

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			



24TRC03840

TICKET NO. OHP120536050420240219
NUMBER OF COUNTS 3

CLARK COUNTY
MUNICIPAL COURT OF
SPRINGFIELD, OHIO

THE STATE OF OHIO
THE CITY OF SPRINGFIELD

VS

ROBERT T CASTILLO
4392 HELENA DR
SPRINGFIELD OH 45503

D.O.B.: 1967-02-04
SSN :

VIOLATION:

4511.19A1A
4511.21
4301.62B4

DATE OF ARRAIGNMENT: 2024-05-10 1100

ASSIGNMENT:

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

INSURED? YES

ON HELD? YES

BOND POSTED – CASH SURETY
AMOUNT _____

TO DEFENDANT: SUMMONS YOU ARE SUMMONED AND ORDERED TO APPEAR

ON 05/10/2024 AT 1100 IN Clark Co Municipal CourtAT 50 E COLUMBIA ST, SPRINGFIELD, OH, 45501CITY 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# OHP120536050420240219

CASE #

NAME Robert T Castillo REFERENCE # U4PM7KSTREET,CITY 4392 Helena Dr, SpringfieldCOUNTY, STATE, ZIP OH, 45503PHONE# (937) 471-0959 TEXT/PHONE NOTIFICATION APPROVED? YES NOOPERATOR LICENSE / STATE ID# None BIRTH DATE 02/04/1967 ISSUE DATE 02/12/2021 STATE OH
RQ707048* If no OL/State ID: REQUIRED documentation attached: YesCLASS D EXPIRES 02/04/2025 ENDORSEMENT(S)/RESTRICTION(S) CDL MC Other SS# (last 4 digits)SEX M HEIGHT 5'10" WEIGHT 200 EYES BRO HAIR BLD RACE WNH FINANCIAL RESPONSIBILITY PROOF? Yes No N/ATO DEFENDANT: COMPLAINT ON May 04, 2024 AT 0112, YOUOperated /Passenger /Parked /Walked at Passenger Motorcycle Bicycle Other : _____ Commercial DOT# _____ >=26,001 lbs. <16 Pass. Bus >=16 Pass. Bus Haz. Mat.VEHICLE: YEAR 2014 MAKE Honda MODEL Station WagonCOLOR Black LICENSE # JYC4563 STATE OHUPON A PUBLIC HIGHWAY, NAMELY Miracle Mile DIRECTION NorthboundAT/NEAR Home Road (M.P.)IN THE City OF Springfield IN ClarkCOUNTY #: 12 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

SPEED: <u>37</u> MPH in <u>25</u> 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	<u>4511.21</u>
<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
OVIs: <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"/> In physical control of vehicle.	<u>4511.19A1A</u>
<input type="checkbox"/> Prohibited blood alcohol concentration. BAC	
<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Refused	
Prior OVIs: # of prior OVIs <u>0</u> 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: Open Container in Motor Vehicle	<input checked="" type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
	<u>4301.62B4</u>
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 FATAL

Crash Report #: _____

REMARKS: See Statement

ACCOMPANYING CRIMINAL CHARGE(S): Yes No TOTAL # OFFENSES: 3This summon served personally on the defendant on May 04, 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. R Jenkins Charging Law Enforcement OfficerIssuing 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: OHP120536050420240219



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>Robert T. Castillo</i>	P24050400000152	

Reasonable Suspicion of Impaired Motorists
Phase One

Vehicle in motion

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

Vigilance Problems

- Driving without headlights at night*
- Failure to signal, or signaling inconsistently with actions*
- Driving in opposing lanes or the wrong way on a one-way street*
- Slow to respond to traffic signals*
- Slow or failure to respond to officer's signals*
- Stopping in the lane for no apparent reason*

Judgment Problems

- Following too closely (tailgating)*
- Improper or unsafe lane change*
- Illegal or improper turn*
- Driving on other than the designated roadway*
- Stopping inappropriately in response to an officer*
- Inappropriate or unusual behavior (throwing objects, arguing, etc)*
- Appearing to be impaired*

Probable Cause

4511.21C

Post-Stop Clues

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



SERVICE RESPECT



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>Robert T. Castillo</i>	P24050400000152	

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 type="checkbox"/> <i>Fumbling fingers</i>	<input type="checkbox"/> <i>Inconsistent responses</i>
<input checked="" type="checkbox"/> <i>Alcohol containers</i>	<input 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 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 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 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>





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME <i>Robert T. Castillo</i>	INCIDENT NUMBER P24050400000152	CRASH NUMBER		
VEHICLE CONDITION Good; No mechanical defects	VEHICLE DISPOSITION Not Towed	TOWED BY		
<u>CLOTHING DESCRIPTION AND CONDITION</u>				
HAT OR CAP <input type="checkbox"/> No <input checked="" 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/ Jeans				
SHOES Athletic Shoes	HEELS <input checked="" type="checkbox"/> Less than 2in <input type="checkbox"/> More than 2in <input type="checkbox"/> Removed			
ODOR OF ALCOHOL / MARIJUANA? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Alcohol	POSSESSION OF ALCOHOL / CONTROLLED SUBSTANCE? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Alcohol			
<u>STANDARDIZED FIELD SOBRIETY TEST's (SFST's)</u>				
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 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 (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 type="checkbox"/> Raises arm 6" for balance		
<input checked="" type="checkbox"/> Stops while walking to steady self		<input type="checkbox"/> Hops		
<input checked="" type="checkbox"/> Does not touch heel to toe		<input checked="" type="checkbox"/> Puts foot down		
<input type="checkbox"/> Raises arms 6" for balance		<input type="checkbox"/> Cannot do test		
<input checked="" type="checkbox"/> Steps off line while walking		PBT RESULT		
<input type="checkbox"/> Turns incorrectly or loses balance while turning		Not Used <input checked="" type="checkbox"/>	Refused <input type="checkbox"/>	Result %
<input checked="" type="checkbox"/> Incorrect number of steps		DRE EVALUATION		
<input type="checkbox"/> Cannot do test		N/A		
MEDICAL CONDITIONS None		AUDIO / VIDEO RECORDING <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
		DATE <i>May 4, 2024</i>		





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>Robert T. Castillo</i>	P24050400000152	

Operation of Motor Vehicle

Date: *May 4, 2024*

Time: *1:12 AM*

Location: *Clark County*

Constitutional Rights

Date: *May 4, 2024*

Time: *1:23 AM*

Read By: *Tpr. R. Jenkins*

Implied Consent (BMV2255)

Date: *May 4, 2024*

Time: *2:00 AM*

Read By: *Tpr. R. Jenkins*

Witness: *Cdt. E. White*

Chemical Test

Date: *May 4, 2024*

Time: *2:01 AM*

Test Type: *Refusal*

Results: *Refusal*

Prior OVI Convictions (10 years)

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

Prior OVI Convictions (20 years)

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

Witness

Cdt. E. White

Address

OSHP Springfield





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>Robert T. Castillo</i>	P24050400000152	

Your Honor,

On May 4, 2024, at approximately 1:12 AM, I was patrolling in a marked patrol vehicle, Southbound on Miracle Mile in Springfield, Ohio. While on patrol, I observed a black Honda station wagon traveling northbound on Miracle Mile in excess of the speed limit. I visually estimated the vehicle's speed at 35 MPH and confirmed the speed at 35, 36, 37 MPH in a 25 MPH zone with my vehicle's RADAR. I made a safe U-turn, got behind the vehicle. As the vehicle made a left turn onto Home Rd, I activated my patrol vehicle's emergency lights to initiate a traffic stop. The vehicle was slow to stop and continued westbound on Home Rd before turning northbound onto Derr Rd. I activated my vehicle's siren. The vehicle made a right turn onto Greystone Dr and came to a stop on the right side of the roadway.

I approached the vehicle on the driver's side and made contact with the driver, Robert T. Castillo. I immediately detected the strong odor of an alcoholic beverage coming from Mr. Castillo's vehicle. I observed a case of beer in the passenger's floorboard. I observed Mr. Castillo's eyes to be bloodshot and glassy. I informed Mr. Castillo that I had stopped him for his speed and asked him if he knew the speed limit on Miracle Mile. Mr. Castillo stated that he did not know the speed limit. I informed Mr. Castillo that I checked his speed at 37 MPH in a 25 MPH zone. Mr. Castillo apologized. I observed Mr. Castillo's speech to be slurred. I asked Mr. Castillo for his driver's license. Mr. Castillo struggled to remove his license from his wallet. I asked Mr. Castillo how much he had to drink tonight. Mr. Castillo stated that he had a couple of beers approximately 1-2 hours prior to the stop. I then asked Mr. Castillo to exit the vehicle to undergo Standardized Field Sobriety Tests.

I immediately detected the strong odor of an alcoholic beverage coming from Mr. Castillo. Mr. Castillo stated that he was not on any medications and was not wearing contacts. Mr. Castillo stated that he had a back injury that would not prevent him from walking in a straight line or standing on one leg. I began to administer the Horizontal Gaze Nystagmus Test. Mr. Castillo did not have the presence of resting nystagmus. His eyes tracked equally and his pupils were of equal size. During the horizontal gaze nystagmus test, I observed 6 clues of impairment. Lack of smooth pursuit was present in both eyes, distinct and sustained nystagmus was present in both eyes and onset of nystagmus prior to 45 degrees was present in both eyes. Vertical gaze nystagmus was not present. V swayed in place throughout the Horizontal Gaze Nystagmus Test.

While in the starting position for the walk and turn test, Mr. Castillo moved from the starting position several times and attempted to begin the test before I had finished giving the instructions. I finished giving Mr. Castillo the instructions for the walk and turn test. Mr. Castillo stated that he understood the instructions. During the first set of 9 steps, Mr. Castillo stepped off the line and did not





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

take heel to toe steps. After the first set of 9 steps, Mr. Castillo turned and continued the test. On the second set of 9 steps, Mr. Castillo took one step, stumbled and stopped the test. Mr. Castillo appeared to be unsteady on his feet throughout the test.

I gave Mr. Castillo the instructions for the one leg stand test. Mr. Castillo stated that he understood the instructions. Mr. Castillo raised his right leg and began counting. Mr. Castillo swayed throughout the test. Mr. Castillo could not keep his foot off the ground for more than a few seconds at a time. I asked Mr. Castillo to rate his level of impairment on a scale of 0-10. Mr. Castillo stated that he was not a 10 and apologized.

Mr. Castillo was placed under arrest for OVI. Mr. Castillo was advised of his Miranda Rights, searched and placed in the back of my patrol vehicle. I asked Mr. Castillo if there were any open containers of alcohol in the vehicle. Mr. Castillo stated that there were. A probable cause search of the vehicle revealed 2 open beers in the passenger's side floorboard.

Mr. Castillo was transported to the Ohio State Highway Patrol Springfield Post and was read and shown the BMV 2255. Mr. Castillo refused to submit to a breath test. Mr. Castillo was issued a citation for speed, open container and OVI. Mr. Castillo has no prior OVI convictions.

Respectfully,

Tpr. R. Jenkins U-0536





Ohio Department of Health
Alcohol and Drug Testing
Subject Test Refusal Report

Subject Information

Revised 11-2017

TEST DATE 05/04/2024	NAME CASTILLO, ROBERT	DATE OF BIRTH 02/04/1967	AGE 57	SEX M
CURRENT STREET ADDRESS (As Verified by Officer) 4392 HELENA DR	CITY SPRINGFIELD	STATE OH	ZIP CODE 45503	RACE W

Arrest Information

ARRESTING OFFICER JENKINS, RICK	AGENCY SPRINGFIELD HIGHWAY PATROL	
TESTING OFFICER JENKINS, RICK	AGENCY SPRINGFIELD HIGHWAY PATROL	ODH CERTIFICATION# 23825
TIME FIRST OBSERVED 01:12	TIME OF TEST 02:01	

Test Information

INSTRUMENT SERIAL # 80-003934	TEST SITE # SPRINGFIELD OSHP /1	DATE OF LAST CERTIFICATION 03/19/2024	CERTIFICATION SOLUTION # ODH-0030
CERTIFICATION BOTTLE # 1353	TARGET VALUE 0.102 g/210L	CERTIFICATION AVERAGE 0.1018	CERTIFICATION STANDARD DEVIATION 0.0004
Test	BrAC (g/210L)	Time	DRY GAS STANDARD
Air Blank	0.000	02:03	
Diagnostic	VAC/OK	02:03	LOT # 27023100A3
Air Blank	0.000	02:03	
Dry Gas Control	0.099	02:04	TANK # 068
Atmo Pressure	970 mBar		
Tank Pressure	784 PSI		TARGET: 0.100 g/210L
Air Blank	0.000	02:04	
Subject Sample 1	REF*	02:05	EXPIRATION DATE: 11/05/2025
Sample Attempts	0		
Air Blank	0.000	02:05	

*Subject Test Refused

SOFTWARE VERSION: 8149.13.03

05/04/2024

TESTING OFFICER'S SIGNATURE

DATE



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 ROBERT CASTILLO		DRIVER LICENSE # RQ 707048		CLASS D	STATE OH
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) 9392 MELINA DR					
CITY SPRINGFIELD		OHIO COUNTY OF RESIDENCE 12		STATE OH	ZIP CODE 45503
DATE OF BIRTH 2-4-67	SOCIAL SECURITY # — — —	4 DIGIT COURT CODE 1220		COUNTY OF VIOLATION 12	
DATE OF VIOLATION 5/4/24	TIME OF VIOLATION 0112	PLACE OF TEST HP12		VIN 2HKKRM4H53EHC12688	
DATE OF REFUSAL OR TEST 5/4/24	TIME OF REFUSAL OR TEST 0201	YEAR 14	MAKE HONDA	LICENSE PLATE # 5YC 45C3	TYPE PLATE PC
VEHICLE OWNER'S NAME SAME		DATE OF BIRTH		STREET ADDRESS	
CITY —		STATE —		ZIP CODE —	
VEHICLE STORED AT (STREET ADDRESS) 5th & Main					

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. % 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: **SLOW TO STOP, OPEN, GLASSY EYES, SLOW SPEECH, OPEN CANTER, SPITS**

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. % 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

X
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 S. B. 536**
ARRESTING OFFICER'S SIGNATURE

OSHP SPRINGFIELD OHIO **44912**
ENFORCEMENT AGENCY N.C.I.C. #

X **Officer G. Webb 1933**
WITNESS'S SIGNATURE

4201 GATEWAY BLVD CITY **SPRINGFIELD** STATE **OH** ZIP CODE **45507**
OFFICER'S BUSINESS STREET ADDRESS

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

STATE OF OHIO, COUNTY OF **LICK**

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 S. B. 536**
ARRESTING OFFICER SIGNATURE

X
PEACE OFFICER SIGNATURE

Sworn to before me this **6** day of **MAY** 20**24**

X
NOTARY PUBLIC'S SIGNATURE

X **Deputy Clerk of Court's Signature**

City of **Springfield, Ohio**