



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 <u>Samuel Joseph Rugan</u>		DRIVER LICENSE # <u>RN728108</u>		CLASS <u>ID</u>	STATE <u>OH</u>
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) <u>1563 Gray Rd. Springfield, OH 45504</u>					
CITY <u>Springfield</u>		OHIO COUNTY OF RESIDENCE <u>Clark</u>		STATE <u>OH</u>	ZIP CODE <u>45504</u>
DATE OF BIRTH <u>8/11/80</u>		4 DIGIT COURT CODE <u>1227</u>		COUNTY OF VIOLATION <u>Clark</u>	
DATE OF VIOLATION <u>9/1/84</u>		TIME OF VIOLATION <u>1203</u> <input type="checkbox"/> AM <input type="checkbox"/> PM		PLACE OF TEST	
DATE OF REFUSAL OR TEST <u>9/1/84</u>		TIME OF REFUSAL OR TEST <u>1337</u> <input type="checkbox"/> AM <input type="checkbox"/> PM		VIN	
VEHICLE OWNER'S NAME <u>Samuel Joseph Rugan</u>		DATE OF BIRTH <u>6/30/41</u>		STREET ADDRESS <u>712 N. Broad St.</u>	
CITY <u>Springfield</u>		STATE <u>OH</u>		ZIP CODE <u>45503</u>	
VEHICLE STORED AT (STREET ADDRESS) <u>Maize Truss</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 Tom Shumaker
ARRESTING OFFICER'S SIGNATURE

Ohio State Highway Patrol OHO H P 1 2
ENFORCEMENT AGENCY N.C.I.C. #
4201 Galloway Blvd
OFFICER'S BUSINESS STREET ADDRESS
Springfield OH 45503
CITY STATE ZIP CODE

X Clayton
WITNESS'S SIGNATURE

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

STATE OF OHIO, COUNTY OF Clark

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 Tom Shumaker
ARRESTING OFFICER SIGNATURE

X TPR
PEACE OFFICER SIGNATURE

Sworn to before me this 19th day of September 20 84

X _____
NOTARY PUBLIC'S SIGNATURE

X _____
DEPUTY CLERK OF COURT'S SIGNATURE City of _____

CONSEQUENCES OF TEST AND REFUSAL (R.C. 4511.192) (MUST BE READ TO OVI / PHYSICAL CONTROL OFFENDER)

"You now are under arrest for (specifically state the offense under state law or a substantially equivalent municipal ordinance for which the person was arrested - operating a vehicle under the influence of alcohol, a drug, or a combination of them; operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance; operating a vehicle after underage alcohol consumption; or having physical control of a vehicle while under the influence).

"If you refuse to take any chemical test required by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated. If you have a prior conviction of OVI, or operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance under state or municipal law within the preceding twenty years, you now are under arrest for state OVI, and, if you refuse to take a chemical test, you will face increased penalties if you subsequently are convicted of the state OVI."

(Read this part unless the person is under arrest for solely having physical control of a vehicle while under the influence.) "If you take any chemical test required by law and are found to be at or over the prohibited amount of alcohol, a controlled substance, or a metabolite of a controlled substance in your whole blood, blood serum or plasma, breath, or urine as set by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated."

"If you take a chemical test, you may have an independent chemical test taken at your own expense."

CONSEQUENCES OF TEST AND REFUSAL – OUT-OF-SERVICE (R.C. 4506.17) (MUST BE READ IN ADDITION TO THE ABOVE TO AN OFFENDER WHO IS THE HOLDER OF A COMMERCIAL DRIVER LICENSE OR IS DRIVING A COMMERCIAL VEHICLE)

"I am a law enforcement officer; I have probable cause to stop or detain you. After investigating the circumstances, I have probable cause to believe you were operating a motor vehicle in violation of section 4506.15 of the Ohio Revised Code. I request that you submit to a test or tests of your blood, breath, or urine for the purpose of determining your alcohol concentration or the presence of any controlled substance. If you refuse to submit to the test or tests you will immediately be placed out-of-service for twenty-four hours; you will be disqualified from operating a commercial motor vehicle for a period of not less than one year; and you will be required to surrender your commercial driver license to me."

ADDITIONAL INFORMATION FOR OFFENDER

IMMOBILIZATION OR FORFEITURE UPON OVI ARREST (R.C. 4511.195)

If you have previously been convicted of operating a motor vehicle under the influence, OVI (R.C. 4511.19 (A)), or similar municipal ordinance, the vehicle and its identification license plates may be seized. The vehicle may be towed and kept by the law enforcement agency or may be immobilized. The period of time for which the vehicle and license plates will be kept or immobilized may be at least until the initial appearance in court. At the initial appearance the court may order that the vehicle and license plates be returned or released to the vehicle owner until the disposition of the charge. If you are convicted of or plead guilty to OVI, the court may issue an order of immobilization of the vehicle and the impoundment of its license plates, or an order for the criminal forfeiture of the vehicle to the state. If you are not the vehicle owner you must immediately inform the owner that the vehicle and its license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

OFFENDERS ARRESTED FOR DRIVING UNDER SUSPENSION OR WRONGFUL ENTRUSTMENT OF A MOTOR VEHICLE (R.C. 4511.203)

If you are charged for driving under an OVI suspension, (R.C. 4510.14), or wrongful entrustment of a motor vehicle, (R.C. 4511.203), the vehicle and identification plates may be seized, and the vehicle may be towed and kept by the law enforcement agency. Any period of seizure will be at least until your initial appearance in court. At the initial appearance the court may order the vehicle returned to you or released to the vehicle owner. If you are convicted of driving under suspension, or of wrongful entrustment of a vehicle, the court may issue an order of immobilization of the vehicle and impoundment of its license plates. Upon a third conviction of wrongful entrustment of a vehicle (R.C. 4511.203), of driving under suspension (R.C. 4510.11), or a municipal ordinance similar to one of the above, the court, upon your conviction may order the forfeiture of the vehicle. If you are not the owner, you should immediately inform the owner that the vehicle and the license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

IF YOU HAVE A COMMERCIAL DRIVER LICENSE OR YOU WERE OPERATING A COMMERCIAL VEHICLE:

- A. To appeal your disqualification, you must prepare a WRITTEN request for an Administrative Hearing and submit the request by REGISTERED or CERTIFIED MAIL within 30 days of your refusal or test date (see reverse side). Mail your request to:
Ohio Bureau of Motor Vehicles
Attn.: CDL / OSP
P.O. Box 16784
Columbus, Ohio 43216-6784
- B. You may appeal this SUSPENSION in court at the time of your initial appearance. Even though you may appeal this suspension, your driving privileges will still be suspended.

NOTICE OF SUSPENSION (R.C. 4511.192)

Independent of any penalties or sanctions imposed upon you pursuant to any other section of the Revised Code or municipal ordinance, your driver license or commercial driver license, permit, or nonresident operating privilege is now suspended. The suspension takes effect immediately. The suspension will last at least until your initial appearance on the charge, which will be held within five days after the date of this arrest or the issuance of a citation to you. You may appeal the suspension at the initial appearance before the court that hears the charges against you that resulted from the arrest, or during the period of time ending 30 days after that initial appearance.

LENGTH OF SUSPENSION

FOR REFUSAL

(Based on prior refusals, convictions, and guilty pleas within 10 years)

No priors 1 year
One prior 2 years
Two priors 3 years
Three or more priors 5 years

FOR PROHIBITED CONCENTRATION OF ALCOHOL

(Based on prior convictions and guilty pleas within 10 years)

No priors 90 days
One prior 1 year
Two priors 2 years
Three priors 3 years



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME Samuel Ryman	ARREST Yes
VEHICLE CONDITION Wrecked	
VEHICLE DISPOSITION Towed by Maines Towing to their lot	

CLOTHING DESCRIPTION AND CONDITION

HAT OR CAP None	
JACKET OR COAT None	
SHIRT OR DRESS Black shirt	
PANTS OR SKIRT Blue jeans	
SHOES One black sandal	HEELS None
ODOR OF ALCOHOLIC BEVERAGE Strong Odor	
SPEECH Slurred	
EVIDENCE OF DRUG USE (PUPIL SIZE) None	

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"/>																				
<table border="1"><thead><tr><th>WALK AND TURN</th><th>ONE LEG STAND</th></tr></thead><tbody><tr><td><input type="checkbox"/> Moves feet to keep balance while listening to instructions</td><td><input type="checkbox"/> Sways while balancing (during count)</td></tr><tr><td><input type="checkbox"/> Starts before instructions completed</td><td><input type="checkbox"/> Raises arm 6" for balance</td></tr><tr><td><input type="checkbox"/> Stops while walking to steady self</td><td><input type="checkbox"/> Hops</td></tr><tr><td><input type="checkbox"/> Does not touch heel to toe</td><td><input type="checkbox"/> Puts foot down</td></tr><tr><td><input type="checkbox"/> Raises arms 6" for balance</td><td><input checked="" type="checkbox"/> Cannot do test (document reason for not completing)</td></tr><tr><td><input type="checkbox"/> Steps off line while walking</td><td></td></tr><tr><td><input type="checkbox"/> Turns incorrectly or loses balance while turning</td><td></td></tr><tr><td><input type="checkbox"/> Incorrect number of steps</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Cannot do test (document reason for not completing)</td><td></td></tr></tbody></table>			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 type="checkbox"/> Raises arm 6" for balance	<input type="checkbox"/> Stops while walking to steady self	<input type="checkbox"/> Hops	<input type="checkbox"/> Does not touch heel to toe	<input type="checkbox"/> Puts foot down	<input type="checkbox"/> Raises arms 6" for balance	<input checked="" type="checkbox"/> Cannot do test (document reason for not completing)	<input type="checkbox"/> Steps off line while walking		<input type="checkbox"/> Turns incorrectly or loses balance while turning		<input type="checkbox"/> Incorrect number of steps		<input checked="" type="checkbox"/> Cannot do test (document reason for not completing)	
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 type="checkbox"/> Raises arm 6" for balance																					
<input type="checkbox"/> Stops while walking to steady self	<input type="checkbox"/> Hops																					
<input type="checkbox"/> Does not touch heel to toe	<input type="checkbox"/> Puts foot down																					
<input type="checkbox"/> Raises arms 6" for balance	<input checked="" type="checkbox"/> Cannot do test (document reason for not completing)																					
<input type="checkbox"/> Steps off line while walking																						
<input type="checkbox"/> Turns incorrectly or loses balance while turning																						
<input type="checkbox"/> Incorrect number of steps																						
<input checked="" type="checkbox"/> Cannot do test (document reason for not completing)																						
OTHER SKILL EVALUATIONS																						
AUDIO / VIDEO RECORDING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																						
STORAGE MEDIA REFERENCE #																						
OFFICER'S NAME Trooper M.A. Skorupski	UNIT 1681	POST 12																				
		DATE 9/23/24																				