



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



2024-1780
Officer Involved Critical Incident - [REDACTED]
Youngstown, Ohio

Investigative Activity: Autopsy report review
Involves: Mathue O'Malley (S)
Activity Date: 09/17/2024
Activity Location: Mahoning County Coroner's Office
Authoring Agent: SA Jon Lieber #50

Narrative:

On Tuesday, September 17, 2024, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Jon Lieber (Lieber) received an email from the Mahoning County Coroner's Office. The correspondence consisted of the autopsy report for Mathue O'Malley (O'Malley).

SA Lieber reviewed the report and noted the following:

This autopsy report was authored by Alison Krywanczyk, M.D. of the Cuyahoga County Medical Examiner's Office. The Coroner's Findings report was authored by Mahoning County Coroner David M. Kennedy, M.D. [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.

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



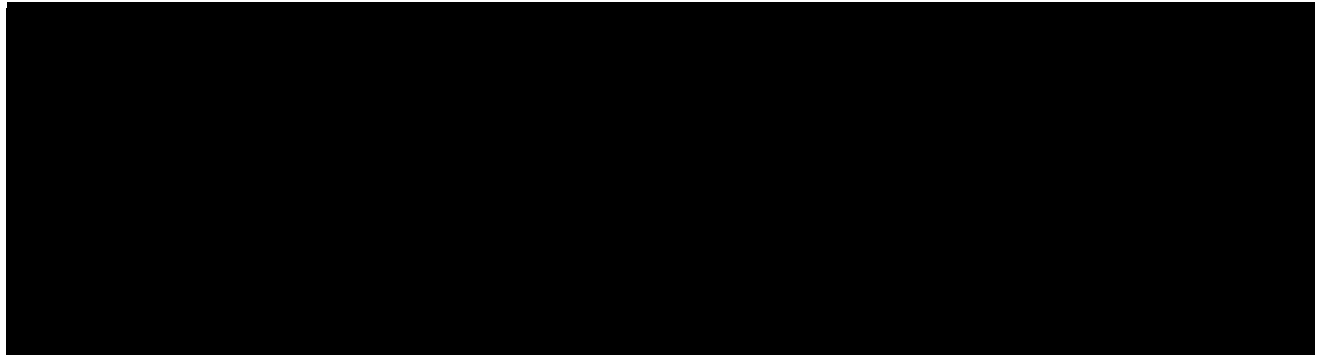
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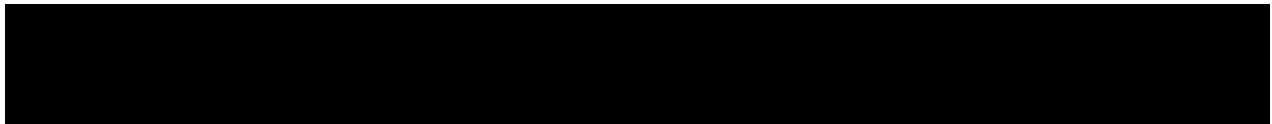
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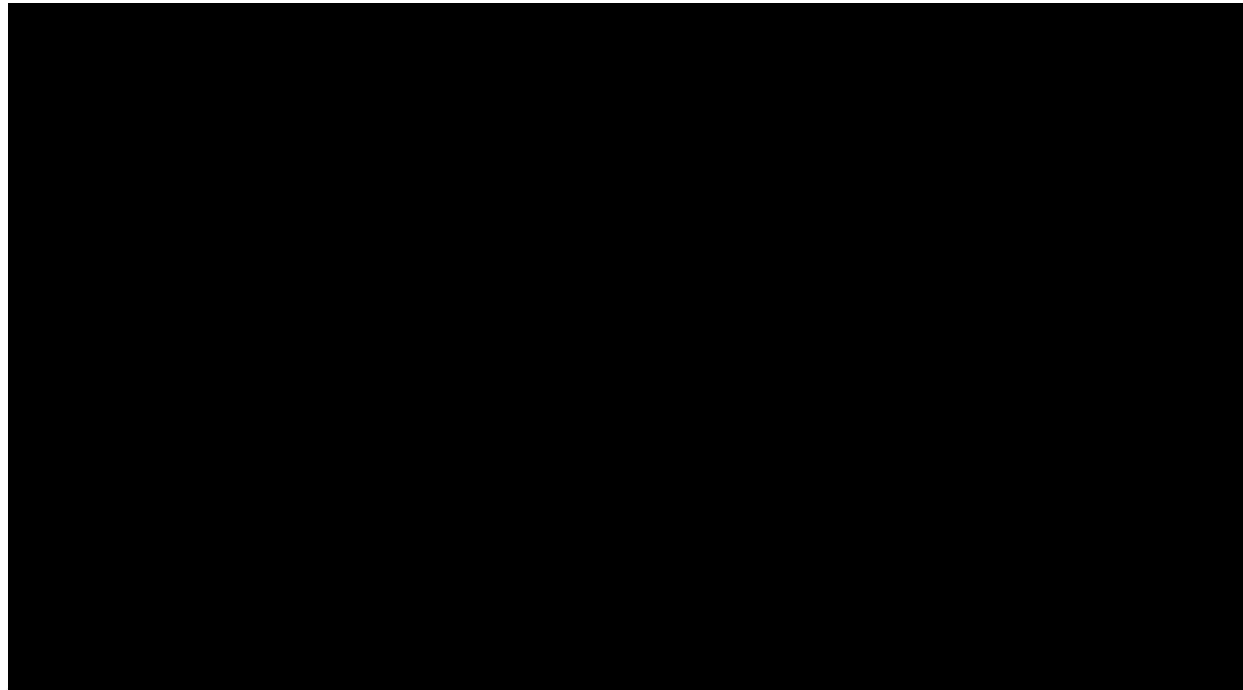
The "ANATOMIC DIAGNOSES" section of the report listed the following relevant information:



The "OPINION" section of the report contained the following information:



The "EXTERNAL EXAMINATION" section contained the following information:



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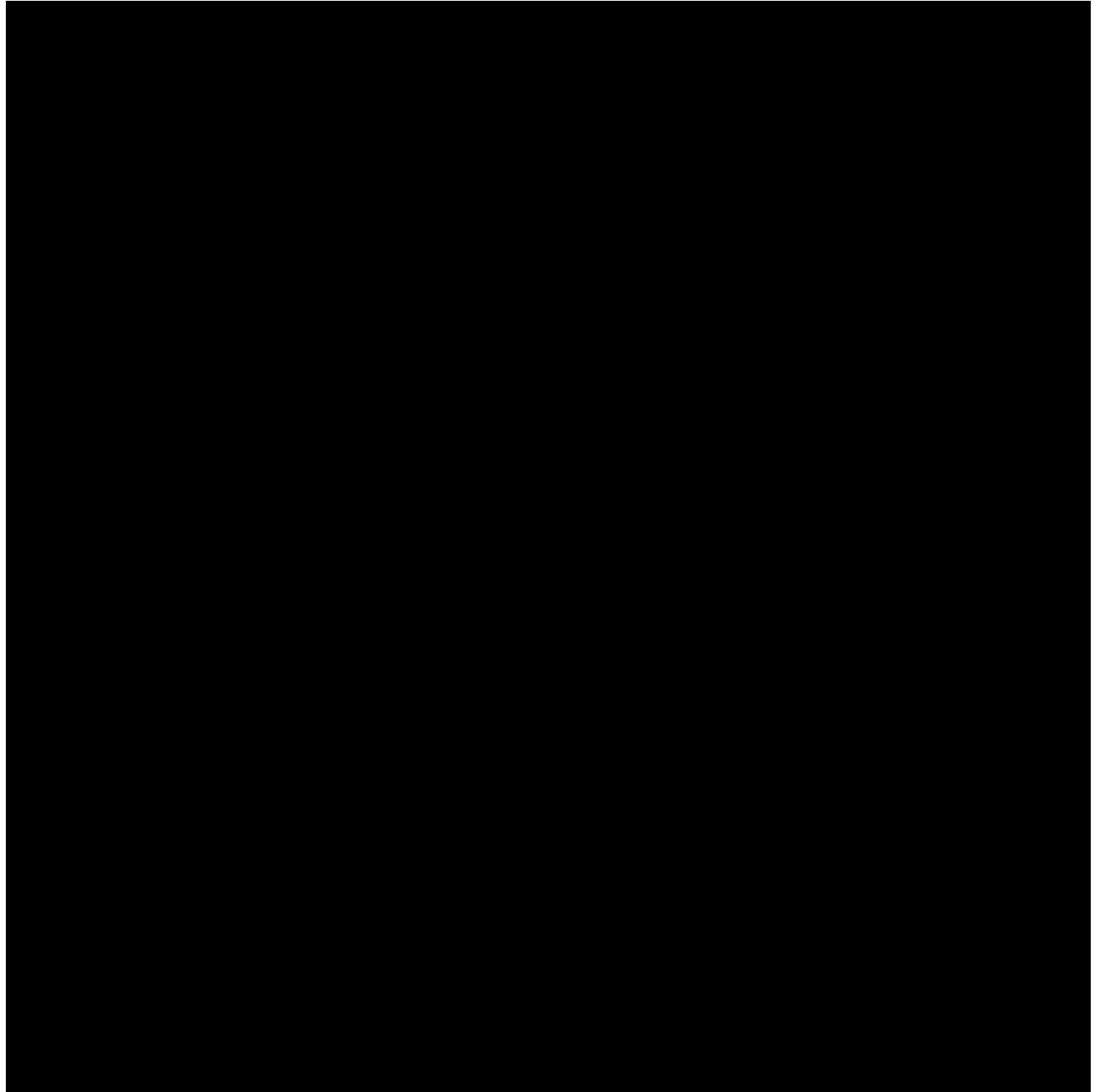
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The "External and Internal Injuries" section contained the following information:



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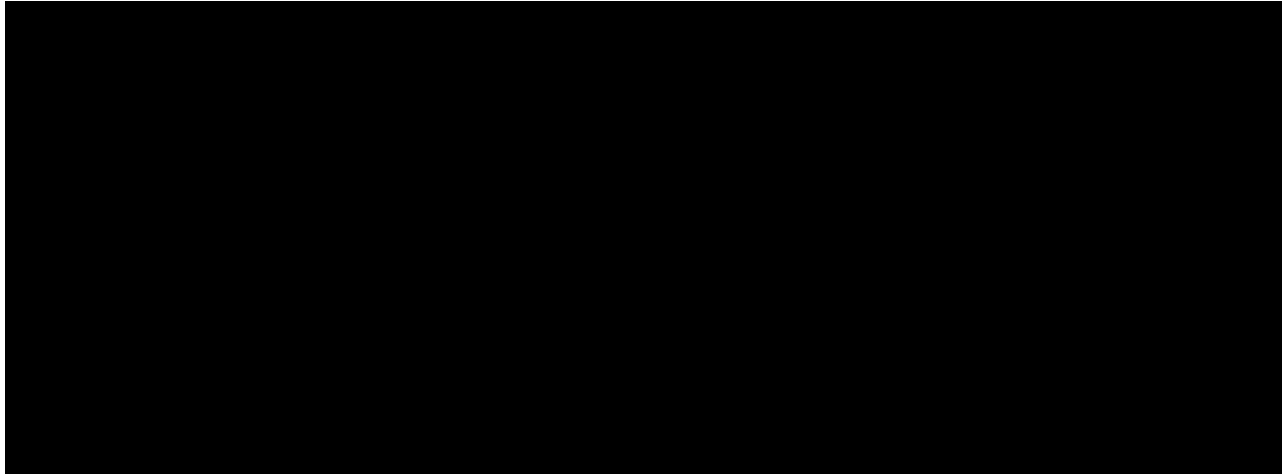
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The "TOXICOLOGY REPORT" contained the following pertinent information:



The autopsy report, toxicology, Coroner's findings, and death certificate are attached to this report. Please refer to the attachments for the full details.

References:

None

Attachments:

1. 2024-09-17 CCMEO Autopsy report
2. 2024-09-17 CCRFL Toxicology
3. 2024-09-17 Coroner Findings
4. 2024-09-17 Death Certificate

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Reg. Dist. No. 5001

Registrar's No. 5000-2024001685

Ohio Department of Health
VITAL STATISTICS
Supplementary Medical Certification

State File No. 2024060034

2179279

Name of Deceased MATHUE O'MALLEY			
Place of Death HOSPITAL - INPATIENT		Date of Death JUNE 13, 2024	
23. Local Registrar ERIN BISHOP		24. Date Filed AUGUST 16, 2024	
26a. Certifier (Check only one) <input type="checkbox"/> Certifying Physician <small>To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.</small>		<input checked="" type="checkbox"/> Coroner <small>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.</small>	
26b. Time of Death 12:38		26c. Date Pronounced Dead (Month/Day/Year) JUNE 13, 2024	26d. Was Case referred to Coroner? YES
26e. Certifier Name and Title KENNEDY, DAVID M MD		26f. License number 35.060712	26g. Date Signed AUGUST 16, 2024
27. Name and Address of Person who Completed Cause of Death KENNEDY, DAVID M, 345 OAK HILL AVE #320, YOUNGSTOWN, OH, 44502			
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. <small>List only one cause on each line. Type or print in permanent black ink.</small>			Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a. GUNSHOT WOUND OF THE HEAD		HOURS
Sequentially list conditions, if any, leading to the immediate cause.	b. Due to (or as Consequence of)		
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.		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? NO	31. If Female, Pregnancy Status NOT APPLICABLE.	32. Manner of Death SUICIDE	
33a. Date of Injury (Month/Day/Year) JUNE 13, 2024	33b. Time of Injury 00:44	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) RESIDENCE OF ANOTHER	33d. Injury at Work? NO
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State) [REDACTED], YOUNGSTOWN, OHIO			
33f. Describe How Injury Occurred: SHOT SELF WITH HANDGUN		33g. If Transportation Injury, Specify:	

HEA 2752
Rev. 08/18

THIS 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



2179279



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