

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.
	ENTRY - MISDEMEANOR
	\$ _____ 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 _____ _____
	ENTRY - FELONY
	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.: _____

SSN Redacted

Case No. 24Cra2331

24-5543

CLARK COUNTY MUNICIPAL COURT  
OF  
SPRINGFIELD, OHIO

paid full

THE STATE OF OHIO

VS.

TIMOTHY A SOWARDS III

At Large  
Springfield, OH 45502-  
DOB: 11/30/1997  
\*\*\* - \*\* - 4425  
W/ - / - /

CHARGE: Strangulation

In violation of Section 2903.18(B)(3) of the Ohio  
Revised Code.

PENALTY:

Fifth Degree Felony  
6, 7, 8, 9, 10, 11, or 12 months and/or  
\$2,500.00 Fine

SHELLE E. RICE, CLERK  
MUNICIPAL COURT  
BY DE DEPUTY

2024 SEP 11 AM 8:41

FILED

Date of Arrest: 9/10/2024 9:40:00PM

Date of Arraignment: 9/11/2024 10:30:00AM

Bond Posted - Cash - Surety

Amount:

JAIL

**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:**

TIMOTHY A SOWARDS III

**Victim:**

**Location of Occurrence:**

At Large

Springfield, OH 45502-

DOB: November 30, 1997

SSAN: \* \* \* - \* \* - 4425

W/ - / - /

**Criminal Charge**

***Strangulation***

Court Case# \_\_\_\_\_ - CR - \_\_\_\_\_ - \_\_\_\_\_  
BCI&I ITN Number:  
Law Enforcement Case Number: 24-SPD000034151

**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 OFFICER DENNIS LYONS who being duly sworn states that on or about September 10, 2024, one TIMOTHY SOWARDS In the City of Springfield, County of Clark, State of Ohio did: knowingly cause or create a substantial risk of physical harm to another by means of strangulation or suffocation.

**TO WIT:**

DEFENDANT DID ASSAULT, AND CHOKE THE MOTHER OF HIS CHILD,

In violation of Section 2903.18(B)(3) of the Ohio Revised Code.

**PENALTY:**

Fifth Degree Felony  
6, 7, 8, 9, 10, 11, or 12 months and/or  
\$2,500.00 Fine



NICKOLAS E HOLT  
Notary Public  
State of Ohio  
My Comm. Expires  
June 7, 2026

*[Signature of Officer Dennis Lyons]*

Complainant: Officer Dennis Lyons

Sworn to and subscribed before me by the  
Complainant on September 10, 2024

*[Signature of Notary Public]*

Notary Public/Authorized Peace  
Officer/Clerk of Court

Court Date: 9/11/2024 10:30:00AM  
Defendant Placed in Jail



☒ Court Copy

☐ Defendant Copy

☐ Return Copy

☐ Extra Copy

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

Law Enforcement Arrest Report  
Probable Cause Affidavit

Case Number:  
24-SPD000034151

The State of Ohio  
Clark County

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

The Affiant, Officer Dennis Lyons, being first sworn, says there is probable cause to believe the defendant, Timothy A Sowards III, committed an offense based on the summary of facts below:

On Tuesday, September 10th, 2024 at approximately at 21:25 hours, the Clark County Combined Dispatch Center dropped tones for Officers to respond emergent to 1018 Tibbetts Avenue in regards to a domestic assault. Officers arrived on scene and spoke to victim, \_\_\_\_\_ stated that she and the father of her child, Timothy A Sowards III were in a verbal argument. \_\_\_\_\_ stated that Mr. Sowards had been staying at her residence for a few days. Mr. Sowards had entered into another relationship. \_\_\_\_\_ stated that she advised Mr. Sowards to come and get his belongings from her residence. \_\_\_\_\_ stated that Mr. Sowards came to the residence with a friend, Rocardo Darden at approximately 21:15 hours to get his property. Mr. Darden remained outside. Mr. Darden stated that he did not witness an assault but heard the two arguing and throwing items from the residence. At some point during the altercation the front window of the residence was broken. \_\_\_\_\_ stated that Mr. Sowards pushed her, hit her in the back of the head and choked her. Officers observed \_\_\_\_\_ to have erythema (redness on neck) to the right and left side of her neck, which would be consistent with being choked. \_\_\_\_\_ provided a voluntary written statement of facts regarding the incident. Officer C. Johnson photographed injuries.

Mr. Sowards was gone upon Officer arrival but called in stating that he could meet Officers at 1007 Pine Street. Officer Mefford and Underwood (232L) responded and spoke to Mr. Sowards. Mr. Sowards advised Officers that he too was assaulted. Officers stated that Mr. Sowards had no visible injuries to support his claim. Officers photographed Mr. Sowards and placed him custody for domestic violence, assault, and strangulation. Mr. Sowards was transported and placed in the Clark County Jail.

There is DNA on file for Mr. Sowards.

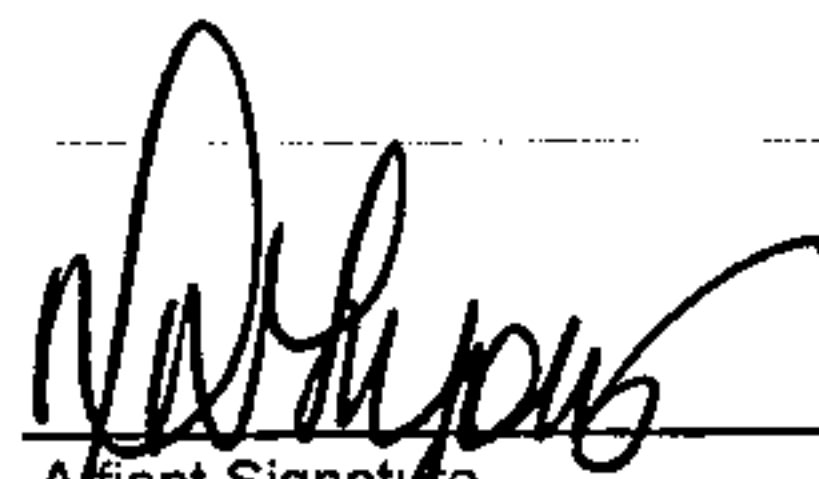
Defendant:


Timothy A Sowards III

Further Affiant Sayeth Not.



NICKOLAS E HOLT  
Notary Public  
State of Ohio  
My Comm. Expires  
June 7, 2026

  
Affiant Signature  
SPD  
Affiant Address & Phone

Sworn to and subscribed before me by the,  
Affiant on 9/10/2024  
  
Notary Public/Authorized Peace  
Officer/Clerk of Court



# Law Enforcement Arrest Report

Name: <b>SOWARDS, Timothy A III</b>		Race: <b>W</b>	Gender: <b>M</b>	Height: <b>507</b>	Weight: <b>150</b>	Hair: <b>BRD</b>	Eyes: <b>BRD</b>	Build: <b>Sm</b>	Case Number: <b>24-SPD000034151</b>
D.O.B.: <b>11/30/1997</b>	Age at time of offense: <b>26 Years 9 Months</b>	SSN:	FBI#:	BCI#:	ITN#:				

Address: <b>At Large Springfield, OH 45502-</b>		Phone: <b>- -</b>	P.O.B. (City & State): <b>Unknown</b>
Arresting Agency: <b>SPRINGFIELD POLICE</b>	Date/Time of Arrest: <b>9/10/2024 9:40:00PM</b>	On Probation: <input type="checkbox"/> Yes If yes, P.O.'s Name On Parole: <input checked="" type="checkbox"/> No	
Location of Occurrence / Arrest / Both:		Township or County: <b>Clark County</b>	Driver's License #: <b>OH</b>

Employment:	Employment Address: <b>, OH</b>	Employment Phone:
Vehicle License #:	Vehicle State:	Vehicle License Type:
Vehicle Year:	Vehicle Make:	Vehicle Model:
Vehicle Color:	Vehicle VIN #:	Vehicle Style:
Vehicle Identifiers:		

Affiant: <b>Officer Dennis Lyons</b>	Transporting Officers: <b>MEFFORD / UNDERWOOD</b>	Badge/Unit #: <b>232L</b>
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CHARGE(S) AT TIME OF ARREST - CODE NUMBER - PENALTY
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**STRANGULATION - 2903.18(B)(3) - F5**  
**DEFENDANT DID ASSAULT, AND CHOKE THE MOTHER OF HIS CHILD,**  
**DOMESTIC VIOLENCE - 2919.25(A) - M1**  
**DEFENDANT DID ASSAULT, AND CHOKE THE MOTHER OF HIS CHILD,**  
**ASSAULT - 2903.13(A) - M1**  
**DEFENDANT DID ASSAULT, AND CHOKE THE MOTHER OF HIS CHILD,**

Victim: <input type="checkbox"/> Sick <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> Injured	Treated by: <input checked="" type="checkbox"/> Refused <input type="checkbox"/> Squad <input type="checkbox"/> Hospital	Transferred to <input type="checkbox"/> Squad Hospital by: <input type="checkbox"/> P.O.V.	Hospital: <input type="checkbox"/> Community <input type="checkbox"/> Mercy <input type="checkbox"/> Other	Doctor:
Victim Description of Sickness/Injury/Condition: <input type="checkbox"/> Intoxicated				

Arrestee: <input type="checkbox"/> Sick <input checked="" type="checkbox"/> NA <input type="checkbox"/> Injured	Treated by: <input type="checkbox"/> Refused <input type="checkbox"/> Squad <input type="checkbox"/> Hospital	Transferred to <input type="checkbox"/> Squad Hospital by: <input type="checkbox"/> P.O.V.	Hospital: <input type="checkbox"/> Community <input type="checkbox"/> Mercy <input type="checkbox"/> Other	Doctor:
Arrestee Description of Sickness/Injury/Condition: <input type="checkbox"/> Intoxicated				

Arrestee Juvenile? Parent/Legal Guardian Name & Address:
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Arrested Juvenile <input type="checkbox"/> Placed in DH <input type="checkbox"/> Released to Parent Disposition: <input type="checkbox"/> Taken to HQ <input type="checkbox"/> Other	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	Date Notified:
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Witnesses:  
Charles Johnson 130 N. Fountain Ave. Springfield, OH 45502- 937-324-7685  
Dennis Lyons 130 N. Fountain Ave. Springfield, OH 45502- 937-324-7685  
Gabe Mefford 130 N. Fountain Ave. Springfield, OH 45502- 937-324-7685  
Kirsten Messer  
Brandon Oneil 130 N. Fountain Ave. Springfield, OH 45502-

Crash <input type="checkbox"/> Yes occurred? <input checked="" type="checkbox"/> No	Was OUI <input type="checkbox"/> Yes completed? <input checked="" type="checkbox"/> No	Arrestee have <input type="checkbox"/> Yes insurance? <input checked="" type="checkbox"/> No	Did Affiant <input type="checkbox"/> Yes witness driving? <input checked="" type="checkbox"/> No	If not, who <input type="checkbox"/> Yes witnessed driving? <input checked="" type="checkbox"/> No	Vehicle <input type="checkbox"/> Yes searched? <input checked="" type="checkbox"/> No
Vehicle <input type="checkbox"/> IMP Disposition: <input type="checkbox"/> RTO	If no one witnessed driving, how is exact time of vehicle operation established?			<input checked="" type="checkbox"/> NA	DUI Impaired Driver Report prepared? <input checked="" type="checkbox"/> NA
Vehicle held <input type="checkbox"/> Yes for prints? <input checked="" type="checkbox"/> No	Arrestee make <input type="checkbox"/> Yes admission of guilt? <input checked="" type="checkbox"/> No	Did Arrestee make <input type="checkbox"/> Yes statement? <input checked="" type="checkbox"/> No	<input type="checkbox"/> Written Statement <input type="checkbox"/> Taped Audio Statement	<input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Other	Written summaries of statements prepared? <input checked="" type="checkbox"/> No
Arrestee identified <input checked="" type="checkbox"/> Yes by Witness? <input type="checkbox"/> No	<input type="checkbox"/> Photo Array <input type="checkbox"/> Affiant Witnessed Crime <input type="checkbox"/> Line-Up <input checked="" type="checkbox"/> At Scene <input type="checkbox"/> Taken back to Scene	Photos of <input checked="" type="checkbox"/> Yes scene/victim? <input type="checkbox"/> No	Photos taken by: <b>JOHNSON</b>	Scene processed <input type="checkbox"/> Yes for prints? <input checked="" type="checkbox"/> No	Physical evidence <input type="checkbox"/> Yes at scene? <input checked="" type="checkbox"/> No
Property Receipt #:	Copy of receipt or <input type="checkbox"/> Yes inventory attached? <input checked="" type="checkbox"/> No	If no, list property:			

Were any physical or mental examinations or scientific tests conducted in connection with this case? <input checked="" type="checkbox"/> No	<input type="checkbox"/> Lab Request Attached
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Signature of Officer(s): <b>[Signature]</b>	Supervisor Signature: <b>[Signature]</b>	Signature Book-In:	Book-In Date/Time:
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Date Printed: 9/10/2024

24-34151

STATEMENT OF PROBABLE CAUSE

I, \_\_\_\_\_ would like to make the following statement.

(Name of Complainant)

On 0/10/24 9:40 PM AM  
(Date) (Time) PM, at \_\_\_\_\_

(Location)

Timothy Sowards did assault \_\_\_\_\_  
(Name of Assailant)

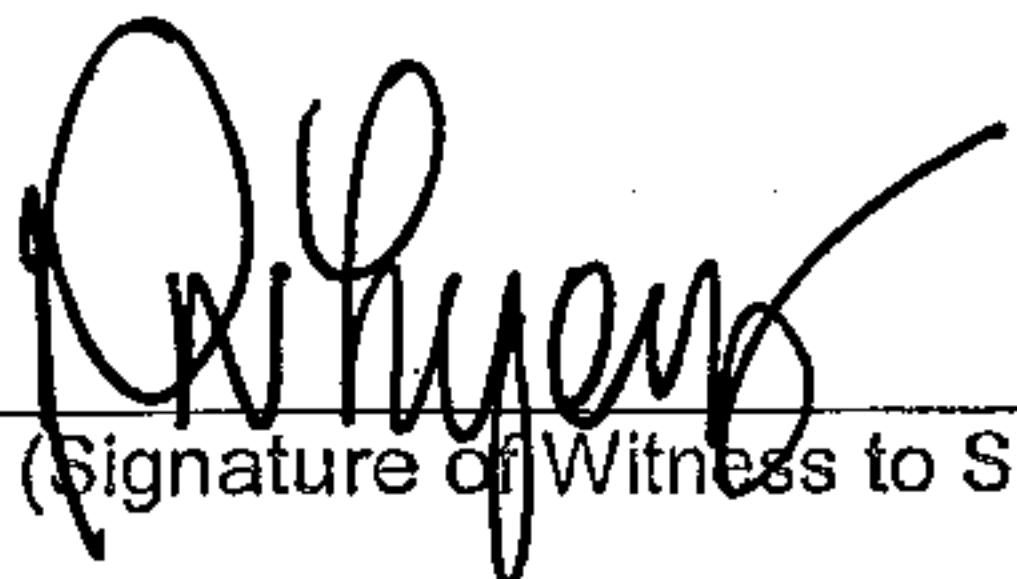
(Name of Victim)

the ex boyfriend with child of the assailant by:  
(Relationship to Assailant)

~~Choked~~ Choked, hitting and hair Pulling  
(Nature of Assault)

asked him to come and get his things he

tried to kick my door in the busted my window  
Choked me with my son in my arms, pulled my  
hair while punching me and hitting it against wall.  
The assailant is a member of the same family and/or household as the victim.

  
(Signature of Witness to Signing)

(Signature of Complainant)

9-10-24

(Date)

bajo ciertas circunstancias sobre el expediente de una  
con el Tribunal por usted o por su abogado.

La DECLARACION DE la CAUSA PROBABLE

Yo, \_\_\_\_\_ querría hacer la declaración siguiente.  
(El nombre de Reclamante)

En \_\_\_\_\_ AM  
PM, en \_\_\_\_\_  
(Fecha) (Tiempo) (Localización)

\_\_\_\_\_ asaltó \_\_\_\_\_  
(El nombre de Agresor) (El nombre de Víctima)

el \_\_\_\_\_ del agresor por:  
(La relación al Agresor)

\_\_\_\_\_  
(La naturaleza del Asalto)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

El agresor es un miembro de la misma familia y/o la casa como la víctima.

\_\_\_\_\_  
(La firma de Reclamante)

\_\_\_\_\_  
(La fecha)

\_\_\_\_\_  
(La firma de Testigo a Firmar)