



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



2025-3739

Officer Involved Critical Incident – 4272 Cider Mill Drive,
Cincinnati, OH 45245 (L)

Investigative Activity: Document Review, Review of Records
Involves: Thomas Mitchell Noble (S), Union Township Fire Department (O)
Date of Activity: 11/24/2025
Author: SA Lauren Frazier, #129

Narrative:

On November 24, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent Lauren Frazier received requested documents from UTPD Lt. Scott Blankenship. As a result of the request, the following document was received and reviewed:

- Union Township Fire Department (UTFD) Patient Care Report:
 - Incident# [REDACTED] dated 11/17/2025
 - UTFD Medic 49 (M49) responded for a psychiatric emergency
 - M49 staged per police department request then responded for traumatic arrest
 - Patient, Thomas Noble, was lying supine on sidewalk with police department performing manual CPR (cardio-pulmonary resuscitation)
 - Medics assessed patient – [REDACTED]
 - EMS took over manual compressions and provided medical aid, to include [REDACTED]
 - Patient was transported to Mercy Anderson Hospital Emergency Room #1 and care was transferred to hospital staff

The patient care record received has been attached to this report for further review.

References:

No references.

Attachments:

Attachment # 01: 2025-11-17 UTFD Patient Care Record

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**Union Township Fire Department**

Patient Care Record

Name: NOBLE, THOMAS

Incident #: [REDACTED]

Date: 11/17/2025

Patient 1 of 1

Patient Information				Clinical Impression	
Last	NOBLE	Address	4272 Cider Mill DR	Primary Impression	[REDACTED]
First	THOMAS	Address 2		Secondary Impression	[REDACTED]
Middle		City	Cincinnati	Protocols Used	
Sex	Male	State	OH	Local Protocol Provided Care Level	
Gender	Male	Zip	45245	Anatomic Position	Back
DOB	07/17/1988	Country	US	Onset Time	
Age	37 Yrs, 4 Months, 0 Days	Tel	Unable to Obtain - Other Reason	Last Known Well	
Weight		Physician		Chief Complaint	
Height		Phys. Tel		Duration	Units
Pedi Color		Ethnicity	Not Hispanic or Latino	Secondary Complaint	
SSN	[REDACTED]	Race	White	Duration	Units
Advance Directives				Patient's Level of Distress	
Resident Status	Resident Within EMS Service Area			Signs & Symptoms	[REDACTED]
Patient Resides in Service Area					
Temporary Residence Type					

Medications/Allergies/History/Immunizations	
Medications	
Allergies	
History	
Immunizations	
Last Oral Intake	

Vital Signs												
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain
21:10	[REDACTED]											

Vitals Calculations							
Time	GCS(E+V+M)/Qualifiers	RASS	BARS	RTS	PTS	MAP	Shock Index
21:10	[REDACTED]						

Flow Chart			
Time	Treatment	Description	Provider
[REDACTED]			



Flow Chart

Time	Treatment	Description	Provider

Assessments

Assessment Time: 11/17/2025 21:08:40

Category	Comments	Subcategory	
Mental Status	[REDACTED]	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	
Extremities		Left Arm	[REDACTED]
		Right Arm	
		Left Leg	
		Right Leg	
		Pulse	
		Capillary Refill	
Neurological		Neurological	
Neonatal			

Narrative

**Union Township Fire Department**

Patient Care Record

Name: NOBLE, THOMAS

Incident #: [REDACTED]

Date: 11/17/2025

Patient 1 of 1

M49 was dispatched to the following location for a psychiatric emergency. Once M49 was staged, PD requested EMS to respond to a traumatic arrest. Upon arrival, pt was found laying supine on the sidewalk with PD performing manual CPR. Upon assessment, [REDACTED] EMS took over manual compressions. Pt was give [REDACTED] Pt was placed [REDACTED] and [REDACTED] Pt was then transferred t [REDACTED] throughout the incident. Pt was immediatel [REDACTED] transport was made to the nearest hospital. While en route [REDACTED]

condition did not change throughout the incident. Upon arrival pt was placed in Mercy Anderson Hospital emergency room #1. Pt was unable to sign due to him [REDACTED] so EMS signed on pts behalf. Report was given to receiving RN and transfer of care signature was obtained without incident.

Specialty Patient - CPR				
Cardiac Arrest	[REDACTED]	Prearrival CPR Instructions	[REDACTED]	In Field Pronouncement
Cardiac Arrest Etiology		First Defibrillated By		pired
Estimated Time of Arrest		Time of First Defib		me
Est Time Collapse to 911		Initial ECG Rhythm		te
Est Time Collapse to CPR		Rhythm at Destination		ysician
Arrest Witnessed By		Hypothermia		
CPR Initiated By		End of Event		
Time 1st CPR		ROSC		
CPR Feedback		ROSC Time		
ITD Used		ROSC Occurred		
Applied AED		Resuscitation Discontinued		
Applied By		Discontinued Reason		
Defibrillated		Resuscitation		
CPR Type				

Incident Details		Destination Details		Incident Times	
Location Type	Home/Residence	Disposition		PSAP Call	
Location		Unit Disposition	Patient Contact Made	Dispatch Notified	
Address	4272 Cider Mill DR	Patient Evaluation and/or Care Disposition	Patient Evaluated and Care Provided	Call Received	11/17/2025 20:53:54
Address 2		Crew Disposition	Initiated and Continued Primary Care	Dispatched	11/17/2025 21:06:57
Mile Marker		Transport Disposition	Transport by This EMS Unit (This Crew Only)	En Route	11/17/2025 21:06:57
City	Cincinnati	Transport Mode	Emergent (Immediate Response)	Staged	
County	Clermont	Reason for Refusal or Release		Resp on Scene	
State	OH	Transport Mode Descriptors	Lights and Sirens	On Scene	11/17/2025 21:07:30
Zip	45245	Transport Due To	Closest Facility	At Patient	11/17/2025 21:08:25
Country	US	Transported To	Anderson Mercy Hospital	Care Transferred	
Medic Unit	E49	Requested By	Other	Depart Scene	11/17/2025 21:16:00
Medic Vehicle	M-2	Transferred To		At Destination	11/17/2025 21:23:00
Run Type	Emergency Response (Primary Response Area)	Transferred Unit		Pt. Transferred	11/17/2025 21:24:00
Response Mode	Emergent	Destination	Hospital	Call Closed	11/17/2025 22:34:09
Response Mode Descriptors	Lights and Sirens	Department	Emergency Room	In District	
Shift	A Shift	Address	7500 State Rd.	At Landing Area	
Zone	51	Address 2			
Level of Service		City	Cincinnati		
EMD Complaint		County	Hamilton		
EMD Card Number		State	OH		



Union Township Fire Department

Patient Care Record

Name: NOBLE, THOMAS

Incident #: [REDACTED]

Date: 11/17/2025

Patient 1 of 1

Incident Details		Destination Details		Incident Times
Dispatch Priority	Priority 2 (Emergent)	Zip	45255	
		Country	US	
		Zone		
		Condition at Destination	Unchanged	
		State Wristband #		
		Destination Record #		
		Trauma Registry ID		
		STEMI Registry ID		
		Stroke Registry ID		
Call Nature	SICK PERSON (Specific Diagnosis) -			

Crew Members				
Personnel	Role	Certification Level	PPE	Exposures
KLAMO , JOSEPH	Driver	EMT-Paramedic (Ohio) - 115848	Gloves	None
FORSTER , CRAIG	Other	EMT-Paramedic (Ohio) - 91677	Gloves	None
HUGHES , RYAN	Lead	EMT-Paramedic (Ohio) - 186583	Gloves	None
KROEGER , BENJAMIN	Other	EMT-Paramedic (Ohio) - 192860	Gloves	None
TERRELL , MATTHEW	Other	EMT-Paramedic (Ohio) - 94537	Gloves	None

Insurance Details					
Insured's Name		Primary Payer		Dispatch Nature	
Relationship		Medicare		Response Urgency	
Insured SSN		Medicaid		Job Related Injury	
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	US	Group #			

Mileage		Delays		Additional Agencies
Scene	1.0	Category	Delays	
Destination	5.0	Dispatch Delays	None/No Delay	
Loaded Miles	4.0	Response Delays	Scene Safety (Not Secure for EMS)	
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

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	
Condition of Patient at Destination	Unchanged		