

Date	<b>COURT ACTION, ORDERS, ENTRIES</b>		
Plea:	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> No Contest
Finding on No Contest	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	
Assignment:	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____		
Waiver to Trial Time Filed.			
Request for Pre-Trial Hearing Filed.			
Jury Demand Filed.			
<b>ENTRY - MISDEMEANOR</b>			
\$ _____ Bond Forfeited			
Bench Warrant Ordered. Bond Set At \$ _____			
Trial By:	<input type="checkbox"/> Court	<input type="checkbox"/> Jury	<input type="checkbox"/> Defendant Found:
	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	
Defendant having Pleaded or Changed Plea			
<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty and found			
<input type="checkbox"/> No Contest and found			
The Court therefore imposes the following sentence:			
Fine \$ _____ and costs			
(\$ _____)			
Jail			
_____			
_____			
<b>ENTRY - FELONY</b>			
Defendant Having Appeared and Entered:			
<input type="checkbox"/> No Plea <input type="checkbox"/> Not Guilty			
Preliminary Hearing: <input type="checkbox"/> Held <input type="checkbox"/> Waived			
_____			
_____			
_____			
<input type="checkbox"/> Defendant Indicted by the			
<input type="checkbox"/> The Court Binds Defendant to the			
Clark County Grand Jury.			
_____ Judge			
Notice of Appeal Filed			
Attorney: _____			
Address: _____			
Telephone No.: _____			

Case No. 24 CRB01741

**CLARK COUNTY MUNICIPAL COURT**  
**OF**  
**SPRINGFIELD, OHIO**

**THE STATE OF OHIO**

VS.

**SARA NICOLE CLINARD**

1787 Bowman Dr.

Xenia, OH 45385-

DOB: 9/25/1997

\*\*\* - \*\* - 3896

W/F - 507/150 - BRO/BLU

**CHARGE: Domestic Violence**In violation of Section 2919.25(A) of the Ohio  
Revised Code.**PENALTY:**

First Degree Misdemeanor

Six (6) Months and/or

\$1,000.00 Fine

FILED  
 SHEILA E. RICE, CLERK  
 2024 JUL -3 AM 8:12  
 MUNICIPAL COURT  
 BY \_\_\_\_\_ DEPUTY

Date of Arrest: 7/2/2024 7:57:00PM

Date of Arraignment:

Bond Posted - Cash - Surety

Amount:

**Criminal Complaint**

THE STATE OF OHIO  
CLARK COUNTY

SS: IN THE CLARK COUNTY MUNICIPAL  
COURT OF CLARK COUNTY, OHIO

Clark County Municipal Court  
50 East Columbia Street  
Springfield, Ohio 45502  
(937) 328-3725

*For Court Use Only*

**Defendant:**

SARA NICOLE CLINARD  
1787 Bowman Dr.  
Xenia, OH 45385-

DOB: September 25, 1997

SSAN: \*\*\* - \*\* - 3896

W/F - 507/150 - BRO/BLU

**Victim:**

**Location of Occurrence:**

20 Grand Valley Dr. Apt. 3

Court Case# \_\_\_\_\_ - CR - \_\_\_\_\_ - \_\_\_\_\_

BCI&I ITN Number: \_\_\_\_\_

Law Enforcement Case Number: 24-EPD000000422

**Criminal Charge**

*Domestic Violence*

**Complaint By Individual:**

Before me, a Notary Public for the State of Ohio, a Peace Officer authorized to administer oaths or Clerk of the Clark County Municipal Court of Springfield, Ohio came POLICE OFFICER JACOB HUPP who being duly sworn states that on or about July 02, 2024, one SARA CLINARD In the Village of Enon, County of Clark, State of Ohio did:  
knowingly cause or attempt to cause physical harm to a family or household member.

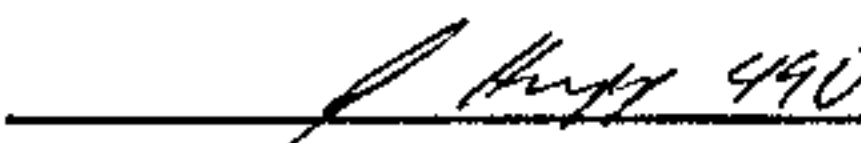
**TO WIT:**

DID KNOWINGLY CAUSE PHYSICAL HARM TO VICTIM BY STRIKING THE VICTIM IN THE FACE AND  
SCRATCH VITIMS ARM.


In violation of Section 2919.25(A) of the Ohio Revised Code.

**PENALTY:**

First Degree Misdemeanor  
Six (6) Months and/or  
\$1,000.00 Fine

  
Complainant: Police Officer Jacob Hupp

Sworn to and subscribed before me by the  
Complainant on July 03, 2024

  
Notary Public/Authorized Peace  
Officer/Clerk of Court

Court Date:  
Defendant Placed in Jail

☒ Court Copy ☐ Defendant Copy ☐ Return Copy ☐ Extra Copy

Date	<b>COURT ACTION, ORDERS, ENTRIES</b>
Plea: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> No Contest	
Finding on No Contest <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	
Assignment:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
Waiver to Trial Time Filed.	
Request for Pre-Trial Hearing Filed.	
Jury Demand Filed.	
<b>ENTRY - MISDEMEANOR</b>	
\$ _____ Bond Forfeited	
Bench Warrant Ordered. Bond Set At \$ _____	
Trial By: <input type="checkbox"/> Court <input type="checkbox"/> Jury <input type="checkbox"/> Defendant Found: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	
Defendant having Pleaded or Changed Plea <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty and found <input type="checkbox"/> No Contest and found	
The Court therefore imposes the following sentence: Fine \$ _____ and costs (\$ _____) Jail _____ _____	
<b>ENTRY - FELONY</b>	
Defendant Having Appeared and Entered: <input type="checkbox"/> No Plea <input type="checkbox"/> Not Guilty Preliminary Hearing: <input type="checkbox"/> Held <input type="checkbox"/> Waived _____ _____ _____	
<input type="checkbox"/> Defendant Indicted by the <input type="checkbox"/> The Court Binds Defendant to the Clark County Grand Jury. _____ Judge	
Notice of Appeal Filed	
Attorney: _____	
Address: _____	
Telephone No.: _____	

Case No. 24CRB01741

**CLARK COUNTY MUNICIPAL COURT  
OF  
SPRINGFIELD, OHIO**

*File*  
7/3

**THE STATE OF OHIO**

VS.

**SARA NICOLE CLINARD**

1787 Bowman Dr.

Xenia, OH 45385-

DOB: 9/25/1997

\*\*\* - \*\* - 3896

W/F - 507/150 - BRO/BLU

**CHARGE: Assault**

In violation of Section 2903.13(A) of the Ohio  
Revised Code.

**PENALTY:**

First Degree Misdemeanor  
Six (6) Months and/or  
\$1,000.00 Fine

**FILED**  
SHEILA E. RICE, CLERK  
2024 JUL -3 AM 8:12  
MUNICIPAL COURT  
BY \_\_\_\_\_ DEPUTY

**Date of Arrest: 7/2/2024 7:57:00PM****Date of Arraignment:****Bond Posted - Cash - Surety****Amount:**

**Criminal Complaint**

THE STATE OF OHIO  
CLARK COUNTY

SS: IN THE CLARK COUNTY MUNICIPAL  
COURT OF CLARK COUNTY, OHIO

Clark County Municipal Court  
50 East Columbia Street  
Springfield, Ohio 45502  
(937) 328-3725

*For Court Use Only*

**Defendant:**

SARA NICOLE CLINARD  
1787 Bowman Dr.  
Xenia, OH 45385-  
DOB: September 25, 1997  
SSAN: \*\*\* - \*\* - 3896  
W/F - 507/150 - BRO/BLU

**Victim:**

**Location of Occurrence:**

20 Grand Valley Dr. Apt. 3

**Criminal Charge**

*Assault*

Court Case# \_\_\_\_\_ - CR - \_\_\_\_\_  
BCI&I ITN Number:  
Law Enforcement Case Number: 24-EPD000000422

**Complaint By Individual:**


Before me, a Notary Public for the State of Ohio, a Peace Officer authorized to administer oaths or Clerk of the Clark County Municipal Court of Springfield, Ohio came POLICE OFFICER JACOB HUPP who being duly sworn states that on or about July 02, 2024, one SARA CLINARD In the Village of Enon, County of Clark, State of Ohio did:  
knowingly cause or attempt to cause physical harm to another or to another's unborn.

**TO WIT:**


DID KNOWINGLY CAUSE HARM TO VICITIM BY STRIKING HIM IN THE FACE AND SCRATCHING HIS ARM  
In violation of Section 2903.13(A) of the Ohio Revised Code.

**PENALTY:**

First Degree Misdemeanor  
Six (6) Months and/or  
\$1,000.00 Fine

 4410  
Complainant: Police Officer Jacob Hupp

Sworn to and subscribed before me by the  
Complainant on July 03, 2024

  
Notary Public/Authorized Peace  
Officer/Clerk of Court

Court Date:  
Defendant Placed in Jail

☒ Court Copy ☐ Defendant Copy ☐ Return Copy ☐ Extra Copy

Date	COURT ACTION, ORDERS, ENTRIES
Plea:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> No Contest
Finding on No Contest	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty
Assignment:	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____
Waiver to Trial Time Filed.	
Request for Pre-Trial Hearing Filed.	
Jury Demand Filed.	
<b>ENTRY - MISDEMEANOR</b>	
\$ _____	Bond Forfeited
Bench Warrant Ordered. Bond Set At \$ _____	
Trial By:	<input type="checkbox"/> Court <input type="checkbox"/> Jury <input type="checkbox"/> Defendant Found: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty
Defendant having Pleaded or Changed Plea <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty and found <input type="checkbox"/> No Contest and found The Court therefore imposes the following sentence: Fine \$ _____ and costs (\$ _____) Jail _____ _____ _____	
<b>ENTRY - FELONY</b>	
Defendant Having Appeared and Entered: <input type="checkbox"/> No Plea <input type="checkbox"/> Not Guilty Preliminary Hearing: <input type="checkbox"/> Held <input type="checkbox"/> Waived _____ _____ _____ <input type="checkbox"/> Defendant Indicted by the <input type="checkbox"/> The Court Binds Defendant to the Clark County Grand Jury. <div style="text-align: right;">_____ Judge</div>	
Notice of Appeal Filed	
Attorney: _____ Address: _____ Telephone No.: _____	

Case No. 24CRB01741

**CLARK COUNTY MUNICIPAL COURT  
OF  
SPRINGFIELD, OHIO**

*File*  
7/3

**THE STATE OF OHIO**

VS.

**SARA NICOLE CLINARD**

1787 Bowman Dr.

Xenia, OH 45385-

DOB: 9/25/1997

\*\*\* - \*\* - 3896

W/F - 507/150 - BRO/BLU

**CHARGE: Criminal Damaging Or  
Endangering**

In violation of Section 2909.06(A)(1) of the Ohio  
Revised Code.

**PENALTY:**

Second Degree Misdemeanor  
Ninety (90) Days and/or  
\$750.00 Fine

FILED  
 SHEILA E. RICE, CLERK  
 2024 JUL -3 AM 8:11  
 MUNICIPAL COURT  
 BY \_\_\_\_\_ DEPUTY

Date of Arrest: 7/2/2024 7:57:00PM

Date of Arraignment:

Bond Posted - Cash - Surety

Amount:

**Criminal Complaint**

THE STATE OF OHIO  
CLARK COUNTY

SS: IN THE CLARK COUNTY MUNICIPAL  
COURT OF CLARK COUNTY, OHIO

Clark County Municipal Court  
50 East Columbia Street  
Springfield, Ohio 45502  
(937) 328-3725

*For Court Use Only*

**Defendant:**

SARA NICOLE CLINARD  
1787 Bowman Dr.  
Xenia, OH 45385-  
DOB: September 25, 1997  
SSAN: \*\*\* - \*\* - 3896  
W/F - 507/150 - BRO/BLU

**Victim:**

**Location of Occurrence:**

20 Grand Valley Dr. Apt. 3

Court Case# \_\_\_\_\_ - CR - \_\_\_\_\_ - \_\_\_\_\_  
BCI&I ITN Number:  
Law Enforcement Case Number: 24-EPD000000422

**Criminal Charge**

***Criminal Damaging Or Endangering***

**Complaint By Individual:**

Before me, a Notary Public for the State of Ohio, a Peace Officer authorized to administer oaths or Clerk of the Clark County Municipal Court of Springfield, Ohio came POLICE OFFICER JACOB HUPP who being duly sworn states that on or about July 02, 2024, one SARA CLINARD In the Village of Enon, County of Clark, State of Ohio did:  
cause, or create a substantial risk of physical harm to any property of another without the other person's consent knowingly, by any means.

**TO WIT:**

DID KNOWINGLY DAMAGE THE VEHICLE WHILE THROEING A TOY AT IT AND KEYING THE VEHICLE,  
TEARING OFF REGISTRATION STICKER, AND PUNCTURING TIRE.


In violation of Section 2909.06(A)(1) of the Ohio Revised Code.

**PENALTY:**

Second Degree Misdemeanor  
Ninety (90) Days and/or  
\$750.00 Fine

  
Complainant: Police Officer Jacob Hupp

Sworn to and subscribed before me by the  
Complainant on July 03, 2024

  
Notary Public/Authorized Peace  
Officer/Clerk of Court

Court Date:  
Defendant Placed in Jail

☒ Court Copy   ☐ Defendant Copy   ☐ Return Copy   ☐ Extra Copy





## Enon Police Department

### OHIO UNIFORM INCIDENT REPORT

ADMINISTRATIVE	AGENCY NAME: Enon Police Department				*INCIDENT NUMBER: CL-24-0422						
	*GEOCODE:										
	TOD: 07/02/2024 19:01:00		TOA: 07/02/2024 19:02:00		TOC: 07/02/2024 22:16:00						
	<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE										
	*REPORT DATE/TIME		*INCIDENT OCCURRED FROM		*INCIDENT OCCURRED TO						
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR
07	03	2024	00:06:00	07	02	2024	19:02:00	07	02	2024	22:16:00
*INCIDENT LOCATION (Street, Apt., City, State, Zip):				20 Grand Valley, 3, Enon, OH, 45323							

OFFENSE	*OFFENSE 1. 2919.25		*OFFENSE DESCRIPTION Domestic Violence		*A/C: C		*UCR OFFENSE: NA		*UCR OFFENSE DESCRIPTION Not NIBRS Reportable	
	FM & DEGREE		*LARCENY		*HATE/BIAS				VALIDATE	
	Misdemeanor - 1				No Bias/Not Applicable				Yes	
	* LOCATION OF OFFENSE				*SUSPECTED OF USING					
	Parking Lot				Not Applicable					
	*TYPE OF WEAPON/FORCE USED				*TYPE OF CRIMINAL ACTIVITY					
	99 - None				N - No Gang Involvement					
	*METHOD OF ENTRY		No Force		*METHOD OF OPERATION:					
	*NO PREMISES ENTERED				*METHOD OF ENTRY - BURGLARY/B&E					
	0				LEVEL		LOCATION		DIRECTION	
CARGO THEFT		ENTRY								
		EXIT								

OFFENSE	*OFFENSE 2. 2903.13		*OFFENSE DESCRIPTION Assault		*A/C: C		*UCR OFFENSE: NA		*UCR OFFENSE DESCRIPTION Not NIBRS Reportable	
	FM & DEGREE		*LARCENY		*HATE/BIAS				VALIDATE	
	Misdemeanor				No Bias/Not Applicable				Yes	
	* LOCATION OF OFFENSE				*SUSPECTED OF USING					
	Parking Lot				Not Applicable					
	*TYPE OF WEAPON/FORCE USED				*TYPE OF CRIMINAL ACTIVITY					
	99 - None				N - No Gang Involvement					
	*METHOD OF ENTRY		No Force		*METHOD OF OPERATION:					
	*NO PREMISES ENTERED				*METHOD OF ENTRY - BURGLARY/B&E					
	0				LEVEL		LOCATION		DIRECTION	
CARGO THEFT		ENTRY								
		EXIT								

OFFENSE	*OFFENSE 3. 2909.06		*OFFENSE DESCRIPTION Criminal Damaging/Endangering		*A/C: C		*UCR OFFENSE: 290		*UCR OFFENSE DESCRIPTION Destruction/Damage/Vandalism of Property	
	FM & DEGREE		*LARCENY		*HATE/BIAS				VALIDATE	
	Misdemeanor				No Bias/Not Applicable				Yes	

ORI NUMBER: OH0120600		INCIDENT NUMBER: CL-24-0422		REPORT DATE: 07/02/2024 19:02:00		
OFFENSE	* LOCATION OF OFFENSE			*SUSPECTED OF USING		
	Parking Lot			Not Applicable		
	*TYPE OF WEAPON/FORCE USED			*TYPE OF CRIMINAL ACTIVITY		
	99 - None			N - No Gang Involvement		
	*METHOD OF ENTRY		No Force	*METHOD OF OPERATION:		
	*NO PREMISES ENTERED			*METHOD OF ENTRY - BURGLARY/B&E		
	0			LEVEL	LOCATION	DIRECTION
	CARGO THEFT		ENTRY			
		EXIT				

REPORTEE	*NO. 1	NAME (Last, First, Middle):		AGE: ** D.O.B:	SSN: ***-**-****	DL#/DL STATE:	CELL PHONE:
	ADDRESS (Street, Apt., City, State, Zip):					HOME PHONE:	RACE:
	EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip):					OCCUPATION/SCHOOL:	PHONE:
	Statements Obtained: No	Written: No	Oral: No	Taped: No	Others: No	In Car Video Available: No	Video File Name:

SUSPECT/ARRESTEE	*NO. 1	AGE CLASS: Adult		CATEGORY: Suspect/Arrestee		CHARGES FILED? Yes
	NAME (Last, First, Middle): Clinard, Sara					SSN: ***-**-****
	ALIAS:		GANG AFFILIATION:			CELL PHONE:
	ADDRESS (Street, Apt., City, State, Zip):					HOME PHONE:
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):					PHONE:
	PLACE OF BIRTH:		DL#/DL STATE: /		OCCUPATION/SCHOOL:	
	*Age: 26 *D.O.B: 09/25/1997	*SEX: Female	*RACE: White	*ETHNICITY: Not Hispanic or Latino	*HEIGHT: 5 ft	WEIGHT: 150
	SUSPECT OF USING:		MARITAL STATUS:	*RESIDENT STATUS: Resident	*HAIR: Brown	*EYES: Blue
	SCARS, MARKS, TATOOS:					
	ADDITIONAL DESCRIPTION:					
	POTENTIAL INJURIES:					
	ARREST INFORMATION			ARREST DISPOSITION:		
	ARREST DATE/TIME:		ARRESTING OFFICER:		INC TRACKING NUMBER: CL-24-0422	
	ARREST LOCATION (Street, Apt., City, State, Zip):					
	*ARRESTEE ARMED WITH:		CASE #:		DISPOSITION:	
FINGERPRINTED: No	FINGERPRINT CARD NO.:	IS PHOTOS TAKEN: No	NO. TAKEN:	PHOTO ID NO.:	FBI/BCI#:	
*MULTIPLE ARRESTEE SEGMENTS INDICATOR:		MIRANDA WITNESSED BY:		BAIL: 0	TIME READ:	
VICTIM	*NO. 1	TOTAL VICTIMS: 1		VICTIM TYPE: Individual		VICTIM IS ALSO THE REPORTEE : No



ORI NUMBER: OH0120600		INCIDENT NUMBER: CL-24-0422		REPORT DATE: 07/02/2024 19:02:00	
VICTIM	NAME (Last, First, Middle):				
	ADDRESS (Street, Apt., City, State, Zip):			CELL PHONE:	HOME PHONE:
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):			PHONE:	
	*AGE: D.O.B:	*SEX: Female	*RACE: White	*ETHNICITY:	
	HGT:	WGT:	HAIR:	EYES:	DL#/DL STATE: /
	OCCUPATION/SCHOOL:		SSN: ***-**-****	*RESIDENT STATUS:	
	VICTIM INJURED? No	IF INJURED, DESCRIBE INJURIES:			
	*AGG. ASSAULT/ HOMICIDE CIRC.:	*VICTIM/SUSPECT RELATIONSHIP: Otherwise Known - Clinard, Sara	*VICTIM/OFFENSE LINK: 2909.06 - Criminal Damaging/Endangering		
	OFFICER CIRCUMSTANCE:				
	OFFICER ASSIGNMENT TYPE:				
OFFICER ORI:					
My signature verifies that the information on this report is accurate and true				DATE:	

NARRATIVE	TITLE: Call Record Narrative		NARRATIVE TYPE: Initial Narrative	
	SUPPLEMENT: No	SUPPLEMENT #:		
	On 7/2/2024 at approximately 1901 hours, while on patrol in a marked patrol car and wearing the uniform of the day , I was dispatched to 20 Grand Valley in reference to a criminal damaging and domestic violence.			
	NARRATIVE DATE: 07/02/2024 23:21		OFFICER: Hupp, Jacob	

NARRATIVE	TITLE:		NARRATIVE TYPE: Supplement		
	SUPPLEMENT: No	SUPPLEMENT #:			
	On 7/2/2024 at approximately 1901 hours, while on patrol in a marked patrol car and wearing the uniform of the day , I was dispatched to 20 Grand Valley in reference to a criminal damaging and domestic violence. Upon my arrival, I met with the complainant's and Michele Huffman who advised that Sara Clinard ( ) had damaged 2018 Porshe Macan. stated that Clinard had thrown a children's toy at the front driver side fender causing a small dent, and had taken a key across the rear hatch of the vehicle causing scratches to the vehicle.				
	I began speaking with who stated that he and Clinard have a child in common. Clinard had shown up to his apartment asking to meet his new girlfriend due to Clinard wanting to know who was around their child. Clinard became upset with how was speaking to her and she left the scene. After a short period of time, Clinard returned to the apartment and called asking him to bring the child's belongings outside to her vehicle. gathered the belongings and began to place them into the rear of Clinard's vehicle. Clinard grabbed a child's toy that she did not want to take, and threw it at the front driver side fender causing damage. Clinard then began to strike in the facial area, and caused a scratch on a left shoulder and forearm. stated he was calling the police, and Clinard then took a key and scratched the rear tailgate of vehicle, and removed the registration sticker from her license plate before leaving the scene.				
	I was able to contact Clinard via telephone, and she agreed to meet with me at Speedway located at 90 N. Xenia Dr. Upon Clinard's arrival, she stated that she had thrown the toy at the car and was willing to pay for the damages. Clinard further stated that she did "slap" in the face. I did not observe any injury to Clinard at the time. Clinard advised that she was supposed to be going to residence to hang out, and when she arrived she found out his new girlfriend was there. Clinard stated she had left the residence to cool off before returning for her child's belongings. Clinard stated when she returned, she had called and asked him to bring the belongings to her vehicle because she did not want to leave their child in the vehicle alone. Clinard stated came down with the belongings, and she did not want a toy that he had brought down, so she threw it at vehicle. Clinard advised she slapped in the face and had grabbed her wrist to pull her away. She further stated attempted to get the child out of the vehicle while she was leaving.				
I advised Clinard that she was going to be placed under arrest for Domestic Violence, assault and criminal damaging due to the injuries sustained and the damage to vehicle. arrived to Speedway and took custody of their child and Sara was transported to the Clark County Jail without incident. Audio and video recorded.					
NARRATIVE DATE: 07/02/2024 23:26		OFFICER: Hupp, Jacob			

PROPERTY	*LOSS TYPE:	QUANTITY:	DESCRIPTION: PORS - Porsche	*PROP CODE: 36 - Automobiles	*VALUE:
	VICT. NO:	MAKE/BRAND:	MODEL:	DATE RECOVERED:	

Printed By: Hupp, Jacob  
Printed On: 07/03/2024

Recipient:

ORI NUMBER: OH0120600		INCIDENT NUMBER: CL-24-0422		REPORT DATE: 07/02/2024 19:02:00			
PROPERTY	SERIAL NUMBER:	NCIC NUMBER:	OTHER NUMBER:	COLLECTED BY:	COLLECTED DATE/TIME:	TRANSPORTED BY:	TRANSPORTED DATE/TIME:
VEHICLE	CHECK CATEGORIES:						
	NO:		LIC: JIJ1283	LIS: OH	LIY:	LIT:	VIN/OAN: *VALUE:
	VYR: 2018	VMA: Porsche	VMO: Macan	VST: 4 Door Sedan; Truck/pick-up 4 Door	TOP COLOR: Black	BOTTOM COLOR: Black	
	VEHICLE LOCKED: No		KEYS IN VEHICLE: No		HOLD VEHICLE: No		RELEASE CONTENT: No
	VEHICLE ASSOC. W/ SUSPECT NO:	VEHICLE ASSOC. W/ VICTIM NO:		VEHICLE TOWED?: No	TOWED BY:		OWNERSHIP VERIFIED BY:
	STOLEN MOTOR VEHICLE ONLY		NO. STOLEN:		AREA STOLEN:		
	AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip) :						PHONE:
	MOTOR VEHICLE RECOVERY ONLY	NO. REC.:	DATE REC.:	STOLEN IN YOUR JURISDICTION WHERE REC.:		No	
	ADDITIONAL DESCRIPTION:						
	CLEARANCE HISTORY	CLEARANCE TYPE			CLEARANCE DATE		CLEARED BY
Cleared by Arrest - Adult			07/03/2024		Hupp, Jacob		
Active			07/02/2024		Hupp, Jacob		
OFFICER	OFFICER			ROLE		CREATED ON	
	490 - Hupp, Jacob			Arresting		07/02/2024	

Witness List

Law Enforcement Case Number:  
24-EPD000000422

7/3/2024

Name	Address	Home Phone	Witness Stmt
HUPP, Jacob	, , OH	-	- - True



# Springfield-Clark County LAW ENFORCEMENT ARREST REPORT

Page 2

85. Case Number <b>24 - 0422</b>		86. Arrestee Name		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				
	SPD CCSO OSP				
	SPD CCSO OSP				
93. Crash occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		94. Was OH1 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95. Arr. have Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	96. Did affiant witness driving? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	97. If not, who witnessed driving?
99. Veh Dispo. <input type="checkbox"/> IMP <input type="checkbox"/> RTO		100. If no one witnessed driving, how is exact time of vehicle operation established? <input type="checkbox"/> NA		101. DUI Impaired Driver Report Prepared? <input type="checkbox"/> NA <input type="checkbox"/> Yes <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			104. Was Victim advised of rights and given Victim Form <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
105. Arrestee make admission of guilt? <input type="checkbox"/> Yes <input checked="" 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	
108. Arrestee identified by witness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		109. Photos of scene/victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		110. Scene processed for prints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
111. Physical evidence at scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
112. Property receipt #:		113. Copy of receipt or inventory attached? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Lab request attached					
115. Does arrestee have a prior conviction record related to this arrest? <input type="checkbox"/> Yes - If yes, specify: <input checked="" type="checkbox"/> No					
116. Synopsis of Event. Brief and to the Point.					
SARA STRUCK THE VICTIM IN THE FACIAL AREA AND SCRATCHED VICTIMS SHOULDER. SARA CAUSED DAMAGE TO VICTIMS GIRLFRIEND'S VEHICLE					
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?					
SARA APPROACHED TO HANGOUT WITH THE VICTIM, AND FOUND THE VICTIM'S NEW GIRLFRIEND TO BE AT THE APARTMENT. SARA THEN LEFT THE PROPERTY AND RETURNED A SHORT TIME LATER. SARA WANTED TO COLLECT HER DAUGHTER'S BELONGINGS, AND CALLED THE VICTIM TO BRING THE BELONGINGS OUTSIDE. WHILE THE VICTIM WAS LOADING THE BELONGINGS INTO SARA'S CAR, SARA TOOK A TON OF AND THREW IT AT THE NEW GIRLFRIENDS VEHICLE. SARA THEN OPEN HANDED STRUCK THE VICTIM AND CAUSED INJURY TO HER SHOULDER AND FOREARM. AS SARA WAS LEAVING SHE SCRATCHED THE NEW GIRLFRIENDS VEHICLE AND SCRATCHED OFF THE REGISTRATION STICKER. SARA MET WITH OFFICERS AT SPEEDWAY AND WAS PLACED UNDER ARREST					
118. Signature of Officer Completing form: <i>[Signature]</i> 4/2/11			119. Signature of Supervisor approving form and witness list: _____		



# Springfield-Clark County LAW ENFORCEMENT ARREST REPORT

1. ☐ SPD ☐ OSP  
☐ CCSO ☒ Other ENON

Page 1

2. Case Number <u>74 - 0422</u>		3. Arrest Number		4. Reserved For Court Use	
5. Name Last <u>CLINARD</u> First <u>SARA</u> Middle Jr., Sr., etc.					
6. Alias <input checked="" type="checkbox"/> None		7. Home Phone <input type="checkbox"/> None <u>937 - 668 - 3535</u>			
8. Address <u>1787 BOWMAN DR</u>		9. Aptmnt	10. City <u>XENIA</u>	11. State <u>OH</u>	12. Zip <u>45355</u>
13. Date of Birth <u>09 / 25 / 97</u>	14. Age <u>26</u>	15. Place of Birth - City & State <u>DAYTON</u>		16. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Am Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other	
17. <input type="checkbox"/> Male Sex <input checked="" type="checkbox"/> Female					
18. <input type="checkbox"/> Blk <input type="checkbox"/> Bln <input type="checkbox"/> Gry <input type="checkbox"/> Mxd <input type="checkbox"/> Bld Hair <input checked="" type="checkbox"/> Bro <input type="checkbox"/> Red <input type="checkbox"/> Other		19. <input checked="" type="checkbox"/> Blu <input type="checkbox"/> Grn <input type="checkbox"/> Gry Eyes <input type="checkbox"/> Bro <input type="checkbox"/> Haz <input type="checkbox"/> Other		20. Height <u>507</u>	21. Weight <u>150</u>
22. <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large Build <input type="checkbox"/> Medium					
23. Drivers License		24. State <u>OH</u>	25. Social Security Number		26. State ID Number (BCI)
27. FBI Number		28. Place of Employment <input type="checkbox"/> None <u>McDONALDS</u>		29. Business Phone <input type="checkbox"/> None <u>614 - 504 - 0786</u>	
30. Employment Address <u>7521 DAYTON - SPRINGFIELD</u>		31. Aptmnt	32. City <u>ENON</u>	33. State <u>OH</u>	34. Zip <u>45323</u>
35. Veh Lic # <input type="checkbox"/> NA	36. State <u>OH</u>	37. Veh Lic <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Commercial Truck Type <input type="checkbox"/> MC <input type="checkbox"/> Pickup <input type="checkbox"/> Other		38. Veh Year <u>2020</u>	39. Veh Make <u>CHEVROLET</u>
40. Veh Model <u>EQUINOX</u>		41. Style <u>4D</u>			
42. Color <u>BLK</u>		43. VIN		44. Identifiers <input type="checkbox"/> None	
45. Arrest Date <u>07 / 02 / 24</u>	46. Arrest Time <u>1957</u>	47. Book Date <u>07 / 02 / 2024</u>		48. Book Time <u>2111</u>	49. Book Off. Emp. # <u>22396</u>
50. Book Officer Name <u>TOWINGS</u>					
51. Arrest Location <u>90 N. XENIA</u>		52. Aptmnt	53. <input checked="" type="checkbox"/> On View <input type="checkbox"/> Warrant	54. <input type="checkbox"/> Jail <input type="checkbox"/> Ordered In <input type="checkbox"/> Posted Bond \$	
55. Court Date <u>/ /</u>					
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. <u>2919.25</u>		<u>DOMESTIC VIOLENCE</u>		<input checked="" type="checkbox"/> On View <input type="checkbox"/> Warrant	<u>490</u> <u>Hupp</u>
2. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input checked="" type="checkbox"/> Mis. <input type="checkbox"/> OR. <u>2903.13</u>		<u>ASSAULT</u>		<input checked="" type="checkbox"/> On View <input type="checkbox"/> Warrant	<u>490</u> <u>Hupp</u>
3. <input type="checkbox"/> Fel. <input type="checkbox"/> RC. <input checked="" type="checkbox"/> Mis. <input type="checkbox"/> OR. <u>2909.06</u>		<u>CRIMINAL DAMAGING</u>		<input checked="" type="checkbox"/> On View <input type="checkbox"/> Warrant	<u>490</u> <u>Hupp</u>
4. <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	
5. <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	
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 <u>Hupp</u>		64. Emp.# <u>490</u>	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 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 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 <u>/ /</u>	
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	