

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		<input type="checkbox"/> COURT	<input type="checkbox"/> 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 CHANGE PLEA TO				
<input type="checkbox"/> GUILTY				
<input type="checkbox"/> NOT GUILTY AND FOUND _____ GUILTY				
<input type="checkbox"/> NO CONTEST AND FOUND _____ GUILTY				
THE COURT THEREFORE IMPOSES THE FOLLOWING SENTENCE				
FINE:		COST:		
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: _____				
ENTRY MODIFYING SUSPENSION			JUDGE	
NOTICE OF APPEAL				
ATTORNEY NAME AND ADDRESS				



23TRC06823

TICKET NO. OHP120060081120232258
NUMBER OF COUNTS 3

CLARK COUNTY
MUNICIPAL COURT OF
SPRINGFIELD, OHIO

THE STATE OF OHIO
THE CITY OF SPRINGFIELD

VS

JOHN R BOLENDER
8491 CRESTWAY ROAD
CLAYTON

OH 45315

D.O.B.: 1958-05-08
SSN :

VIOLATION:

4511.19A1A
4511.202
4503.11

DATE OF ARRAIGNMENT: 2023-08-18 1100

ASSIGNMENT:

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

INSURED? YES

ON HELD? NO

BOND POSTED – CASH SURETY
AMOUNT _____

TO DEFENDANT: SUMMONS YOU ARE SUMMONED AND ORDERED TO APPEAR

ON 08/18/2023 AT 1100 IN Clark Co Municipal Court

AT 50 E COLUMBIA ST, SPRINGFIELD, OH, 45501.

CITY VILLAGE TOWNSHIP Springfield, Clark COUNTY, OHIO

PERSONAL APPEARANCE REQUIRED: Yes No

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

TICKET# OHP120060081120232258 CASE#

NAME John R Bolender REFERENCE # 27PJQ9G

STREET,CITY 8491 CRESTWAY ROAD, Clayton

COUNTY, STATE, ZIP OH, 45315

PHONE# (937) 371-6399 TEXT/PHONE NOTIFICATION APPROVED? YES NO

OPERATOR LICENSE / STATE ID# None BIRTH DATE 05/08/1958 ISSUE DATE 03/04/2022 STATE OH
RU419639

* If no OL/State ID: REQUIRED documentation attached: Yes

CLASS D EXPIRES 05/08/2030 ENDORSEMENT(S)/RESTRICTION(S) CDL MC Other SS# (last 4 digits)

SEX M HEIGHT 6'0" WEIGHT 190 EYES BLU HAIR GRY RACE WNH FINANCIAL RESPONSIBILITY PROOF? Yes No N/A

TO DEFENDANT: COMPLAINT ON Aug 11, 2023 AT 2122, YOU

Operated /Passenger /Parked /Walked at Passenger Motorcycle Bicycle Other:

Commercial DOT# >=26,001 lbs. <16 Pass. Bus >=16 Pass. Bus Haz. Mat.

VEHICLE: YEAR 2009 MAKE Dodge MODEL 4Door

COLOR Blue, Dark LICENSE # BIA6363 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY I-70 DIRECTION Westbound

AT/NEAR 58 (M.P. 58)

IN THE Township OF Springfield IN Clark

COUNTY #: 12 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

SPEED: <u> </u> MPH in <u> </u> MPH zone <input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.	<input type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA	<input type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> PACE <input type="checkbox"/> LASER	<input type="checkbox"/> Stationary <input type="checkbox"/> Moving
	<input checked="" type="checkbox"/> Under the influence of alcohol/drug of abuse.	<input checked="" type="checkbox"/> In physical control of vehicle.	<input type="checkbox"/> Prohibited blood alcohol concentration. <u>BAC</u>
<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Refused	<u>4511.19A1A</u>		
Prior OVI's: # of prior OVI's <u>0</u> Years of prior OVI's <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>			
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: <u></u>			
SAFETY BELT: Failure to wear <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.		
OTHER OFFENSE: Failure To Control <u>4511.202</u>	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.		
<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE TRAFFIC OFFENDER			
DISTRACTED DRIVING PENALTY ENHANCEMENT APPLIES (REMARKS REQUIRED)			

PAVEMENT: Dry Wet Snow Ice # of Lanes 3

VISIBILITY: Clear Cloudy Dusk Night Dawn A/V

WEATHER: Rain Snow Fog No Adverse Construction Zone

TRAFFIC: Heavy Moderate Light None Workers Present

AREA: Business Freeway Industrial Residential Rural School

CRASH: Yes No Almost Caused Non-Injury INJURY FATAL

Crash Report #: 12-0684-12

REMARKS: See attached.

ACCOMPANYING CRIMINAL CHARGE(S): Yes No TOTAL # OFFENSES: 3

This summon served personally on the defendant on Aug 11, 2023

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.

Tpr. H Baumgartner Charging Law Enforcement Officer

Issuing Law Enforcement Officer SAME AS ABOVE

Issuing Officer: Verify Defendant's address. If different from License address, write current address in space provided.

OHP 0060 01/20 HP7 110-0060-00 [760-0807]

COURT RECORD

Docket # _____ Page # _____ Case # _____

Defendant's Attorney _____ Name / Address / Telephone _____

If Juvenile, Parents' Names: _____

Phone#: _____

Grade: _____ School: _____

DATE COURT ACTION: ORDERS

BAIL

No Bail - Defendant cited and released.

Bail in the amount of \$ _____ set by Judge pursuant to bail schedule.

BOND AMOUNT BOND TYPE

\$ _____ Cash Personal 10% AAA/Insurance Bond

Unsecured Surety O.I. Held Other _____

Depositor: _____ Name / Address / Telephone _____

Defendant released upon execution of Bail as noted: _____ See Bond forms - received by _____

CONTINUANCE Requester: _____ New DATE

CONTINUANCE Reason: _____

Defendant Failed to Appear

Order Supplemental Summons to New Date

Order Operator's License Forfeiture Bond Forfeiture

Order Warrant: Bond Amount \$ _____

Summons Issued Served DATE: _____

Warrant Issued Executed DATE: _____

/ /

Judge/Magistrate DATE

COURT ENTRY

Defendant present with/without Counsel. All rights pursuant to Criminal Rules 10 & 11, Traffic Rules 8 & 10 explained.

COUNT				
	SPEED	OVI	LICENSE	SEATBELT
Initial Plea				
Trial Date				
Finding				
Fine \$				
Costs \$				
Jailtime (Days)				

SUSPENDED

Fines \$

Costs \$

Jailtime (Days)

/ /

ADDITIONAL ORDERS

If OVI conviction: 72 hour program permitted in lieu of jail.

Defendant's License is SUSPENDED for _____ day(s)/month(s)/year(s), which shall commence on _____ and end on _____.

Defendant is granted Limited Driving Privileges as follows, effective: _____

Defendant to pay fines on Payment Program - see separate entry.

If WAIVERED: MET Requirements of Waiver PAID Fines and Costs ACCEPTED Guilty Pleas(s)

MADE Guilty Finding(s). Imposed Fines and Costs noted below.

/ /

Judge/Magistrate DATE

FOR CLERK'S USE	COUNT			
	SPEED	OVI	LICENSE	SEATBELT
Fines \$				
Costs - Local \$				
Costs - State \$				
TOTAL \$				
Receipt #(s)				

If WAIVERED: Guilty Pleas(s), Waiver(s) and Payments made: In Person By Mail

Receipt supplied to defendant: In Person Check is receipt By Mail via USPS First Class LETTER RATE mail to defendant's present address.

Financial Responsibility PROOF SHOWN

NO Financial Responsibility PROOF - Clerk to notify BMV

Financial Responsibility PROOF NOT APPLICABLE

Clerk/Violations Clerk/Deputy Clerk

/ /

DATE Abstract Mailed to BMV DATE Mayor's Court Transfer/Notice of Appeal

Ticket Number: OHP120060081120232258

TO DEFENDANT: SUMMONS YOU ARE SUMMONED AND ORDERED TO APPEAR

ON 08/18/2023 AT 1100 IN Clark Co Municipal Court

AT 50 E COLUMBIA ST, SPRINGFIELD, OH, 45501

CITY VILLAGE TOWNSHIP Springfield, Clark COUNTY, OHIO

PERSONAL APPEARANCE REQUIRED: Yes No

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

TICKET# OHP120060081120232258 - A CASE#

NAME John R Bolender REFERENCE # 27PJQ9G

STREET,CITY 8491 CRESTWAY ROAD, Clayton

COUNTY, STATE, ZIP OH, 45315

PHONE# (937) 371-6399 TEXT/PHONE NOTIFICATION APPROVED? YES NO

OPERATOR LICENSE / STATE ID#	<input type="checkbox"/> None	BIRTH DATE	ISSUE DATE	STATE
<u>RU419639</u>		<u>05/08/1958</u>	<u>03/04/2022</u>	<u>OH</u>

* If no OL/State ID: REQUIRED documentation attached: Yes

CLASS	EXPIRES	ENDORSEMENT(S)/RESTRICTION(S)	SS# (last 4 digits)
<u>D</u>	<u>05/08/2030</u>	<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other	

SEX	HEIGHT	WEIGHT	EYES	HAIR	RACE	FINANCIAL RESPONSIBILITY PROOF?
<u>M</u>	<u>6'0"</u>	<u>190</u>	<u>BLU</u>	<u>GRY</u>	<u>WNH</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

TO DEFENDANT: COMPLAINT ON Aug 11, 2023 AT 2122, YOU

Operated /Passenger /Parked /Walked at Passenger Motorcycle Bicycle Other: _____

Commercial DOT# >=26,001 lbs. <16 Pass. Bus >=16 Pass. Bus Haz. Mat.

VEHICLE: YEAR 2009 MAKE Dodge MODEL 4Door

COLOR Blue, Dark LICENSE # BIA6363 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY I-70 DIRECTION Westbound

AT/NEAR 58 (M.P. 58)

IN THE Township OF Springfield IN Clark

COUNTY# 12 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

SPEED: _____ MPH in _____ MPH zone	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA	
<input type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> PACE <input type="checkbox"/> LASER	<input type="checkbox"/> Stationary <input type="checkbox"/> Moving
OVIs: <input type="checkbox"/> Under the influence of alcohol/drug of abuse.	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> In physical control of vehicle.	
<input type="checkbox"/> Prohibited blood alcohol concentration. BAC _____	
<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused	
Prior OVIs: # of prior OVIs	Years of prior OVIs
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: Failure To Register - Expired Tags	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
4503.11	
<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE TRAFFIC OFFENDER	
<input type="checkbox"/> DISTRACTED DRIVING PENALTY ENHANCEMENT APPLIES (REMARKS REQUIRED)	

PAVEMENT: Dry Wet Snow Ice # of Lanes 3

VISIBILITY: Clear Cloudy Dusk Night Dawn A/V

WEATHER: Rain Snow Fog No Adverse Construction Zone

TRAFFIC: Heavy Moderate Light None Workers Present

AREA: Business Freeway Industrial Residential Rural School

CRASH: Yes No Almost Caused Non-Injury INJURY FATAL

Crash Report# 12-0684-12

REMARKS: See attached.

ACCOMPANYING CRIMINAL CHARGE(S): Yes No TOTAL # OFFENSES: 3

This summon served personally on the defendant on Aug 11, 2023

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.

Tpr. H Baumgartner

Charging Law Enforcement Officer

Issuing Law Enforcement Officer SAME AS ABOVE

Issuing Officer: Verify Defendant's address. If different from License address, write current address in space provided.

OHP 0060 01/20 HP7 110-0060-00 [760-0807]

COURT RECORD

Docket# _____ Page# _____ Case# _____

Defendant's Attorney _____ Name / Address / Telephone _____

If Juvenile, Parents' Names: _____

Phone#: _____

Grade: _____ School: _____

DATE	COURT ACTION: ORDERS
	<input type="checkbox"/> BAIL

No Bail - Defendant cited and released.
 Bail in the amount of \$ _____ set by Judge pursuant to bail schedule.

BOND AMOUNT	BOND TYPE
-------------	-----------

\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Personal <input type="checkbox"/> 10% <input type="checkbox"/> AAA/Insurance Bond
	<input type="checkbox"/> Unsecured <input type="checkbox"/> Surety <input type="checkbox"/> O.I. Held <input type="checkbox"/> Other _____

Depositor: _____ Name / Address / Telephone _____

Defendant released upon execution of Bail as noted: _____ See Bond forms - received by _____

CONTINUANCE Requester: _____ New DATE _____

CONTINUANCE Reason: _____

<input type="checkbox"/> Defendant Failed to Appear	
<input type="checkbox"/> Order Supplemental Summons to New Date	
<input type="checkbox"/> Order Operator's License Forfeiture	<input type="checkbox"/> Bond Forfeiture
<input type="checkbox"/> Order Warrant: Bond Amount \$ _____	
<input type="checkbox"/> Summons Issued	Served DATE: _____
<input type="checkbox"/> Warrant Issued	Executed DATE: _____

Judge/Magistrate _____ DATE _____

COURT ENTRY _____

Defendant present with/without Counsel. All rights pursuant to Criminal Rules 10 & 11, Traffic Rules 8 & 10 explained.

COUNT				
Initial Plea	SPEED	OVI	LICENSE	SEATBELT
Trial Date				
Finding				
Fine \$				
Costs \$				
Jailtime (Days)				
SUSPENDED				
Fines \$				
Costs \$				
Jailtime (Days)				

ADDITIONAL ORDERS				
<input type="checkbox"/> If OVI conviction: 72 hour program permitted in lieu of jail.				
<input type="checkbox"/> Defendant's License is SUSPENDED for _____ day(s)/month(s)/year(s),				
which shall commence on _____ and end on _____.				
<input type="checkbox"/> Defendant is granted Limited Driving Privileges as follows, effective: _____				
<input type="checkbox"/> Defendant to pay fines on Payment Program - see separate entry.				
<input type="checkbox"/> If WAIVERED: <input type="checkbox"/> MET Requirements of Waiver <input type="checkbox"/> PAID Fines and Costs <input type="checkbox"/> ACCEPTED Guilty Pleas(s)				
<input type="checkbox"/> MADE Guilty Finding(s). Imposed Fines and Costs noted below.				

Judge/Magistrate _____ DATE _____				
FOR CLERK'S USE	COUNT			
Fines \$	SPEED	OVI	LICENSE	SEATBELT
Costs - Local \$				
Costs - State \$				
TOTAL \$				
Receipt #(s)				

If WAIVERED: Guilty Pleas(s), Waiver(s) and Payments made: In Person By Mail

Receipt supplied to defendant: In Person Check is receipt By Mail via USPS First Class LETTER RATE mail to defendant's present address.

Financial Responsibility PROOF SHOWN
 NO Financial Responsibility PROOF - Clerk to notify BMV
 Financial Responsibility PROOF NOT APPLICABLE

Clerk/Violations Clerk/Deputy Clerk _____

/ / DATE Abstract Mailed to BMV / / DATE Mayor's Court Transfer/Notice of Appeal

Ticket Number: OHP120060081120232258



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
John R. Bolender	P23081100002795	12-0684-12

Reasonable Suspicion of Impaired Motorists
Phase One

Vehicle in motion

Problems in Maintaining Proper Lane Position	Speed and Braking Problems
<input type="checkbox"/> Weaving and/or Weaving across lane lines <input type="checkbox"/> Straddling a lane line <input type="checkbox"/> Drifting <input type="checkbox"/> Swerving <input checked="" type="checkbox"/> Almost striking an object or vehicle <input type="checkbox"/> Turning with a wide radius	<input type="checkbox"/> Stopping problems (too far, too short, too jerky) <input type="checkbox"/> Unnecessary acceleration or deceleration <input type="checkbox"/> Varying speed <input type="checkbox"/> 10mph or more under the speed limit

Vigilance Problems	Judgment Problems
<input type="checkbox"/> Driving without headlights at night <input type="checkbox"/> Failure to signal, or signaling inconsistently with actions <input type="checkbox"/> Driving in opposing lanes or the wrong way on a one-way street <input type="checkbox"/> Slow to respond to traffic signals <input type="checkbox"/> Slow or failure to respond to officer's signals <input type="checkbox"/> Stopping in the lane for no apparent reason	<input type="checkbox"/> Following too closely (tailgating) <input type="checkbox"/> Improper or unsafe lane change <input type="checkbox"/> Illegal or improper turn <input type="checkbox"/> Driving on other than the designated roadway <input type="checkbox"/> Stopping inappropriately in response to an officer <input type="checkbox"/> Inappropriate or unusual behavior (throwing objects, arguing, etc) <input type="checkbox"/> Appearing to be impaired

Probable Cause

Crash

Post-Stop Clues

<input type="checkbox"/> Difficulty with motor vehicle controls <input type="checkbox"/> Fumbling with driver's license or registration <input checked="" type="checkbox"/> Swaying, unsteady, or balance problems <input checked="" type="checkbox"/> Slurred speech <input type="checkbox"/> Provides incorrect information, changes answers	<input type="checkbox"/> Difficulty exiting the vehicle <input checked="" type="checkbox"/> Repeating questions or comments <input type="checkbox"/> Leaning on the vehicle or other object <input checked="" type="checkbox"/> Slow to respond / officer must repeat questions <input checked="" type="checkbox"/> Odor of alcoholic beverage from the driver
--	--



SERVICE RESPECT



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
John R. Bolender	P23081100002795	12-0684-12

Typical Investigation Clues of the Driver Interview
Phase Two

Personal Contact

<u>Visual Observation</u>	<u>Auditory Observations</u>
<input checked="" type="checkbox"/> <i>Bloodshot eyes</i>	<input checked="" type="checkbox"/> <i>Slurred speech</i>
<input type="checkbox"/> <i>Soiled clothing</i>	<input checked="" type="checkbox"/> <i>Admission of drinking</i>
<input checked="" type="checkbox"/> <i>Fumbling fingers</i>	<input checked="" type="checkbox"/> <i>Inconsistent responses</i>
<input type="checkbox"/> <i>Alcohol containers</i>	<input checked="" type="checkbox"/> <i>Unusual statements</i>
<input type="checkbox"/> <i>Drugs or drug paraphernalia</i>	<input type="checkbox"/> <i>Abusive language</i>
<input type="checkbox"/> <i>Bruises, bumps or scratches</i>	<input type="checkbox"/> <i>Anything else</i>
<input checked="" type="checkbox"/> <i>Unusual actions</i>	
<u>Odor Observations</u>	<u>Questioning Techniques</u>
<input checked="" type="checkbox"/> <i>Alcoholic beverages</i>	<input type="checkbox"/> <i>Forgets to produce both documents (License and registration)</i>
<input type="checkbox"/> <i>Marijuana</i>	<input type="checkbox"/> <i>Produces documents other than the ones requested</i>
<input type="checkbox"/> <i>Cover up odors</i>	<input type="checkbox"/> <i>Fails to see the license, registration, or both while searching for them</i>
<input checked="" type="checkbox"/> <i>Other unusual odors</i>	<input type="checkbox"/> <i>Fumbles or drops wallet, purse, license, or registration</i>
	<input type="checkbox"/> <i>Unable to retrieve documents using fingertips</i>

Clues Associated With the Exit Sequence

<input checked="" type="checkbox"/> <i>Shows angry or unusual reactions</i>	<input type="checkbox"/> <i>Climbs out of vehicle</i>
<input type="checkbox"/> <i>Cannot follow instructions</i>	<input type="checkbox"/> <i>Leans against vehicle</i>
<input type="checkbox"/> <i>Leaves the vehicle in gear</i>	<input type="checkbox"/> <i>Keeps hands on vehicle for balance</i>



SERVICE RESPECT



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME <i>John R. Bolender</i>	INCIDENT NUMBER P23081100002795	CRASH NUMBER 12-0684-12	
VEHICLE CONDITION Damaged from crash	VEHICLE DISPOSITION Towed	TOWED BY Shields	
CLOTHING DESCRIPTION AND CONDITION			
HAT OR CAP <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - (Removed for HGN)	GLASSES <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - (Removed for HGN)		
EYES <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Watery <input checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Droopy	CONTACTS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
CLOTHING DESCRIPTION T Shirt, Shorts	HEELS <input type="checkbox"/> Less than 2in <input type="checkbox"/> More than 2in <input type="checkbox"/> Removed		
SHOES Tennis Shoes	POSSESSION OF ALCOHOL / CONTROLLED SUBSTANCE? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
STANDARDIZED FIELD SOBRIETY TEST's (SFST's)			
RIGHT EYE	HORIZONTAL GAZE NYSTAGMUS (HGN)	LEFT EYE	
<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 BEFORE 45°	<input type="checkbox"/>	
<input type="checkbox"/>	PRESENCE OF VERTICAL NYSTAGMUS	<input type="checkbox"/>	
WALK AND TURN (WAT)		ONE LEG STAND (OLS)	
<input checked="" type="checkbox"/> Moves feet to keep balance while listening to instructions		<input checked="" type="checkbox"/> Sways while balancing (during count)	
<input checked="" type="checkbox"/> Starts before instructions are completed		<input checked="" type="checkbox"/> Raises arm 6" for balance	
<input type="checkbox"/> Stops while walking to steady self		<input type="checkbox"/> Hops	
<input type="checkbox"/> Does not touch heel to toe		<input checked="" type="checkbox"/> Puts foot down	
<input checked="" type="checkbox"/> Raises arms 6" for balance		<input checked="" type="checkbox"/> Cannot do test He proclaimed he could not continue the test.	
<input checked="" type="checkbox"/> Steps off line while walking		PBT RESULT	
<input checked="" type="checkbox"/> Turns incorrectly or loses balance while turning		Not Used <input type="checkbox"/>	Refused <input type="checkbox"/>
<input checked="" type="checkbox"/> Incorrect number of steps		Result %	
<input checked="" type="checkbox"/> Cannot do test He only completed the first set of nine steps		N/A	
MEDICAL CONDITIONS N/A		AUDIO / VIDEO RECORDING <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes AVV	
		DATE August 11, 2023	



SERVICE RESPECT



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>John R. Bolender</i>	P23081100002795	12-0684-12

Operation of Motor Vehicle

Date: *August 11, 2023* Time: *9:22 PM*

Location: *E. Home Road*

Constitutional Rights

Date: *August 11, 2023* Time: *9:51 PM*

Read By: *Trooper Baumgartner*

Implied Consent (BMV2255)

Date: *August 11, 2023* Time: *10:07 PM*

Read By: *Trooper Baumgartner U-60*

Witness: *Cadet White U-1933*

Chemical Test

Date: *August 11, 2023* Time: *10:31 PM*

Test Type: *Urine*

Results: *Pending*

Prior OVI Convictions (10 years)

- 1.
- 2.
- 3.
- 4.
- 5.

Prior OVI Convictions (20 years)

- 1.
- 2.
- 3.
- 4.
- 5.

Witness

Cadet White U-1933

Address





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>John R. Bolender</i>	P23081100002795	12-0684-12

Your Honor,

On August 11th, 2023 at approximately 21:22 PM, I was patrolling in a marked patrol vehicle in the Uniform of the day on Interstate 70 near Springfield, Ohio. While on patrol, I was dispatched to a single vehicle crash on Interstate 70 near mile marker 57. When I arrived on scene, I was met by shift Supervisor SGT. May U-55 who had advised me that there was no one inside of the vehicle, and that EMS/Medics stated that they witnessed an older gentleman walking away from the crash scene. I then made a U-Turn in the designated area to search the opposite side of the highway. I then observed a gentleman walking along the right shoulder of the highway and made contact with him, later to be Identified as John Bolender.

I made contact with Mr. Bolender and asked Mr. Bolender if he was involved in an accident, he stated "I was". I then asked Mr. Bolender why he walked away from the scene of the crash, he stated that he didn't know what to do and that he wanted to go home. As I spoke with Mr. Bolender, I detected the odor of an alcoholic beverage coming from his person. I asked Mr. Bolender if he was injured, he stated he was not. I then asked him how much he had to drink tonight, he replied "not that much". I then told Mr. Bolender that the medics were on their way, I then asked him again how much he had to drink tonight, he told me he had a few beers earlier. Mr. Bolender's demeanor was abnormal as I spoke with him.

I shut the front flashing lights off on my patrol vehicle. As I asked questions to Mr. Bolender, I observed Mr. Bolender's speech to be slurred. Mr. Bolender stated he did not have any injuries prior to or from the crash and was not currently taking any medication other than prescribed to him. I administered Standardized Field Sobriety tests. I asked Mr. Bolender to put his feet together and to have his hands down by his side, Mr. Bolender then walked beside me and turned around, I needed to explain to him to sit still, his behavior appeared to be abnormal and almost erratic, as he touched his face multiple times as I spoke with him, not keeping his hands by his side. I then advised Mr. Bolender that I wanted him to focus on the tip of my pen with his eyes and his eyes only, he stated "I couldn't do that anyway but okay", I asked him why and he stated "well even normally... just do it we will see" as his hands were shaking and he did not keep them by his side as instructed. Before I started the test, Mr. Bolender asked again what to do, asking "What do you want me to do, follow the light?" I needed to remind him again of the instructions. I needed to remind Mr. Bolender to follow the pen with his eyes only as he was moving his head. I noticed Mr. Bolender's pupils to be constricted and his eyes to be bloodshot and glassy. Mr. Bolender did not have the presence of resting nystagmus, I observed four clues of impairment. Lack of smooth pursuit was present in both eyes, distinct and sustained nystagmus at maximum deviation was present in both eyes, and onset of nystagmus prior to 45 degrees was not present in both eyes. Vertical nystagmus was not present. I observed Mr. Bolender's



SERVICE RESPECT



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

eyes to be glassy, bloodshot and that he had difficulty concentrating on the stimulus as I needed to remind him to do so multiple times. Mr. Bolender had difficulty keeping his head still during the test also.

After the test was completed, Mr. Bolender had refused medical attention proclaiming he was not injured.

I gave Mr. Bolender instructions for the Modified Romberg test. Mr. Bolender stated he understood the instructions and did not have any questions. Mr. Bolender stated to me that he felt as if the ground he was standing on was at an angle. I reminded him that it was not. As Mr. Bolender started the test, I noticed his eyelids to tremor.

I gave Mr. Bolender instructions for the one leg stand test. Mr. Bolender stated that he understood the instructions for the test and did not have any questions. I observed Mr. Bolender put his foot down during the test, Mr. Bolender used his arms for balance during the test, putting his foot down multiple times during the test. I needed to explain the instructions for the test multiple times to Mr. Bolender. Mr. Bolender ended the test early and proclaimed he did not think he could do it.

I then gave Mr. Bolender the instructions for the walk and turn test. Mr. Bolender had difficulty assuming the starting position for the test and needed to be reminded multiple times on how to assume the starting position. Mr. Bolender stated that he understood the instructions for the test, and had no questions. While in the starting position of the test, Mr. Bolender broke his stance moving both of his arms and his feet as his demeanor was erratic. Mr. Bolender needed to be reminded of the starting position of the test. On the first set of nine steps, Mr. Bolender proclaimed "I forgot where am I at?" he then took eleven steps raising his arms for balance on all eleven. Mr. Bolender failed to turn and did not take a second set of steps.

I then asked Mr. Bolender to take a Portable Breath Test, he agreed and blew a .020, he was under the legal limit for alcohol, indicating his impairment was due to other than alcohol. I placed Mr. Bolender under arrest for OVI. Mr. Bolender was advised of his Miranda Rights and placed in the back of the Patrol Vehicle, where he was transported to the Springfield Highway Patrol Post and read the BMV 2255 consequences of test and refusal form, Mr. Bolender provided a Urine sample that was sent to the OSP crime lab and the current results are pending. The vehicle was towed from the crash scene and Mr. Bolender was advised of where it would be going. Mr. Bolender was cited for ORC 4503.11 for expired registration, ORC 4511.202 from the crash and ORC 4511.19A1A for OVI.

Very Respectfully,
Tpr. H. Baumgartner U-0060





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 John Bolender		DRIVER LICENSE # RW419 639		CLASS D	STATE OH
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) 8491 Crestway Rd.					
CITY Clayton		OHIO COUNTY OF RESIDENCE Montgomery		STATE OH	ZIP CODE 45315
DATE OF BIRTH 05/08/58		4 DIGIT COURT CODE 1220	COUNTY OF VIOLATION Clark		
DATE OF VIOLATION 08/11/2023	TIME OF VIOLATION 21:22 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	PLACE OF TEST Springfield Post	VIN 1B3URB48A79D143214		
DATE OF REFUSAL OR TEST 08/11/2023	TIME OF REFUSAL OR TEST 22:31 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	YEAR 09	MAKE DODGE	LICENSE PLATE # 3IAG363	TYPE PLATE PC
VEHICLE OWNER'S NAME SPRINGFIELD		DATE OF BIRTH		STREET ADDRESS	
CITY	STATE			ZIP CODE	
VEHICLE STORED AT (STREET ADDRESS) SHIGLBS				CITY SPRINGFIELD	

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

Circle arrest type: OVI Physical Control

The driver:

- Refused to submit to test (s).
- Submitted to test (s). **0.00** % 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: **SSST, nonmission, crash.**

- 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 marihuana 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) **0.00** % 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(D))
- 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 John Bolender
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 Tom L. [Signature]
ARRESTING OFFICER'S SIGNATURE

Ohio State Highway Patrol OHIO HPI 2
ENFORCEMENT AGENCY
N.C.I.C. #

X Cpl. E. White V-1933
WITNESS'S SIGNATURE

4201 Gateway Blvd.
OFFICER'S BUSINESS STREET ADDRESS
CITY **Springfield**

STATE **OH** ZIP CODE **45502**

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

STATE OF OHIO, COUNTY OF **Clark**

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 Tom L. [Signature]
ARRESTING OFFICER SIGNATURE

X [Signature]
PEACE OFFICER SIGNATURE

Sworn to before me this **11th** day of **August** **2023**

X
NOTARY PUBLIC'S SIGNATURE

X
DEPUTY CLERK OF COURT'S SIGNATURE