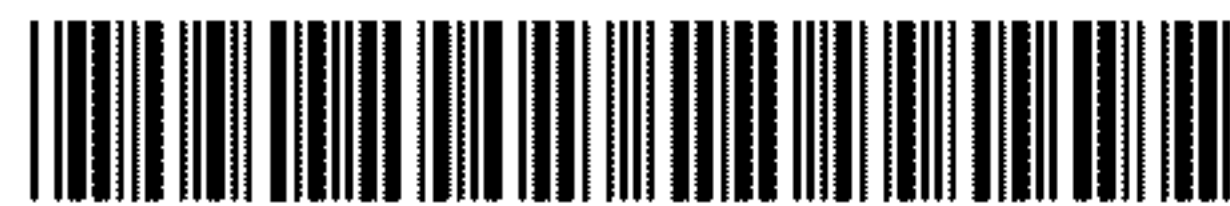


Date	Court Action, Orders, Entries		
	Count	Plea	
	A	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
	B	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
	C	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> 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
OL 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 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# OHP120536050420240219 CASE #

NAME Robert T Castillo REFERENCE # U4PM7K

STREET,CITY 4392 Helena Dr, Springfield

COUNTY, STATE, ZIP OH ,45503

PHONE# (937) 471-0959 TEXT/PHONE NOTIFICATION APPROVED? YES NO

OPERATOR LICENSE / STATE ID# None		BIRTH DATE	ISSUE DATE	STATE
RQ707048		02/04/1967	02/12/2021	OH
* If no OL/State ID: REQUIRED documentation attached: Yes				
CLASS	EXPIRES	ENDORSEMENT(S)/RESTRICTION(S)		SS# (last 4 digits)
D	02/04/2025	CDL MC Other		
SEX	HEIGHT	WEIGHT	EYES	HAIR
M	5'10"	200	BRO	BLD
RACE		FINANCIAL RESPONSIBILITY PROOF?		
WNH		Yes No N/A		

TO DEFENDANT: COMPLAINT ON May 04, 2024 AT 0112 , 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 2014 MAKE Honda MODEL Station Wagon

COLOR Black LICENSE # JYC4563 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY Miracle Mile DIRECTION Northbound

AT/NEAR Home Road (M.P)

IN THE City OF Springfield IN Clark

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

SPEED: 37 MPH in 25 MPH zone		ORC ORD T.P.
Over limits Unsafe for conditions ACDA		4511.21
Radar Air VASCAR PACE LASER		Stationary Moving
OVI: Under the influence of alcohol/drug of abuse.		ORC ORD T.P.
In physical control of vehicle.		4511.19A1A
Prohibited blood alcohol concentration. BAC		
Blood Breath Urine Refused		
Prior OVIs:	# of prior OVIs	Years of prior OVIs
	0	
DRIVER LICENSE: None Not on person Revoked Suspended		ORC ORD T.P.
EXPIRED: < 6 months > 6 months Failure to Reinstate		
Suspension Type:		
SAFETY BELT: Failure to wear		ORC ORD T.P.
Driver Passenger Child Restraint Booster Seat		
OTHER OFFENSE: Open Container in Motor Vehicle		ORC ORD T.P.
		4301.62B4
DRIVER LICENSE HELD VEHICLE SEIZED JUVENILE TRAFFIC OFFENDER		
DISTRACTED DRIVING PENALTY ENHANCEMENT APPLIES (REMARKS REQUIRED)		
PAVEMENT: Dry Wet Snow Ice # of Lanes 2		
VISIBILITY: Clear Cloudy Dusk Night Dawn		
WEATHER: Rain Snow Fog No Adverse		
TRAFFIC: Heavy Moderate Light None		
AREA: Business Freeway Industrial Residential Rural School		
CRASH: Yes No Almost Caused Non-Injury INJURY FATAL		
Crash Report #:		
REMARKS: See Statement		
ACCOMPANYING CRIMINAL CHARGE(S): Yes No TOTAL # OFFENSES: 3		

This 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 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

Court Code	Unit	Post	District
1220	0536	12	05

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: OHP120536050420240219



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME Robert T. Castillo	INCIDENT NUMBER P24050400000152	CRASH NUMBER
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Reasonable Suspicion of Impaired Motorists
Phase One

Vehicle in motion

<u>Problems in Maintaining Proper Lane Position</u> <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 type="checkbox"/> Almost striking an object or vehicle <input type="checkbox"/> Turning with a wide radius	<u>Speed and Braking Problems</u> <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
<u>Vigilance Problems</u> <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 checked="" 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	<u>Judgment Problems</u> <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

4511.21C

Post-Stop Clues

<input type="checkbox"/> Difficulty with motor vehicle controls <input checked="" 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 type="checkbox"/> Repeating questions or comments <input type="checkbox"/> Leaning on the vehicle or other object <input type="checkbox"/> Slow to respond / officer must repeat questions <input checked="" type="checkbox"/> Odor of alcoholic beverage from the driver
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OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME <i>Robert T. Castillo</i>	INCIDENT NUMBER P24050400000152	CRASH NUMBER
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Typical Investigation Clues of the Driver Interview
Phase Two

Personal Contact

<p><u>Visual Observation</u></p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Bloodshot eyes<input type="checkbox"/> Soiled clothing<input type="checkbox"/> Fumbling fingers<input checked="" type="checkbox"/> Alcohol containers<input type="checkbox"/> Drugs or drug paraphernalia<input type="checkbox"/> Bruises, bumps or scratches<input type="checkbox"/> Unusual actions	<p><u>Auditory Observations</u></p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Slurred speech<input checked="" type="checkbox"/> Admission of drinking<input type="checkbox"/> Inconsistent responses<input type="checkbox"/> Unusual statements<input type="checkbox"/> Abusive language<input type="checkbox"/> Anything else
<p><u>Odor Observations</u></p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Alcoholic beverages<input type="checkbox"/> Marijuana<input type="checkbox"/> Cover up odors<input type="checkbox"/> Other unusual odors	<p><u>Questioning Techniques</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Forgets to produce both documents (License and registration)<input type="checkbox"/> Produces documents other than the ones requested<input type="checkbox"/> Fails to see the license, registration, or both while searching for them<input type="checkbox"/> Fumbles or drops wallet, purse, license, or registration<input type="checkbox"/> Unable to retrieve documents using fingertips

Clues Associated With the Exit Sequence

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





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME Robert T. Castillo		INCIDENT NUMBER P24050400000152		CRASH NUMBER	
VEHICLE CONDITION Good; No mechanical defects		VEHICLE DISPOSITION Not Towed		TOWED BY	
CLOTHING DESCRIPTION AND CONDITION					
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			
STANDERIZED 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 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 May 4, 2024	





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

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

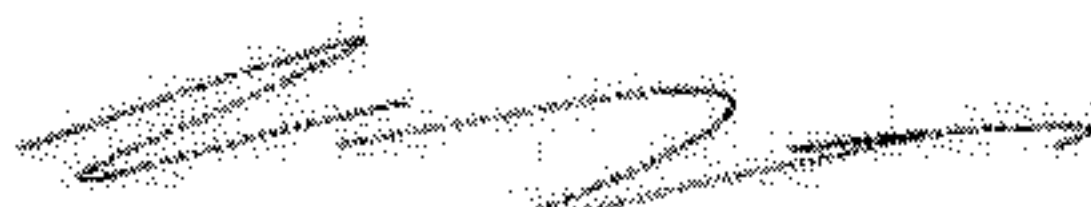
TEST DATE 05/04/2024	NAME CASTILLO, ROBERT	DATE OF BIRTH 02/04/1967	AGE 57	SEX M
CURRENT STREET ADDRESS (As Verified by Officer) 4392 HELENA DR	CITY SPRINGFIELD	STATE OH	ZIP CODE 45503	RACE W

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			

 TESTING OFFICER'S SIGNATURE	05/04/2024 DATE
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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 # LR 707048		CLASS D	STATE OH
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) 9392 HELENA DR					
CITY SPRINGFIELD		OHIO COUNTY OF RESIDENCE 12		STATE OH	ZIP CODE 45503
DATE OF BIRTH 2-4-67	SOCIAL SECURITY # -1-	4 DIGIT COURT CODE 1220		COUNTY OF VIOLATION 12	
DATE OF VIOLATION 5-14-24	TIME OF VIOLATION 0112	PLACE OF TEST HP12		VIN 2HKRM4453EHG12688	
DATE OF REFUSAL OR TEST 5-14-24	TIME OF REFUSAL OR TEST 0201	YEAR 14	MAKE HONDA	LICENSE PLATE # 3YL 4563	TYPE PLATE PC
VEHICLE OWNER'S NAME SAME		DATE OF BIRTH		STREET ADDRESS	
CITY		STATE		ZIP CODE	
VEHICLE STORED AT (STREET ADDRESS) SAME				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 % 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, SWAYING, OPEN CONTAINER, SFSIS**

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

C. Officer to Complete Applicable Vehicle Sanctions:

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

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

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

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

- ☐ Prohibited Alcohol Content with OVI charge
☐ Commercial vehicle per definition (R.C. 4506.01(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.

☒ 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 **MR. 536**
ARRESTING OFFICER'S SIGNATURE

OSHP SPRINGFIELD
ENFORCEMENT AGENCY
4201 GATEWAY BLVD
OFFICER'S BUSINESS STREET ADDRESS
SPRINGFIELD
CITY

OH **12** **P** **1** **2**
N.C.I.C. #
OH **45502**
STATE ZIP CODE

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

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

STATE OF OHIO, COUNTY OF **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 **MR. 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 **U-6309**
DEPUTY CLERK OF COURT'S SIGNATURE

City of **Springfield, Ohio**