



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



2022-0001

Officer-Involved Critical Incident - 2307 10th Street SW, Canton, Ohio

Investigative Activity: Review of Autopsy Report
Activity Date: April 22, 2022
Activity Location: BCI - Richfield
Authoring Agent: SA Matthew Armstrong #146

Narrative:

On Friday, April 22, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matt Armstrong (Armstrong) received an email from the Stark County Prosecutor's Office. The correspondence consisted of the autopsy report for James Williams.

SA Armstrong reviewed the report and noted the following:

The autopsy report was authored by Chief Deputy Coroner of Stark County, Anthony P. Burtin, DO. The autopsy was performed by Cuyahoga County Medical Examiner's Office Dr. Erica Armstrong on January 3, 2022, at 1113 hours.

[REDACTED]

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.

[REDACTED]



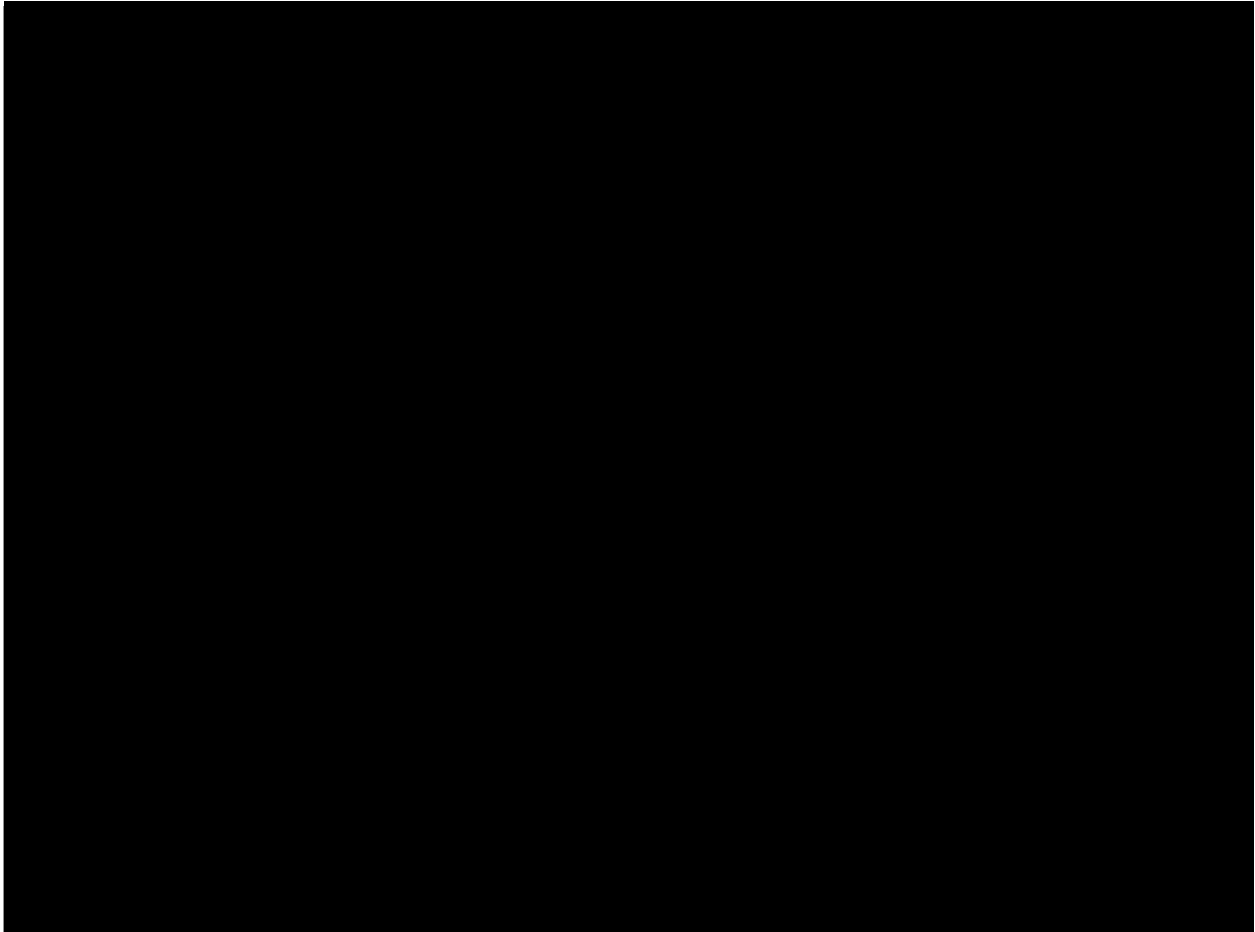
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“DIAGNOSIS” section of the report listed the following relevant information:



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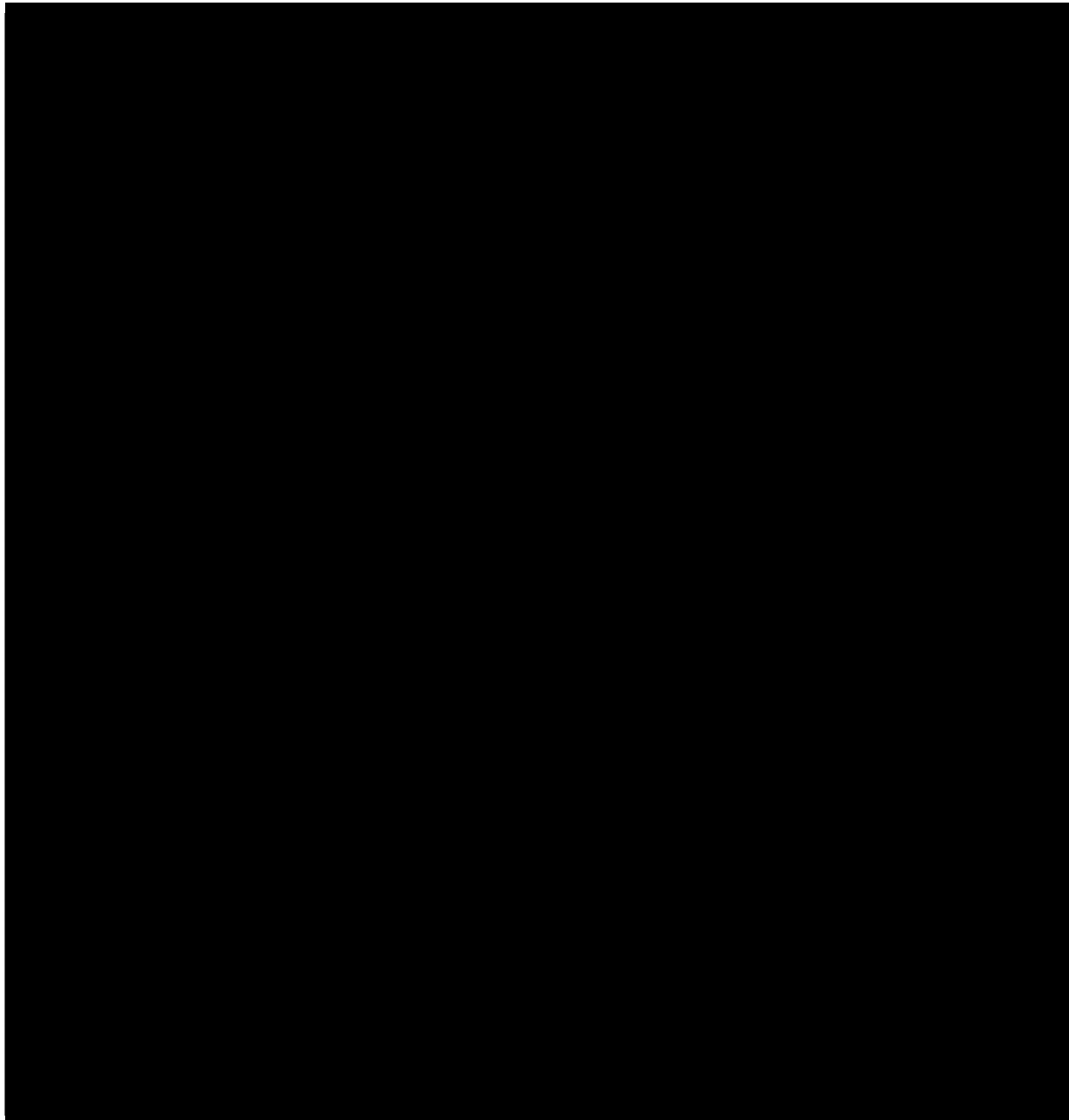
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The "EXTERNAL EXAMINATION" section contained the following information:



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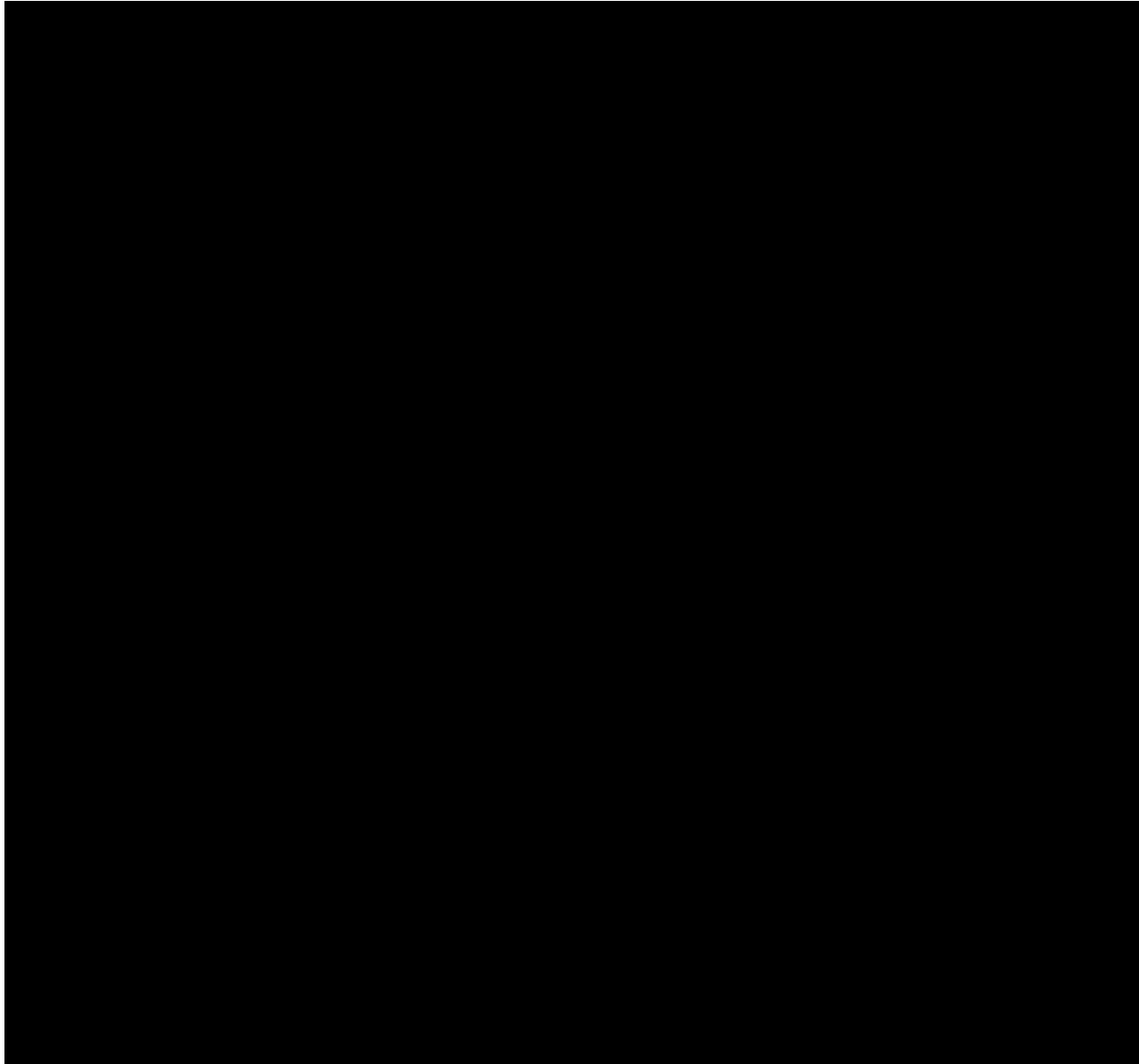


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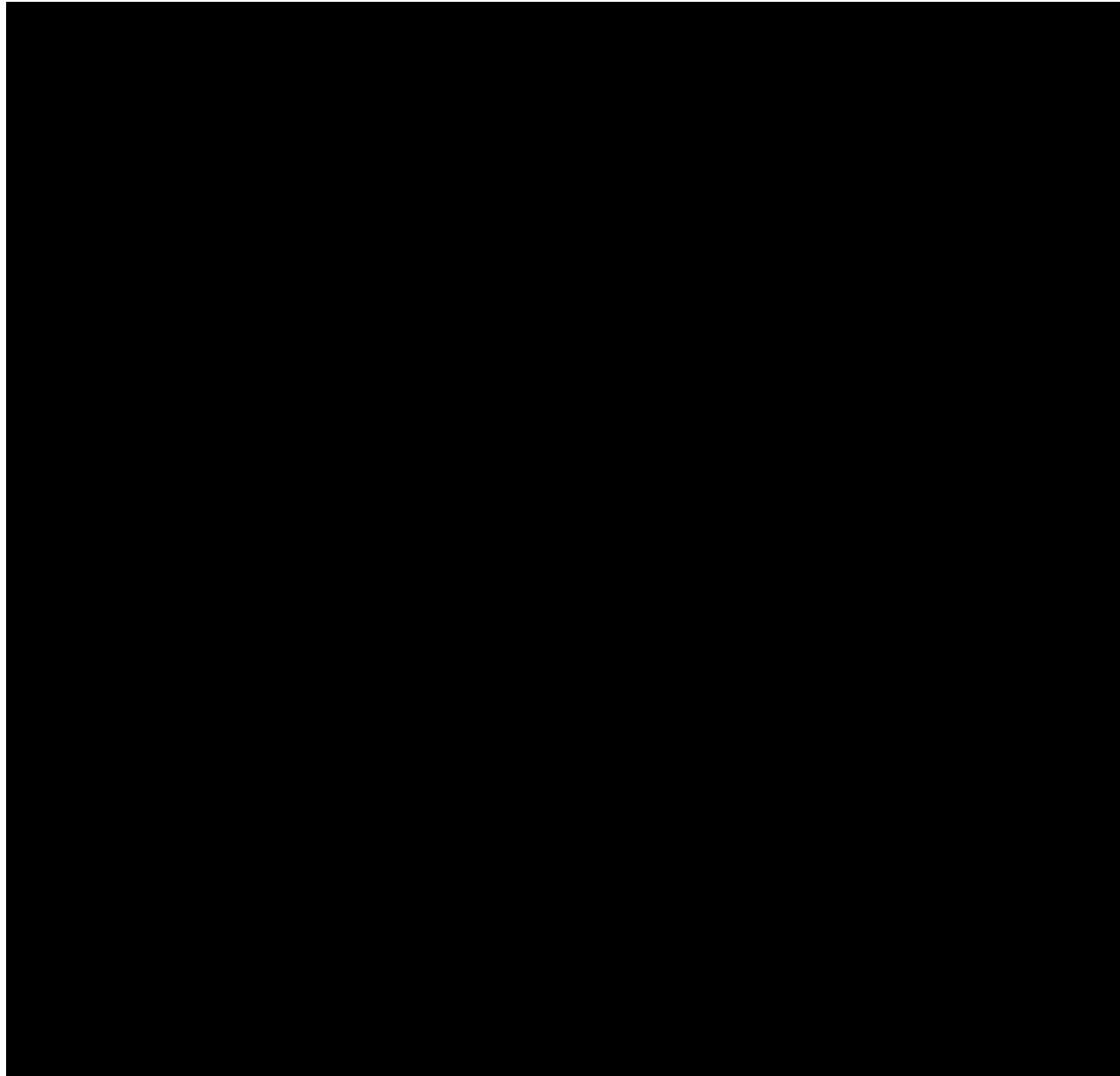


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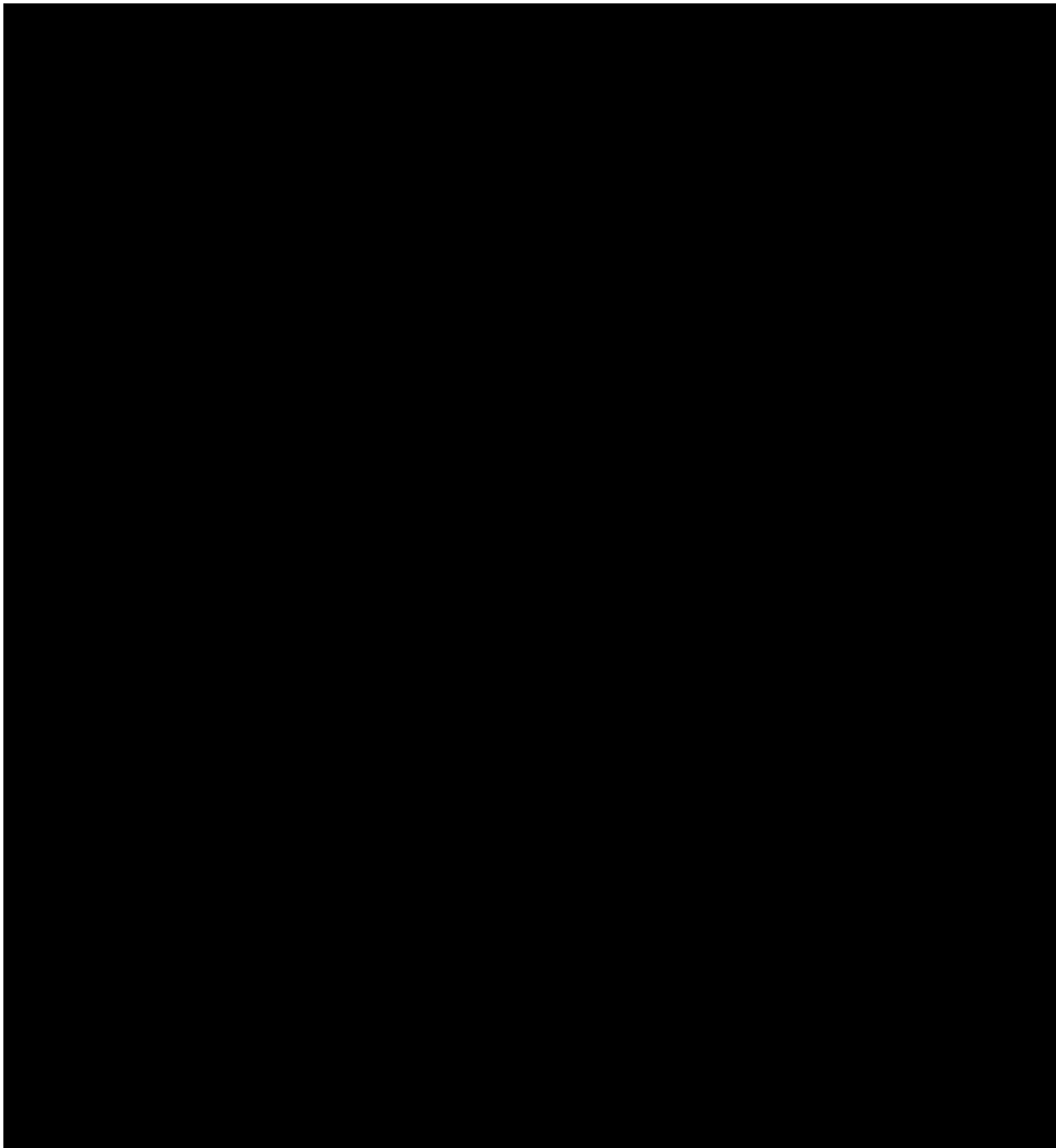


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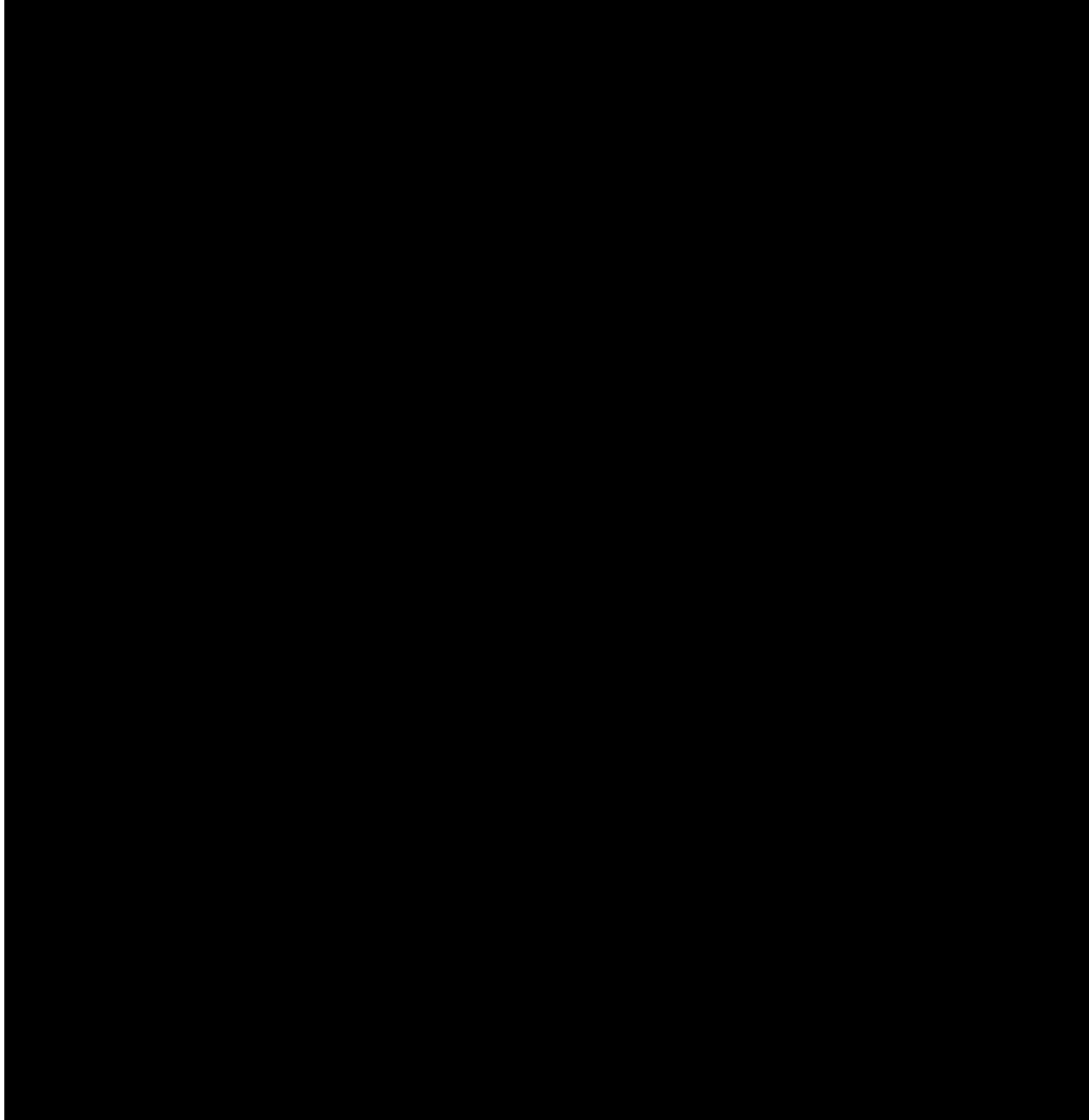


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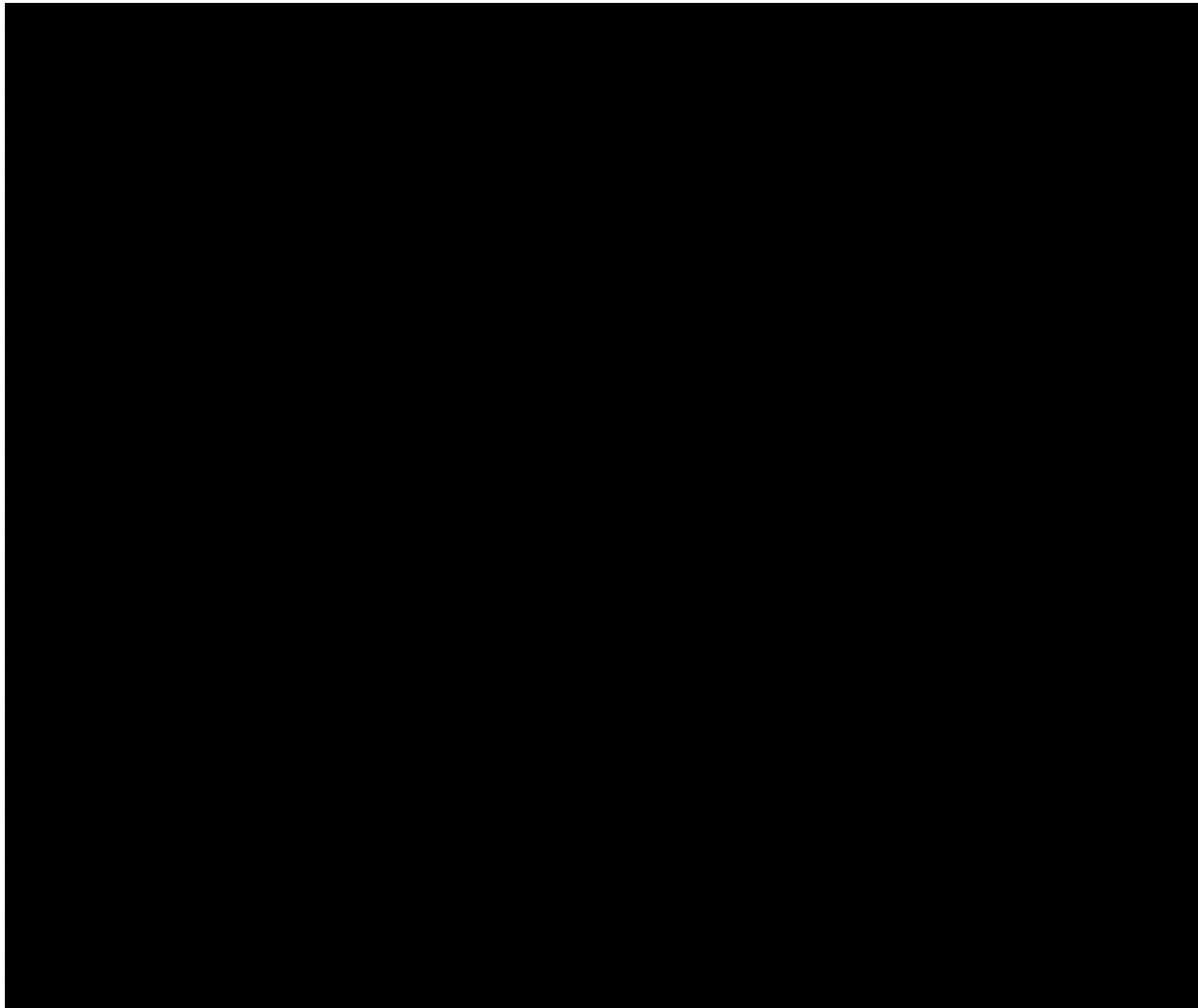


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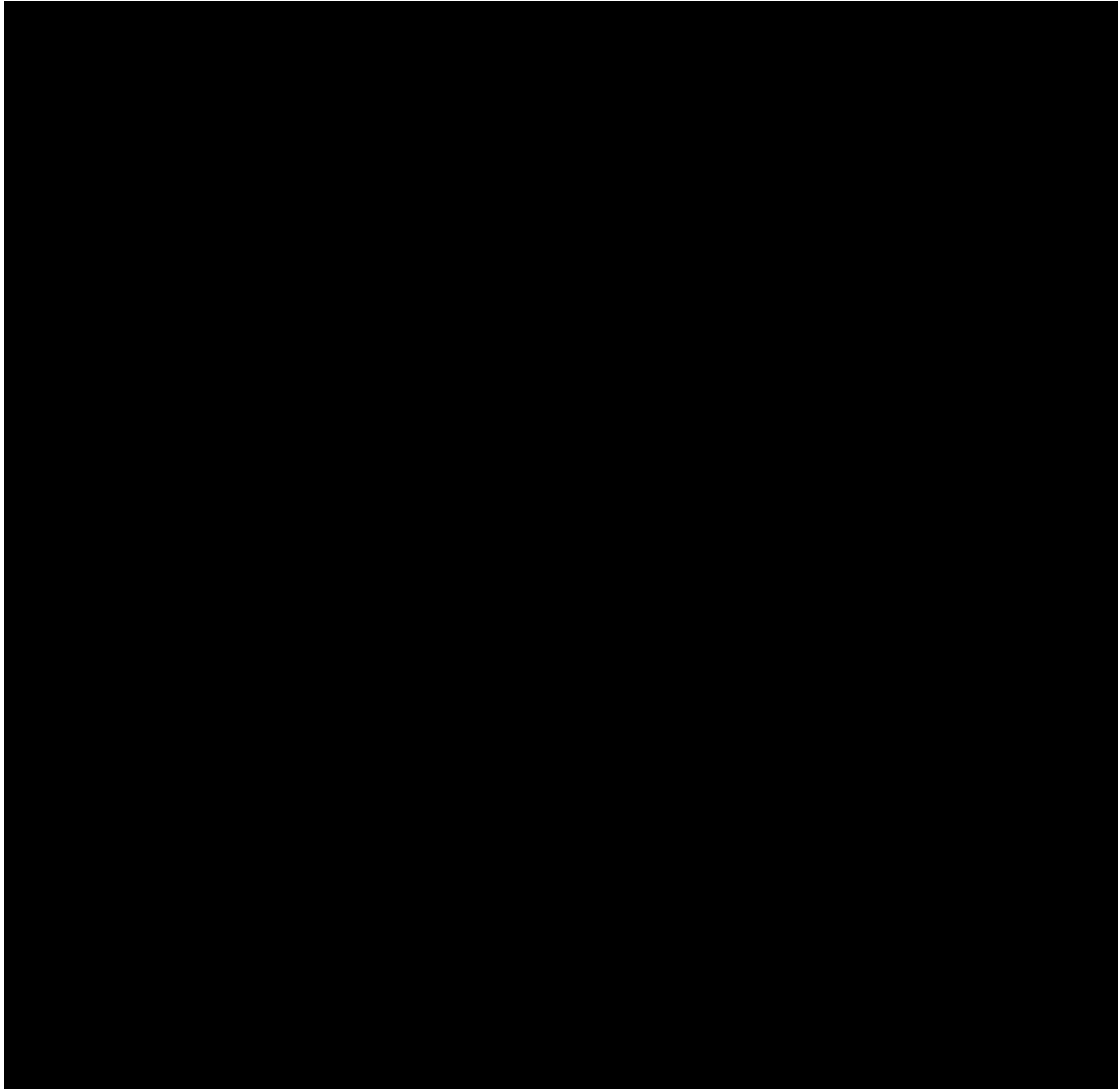
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The "TOXICOLOGY REPORT" indicated the presence of [REDACTED] as outlined below:



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For additional details, refer to the attached autopsy report.

Attachments:

2022-04-22 Autopsy Report - James Williams

Sarah B. Kelly

22-001 CCM E

From: coroner
Sent: Thursday, January 06, 2022 6:17 PM
To: Sarah B. Kelly; Carla J. Morales; Janice L. Tanner
Subject: FW: Autopsy Report Request

Can you girls please follow up?
Thanks

From: ajharland@dps.ohio.gov <ajharland@dps.ohio.gov>
Sent: Thursday, January 06, 2022 4:18 PM
To: coroner <Coroner@starkcountyohio.gov>
Subject: Autopsy Report Request

January 6, 2022

Stark County Coroner's Office
Coroner Ronald Rusnak, M.D.
4500 Atlantic Blvd. NE

Dear Dr. Rusnak,

The Ohio Office of Criminal Justice Services (OCJS) is responsible for collecting data on behalf of the Department of Justice with regard to the federal Deaths in Custody Reporting Act (DICRA) of 2013 (Public Law 113-242). This Act requires the reporting of certain data on deaths of individuals who are incarcerated at a municipal or county jail, state prison, state-run boot camp prison, boot camp prison that is contracted out by the state, any state or local contract facility, or other local or state correctional facility (including any juvenile facility) and deaths that occur in the process of arrest by state and local law enforcement agencies.

OCJS requests that your office provide us, for governmental use only, with information we need to fulfill this federal requirement. Specifically, we are requesting the autopsy report for the following individual:

James Williams; date of death January 1, 2022

Please do not hesitate to contact me if you have questions. If you would like more information on DICRA, you can go to our website: <http://www.ocjs.ohio.gov/deathincustody.stm>. Thank you for your time.

Sincerely,

Anjolie Harland

Anjolie Harland, M.S.

Social Sciences Research Specialist
Office of Criminal Justice Services
1970 W. Broad Street
Columbus, OH 43223
(614) 728-8330 fax

www.ocjs.ohio.gov

OFFICE OF **THE CORONER** STARK COUNTY OHIO

Ronald R. Rusnak, M.D.
Coroner of Stark County

Administrative Offices and Forensic Facility

Anthony P. Bertin, D.O.
Chief Deputy Coroner of Stark County

3053 Cleveland Ave., S.W.
Canton, OH 44707
330.451.1366
Fax 330.451.1367

coroner@starkcountyohio.gov
INVESTIGATION

CASE #22-001

Called at 1:25 AM on 01/01/2022 by Aultman Hospital Emergency Room

DECEDENT: JAMES R. WILLIAMS

2307 10th Street SW
Canton, OH 44706
AGE: 46 Y RACE: Black/African American
SEX: M DOB: 01/13/1975
Not Hispanic or Latino

LOCATION OF INCIDENT: Residence
2307 10th Street SW
Canton, Stark County, OH

TIME OF INCIDENT: 12:05 AM 01/01/2022

NEXT OF KIN: Marquetta Williams, Wife
2307 10th Street SW
Canton, OH 44706

PRONOUNCED: 01/01/2022 12:27 AM by Dr. Atienza
Aultman Hospital ER

ATTENDING PHYSICIAN: None Listed

EXAMINED: Cuyahoga County Medical Examiner's Office

FUNERAL HOME: Stewart-Calhoun

VALUABLES: None at SCCO

COLLECTED FOR LABS: Bile, Blood, Liver, Urine, Vitreous

AGENCIES AT SCENE: Canton Fire Department/EMS, Canton Police Department,
Hunter Mortuary Transport Service

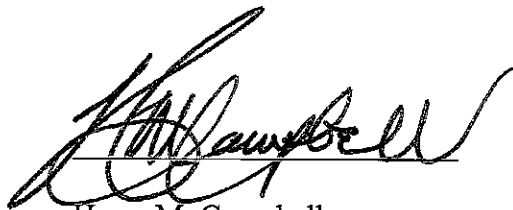
JAMES R. WILLIAMS

CASE # 22-001

PAGE # 2

Per early Canton Police Department and Ohio Bureau of Criminal Investigation report, at just after midnight on January 1, 2022, the decedent was in the area of his residence and had been outdoors, firing shots from one or more firearms in celebration of the new year. A Canton Police officer then confronted the armed decedent, firing several shots.

EMS responded to the scene and transported the decedent to Aultman Hospital emergency department where he was pronounced dead at 12:27 am on January 1, 2022. The decedent was transported to the Cuyahoga County Medical Examiner's office for autopsy.

A handwritten signature in black ink, appearing to read "H. Campbell", written over a horizontal line.

Harry M. Campbell
Chief Investigator

JAMES R. WILLIAMS

CASE # 22-001

PAGE # 3

FULL REPORT AND TOXICOLOGY RESULTS: See attached reports



22-001 Full Report
(CCME).pdf



22-001 Toxicology
(CCME).pdf

CAUSE OF DEATH:

A handwritten signature in cursive script, appearing to read 'Anthony P. Bertin, DO'.

Anthony P. Bertin, DO
Chief Deputy Coroner

APB/sbk

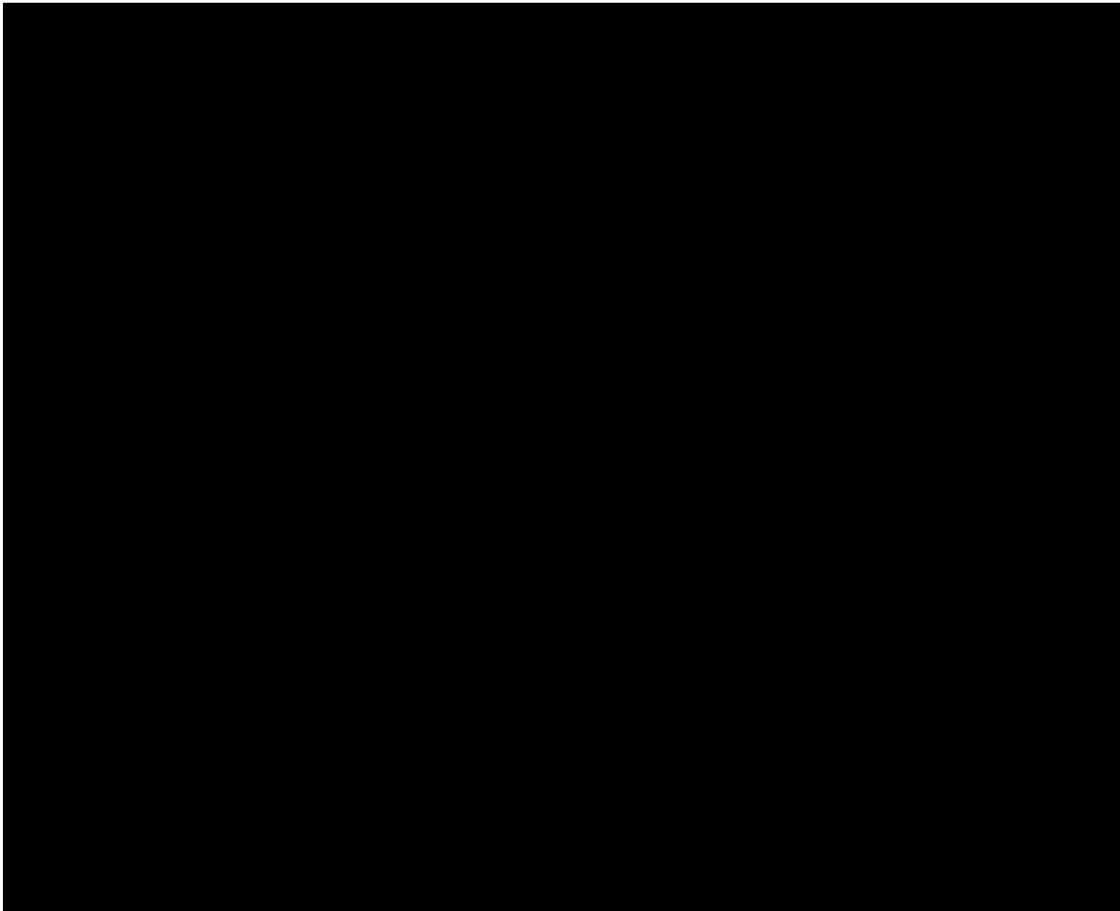
Case Number: OU2022-00002
Name: James Williams

Death County: Stark

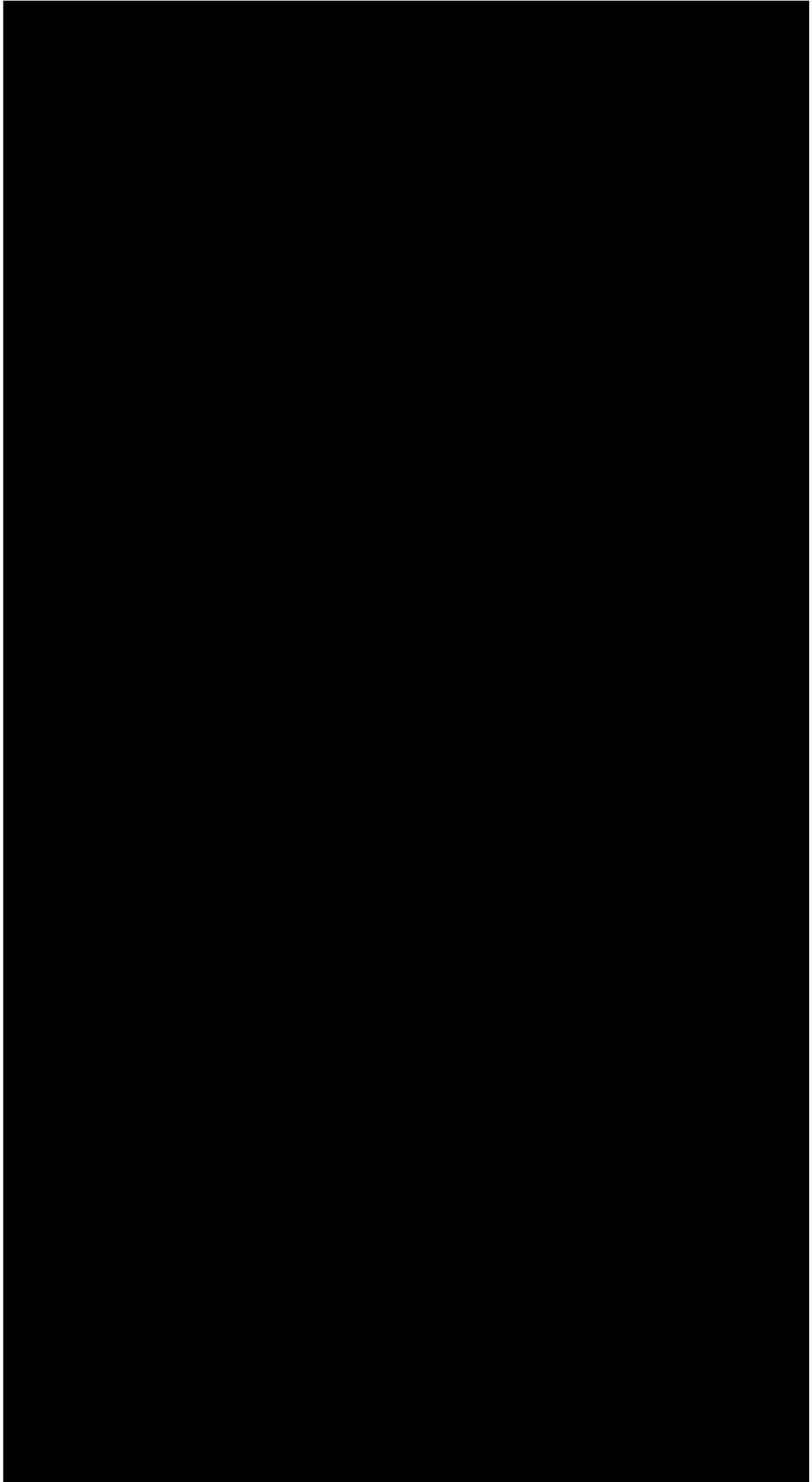
REPORT OF AUTOPSY

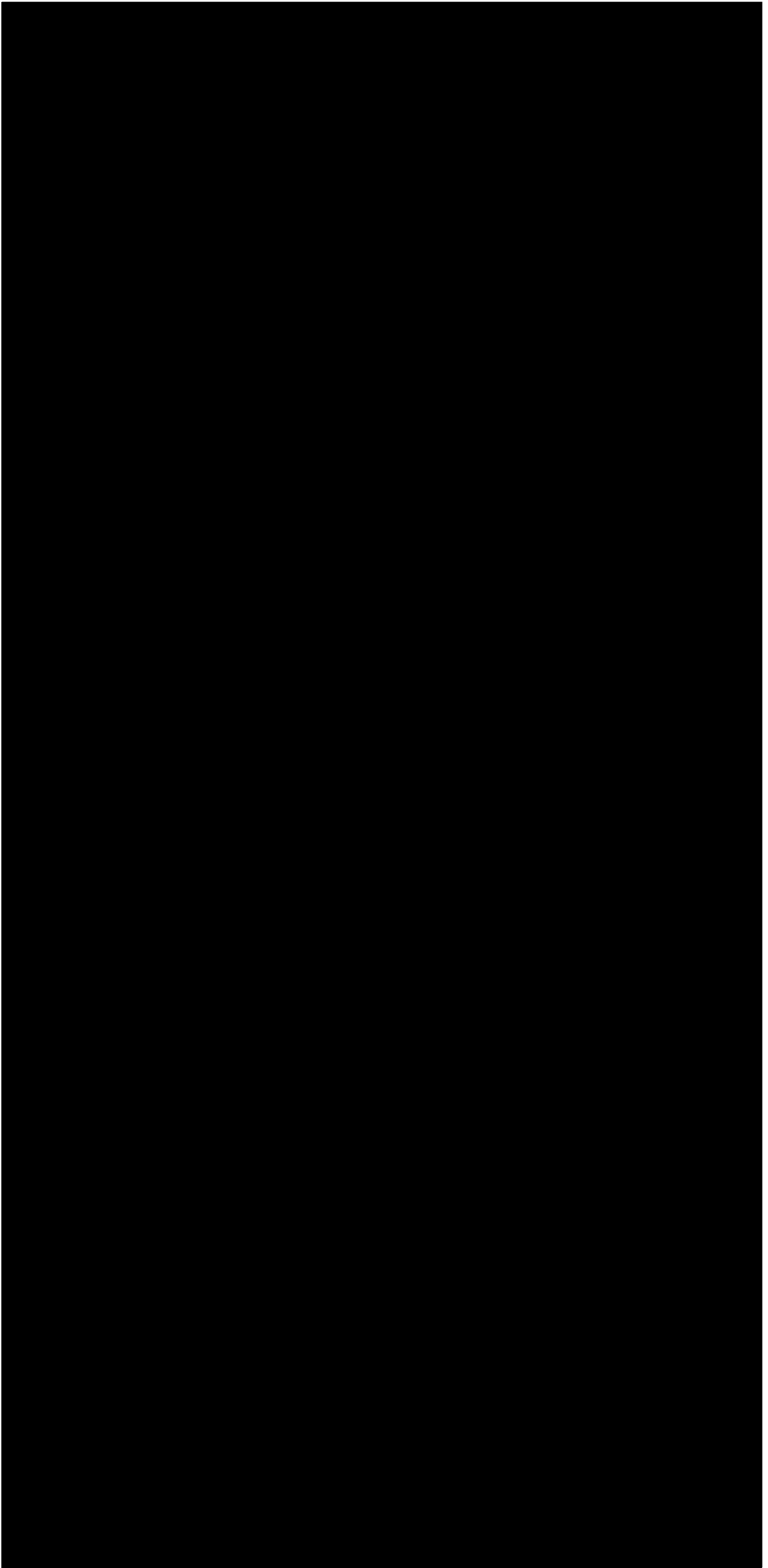
An autopsy was performed at the Cuyahoga County Medical Examiner's Office at 11:13 AM, on 01/03/2022 by Erica J. Armstrong, M.D.

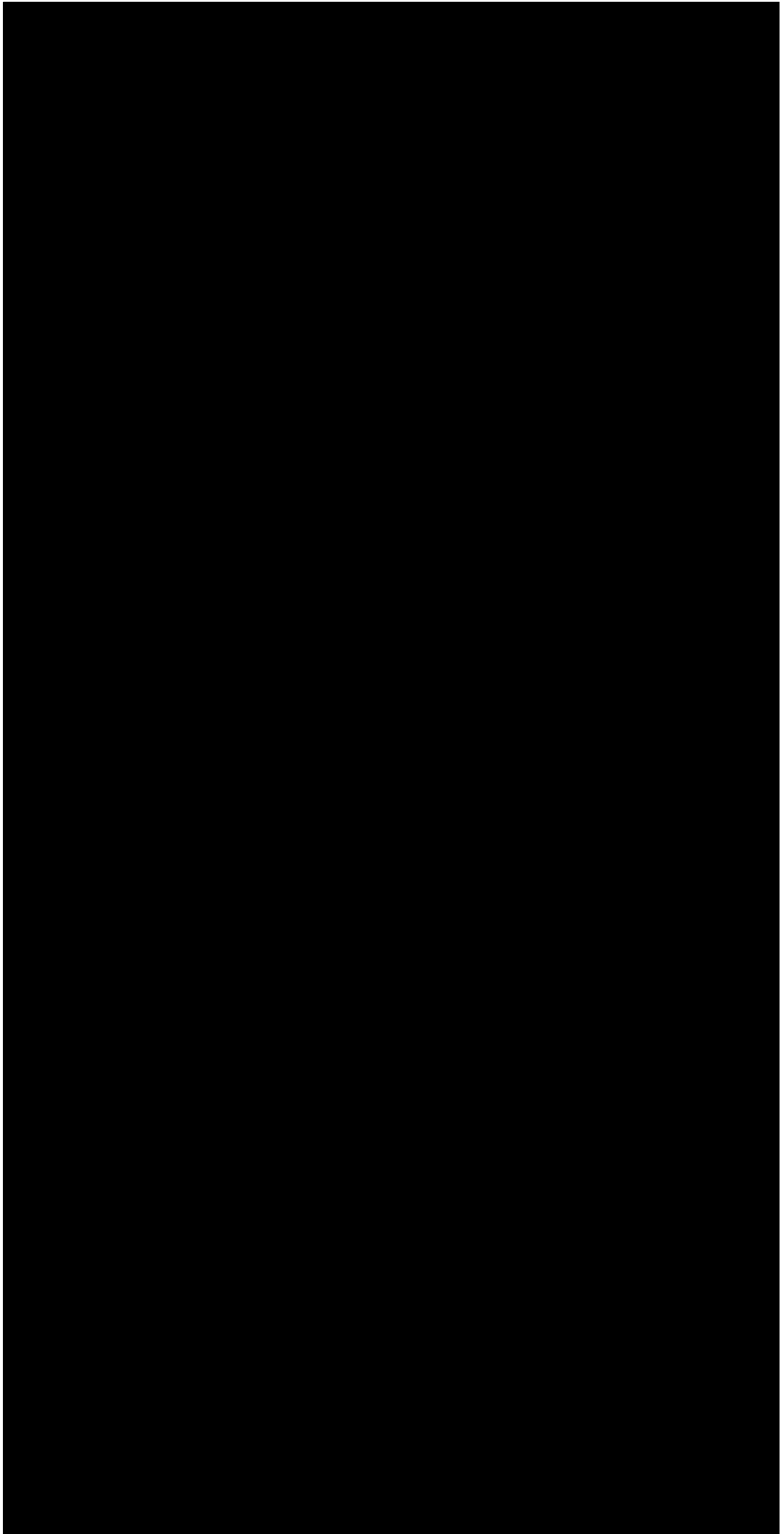
ANATOMIC DIAGNOSES:

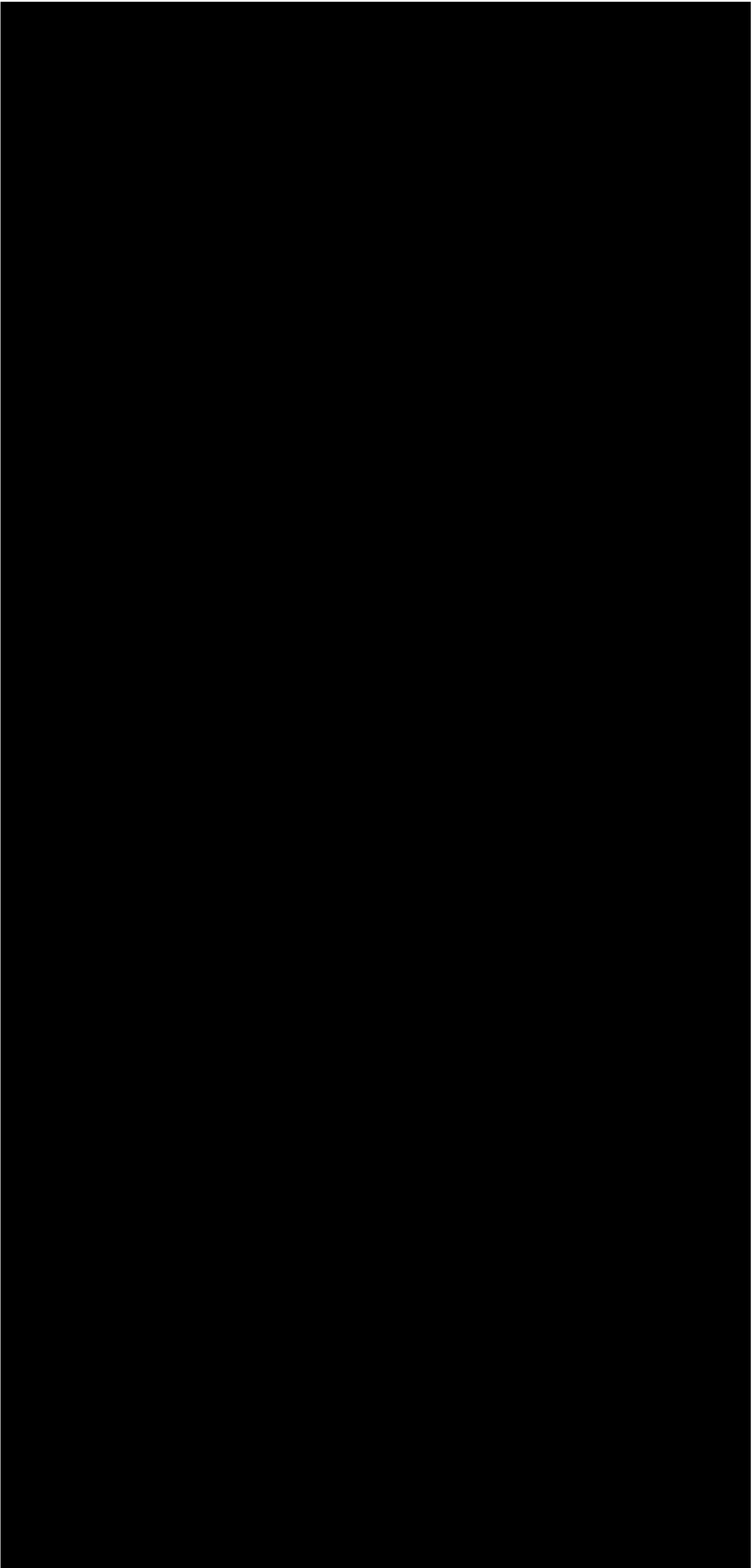


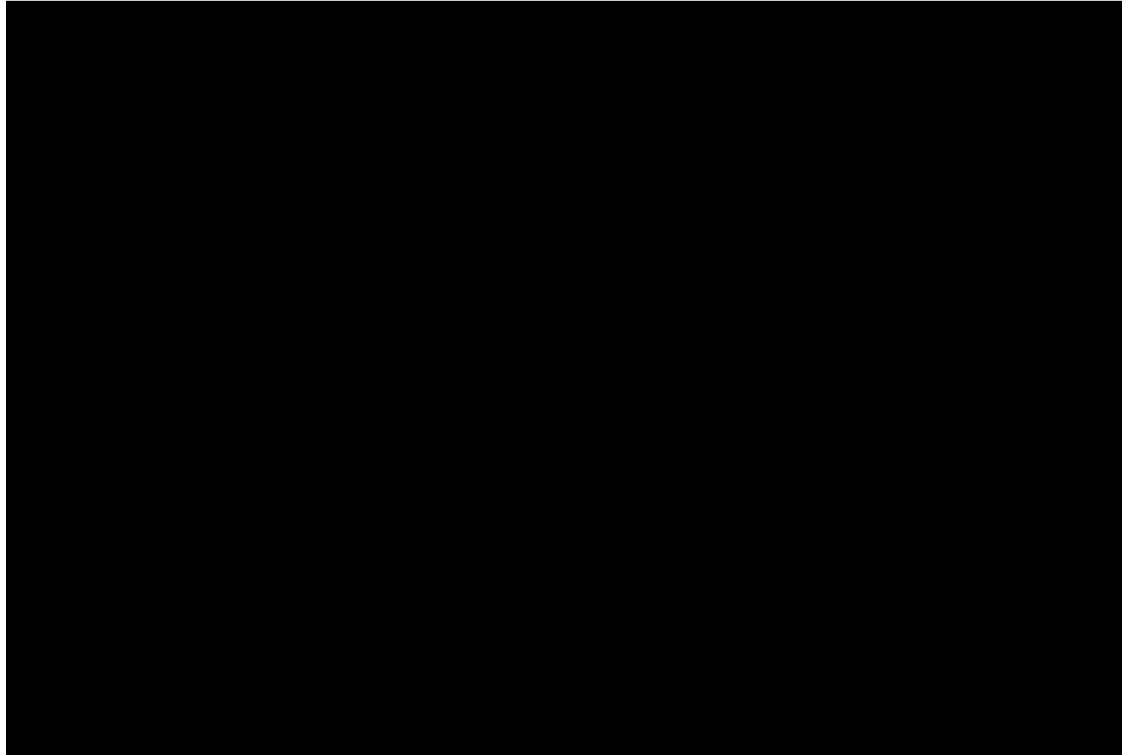
GROSS ANATOMIC DESCRIPTION











MICROSCOPIC DESCRIPTION/DIAGNOSIS

Representative portions of viscera and soft tissue are retained in formalin fixative. No tissues are submitted for histologic preparation.



Erica J. Armstrong, M.D.

Date 3/23/22

**This report was reviewed
by another CCMEO
board-certified
forensic pathologist.**

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 7601
Registrar's No.

State File No.



1842784

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) JAMES R WILLIAMS						2. Sex MALE	3. Date of Death (Month/Day/Year) JANUARY 01, 2022
	4. Social Security Number [REDACTED]	5a. Age (Years) 46	5b. Under 1 Year Months	5c. Under 1 day Hours	6. Date of Birth (Mo/Day/Year) JANUARY 13, 1975	7. Birthplace (City and State or Foreign Country) DETROIT, MICHIGAN		
	8a. Residence State OHIO		8b. County STARK		8c. City or Town CANTON			
	8d. Street Address and Zip Code 2307 10TH ST SW 44706						9. Ever in US Armed Forces? NO	
	10. Marital Status at Time of Death MARRIED				11. Surviving Spouse's Name (If wife, give name prior to first marriage) MARQUETTA JONES			
	12. Decedent's Education COLLEGE, BUT NO DEGREE			13. Decedent of Hispanic Origin NO	14. Decedent's Race BLACK			
	15. Father's Name JOHN WILLIAMS			16. Mother's Name (prior to first marriage) DORIS COUSINS				
	17a. Informant's Name MARQUETTA WILLIAMS			17b. Relationship to Decedent SPOUSE		17c. Mailing Address (Street and Number, City, State, Zip Code) 2307 10TH ST SW CANTON, OHIO 44706		
	18a. Place of Death HOSPITAL - DEAD ON ARRIVAL						18b. Facility Name (If not Institution, give street & number) AULTMAN HOSPITAL	
					18c. City or Town, State and Zip Code CANTON, OH 44710		18d. County of Death STARK	
DISPOSITION	19. Funeral Service Licensee or Other Agent SUSAN ADINA WALKER			20. License Number (of licensee) 010197		21. Name and Complete Address of Funeral Facility STEWART & CALHOUN FUNERAL HOME 529 W THORNTON ST AKRON, OH 44307		
	22. Method and Place of Disposition REMOVAL FROM STATE - LINCOLN MEMORIAL PARK CEMETERY, CLINTON TOWNSHIP, MI							
	23. Local Registrar JAMES ADAMS				24. Date Filed (Month/Day/Year)			
CERTIFIER	26a. Certifier (Check only one) <input type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Coroner or Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.							
	26b. Time of Death 00:27			26c. Date Pronounced Dead (Month/Day/Year) JANUARY 01, 2022		26d. Was Case Referred to Medical Examiner or Coroner? YES		
	26e. Certifier Name and Title RONALD ROBERT RUSNAK MD			26f. License number 35.057165		26g. Date Signed (Month/Day/Year) JANUARY 10, 2022		
27. Name and Address of Person who Completed Cause of Death RONALD ROBERT RUSNAK, 4500 ATLANTIC BLVD NE, CANTON, OH 44705								
CAUSE OF DEATH	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.						Approximate Interval: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death)	a. PENDING						
	Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)						
		c. Due to (or as Consequence of)						
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	d. Due to (or as Consequence of)						
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was An Autopsy Performed? YES	29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? YES	
30. Did Tobacco Use Contribute to Death? UNKNOWN		31. If Female, Pregnancy Status NOT APPLICABLE.			32. Manner of Death PENDING INVESTIGATION			
33a. Date of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				33d. Injury at Work?		
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)								
33f. Describe How Injury Occurred:						33g. If Transportation Injury, Specify:		

Reg. Dist. No. 7601Ohio Department of Health
VITAL STATISTICSState File No. 2022040794Registrar's No. 7601-2022000670

Supplementary Medical Certification

1842784

Name of Deceased JAMES R WILLIAMS			
Place of Death HOSPITAL - DEAD ON ARRIVAL		Date of Death JANUARY 01, 2022	
23. Local Registrar JAMES ADAMS		24. Date Filed APRIL 08, 2022	
25a. Certifier (Check only one)		<input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.	
25b. Time of Death 00:27		25c. Date Pronounced Dead (Month/Day/Year) JANUARY 01, 2022	25d. Was Case referred to Coroner? YES
25e. Certifier Name and Title BERTIN, ANTHONY P DO		25f. License number 34.003103	25g. Date Signed APRIL 08, 2022
27. Name and Address of Person who Completed Cause of Death BERTIN, ANTHONY P, 3053 CLEVELAND AVE SW, CANTON, OH, 44707			
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. GUNSHOT WOUNDS TO TRUNK AND EXTREMITIES WITH VISCERAL, VASCULAR, SKELETAL AND SOFT TISSUE INJURY		MINUTES
Sequentially list conditions, if any, leading to the immediate cause.	b. Due to (or as Consequence of) EXSANGUINATION		MINUTES
Enter Underlying Cause Last (Disease or injury that initiated events resulting in a death)	c. Due to (or as Consequence of)		
	d. Due to (or as Consequence of)		
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		28a. Was an Autopsy Performed? YES	28b. Were Autopsy Findings Available Prior to completion of Cause of Death? YES
30. Did Tobacco Use Contribute to Death? NO	31. If Female, Pregnancy Status NOT APPLICABLE.	32. Manner of Death HOMICIDE	
33a. Date of Injury (Month/Day/Year) JANUARY 01, 2022	33b. Time of Injury 12:05	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) RESIDENCE	33d. Injury at Work? NO
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) 2307 10TH STREET SW, CANTON, OHIO			
33f. Describe How Injury Occurred: SHOT BY ANOTHER		33g. If Transportation Injury, Specify:	

HEA 2752
Rev. 08/18THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN
OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS

Required by section 3705.27 of the Ohio Revised Code



1842784



2022040794