



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



2022-0498

Officer-Involved Critical Incident- 34 E. Fulton Ave.

Investigative Activity: Interview with Witness

Involves: Witness/Victim Interview: Sheena Doumbouya

Activity Date: 3/7/2022

Activity Location: Grant Medical Center

Authoring Agent: SA Matt Collins, #151

**Narrative:**

On Monday, March 07, 2022, at 1215 hours, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matt Collins (SA Collins) interviewed Sheena Doumbouya (Doumbouya), relative to the officer-involved shooting which took place on Monday, March 7, 2022. The interview took place at Grant Medical Center ER room #10, Columbus. The purpose of the interview was to obtain all relevant information of the incident known or observed by this individual. Prior to the interview, SA Collins had first gone to the scene located in the parking garage attached to the Franklin County Sheriff's Office. While briefly at the scene, SA Collins learned there was a female who was a potential witness to the incident involving law enforcement. SA Collins was made aware the female was physically assaulted prior to the incident involving law enforcement and was later transported to the ER due to her injuries. Also, SA Collins learned the female's name was Sheena Doumbouya (Doumbouya).

When SA Collins arrived to Grant Medical Center, he was directed to ER room #10 and advised Sheena was in that particular room. SA Collins entered the room, identified himself and explained why he was there. Doumbouya had dried blood on her face, a bandage near her right ear and a bandage on her left hand. Doumbouya agreed to speak with SA Collins. SA Collins asked if she was under the influence of any pain medication and she stated no. Shortly after, a nurse came in to deliver Doumbouya pain medication. When inquiring with the nurse how quickly the medication may take effect, she indicated it would be fairly quickly and asked if she should come back. SA Collins did not wish to interrupt any medical treatment of Doumbouya and asked Doumbouya if she wanted the medication right away, which she did. SA Collins intended to speak with Doumbouya until the medication either made her drowsy or Doumbouya wished to stop speaking with SA Collins.

SA Collins asked Doumbouya who all was with her on that date. She advised it was her boyfriend, Ives Goa Toure (Ives). Doumbouya said she and Ives had known each other since January 2022. She further stated Ives went by another name too but she did not necessarily know how to pronounce it, because Ives was African. Doumbouya said Rayshawn Meeks (Meeks) was also



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with them. Doumbouya explained, Meeks, Ives and herself had gone to "Podocks" the night before and consumed alcohol. They went to Doumbouya's house afterwards and continued drinking. Doumbouya said Meeks had stayed with her and Ives at Doumbouya's house (1917 Jude Ct.), last night (3/6/22-3/7/22).

Doumbouya said Ives had a scheduled court appearance on 3/7/2022 at 0930 hours. Doumbouya described all three of them leaving Doumbouya's house at around 0830 hours in her gray Mazda (temporary tag). Doumbouya said she'd taken a wrong turn near the parking garage and ended up having to go back towards the interstate. Meeks was insisting she take him to Livingston Avenue, but Ives was concerned about missing his court appointment and did not want to get a warrant. She said they arrived in the parking garage at around 0915 hours. She further stated, they were having trouble finding a parking spot and ended up going all the way to the seventh (7<sup>th</sup>) floor. Doumbouya said Meeks, out of the blue, mentioned something about Doumbouya and Ives saying something about his (Meeks) mom. Doumbouya said she and Ives looked at each other, trying to figure out what Meeks was talking about. Doumbouya said Meeks began *"...actin' crazy. He started choking me from the back. I turnt around, he started punching me all in my head and he just start going crazy. Bu-- Before the fact, my boyfriend was already out the car and then my boyfriend seen him attacking me and all this blood and stuff comin' out. My boyfriend, he walks back up to the car and Meeks get out the car, from the back seat, and started runnin' and I tried to help my boyfriend a little bit. That's when I had fell down and mess, messed my hand up. Then, him and my boyfriend kinda's, kinda interact a little bit. Den, that's when the police officer, I seen em, like a deputy or somethin' like that. I remember, I ran up to em, I was like, 'please help.' But at the same time, all this was goin' on, he was tryin to snatch my purse. And so, I only had like four hundred dollars in my purse and he was tryin' to take it. But before all that Mr. Meeks, and his mom, were goin' through some stuff, as he would say, and he was having family issues with his daughter. That's the reason I had picked him up and had him at my house. Cause he said he didn't have nowhere to go."*

Doumbouya began describing the events from March 7<sup>th</sup> again and continued, *"...So he just act crazy and then when the police and em was tryin' to help us out, and then he tried sw--. He tryin a, Mr Meeks, was tryin a swing on, um, one of the ladies. The police ladies, or whatever that she is, but she, I think she with the cops though. He just tryin' to swing on her, and they tased him and then he went down—the cop told me, 'to go over there.' And I sat down and that's when I heard somethin' go off. I didn't se--, know who did what. I didn't know who did it, or how it happened. I just heard somethin' go off and that was it."*



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Doumbouya explained she had known Meeks for over twenty years. She said she had never seen Meeks act the way he was acting. Doumbouya said Meeks actions really shocked her and she'd always considered him to be like a brother to her. She said when she tells her friends about what Meeks had done, *"They gonna be shocked. Like what?"* She said Meeks has always treated her very kind, referring to her as "Queen" and other fond terms. Doumbouya said she'd just got Meeks a job at Turkey Hill and he'd been working there for three or four days. Doumbouya said Meeks was even dating a girl, the manager (Jerika (sic)), from Turkey Hill on Morse Road. Doumbouya said Meeks had told her yesterday that he had gotten fired from Turkey Hill. When asked why, Meeks said the manager (Doumbouya believed it was the girl Meeks was dating) said Meeks was harassing the female employees at work. SA Collins asked Doumbouya if Meeks was known to use or abuse drugs. Doumbouya said she believed Meeks and his mother, both smoke dope (crack) and use cocaine.

As Doumbouya was further describing her and Meeks' relationship, she was stating they never really hung out all the time, but knew him well enough to have him stay with her and her boyfriend.

Doumbouya said a friend of hers, "Mooka," had told her, Meeks was acting weird when he was up Rally's, he was acting like he had nowhere to go.

Doumbouya kept referring to the law enforcement officers as deputies. SA Collins asked if they were in uniform and she stated no. Doumbouya was asked if they had badges and she said she couldn't remember. Doumbouya said she remembered them having "walkie talkies." Doumbouya said the deputy was trying to tell Meeks to calm down. As was the female officer/deputy.

Doumbouya said to SA Collins, "So, he's dead?" SA Collins told her no, not that he was aware of. Doumbouya said, "But my boyfriend, I think my boyfriend said, that he seen him grab the gun, Rayshawn, shot himself, I think." SA Collins clarified with Doumbouya, this was what Ives had said and not what she'd witnessed. Doumbouya confirmed she was not "right there" but Ives had been standing there.

Doumbouya drew a very rough sketch as she was explaining where her car was parked and where people were at during the altercation. Doumbouya also consented for SA Collins to obtain her medical records from Grant Hospital and signed said medical release form. Doumbouya allowed SA Collins to take photographs of her injuries as well. Doumbouya was asked what she was wearing during the incident and she said she was wearing a white tank-top shirt, green bra, red and black underwear, red and black Tommy Hilfiger pants, and "foam shoes." She stated her



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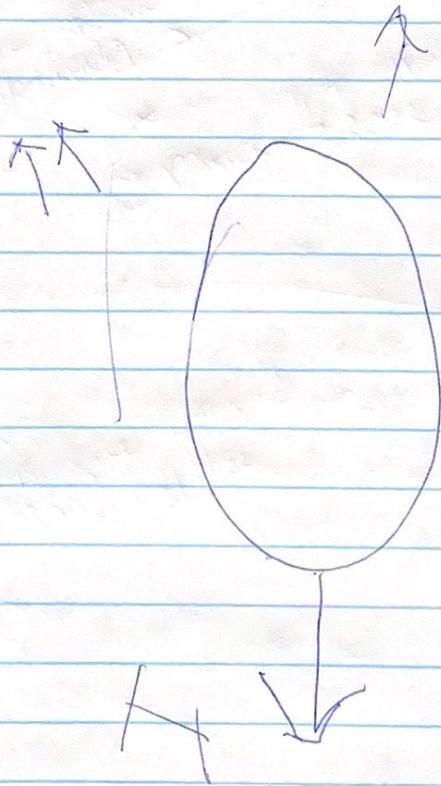
shirt looked like she was the one who got shot because of all the blood. SA Collins did not see her shirt because it was already off and in a bag, while Doumbouya was wearing a gown. She was asked what Meeks was wearing and she indicated she bought him a black shirt, blue pants, white and black pants underneath the blue pants, and white Reebok shoes. She was then asked what Ives was wearing. Doumbouya said Ives was wearing black pants, black button-up shirt and black and white Jordan's.

SA Collins asked Doumbouya if Meeks had any weapons, including a gun and she stated she did not know.

SA Collins was present when medical staff came in and informed Doumbouya, there was no injuries found via her "scans." Doumbouya was advised, she may have a concussion and may experience concussion like symptoms, but there was no brain injury.

The interview concluded at approximately 1249 hours.

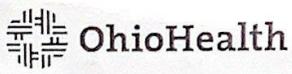
The interview was audio recorded. The recording is attached to this report. Please see the attachment for further details.



SD

March  
7th

|   |   |   |  |
|---|---|---|--|
| <b>Authorization to Release Information</b>   |   | <b>MRN</b>  |  |
| 1. PATIENT INFORMATION  | LAST NAME   | FIRST   | MIDDLE   |
|   | ADDRESS   |   | STATE  |
|   | DOB   | SOC. SEC.   | HOME PHONE   |
|   | CITY  | ZIP   | WORK PHONE   |
| PLEASE SPECIFY THE PURPOSE OF YOUR REQUEST:<br><input type="checkbox"/> CONTINUITY OF CARE / MEDICAL TREATMENT (Minimum Document Set section below) <input type="checkbox"/> EMPLOYMENT RELATED<br><input type="checkbox"/> DISABILITY (Minimum Document Set section below) <input type="checkbox"/> INSURANCE<br><input type="checkbox"/> CONTINUITY OF CARE (Minimum Document Set section below) <input checked="" type="checkbox"/> LEGAL REASONS<br><input type="checkbox"/> CHANGING DOCTOR / MOVING FROM AREA (Minimum Document Set section below) <input type="checkbox"/> ADOPTION PLANNING<br><input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> RESEARCH<br><input type="checkbox"/> PUBLIC DISCLOSURE OF PROTECTED HEALTH INFORMATION (IF yes- SKIP TO SECTION 6) |   |   |  |
| 2. REASON NEEDED  | <b>INFORMATION TO BE DISCLOSED FROM: (check as many as applicable)</b><br><input type="checkbox"/> Riverside Health Center <input type="checkbox"/> Grant Medical Center <input type="checkbox"/> Grady Memorial Hospital <input type="checkbox"/> O'Bleness Hospital<br><input type="checkbox"/> Doctors Hospital <input type="checkbox"/> McConnell Health Center <input checked="" type="checkbox"/> Dublin Methodist Hospital <input type="checkbox"/> OhioHealth Home Care <input type="checkbox"/> MedCentral Hospital<br><input type="checkbox"/> Hardin Memorial Hospital <input type="checkbox"/> Marion General Hospital <input type="checkbox"/> Gerlach Center <input type="checkbox"/> Westerville Medical Campus <input type="checkbox"/> Shelby Hospital<br><input type="checkbox"/> OhioHealth Nelsonville Medical and Emergency Services <input type="checkbox"/> OhioHealth Physicians Group (name of practice/provider) _____<br><input type="checkbox"/> Marion Area Physicians <input type="checkbox"/> Outpatient /Neighborhood Care Health Centers (name of practice/provider) _____<br><input type="checkbox"/> Other _____ |   |  |
|   | <b>3. INFORMATION NEEDED</b><br>SPECIFY TYPE OF RECORD REQUESTED:      DATE OF SERVICE(S):<br><input type="checkbox"/> INPATIENT<br><input type="checkbox"/> OUTPATIENT CARE CLINICS<br><input checked="" type="checkbox"/> EMERGENCY ROOM<br><input type="checkbox"/> OUTPATIENT<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> DATES/SERVICES TO BE EXCLUDED FROM RELEASE ( i.e. HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), PSYCHIATRIC, OR DRUG/ALCOHOL TREATMENT AND/OR ASSAULT RECORDS that may be in your medical record.<br>Please specify : _____  |   |  |
| 4. RECORDS/DOCUMENTS (CONTENT)  | <b>Content to be Released</b> – For the record(s) selected above, specify content in area below, as either, Complete Record, minimum document set or additional document set. Each type of record may or may not contain all of the documents listed above.   |   |  |
|   | <input checked="" type="checkbox"/> COMPLETE RECORD   | <b>MINIMUM DOCUMENT SET</b> (check one or more of the documents, or all)<br><input type="checkbox"/> FACESHEET<br><input type="checkbox"/> DISCHARGE SUMMARY<br><input type="checkbox"/> HISTORY AND PHYSICAL<br><input type="checkbox"/> CONSULTS<br><input type="checkbox"/> OPERATIVE REPORTS<br><input type="checkbox"/> EMERGENCY DEPT. REPORTS<br><input type="checkbox"/> PATHOLOGY<br><input type="checkbox"/> TEST RESULTS (labs, radiology, EKGs, EEGs, Echo)<br><input checked="" type="checkbox"/> OTHER _____<br><input type="checkbox"/> ASSAULT RECORDS<br><input type="checkbox"/> ALL OF THE ABOVE | <b>ADDITIONAL DOCUMENT SET</b> (comprised of Minimum Document Set, plus each of the following if selected):<br><input type="checkbox"/> PHYSICIAN ORDERS<br><input type="checkbox"/> PROGRESS NOTES<br><input type="checkbox"/> NURSING NOTES<br><input type="checkbox"/> GRAPHICS<br><input type="checkbox"/> PHYSICAL THERAPY/ SOCIAL SERVICE NOTES<br><input type="checkbox"/> NUTRITION SERVICES NOTES<br><input type="checkbox"/> CONSENTS<br><input type="checkbox"/> MEDICATION LISTS<br><input type="checkbox"/> ANESTHESIA RECORDS/ OTHER SURGERY DOCUMENTS<br><input type="checkbox"/> OTHER/MISC. _____ |
| 5. ACTIONS FOR STAFF TO TAKE  | MAIL TO ORGANIZATION/ AGENCY  |   | ATTN:  |
|   | ADDRESS   |   | CITY   |
|   | PHONE#  |   | STATE  |
|   | <input type="checkbox"/> Review Only (DATE AND TIME) _____  |   | <input type="checkbox"/> DATE RECORDS WILL BE READY FOR PICK-UP _____  |
| <input type="checkbox"/> FAX TO: (877) 732-1134      Fax #  |   | <input type="checkbox"/> Release to MyChart   |  |



\*ROI\*  
**AUTHORIZATION TO  
 RELEASE INFORMATION**

PATIENT IDENTIFICATION LABEL

6. MEDIA PUBLIC DISCLOSURE

For Marketing and Communications Use Only.

I AUTHORIZE THE PUBLIC DISCLOSURE OF MY PERSONAL HEALTH INFORMATION AS DESCRIBED BELOW:

- name and age
- city of residence
- hospital admission, discharge or treated/released status
- brief extent of injuries or illness
- diagnosis, treatment, prognosis
- photographs, videotape or audiotape
- other (describe) \_\_\_\_\_

- FOR THE PURPOSE OF:
- hospital produced publications/promotions/advertising
  - hospital events/presentations/projects
  - hospital web-site
  - educational purposes/professional conferences
  - all news media
  - other use (describe) \_\_\_\_\_

7. AUTHORIZATION

Authorization and Expiration:

- I understand that if the person or entity that receives the above information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed by such person or entity and will likely no longer be protected by the federal privacy regulations.
- I understand that treatment or payment of my claim will not be impacted by not signing this form. Research related treatment is strictly voluntary.
- I understand that by signing this authorization it gives the researcher(s) the permission to use or disclosure my personal health information for such research.
- I understand that my records/protected health information cannot be released unless I sign this form.
- As described in the notice of privacy practices of OhioHealth I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by OhioHealth in reliance on this authorization, by sending a written revocation to: (entity's) Medical Record Department, (entity's address.) Attn: Information Associate.

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Riverside Health Center<br>(614) 566-5000 | Riverside Methodist Hospital<br>(614) 566-5000 | Grant Medical Center<br>(614) 566-9000 | Grady Memorial Hospital<br>(740) 615-1030 | Doctors Hospital<br>(614) 544-1000         | Doctors Hospital Nelsonville<br>(740) 753-1931 |
| MoConnell Health Center<br>(614) 566-5356 | Dublin Methodist Hospital<br>(614) 544-8000    | OhioHealth Home Care<br>(614) 566-0888 | Marion General Hospital<br>(740) 383-8400 | Hardin Memorial Hospital<br>(419) 673-0761 | Neighborhood Care Health Center                |
| Marion Area Physicians<br>(740) 383-8010  | OPG OH Physicians Group<br>(614) 544-8376      | O'Bleness Hospital<br>(740) 592-9387   | MedCentral Hospital<br>(419) 526-8525     | Shelby Hospital<br>(419) 342-1715          |  |

I understand that this authorization may include information concerning testing, diagnosis or treatment of HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency syndrome), PSYCHIATRIC and/or DRUG/ALCOHOL TREATMENT and/or ASSAULT RECORDS that may be in my medical record.

8. EXPIRATION

This authorization for release of protected health information for the date of service indicated is effective until \_\_\_\_\_ or for a maximum of one year from the date signed below.

I hereby authorize Grant Medical (name of entity) to disclose to the party (parties) named in this document, information from my medical record for the reasons and time specified.

Signature of Patient [Signature] Date 3/7/22 Time 1330

Signature of Individual Authorized by Patient \_\_\_\_\_ Date 3/7/22 Time \_\_\_\_\_

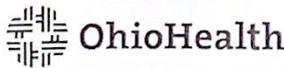
Relationship to Patient \_\_\_\_\_

9. REDISCLOSURE

Prohibition on Redisclosure: I understand this information has been disclosed from records whose confidentiality is protected by Federal Law, Federal Regulations (42 CFR part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be subject to prosecution under Federal Law.

FEES

According to Ohio Revised Codes there is a per page fee for records. The fee will be dependent upon the number of copies requested and other reasons as specified in ORC 3701.741 at codes.ohio.gov/ORC.



\*ROI\*

AUTHORIZATION TO RELEASE INFORMATION

PATIENT IDENTIFICATION LABEL

## Matthew Collins

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**From:** faxserver@ohioattorneygeneral.gov  
**Sent:** Tuesday, March 8, 2022 12:45 PM  
**To:** Matthew Collins  
**Subject:** Your fax to 6145331154 succeeded

**Time Sent** : Tuesday, March 8, 2022 at 12:45:01 PM Eastern Standard Time  
**Pages Sent** : 4  
**Duration** : 225  
**Remote CSID** : OhioHealth-RF1  
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**Subject** : Doumbouya\_Grant Medical

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