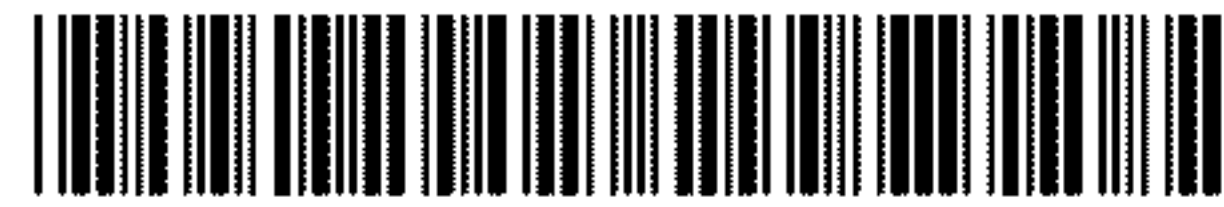


Date	Court Action, Orders, Entries		
	Count	Plea	
	A	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
	B	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
	C	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/>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



\*24TRC08783\*

TICKET NO. OHP120417091520240634  
NUMBER OF COUNTS 3

CLARK COUNTY  
MUNICIPAL COURT OF  
SPRINGFIELD, OHIO

THE STATE OF OHIO  
THE CITY OF SPRINGFIELD

VS

MATTHEWQ ALLEN OGDEN  
221 W. STATE STREET  
SPRINGFIELD OH 45506

D.O.B.: 2005-08-03  
SSN :

VIOLATION:

4511.19A1A  
4503.11  
4513.263B1

DATE OF ARRAIGNMENT: 2024-09-20 1100

ASSIGNMENT:

1  
2  
3  
4  
5  
6  
7

INSURED? NO  
OL HELD ? NO

BOND POSTED – CASH SURETY  
AMOUNT

TO DEFENDANT: SUMMONS YOU ARE SUMMONED AND ORDERED TO APPEAR

ON 09/20/2024 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# OHP120417091520240634 CASE #

NAME Matthewq Allen Ogden REFERENCE # 1E3GT65

STREET,CITY 221 W. State Street, Springfield

COUNTY, STATE, ZIP OH ,45506

PHONE# (937) 215-3166 TEXT/PHONE NOTIFICATION APPROVED? YES NO

OPERATOR LICENSE / STATE ID# None BIRTH DATE 08/03/2005 ISSUE DATE 08/23/2023 STATE OH

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

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

D 08/03/2026 CDL MC Other

SEX HEIGHT WEIGHT EYES HAIR RACE FINANCIAL RESPONSIBILITY PROOF?

M 5'3" 160 GRN BRO WNH Yes No N/A

TO DEFENDANT: COMPLAINT ON Sep 15, 2024 AT 0537 , 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 2010 MAKE Ford MODEL 2Door

COLOR Blue, Dark LICENSE # KHE8542 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY Limestone Street DIRECTION Northbound

AT/NEAR Home Road (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. In physical control of vehicle. Prohibited blood alcohol concentration. BAC Blood Breath Urine Refused ORC ORD T.P. 4511.19A1A

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

DRIVER LICENSE: None Not on person Revoked Suspended EXPIRED: < 6 months > 6 months Failure to Reinstate Suspension Type: ORC ORD T.P.

SAFETY BELT: Failure to wear Driver Passenger Child Restraint Booster Seat ORC ORD T.P. 4513.263B1

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 4

VISIBILITY: Clear Cloudy Dusk Night Dawn AV

WEATHER: Rain Snow Fog No Adverse Construction Zone

TRAFFIC: Heavy Moderate Light None Workers Present

AREA: Business Freeway Industrial Residential Rural School

CRASH: Yes No Almost Caused Non-Injury INJURY FATAL

Crash Report #.

REMARKS: SEE OVI STATEMENT

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

This summon served personally on the defendant on Sep 15, 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. C PIATT 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: OHP120417091520240634





OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

**IMPAIRED DRIVER REPORT**

NAME Matthew Allen Ogden	ARREST OHP120417091520240634
VEHICLE CONDITION Poor	
VEHICLE DISPOSITION Secured on scene- Wendy's on N. Limestone Street	

**CLOTHING DESCRIPTION AND CONDITION**

HAT OR CAP	
JACKET OR COAT None	
SHIRT OR DRESS Red tshirt	
PANTS OR SKIRT Blue athletic shorts	
SHOES Slippers- Off during test	HEELS None
ODOR OF ALCOHOLIC BEVERAGE Strong odor of burnt marijuana	
SPEECH Nothing notable	
EVIDENCE OF DRUG USE (PUPIL SIZE) Dilated pupils / glassy eyes	

**DIVIDED ATTENTION SKILLS**

RIGHT EYE	HORIZONTAL / VERTICAL GAZE NYSTAGMUS	LEFT EYE
<input type="checkbox"/>	DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION	<input type="checkbox"/>
<input type="checkbox"/>	LACK OF SMOOTH PURSUIT	<input type="checkbox"/>
<input type="checkbox"/>	ONSET OF NYSTAGMUS BEFORE 45°	<input 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"/> Sways while balancing (during count)
<input type="checkbox"/> Starts before instructions completed	<input checked="" type="checkbox"/> Raises arm 6" for balance
<input type="checkbox"/> Stops while walking to steady self	<input type="checkbox"/> Hops
<input checked="" type="checkbox"/> Does not touch heel to toe	<input checked="" type="checkbox"/> Puts foot down
<input type="checkbox"/> Raises arms 6" for balance	<input type="checkbox"/> Cannot do test (document reason for not completing)
<input checked="" type="checkbox"/> Steps off line while walking	
<input checked="" 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)	

PBT RESULT
<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> F   Percent N/A

OTHER SKILL EVALUATIONS ARIDE test completed, see narrative for further details.			
AUDIO / VIDEO RECORDING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		STORAGE MEDIA REFERENCE # SP1223	
OFFICER'S NAME Trooper C. Piatt	UNIT 0417	POST 12	DATE 9/15/24

## STATEMENT OF FACTS

On September 15, 2024, at approximately 0537 hours, I was northbound on Limestone Street near Home Road in the city of Springfield, Clark County, Ohio. I was behind a 2010 blue Ford convertible bearing Ohio registration KHE8542. I ran the registration through LEADs and confirmed the registration expired on August 3, 2024. I initiated a traffic stop.

Upon driver-side approach, I explained the reason for the stop to the driver identified as Matthew Allen Ogden. I observed Mr. Ogden was not wearing his seatbelt. Mr. Ogden expressed he was headed to take his friend home. While talking with Mr. Ogden, I detected a strong odor of burnt marijuana coming from within the car. I asked Mr. Ogden if someone was actively smoking marijuana in the vehicle, and he expressed that he just finished smoking marijuana with friends at Speedway. When asked, Mr. Ogden stated he was only 19 years old. While talking with Mr. Ogden at the driver window, I observed his eyes were glassy and his pupils were abnormally dilated for the lighting conditions. I requested Mr. Ogden exit the vehicle.

While out of the vehicle, I asked Mr. Ogden when he last smoked marijuana. Mr. Ogden stated it had been approximately forty-five minutes to one hour ago.

Before completing any standardized field sobriety tests, I asked the premedical questions. When asked, Mr. Ogden denied taking any medications and stated he only wears glasses, no contact lenses. Mr. Ogden consented to participate in standardized field sobriety tests. Mr.

Horizontal Gaze Nystagmus test: With Mr. Ogden in the correct position, I placed the tip of my ink pen (stimulus) approximately 12–15 inches from Mr. Ogden's face. Mr. Ogden was squinting his eyes. I observed both pupils were still abnormally dilated for the lighting conditions but equal in size. I observed no resting nystagmus. I instructed the test to Mr. Ogden, and when asked, Mr. Ogden stated he understood the test and had no questions. During the test, I observed no horizontal or vertical nystagmus. Mr. Ogden had to be reminded several times to keep his head still and follow the stimulus with his eyes only.

Lack of convergence test: While in the same standing position, I verbally explained the test to Mr. Ogden; when asked, he stated he understood the test and had no questions. During the test, both eyes were able to converge. Lack of convergence was not present.

Modified Romberg test: In the same standing position, I instructed the test to Mr. Ogden; when asked, Mr. Ogden stated he understood the test and had no questions. During the test, I observed minimal body swaying, slight eye tremors, and very noticable full-body tremors. Mr. Ogden completed the test in thirty-five seconds. When asked, Mr. Ogden expressed he completed by counting "one mississippi's."five (35) seconds. When asked, Mr. Ogden expressed he completed by counting "one mississippi's."

When asked, Mr. Ogden stated he had a bad knee and requested to "stretch out" before the test.

Walk and turn test: I instructed and demonstrated the proper instructional stance to Mr. Ogden. Mr. Ogden had his feet switched up. Once in the proper stance, I continued with the test instructions and demonstration. When asked, Mr. Ogden stated he understood the test and had no questions. During the test, I observed Mr. Ogden repeatedly step off line, fail to touch heel-to-toe, take the incorrect number of steps down, and complete an improper turn.

One leg stand test: I instructed and demonstrated the test to Mr. Ogden; when asked, Mr. Ogden stated he understood the test and had no questions. During the test, I observed Mr. Ogden raise his arms more than 6 inches, sway, and repeatedly place his foot down. Mr. Ogden had to be reminded that he was instructed to count out loud.

Fing to nose test: I instructed and demonstrated the test to Mr. Ogden; when asked, Mr. Ogden stated he understood the test and had no questions. During the test, I observed the following:



First right: Mr. Ogden touched above the tip of his nose; thereafter, Mr. Ogden touched the tip of his nose with the bottom of his index finger.

I asked Mr. Ogden on the scale of one to ten, with one being not high at all and ten being super high where he lies on the scale. Mr. Ogden stated, "I'm at a three, not really that high." Mr. Ogden stated he smokes a blunt and roach. Mr. Ogden stated he smokes marijuana daily.

At this time, Mr. Ogden was arrested for OVI. Mr. Ogden was handcuffed behind his back. The handcuffs were gap-checked and double-locked. I verbally advised Mr. Ogden of his Miranda rights. When asked, Mr. Ogden acknowledged his rights and stated he understood them. A search incident to arrest was completed. With Mr. Ogden's permission, his vehicle was secured on scene. I transported Mr. Ogden to the patrol post.

Upon arrival, I read and showed the Ohio BMV Form 2255 to Mr. Ogden, which was witnessed by Dispatcher A. Shuler. Mr. Ogden consented to a chemical urine test. The urine sample was obtained, packaged, and placed in the USPS dropbox to be sent to the Ohio State Highway Patrol crime lab for analysis.

Mr. Ogden was issued a citation for the following offenses:

- 4503.11- Expired registration
- 4513.263(B)(1)- Seatbelt
- 4511.19(A)(1)(a)- OVI- Officer observation

Mr. Ogden was provided copies of the required paperwork and given a mandatory court date of Friday, September 20, 2024, at 11:00 a.m. in the Clark County Municipal Court.

Mr. Ogden was released to his father via HP-60.



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

A. NAME <u>Matthew Allen Ogden</u>		DRIVER LICENSE # <u>VJ514989</u>		CLASS <u>D</u>		STATE <u>OH</u>		
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) <u>221 W. State St.</u>								
CITY <u>Springfield</u>			OHIO COUNTY OF RESIDENCE <u>Clark</u>		STATE <u>OH</u>		ZIP CODE <u>45530</u>	
DATE OF BIRTH <u>8-3-2005</u>		SOCIAL SECURITY # <u>[REDACTED]</u>		4 DIGIT COURT CODE <u>1215</u>		COUNTY OF VIOLATION <u>Clark</u>		
DATE OF VIOLATION <u>1/13/24</u>		TIME OF VIOLATION <u>0557</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		PLACE OF TEST <u>MC BAR</u>		VIN <u>1EVEP8EN1A5102433</u>		
DATE OF REFUSAL OR TEST <u>1/13/24</u>		TIME OF REFUSAL OR TEST <u>0601</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		YEAR <u>2010</u>		MAKE <u>Ford</u>		
				LICENSE PLATE # <u>WVE3314</u>		TYPE PLATE <u>PASSENGER</u>		
VEHICLE OWNER'S NAME <u>SAME</u>		DATE OF BIRTH <u>SAME</u>		STREET ADDRESS <u>SAME</u>				
CITY <u>SAME</u>		STATE <u>SAME</u>		ZIP CODE <u>SAME</u>				
VEHICLE STORED AT (STREET ADDRESS) <u>Secured on scene</u>						CITY <u>Springfield</u>		

**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 marijuana 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** *[Signature]*  
ARRESTING OFFICER'S SIGNATURE

ENFORCEMENT AGENCY

OHO				
-----	--	--	--	--

N.C. C.#

<b>X</b> WITNESS'S SIGNATURE	OFFICER'S BUSINESS STREET ADDRESS CITY
---------------------------------	---

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





PROPERTY CONTROL / CRIME LAB SUBMISSION

<b>AGENCY INFORMATION</b>		AGENCY NAME <input checked="" type="checkbox"/> OSHP <input type="checkbox"/> OIU <input type="checkbox"/> OTHER (list below)		AGENCY MAIN OR <input checked="" type="checkbox"/> OSHP <input type="checkbox"/> OIU ASSIGNED FACILITY MAIN ORI		DISTRICT / OIU OFFICE		OSHP POST	
OFFICER / SUBMITTER NAME		Tpr Coletan J. Platt						UNIT / BADGE NUMBER	
SUBJECT INFORMATION		NAME (last, first, MI)		Ogden, Matthew Allen		DATE OF BIRTH		8.3-2005	
INCIDENT INFORMATION		<input type="checkbox"/> Case <input type="checkbox"/> Crash						<input type="checkbox"/> Misdemeanor	
CAD No.		2		4		0		9	
PROPERTY NUMBER		1		5		0		0	
PROPERTY DESCRIPTION		urine Sample		LOCATION COLLECTED		P12-BAC (Clark County)		SERIAL NUMBER	
YOUR ID MARK								CP 0417	
<b>PROPERTY CHAIN</b>									
PRINTED NAME	SIGNATURE	UNIT NO.	TIME	DATE	COMMENTS	RECEIVING OFFICER PRINTED NAME	RECEIVING OFFICER SIGNATURE	UNIT NO.	
Tpr. Coletan Platt	<i>Coletan Platt</i>	0417	0627	9/15/24	COLLECTED				
Tpr. Coletan Platt	<i>Coletan Platt</i>	0417	0634	9/15/24	To USBs clipboard				
<b>CRIME LAB EXAMINATION</b>									
(Check Type or Types of Laboratory Examination Desired)									
<b>TOXICOLOGY: BLOOD / URINE / OTHER FLUID</b>									
<input type="checkbox"/> Biological Specimen Analysis (Fluid container sealed and labeled with time, date, name and collector) <input type="checkbox"/> DRE Certification # <input type="checkbox"/> Deceased									
<input checked="" type="checkbox"/> For all Available Drugs <input type="checkbox"/> For Specific Drug(s) <input type="checkbox"/> For Alcohol <input checked="" type="checkbox"/> SF Capsule Added by: CP 0417									
<b>DRUG / CONTROLLED SUBSTANCE ANALYSIS</b>									
(Note: Misdemeanor Marijuana amounts will not be tested unless specifically requested)									
<input type="checkbox"/> Beverage Analysis <input type="checkbox"/> Examination <input type="checkbox"/> Store Evidence Until Further Notice <input type="checkbox"/> Destroy the Submission (No Prosecution)									
<b>OSHP DIGITAL FORENSIC EXAMINATION DO NOT SEND TO THE OSHP CRIME LAB</b>									
<input type="checkbox"/> Digital Forensic Analysis (Complete CCU Request Service Form) <input type="checkbox"/> Video Analysis (Complete FVA Unit Form)									
<b>BCI LABORATORY EXAMINATION DO NOT SEND TO THE OSHP CRIME LAB</b>									
For all other examinations, you must submit the evidence directly to a BCI Lab with BCI FORM 101.									
Remarks:									
Submission of this completed form and evidence to the OSHP Crime Lab implies acknowledgement/authorization for lab staff to determine the most appropriate test methods to employ based on the evidence and test request(s).									