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

2025-0559
Officer Involved Critical Incident - [redacted] Miami Township, Ohio (Montgomery Co.) (L)

Investigative Activity:	Medical Records Review
Involves:	Jayden Cole Stephenson (S), [redacted]
Date of Activity:	03/04/2025
Activity Location:	Miami Twp. (Miamisburg) Police Department - Business - 2660 Lyons Road, Miamisburg, OH 45342
Author:	SA Steven Seitzman

Narrative:

On March 4, 2025, Ohio Bureau of Criminal Investigation Special Agent Steven Seitzman received copies of the February 19, 2025, Miami Valley Fire District patient care records pertaining to Jayden Stephenson, [redacted]

SA Seitzman reviewed the records and noted the following:

- Miami Valley Fire District Medic 51 was dispatched to the vicinity of [redacted] at approximately 1410 hours to stage for a "mental health alpha."
- "Shots fired" was broadcast while the medic was en route.
- The record indicated that crews entered the residence and were led upstairs by police officers. Once upstairs, medics located the patient, Jayden Stephenson, with a right arm deformity that appeared to be a gunshot wound. Multiple additional gunshot wounds were noted on Jayden's chest, abdomen, and neck. Medics found the patient pulseless and not breathing.
- Jayden was pronounced deceased at 1431 hours.

SA Seitzman reviewed additional records pertaining to [redacted] All records are attached to this investigative report.

References:

No references.

Attachments:

 Approved By SAS William L. Jones on 04/17/2025

Attachment # 01: EMS Run Reports

Exhibit 1

Miami Valley Fire District
Patient Care Record

Name [redacted] **Incident #** [redacted] **Date:** 02/19/2025 Patient 1 of 2

Patient Information	
Last	[redacted]
First	
Middle	
Gender	
DOB	
Age	
Weight	
Height	
Pedi Color	
SSN	
Race	
Advance Directives	
Resident Status	
Patient Resides in Service Area	No
Temporary Residence Type	

Clinical Impression			
Primary Impression	Illness, unspecified		
Secondary Impression			
Protocols Used	General-Universal Patient Care/ Initial Patient Contact - General		
Local Protocol Provided Care Level			
Anatomic Position	General/Global		
Onset Time			
Last Known Well	[redacted]		
Chief Complaint			
Duration		Units	
Secondary Complaint			
Duration		Units	
Patient's Level of Distress			
Signs & Symptoms	No Complaints or injury/illness noted (Primary)		
Injury	- -		
Additional Injury			
Mechanism of Injury			
Medical/Trauma	Medical		
Barriers of Care	None Noted		
Alcohol/Drugs	None Reported		
Pregnancy	No		
Initial Patient Acuity	Lower Acuity (Green)		
Final Patient Acuity	Lower Acuity (Green)		
Patient Activity			

Medications/Allergies/History/Immunizations	
Medications	None Reported
Allergies	No known allergies
History	None Reported
Immunizations	
Last Oral Intake	

[redacted]

[redacted]

[redacted]

Narrative

[redacted]

[redacted]

Destination Details		Incident Times	
Disposition		**PSAP Call**	14:14:48
Unit Disposition	Patient Contact Made	**Dispatch Notified**	14:14:48
Patient Evaluation and/or Care Disposition	Patient Evaluated and Care Provided	**Call Received**	14:14:48
Crew Disposition	Initiated and Continued Primary Care	**Dispatched**	14:15:52
Transport Disposition	Transport by This EMS Unit (This Crew Only)	**En Route**	14:17:33
Transport Mode	Non-Emergent	**Staged**	
Reason for Refusal or Release		**Resp on Scene**	
Transport Mode Descriptors	No Lights or Sirens	**On Scene**	14:25:57
Transport Due To	Law Enforcement	**At Patient**	15:00:00
Transported To	Miami Valley Hospital Austin Landing	**Care Transferred**	
Requested By	Patient	**Depart Scene**	15:03:57
Transferred To		**At Destination**	15:09:20
Transferred Unit		**Pt. Transferred**	15:09:40
Destination	Hospital	**Call Closed**	15:17:07
Department	Emergency Room	**In District**	
Address	300 Austin West Blvd	**At Landing Area**	
Address 2			
City	Miamisburg		
County	Montgomery		
State	OH		
Zip	45342		
Country	US		
Zone			
Condition at Destination	Unchanged		
State Wristband #			
Destination Record #			
Trauma Registry ID			
STEMI Registry ID			
Stroke Registry ID			

Crew Members

Personnel	Role	Certification Level	PPE	Exposures
Asencio, EMT-Paramedic , Anthony	Other	2009 PM (Ohio) - 181768	Gloves	None
VILLA, EMT-Basic , KYLE	Driver	2009 Emergency Medical Technician (EMT) (Ohio) - 197454	Gloves	None

Crew Members				
LIVESAY, EMT-Basic , LOGAN	Lead	2009 Emergency Medical Technician (EMT) (Ohio) - 183057	Gloves	None

Mileage		Delays		Additional Agencies
Scene	1.0	Category	Delays	
Destination	3.2	Dispatch Delays	None/No Delay	
Loaded Miles	2.2	Response Delays	None/No Delay	
Start		Scene Delays	None/No Delay	
End		Transport Delays	None/No Delay	
Total Miles		Turn Around Delays	None/No Delay	

Personal Items		
Item	Given To	Comment
(NO) Drug Bag Used		

Patient Transport Details			
How was Patient Moved To Stretcher		How was Patient Moved To Ambulance	
How was Patient Moved From Ambulance		Patient Position During Transport	Sitting
Condition of Patient at Destination	Unchanged		

Patient Information			
Last	STEPHENSON	**Address**	[redacted]
First	JAYDEN	**Address 2**	
Middle	COLE	**City**	
Gender	Male	**State**	
DOB	11/26/2003	**Zip**	
Age	21 Yrs, 2 Months, 24 Days	**Country**	US
Weight		**Tel**	
Height		**Physician**	
Pedi Color		**Phys. Tel**	
SSN	999999999	**Ethnicity**	Not Hispanic or Latino
Race	White		
Advance Directives			
Resident Status			
Patient Resides in Service Area		Yes	
Temporary Residence Type			

Clinical Impression			
Primary Impression	[redacted]		
Secondary Impression			
Protocols Used			
Local Protocol Provided Care Level			
Anatomic Position			
Onset Time			
Last Known Well			
Chief Complaint			
Duration	15	**Units**	Minutes
Secondary Complaint			
Duration		**Units**	
Patient's Level of Distress			
Signs & Symptoms			
Injury			
Additional Injury			
Mechanism of Injury			
Medical/Trauma			
Barriers of Care			
Alcohol/Drugs			
Pregnancy			
Initial Patient Acuity			
Final Patient Acuity			
Patient Activity			

Medications/Allergies/History/Immunizations	
Medications	[redacted]
Allergies	
History	
Immunizations	
Last Oral Intake	

Vital Signs

[redacted]

Assessments

Assessment Time: 02/19/2025 14:30:00

Category	Comments	Subcategory	
Chest	[redacted]		
Abdomen			
Back			
Pelvis/GU/GI			
Extremities			
Neurological			
Neonatal			

Narrative

[redacted]

Specialty Patient - CDC 2011 Trauma Criteria

Vital Signs	[redacted]	**Trauma Activation**	[redacted]
Anatomy of Injury		**Time**	
Mechanism of Injury		**Date**	
Special Considerations		**Trauma level**	
		Reason Not Activated	

Incident Details		Destination Details		Incident Times	
Location Type	Home/Residence	**Disposition**		**PSAP Call**	14:14:48
Location		**Unit Disposition**	Patient Contact Made	**Dispatch Notified**	14:14:48
Address	[redacted]	**Patient Evaluation and/or Care Disposition**	Patient Evaluated, No Care Required	**Call Received**	14:14:48
Address 2		**Crew Disposition**	Initiated and Continued Primary Care	**Dispatched**	14:21:51
Mile Marker		**Transport Disposition**	No Transport	**En Route**	14:21:51
City	Miamisburg	**Transport Mode**		**Staged**	
County	Montgomery	**Reason for Refusal or Release**	Released Following Protocol Guidelines	**Resp on Scene**	
State	OH	**Transport Mode Descriptors**		**On Scene**	14:25:57
Zip	45342	**Transport Due To**		**At Patient**	14:27:00
Country	US	**Transported To**		**Care Transferred**	
Medic Unit	E51	**Requested By**	Law Enforcement	**Depart Scene**	15:10:31
Medic Vehicle	M51	**Transferred To**		**At Destination**	
Run Type	Emergency Response (Primary Response Area)	**Transferred Unit**		**Pt. Transferred**	

Incident Details		Destination Details		Incident Times	
Response Mode	Emergent	**Destination**		**Call Closed**	15:10:31
Response Mode Descriptors	Lights and Sirens	**Department**		**In District**	
Shift	B Shift	**Address**		**At Landing Area**	
Zone	5112	**Address 2**			
Level of Service	Advanced Life Support	**City**			
EMD Complaint	Psychiatric Problem/Abnormal Behavior/Suicide Attempt	**County**			
EMD Card Number	ZMENHLTH_A	**State**			
Dispatch Priority		**Zip**			
		Country	US		
		Zone			
		Condition at Destination			
		State Wristband #			
		Destination Record #			
		Trauma Registry ID			
		STEMI Registry ID			
		Stroke Registry ID			

Crew Members

Personnel	Role	Certification Level	PPE	Exposures
Asencio, EMT-Paramedic , Anthony	Lead	2009 PM (Ohio) - 181768	Gloves	None
VILLA, EMT-Basic , KYLE	Other	2009 Emergency Medical Technician (EMT) (Ohio) - 197454	Gloves	None
LIVESAY, EMT-Basic , LOGAN	Driver	2009 Emergency Medical Technician (EMT) (Ohio) - 183057	Gloves	None

Insurance Details

Insured's Name		**Primary Payer**		**Dispatch Nature**	
Relationship		**Medicare**		**Response Urgency**	Immediate
Insured SSN		**Medicaid**		**Job Related Injury**	No
Insured DOB		**Primary Insurance**		**Employer**	
Address1		**Policy #**		**Contact**	
Address2		**Primary Insurance Group Name**		**Phone**	
Address3		**Group #**		**Mileage to Closest Hospital**	
City		**Secondary Ins**			
State		**Policy #**			
Zip		**Secondary Insurance Group Name**			
Country		**Group #**			

Mileage		Delays		Additional Agencies
Scene	0.0	**Category**	**Delays**	
Destination	3.2	Dispatch Delays	None/No Delay	
Loaded Miles	3.2	Response Delays	None/No Delay	
Start		Scene Delays	None/No Delay	
End		Transport Delays	None/No Delay	
Total Miles		Turn Around Delays	None/No Delay	

Next of Kin

Next of Kin Name		**Address1**		**City**	
Relationship to Patient		**Address2**		**State**	
Phone		**Address3**		**Zip**	
				Country	US

Personal Items

Item	Given To	Comment
(NO) Drug Bag Used		

Transfer Details			
PAN		**Sending Physician**	
Prior Authorization Code Payer		**Sending Record #**	
PCS		**Receiving Physician**	
Interfacility Transfer or Medical Transport Reason		**Condition Code**	
ABN		**Condition Code Modifiers**	
CMS Service Level	ALS, Level 2		
>ICD-9 Code			
Transport Assessment			
Specialty Care Transport Provider			
Transfer Reason			
Justification for Transfer			
Other/Services			
Medical Necessity			

Name: [redacted] **Date:** 02/19/2025 Patient 1 of 1

Patient Information

Last	[redacted]
First	
Middle	
Gender	
DOB	
Age	
Weight	
Height	
Pedi Color	
SSN	
Race	
Advance Di	
Resident St	
Patient Res	
Temporary Residence Type	

Clinical Impression

Primary Impression	[redacted]
Secondary Impression	
Protocols Used	General-Universal Patient Care/ Initial Patient Contact - Adult Only
Local Protocol Provided Care Level	
Anatomic Position	General/Global
Onset Time	
Last Known Well	
Chief Complaint	[redacted]
Duration	Units
Secondary Complaint	
Duration	Units
Patient's Level of Distress	
Signs & Symptoms	[redacted]
Injury	
Additional Injury	
Mechanism of Injury	
Medical/Trauma	Medical
Barriers of Care	None Noted
Alcohol/Drugs	None Reported
Pregnancy	No
Initial Patient Acuity	[redacted]
Final Patient Acuity	
Patient Activity	

Medications/Allergies/History/Immunizations

[redacted]

Vital Signs

Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RASS	BARS	RTS	PTS
[redacted]																	

ECG

Time	Type	Rhythm	Notes
[redacted]			

Flow Chart

Time	Treatment	Description	Provider
15:09	ALS Assessment	[redacted]	GARVER, EMT-Paramedic, KYLE

Assessments

Assessment Time: 02/19/2025 15:08:20

Category	Comments	Subcategory	
Mental Status		Mental Status	[redacted]

Assessments

Assessment Time: 02/19/2025 15:08:20

Category	Comments	Subcategory	
Skin		Skin	[redacted]
HEENT		Head	
		Face	
		Eyes	
		Neck	
Chest		Chest	
		Heart Sounds	
		Lung Sounds	
Abdomen		General	
Back		Back	
Pelvis/GU/GI		Pelvis/GU/GI	
Extremities		Left Arm	
		Right Arm	
		Left Leg	
		Right Leg	

Assessment Time: 02/19/2025 15:08:20

Category	Comments	Subcategory
Neurological		Neurological
Neonatal		

[redacted]

Narrative

[redacted]

Incident Details		Destination Details		Incident Times	
Location Type	[redacted]	Disposition		PSAP Call	14:14:48
Location		Unit Disposition	Patient Contact Made	Dispatch Notified	14:14:48
Address		Patient Evaluation and/or Care Disposition	Patient Evaluated and Care Provided	Call Received	14:14:48
Address 2		Crew Disposition	Initiated and Continued Primary Care	Dispatched	14:53:36
Mile Marker		Transport Disposition	Transport by This EMS Unit (This Crew Only)	En Route	14:53:39
City		Transport Mode	Non-Emergent	Staged	
County		Reason for Refusal or Release		Resp on Scene	
State		Transport Mode Descriptors	No Lights or Sirens	On Scene	15:02:48
Zip		Transport Due To	Closest Facility, Law Enforcement	At Patient	15:04:00
Country		Transported To	Miami Valley Hospital Austin Landing	Care Transferred	
Medic Unit		Requested By	Law Enforcement	Depart Scene	15:05:19
Medic Vehicle		Transferred To		At Destination	15:14:05
Run Type		Transferred Unit		Pt. Transferred	15:16:00
Response Mode		Destination	Hospital	Call Closed	15:20:04
Response Mode Descriptors		Department	Emergency Room	In District	
Shift		Address	300 Austin West Blvd	At Landing Area	
Zone		Address 2			
Level of Service		City	Miamisburg		
EMD Complaint		County	Montgomery		
EMD Card Number		State	OH		
Dispatch Priority		Zip	45342		
		Country	US		
		Zone			
		Condition at Destination	Unchanged		
		State Wristband #			
		Destination Record #			
		Trauma Registry ID			
		STEMI Registry ID			
		Stroke Registry ID			

Crew Members

Personnel	Role	Certification Level	PPE	Exposures
HAROVER, EMT-Basic , JACKSON	Driver	2009 Emergency Medical Technician (EMT) (Ohio) - 196316	Gloves	None

Miami Valley Fire District
Patient Care Record

Name: [redacted] **Date:** 02/19/2025 Patient 1 of 1

Crew Members				
GARVER, EMT-Paramedic , KYLE	Lead	2009 PM (Ohio) - 173032	Gloves	None

Mileage	
Scene	1.0
Destination	3.2
Loaded Miles	2.2
Start	
End	
Total Miles	

Delays	
Category	Delays
Dispatch Delays	None/No Delay
Response Delays	Scene Safety (Not Secure for EMS)
Scene Delays	None/No Delay
Transport Delays	None/No Delay
Turn Around Delays	None/No Delay

Additional Agencies

Personal Items		
Item	Given To	Comment
(NO) Drug Bag Used		

Patient Transport Details			
How was Patient Moved To Stretcher		How was Patient Moved To Ambulance	
How was Patient Moved From Ambulance	[redacted]	Patient Position During Transport	Sitting
Condition of Patient at Destination			

Miami Valley Fire District
Patient Care Record

Name: [redacted] **Date:** 02/19/2025 Patient 1 of 1

Patient Information		Clinical Impression	
Last	[redacted]	Primary Impression	[redacted]
First		Secondary Impression	
Middle		Protocols Used	General-Universal Patient Care/ Initial Patient Contact - Adult Only
Gender		Local Protocol Provided Care Level	
DOB		Anatomic Position	General/Global
Age		Onset Time	
Weight		Last Known Well	
Height		Chief Complaint	[redacted]
Pedi Color		Duration	Units
SSN		Secondary Complaint	
Race		Duration	Units
Advance Dire		Patient's Level of Distress	
Resident Sta		Signs & Symptoms	[redacted]
Patient Resid		Injury	- -
Temporary Residence Type		Additional Injury	
		Mechanism of Injury	
		Medical/Trauma	[redacted]
		Barriers of Care	
		Alcohol/Drugs	
		Pregnancy	
		Initial Patient Acuity	
		Final Patient Acuity	
		Patient Activity	

Medications/Allergies/History/Immunizations

Medications	[redacted]
Allergies	
History	
Immunizations	
Last Oral Intake	

Vital Signs

[redacted]

Flow Chart

Time	Treatment	Description	Provider
15:48	ALS Assessment	[redacted]	VILLA, EMT-Basic, KYLE

Assessments

Assessment Time: 02/19/2025 15:48:14

Category	Comments	Subcategory	
Mental Status		Mental Status	[redacted]
Skin		Skin	
HEENT		Head	
		Face	
		Eyes	
		Neck	
Chest		Chest	
		Heart Sounds	
		Lung Sounds	
Abdomen		General	
Back		Back	
Pelvis/GU/GI		Pelvis/GU/GI	

Miami Valley Fire District
Patient Care Record

Name: [redacted] **Date:** 02/19/2025 Patient 1 of 1

Assessments

Assessment Time: 02/19/2025 15:48:14

Category	Comments	Subcategory		
Extremities		Left Arm		
		Right Arm		
		Left Leg		
		Right Leg		
Neurological		Neurological		
Neonatal				

Narrative

M51 DISPATCHED ON AN ILLNESS ALPHA.

[redacted]

Incident Details		Destination Details		Incident Times	
Location Type	Street or Highway	**Disposition**		**PSAP Call**	15:26:49
Location		**Unit Disposition**	Patient Contact Made	**Dispatch Notified**	15:26:49
Address	[redacted]	**Patient Evaluation and/or Care Disposition**	Patient Evaluated and Care Provided	**Call Received**	15:26:49
Address 2		**Crew Disposition**	Initiated and Continued Primary Care	**Dispatched**	15:27:42
Mile Marker		**Transport Disposition**	Transport by This EMS Unit (This Crew Only)	**En Route**	15:29:08
City		**Transport Mode**	Non-Emergent	**Staged**	
County		**Reason for Refusal or Release**		**Resp on Scene**	
State		**Transport Mode Descriptors**	No Lights or Sirens	**On Scene**	15:36:20
Zip		**Transport Due To**	Patient's Choice	**At Patient**	15:38:00
Country	US	**Transported To**	Miami Valley Hospital Austin Landing	**Care Transferred**	
Medic Unit	M51	**Requested By**	Patient	**Depart Scene**	15:45:35
Medic Vehicle	M51	**Transferred To**		**At Destination**	15:53:12
Run Type	Emergency Response (Primary Response Area)	**Transferred Unit**		**Pt. Transferred**	15:55:00
Response Mode	Emergent	**Destination**	Hospital	**Call Closed**	16:07:56
Response Mode Descriptors	No Lights or Sirens	**Department**	Emergency Room	**In District**	
Shift	B Shift	**Address**	300 Austin West Blvd	**At Landing Area**	
Zone	5112	**Address 2**			
Level of Service	Basic Life Support	**City**	Miamisburg		
EMD Complaint	[redacted]	**County**	Montgomery		
EMD Card Number		**State**	OH		
Dispatch Priority		**Zip**	45342		
		Country	US		
		Zone			
		Condition at Destination	[redacted]		
		State Wristband #			
		Destination Record #			
		Trauma Registry ID			
		STEMI Registry ID			
		Stroke Registry ID			

Crew Members

Personnel	Role	Certification Level	PPE	Exposures
Asencio, EMT-Paramedic , Anthony	Other	2009 PM (Ohio) - 181768	Gloves	None
VILLA, EMT-Basic , KYLE	Lead	2009 Emergency Medical Technician (EMT) (Ohio) - 197454	Gloves	None

Crew Members				
LIVESAY, EMT-Basic , LOGAN	Driver	2009 Emergency Medical Technician (EMT) (Ohio) - 183057	Gloves	None

Mileage		Delays		Additional Agencies
Scene	1.0	Category	Delays	
Destination	3.2	Dispatch Delays	None/No Delay	
Loaded Miles	2.2	Response Delays	None/No Delay	
Start		Scene Delays	None/No Delay	
End		Transport Delays	None/No Delay	
Total Miles		Turn Around Delays	None/No Delay	

Personal Items		
Item	Given To	Comment
(NO) Drug Bag Used		

Patient Transport Details			
How was Patient Moved To Stretcher		How was Patient Moved To Ambulance	
How was Patient Moved From Ambulance		Patient Position During Transport	Sitting
Condition of Patient at Destination	[redacted]		