

SSN Redacted

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.		
	<b>ENTRY - MISDEMEANOR</b>		
	\$ _____ 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 Pledged 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 _____		
	<b>ENTRY - FELONY</b>		
	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.: _____		

Case No. 24CRB 2478

*24-5869*  
**CLARK COUNTY MUNICIPAL COURT  
OF  
SPRINGFIELD, OHIO** *Jail 9/30/2024*

**THE STATE OF OHIO**

vs.

**MARY ELIZABETH COIT**

5419 Richmoor Rd.  
Springfield, OH 45506-

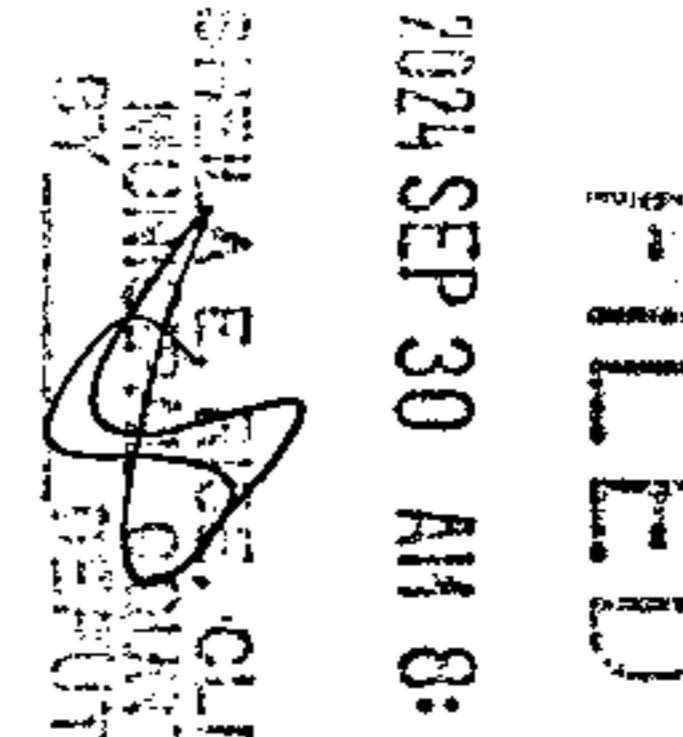
DOB: 1/2/2005  
\* \* \* - 1444  
B/F - 506/150 - BLK/BRO

**CHARGE: Domestic Violence**

In violation of Section 2919.25(A) of the Ohio  
Revised Code.

**PENALTY:**

First Degree Misdemeanor  
Six (6) Months and/or  
\$1,000.00 Fine



Date of Arrest: 9/30/2024 1:30:00AM

Date of Arraignment: 9/30/2024 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

**Defendant:**

MARY ELIZABETH COIT  
5419 Richmoor Rd.  
Springfield, OH 45506-  
DOB: January 02, 2005  
SSAN: \* \* \* - \* \* - 1444  
B/F - 506/150 - BLK/BRO

**Criminal Charge**

*Domestic Violence*

**Victim:**

**Location of Occurrence:**

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

*For Court Use Only*

Court Case# \_\_\_\_ - CR - \_\_\_\_ -  
BCI&I ITN Number:  
Law Enforcement Case Number: 24-CCO000024332

**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 DEPUTY DAVIS who being duly sworn states that on or about September 30, 2024, one MARY ELIZABETH COIT In the Township of German, County of Clark, State of Ohio did: knowingly cause or attempt to cause physical harm to a family or household member.

**TO WIT:**

The defendant did knowingly strike her live in boyfriend in the face multiple times inside a vehicle.

In violation of Section 2919.25(A) of the Ohio Revised Code.

**PENALTY:**

First Degree Misdemeanor  
Six (6) Months and/or  
\$1,000.00 Fine



Complainant: Deputy Davis

*Sworn to and subscribed before me by the  
Complainant on September 30, 2024*



Notary Public/Authorized Peace  
Officer/Clerk of Court

Court Date: 9/30/2024 10:30:00AM

Court Copy    Defendant Copy    Return Copy    Extra Copy

SSN Redacted

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.		
	<b>ENTRY - MISDEMEANOR</b>		
	\$ _____	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 Pledged 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 _____		
	<b>ENTRY - FELONY</b>		
	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.: _____		

Case No. ....

**CLARK COUNTY MUNICIPAL COURT  
OF  
SPRINGFIELD, OHIO**

**THE STATE OF OHIO**

vs.

**MARY ELIZABETH COIT**

5419 Richmoor Rd.  
Springfield, OH 45506-  
DOB: 1/2/2005  
\* \* \* - \* \* - 1444  
B/F - 506/150 - BLK/BRO

**CHARGE: Assault**

**In violation of Section 2903.13(A) of the Ohio  
Revised Code.**

**PENALTY:**

First Degree Misdemeanor  
Six (6) Months and/or  
\$1,000.00 Fine

2024 SEP 30 AM 8:27

FILED  
CLERK  
CLARK COUNTY MUNICIPAL COURT  
SPRINGFIELD, OHIO

**Date of Arrest: 9/30/2024 1:30:00AM**

**Date of Arraignment: 9/30/2024 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

**Defendant:**

MARY ELIZABETH COIT  
5419 Richmoor Rd.  
Springfield, OH 45506-  
DOB: January 02, 2005  
SSAN: \* \* \* - \* \* - 1444  
B/F - 506/150 - BLK/BRO

**Criminal Charge**

*Victim:*

*Assault*

**Location of Occurrence:**

Court Case# \_\_\_\_\_ - CR - \_\_\_\_\_ -  
BCI&I ITN Number:  
Law Enforcement Case Number: 24-CCO000024332

*For Court Use Only*

**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 DEPUTY DAVIS who being duly sworn states that on or about September 30, 2024, one MARY ELIZABETH COIT In the Township of German, County of Clark, State of Ohio did: knowingly cause or attempt to cause physical harm to another or to another's unborn.

**TO WIT:**

The defendant did knowingly strike her live in boyfriend multiple times in the face inside a vehicle.

In violation of Section 2903.13(A) of the Ohio Revised Code.

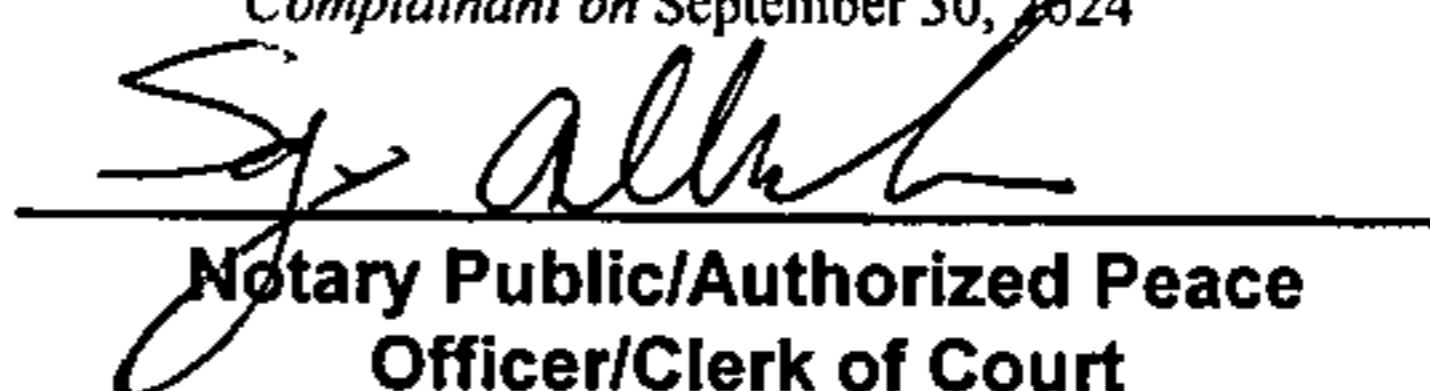
**PENALTY:**

First Degree Misdemeanor  
Six (6) Months and/or  
\$1,000.00 Fine



Complainant: Deputy Davis

*Sworn to and subscribed before me by the  
Complainant on September 30, 2024*



Notary Public/Authorized Peace  
Officer/Clerk of Court

Court Date: 9/30/2024 10:30:00AM

Court Copy

Defendant Copy    Return Copy    Extra Copy

The State of Ohio SS:  
Clark County

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

The Affiant, Deputy Davis , being first sworn, says there is probable cause to believe the defendant, Mary Elizabeth Coit , committed an offense based on the summary of facts below:

BWCR DAVIS/ SGT NORRIS/ GARMAN

On September 30, 2024 deputies along with the Ohio State Patrol were dispatched to the nine mile marker on US Highway 68 South bound reference a roll over crash.

Upon arrival I observed all occupants from the vehicle standing on the side of the road way. I identified the driver as ..... stated that he and his live in girlfriend girlfriend Mary Coit had been arguing all evening about their relationship and she had began drinking around 2000 hours. Roland stated that it came time to give their mutual friend Anastasia Ismail a ride to work and ..... stated that Mary had become belligerent screaming at him, shoving him as he was driving and began punching him in the side of the face. ..... also stated that Mary knows he was blind in one eye and continuously attempted to hinder his vision which ultimately caused ..... to crash the truck into a ditch causing it to roll multiple times.

I spoke with Mary who confirmed that her and ..... had been arguing all evening and that it had continued into the vehicle as they were leaving to take their friend to work. Mary stated several times that she "slapped him across the face" as he was driving down the road. Mary stated that she knew it wasn't right but she was at her breaking point in their relationship. Mary acknowledged that she tried to hinder ..... vision because she was angry and she knew that he was blind in on eye.

Mary was checked by Springfield Township medics and refused to be transported.

Mary was read her Miranda Rights and placed under arrest for domestic violence and assault.

Mary was taken to Kettering Health Network where she was cleared and then transported and placed in the Clark County Jail until arraignment. Mary was charged with one count of domestic violence and one count of assault.

..... was provided proper court paperwork reference victim information as well as county questions asked reference domestic incidents.

**Defendant:**

Mary Elizabeth Coit

**Further Affiant Sayeth Not.**

  
Affiant Signature  
120 N Fountain Ave 9347-328-2560  
Affiant Address & Phone

*Sworn to and subscribed before me by the*  
*Affiant on 9/30/2021*  
  
Notary Public/Authorized Peace  
Officer/Clerk of Court

## Witness List

**Law Enforcement Case Number:**  
24-CCO000024332

9/30/2024

Name	Address	Home Phone	Witness Stmt
GARMAN, Dep	120 N.Fountain Ave., Springfield, OH 45502-	937-328-2560	
DAVIS, Deputy	120 N.Fountain Ave., Springfield, OH 45502-	937-328-2560	
NORRIS, Sgt D	120 N.Foutain Ave., Springfield, OH 45502-	937-328-2560	



# Clark County Sheriff's Office



## Official Statement

Date: 09/30/24 Time: 0110 Case Number: 24-24332

I \_\_\_\_\_ do hereby make the following statement of my own free will and accord  
concerning Mary Elizabeth Galt flight which occurred at \_\_\_\_\_  
(give location) state route 68  
on the 30 day of Sep, 2024 at 1245 A.M. P.M.  
(Date) (Month) (Year) (Time)

**Statement:**

We had a argument at my house and it continued in the car as I was trying to drop her off. She started to attack me while I was driving blocking my vision while I was trying to drive, and slow down. The car ended up spinning off the road and turning on its side. She started hitting me on my shoulder and my face along with putting her whole body in front of me while I was driving, at the same time trying to still attack me.

Are you currently under the influence of alcohol or drugs? No

**Witnesses:** John G. Smith John G. Smith

Signed: *[Signature]*

## Signals

## Signals

## Signals

Deputy: Davis Unit #: 95

## Signals

## Signals

## Signals

Deputy: Mark L. Johnson Unit #: 79  
Division: Uniform Patrol

Phone Number:

Date of Birth: (

Social Security Number:

## Clark County Sheriff's Office

120 N. Fountain Avenue

Springfield, OH 45502



# Clark County Sheriff's Office



## Domestic Violence Probable Cause

Be advised that the filing of a complaint for domestic violence begins a criminal prosecution in the Clark County Municipal Court. The following information is provided to advise you of the policies of the Clark County Municipal Prosecutor's Office.

1. The charge of Domestic Violence, when filed, is brought on behalf of the City or State.
2. The decision to amend or dismiss criminal charges is to be made by the Prosecutor and not the victim.
3. A witness who fails to appear in court to give testimony after being properly subpoenaed may be subject to arrest for contempt of court.
4. A domestic violence victim or witness is not required to discuss this case with the defendant or his/her representative. It is suggested that the victim or witness consult with the Prosecutor's Office prior to discussing this case with anyone.

*I acknowledge that I have read this notice (or had this notice read to me) and that I understand the policies of the Clark County Municipal Prosecutor's Office as stated above.*

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## Statement of Probable Cause

\_\_\_\_ would like to make the following statement:

(Victim)

On 9-30-24, 2024 at 1245  AM  PM (Time) Mary Elizabeth Coit (Suspect) did

the boyfriend of the assailant by Hitting my shoulder, arm, face (Relationship to suspect) (Description of violence or threat)

along with putting herself in front of me blocking my view and  
driving which caused me to get into a accident

The assailant is a member of the same family and/or household as the victim.

**Signature**

Date: 9-30-24

Address:

Telephone #:

or aw n orcement se:

**AT THE TIME OF FIRST CONTACT** Date: 09/30/24

At the first time of contact, the VICTIM

- Did not make an election as to which rights they wanted to exercise.
- Was unable to complete the Victim's Rights Request Form
- Refused to complete the Victim's Rights Request Form

If any of the three boxes above are checked, the victim is considered to have requested all rights not automatically granted to them until the City of Springfield Prosecutor's Office first contacts the victim [R.C. 2930.06].

**SUBSEQUENT CONTACT**

Date: \_\_\_\_\_

- The victim/victim's representative initiated a change in the rights that are requested.
- The victim/victim's representative changed their contact information.

**To Be Completed By Law Enforcement or Prosecutor:**

Reporting Agency: Clark County Sheriff's Office

County: Clark Agency Phone Number: (937) 521-2050

Reporting Officer: Dop Gorman

Badge Number: 1652

Incident/Report Number: 24-24332

Case Number: 24-24332

Location of Arraignment (if known):

Municipal Court, 50 E. Columbia St., Springfield, OH 45502

Date of Arraignment (if known): \_\_\_\_\_

Prosecutor: Matthew DiBartola

Prosecutor Phone Number: (937) 328-3741

**Request for an Interpreter:**

- I would like to request:  a foreign language interpreter in language.
- an American Sign Language (ASL) Interpreter.
- I do not need an interpreter.

**Victim Name**

Address\*: 7

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numt: \_\_\_\_\_

Is it okay to text you?  Yes  No

Alternate Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is it okay t: \_\_\_\_\_

Victim's Si

**Acknowledgement of Completed Form:**

*A copy of the completed form shall be given to the victim or victim's representative.*

On 9/30/24 (date), a copy of this form was given to the:  victim \_\_\_\_\_ or  victim's representative \_\_\_\_\_.

Official's Name: \_\_\_\_\_

Official's Title: \_\_\_\_\_

Official's Agency: \_\_\_\_\_

Official's E-Mail Address: \_\_\_\_\_

Official's Phone Number: \_\_\_\_\_

Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, the:  victim or  victim's representative acknowledge that I was given this form on \_\_\_\_\_ (date) by the individual listed above.

or rosecu on se n : \_\_\_\_\_

**Post-Conviction Notification (Complete if applicable)**

The City of Springfield Prosecutor's Office has informed the Clark County Sheriff's Office of the  Victim's  Victim's Representative's name and identifying information, to allow the Clark County Sheriff's Office to notify the  Victim  Victim's Representative of the victim's post-conviction rights and related post-conviction information.

Prosecutor's Signature & Date

**Victim Status:**

I acknowledge that I am a victim because I am:

- A person against whom a criminal offense or delinquent act was committed; or
- A person directly or proximately harmed by the commission of a criminal offense or delinquent act.

**Designation of Victim's Representative:**

- I do not wish to designate a victim's representative at this time.
- I would like to designate the following individual as my victim's representative.

Name of Victim's Representative: \_\_\_\_\_

**Victim's Rights Decision:**

I want to exercise ALL of my rights (automatic rights and the below rights that require me to request to exercise them).

Below are rights that you must request in order to exercise.

You may choose some, none, or all of them.

I want to exercise the following rights:

- Receive notice of the arrest, escape, or release of the offender;
- Appoint a Victim's Representative
- Reasonable and timely notice of all public court proceedings;  Confer with the prosecutor assigned to the case;
- Be notified of subpoenas, motions, or other requests to access any of my personal information;
- Victim refused to complete the Victim's Rights Request Form (this box has been checked by law enforcement or the prosecutor).

**Victim Representative:** \_\_\_\_\_

Address\*: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is it okay to text?  Yes  No

Representative's Signature & Date

# Law Enforcement Arrest Report

Name: <b>COIT, Mary Elizabeth</b>			Race: <b>B</b>	Gender: <b>F</b>	Height: <b>506</b>	Weight: <b>150</b>	Hair: <b>BLK</b>	Eyes: <b>BRO</b>	Build:	Case Number: <b>24-CCO000024332</b>
D.O.B. <b>01/02/2005</b>	Age at time of offense: <b>19 Years 8 Months</b>	SSN: <b>* * * - * * - 1444</b>	FBI#: <b></b>			BCI#: <b></b>		ITN#: <b></b>		
Address: <b>5419 Richmoor Rd. Springfield, OH 45506-</b>				Phone: <b>614-674-5040</b>			P.O.B. (City & State): <b>Unknown</b>			
Arresting Agency:		Date/Time of Arrest: <b>9/30/2024 1:30:00AM</b>			On Probation: <input type="checkbox"/> Yes If yes, P.O.'s Name On Parole: <input type="checkbox"/> No					
Location of Occurrence / Arrest / Both:					Township or County: <b>German Township</b>			Driver's License #:	Driver's License State <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 Style:				
Vehicle Color:	Vehicle VIN #:			Vehicle Identifiers:						
Affiant: <b>Deputy Davis</b>			Transporting Officers:						Badge/Unit #:	
CHARGE(S) AT TIME OF ARREST - CODE NUMBER - PENALTY										
<b>DOMESTIC VIOLENCE - 2919.25(A) - M1</b> The defendant did knowingly strike her live in boyfriend in the face multiple times inside a vehicle. <b>ASSAULT - 2903.13(A) - M1</b> The defendant did knowingly strike her live in boyfriend multiple times in the face inside a vehicle.										
Victim: <input type="checkbox"/> Sick <input checked="" type="checkbox"/> NA	Treated by: <input type="checkbox"/> Refused <input type="checkbox"/> Injured	Transferred to <input type="checkbox"/> Squad <input type="checkbox"/> Squad	Hospital: <input type="checkbox"/> Community <input type="checkbox"/> Mercy <input type="checkbox"/> Other _____	Doctor:						
Victim Description of Sickness/Injury/Condition: <input checked="" type="checkbox"/> Intoxicated										
Arrestee: <input type="checkbox"/> Sick <input type="checkbox"/> NA	Treated by: <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Injured	Transferred to <input type="checkbox"/> Squad <input type="checkbox"/> Hospital	Hospital: <input type="checkbox"/> Community <input type="checkbox"/> Mercy <input type="checkbox"/> Other _____	Doctor: <b>Lettering Health</b>						
Arrestee Description of Sickness/Injury/Condition: <input type="checkbox"/> Intoxicated										
Arrestee Juvenile? Parent/Legal Guardian Name & Address:										
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:			
Witnesses: Deputy Davis 120 N. Fountain Ave. Springfield, OH 45502- 937-328-2560 Dep Garman 120 N. Fountain Ave. Springfield, OH 45502- 937-328-2560 937-328-2560 Sgt Norris 120 N. Fountain Ave. Springfield, OH 45502- 937-328-2560										
Crash <input type="checkbox"/> Yes occur? <input type="checkbox"/> No	Was OH1 <input type="checkbox"/> Yes completed? <input type="checkbox"/> No	Arrestee have <input type="checkbox"/> Yes insurance? <input type="checkbox"/> No	Did Affiant <input type="checkbox"/> Yes witness driving? <input type="checkbox"/> No	If not, who witnessed driving? <b>OSHP handled crash</b>	Vehicle <input type="checkbox"/> Yes searched? <input 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? <b>NA</b>						DUI Impaired Driver <input type="checkbox"/> Yes Report prepared? <input type="checkbox"/> NA <input type="checkbox"/> No			
Vehicle held <input type="checkbox"/> Yes for prints? <input type="checkbox"/> No	Arrestee make <input type="checkbox"/> Yes admission of guilt? <input type="checkbox"/> No	Did Arrestee make a <input type="checkbox"/> Yes statement? <input type="checkbox"/> No	<input type="checkbox"/> Written Statement <input type="checkbox"/> Verbal <input type="checkbox"/> Taped Audio Statement <input type="checkbox"/> Other _____			Written summaries of statements prepared? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes scene/victim? <input type="checkbox"/> No	Photos taken by: _____	Scene processed <input type="checkbox"/> Yes for prints? <input type="checkbox"/> No	Physical evidence <input type="checkbox"/> Yes at scene? <input type="checkbox"/> No					
Property Receipt #: _____		Copy of receipt or <input type="checkbox"/> Yes <input type="checkbox"/> NA inventory attached? <input type="checkbox"/> No - If no, list property: _____								
Were any physical or mental examinations or scientific tests conducted in connection with this case? <input type="checkbox"/> Yes - If yes, please specify <input type="checkbox"/> No				<input type="checkbox"/> Lab Request Attached						
Signature of Officer(s):			Supervisor Signature:			Signature Book-In:			Book-In Date/Time: <b>9/30/2024 0300</b>	
Date Printed: <b>9/30/2024</b>										