

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				



24TRC02965

TICKET NO. OHP120417040720240212
NUMBER OF COUNTS 5

CLARK COUNTY
MUNICIPAL COURT OF
SPRINGFIELD, OHIO

THE STATE OF OHIO
THE CITY OF SPRINGFIELD

VS

WILLIAM SR C. MOSS
604 1/2 E. CASSILLY ST
SPRINGFIELD OH 45503

D.O.B.: 1982-04-17
SSN :

VIOLATION:

4511.19A1A
4511.19A2
4511.25
4513.13
4513.263B1

DATE OF ARRAIGNMENT: 2024-04-11 1100

ASSIGNMENT:

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

INSURED? NO

ON HELD? NO

BOND POSTED – CASH SURETY
AMOUNT _____

TO DEFENDANT: SUMMONS YOU ARE SUMMONED AND ORDERED TO APPEAR

ON 04/11/2024 AT 1100 IN Clark Co Municipal CourtAT 50 E COLUMBIA ST, SPRINGFIELD, OH, 45501.CITY VILLAGE TOWNSHIP Springfield, Clark COUNTY, OHIOPERSONAL 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# OHP120417040720240212 CASE# NAME William C. Moss REFERENCE # 2838SXSTREET,CITY 604 1/2 E. Cassilly St, SpringfieldCOUNTY, STATE, ZIP OH, 45503PHONE# (937) 360-3577 TEXT/PHONE NOTIFICATION APPROVED? YES NOOPERATOR LICENSE / STATE ID# None BIRTH DATE 04/17/1982 ISSUE DATE 04/15/2019 STATE OH
RU349918* If no OL/State ID: REQUIRED documentation attached: YesCLASS EXPIRES 04/17/2023 ENDORSEMENT(S)/RESTRICTION(S) SS# (last 4 digits) SEX HEIGHT WEIGHT EYES HAIR RACE FINANCIAL RESPONSIBILITY PROOF?
M 5'8" 170 BRO BLK BNH Yes No N/ATO DEFENDANT: COMPLAINT ON Apr 07, 2024 AT 0109, YOUOperated /Passenger /Parked /Walked at Passenger Motorcycle Bicycle Other: Commercial DOT# >=26,001 lbs. <16 Pass. Bus >=16 Pass. Bus Haz. Mat.VEHICLE: YEAR 2011 MAKE Chevrolet MODEL SUVCOLOR Blue LICENSE # KHF1768 STATE OHUPON A PUBLIC HIGHWAY, NAMELY S. Yellow Springs DIRECTION NorthboundAT/NEAR Pleasant Street (M.P.)IN THE City OF Springfield IN ClarkCOUNTY #: 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"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
	<u>4511.19A1A</u>
	<u>4511.19A2</u>
Prior OVI's: # of prior OVI's <u>1</u> Years of prior OVI's <u>06</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"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat	<u>4513.263B1</u>
OTHER OFFENSE: Left Of Center - Lanes Of Travel Upon Roadways Of Sufficient Width	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
	<u>4511.25</u>
<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 2VISIBILITY: Clear Cloudy Dusk Night Dawn A/VWEATHER: Rain Snow Fog No AdverseTRAFFIC: Heavy Moderate Light NoneAREA: Business Freeway Industrial Residential Rural SchoolCRASH: Yes No Almost Caused Non-Injury INJURY FATALCrash Report #:

REMARKS: SEE ATTACHED

ACCOMPANYING CRIMINAL CHARGE(S): Yes No TOTAL # OFFENSES: 5This summon served personally on the defendant on Apr 07, 2024

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. C PIATT

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 MailReceipt 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: OHP120417040720240212

TO DEFENDANT: SUMMONS YOU ARE SUMMONED AND ORDERED TO APPEAR

ON 04/11/2024 AT 1100 IN Clark Co Municipal CourtAT 50 E COLUMBIA ST, SPRINGFIELD, OH, 45501. CITY VILLAGE TOWNSHIP Springfield, Clark COUNTY, OHIOPERSONAL 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# OHP120417040720240212 - A CASE# NAME William C. Moss REFERENCE # 2838SXASTREET,CITY 604 1/2 E. Cassilly St, SpringfieldCOUNTY, STATE, ZIP OH ,45503PHONE# (937) 360-3577 TEXT/PHONE NOTIFICATION APPROVED? YES NOOPERATOR LICENSE / STATE ID# None BIRTH DATE 04/17/1982 ISSUE DATE 04/15/2019 STATE OH
RU349918* If no OL/State ID; REQUIRED documentation attached: YesCLASS EXPIRES 04/17/2023 ENDORSEMENT(S)/RESTRICTION(S) CDL MC Other SS# (last 4 digits)SEX HEIGHT WEIGHT EYES HAIR RACE FINANCIAL RESPONSIBILITY PROOF M 5'8" 170 BRO BLK BNH Yes No N/ATO DEFENDANT: COMPLAINT ON Apr 07, 2024 AT 0109, YOUOperated /Passenger /Parked /Walked at Passenger Motorcycle Bicycle Other: Commercial DOT# >=26,001 lbs. <16 Pass. Bus >=16 Pass. Bus Haz. Mat.VEHICLE: YEAR 2011 MAKE Chevrolet MODEL SUVCOLOR Blue LICENSE # KHF1768 STATE OHUPON A PUBLIC HIGHWAY, NAMELY S. Yellow Springs DIRECTION NorthboundAT/NEAR Pleasant Street (M.P.)IN THE City OF Springfield IN ClarkCOUNTY #: 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 type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
Prior OVs: # of prior OVs <u> </u> Years of prior OVs <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"/> 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: Fender or Backup Lights	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<u>4513.13</u>	
<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: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice	# of Lanes <u>2</u>
VISIBILITY: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn	<input checked="" type="checkbox"/> A/V
WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> No Adverse	<input type="checkbox"/> Construction Zone
TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None	<input type="checkbox"/> Workers Present
AREA: <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Rural	<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 #: <u></u>	
REMARKS: SEE ATTACHED	

ACCOMPANYING CRIMINAL CHARGE(S): Yes No TOTAL # OFFENSES: 5This summon served personally on the defendant on Apr 07, 2024

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. C PIATT

Charging Law Enforcement Officer

Issuing Law Enforcement Officer SAME AS ABOVE

Court Code	Unit	Post	District
<u>1220</u>	<u>0417</u>	<u>12</u>	<u>05</u>

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
-------------	-----------

\$ _____	<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				
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	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 MailReceipt 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: OHP120417040720240212



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME William C. Moss Sr.	ARREST OHP120417040720240212
VEHICLE CONDITION Fair	
VEHICLE DISPOSITION Returned to registered owner	

CLOTHING DESCRIPTION AND CONDITION

HAT OR CAP None	
JACKET OR COAT None	
SHIRT OR DRESS Hoodie	
PANTS OR SKIRT Blue jeans	
SHOES Tennis shoes	HEELS None
ODOR OF ALCOHOLIC BEVERAGE Strong odor of an alcoholic beverage	
SPEECH Slurred/slow	
EVIDENCE OF DRUG USE (PUPIL SIZE) Bloodshot / glassy	

DIVIDED ATTENTION SKILLS

RIGHT EYE	HORIZONTAL / VERTICAL GAZE NYSTAGMUS	LEFT EYE
<input checked="" type="checkbox"/>	DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	ONSET OF NYSTAGMUS BEFORE 45°	<input checked="" type="checkbox"/>
<input type="checkbox"/>	PRESENCE OF VERTICAL NYSTAGMUS	<input type="checkbox"/>

WALK AND TURN

- Moves feet to keep balance while listening to instructions
- Starts before instructions completed
- Stops while walking to steady self
- Does not touch heel to toe
- Raises arms 6" for balance
- Steps off line while walking
- Turns incorrectly or loses balance while turning
- Incorrect number of steps
- Cannot do test (document reason for not completing)

ONE LEG STAND

- Sways while balancing (during count)
- Raises arm 6" for balance
- Hops
- Puts foot down
- Cannot do test (document reason for not completing)

PBT RESULT

P W F Percent

OTHER SKILL EVALUATIONS

AUDIO / VIDEO RECORDING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STORAGE MEDIA REFERENCE #		
OFFICER'S NAME Trooper C. Piatt	UNIT 0417	POST 12	DATE 4/7/24

STATEMENT OF FACTS

On April 7, 2024, at approximately 0109 hours, I was northbound on S. Yellow Springs Street in the city of Springfield, Clark County, Ohio. I was following behind a 2011 blue Chevy Traverse. I observed the vehicle travel over the yellow center line twice and continuously weave within its lane of travel. The rear passenger tail light was busted, omitting the white light to the rear while the vehicle was in forward motion. As the vehicle stopped at the intersection of S. Yellow Springs Street and Pleasant Street, it stopped past the white stop bar. I initiated a traffic stop.

Upon the drive-side approach, I explained the reason for the stop to the male operator, identified as William C. Moss Sr. Mr. Moss immediately offered to get out of the vehicle. I observed that Mr. Moss was not wearing his seat belt. While speaking with Mr. Moss, I detected a strong odor of an alcoholic beverage coming from within the vehicle. I observed that Mr. Moss's eyes were bloodshot and glossy. I requested that Mr. Moss turn the vehicle off and exit. When Mr. Moss exited the vehicle, I observed that he was unsteady on his feet. Once Mr. Moss was out of the vehicle, a consensual Terry-Pat was completed. While interacting with Mr. Moss out of the vehicle, the odor of an alcoholic beverage was still strong, emitting off his person. I asked Mr. Moss how many alcoholic beverages he has consumed tonight and he stated "a couple drinks."

Before conducting any standardized field sobriety test, I asked the pre-medical questions. Mr. Moss denied wearing contact lenses, glasses, or taking any medications.

Horizontal Gaze Nystagmus: Mr. Moss was placed in the proper standing position. I placed the tip of my ink pen (stimulus) approximately 12–15 inches from Mr. Moss's face. I observed that both pupils were equal in size, and no resting nystagmus was present. I verbally explained the test to Mr. Moss. When asked, Mr. Moss stated that he understood the test and had no questions. Both eyes equally tracked. During the test, I observed a lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and the onset of nystagmus prior to 45 degrees. No vertical nystagmus was present. I had to repeatedly remind Mr. Moss to keep his head still and follow the stimulus with his eyes only. Mr. Moss was observed swaying in a circular motion during the test.

Before beginning the next two tests, Mr. Moss denied having any back, hip, or leg pain that would prohibit or interfere with him walking in a straight line or balancing on one foot.

Walk and turn test: I instructed and demonstrated the proper instructional stance to Mr. Moss. Mr. Moss got into the proper position and was observed stepping off line to keep his balance. There was a nearby concrete wall next to the sidewalk that Mr. Moss repeatedly held onto to keep his balance. I finished the test instructions and demonstrated the test to Mr. Moss. When asked, Mr. Moss stated that he understood the test and had no questions. When instructed to begin, I observed that Mr. Moss repeatedly failed to touch heel-to-toe, raised his arms more than 6 inches, stopped the test to steady himself, stepped off line, and never conducted a turn. Mr. Moss did not follow the test instructions that he acknowledged and stated he understood.

One-leg stand: I instructed and demonstrated the test to Mr. Moss. When asked, Mr. Moss stated that he understood the test and had no questions. During the test, I observed Mr. Moss repeatedly place his foot down, raise his arms more than 6 inches, and sway.

At this point, Mr. Moss was arrested for OVI. Mr. Moss was handcuffed behind his back; the handcuffs were gap-checked and double-locked. A search incident to arrest was completed. I sat Mr. Moss in the backseat of my patrol car.

A CCH (computerized criminal history) was completed, and Mr. Moss had a prior OVI conviction in 2006 in the Clark County Municipal Court (case number 512976).

The vehicle was returned to the registered owner, Tinisha Williams. I transported Mr. Moss to the patrol post.

Upon arrival, I read and showed the Ohio BMV Form 2255 to Mr. Moss, which was witnessed by Trooper M. Shelton. Mr. Moss refused the chemical breath test.

Mr. Moss was issued a citation for the following offenses:

- 4511.25- Left of center
- 4513.13- Fender or backup lights- (white light to the rear while in forward motion)
- 4511.19(A)(1)(a)- OVI - Officer observation
- 4511.19(A)(2)- OVI - refusal with prior conviction within 20 years
- 4513.263(B)(1)- Seat belt

Mr. Moss was provided the appropriate paperwork and given a mandatory court date of Thursday, April 11, 2024, at 11:00 a.m. in the Clark County Municipal Court.

Mr. Moss was released to a friend via HP-60.



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	William C. MOSS Jr.	DRIVER LICENSE #	946745244	CLASS	CD	STATE	AK
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER)		604 1/2 E. Cassilly St.					
CITY		OHIO COUNTY OF RESIDENCE		STATE	ZIP CODE		45503
DATE OF BIRTH	SOCIAL SECURITY #	4 DIGIT COURT CODE		COUNTY OF VIOLATION			Clark
DATE OF VIOLATION	TIME OF VIOLATION	<input type="checkbox"/> AM	<input type="checkbox"/> PM	PLACE OF TEST	VIN		1BKR60798T134125
DATE OF REFUSAL OR TEST	TIME OF REFUSAL OR TEST	<input type="checkbox"/> AM	<input type="checkbox"/> PM	YEAR	MAKE	LICENSE PLATE #	TYPE PLATE
VEHICLE OWNER'S NAME	Trasha Williams	DATE OF BIRTH		STREET ADDRESS			1000 Columbia St.
CITY	Springfield	STATE		OH	ZIP CODE		45503
VEHICLE STORED AT (STREET ADDRESS)	Returned to owner						CITY

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). 0.00% 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.
- 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

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 *Officer Name - 47*

OSHP

OHO

77 4/1/02

ARRESTING OFFICER'S SIGNATURE

ENFORCEMENT AGENCY

N.C.I.C. #

X *Officer Name - 1690*

Officer Name - 1690

OH

45503

WITNESS'S SIGNATURE

CITY

STATE

ZIP CODE

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 *Officer Name - 47*

X

PEACE OFFICER SIGNATURE

Sworn to before me this

day of

20

04

NOTARY PUBLIC'S SIGNATURE

X
DEPUTY CLERK OF COURT'S SIGNATURE

City of