

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				



24TRC04954

TICKET NO. OHP121696052520241316
NUMBER OF COUNTS 3

CLARK COUNTY
MUNICIPAL COURT OF
SPRINGFIELD, OHIO

THE STATE OF OHIO
THE CITY OF SPRINGFIELD

VS

MANDY D ELLIS
42 N UNION ST
LONDON OH 43140

D.O.B.: 1983-06-25
SSN :

VIOLATION:

4511.19A1A
4510.12
4511.21D4

DATE OF ARRAIGNMENT: 2024-05-31 1030

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 05/31/2024 AT 1030 IN Clark Co Municipal Court

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

CITY VILLAGE TOWNSHIP

Harmony, 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# **OHP121696052520241316**

CASE #

NAME **Mandy D Ellis**

REFERENCE # **YG52TSE**

STREET,CITY **42 N Union St, London**

COUNTY, STATE, ZIP **OH, 43140**

PHONE# **TEXT/PHONE NOTIFICATION APPROVED? YES NO**

OPERATOR LICENSE / STATE ID# None BIRTH DATE **06/25/1983** ISSUE DATE **01/25/2018** STATE **OH**
SA216156

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

CLASS **06/25/2021** EXPIRES **CDL MC Other** ENDORSEMENT(S)/RESTRICTION(S) SS# (last 4 digits)

SEX **F** HEIGHT **5'0"** WEIGHT **140** EYES **BRO** HAIR **BRO** RACE **WNH** FINANCIAL RESPONSIBILITY PROOF? Yes No N/A

TO DEFENDANT: COMPLAINT ON May 25, 2024 AT 1052, 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 **2008** MAKE **Cadillac** MODEL **4Door**

COLOR **Red** LICENSE # **KBG7574** STATE **OH**

UPON A PUBLIC HIGHWAY, NAMELY **I-70** DIRECTION **Westbound**

AT/NEAR **(M.P 66)**

IN THE **Township** OF **Harmony** IN **Clark**

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

SPEED: **96** MPH in **70** MPH zone ORC ORD T.P.
 Over limits Unsafe for conditions ACDA **4511.21D4**
 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.
 Prohibited blood alcohol concentration. **BAC**
 Blood Breath Urine Refused **4511.19A1A**

Prior OVI's: # of prior OVI's **0** Years of prior OVI's _____

DRIVER LICENSE: None Not on person Revoked Suspended **4510.12**
EXPIRED: < 6 months > 6 months Failure to Reinstate
Suspension Type: **Operating Motor Vehicle Without A Valid**

SAFETY BELT: Failure to wear **ORC ORD T.P.**
 Driver Passenger Child Restraint Booster Seat

OTHER OFFENSE: **ORC ORD T.P.**

DRIVER LICENSE HELD VEHICLE SEIZED 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 #: _____

REMARKS: **see attached**

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

This summon served personally on the defendant on **May 25, 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. M Shelton

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: **OHP121696052520241316**



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>Mandy D. Ellis</i>	P24052500003136	

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 checked="" type="checkbox"/> <i>Unnecessary acceleration or deceleration</i> <input checked="" type="checkbox"/> <i>Varying speed</i> <input type="checkbox"/> <i>10mph or more under the speed limit</i>

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

Probable Cause

4511.21D4

Post-Stop Clues

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

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
Mandy D. Ellis	P24052500003136	

Typical Investigation Clues of the Driver Interview
Phase Two

Personal Contact

<u>Visual Observation</u>	<u>Auditory Observations</u>
<input type="checkbox"/> Bloodshot eyes	<input type="checkbox"/> Slurred speech
<input type="checkbox"/> Soiled clothing	<input type="checkbox"/> Admission of drinking
<input checked="" type="checkbox"/> Fumbling fingers	<input type="checkbox"/> Inconsistent responses
<input type="checkbox"/> Alcohol containers	<input checked="" type="checkbox"/> Unusual statements
<input checked="" type="checkbox"/> Drugs or drug paraphernalia	<input type="checkbox"/> Abusive language
<input type="checkbox"/> Bruises, bumps or scratches	<input type="checkbox"/> Anything else
<input checked="" type="checkbox"/> Unusual actions	
<u>Odor Observations</u>	<u>Questioning Techniques</u>
<input type="checkbox"/> Alcoholic beverages	<input type="checkbox"/> Forgets to produce both documents (License and registration)
<input type="checkbox"/> Marijuana	<input type="checkbox"/> Produces documents other than the ones requested
<input type="checkbox"/> Cover up odors	<input type="checkbox"/> Fails to see the license, registration, or both while searching for them
<input type="checkbox"/> Other unusual odors	<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 checked="" 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 <i>Mandy D. Ellis</i>	INCIDENT NUMBER P24052500003136	CRASH NUMBER
VEHICLE CONDITION Good; No mechanical defects	VEHICLE DISPOSITION Towed	TOWED BY Buckeyes
<u>CLOTHING DESCRIPTION AND CONDITION</u>		
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 type="checkbox"/> Bloodshot <input type="checkbox"/> Droopy	CONTACTS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
CLOTHING DESCRIPTION Flannel shirt and jean shorts		
SHOES Sandles	HEELS <input checked="" type="checkbox"/> Less than 2in <input type="checkbox"/> More than 2in <input type="checkbox"/> Removed	
ODOR OF ALCOHOLIC BEVERAGE? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	POSSESSION OF ALCOHOL / CONTROLLED SUBSTANCE? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes White Powdery Substance	
<u>DIVIDED ATTENTION SKILLS</u>		
RIGHT EYE	HORIZONTAL / VERTICAL GAZE NYSTAGMUS	LEFT EYE
<input type="checkbox"/>	LACK OF SMOOTH PURSUIT	<input type="checkbox"/>
<input type="checkbox"/>	DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION	<input type="checkbox"/>
<input type="checkbox"/>	ONSET OF NYSTAGMUS BEFORE 45°	<input type="checkbox"/>
<input type="checkbox"/>	PRESENCE OF VERTICAL NYSTAGMUS	<input type="checkbox"/>
<u>WALK AND TURN</u>		<u>ONE LEG STAND</u>
<input type="checkbox"/> Moves feet to keep balance while listening to instructions		<input type="checkbox"/> Sways while balancing (during count)
<input type="checkbox"/> Starts before instructions are completed		<input 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 type="checkbox"/> Puts foot down
<input checked="" type="checkbox"/> Raises arms 6" for balance		<input type="checkbox"/> Cannot do test
<input type="checkbox"/> Steps off line while walking		<u>PBT RESULT</u>
<input type="checkbox"/> Turns incorrectly or loses balance while turning		Not Used <input checked="" type="checkbox"/> Refused <input type="checkbox"/> Result 0%
<input type="checkbox"/> Incorrect number of steps		<u>DRE EVALUATION</u>
<input type="checkbox"/> Cannot do test		N/A
Medical Conditions "Seizures"		AUDIO / VIDEO RECORDING <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Both
		DATE <i>May 25, 2024</i>





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>Mandy D. Ellis</i>	P24052500003136	

Operation of Motor Vehicle

Date: *May 25, 2024*

Time: *10:52 AM*

Location: *Clark County*

Constitutional Rights

Date: *May 25, 2024*

Time: *11:18 PM*

Read By: *Tpr. M. Shelton*

Implied Consent (BMV2255)

Date: *May 25, 2024*

Time: *12:32 PM*

Read By: *Tpr. M. Shelton*

Witness: *Tpr. C. Corbin*

Chemical Test

Date: *May 25, 2024*

Time: *12:45 PM*

Test Type: *Urine*

Results: *Pending*

Prior OVI Convictions (10 years)

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

(2008)

Prior OVI Convictions (20 years)

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

(1998)

Witness

Tpr. C. Corbin

Address

OSHP Springfield

Phone

937-323-9781





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>Mandy D. Ellis</i>	P24052500003136	

Your Honor,

On May 25th, 2024, at approximately 1052 hours, I was on stationary patrol on IR 70, near mile post 66, facing westbound traffic. I visually observed a red sedan traveling at a high rate of speed in the left lane, and checked the speed with the laser. I checked the speed of the red Cadillac sedan going 96 MPH in a 70 MPH zone. I safely managed to pull out of the cross over, and get behind the vehicle. I activated the overhead emergency lights, initiating the traffic stop. The vehicle pulls over onto the left shoulder.

I approached the vehicle on the driver side of the vehicle and greeted by Ms. Mandy Ellis what appeared to be elbowing her small sized dog and telling it to "shut the fuck up.". She then informs me that, "I am having a bad day, my mom is in the hospital and she's dying." (Later, when Ms. Ellis was transported to the hospital, I asked her where or if she made contact with her mother, who was supposedly at the same hospital. Ms. Ellis ignored my question.) I asked her where she was trying to get to and she said, Springfield Regional. I observed Ms. Ellis to be unable to sit still, and was constantly moving around. I asked if she had a driver's license and she shook her head, no. The passenger, James Lawhun, handed me his driver's license and said he had driving privileges. Mr. Lawhun did not have driving privileges. While speaking with Ms. Ellis, I observed what appeared to be marks or scabs on her arms and legs. Ms. Ellis asked me, "Am I going to jail?" While waiting for Tpr. Corbin to arrive on scene, to assist, I observed Mr. Lawhun to be subtly messing with Ms. Ellis's purse that was on the passenger side floorboard. I stood there, relatively quiet, while waiting and Ms. Ellis was making statements, yelling and punching the steering wheel. I advised Ms. Ellis to shut the vehicle off, and she took the keys out of the ignition and threw them onto the ground.

Tpr. Corbin arrived on scene, and I advised Mr. Lawhun to step out of the vehicle and to walk back to Tpr. Corbin. While I was standing at the driver side, I advised Ms. Ellis step out the vehicle and she asked again, "Am I going to jail?". I asked her when was the last time she used drugs. Ms. Ellis hesitated and answered, "it's been a while." She then brought up her mother being in the hospital again. She exited the vehicle and I asked again, when was the last time she used anything, she said, "it's been a while, it's been a long time." I asked Ms. Ellis if she takes any other medication and she stated she takes seizure medication. I asked if she had any injuries and she looked at her fist, as it was bruised from punching the steering wheel.

Ms. Ellis's eyes tracked equally, her pupils were very difficult to observe, as they were extremely constricted. There was no resting nystagmus. During Horizontal Gaze Nystagmus, I did not observe any clues of impairment. But I did take into consideration that her pupils were very constricted, and her eyes were glassy.





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

The next test that was conducted was the Walk and Turn test. I provided instructions and an example of the test. I allowed Ms. Ellis to ask questions before beginning the test. While standing in the starting position, I observed Ms. Ellis to be fidgety, moving her arms, hands and fingers. During the first set of nine steps, I observed Ms. Ellis raising her arms for balance and took an incorrect number of steps.

During the last test, the One-Leg Stand test, I provided instructions to the test, and an example of the test. I allowed Ms. Ellis to ask any questions before starting the test. During the test, I did not observe any clues of impairment.

The last test that was conducted was the Modified Romberg Test. Ms. Ellis counted to 30 seconds in the elapsed time of approximately 45 seconds. During the test, I observed her eyelids to have tremors.

Ms. Ellis was placed under arrest and put in the back seat of the marked patrol car. Tpr. Corbin kept a visual on Ms. Ellis while I began to conduct a vehicle inventory. Ms. Ellis began to be unconsciousness, and started to what appeared to have a medical seizure, or the possibility of over dosing. I uncuffed Ms. Ellis, and immediately called for EMS. Ms. Ellis came to, and was able to answer questions about where she was. While waiting for the EMS, an unopened bottle of water was provided to her.

EMS arrived on scene and transported her to Springfield Regional Medical Center. The passenger, Mr. Lawhun was transported by Tpr. Corbin to Springfield Regional as well. During the vehicle inventory, a clear twist top container with white powdery substance was located, along with burnt pieces of foil with dark residue was located inside Ms. Ellis's purse. The vehicle was towed by Buckeye's Towing.

While at the hospital, Ms. Ellis was read the BMV 2255 test and refusal consequences. Ms. Ellis submitted to a urine test, and the test results are currently pending at this time. Ms. Ellis reacted to my questions about what was inside her purse, as if she did not know anything illegal was inside of it. When Mr. Lawhun was asked, he admitted to knowing of the controlled substance. (Mr. Lawhun was charged for controlled substances.) Ms. Ellis was charged with OVI, speed violation and driving under suspension.

Respectfully,

Tpr. M. Shelton U-1696





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	DRIVER LICENSE #	CLASS	STATE
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER)			
CITY	OHIO COUNTY OF RESIDENCE	STATE	ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY #	4 DIGIT COURT CODE	COUNTY OF VIOLATION
DATE OF VIOLATION	TIME OF VIOLATION <input type="checkbox"/> AM <input type="checkbox"/> PM	PLACE OF TEST	VIN
DATE OF REFUSAL OR TEST	TIME OF REFUSAL OR TEST <input type="checkbox"/> AM <input type="checkbox"/> PM	YEAR	MAKE
VEHICLE OWNER'S NAME	DATE OF BIRTH	LICENSE PLATE #	TYPE PLATE
CITY	STATE	ZIP CODE	STATE
VEHICLE STORED AT (STREET ADDRESS)			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:

- 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

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 ARRESTING OFFICER'S SIGNATURE

ENFORCEMENT AGENCY

OHO _____ N.C.I.C. # _____

X WITNESS'S SIGNATURE

OFFICER'S BUSINESS STREET ADDRESS

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 _____

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 ARRESTING OFFICER SIGNATURE

X PEACE OFFICER SIGNATURE

Sworn to before me this _____ day of _____ 20_____
X DEPUTY CLERK OF COURT'S SIGNATURE

X NOTARY PUBLIC'S SIGNATURE

City of _____