



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



2026-0745

Officer Involved Critical Incident - 10810 Brookpark Rd.,
Brooklyn, OH 44130, Cuyahoga County (L)

Investigative Activity: Review of EMS Prehospital Care Report Summary
Involves: Ricardo Davis (S)
Activity Date: 03/04/2026
Activity Location: BCI - Richfield
Authoring Agent: SA John Tingley #154

Narrative:

On March 4, 2026, Ohio Bureau of Criminal Investigation (BCI) Special Agent John Tingley (SA Tingley) reviewed the Parma Fire Department (PFD) Emergency Medical Services (EMS) Prehospital Care Report Summary reference to the Officer Involved Critical Incident (OICI) which occurred on February 24, 2026, at 10810 Brookpark Road, Parma, Cuyahoga County, Ohio.

The EMS Prehospital Care Report Summary was obtained via a subpoena prepared and served by Parma Police Department (PPD) Detective Sergeant Marc Karkan (Karkan) and was served/executed on March 3, 2026, with the Prehospital Care Report Summary being provided to Detective Sergeant Karkan when he served the subpoena to the PFD. Detective Sergeant Karkan then provided a copy of the EMS Prehospital Care Report Summary to SA Tingley.

SA Tingley reviewed the PFD report and noted the following:

The report is dated February 24, 2026, and has a call number of [REDACTED]. The relevant times listed in the report are documented in the following table:

Call Received	13:41:46
Dispatched	13:43:10
En Route	13:43:10
On Scene	13:49:44
Patient Contact	13:51:44
Left Scene (enroute to Metro Main Hospital)	13:52:13
At Destination	14:01:42
Transfer of Care	14:03:42

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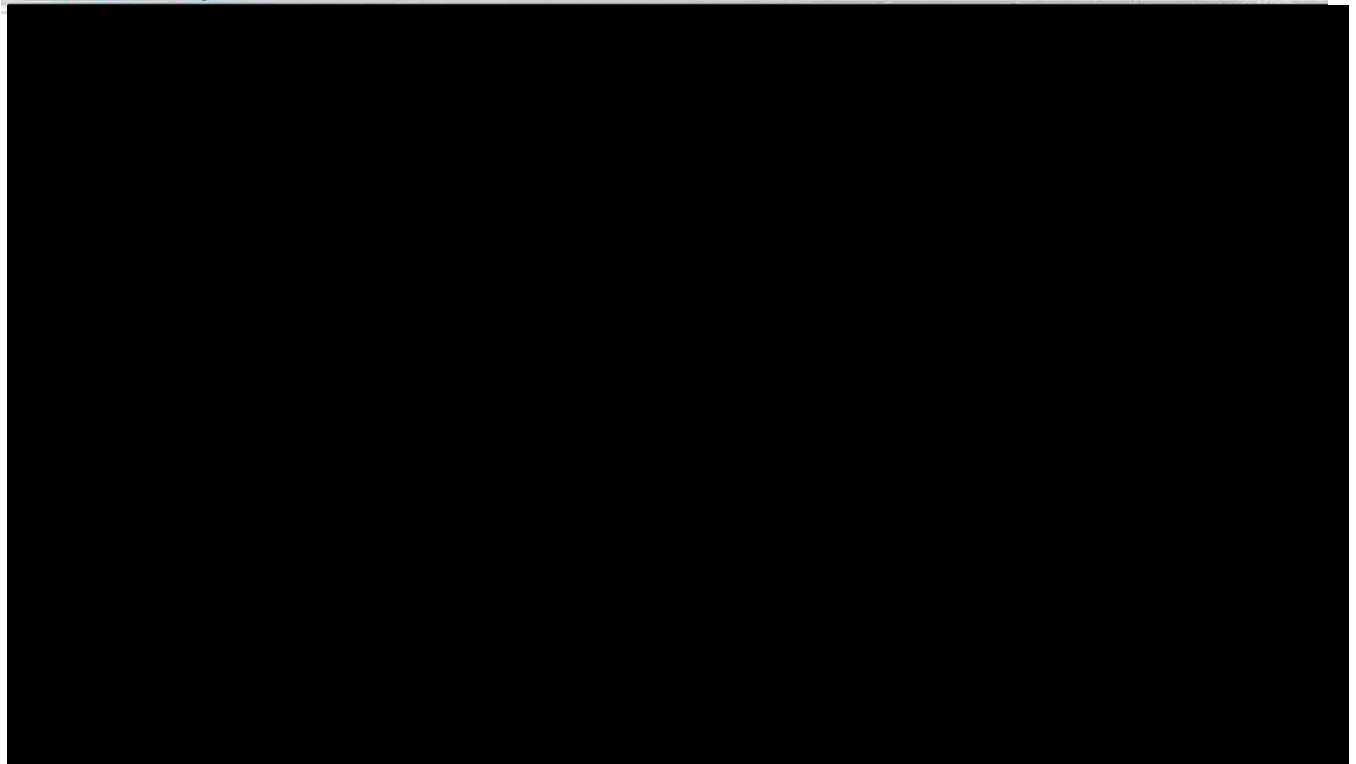


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The following is taken directly from the PFD Prehospital Care Report Summary
Narrative History Text:

Narrative History Text:



The PFD Prehospital Care Report Summary and the EMS Report Subpoena are attached
to this report. Please refer to the attachments for further details..

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Brooklyn, OH 44130, Cuyahoga County (L)

References:

None

Attachments:

1. EMS PREHOSPITAL CARE REPORT SUMMARY
2. EMS PREHOSPITAL CARE REPORT SUMMARY SUBPOENA

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Prehospital Care Report Summary

Parma Fire Dept

6655 Ridge Rd; Parma, OH 44129

Date:02/24/2026 Call # [REDACTED] Booklet:65267077 Branch: Station 1 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 (This Crew Only)
Deceased Patient: Not Applicable
Initial Patient Acuity: Critical (Red)
Unit #: MED1 - MEDIC 1, Ground-Ambulance - ALS2 **Trip Type:** Initial Trip
Run Type to Scene: Emergency Response (Primary Response Area) Emergent (Immediate Response)

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

Call Received: 13:41:46
Dispatched: 13:43:10
En Route: 13:43:10
At Staging Area:
On Scene: 13:49:44
Patient Contact: 13:51:44

Service Requested: Emergency Response (Primary Response Area)
Incident Facility:
Incident Location: COMMERCE PKWY BROOKPARK RD - PARMA, OH 44129 (Cuyahoga County)
Incident Location Type: Street/Hwy

Transfer of EMS Patient Care:
Left Scene: 13:52:13
At Destination Landing:
At Destination: 14:01:42
Destination Patient Transfer of Care: 14:03:42
In Service: 15:13:42
Home Location:

Receiving Facility: Metrohealth - Medical Center (MAIN) (Hospital) - 2500 Metrohealth Dr. - Cleveland, OH 44109
Facility Address: 2500 Metrohealth Dr. - Cleveland 44109
Facility Country: UNITED STATES
Registration # N/A
Destination Type: Hospital Emergency Department
Dest. Reason: Medical Protocol
Hospital Capability: Hospital (General)

Time On Scene: 2 Min
Time to Destination: 19 Min
Total Time of Run: 91 Min

Calculated Mileage: 3.97

Crew Members: James Krokey, PARAMEDIC; Seiji Wright, PARAMEDIC(DS)(DH); Todd Skinner, PARAMEDIC; Daniel Kasmarcak, PARAMEDIC; Cody Ward, PARAMEDIC(DOC)

Personal Protective Equipment Used:

James Krokey - Gloves
Seiji Wright - Gloves
Todd Skinner - Gloves
Daniel Kasmarcak - Gloves
Cody Ward - Gloves

Moved to Amb By: Backboard, Stretcher **Transport Position:** Supine **From Amb By:** Stretcher

Other Units On Scene: ENG1 - ALS1

Call Origin: N/A **Lights/Siren:** Scene - Lights and Sirens, Destination - Lights and Sirens
Pre-Arrival Alert/Activation: No **Time:**

Other Responding Agencies:

Agency Name:	On Scene:	First To Provide Care:	Joint Response Contract:	Transferred Patient/Care To/From Agency:
Parma Police Dept.		Yes	No	

Patient Information:

Name: Ricardo Davis
Address: 5433 knollwood dr #8 - Parma, OH 44129
County: Cuyahoga
Patient Country: UNITED STATES
Phone:
Email:
SSN: --
Driver License:
Local Resident: Yes

DOB: 10/06/1996
Sex: Male
Age: 29 Years
Weight:
Broselow:

Drug Use Suspected - Drug, Route: THIS CALL IS NOT RELATED TO DRUG USE,

Current Meds: Unable to Complete
Env Allergies:
Med Allergies: Unable to Complete
Patient Physician:
Advance Directives:
PMH: Unable to Complete,
Comment:
Patient Physical Limitations:
Comment:
Medical History Obtained From: Patient

Comments:
Comments:
Comments:

Payer Information:

Clinical:

Protocol 1:

Protocol 2:

Assessments:

Time	Employee	Type	Summary
13:52:00	Ward, Cody		
13:52:01	Ward, Cody		
13:55:00	Ward, Cody		
13:55:00	Ward, Cody		
13:55:00	Ward, Cody		
13:55:00	Ward, Cody		
13:55:00	Ward, Cody		
13:55:00	Ward, Cody		

Vitals:

Time	Employee	Summary
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13:52:33 Ward, Cody

13:57:34 Ward, Cody

14:02:34 Ward, Cody

Treatments/Medications:

Time Employee Summary

13:38:00

13:52:00 Skinner, Todd

13:52:02 Wright, Seiji

13:52:10 Skinner, Todd

13:52:32 Skinner, Todd

13:53:02 Kasmarcak,
Daniel

13:54:03 Kasmarcak,
Daniel

13:54:09 Ward, Cody

13:54:21 Kasmarcak,
Daniel

13:55:23 Ward, Cody

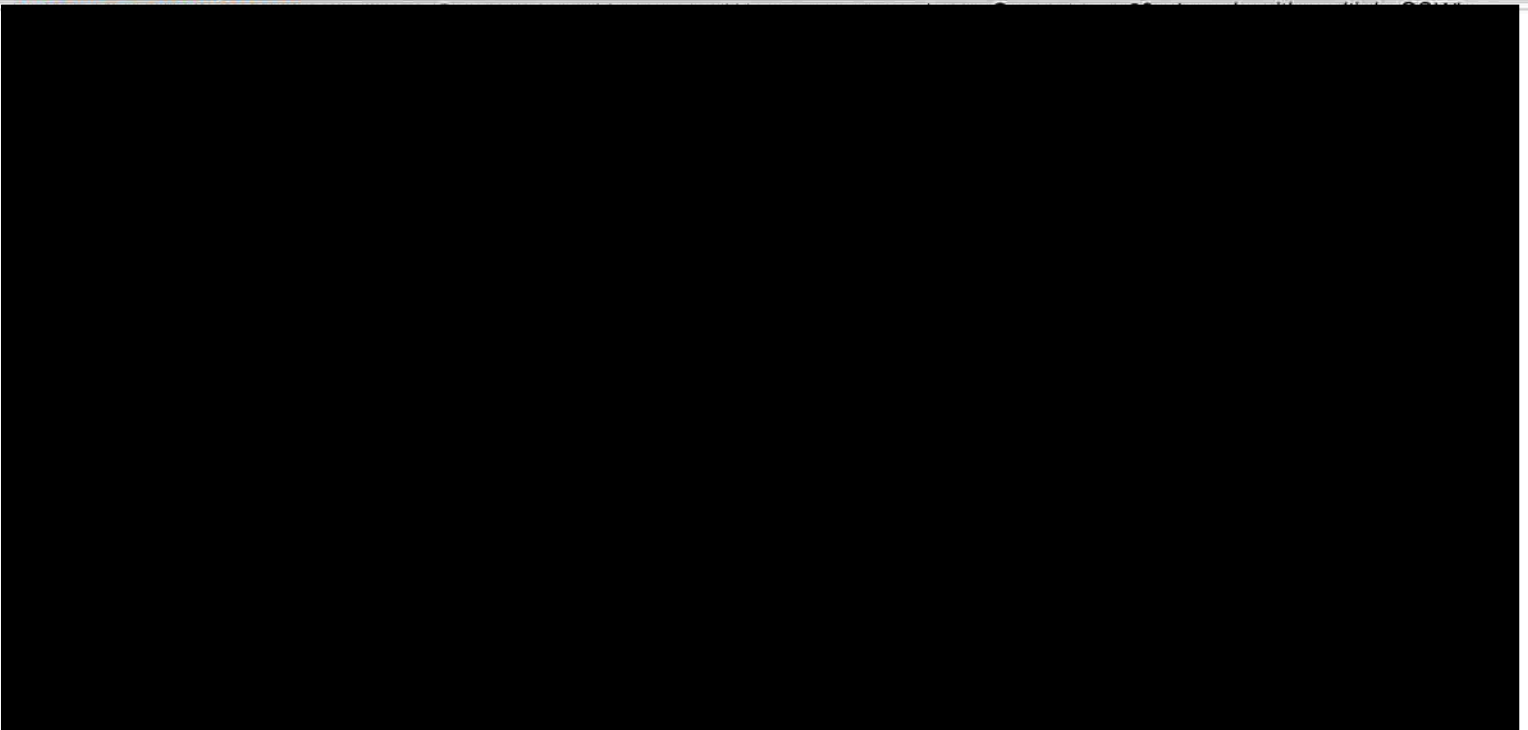
13:57:39 Ward, Cody

Supply

Qty Supply

ECG Device Incident Number:

Narrative History Text:



**Crew never received a story on the incident and was told by PPD that they received a wellness check for a man on the side of the road and when they approached the pt. The pt. Presented a gun and shots were fired.

**Crew uploaded Data from the monitor including vital signs/capnography/cardiac monitor. However, It is not appearing on the completed report but shows on file summary report.

Unable to Sign:

Unable to Sign Reason: Unconscious

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:

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

Signature Image(s):

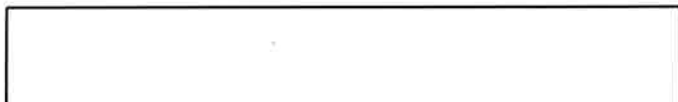
Authorization Signature



Privacy Notice Signature



Receiving Agent / RN / MD Signature



Technician Signature - Ward, Cody PARAMEDIC - 02/24/2026 15:11
Signature of documenting crew member, Ambulance Crew Member Statement (if patient unable to sign): My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered.

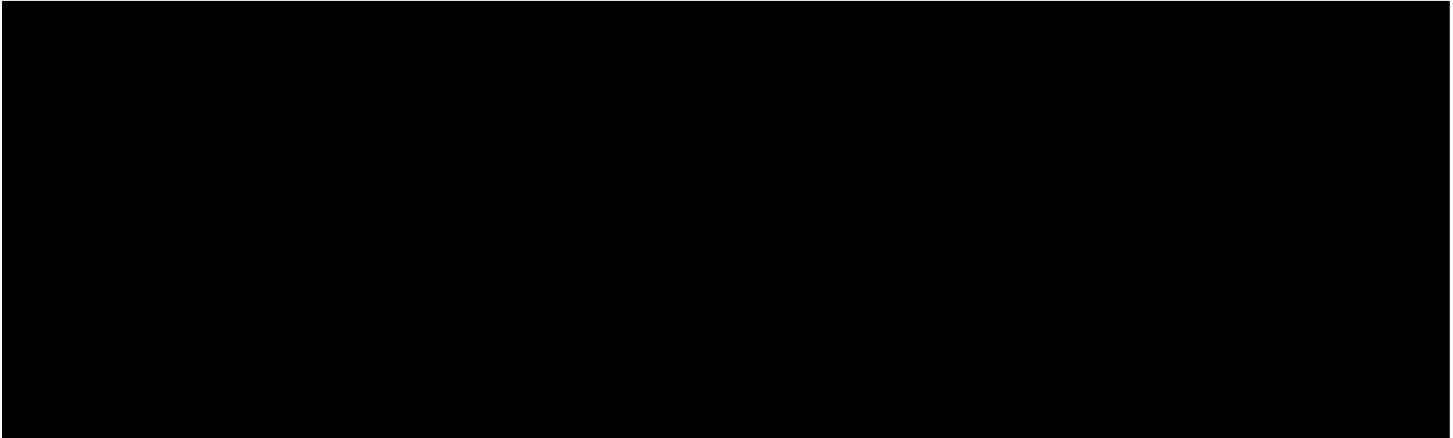
Authorized Representative Signature - Samantha kosita RN - 02/24/2026 14:13

Authorized Representative - Not Patient "I am executing this form on behalf of the patient because the patient is physically and/or mentally incapable of signing at this time. I also affirm that I am at least one of the following: 1. The Patient's Legal Guardian, or designated representative under the Patient's Health Care Power of Attorney; 2. A relative or other person who receives government benefits on behalf of the patient; 3. A relative or other person who arranges treatment for or handles the patient's affairs; 4. And/or the representative of an agency or institution that has furnished care, services or assistance to the patient. I recognize that signing on behalf of the patient under such circumstances is NOT in any way an acceptance of financial responsibility for the services rendered."

A rectangular box containing a handwritten signature in black ink. The signature appears to be "S. Kosita" with a stylized flourish at the end.

Prehospital Care Report Summary

Date:02/24/2026 Call #: [REDACTED] Booklet:65267077





City of Parma Fire Department

Station: 1
Shifts Or Platoon: A Shift

Location:
BROOKPARK RD
PARMA OH 44129
Commerce Parkway

Lat/Long:
N 41° 25' 7.4"
W 81° 43' 30.87"

Zone:
District 1 - North Side
Location Type: **2 - Intersection**
Cross Street, Directions or National Grid:
Commerce Parkway

Incident Type:
321 - EMS call, excluding vehicle accident with injury

EMSID:
FDID: **18081**
Incident #: **[REDACTED]**
Exposure ID: **87918347**
Incident Date: **02/24/2026**
Dispatch Run #: **[REDACTED]**

Report Completed by: Skinner , Todd **ID:** 264 **Date:** 02/24/2026

Report Reviewed by: Not Reviewed

Report Printed by: Seidel, Melissa **ID:** **Date:** 3/3/2026 **Time:** 11:15

Aid Given or Received: None **Primary action taken:** 33 - Provide advanced life support (ALS)

Additional actions: 34 - Transport person , -

Total # of apparatus on call: 2 **Total # of personnel on call:** 5

Narrative from dispatch:

REF [REDACTED]

-- From 02/24/2026 13:43:27 To 02/24/2026 13:43:36 Disp 864 --

29 YO M

-- From 02/24/2026 13:45:22 To 02/24/2026 13:45:33 Disp 864 --

New Location MED1 02/24/2026 13:50:03 METRO MAIN

ENG1 COMPLETED ON THE SCENE WITH 1 MEMBER RETURNING ENG1 OOS

-- From 02/24/2026 13:55:15 To 02/24/2026 13:56:00 Disp 864 --

NARRATIVE (2)

Narrative Title: n/a

Narrative Author: Skinner, Todd

Narrative Date: 02/24/2026 15:35:57

Narrative Apparatus ID: E-1

Narrative:

EMS Incident. Transported To Metro Cleveland. See EMS Report For Further.

NARRATIVE (3)**Narrative Title:** n/a**Narrative Author:** Skinner, Todd**Narrative Date:** 02/24/2026 15:36:23**Narrative Apparatus ID:** M-1**Narrative:**

EMS Incident. Transported To Metro Cleveland. See EMS Report For Further.

PERSONNEL ON CALL

Name	Personnel Rank	Role(s)	Apparatus
Kasmarcak, Daniel (DJ)			E-1
Krokey, James			E-1
Skinner, Todd			E-1
Ward, Cody			M-1
Wright, Seiji			M-1

SUBPOENA
(ORDER TO PRODUCE)

THE STATE OF OHIO
CUYAHOGA COUNTY
CITY OF PARMA

Parma Municipal Court
5555 Powers Blvd
Parma, Ohio 44129

Case#: Parma # [REDACTED]
BCI# 2026-0745

Issuer: Det. Marc Karkan #773
Judge: Timothy Dobeck

YOU ARE COMMANDED TO SUMMON:

City of Parma Fire Department
6655 Ridge Road
Parma, Ohio 44129

to **PRODUCE** before said Municipal Court **FORTHWITH** before Judge Timothy Dobeck in the **Parma Municipal Court** at 5555 Powers Boulevard, Parma, Ohio 44129 in behalf of the state in a certain cause pending in said court, and there to give testimony and the truth to say, touching a certain complaint made in behalf of the state.

CITY OF PARMA / STATE OF OHIO
VS.
CRIMINAL INVESTIGATION

(X) Subpoena Duces Tecum:

Pursuant to 18 USC 2703(d) and/or Ohio State Law equivalent, this Court has found specific and articulable facts sufficient to form a reasonable belief that the information sought in this order to be to relevant and material to an ongoing criminal investigation. Parma Fire Department

And to produce at the time and place aforesaid certain records to wit:

Please provide information regarding Parma Fire Medical run of Ricardo Davis D.O.B 10/6/1996. PFD CAD: [REDACTED] Report # [REDACTED] that occurred on 2/24/2026. Please provide report and all other documentation of this call.

DISCLOSURE OF THIS REQUEST COULD IMPEDE AN ON-GOING CRIMINAL INVESTIGATION

Send response to: Det. Marc Karkan #773 (440) 887-7322 (Marc.Karkan@parmajustice.net)

FAILURE TO PRODUCE AT THE TIME AND PLACE STATED HEREIN MAY BE DEEMED A CONTEMPT OF COURT.

WITNESS MY SIGNATURE AND SEAL OF SAID COURT ON

MARTIN E. VITTARDI, CLERK OF COURT

Date 03/03/2026
Tim Dobeck
Parma Judge

-----RETURN-----

STATE OF OHIO)
CUYAHOGA COUNTY)
CITY OF PARMA)

Pursuant to the command hereof, I did, on the _____ day of _____, 20____, serve the within named witness: