

| 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<br>WAIVER OF TRIAL TIME FILED<br>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  |                                |                               |                                    |                                    |



\*24TRC07877\*

TICKET NO. OHP120654082020242049  
4  
NUMBER OF COUNTS

CLARK COUNTY  
MUNICIPAL COURT OF  
SPRINGFIELD, OHIO

THE STATE OF OHIO  
THE CITY OF SPRINGFIELD

VS

TIMOTHY HAROLD MATTOX  
1707 E HIGH ST  
SPRINGFIELD OH 45505

D.O.B.: 1964-02-03  
SSN :

VIOLATION:

4511.19A1A  
4510.12  
4511.43A  
4513.263B1

DATE OF ARRAIGNMENT: 2024-08-27 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 08/27/2024 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# OHP120654082020242049 CASE#

NAME Timothy Harold Mattox REFERENCE # 24EHBR

STREET,CITY 1707 E High St, Springfield

COUNTY, STATE, ZIP OH, 45505

PHONE# (937) 925-2983 TEXT/PHONE NOTIFICATION APPROVED?  YES  NO

OPERATOR LICENSE / STATE ID#  None BIRTH DATE 02/03/1964 ISSUE DATE 09/17/2022 STATE OH  
**RQ697458**

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

CLASS  EXPIRES 02/03/2025 ENDORSEMENT(S)/RESTRICTION(S)  SS# (last 4 digits)

SEX  HEIGHT  WEIGHT  EYES  HAIR  RACE  FINANCIAL RESPONSIBILITY PROOF?   
**M 5'7" 155 BRO BRO WNH**  Yes  No  N/A

TO DEFENDANT: COMPLAINT ON Aug 20, 2024 AT 1919, 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 1997 MAKE Chevrolet MODEL Pick-up Truck

COLOR Red LICENSE # KFK1575 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY John Street DIRECTION Westbound

AT/NEAR Clifton 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

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

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

**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 Stop/Yield At A Stop Sign  ORC  ORD  T.P.  
**4511.43A**

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: Prior DUS 2/8/24

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

This summon served personally on the defendant on Aug 20, 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. N Bishop**  
Charging Law Enforcement Officer

**Tpr. N Bellow**  
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**

| 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 \$ |       |     |         |          |
| <b>TOTAL \$</b>  |       |     |         |          |
| 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: OHP120654082020242049



OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

|   |                                 |
|---|---------------------------------|
| NAME<br>Timothy Mattox                  | ARREST<br>OHP120654082020242049 |
| VEHICLE CONDITION<br>Poor               |                                 |
| VEHICLE DISPOSITION<br>Secured on scene |                                 |

CLOTHING DESCRIPTION AND CONDITION

|  |              |
|--|--------------|
| HAT OR CAP<br>Red hat                        |              |
| JACKET OR COAT<br>N/A                        |              |
| SHIRT OR DRESS<br>Navy blue t shirt          |              |
| PANTS OR SKIRT<br>Black jeans                |              |
| SHOES<br>Laced shoes                         | HEELS<br>N/A |
| ODOR OF ALCOHOLIC BEVERAGE<br>None           |              |
| SPEECH<br>Slow                               |              |
| EVIDENCE OF DRUG USE (PUPIL SIZE)<br>Dilated |              |

DIVIDED ATTENTION SKILLS

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

WALK AND TURN

- Moves feet to keep balance while listening to instructions
- Starts before instructions completed
- Stops while walking to steady self
- Does not touch heel to toe
- Raises arms 6" for balance
- Steps off line while walking
- Turns incorrectly or loses balance while turning
- Incorrect number of steps
- Cannot do test (document reason for not completing)

ONE LEG STAND

- Sways while balancing (during count)
- Raises arm 6" for balance
- Hops
- Puts foot down
- Cannot do test (document reason for not completing)

PBT RESULT

P  W  F Percent

OTHER SKILL EVALUATIONS

Poor fine motor skills

|  |                           |            |                 |
|--|---------------------------|------------|-----------------|
| AUDIO / VIDEO RECORDING<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STORAGE MEDIA REFERENCE # |            |                 |
| OFFICER'S NAME<br>Trooper N. Bellew  | UNIT<br>0654              | POST<br>12 | DATE<br>8/20/24 |

## STATEMENT OF FACTS

Your Honor,

On Tuesday, August 20<sup>th</sup> at approximately 1920 hours Trooper Bishop and I were on stationary patrol on Clifton Avenue, Trooper Bishop was serving as my field training officer (FTO). I was wearing the uniform of the day and patrolling in a fully marked patrol car. When we observed a red pickup truck traveling westbound on John Street not come to a complete stop at the stop sign. We activated our emergency lights to conduct a traffic stop. The vehicle pulled over in the Groceryland parking lot on South Limestone Street. Trooper Bishop and I approached the vehicle on the driver side and made contact with the driver, Timothy Mattox. I observed that Timothy's eyes were bloodshot, his pupils were dilated and his mannerisms were slow and lethargic. Trooper Bishop stated to Timothy the reason for the traffic stop. Due to Timothy showing these signs of impairment we had him exit the vehicle to perform Standardized Field Sobriety Tests.

The first test I conducted was the Horizontal Gaze Nystagmus test. Trooper Bishop had Timothy remove his hat and glasses before conducting the test. We asked Timothy if he had any injuries and he stated that he did not. I explained the Horizontal Gaze Nystagmus test to Timothy and he stated he understood and had no questions. Timothy's eyes tracked equally and his pupils were equal in size. Resting nystagmus was not present. No clues were observed during the test.

The second test I administered was the Walk and Turn. I placed Timothy in the instruction position while I demonstrated and explained the test. During my instruction Timothy moved his feet and arms to keep his balance. Timothy needed several demonstrations of the test before being able to conduct the test. Timothy stated that he understood and had no questions. During the test Timothy showed the following clues: starts before instructed, steps off line, raises arms, doesn't touch heel to toe, improper turn, improper number of steps, cannot maintain balance during instructions, and stops while walking. A total of eight (8) of eight (8) clues were observed during this test. After the test was concluded, Timothy stated he had "Gout" and took medication for it.

The third test I administered was the One Leg Stand. I demonstrated and explained the test to Timothy. Trooper Bishop and I answered any questions Timothy asked about the test. Timothy stated that he understood the test. During the test Timothy showed the following clues: puts foot down, and sways. A total of two (2) of four (4) clues were observed during this test.

I placed Timothy under arrest for OVI and advised him of his Constitutional Rights. Timothy was searched and placed in the rear of the patrol car. Timothy's vehicle was secured on scene and he was transported to the Springfield Post where he was read the BMV 2255 which was witnessed by Trooper Bishop. Timothy submitted to a urine sample. Timothy was issued a citation for OVI, no seatbelt, stop sign violation, and driving without a valid license. Timothy was released from the post to a friend via HP-60.



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<br><i>Timothy M. Mutter</i>  | DRIVER LICENSE #<br><i>ROG 3771458</i> | CLASS<br><i>TD</i>  | STATE<br><i>OH</i>  |
| CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER)<br><i>1707 E. High Street, Clarksville, OH</i> |  |   |   |
| CITY<br><i>Clarksville</i>   |  | OHIO COUNTY OF RESIDENCE<br><i>Clark</i>  | STATE<br><i>OH</i>  |
| DATE OF BIRTH<br><i>1/1/1974</i>   |  | 4 DIGIT COURT CODE<br><i>0000</i>   | ZIP CODE<br><i>45605</i>  |
| DATE OF VIOLATION<br><i>1/1/2014</i>   |  | TIME OF VIOLATION<br><i>10:10</i> <input type="checkbox"/> AM <input type="checkbox"/> PM       | PLACE OF TEST<br><i>Clarksville Police Department</i>   |
| DATE OF REFUSAL OR TEST<br><i>1/1/2014</i>   |  | TIME OF REFUSAL OR TEST<br><i>10:10</i> <input type="checkbox"/> AM <input type="checkbox"/> PM | YEAR<br><i>2014</i> MAKE<br><i>BMW</i> LICENSE PLATE #<br><i>4KXK147</i> TYPE PLATE<br><i>PERSONAL</i> STATE<br><i>OH</i> |
| VEHICLE OWNER'S NAME<br><i>John J. Johnson</i>   |  | DATE OF BIRTH<br><i>7/14/1970</i>   | STREET ADDRESS<br><i>1707 E. High Street</i>  |
| CITY<br><i>Clarksville</i>   |  | STATE<br><i>OH</i>  | ZIP CODE<br><i>45605</i>  |
| VEHICLE STORED AT (STREET ADDRESS)<br><i>Secondhand Store, Clarksville, OH</i>                 |  |   | CITY<br><i>Clarksville</i>  |

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) 0.00% 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) 0.00% 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 *Timothy M. Mutter*  
ARRESTING OFFICER'S SIGNATURE

OHO *Ohio Highway Patrol*  
ENFORCEMENT AGENCY

N.C.I.C. #

X *John J. Johnson*  
WITNESS'S SIGNATURE

*Clarksville, OH*  
OFFICER'S BUSINESS STREET ADDRESS

OH *45605*  
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 \_\_\_\_\_

PUBLIC

White / Original – BMV Canary – Law Enforcement Pink – Court Goldenrod - Offender