]

The "DIAGNOSIS" section of the report listed the following relevant information:

The autopsy report listed [REDACTED]
[REDACTED]

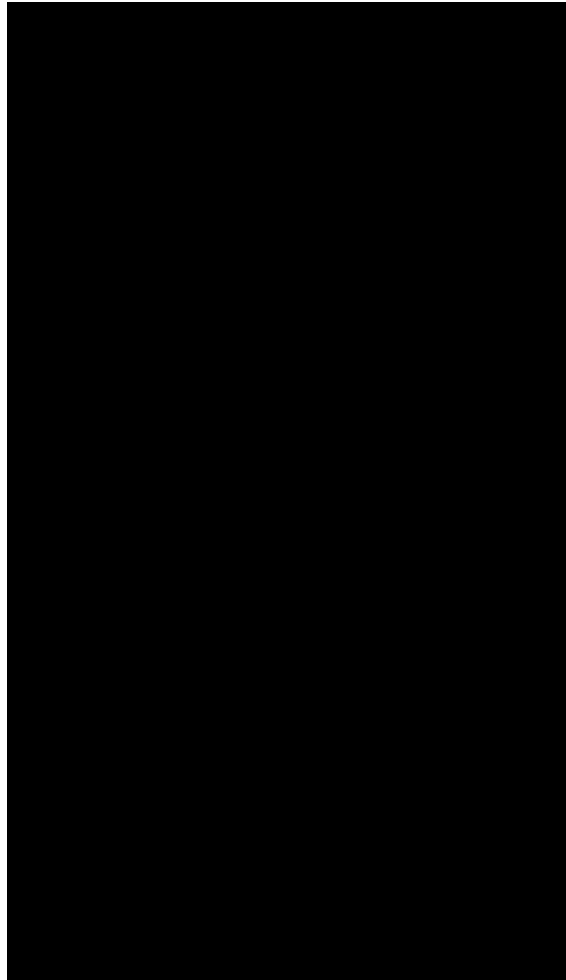


Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report

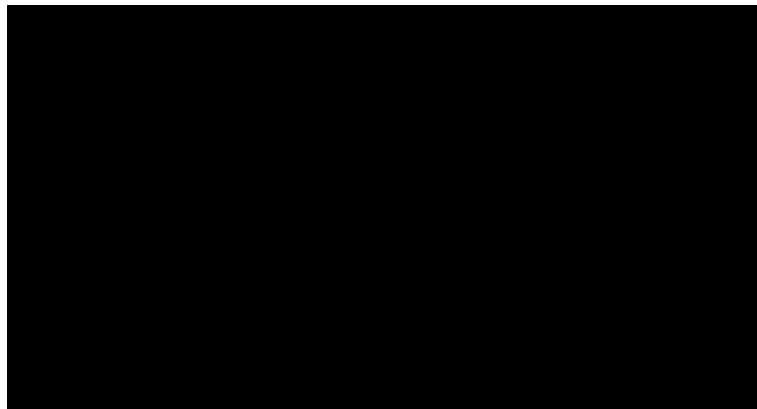


2025-3298

Officer Involved Critical Incident - 4134 Rush Blvd.,
Youngstown, OH 44512, Mahoning County



The "EXTERNAL EXAMINATION" section contained the following information:



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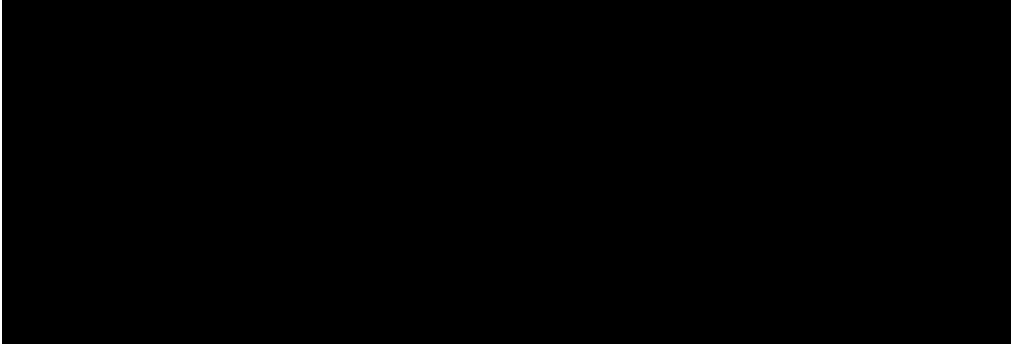


**Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report**

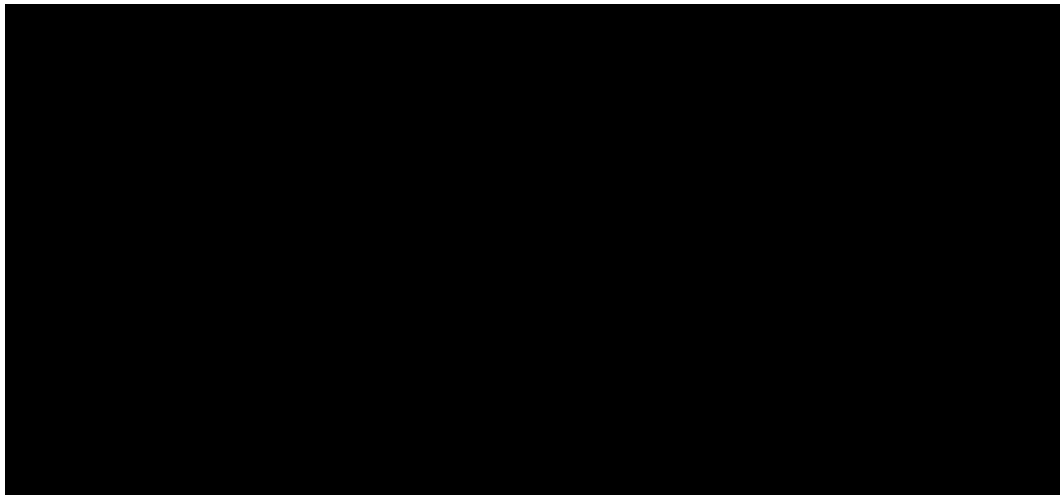


2025-3298
Officer Involved Critical Incident - 4134 Rush Blvd.,
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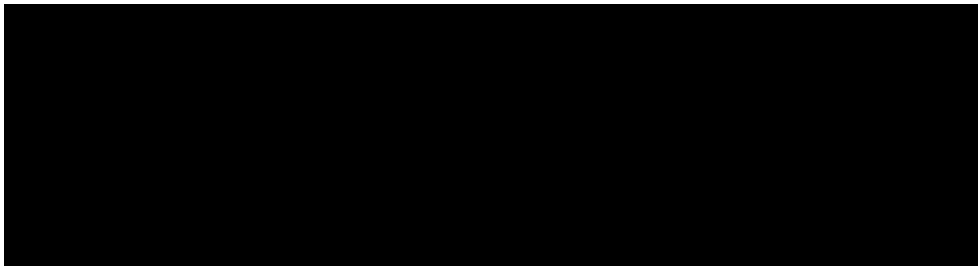
The "INJURIES, EXTERNAL, AND INTERNAL" section contained the following information:



The report noted the following injuries:



The report also noted [REDACTED]:



The "TOXICOLOGY REPORT" contained the following pertinent information:

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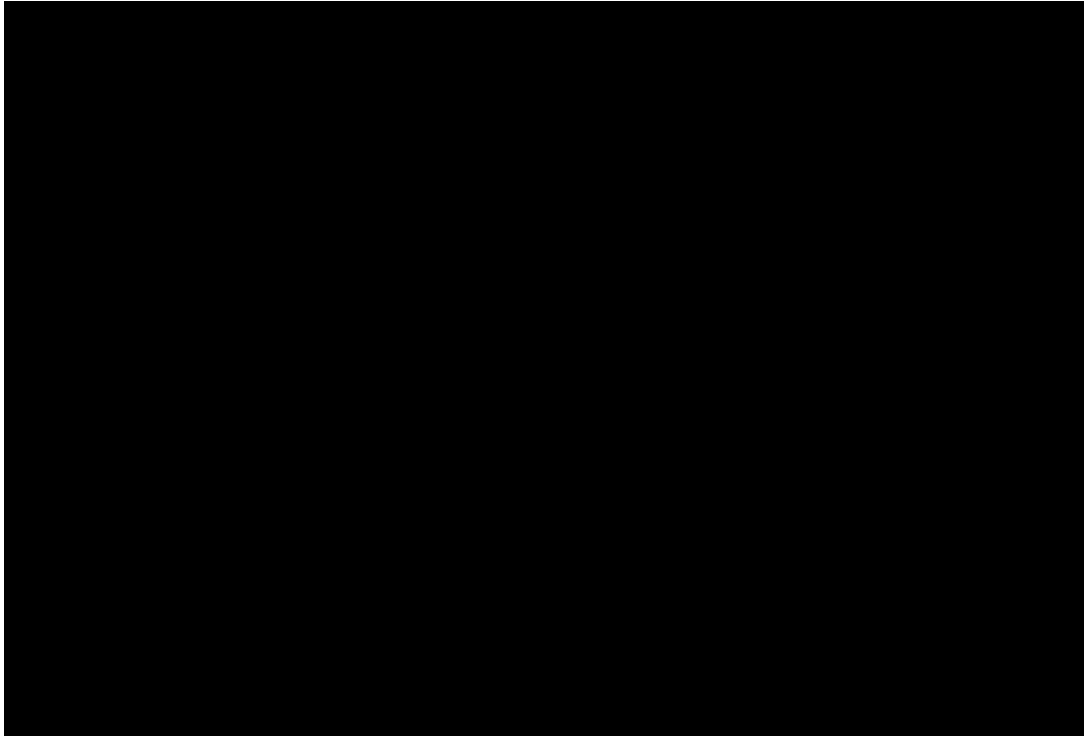


**Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report**



2025-3298

Officer Involved Critical Incident - 4134 Rush Blvd.,
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According to the toxicology report, authored by Kara L Gawelek, M. D., [REDACTED]

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

On Thursday, June 4, 2026, BCI Special Agent Supervisor (SAS) Chuck Moran (Moran) called the Mahoning County Coroner's Office (MCCO) and spoke with Secretary Kathy Grossman (Grossman) about the cause of death for Arhtur Mitchell. Grossman indicated it was listed on the death certificate and final MCCO report. SAS Moran informed Grossman that the files emailed on May 29, 2026, did not include MCCO reports. Grossman emailed SAS Moran two additional documents: 1) Final MCCO report and 2) Death Certificate for Arthur Mitchell. These documents were placed in the Matrix Files section and are attached to this report.

SAS Moran reviewed the documents and noted the following:

27037 Final - Arthur Mitchell Coroner's Report

Cause of death: [REDACTED]

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



2025-3298
Officer Involved Critical Incident - 4134 Rush Blvd.,
Youngstown, OH 44512, Mahoning County

Death by reason of: [REDACTED]

27037 DC - Arthur Mitchell Death Certificate

Manner of death: [REDACTED]

Description of how injury occurred: [REDACTED]

References:

None

Attachments:

1. Arthur Mitchell Autopsy Report
2. 27037 Final - Arthur Mitchell Coroner's Report
3. 27037 DC - Arthur Mitchell Death Certificate

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Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

State File Number 2025102632

DECEDENT	DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix, including AKA's if any)		SEX	DATE OF DEATH (Mo/Day/Yr)		
	ARTHUR TYRONE MITCHELL		MALE	10/09/2025		
	DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE (Surname)		SOCIAL SECURITY NUMBER			
	--		[REDACTED]			
DISPOSITION	AGE	DATE OF BIRTH (Mo/Day/Yr)	BIRTHPLACE (City and State, or Foreign Country)			
	28 YEARS	02/28/1997	YOUNGSTOWN, OHIO			
	RESIDENCE STATE	COUNTY	CITY OR TOWN			
	NORTH CAROLINA	MECKLENBURG	CHARLOTTE			
	STREET AND NUMBER	APT. NO.	ZIP CODE	EVER IN US ARMED FORCES?		
	425 WILCON ST.	APT-528	28203	NO		
	MARITAL STATUS AT TIME OF DEATH	SURVIVING SPOUSE'S NAME (Last Name Prior to First Marriage (Surname))				
	NEVER MARRIED	--				
	DECEDENT'S EDUCATION	HISPANIC ORIGIN	DECEDENT'S RACE			
	HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT HISPANIC	BLACK OR AFRICAN AMERICAN			
CERTIFIER	FATHER NAME (LAST NAME PRIOR TO FIRST MARRIAGE (SURNAME))		MOTHER NAME (LAST NAME PRIOR TO FIRST MARRIAGE (SURNAME))			
	ARTHUR T MITCHELL		LASHAUNDA FRANKLIN			
	INFORMANT'S NAME		INFORMANT MAILING ADDRESS - STREET AND NUMBER			
	LASHAUNDA FRANKLIN		425 WILCON ST. APT-528			
	INFORMANT MAILING ADDRESS - CITY, STATE, AND ZIP CODE		RELATIONSHIP TO DECEDENT			
	CHARLOTTE, NC 28203		MOTHER			
	PLACE OF DEATH	FACILITY NAME (If Not Institution, Street and Number)				
	OTHER	ANOTHER RESIDENCE				
	CITY OR TOWN	STATE	ZIP CODE	COUNTY OF DEATH		
	YOUNGSTOWN	OHIO	44512	MAHONING		
CAUSE OF DEATH	FUNERAL SERVICE LICENSEE OR OTHER AGENT		LICENSE NUMBER (Of Licensee)			
	PHILLIPS, LYNN R		FD.006003			
	NAME OF FUNERAL FACILITY		FUNERAL FACILITY - CITY, STATE, AND ZIP CODE			
	L E BLACK, PHILLIPS & HOLDEN FUNERAL HO		YOUNGSTOWN, OH 44505			
	FUNERAL FACILITY ADDRESS - STREET AND NUMBER		DISPOSITION ADDRESS (City and State, or Foreign Country)			
	1951 MCGUFFEY RD		STRUTHERS, OH			
	METHOD AND PLACE OF DISPOSITION		DATE PRONOUNCED DEAD (Mo/Day/Yr)			
	CREMATION - WESTERN RESERVE CREMATION SERVICE		10/09/2025			
	CERTIFIER TYPE		TIME OF DEATH (24 hr)		TIME PRONOUNCED DEAD (24 hr)	
	CORONER		17:30		--	
CAUSE OF DEATH	CERTIFIER NAME AND TITLE		CERTIFIER LICENSE NUMBER		DATE CERTIFIED (Mo/Day/Yr)	
	DAVID MARK KENNEDY		35,0607,12		05/29/2026	
	CERTIFIER ADDRESS - STREET AND NUMBER		CERTIFIER - CITY, STATE, AND ZIP CODE		DATE FILED (Mo/Day/Yr)	
	345 OAK HILL AVENUE #320		YOUNGSTOWN, OHIO 44502		10/17/2025	
	PART I. DISEASE, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH					
	APPROXIMATE INTERVAL BETWEEN ONSET & DEATH					
	IMMEDIATE CAUSE (Final Disease/Condition Resulting in Death)					
	[REDACTED]					
	UNDERLYING CAUSES (Sequentially Listed Conditions, Diseases, or Injuries, if any, that Initiated Events Resulting in Death)					
	[REDACTED]					
CAUSE OF DEATH	PART II. OTHER SIGNIFICANT CONDITIONS (Contributing to Death But Not Resulting in Underlying Causes Given in Part I)		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?	
	--		YES		YES	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH?		PREGNANCY STATUS (If Female)		MANNER OF DEATH	
	NO		--		HOMICIDE	
	INJURY DATE (Mo/Day/Yr)		INJURY TIME (24 hr)	PLACE OF INJURY	INJURY AT WORK?	
	10/09/2025		UNKNOWN PM HOURS	RESIDENCE OF ANOTHER	NO	
	LOCATION OF INJURY (Street and Number, City or Town, State, ZIP Code)					
	4134 RUSH BOULEVARD, YOUNGSTOWN, OHIO 44512					
	DESCRIPTION OF HOW INJURY OCCURRED		IF TRANSPORTATION INJURY, SPECIFIED MODE			
	SHOT MULTIPLE TIMES BY ONE OR MORE INDIVIDUALS		--			
MAY-29-2026, CAUSE OF DEATH-LINE A DESCRIPTION : MAY-29-2026, CAUSE OF DEATH-LINE A ONSET INTERVAL: MEDICAL SUPPLEMENT, MAY-29-2026, DISPOSITION - DATE OF DISPOSITION: MAY-29-2026, PRONOUNCEMENT - TIME OF DEATH MODIFIER: MAY-29-2026, OTHER FACTORS - MANNER OF DEATH: MAY-29-2026, OTHER FACTORS - WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?: MAY-29-2026, INJURY-DATE/TIME OF INJURY: MAY-29-2026, PLACE OF INJURY - INJURY AT WORK: MAY-29-2026, INJURY-ADDRESS STREET NUMBER: MAY-29-2026, INJURY-ADDRESS STREET DESIGNATOR: MAY-29-2026, INJURY-ADDRESS CITY: MAY-29-2026, INJURY-ADDRESS STATE: MAY-29-2026, INJURY - ZIP CODE: MAY-29-2026, INJURY-ADDRESS COUNTY: MAY-29-2026, INJURY-ADDRESS COUNTRY: MAY-29-2026.						

DATE ISSUED : JUNE 01, 2026

1. The first part of the report

is a description of the

method used in the study.

The second part of the report

is a description of the

results of the study.

The third part of the report

is a discussion of the

results of the study.

The fourth part of the report

is a conclusion of the

study.

The fifth part of the report

is a list of references.

The sixth part of the report

is a list of appendices.

The seventh part of the report

is a list of figures.

The eighth part of the report

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The ninth part of the report

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The fourteenth part of the report

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is a list of figures.

The twenty-eighth part of the report

is a list of tables.

The twenty-ninth part of the report

is a list of footnotes.