

**Date** **Court Action, Orders, Entries**

Count:	Plea:			
A	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC	
B	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC	
C	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC	
D	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC	
E	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC	
F	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC	

**Finding on No Contest Plea:**

A	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
B	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
C	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
D	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
E	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
F	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED

MOTION FOR  
 WAIVER OF TRIAL TIME FILED  
 REQUEST FOR PRETRIAL HEARING FILED

**ENTRY**

A \$ \_\_\_\_\_ BOND FORFEITED  
 B \$ \_\_\_\_\_ BOND FORFEITED  
 C \$ \_\_\_\_\_ BOND FORFEITED  
 D \$ \_\_\_\_\_ BOND FORFEITED  
 E \$ \_\_\_\_\_ BOND FORFEITED  
 F \$ \_\_\_\_\_ BOND FORFEITED

BENCH WARRANT ORDERED; BOND SET AT \$ \_\_\_\_\_

TRIAL BY ☐ COURT ☐ JURY

DEFT FOUND:

A	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
B	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
C	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
D	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
E	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
F	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED

☐ DEFENDANT HAVING PLEADED OR CHANGED PLEA TO:  
☐ GUILTY  
☐ NOT GUILTY AND FOUND \_\_\_\_\_ GUILTY  
☐ NO CONTEST AND FOUND \_\_\_\_\_ GUILTY

THE COURT THEREFORE IMPOSES THE FOLLOWING SENTENCE:

	FINE:	COSTS:	
A	\$ _____	Y N	<input type="checkbox"/> DISMISSED
B	\$ _____	Y N	<input type="checkbox"/> DISMISSED
C	\$ _____	Y N	<input type="checkbox"/> DISMISSED
D	\$ _____	Y N	<input type="checkbox"/> DISMISSED
E	\$ _____	Y N	<input type="checkbox"/> DISMISSED
F	\$ _____	Y N	<input type="checkbox"/> DISMISSED

JAIL: \_\_\_\_\_

SUSPENSION OF DRIVING RIGHTS: \_\_\_\_\_

\_\_\_\_\_  
 JUDGE

ENTRY MODIFYING SUSPENSION  
 NOTICE OF APPEAL

ATTORNEY NAME AND ADDRESS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Case No. 20TRC08133

Number of Counts 3

**CLARK COUNTY  
 MUNICIPAL COURT  
 OF  
 SPRINGFIELD, OHIO**

**THE STATE OF OHIO  
 THE CITY OF SPRINGFIELD  
 GERMAN TWP**

VS.

JOSEPH A HAREFORD  
601 BOONE ST  
PIQUA, OH 45356  
8-7-78

D. O. B. \_\_\_\_\_  
 S. S. NO. \_\_\_\_\_

VIOLATION:

A A 4S11.19 A1a  
 B B 4S11.19 A1d  
 C C 4S11.21c  
 D \_\_\_\_\_  
 E \_\_\_\_\_  
 F \_\_\_\_\_

DATE OF ARRAIGNMENT: 9-28

ASSIGNMENT:

(1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) \_\_\_\_\_  
 (5) \_\_\_\_\_  
 (6) \_\_\_\_\_  
 (7) \_\_\_\_\_

INSURED? YES ☒ NO ☒  
 OL HELD? YES ☒ NO ☒

BOND POSTED - CASH-SURETY \_\_\_\_\_  
 AMOUNT

STATE OF OHIO

GERMAN

☐ City ☐ Village ☒ Township

TICKET #

304555

CASE #

NAME JOSEPH A HEREFORD

STREET 601 BOONE ST

CITY, STATE Piqua, OH

ZIP 45356

OPERATOR LICENSE / STATE ID # <input type="checkbox"/> None*		BIRTH DATE	ISSUE DATE	STATE
RQ 728652		8-7-78	11-12-16	OH
CLASS	EXPIRES	ENDORSEMENT(S)/RESTRICTION(S)		SS# (last 4 digits)
D	8-7-20	<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other		
SEX	HEIGHT	WEIGHT	EYES	HAIR
M	6-01	175	BRN	BRN
FINANCIAL RESPONSIBILITY PROOF?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
If no OL/State ID, REQUIRED documentation attached: <input type="checkbox"/> Yes				

TO DEFENDANT: COMPLAINT ON 9-24, 2020 AT 2156 AM YOU

Operate/Passenger/Parked/Walked a ☒ Passenger ☐ Motorcycle ☐ Bicycle ☐ Other  
☐ Commercial DOT# ☐ >26,001 lbs. ☐ <16 Pass. Bus ☐ >16 Pass. Bus ☐ Haz. Mat.  
 VEHICLE: YEAR 1997 MAKE BMW MODEL 4-DR  
 COLOR WHITE LICENSE # HYL3587 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY TROY RD

ADJACENT S200 BLOCK (M.P.)

IN THE TWP OF GERMAN IN CLARK

COUNTY (NO.), 12 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

SPEED: 70 MPH in 55 MPH zone		<input checked="" type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input checked="" type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA		4511.21C
<input checked="" type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> Pace <input type="checkbox"/> Laser <input type="checkbox"/> Stationary <input checked="" type="checkbox"/> Moving		
OVI: <input checked="" type="checkbox"/> Under the influence of alcohol/drug of abuse.		<input checked="" type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> Prohibited blood alcohol concentration. .124 BAC		4511.19a1d 4511.19a1a
<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused		
Prior OVIs:	# of prior OVIs 2	Years of prior OVIs 9708
DRIVER LICENSE: <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate		
Suspension Type:		
SAFETY BELT: Failure to wear		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat		
OTHER OFFENSE:		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
OTHER OFFENSE:		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input checked="" type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENDER		
PAVEMENT: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice # of Lanes 2 <input type="checkbox"/> Construction Zone		
VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Night <input type="checkbox"/> Dawn		
WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input checked="" type="checkbox"/> No Adverse		
TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input checked="" type="checkbox"/> None		
AREA: <input type="checkbox"/> Business <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industry <input type="checkbox"/> School		
CRASH: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Almost Caused <input type="checkbox"/> Non-Injury <input type="checkbox"/> Injury <input type="checkbox"/> Fatal		
Crash Report Number:		
REMARKS:		
ACCOMPANYING CRIMINAL CHARGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TOTAL # OFFENSES 3		

TO DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED ☒ YES ☐ NO

You are summoned and ordered to appear on 9-28, 2020 at 1:30 PM

in MUNICIPAL JUVENILE Court, at 50 E. COLUMBIA 101 E. COLUMBIA

If you fail to appear at this time and place you may be arrested or your license may be cancelled.

This summons served personally on the defendant on 9-24, 2020

The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

COURT CODE	UNIT	POST	DISTRICT
1220	496		

Issuing Law Enforcement Officer: Verify address. If different from license address, write the present address in space provided.

## NOTES

\*SEE OUR REPORT\*



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

REPORT OF LAW ENFORCEMENT OFFICER ADMINISTRATIVE LICENSE SUSPENSION /  
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

A. NAME <u>JOSEPH ALAN HERFORD</u>		DRIVER LICENSE # <u>RQ728652</u>		CLASS <u>D</u>	STATE <u>OH</u>
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) <u>601 BOONIE ST</u>					
CITY <u>PRIMA</u>		OHIO COUNTY OF RESIDENCE <u>DEAN</u>		STATE <u>OH</u>	ZIP CODE <u>45356</u>
DATE OF BIRTH <u>8-7-78</u>		4 DIGIT COURT CODE <u>1220</u>		COUNTY OF VIOLATION <u>CLERK</u>	
DATE OF VIOLATION <u>9-1-2020</u>		TIME OF VIOLATION <u>2:50</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		PLACE OF TEST <u>5300 BLOCK TROY RD</u>	
DATE OF REFUSAL OR TEST <u>9-1-2020</u>		TIME OF REFUSAL OR TEST <u>2:42</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		VIN <u>WEADD6321VBW28275</u>	
VEHICLE OWNER'S NAME <u>DALTON HAYWOOD</u>		DATE OF BIRTH <u>10-19-1994</u>		STREET ADDRESS <u>1132 E CANAL ST</u>	
CITY <u>TROY</u>		STATE <u>OHIO</u>		ZIP CODE <u>45373</u>	
VEHICLE STORED AT (STREET ADDRESS) <u>5300 BLOCK TROY RD</u>					CITY <u>SPRINGFIELD</u>

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: OVI Physical Control

The driver:

- ☐ Refused to submit to test (s).  
☒ Submitted to test (s). 0.124 % alcohol test result  
☒ Circle test type for which results were reported:  
Whole Blood Breath Urine, Blood Serum, or Blood Plasma  
☒ Was placed under an Administrative License Suspension (R.C. 4511.191)  
☒ License was seized  
☒ Offender was provided a copy of this form at the time of arrest.

I requested the driver, by reading advice on the back, to submit to a chemical test (s) for alcohol and / or for the presence of any controlled substance or metabolite. My reasonable grounds for OVI Physical Control arrest before test were: Odor of Alcohol, Watery Eyes, Slurred

- ☐ Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma.  
☐ Specify controlled substance and / or metabolite results: \_\_\_\_\_  
☐ Subject tested positive for prohibited level of marijuana metabolite \_\_\_\_\_ (specify amount) and was under the influence of alcohol and / or a drug of abuse.  
☐ Alcohol, controlled substance or metabolite test result received on \_\_\_\_\_. Subject served with notice of Administrative License Suspension on \_\_\_\_\_.  
☐ Reasonable means officer used to ensure offender submitted to a chemical test were: \_\_\_\_\_

C. Officer to Complete Applicable Vehicle Sanctions:

- ☐ License plate(s) seized  
☐ Vehicle seized under R.C. 4511.195 (OVI)

- ☐ Vehicle seized under R.C. 4510.41 only (DUS or wrongful entrustment of a motor vehicle) If so, Do not mail this form to the BMV.  
☐ Vehicle subject to immobilization  
☐ Vehicle subject to forfeiture

D. Officer to Complete if Offender is the holder of a commercial driver license or was Operating a Commercial Vehicle:

- ☐ Read and showed advice to offender (R.C. 4506.17)  
☐ Refused to submit to test(s)  
☐ Submitted to test(s) 0 % alcohol test result  
(Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma  
☐ Prohibited Alcohol Content without OVI charge

- ☐ Prohibited Alcohol Content with OVI charge  
☐ Commercial vehicle per definition (R.C. 4506.01(E))  
☐ 24-hour out-of-service order  
☐ CDL to be disqualified  
☐ CDL seized  
☐ Hazardous material  
☐ Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form.

X [Signature]  
DRIVER'S SIGNATURE

☐ REFUSED TO SIGN

F. Complete Below Only for an OVI / Physical Control ARREST:

We, the undersigned, certify that the advice prescribed by the General Assembly (under R.C. 4511.191 and R.C. 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and one other person.

X [Signature]  
ARRESTING OFFICER'S SIGNATURE

ENFORCEMENT AGENCY

OFFICER'S BUSINESS STREET ADDRESS

CITY

OHIO 7 2 1 5  
N.C.I.C. #

STATE OH ZIP CODE 45304

X [Signature]  
WITNESS'S SIGNATURE

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:  
STATE OF OHIO, COUNTY OF CLERK

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, or upon public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and / or drugs of abuse, in physical control of a vehicle while under the influence of alcohol and / or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4506.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge and belief.

X [Signature]  
ARRESTING OFFICER SIGNATURE

X  
PEACE OFFICER SIGNATURE

Sworn to before me this 26 day of September 2020

X  
NOTARY PUBLIC'S SIGNATURE

X [Signature]  
DEPUTY CLERK OF COURT'S SIGNATURE

City of Springfield



## CONSEQUENCES OF TEST AND REFUSAL (R.C. 4511.192) (MUST BE READ TO OVI / PHYSICAL CONTROL OFFENDER)

"You now are under arrest for (*specifically state the offense under state law or a substantially equivalent municipal ordinance for which the person was arrested*) operating a vehicle under the influence of alcohol, a drug, or a combination of them; operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance; operating a vehicle after underage alcohol consumption; or having physical control of a vehicle while under the influence. "If you refuse to take any chemical test required by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated. If you have a commercial driver license and refuse to submit to the test or tests you will immediately be placed out-of-service for twenty-four hours; you will be disqualified from operating a commercial motor vehicle for a period of not less than one year; and you will be required to surrender your commercial driver license to me."

"If you have a prior conviction of OVI, OVUAC, or operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance under state or municipal law within the preceding twenty years, you now are under arrest for state OVI, and if you refuse to take a chemical test, you will face increased penalties if you subsequently are convicted of the state OVI."

"If you have previously pled guilty or been convicted of two or more OVI'S, OVUAC's, or equivalent offenses in the previous ten years, or pled guilty or been convicted of five or more OVI'S, OVUAC's, or equivalent offenses in the previous twenty years, or pled guilty or been convicted of a felony of any of the above violations, and you refuse to submit to a chemical test required by law, I am authorized to use whatever reasonable means are necessary to ensure that you submit to a chemical test."

(*Read this part unless the person is under arrest for solely having physical control of a vehicle while under the influence.*) "If you take any chemical test required by law and are found to be at or over the prohibited amount of alcohol, a controlled substance, or a metabolite of a controlled substance in your whole blood, blood serum or plasma, breath, or urine as set by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated."

"If you take a chemical test, you may have an independent chemical test taken at your own expense."

---

## CONSEQUENCES OF TEST AND REFUSAL – OUT-OF-SERVICE (R.C. 4506.17) (MUST BE READ IN ADDITION TO THE ABOVE TO AN OFFENDER WHO IS THE HOLDER OF A COMMERCIAL DRIVER LICENSE OR IS DRIVING A COMMERCIAL VEHICLE)

"I am a law enforcement officer; I have probable cause to stop or detain you. After investigating the circumstances, I have probable cause to believe you were operating a motor vehicle in violation of section 4506.15 of the Ohio Revised Code. I request that you submit to a test or tests of your blood, breath, or urine for the purpose of determining your alcohol concentration or the presence of any controlled substance. If you refuse to submit to the test or tests you will immediately be placed out-of-service for twenty-four hours; you will be disqualified from operating a commercial motor vehicle for a period of not less than one year; and you will be required to surrender your commercial driver license to me."

---

## ADDITIONAL INFORMATION FOR OFFENDER

---

### IMMOBILIZATION OR FORFEITURE UPON OVI ARREST (R.C. 4511.195)

If you have previously been convicted of operating a motor vehicle under the influence, OVI, (R.C. 4511.19), or similar municipal ordinance, the vehicle and its identification license plates may be seized. The vehicle may be towed and kept by the law enforcement agency or may be immobilized. The period of time for which the vehicle and license plates will be kept or immobilized may be at least until the initial appearance in court. At the initial appearance the court may order that the vehicle and license plates be returned or released to the vehicle owner until the disposition of the charge. If you are convicted of or plead guilty to OVI, the court may issue an order of immobilization of the vehicle and the impoundment of its license plates, or an order for the criminal forfeiture of the vehicle to the state. If you are not the vehicle owner you must immediately inform the owner that the vehicle and its license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

---

### OFFENDERS ARRESTED FOR DRIVING UNDER SUSPENSION OR WRONGFUL ENTRUSTMENT OF A MOTOR VEHICLE (R.C. 4511.203)

If you are charged for driving under an OVI suspension, (R.C. 4510.14), or wrongful entrustment of a motor vehicle, (R.C. 4511.203), the vehicle and identification plates may be seized, and the vehicle may be towed and kept by the law enforcement agency. Any period of seizure will be at least until your initial appearance in court. At the initial appearance the court may order the vehicle returned to you or released to the vehicle owner. If you are convicted of driving under suspension, or of wrongful entrustment of a vehicle, the court may issue an order of immobilization of the vehicle and impoundment of its license plates. Upon a third conviction of wrongful entrustment of a vehicle (R.C. 4511.203), of driving under suspension (R.C. 4510.11), or a municipal ordinance similar to one of the above, the court, upon your conviction may order the forfeiture of the vehicle. If you are not the owner, you should immediately inform the owner that the vehicle and the license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

---

### IF YOU HAVE A COMMERCIAL DRIVER LICENSE OR YOU WERE OPERATING A COMMERCIAL VEHICLE:

- A. To appeal your disqualification, you must prepare a WRITTEN request for an Administrative Hearing and submit the request by REGISTERED or CERTIFIED MAIL within 30 days of your refusal or test date (see reverse side). Mail your request to:  
Ohio Bureau of Motor Vehicles  
Attn.: CDL / OSP  
P.O. Box 16784  
Columbus, Ohio 43216-6784
- B. You may appeal this SUSPENSION in court at the time of your initial appearance. Even though you may appeal this suspension, your driving privileges will still be suspended.

---

### NOTICE OF SUSPENSION (R.C. 4511.192)

Independent of any penalties or sanctions imposed upon you pursuant to any other section of the Revised Code or municipal ordinance, your driver license or commercial driver license, permit, or nonresident operating privilege is now suspended. The suspension takes effect immediately. The suspension will last at least until your initial appearance on the charge, which will be held within five days after the date of this arrest or the issuance of a citation to you. You may appeal the suspension at the initial appearance before the court that hears the charges against you that resulted from the arrest, or during the period of time ending 30 days after that initial appearance.

### LENGTH OF SUSPENSION

#### FOR REFUSAL

(Based on prior refusals, convictions, and guilty pleas within 10 years)

No priors .....1 year  
One prior .....2 years  
Two priors .....3 years  
Three or more priors .....5 years

#### FOR PROHIBITED CONCENTRATION OF ALCOHOL

(Based on prior convictions and guilty pleas within 10 years)

No priors .....90 days  
One prior .....1 year  
Two priors .....2 years  
Three priors .....3 years

# GERMAN TWP.



## Ohio Impaired Driver Report

ARREST #:	<u>0</u> CONVICTIONS (WITHIN 6 YEARS)	CHARGES	
CRASH REPORT #:	<input type="checkbox"/> REFUSAL <input type="checkbox"/> FELONY	1) <u>4511.19A</u>	<u>304555</u>
VIOLATION: <u>9-24-20</u> <u>2156</u>	<u>1</u> (2008) CONVICTIONS (WITHIN 20 YEARS)	Section #	UTT #
ARREST: <u>9-24-20</u>	<u>.124</u> BAC LEVEL	2) <u>4511.19A</u>	<u>304555</u>
DAY OF WEEK: <u>THURSDAY</u>		Section #	UTT #
COURT DATE: <u>9-28-2020</u> <u>11:30P</u>		3) <u>4511.21C</u>	<u>304555</u>
VIDEO TAPE <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		Section #	UTT #
VIDEO TAPE #		4)	
		Section #	UTT #
		5)	
		Section #	UTT #
		6)	
		Section #	UTT #
		7)	
		Section #	UTT #

<u>JOSEPH A. HEREFORD</u> NAME OF ARRESTED		<u>PQ728652</u> DRIVERS LICENSE #		<u>OHIO</u> STATE OF ISSUE	
<u>601 BOONE ST</u> CURRENT ADDRESS		<u>Piqua</u> CITY		<u>OH</u> <u>45556</u> STATE ZIP	
<u>8-7-1978</u> DATE OF BIRTH	<u>268-78-4872</u> SOCIAL SECURITY #	<u>M</u> SEX	<u>W</u> RACE	<u>937-271-8893</u> HOME PHONE	
<u>CARE OF TREES (TRAY OHIO)</u> PLACE OF EMPLOYMENT		<u>5200 BLOCK TRAY RD (WEST BOUND)</u> LOCATION OF OFFENSE			
<u>5300 BLOCK TRAY ROAD (WEST BOUND)</u> LOCATION OF ARREST		<u>2242</u> TIME			
<u>REYNOLDS, A 496</u> MIRANDA RIGHTS READ BY		<u>9-24-2020</u> DATE		<u>Body Cam</u> WITNESS	
<u>REYNOLDS, A 496</u> IMPLIED CONSENT READ BY		<u>9-24-2020</u> DATE		<u>2235</u> TIME	
				<u>TROOPER JACKSON</u> WITNESS	

<u>1997</u> VEHICLE YEAR	<u>Bmw 4-Door</u> VEHICLE MAKE/MODEL	<u>HVU3587</u> LICENSE #	<u>OH</u> STATE	<u>EXP</u> EXP	<u>White</u> COLOR
[ ] VEHICLE SEIZURE:					
DISPOSITION OF VEHICLE <input checked="" type="checkbox"/> DRIVER ARRESTED: <u>JOSEPH A. HEREFORD</u>					
<input checked="" type="checkbox"/> RELEASED TO / OR LEFT AT: <u>5300 BLOCK TRAY RD.</u>					

<u>Reynolds</u> ARRESTING OFFICER	<u>GERMAN TWP POLICE</u> AGENCY	<u>496</u> BADGE / POST #
<u>Officer Mason</u> REVIEWING SUPERVISOR	<u>GTPD</u> AGENCY	<u>495</u> BADGE / POST #

# Statement Of Facts

Page 2

I, Off. J. Reynolds observed; A VEHICLE TRAVELING AT A HIGH RATE OF SPEED. VEHICLE STOPPED; DETECTED AN ODOR OF AN ALCOHOLIC BEVERAGE. DRIVER SUBMITTED TO SFSTs AND GAVE INDICATIONS OF IMPAIRMENT. DRIVER ARRESTED & CHARGED TO TAKE A BREATH TEST. BREATH TEST RESULTS (.124). DRIVER CHARGED WITH DWI & SPEED, RELEASED TO FAMILY.

## Officer's Observations

ODOR OF ALCOHOLIC BEVERAGE: ☒ YES ☐ NO EVIDENCE OF DRUG USAGE: ☐ YES ☒ NO  
 SPEECH: ☐ NOT UNDERSTANDABLE ☐ SLURRED ☐ STUTTERED ☐ ACCENT ☒ OTHER  
 EYES: ☐ APPEAR NORMAL ☒ WATERY ☒ BLOODSHOT ☐ DILATED ☐ OTHER  
 ATTITUDE: ☐ EXCITED ☒ TALKATIVE ☐ COMBATIVE ☐ CONFUSED ☒ POLITE ☐ OTHER  
 MOTOR SKILLS: ☐ FUMBLER FOR LICENSE ☐ DROPPED LICENSE ☐ WRONG ITEM PRESENTED

MEDICAL CONDITIONS: ☒ NO ☐ YES

(If Any Please Explain)

DESCRIPTION OF CLOTHING: TRUCK TOP, JEANS, BOOTS

UNUSUAL ACTIONS / STATEMENTS:

OTHERS IN VEHICLE	NAME	ADDRESS	PHONE
	NAME	ADDRESS	PHONE
	NAME	ADDRESS	PHONE

## Chemical Test Information

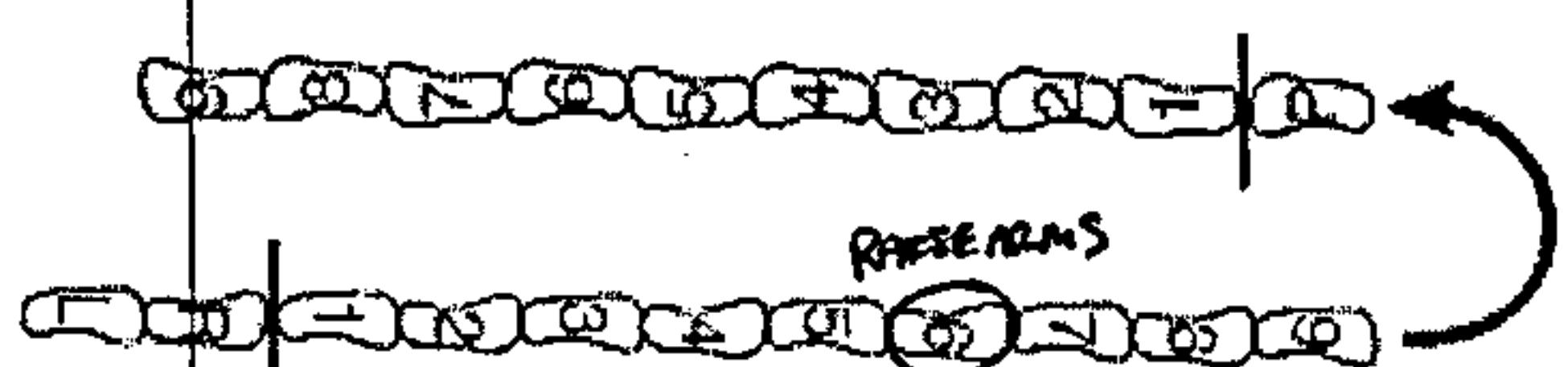
CHEMICAL TEST BY:	DATE	TIME	BAC LEVEL
<u>TROOPER JACKSON / TROOPER DEAL</u>	<u>9-24-2020</u>	<u>2242</u>	<u>.124</u>
CHEMICAL TEST REQUESTED:	<input checked="" type="checkbox"/> BREATH	<input type="checkbox"/> URINE	<input type="checkbox"/> BLOOD
CHEMICAL TEST REFUSED:	<input type="checkbox"/> BREATH	<input type="checkbox"/> URINE	<input type="checkbox"/> BLOOD
IF CHEMICAL TEST REFUSED, WHY:			



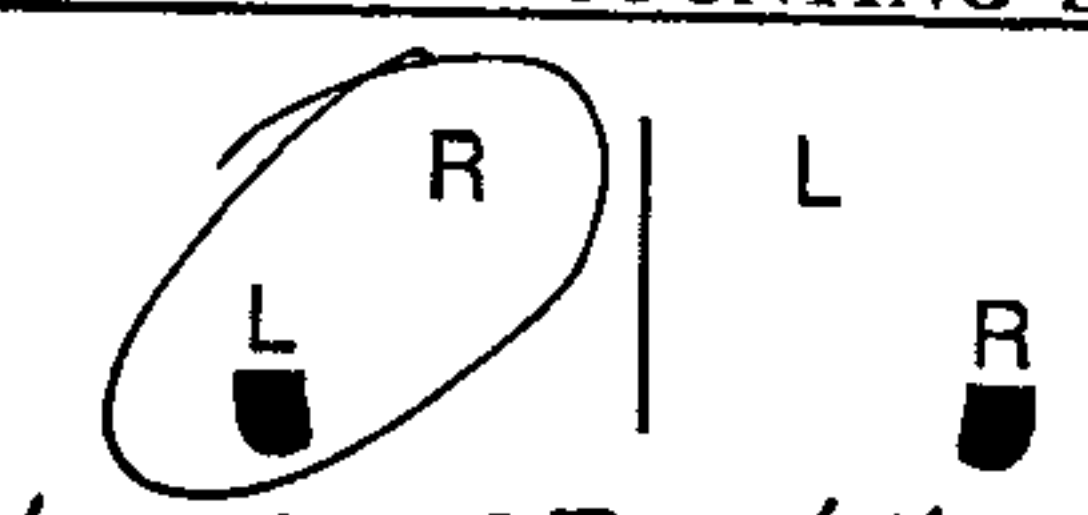
## Horizontal Gaze Nystagmus

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><u>L</u></div> <div style="text-align: center;"><u>R</u></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Lack Of Smooth Pursuit  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Distinct Nystagmus At Maximum Deviation  <input checked="" type="checkbox"/> <input type="checkbox"/> Onset Of Nystagmus Prior To 45°         </div> <div style="width: 5%;"></div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="text-align: center; font-weight: bold;">NOTES</div> </div> </div>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Walk And Turn

<input checked="" type="checkbox"/> Can't balance during instructions <input checked="" type="checkbox"/> Starts too soon	<u>INSTRUCTION STAGE</u>
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><u>1<sup>st</sup> Nine</u></div> <div style="text-align: center;"><u>2<sup>nd</sup> Nine</u></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> Stops while walking  <input type="checkbox"/> <input type="checkbox"/> Doesn't touch heel-to-toe  <input type="checkbox"/> <input type="checkbox"/> Steps off line  <input type="checkbox"/> <input type="checkbox"/> Uses arms to balance  <input checked="" type="checkbox"/> <input type="checkbox"/> Improper turn or loses balance on turn  <input type="checkbox"/> <input type="checkbox"/> Wrong number of steps  <input type="checkbox"/> Cannot perform Test (steps off line 3 or more times)         </div> <div style="width: 5%;"></div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <div style="text-align: center; font-weight: bold; margin-bottom: 10px;"><u>WALKING STAGE</u></div>  <div style="margin-top: 10px;"> <p>LOST BALANCE DURING INSTRUCTIONS #1</p> <hr/> <hr/> <hr/> <hr/> <div style="text-align: center; font-weight: bold;">NOTES</div> </div> </div> </div>	

## One Leg Stand

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><u>L</u></div> <div style="text-align: center;"><u>R</u></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <input type="checkbox"/> Sways while balancing  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Uses arms to balance  <input type="checkbox"/> <input type="checkbox"/> Hops  <input checked="" type="checkbox"/> <input type="checkbox"/> Puts foot down  <input type="checkbox"/> Cannot perform Test (puts foot down 3 or more times)         </div> <div style="width: 5%;"></div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <div style="text-align: center; font-weight: bold; margin-bottom: 10px;"><u>BALANCE AND COUNTING STAGE</u></div>  <div style="margin-top: 10px;"> <p>LEFTS ARMS @ 7 SEC / 14 SEC</p> <p>LOST BALANCE @ 9 SEC</p> <hr/> <p>USES ARMS TO BALANCE AFTER 9 SEC</p> <hr/> <div style="text-align: center; font-weight: bold;">NOTES</div> </div> </div> </div>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Officers Needed For Court

<u>REYNOLDS, A</u> ARRESTING OFFICER	<u>CTPD</u> AGENCY	<u>496</u> BADGE / POST
<u>TROOPER JACKSON</u> OFFICER NEEDED	<u>CSHP</u> AGENCY	<u>12</u> BADGE / POST
<u>TROOPER DEAL</u> OFFICER NEEDED	<u>CSHP</u> AGENCY	<u>12</u> BADGE / POST

## Witnesses Needed For Court

PARAMEDIC / DOCTOR / NURSE / OTHER	ADDRESS	CITY	STATE	ZIP	PHONE
OTHER WITNESS	ADDRESS	CITY	STATE	ZIP	PHONE
OTHER WITNESS	ADDRESS	CITY	STATE	ZIP	PHONE

## Interview

Were you operating a vehicle? ☒ Yes ☐ No Where were you going? Back to Troy  
 What street or highway were you on? YES, 450 R/L  
 Where did you start driving from? SPRINGFIELD, SOUTH SIDE Direction: ☐ N ☐ S ☐ E ☒ W  
 When did you last eat? WHILE DRIVING What time did you start? 10 O'CLOCK  
 What did you eat? POPCORN & MINT CHOCOLATE CHIP COOKIES  
 What have you been doing for the last three hours? WATCHING FOOTBALL

Have you been drinking any alcoholic beverages? ☐ No ☒ Yes What have you been drinking? TWISTED TEA  
 How much? 3 OF THEM Where? SPRINGFIELD  
 When did you start drinking? AT THE START OF THE GAME With who? MY COUNTRY  
 Are you taking tranquilizers, pills or medicine of any kind? ☒ No ☐ Yes When did you stop? 9 O'CLOCK  
 Last dose? \_\_\_\_\_ What? \_\_\_\_\_  
 Have you used marijuana within the last three hours? ☒ No ☐ Yes How much? \_\_\_\_\_  
 Are you now under the influence of alcohol? ☐ No ☒ Yes Drugs? ☒ No ☐ Yes

Have you seen a doctor or dentist today? ☒ No ☐ Yes Who? \_\_\_\_\_  
 For what? \_\_\_\_\_ When? \_\_\_\_\_  
 Do you have epilepsy? ☒ No ☐ Yes Diabetes? ☒ No ☐ Yes Do you take insulin? ☒ No ☐ Yes  
 When did you last sleep? LAST NIGHT 11:30? How much sleep did you have? 5.5 HRS  
 Are you wearing false teeth? ☒ No ☐ Yes

## Crash Interview N/A

Were you involved in a crash? <input type="checkbox"/> No <input type="checkbox"/> Yes	Were you injured? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you want to go to the hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you had anything to drink since the crash? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If so what did you drink? _____		
Who was operating the vehicle? _____		
Name	Address	Phone





## German Township Police Department

---

Chief Michael Stitzel  
3940 Lawrenceville Dr., Springfield, Ohio 45504  
OFFICE (937)-964-9105  
FAX (937) 964-9108

Joseph A. Hereford  
601 Boone Street  
Piqua, Ohio 45356

OVI – 4511.19(A)(1)(a)  
OVI Breath – 4511.19(A)(1)(d)  
Speed – 4511.21(C)

Your Honor,

On Thursday, September 24<sup>th</sup>, 2020 at approximately 9:55pm, while on patrol in the Township of German, County of Clark, State of Ohio, I was traveling Eastbound on Troy Rd, in the 5300 Block. I observed a vehicle approaching me, traveling Westbound and appeared to be traveling at a high rate of speed. I activated my front moving radar; I observed a clear and steady read out of 70mph from the target vehicle. I activated my overhead lights as the vehicle passed my patrol car. After making a U-turn, I stopped behind the vehicle in the 5300 block of Troy Rd.

Upon approaching the driver side of the vehicle, I noticed that the driver had lit a cigarette. At the window, while speaking with the driver, I detected an odor of an alcoholic beverage coming from the vehicle. I was provided a driver's license from the driver, Identified as Joseph A. Hereford, but was advised that he did not have proof of insurance for the vehicle. Joseph appeared to be very nervous, talkative and was visibly shaking while speaking with me. I observed that Joseph had glossy, watery eyes. When asked, Joseph advised that he had not been drinking alcoholic beverages. After Joseph's cigarette went out, the odor of the alcoholic beverage became stronger. I asked Joseph again if he had been drinking and that I've detected the odor of an alcoholic beverage coming from the car; Joseph again stated that he had not been consuming alcohol. Joseph agreed to submit to standardized field sobriety tests and was asked to step out of the vehicle. I advised Dispatch that I would have my driver out for a test. Joseph advised that he has done field sobriety before and had been charged with an OVI a long time ago.

SFSTs were started with Horizontal Gaze Nystagmus (HGN). I turned off the front section of my overhead lights, as well as the take down lights, and proceeded with testing. Joseph was instructed to follow the tip of my pen with his eyes, and not to move his head. I proceeded with testing for a lack of smooth pursuit of the eyes and observed that both eyes gave clues of impairment. I then tested for distinct and sustained

nystagmus at maximum deviation and observed that both eyes gave clues of impairment. I then tested for onset of nystagmus prior to 45 degrees and found that the left eye gave a clue of impairment. Finally, I tested for vertical gaze nystagmus and found no clues of impairment. In total, 5 clues of impairment were observed from HGN testing.

Joseph was then instructed on the walk and turn test. The test was performed on a flat surface of the roadway that was free and clear of debris. Joseph immediately chose to use the white fog line of the road for the test. Joseph advised of an injury to his knee, but stated that it would not hinder his ability to walk in a straight line. Joseph was instructed to stand on the line, with his right foot in front of his left. While explaining to Joseph how to stand while being given instructions, He attempted to start the test and was advised to return to the start position. During the instructions, Joseph was unsteady and lost his balance one time before being instructed to start the test. After being instructed to start the test, on the first 9 steps, Joseph raised his arms to balance on step #6. After the first 9 steps, after being instructed to take a series of small steps, Joseph make an improper turn by throwing his right leg around and pivoting on his planted left foot. During the second 9 steps, there were no prominent indications of impairment, other than a small amount of arm raising for balance. In total, 3 clues of impairment were observed during the walk and turn test.

Joseph was then instructed on the one leg stand. Before the test, Joseph showed me the injury to his leg by bending down and pointing to where the pain was. While instructing Joseph on the test, I advised that he could stand/raise either his right or left leg. Once instructed to start, Joseph raised his left leg. After 7 seconds, Joseph lifted his arms to balance; at 9 seconds, Joseph lost his balance and put his left down. After being instructed to continue the test, Joseph raised his arms to balance for the remainder of the test, until being instructed to stop after 25 seconds. In total, 3 clues of impairment were observed during the one leg stand test.

At this time, I asked Joseph if he would be honest and tell me how much he had to drink. Joseph again stated that he had not consumed any alcohol. I advised Joseph that the tests he just did had led me to believe that he was not being truthful. At this time, I asked Joseph if he would be willing to submit to a breathalyzer, to which he stated that he would. Joseph was placed in handcuffs and secured in my patrol vehicle. Joseph gave permission for me to pull his car further off the roadway and secure it; the vehicle was left on scene with the hazard lights flashing. Joseph was transported to Ohio Highway Patrol, Post 12, where we met with Trooper Jackson and Trooper Deal. Joseph was read the BMV2255 form with Trooper Jackson as a witness. Joseph successfully gave a breath test at 10:42pm. Joseph's results were 0.124g/210L. Joseph was issued a citation for 4511.19(A)(1)(a) – OVI, 4511.19(A)(1)(d) – OVI Breath, and 4511.21(C) – Speed 70/55 and ordered to Clark County Municipal Court on September 28<sup>th</sup>, 2020 at 1:30pm. Joseph's driver's license card was seized, as Joseph was under an immediate license suspension.

Joseph called for a family member to come pick him and his vehicle up. I transported Joseph back to the vehicle where we met with his ride. The keys to the vehicle were given directly to Joseph's family member whom drove the vehicle from the scene.

Traffic stop recorded on body cam/dash cam.

Ofc. Reynolds #496

GERMAN TWP.  
*Reynolds* 496