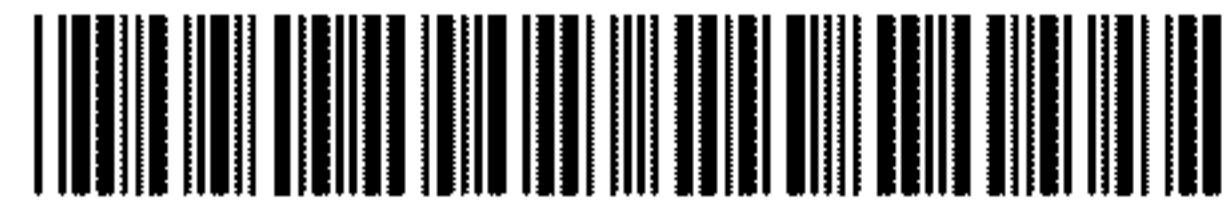


Date	Court Action, Orders, Entries		
	Count	Plea	
	A	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
	B	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
	C	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> 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
NUMBER OF COUNTS 4

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
OL 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 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# OHP121227060220240438 CASE #

NAME Mickel J Moesle Martinez REFERENCE # 10HXKV7

STREET,CITY 44 Whitehorne Ave, Columbus

COUNTY, STATE, ZIP OH ,43223

PHONE# TEXT/PHONE NOTIFICATION APPROVED? YES NO

OPERATOR 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: Yes

CLASS EXPIRES ENDORSEMENT(S)/RESTRICTION(S)

11/18/2022 CDL MC Other

SEX HEIGHT WEIGHT EYES HAIR RACE FINANCIAL RESPONSIBILITY PROOF?

M 6'0" 170 BRO BLK WH Yes No N/A

TO DEFENDANT: COMPLAINT ON Jun 02, 2024 AT 0332 , 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 2015 MAKE Chevrolet MODEL Pick-up Truck

COLOR Black LICENSE # R708011 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY I-70 DIRECTION Eastbound

AT/NEAR (M.P 51)

IN THE Township OF Springfield IN Clark

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

SPEED: 98 MPH in 70 MPH zone ORC ORD T.P. 4511.21D4

Over limits Unsafe for conditions ACDA Radar Air VASCAR PACE LASER Stationary Moving

OVI: Under the influence of alcohol/drug of abuse. ORC ORD T.P. 4511.19A1A 4511.19A2AB

In physical control of vehicle. Prohibited blood alcohol concentration. BAC Blood Breath Urine Refused

Prior OVIs: # of prior OVIs Years of prior OVIs 2 21 23

DRIVER LICENSE: None Not on person Revoked Suspended ORC ORD T.P. 4510.16

EXPIRED: < 6 months > 6 months Failure to Reinstate Suspension Type:Driving Under Financial Responsibility Law

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 AV

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: SP1568 01:30. Passed me fast in left lane. Pace and Radar 94-96 2 miles. Stated unaware

ACCOMPANYING CRIMINAL CHARGE(S): Yes No TOTAL # OFFENSES: 4

This 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 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:

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: OHP121227060220240438



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

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

Probable Cause

Post-Stop Clues

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





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
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Typical Investigation Clues of the Driver Interview
Phase Two

Personal Contact

<p><u>Visual Observation</u></p> <p><input checked="" type="checkbox"/> Bloodshot eyes</p> <p><input type="checkbox"/> Soiled clothing</p> <p><input type="checkbox"/> Fumbling fingers</p> <p><input checked="" type="checkbox"/> Alcohol containers</p> <p><input type="checkbox"/> Drugs or drug paraphernalia</p> <p><input type="checkbox"/> Bruises, bumps or scratches</p> <p><input type="checkbox"/> Unusual actions</p>	<p><u>Auditory Observations</u></p> <p><input type="checkbox"/> Slurred speech</p> <p><input checked="" type="checkbox"/> Admission of drinking</p> <p><input type="checkbox"/> Inconsistent responses</p> <p><input checked="" type="checkbox"/> Unusual statements</p> <p><input checked="" type="checkbox"/> Abusive language</p> <p><input type="checkbox"/> Anything else</p>						
<p><u>Odor Observations</u></p> <p><input checked="" type="checkbox"/> Alcoholic beverages</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Cover up odors</p> <p><input type="checkbox"/> Other unusual odors</p>	<p><u>Questioning Techniques</u></p> <p><input type="checkbox"/> Forgets to produce both documents (License and registration)</p> <p><input type="checkbox"/> Produces documents other than the ones requested</p> <p><input type="checkbox"/> Fails to see the license, registration, or both while searching for them</p> <p><input type="checkbox"/> Fumbles or drops wallet, purse, license, or registration</p> <p><input type="checkbox"/> Unable to retrieve documents using fingertips</p>						
<p><u>Clues Associated With the Exit Sequence</u></p> <table><tr><td><input type="checkbox"/> Shows angry or unusual reactions</td><td><input type="checkbox"/> Climbs out of vehicle</td></tr><tr><td><input type="checkbox"/> Cannot follow instructions</td><td><input type="checkbox"/> Leans against vehicle</td></tr><tr><td><input type="checkbox"/> Leaves the vehicle in gear</td><td><input type="checkbox"/> Keeps hands on vehicle for balance</td></tr></table>		<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
<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 Mickel J Moesle		INCIDENT NUMBER P24060200000333		CRASH NUMBER N/A	
VEHICLE CONDITION Good; No mechanical defects		VEHICLE DISPOSITION Seized (4511.195)		TOWED BY Buckeye	
CLOTHING DESCRIPTION AND CONDITION					
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					
SHOES N/A		HEELS <input 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		POSSESSION OF ALCOHOL / CONTROLLED SUBSTANCE? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Open container			
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 checked="" type="checkbox"/>	PRESENCE OF VERTICAL NYSTAGMUS			<input type="checkbox"/>	
WALK AND TURN (WAT)			ONE LEG STAND (OLS)		
<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			PBT RESULT		
<input type="checkbox"/> Turns incorrectly or loses balance while turning			Not Used <input type="checkbox"/>	Refused <input type="checkbox"/>	Result 0.101%
<input type="checkbox"/> Incorrect number of steps			DRE EVALUATION		
<input type="checkbox"/> Cannot do test Language Barrier / Not cooperative			N/A		
MEDICAL CONDITIONS Stated Injury from crash				AUDIO / VIDEO RECORDING <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 <i>Mickel J Moesle</i>	INCIDENT NUMBER P24060200000333	CRASH NUMBER N/A
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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 <i>Mickel J Moesle</i>	INCIDENT NUMBER P24060200000333	CRASH NUMBER N/A
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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
☐ CCSO ☐ Other _____

Page 1

2. Case Number		3. Arrest Number MP1227460220240438		4. Reserved For Court Use	
5. Name Last MOESLE MARTINEZ		First MICKEL		Middle Jr., Sr., etc.	
6. Alias <input type="checkbox"/> None		7. Home Phone <input type="checkbox"/> None			
8. Address 44 WHITEHORN AVE		9. Aptmnt	10. City COLUMBUS	11. State OH	12. Zip 45501
13. Date of Birth 11/18/1993	14. Age	15. Place of Birth - City & State		16. Race <input type="checkbox"/> White <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Am Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other	
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 type="checkbox"/> Blu <input type="checkbox"/> Grn <input type="checkbox"/> Gry <input checked="" 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 <input type="checkbox"/> Large					
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 <input type="checkbox"/> None	
30. Employment Address		31. Aptmnt	32. City	33. State	34. Zip
35. Veh Lic # R708011	36. State OH	37. Veh Lic Type <input type="checkbox"/> Auto <input type="checkbox"/> Commercial Truck <input type="checkbox"/> MC <input checked="" type="checkbox"/> Pickup <input type="checkbox"/> Other		38. Veh Year 2015	39. Veh Make CHEVY
40. Veh Model S-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. # 302
50. Book Officer Name BENJAMIN					
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		57. Charge Description		58. Type	59. Cite/Case #
60. CAD#		61. Emp.#		62. Arr. Off. Name-Affiant	
1. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input checked="" type="checkbox"/> Mis. <input type="checkbox"/> OR. 4511.2104		SPEED		<input checked="" type="checkbox"/> On View <input type="checkbox"/> Warrant	
2. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input checked="" type="checkbox"/> Mis. <input type="checkbox"/> OR. 4513.263		SEATBELT		<input checked="" type="checkbox"/> On View <input type="checkbox"/> Warrant	
3. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input checked="" type="checkbox"/> Mis. <input type="checkbox"/> OR. 4511.1741a		OVI		<input checked="" type="checkbox"/> On View <input type="checkbox"/> Warrant	
4. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input checked="" type="checkbox"/> Mis. <input type="checkbox"/> OR. 4511.19A2b		STATE CUI		<input type="checkbox"/> On View <input type="checkbox"/> Warrant	
5. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input checked="" type="checkbox"/> Mis. <input type="checkbox"/> OR. 4510.16		DUS		<input type="checkbox"/> On View <input type="checkbox"/> Warrant	
6. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input type="checkbox"/> Mis. <input type="checkbox"/> OR.				<input type="checkbox"/> On View <input type="checkbox"/> Warrant	
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 checked="" type="checkbox"/> NA <input type="checkbox"/> Injured		69. Treated <input type="checkbox"/> Refused By <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 Notified <input type="checkbox"/> By Dispatcher <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 MICKEL J. MOESLE 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
Victim		SPD			
		CCSO			
Victim		OSP			
		SPD			
		CCSO			
		OSP			
		SPD			
		CCSO			
		OSP			
		SPD			
		CCSO			
		OSP			
		SPD			
		CCSO			
		OSP			
93. Crash occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		94. Was OHI completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		95. Arr. have Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		96. Did affiant witness driving? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		97. If not, who witnessed driving?	
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 established?		101. DUI Impaired Driver Report Prepared? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA <input type="checkbox"/> No	
				102. Veh held for prints? <input type="checkbox"/> Yes <input checked="" 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		107. Written summaries of statements prepared? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Written statement <input type="checkbox"/> Verbal <input type="checkbox"/> Taped Audio statement <input type="checkbox"/> Other			
108. Arrestee identified by witness? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Photo Array <input type="checkbox"/> Affiant witnessed crime <input type="checkbox"/> Line-up <input type="checkbox"/> At Scene <input type="checkbox"/> Taken back to scene		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 or inventory attached? <input type="checkbox"/> Yes <input type="checkbox"/> NA <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"/> No		<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 <input type="checkbox"/> No					
116. Synopsis of Event. Brief and to the Point. TRAFFIC VIOLATION / STOP 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: PA. [Signature]		Date: 6/2/24		119. Signature of Supervisor approving form and witness list:	

Certificate of Arrest and Custody

Date JUNE 2 2024

I, the undersigned TPR DINGEMAN of
OFFICER NAME

OSHP

DEPARTMENT

Ohio, do hereby certify that on the

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

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

4911.19 A1a

I did then and there confine the said MICKEL 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.

MICKEL MOESLE MARTINEZ 11/18/93 was also arrested on the following:
SUSPECT NAME/D.O.B.

☒ 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.: 04P121227060220240438

Officer's Printed Name: TPR DINGEMAN U-1227

Officer's Signature: TPR DINGEMAN

Entered by: _____ Checked by: WILLIAMS A339



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 OHOSP 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, MICKEL J	DATE OF BIRTH 11/18/93
---	---------------------------

INCIDENT INFORMATION

<input type="checkbox"/> Case <input type="checkbox"/> Crash	<input checked="" type="checkbox"/> Misdemeanor			
CAD No. P 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 JD

PROPERTY CHAIN

PRINTED NAME	SIGNATURE	UNIT NO.	TIME	DATE	COMMENTS	RECEIVING OFFICER PRINTED NAME	RECEIVING OFFICER SIGNATURE	UNIT NO.
Theresa Reese	[Signature]		0559	9/2/24	COLLECTED			
Theresa Reese	[Signature]		0601	9/2/24	BY HAND TO	TPR DINGEMAN	TPR [Signature]	1227
TPR DINGEMAN	[Signature]	1227	0745	6/2/27	BY HAND TO US MAIL			

CRIME LAB EXAMINATION

(Check Type or Types of Laboratory Examination Desired)

TOXICOLOGY: BLOOD / URINE / OTHER FLUID

<input checked="" type="checkbox"/> Biological Specimen Analysis (Fluid container sealed and labeled with time, date, name and collector)	<input type="checkbox"/> DRE Certification # _____
<input type="checkbox"/> For all Available Drugs <input type="checkbox"/> For Specific Drug(s) _____	<input checked="" type="checkbox"/> For Alcohol <input type="checkbox"/> SF Capsule Added by: _____ <input type="checkbox"/> Deceased

DRUG / CONTROLLED SUBSTANCE ANALYSIS

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

<input type="checkbox"/> Beverage Analysis <input type="checkbox"/> Examination _____	<input type="checkbox"/> Store Evidence Until Further Notice <input type="checkbox"/> 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

<input type="checkbox"/> Digital Forensic Analysis (Complete CCU Request Service Form) <input type="checkbox"/> 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#

P 24060200000333

REPORT NO. <u>24-772009-0512</u>		DATE / TIME <u>6/2/24 4:40</u>		LOCATION <u>IR 70 EB MP 54</u>		REASONS FOR CUSTODY	
VYR <u>2015</u>	VMA <u>CHEVY</u>	VMO <u>COLORADO</u>	VST <u>TK</u>	VCO <u>BLACK</u>	ODOMETER <u> </u>	<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	
VIN <u>1GC6TCE39F1215051</u>		LIC <u>R708011</u>		STATE <u>OHIO</u>			
DRIVER LAST NAME <u>SAME</u>		DRIVER FIRST NAME / MI		WORK NO.			
ADDRESS <u>SAME</u>				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> # CD's / DVD's		Total Keys <u>1</u> Key-Ignition Key-Trunk		CIRCLE DAMAGE <div style="border: 1px solid black; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center;">◀</div>	
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	RAZORS, SOCK, VITAMINS						
G	MISC PAPERS, 5						
P2	EMPTY BOTTLES, SPEAKER						
T	JORDAS, BAG WITH RESPIRATORS						
ARRESTING / INVENTORY OFFICER <u>[Signature]</u>		UNIT NO. <u>1227</u>	DATE / TIME <u>6/2/24 04:10</u>		Wrecker Company <u>BUCKEYE</u>		
SUPERVISOR REVIEW <u>[Signature]</u>		UNIT NO.	DATE / TIME <u>/ /</u>		Vehicle Stored At Tow Driver Signature <u>X [Signature]</u>		
OWNER NOTIFICATION				CONDITIONS FOR RELEASE			
PRINT OWNER'S NAME <u>MICKEL MOESLE MARTINEZ</u>		UNIT NO. <u>1227</u>	DATE / TIME <u>6/2/24 10:00AM</u>		<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> <u>ELIGIBILITY</u>		
Relationship if not the owner							
RELEASE OF PROPERTY							
<input type="checkbox"/> Plates	SIGNATURE <u>X</u>	UNIT NO.	DATE / TIME <u>/ /</u>				
<input type="checkbox"/> Vehicle	SIGNATURE <u>X</u>	UNIT NO.	DATE / TIME <u>/ /</u>				



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