

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				



24TRC07612

TICKET NO. OHP121028081020240343
NUMBER OF COUNTS 3

CLARK COUNTY
MUNICIPAL COURT OF
SPRINGFIELD, OHIO

THE STATE OF OHIO
THE CITY OF SPRINGFIELD

VS

JAMES SCOTT
1586 REGENT AVENUE
SPRINGFIELD OH 45503

D.O.B.: 1995-07-12
SSN :

VIOLATION:

4511.19A1A
4510.12
4503.11

DATE OF ARRAIGNMENT: 2024-08-16 1100

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 08/16/2024 AT 1100 IN Clark Co Municipal Court

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

CITY VILLAGE TOWNSHIP Springfield, Clark COUNTY, OHIO

PERSONAL APPEARANCE REQUIRED: Yes No

If you fail to appear at this time and place you may be arrested or your license may be cancelled.

TICKET# OHP121028081020240343 CASE#

NAME James Scott REFERENCE # RN6CG3

STREET,CITY 1586 Regent Avenue, Springfield

COUNTY, STATE, ZIP OH, 45503

PHONE# (937) 920-0851 TEXT/PHONE NOTIFICATION APPROVED? YES NO

OPERATOR LICENSE / STATE ID# None BIRTH DATE 07/12/1995 ISSUE DATE 10/22/2021 STATE OH
UG050739

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

CLASS EXPIRES 07/12/2025 ENDORSEMENT(S)/RESTRICTION(S) CDL MC Other SS# (last 4 digits)

SEX HEIGHT 5'10" WEIGHT 179 EYES BRO HAIR BRO RACE BNH FINANCIAL RESPONSIBILITY PROOF? Yes No N/A

TO DEFENDANT: COMPLAINT ON Aug 10, 2024 AT 0223, 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 2017 MAKE Chevrolet MODEL 4Door

COLOR White LICENSE # KISCOTT STATE OH

UPON A PUBLIC HIGHWAY, NAMELY Eagle City Road DIRECTION Westbound

AT/NEAR Bechtle Avenue (M.P.)

IN THE City OF Springfield IN Clark

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

SPEED: MPH in MPH zone ORC ORD T.P.
 Over limits Unsafe for conditions ACDA
 Radar Air VASCAR PACE LASER Stationary Moving

OVIs: Under the influence of alcohol/drug of abuse. ORC ORD T.P.
 In physical control of vehicle.
 Prohibited blood alcohol concentration. BAC
 Blood Breath Urine Refused

Prior OVIs: # of prior OVIs 0 Years of prior OVIs

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

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

OTHER OFFENSE: Failure To Register - Expired Tags ORC ORD T.P.
4503.11

DRIVER LICENSE HELD VEHICLE SEIZED JUVENILE TRAFFIC OFFENDER
 DISTRACTED DRIVING PENALTY ENHANCEMENT APPLIES (REMARKS REQUIRED)

PAVEMENT: Dry Wet Snow Ice # of Lanes 2

VISIBILITY: Clear Cloudy Dusk Night Dawn A/V

WEATHER: Rain Snow Fog No Adverse Construction Zone

TRAFFIC: Heavy Moderate Light None Workers Present

AREA: Business Freeway Industrial Residential Rural School

CRASH: Yes No Almost Caused Non-Injury INJURY FATAL

Crash Report #:

REMARKS:

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

This summon served personally on the defendant on Aug 10, 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. J Thomas
Charging Law Enforcement Officer

Issuing Law Enforcement Officer SAME AS ABOVE

Issuing Officer: Verify Defendant's address. If different from License address, write current address in space provided.

OHP 0060 01/20 HP7 110-0060-00 [760-0807]

COURT RECORD

Docket # _____ Page # _____ Case # _____

Defendant's Attorney _____ Name / Address / Telephone _____

If Juvenile, Parents' Names: _____

Phone#: _____

Grade: _____ School: _____

DATE COURT ACTION: ORDERS

BAIL

No Bail - Defendant cited and released.

Bail in the amount of \$ _____ set by Judge pursuant to bail schedule.

BOND AMOUNT BOND TYPE

\$ _____ Cash Personal 10% AAA/Insurance Bond

Unsecured Surety O.I. Held Other _____

Depositor: _____ Name / Address / Telephone _____

Defendant released upon execution of Bail as noted: _____ See Bond forms - received by _____

CONTINUANCE Requester: _____ New DATE _____

CONTINUANCE Reason: _____

Defendant Failed to Appear

Order Supplemental Summons to New Date

Order Operator's License Forfeiture Bond Forfeiture

Order Warrant: Bond Amount \$ _____

Summons Issued Served DATE: _____

Warrant Issued Executed DATE: _____

/ /

Judge/Magistrate DATE

COURT ENTRY

Defendant present with/without Counsel. All rights pursuant to Criminal Rules 10 & 11, Traffic Rules 8 & 10 explained.

COUNT				
	SPEED	OVI	LICENSE	SEATBELT
Initial Plea				
Trial Date				
Finding				
Fine \$				
Costs \$				
Jailtime (Days)				
SUSPENDED				
Fines \$				
Costs \$				
Jailtime (Days)				

ADDITIONAL ORDERS

If OVI conviction: 72 hour program permitted in lieu of jail.

Defendant's License is SUSPENDED for _____ day(s)/month(s)/year(s), which shall commence on _____ and end on _____.

Defendant is granted Limited Driving Privileges as follows, effective: _____

Defendant to pay fines on Payment Program - see separate entry.

If WAIVERED: MET Requirements of Waiver PAID Fines and Costs ACCEPTED Guilty Pleas(s) MADE Guilty Finding(s). Imposed Fines and Costs noted below.

/ /

Judge/Magistrate DATE

FOR CLERK'S USE	COUNT			
	SPEED	OVI	LICENSE	SEATBELT
Fines \$				
Costs - Local \$				
Costs - State \$				
TOTAL \$				
Receipt #(s)				

If WAIVERED: Guilty Pleas(s), Waiver(s) and Payments made: In Person By Mail

Receipt supplied to defendant: In Person Check is receipt By Mail via USPS First Class LETTER RATE mail to defendant's present address.

Financial Responsibility PROOF SHOWN

NO Financial Responsibility PROOF - Clerk to notify BMV

Financial Responsibility PROOF NOT APPLICABLE

Clerk/Violations Clerk/Deputy Clerk

/ /

DATE Abstract Mailed to BMV DATE Mayor's Court Transfer/Notice of Appeal

Ticket Number: OHP121028081020240343



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME James Scott	ARREST OHP12102808102024343
VEHICLE CONDITION Fair	
VEHICLE DISPOSITION Released to his mom	
CLOTHING DESCRIPTION AND CONDITION	
HAT OR CAP N/A	
JACKET OR COAT N/A	
SHIRT OR DRESS Pink shirt	
PANTS OR SKIRT Gray sweat pants	
SHOES Black shoes	HEELS N/A
ODOR OF ALCOHOLIC BEVERAGE Strong	
SPEECH N/A	
EVIDENCE OF DRUG USE (PUPIL SIZE) N/A	

DIVIDED ATTENTION SKILLS

RIGHT EYE	HORIZONTAL / VERTICAL GAZE NYSTAGMUS	LEFT EYE
<input checked="" type="checkbox"/>	DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	ONSET OF NYSTAGMUS BEFORE 45°	<input checked="" type="checkbox"/>
<input type="checkbox"/>	PRESENCE OF VERTICAL NYSTAGMUS	<input type="checkbox"/>

WALK AND TURN	ONE LEG STAND
<input type="checkbox"/> Moves feet to keep balance while listening to instructions <input type="checkbox"/> Starts before instructions completed <input type="checkbox"/> Stops while walking to steady self <input checked="" type="checkbox"/> Does not touch heel to toe <input type="checkbox"/> Raises arms 6" for balance <input type="checkbox"/> Steps off line while walking <input type="checkbox"/> Turns incorrectly or loses balance while turning <input checked="" type="checkbox"/> Incorrect number of steps <input type="checkbox"/> Cannot do test (document reason for not completing)	<input checked="" type="checkbox"/> Sways while balancing (during count) <input type="checkbox"/> Raises arm 6" for balance <input type="checkbox"/> Hops <input checked="" type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot do test (document reason for not completing)
PBT RESULT	
<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> F Percent	

OTHER SKILL EVALUATIONS	STORAGE MEDIA REFERENCE #		
Alphabet Counting			
AUDIO / VIDEO RECORDING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STORAGE MEDIA REFERENCE #		
OFFICER'S NAME Trooper J.A.Thomas	UNIT 1028	POST 12	DATE 8/10/24

STATEMENT OF FACTS

Your Honor,

On August 10, 2024, at approximately 0223 hours, I was in a marked patrol car and wearing the uniform of the day. I was patrolling westbound on Eagle City Road when I observed a white Chevrolet also traveling on Eagle City Road with an expired registration. The vehicle registration expired 08-01-2024. I initiated a traffic stop and the vehicle stopped on Bechtle Avenue and Eagle City Road.

I made a driver's side approach and made contact with the driver, who was not the owner of the vehicle and later identified as James Scott. The owner of the vehicle was sitting in the right front seat. I asked Mr. Scott where he was coming from. His response was "I was coming from my sister's house." I noticed an odor of an alcoholic beverage emitting from within the vehicle. I asked Mr. Scott how much he had to drink. He said "I only had a beer. His eyes were blood and glassy. I asked Mr. Scott to step out of the vehicle so I can check his eyes to make sure he was okay. I did a pat down for weapons with his consent. I asked him if he had any problems with his eyes. He stated "No."

I conducted a Horizontal Gaze Nystagmus (HGN). Mr. Scott showed a lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset prior to 45 degrees. I asked Mr. Scott if he wanted to do anymore test. He stated "Yes."

I had Mr. Scott perform the Walk And Turn Test, during which he did not touch heel to toe and he took incorrect number of steps. Mr. Scott took ten steps instead of nine.

I had Mr. Scott perform the One Leg Stand Test, during which he swayed while balancing and he placed his foot down.

Last, I inquired on Mr. Scott's highest level of education. He said "I got my GED in military school." I asked him if he knew the alphabet and if he knew how to count. His reply was "Yes." I asked him to start with the letter G and end with the letter x. His response was "H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,H,I,J,K,L,M,N,O,P." Then there was a

sudden pause. He said "Where you say from G. H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z." I asked him to start with the number 79 and count backwards to 65, which he completed.

Mr. Scott was placed under arrest for OVI due to the clues I observed. I did a search incident to arrest of his person and placed him in the back of my patrol car. I transported Mr. Scott to the Springfield Post for a test. We arrived at the Post and Dispatcher Shuler U-6296 witnessed the reading of the BMV 2255. I asked Mr. Scott if he would like to submit to a breath test. He said "No."

Mr. Scott was charged with Expired Tags, Ohio Revised Code 4503.11, Operating Motor Vehicle Without a Valid, Ohio Revised Code 4510.12, OVI, Ohio Revised Code 4511.19A1A. Mr. Scott and the vehicle was released to a friend.

A handwritten signature in black ink, appearing to read "TRO J.A. Thomas".

Trooper J.A. Thomas U-1028
Ohio State Highway Patrol
Springfield Post



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

REPORT OF LAW ENFORCEMENT OFFICER ADMINISTRATIVE LICENSE SUSPENSION /
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

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

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: OVI Physical Control

The driver:

- Refused to submit to test (s).
- Submitted to test (s) 0. _____ % alcohol test result.
- Circle test type for which results were reported:
Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma
- Was placed under an Administrative License Suspension (R.C. 4511.191)
- License was seized
- Offender was provided a copy of this form at the time of arrest.

I requested the driver, by reading advice on the back, to submit to a chemical test (s) for alcohol and / or for the presence of any controlled substance or metabolite. My reasonable grounds for OVI / Physical Control arrest before test were:

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

C. Officer to Complete Applicable Vehicle Sanctions:

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

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

D. Officer to Complete if Offender is the holder of a commercial driver

license or was Operating a Commercial Vehicle:

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

- Prohibited Alcohol Content with OVI charge
- Commercial vehicle per definition (R.C. 4506.01(D))
- 24-hour out-of-service order
- CDL to be disqualified
- CDL seized
- Hazardous material
- Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form.

X

DRIVER'S SIGNATURE

REFUSED TO SIGN

F. Complete Below Only for an OVI / Physical Control ARREST:

We, the undersigned, certify that the advice prescribed by the General Assembly (under R.C. 4511.191 and R.C. 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and one other person.

X
ARRESTING OFFICER'S SIGNATURE

ENFORCEMENT AGENCY

OHO

N.C.I.C. #

X
WITNESS'S SIGNATURE

OFFICER'S BUSINESS STREET ADDRESS

CITY

STATE

ZIP CODE

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

STATE OF OHIO, COUNTY OF

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, or upon public or private property used by the public for vehicular travel or parking in the State of Ohio, under the influence of alcohol and / or drugs of abuse, in physical control of a vehicle while under the influence of alcohol and / or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4506.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge and belief.

X
ARRESTING OFFICER SIGNATURE

X
PEACE OFFICER SIGNATURE

Sworn to before me this _____ day of _____ 20____

X
NOTARY PUBLIC'S SIGNATURE

X
DEPUTY CLERK OF COURT'S SIGNATURE

City of _____