

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				



24TRC05061

TICKET NO. OHP121227060220240438
4
NUMBER OF COUNTS

CLARK COUNTY
MUNICIPAL COURT OF
SPRINGFIELD, OHIO

THE STATE OF OHIO
THE CITY OF SPRINGFIELD

VS

MICKEL J MOESLE MARTINEZ
44 WHITEHORNE AVE
COLUMBUS OH 43223

D.O.B.: 1983-11-18
SSN :

VIOLATION:

4511.19A1A
4511.19A2AB
4510.16
4511.21D4

DATE OF ARRAIGNMENT: 2024-06-12 1330

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 06/12/2024 AT 1330 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# OHP121227060220240438 CASE# NAME Mickel J Moesle Martinez REFERENCE # 10HXKV7STREET,CITY 44 Whitehorne Ave, ColumbusCOUNTY, STATE, ZIP OH ,43223PHONE# TEXT/PHONE NOTIFICATION APPROVED? YES NOOPERATOR LICENSE / STATE ID# None BIRTH DATE 11/18/1983 ISSUE DATE 10/07/2019 STATE OH
VC674082* If no OL/State ID: REQUIRED documentation attached: YesCLASS EXPIRES 11/18/2022 ENDORSEMENT(S)/RESTRICTION(S) CDL MC OtherSEX HEIGHT WEIGHT EYES HAIR RACE FINANCIAL RESPONSIBILITY PROOF?
M **6'0"** **170** **BRO** **BLK** **WH** Yes No N/ATO DEFENDANT: COMPLAINT ON Jun 02, 2024 AT 0332, YOUOperated /Passenger /Parked /Walked at Passenger Motorcycle Bicycle Other: Commercial DOT# >=26,001 lbs. <16 Pass. Bus >=16 Pass. Bus Haz. Mat.VEHICLE: YEAR 2015 MAKE Chevrolet MODEL Pick-up TruckCOLOR Black LICENSE # R708011 STATE OHUPON A PUBLIC HIGHWAY, NAMELY I-70 DIRECTION EastboundAT/NEAR (M.P 51)IN THE Township OF Springfield IN ClarkCOUNTY #: 12 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).SPEED: 98 MPH in 70 MPH zone ORC ORD T.P.
 Over limits Unsafe for conditions ACDA **4511.21D4**
 Radar Air VASCAR PACE LASER Stationary MovingOVI: Under the influence of alcohol/drug of abuse.
 In physical control of vehicle.
 Prohibited blood alcohol concentration. BAC
 Blood Breath Urine RefusedPrior OVs: # of prior OVs 2 Years of prior OVs 21 23 DRIVER LICENSE: None Not on person Revoked Suspended
EXPIRED: < 6 months > 6 months Failure to Reinstate
Suspension Type:Driving Under Financial Responsibility LawSAFETY BELT: Failure to wear ORC ORD T.P.
 Driver Passenger Child Restraint Booster SeatOTHER 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 3VISIBILITY: Clear Cloudy Dusk Night Dawn A/VWEATHER: Rain Snow Fog No Adverse Construction ZoneTRAFFIC: Heavy Moderate Light None Workers PresentAREA: Business Freeway Industrial Residential Rural SchoolCRASH: Yes No Almost Caused Non-Injury INJURY FATALCrash Report #: REMARKS: SP1568 01:30. Passed me fast in left lane. Pace and Radar 94-96 2 miles. Stated unawareACCOMPANYING CRIMINAL CHARGE(S): Yes No TOTAL # OFFENSES: 4This summon served personally on the defendant on Jun 02, 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. D Dingeman
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: OHP121227060220240438



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>Mickel J Moesle</i>	P24060200000333	N/A

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 checked="" type="checkbox"/> <i>Weaving and/or Weaving across lane lines</i>	<input checked="" type="checkbox"/> <i>Stopping problems (too far, too short, too jerky)</i>
<input type="checkbox"/> <i>Straddling a lane line</i>	<input type="checkbox"/> <i>Unnecessary acceleration or deceleration</i>
<input checked="" type="checkbox"/> <i>Drifting</i>	<input type="checkbox"/> <i>Varying speed</i>
<input type="checkbox"/> <i>Swerving</i>	<input type="checkbox"/> <i>10mph or more under the speed limit</i>
<input type="checkbox"/> <i>Almost striking an object or vehicle</i>	
<input type="checkbox"/> <i>Turning with a wide radius</i>	
<u>Vigilance Problems</u>	<u>Judgment Problems</u>
<input type="checkbox"/> <i>Driving without headlights at night</i>	<input type="checkbox"/> <i>Following too closely (tailgating)</i>
<input type="checkbox"/> <i>Failure to signal, or signaling inconsistently with actions</i>	<input type="checkbox"/> <i>Improper or unsafe lane change</i>
<input type="checkbox"/> <i>Driving in opposing lanes or the wrong way on a one-way street</i>	<input type="checkbox"/> <i>Illegal or improper turn</i>
<input type="checkbox"/> <i>Slow to respond to traffic signals</i>	<input type="checkbox"/> <i>Driving on other than the designated roadway</i>
<input type="checkbox"/> <i>Slow or failure to respond to officer's signals</i>	<input type="checkbox"/> <i>Stopping inappropriately in response to an officer</i>
<input type="checkbox"/> <i>Stopping in the lane for no apparent reason</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

--

Post-Stop Clues

<input checked="" type="checkbox"/> <i>Difficulty with motor vehicle controls</i>	<input type="checkbox"/> <i>Difficulty exiting the vehicle</i>
<input 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>Mickel J Moesle</i>	P24060200000333	N/A

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 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 checked="" type="checkbox"/> <i>Unusual statements</i>
<input type="checkbox"/> <i>Drugs or drug paraphernalia</i>	<input checked="" 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>Mickel J Moesle</i>	INCIDENT NUMBER P24060200000333	CRASH NUMBER N/A
VEHICLE CONDITION Good; No mechanical defects	VEHICLE DISPOSITION Seized (4511.195)	TOWED BY Buckeye
<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 checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Droopy	CONTACTS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
CLOTHING DESCRIPTION N/A	HEELS <input type="checkbox"/> Less than 2in <input type="checkbox"/> More than 2in <input type="checkbox"/> Removed	
SHOES N/A	POSSESSION OF ALCOHOL / CONTROLLED SUBSTANCE? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Open container	
<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 checked="" type="checkbox"/>	PRESENCE OF VERTICAL NYSTAGMUS	<input type="checkbox"/>
<u>WALK AND TURN (WAT)</u>		<u>ONE LEG STAND (OLS)</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 type="checkbox"/> Raises arms 6" for balance		<input checked="" type="checkbox"/> Cannot do test Language Barrier / Not cooperative
<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 type="checkbox"/>
<input type="checkbox"/> Incorrect number of steps		Refused <input type="checkbox"/>
<input type="checkbox"/> Cannot do test Language Barrier / Not cooperative		Result 0.101%
		<u>DRE EVALUATION</u>
		N/A
<u>MEDICAL CONDITIONS</u> Stated Injury from crash		<u>AUDIO / VIDEO RECORDING</u> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		DATE June 2, 2024





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>Mickel J Moesle</i>	P24060200000333	N/A

Operation of Motor Vehicle

Date: June 2, 2024

Time: 3:32 AM

Location: Clark County

Constitutional Rights

Date: June 2, 2024

Time: 4:48 AM

Read By: Tpr. Dingeman

Implied Consent (BMV2255)

Date: June 2, 2024

Time: 4:45 AM

Read By: Attempted

Witness:

Chemical Test

Date: June 2, 2024

Time: 6:00 AM

Test Type: Blood

Results: Pending

Prior OVI Convictions (10 years)

1. May 26, 2023
2. November 7, 2021
- 3.
- 4.
- 5.

Prior OVI Convictions (20 years)

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

Witness

Address





OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME	INCIDENT NUMBER	CRASH NUMBER
<i>Mickel J Moesle</i>	P24060200000333	N/A

Your Honor,

On June 2nd, 2024 at approximately 03:32 hours I was on stationary patrol on IR 70 at Mile 51 in Clark County Springfield Township. I observed a vehicle gaining quickly and overtaking another vehicle in the left lane at a very high rate of speed. I activated my radar and verified the vehicle's speed at a consistent 98 MPH in the marked 70 MPH zone. As I caught up I observed several marked lane violations to the left. I then began pacing the vehicle at a consistent 98 MPH. I initiated a stop and the vehicle moved to the left and stopped abruptly.

I made contact with the driver Mr. Mickel J. Moesle Martinez. At the driver window, I could smell the strong odor of an alcoholic beverage. I could see that his eyes were glassy and bloodshot. He had an open container of Modela Especial in the center cup holder. He stated that he only spoke a bit of English and seemed to indicate he was driving from Dayton to Columbus where he had been kissing a baby. He provided an ID out of Tennessee. Which was found to be a fraudulent / fake ID. I asked about his alcohol consumption and he stated "oh noo". When I pointed to the open container, he seemed to indicate he had consumed some but was ok to drive. I had him exit for field sobriety tests. He attempted to put his car in park for the second time.

Upon exiting the vehicle he took an errant uneasy step toward the Interstate lanes of travel. I steadied him. I had him turn and face me and put his hands on his cheeks to perform the HGN test. See above results. As we stood, I continued to smell the strong odor of alcoholic beverage on or about his person. Due to the language barrier I did not attempt the remaining field sobrieties. Mr. Moesle Martinez was taken into custody. Once secured in my cruiser he became belligerent constantly spitting and cursing at me. His vehicle was towed subject to forfeiture / immobilization.

Moesle Martinez was found to have a warrant out of Wisconsin for failure to appear of OVI and other felony charges. He also showed what initially appeared to be a felony OVI conviction (Later was discovered the felony was reference an accompanying charge. He was relayed to the Clark County Jail. An attempt was made to read the BMV2255 form with the assistance of Carlos #415725 of "Language Line Solutions". Mr. Moesle Martinez continually talked over me and the interpreter. After a few minutes I gave up on completing the form in Spanish. It was clear that Mr. Moesle Martinez was not going to be cooperative. A warrant for a blood draw was submitted to Judge Driscoll and granted.

Mr. Moesle Martinez who had fallen asleep in my cruiser, was relayed to the Springfield Regional Hospital ER. When he exited the vehicle he had become much less coordinated and was struggling to walk. Theresa Reese (RN) performed the blood draw without incident. The blood was collected and sent to the OSP crime lab for analysis. Mr. Moesle Martinez was relayed back to the Clark County Jail for incarceration. He is to make an appearance before the court on June 3rd, 2024 at 10:30 AM.

Mr. Moesle Martinez was charged with Speed 4511.21D4, OVI 4511.19A1a, (3rd offense) State OVI 4511.19A2ab and Driving under a non-compliance suspension 4510.16.

Respectfully,
Tpr. D.M Dingeman U-1227



Springfield-Clark County LAW ENFORCEMENT ARREST REPORT

1. SPD

OSP

Page 1

CCSO

Other _____

2. Case Number ■		3. Arrest Number OHP 21227060320240438		4. Reserved For Court Use				
5. Name Last MCESLE MARTINEZ		First MICHEL		Middle T		Jr., Sr., etc.		
6. Alias <input type="checkbox"/> None				7. Home Phone ■ ■ ■ ■ ■				
8. Address 44 WHITEHORN AVE				9. Aptmnt	10. City Columbus	11. State OH	12. Zip 45501	
13. Date of Birth 12/18/1993		14. Age	15. Place of Birth - City & State	16. Race <input type="checkbox"/> White <input type="checkbox"/> Black	<input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian	17. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
18. Hair <input checked="" type="checkbox"/> Blk <input type="checkbox"/> Bln <input type="checkbox"/> Gry <input type="checkbox"/> Mxd <input type="checkbox"/> Bld <input type="checkbox"/> Bro <input type="checkbox"/> Red <input type="checkbox"/> Other		19. Eyes <input checked="" type="checkbox"/> Blu <input type="checkbox"/> Grn <input type="checkbox"/> Gry <input type="checkbox"/> Bro <input type="checkbox"/> Haz <input type="checkbox"/> Other	20. Height 6-00	21. Weight 170	22. Build <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium	23. Drivers License VC674082		
24. State		26. State ID Number (BCI)						
27. FBI Number		28. Place of Employment <input checked="" type="checkbox"/> None				29. Business Phone ■ ■ ■		
30. Employment Address				31. Aptmnt	32. City	33. State	34. Zip	
35. Veh Lic # R708011	36. State OH	37. Veh Lic Type MC	38. Veh Year 2015	39. Veh Make CHEVY	40. Veh Model 5-10	41. Style		
42. Color BLACK	43. VIN		44. Identifiers <input type="checkbox"/> None					
45. Arrest Date 6/2/24	46. Arrest Time 3:32 AM	47. Book Date 6/2/24	48. Book Time 0632	49. Book Off. Emp. # 300	50. Book Officer Name BUMPDAY	51. Arrest Location		
		52. Aptmnt	53. <input checked="" type="checkbox"/> On View <input type="checkbox"/> Warrant	54. <input checked="" type="checkbox"/> Jail <input type="checkbox"/> Ordered In <input type="checkbox"/> Posted Bond \$	55. Court Date 6/3/24			
56. Violation Code/Section 1. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input checked="" type="checkbox"/> Mis. <input type="checkbox"/> OR. 4511.2104		57. Charge Description SPEED		58. Type <input checked="" type="checkbox"/> On View <input type="checkbox"/> Warrant	59. Cite/Case #	60. CAD#	61. Emp.#	62. Arr. Off. Name-Affiant TRR Dineen
2. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input checked="" type="checkbox"/> Mis. <input type="checkbox"/> OR. 4513.263		58. Type <input checked="" type="checkbox"/> On View <input type="checkbox"/> Warrant		60. CAD#	61. Emp.#	62. Arr. Off. Name-Affiant		
3. <input checked="" type="checkbox"/> Fel. <input type="checkbox"/> RC. <input type="checkbox"/> Mis. <input type="checkbox"/> OR. 4511.1741q		59. Cite/Case # OVI		61. Emp.#	62. Arr. Off. Name-Affiant			
4. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input checked="" type="checkbox"/> Mis. <input type="checkbox"/> OR. 4511.19A2b		60. CAD#		61. Emp.#	62. Arr. Off. Name-Affiant			
5. <input type="checkbox"/> Fel. <input checked="" type="checkbox"/> RC. <input checked="" type="checkbox"/> Mis. <input type="checkbox"/> OR. 4510.16		62. Arr. Off. Name-Affiant APD Dineen		63. Transporting Officer <input checked="" type="checkbox"/> Same as Affiant <input type="checkbox"/> NA	64. Emp.#	65. Transporting Officer	66. Emp.#	67. CAD Unit #
68. Arrestee <input type="checkbox"/> Sick <input type="checkbox"/> NA <input type="checkbox"/> Injured		69. Treated <input type="checkbox"/> Refused <input type="checkbox"/> Squad <input type="checkbox"/> Hospital		70. Trans. to <input type="checkbox"/> Squad Hospital By <input type="checkbox"/> POV	71. <input type="checkbox"/> Community Hospital <input type="checkbox"/> Mercy <input type="checkbox"/> Other	72. Doctor		
73. Description of Sickness/Injury/Condition <input checked="" type="checkbox"/> Intoxicated								
74. Arrestee on <input type="checkbox"/> Parole <input type="checkbox"/> NA <input type="checkbox"/> Probation		75. Offense		76. Parole/Probation Officer <input type="checkbox"/> Unknown			77. Phone ■ ■	<input type="checkbox"/> Unknown
78. Arrestee Juvenile? - Parent or Legal Guardian Name & Address <input type="checkbox"/> NA							79. Phone ■ ■	<input type="checkbox"/> None
80. Arrested Juvenile Disposition <input type="checkbox"/> Released to Parent <input type="checkbox"/> Placed in DH <input type="checkbox"/> Taken to HQ <input type="checkbox"/> Other				81. Parents <input type="checkbox"/> By Arresting Officer <input type="checkbox"/> By Dispatcher Notified <input type="checkbox"/> By Transfer Officer <input type="checkbox"/> By DH Personnel <input type="checkbox"/> Other			82. Date Notified / /	
83. Contraband/Forfeiture Property <input type="checkbox"/> NA		Property has been seized as contraband and/or for forfeiture in relation to this arrest. See attached Property Receipt and/or Vehicle Tow Report.						84. Copy of Affidavit given to Arrestee? <input type="checkbox"/> Yes <input type="checkbox"/> No

Springfield-Clark County LAW ENFORCEMENT ARREST REPORT

Page 2

85. Case Number ■■■■■	86. Arrestee Name MICHEL J. MEESEE MARTINEZ	87. Additional Arrestee Name	<input type="checkbox"/> None		
Witnesses to be subpoenaed at time of trial. If there is no home or work phone, try to obtain phone number for messages.					
88. Name <input type="checkbox"/> None	89. Address	90. Zip	91. Home Phone	92. Work Phone	
Victim SPD CCSO OSP					
Victim SPD CCSO OSP					
SPD CCSO OSP					
93. Crash <input type="checkbox"/> Yes occur? <input checked="" type="checkbox"/> No	94. Was OH1 <input type="checkbox"/> Yes completed? <input type="checkbox"/> No	95. Arr. have <input type="checkbox"/> Yes Insurance? <input type="checkbox"/> No	96. Did affiant <input checked="" type="checkbox"/> Yes witness driving? <input type="checkbox"/> No	97. If not, who witnessed driving?	98. Veh. Searched <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
99. Veh Dispo. <input checked="" type="checkbox"/> IMP <input type="checkbox"/> RTO	100. If no one witnessed driving, how is exact time of vehicle operation <input type="checkbox"/> NA			101. DUI Impaired Driver <input checked="" type="checkbox"/> Yes Report Prepared? <input type="checkbox"/> NA <input type="checkbox"/> No	102. Veh held <input type="checkbox"/> Yes for prints? <input type="checkbox"/> No
103. Vehicle towed where? <input type="checkbox"/> NA BUCKEYE TOWING	104. Was Victim advised of rights and given Victim Form <input type="checkbox"/> Yes <input type="checkbox"/> No				
105. Arrestee make admission of guilt? <input type="checkbox"/> Yes <input type="checkbox"/> No	106. Did Arrestee make a statement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Written statement <input checked="" type="checkbox"/> Taped Audio statement	<input type="checkbox"/> Verbal <input type="checkbox"/> Other	107. Written summaries of statements prepared?	<input type="checkbox"/> Yes <input type="checkbox"/> No
108. Arrestee identified by witness? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Photo Array <input type="checkbox"/> Line-up <input type="checkbox"/> At Scene <input type="checkbox"/> Taken back to scene	<input type="checkbox"/> Affiant witnessed crime	109. Photos of scene/victim? <input type="checkbox"/> Yes <input type="checkbox"/> No	110. Scene processed for prints? <input type="checkbox"/> Yes <input type="checkbox"/> No	111. Physical evidence at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No
112. Property receipt #: _____	113. Copy of receipt <input type="checkbox"/> Yes or inventory attached? <input type="checkbox"/> No - If no, list property:				
114. Were any physical or mental examinations or scientific tests conducted in connection with this case? <input type="checkbox"/> Yes - If yes, specify: <input type="checkbox"/> Lab request attached					
115. Does arrestee have a prior conviction record related to this arrest? <input checked="" type="checkbox"/> Yes - If yes, specify: FELONY OVI WISCONSIN					
116. Synopsis of Event. Brief and to the Point. TRAFFIC VIOLATION / OVI RESULTED IN SUBSEQUENT OVI ARREST					
117. Statement of fact - In chronological order write what happened. What was the reason for the initial contact with arrestee? What probable cause justified the arrest? List the elements of the offense(s). What can each witness testify to? VEHICLE WAS STOPPED FOR 98 MPH IN 70. DRIVER WAS FOUND TO BE IMPAIRED AND WAS ARRESTED. VEHICLE WAS TOWED. DRIVER WAS FOUND TO HAVE FELONY CONVICTION AND WARRANTS OUT OF PICK UP. DRIVER WAS BELIGERENT AND COULD NOT OBTAIN A RIDE.					
118. Signature of Officer Completing form: PR. 	Date: 6/2/14	119. Signature of Supervisor approving form and witness list:			

Certificate of Arrest and Custody

Date June 2 2024

I, the undersigned TPR D. B. DUNIGAN of

OFFICER NAME

OSHP

DEPARTMENT

Ohio, do hereby certify that on the

2 day of June 2024, I arrested one MICHEL MOESLE MARTINEZ SUSPECT NAME/D.O.B.

on probable cause that he/she violated the following felony sections of the Ohio Revised Code:

1901.19(A)

I did then and there confine the said MICHEL MOESLE MARTINEZ 11/18/93 in

SUSPECT NAME/D.O.B.

the County Jail of Clark County, Ohio, to be held until charges are filed in the proper Court. I further state that I have provided with this Certificate of Arrest and Custody, a statement of facts setting forth the probable cause for said violations.

MICHEL MOESLE MARTINEZ 11/18/93 was also arrested on the following:

Traffic Offense(s) Warrant/Detainer Misdemeanor Charge(s)

Place of Arrest: IR 70 MP 54 Clark County SPFLD Twp

Time of Arrest: 3:32 a.m. / p.m.

Agency Case No.: CHP121237060120240438

Officer's Printed Name: TPR D. B. DUNIGAN 0-1237

Officer's Signature: TPR. D. B. DUNIGAN

Entered by: _____ Checked by: WILLIAMS A-339



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

PROPERTY CONTROL / CRIME LAB SUBMISSION

LABORATORY NUMBER

Do not write in this area

AGENCY INFORMATION

AGENCY NAME <input checked="" type="checkbox"/> OSHP <input type="checkbox"/> OIU <input type="checkbox"/> OTHER (list below)	AGENCY MAIN ORI or OSHP / OIU ASSIGNED FACILITY MAIN ORI OHOP 1200	DISTRICT / OIU OFFICE 5	OSHP POST 12
---	---	----------------------------	-----------------

OFFICER / SUBMITTER NAME TPR DINGEMAN	UNIT / BADGE NUMBER 1220
--	-----------------------------

SUBJECT INFORMATION

NAME (last, first, MI) MOESLE MARTINEZ, MICHEL J	DATE OF BIRTH 11/18/93
---	---------------------------

INCIDENT INFORMATION

<input type="checkbox"/> Case <input type="checkbox"/> Crash													<input checked="" type="checkbox"/> Misdemeanor
---	--	--	--	--	--	--	--	--	--	--	--	--	---

CAD No.	9	2	4	0	6	0	2	0	0	0	0	3	3	3	<input type="checkbox"/> Fatal Crash
---------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--------------------------------------

PROPERTY NUMBER 1	PROPERTY DESCRIPTION 2 VIALS OF HUMAN BLOOD	LOCATION COLLECTED SPRINGFIELD REGIONAL ER	SERIAL NUMBER	YOUR ID MARK TPR DINGEMAN
----------------------	--	---	---------------	------------------------------

PROPERTY CHAIN

PRINTED NAME	SIGNATURE	UNIT NO.	TIME	DATE	COMMENTS	RECEIVING OFFICER PRINTED NAME	RECEIVING OFFICER SIGNATURE	UNIT NO.
Theresa Reese	Theresa Reese		0559	6/2/24	COLLECTED			
Theresa Reese	Theresa Reese		0600	6/2/24	BY HAND TO	TPR DINGEMAN	TPR DINGEMAN	1227
TPR DINGEMAN	TPR DINGEMAN	1227	0795	6/2/24	BY HAND TO US MAIL			

CRIME LAB EXAMINATION

(Check Type or Types of Laboratory Examination Desired)

TOXICOLOGY: BLOOD / URINE / OTHER FLUID

Biological Specimen Analysis (Fluid container sealed and labeled with time, date, name and collector) DRE Certification # _____

For all Available Drugs For Specific Drug(s) _____ For Alcohol SF Capsule Added by: _____ Deceased

DRUG / CONTROLLED SUBSTANCE ANALYSIS

(Note: Misdemeanor Marijuana amounts will not be tested unless specifically requested)

Beverage Analysis Examination _____ Store Evidence Until Further Notice Destroy the Submission (No Prosecution)

OSHP DIGITAL FORENSIC EXAMINATION DO NOT SEND TO THE OSHP CRIME LAB BCI LABORATORY EXAMINATION DO NOT SEND TO THE OSHP CRIME LAB

Digital Forensic Analysis (Complete CCU Request Service Form) Video Analysis (Complete FVA Unit Form) *For all other examinations, you must submit the evidence directly to a BCI Lab with BCI FORM 101.*

Submission of this completed form and evidence to the OSHP Crime Lab implies acknowledgement/authorization for lab staff to determine the most appropriate test methods to employ based on the evidence and test request(s).

Remarks:



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

VEHICLE INVENTORY / CUSTODY REPORT

Page 1 of 1

Initial Court Date 6/3/24

CAD# P240602 00008333

REPORT NO.		DATE / TIME	LOCATION			REASONS FOR CUSTODY
24-772009-0512		6/2/24 4:40	IR 70 EB MP 54			<input type="checkbox"/> Pretrial Retention <input checked="" type="checkbox"/> # <u>2/3</u> OVI <input checked="" type="checkbox"/> DUS <input type="checkbox"/> Wrongful Entrustment <input checked="" type="checkbox"/> Forfeiture Eligibility <input type="checkbox"/> Abandoned - Hazardous <input type="checkbox"/> Abandoned - 48 hours <input type="checkbox"/> Evidence <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Crash <input type="checkbox"/> Rent / Lease / Borrowed <input type="checkbox"/> Owner Unverified <input type="checkbox"/> Other
VYR <u>2015</u>	VMA <u>CHERY</u>	VMO <u>COLORADO</u> <u>TRUCK</u>	VST <u>TK</u>	VCO <u>BLACK</u>	ODOMETER <u> </u>	
VIN <u>1GCGTCCE39F1215051</u>		LIC <u>R708011</u>			STATE <u>OHIO</u>	
DRIVER LAST NAME <u>SAMP</u>		DRIVER FIRST NAME / MI			WORK NO.	
ADDRESS					HOME / CELL NO.	
OWNER (IF SAME AS DRIVER, WRITE "SAME") <u>MICKEL MOESLE MARTINEZ</u>					WORK NO.	
ADDRESS (IF SAME AS DRIVER, WRITE "SAME") <u>44 WHITE THORNE AVE Columbus, OH 43223</u>					HOME / CELL NO.	
LOCATION P1 - Front Pass. P2 - Rear Pass. G - Glove Box T - Trunk / Cargo E - Engine C - Center Console		<input checked="" type="checkbox"/> GPS Device <input type="checkbox"/> CD / DVD <input type="checkbox"/> Radar Detector <input type="checkbox"/> Laser Detector <input type="checkbox"/> CB <u>IN</u> <input type="checkbox"/> Cell Phone <input checked="" type="checkbox"/> Stereo <u>DASH</u> <input type="checkbox"/> # CD's / DVD's		<u>1</u> Total Keys Key-Ignition Key-Trunk	CIRCLE DAMAGE 	Condition <u>Good</u> Seats Wheels Glass Undercarriage <input type="checkbox"/> Photos <input type="checkbox"/> Drivable

LOC	INVENTORY / REMARKS	LOC	INVENTORY / REMARKS
P1	UTILITY KNIFE, COLOGNE, 2 EMPTY BEER BOTTLES		
C	RAZERS, SOCK, VITAMINS		
G	MISC PAPERS, 5		
P2	EMPTY BOTTLES, SPEAKER		
T	JORDAS, BAG WITH RESPIRATORS		

ARRESTING / INVENTORY OFFICER 	UNIT NO.	DATE / TIME	Wrecker Company <u>BUCKEYE</u>
SUPERVISOR REVIEW 	1227	6/2/24 04:10	Vehicle Stored At _____
			Tow Driver Signature <u>Brandt</u>

OWNER NOTIFICATION				CONDITIONS FOR RELEASE
PRINT OWNER'S NAME <u>MICKEL MOESLE MARTINEZ</u>	UNIT NO.	DATE / TIME	<input type="checkbox"/> No OSP Hold <input checked="" type="checkbox"/> Hold <input checked="" type="checkbox"/> HP-60 Required <input checked="" type="checkbox"/> Court Release <input type="checkbox"/> Other <u>FORFEITURE</u>	
Relationship if not the owner _____				ELIGIBILITY
RELEASE OF PROPERTY				
<input type="checkbox"/> Plates	SIGNATURE 	UNIT NO.	DATE / TIME	
<input type="checkbox"/> Vehicle	SIGNATURE 	UNIT NO.	DATE / TIME	



Ohio State Highway Patrol

Citation HP7 Statement of Fact

Ticket Number: OHP121227060220240438 Reference Number: 10HXKV7

Defendant Name: Mickel J Moesle Martinez Court Name: Clark Co Municipal

Citation Date & Time: 6/2/2024 03:32

Statement of Fact:

See OVI report. Likely felony OVI due to out of state felony conviction. Vehicle Subject to forfeiture.

Unit Number 1227 Trooper Name Tpr. D Dingeman
