

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.
	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.: _____

Case No. 24ORB2478

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

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

FILED
2024 SEP 30 AM 8:27
STEPHAN E. HOSKINS, CLERK
CLARK COUNTY
BY _____

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

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

For Court Use Only

Defendant:

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

Victim:

Location of Occurrence:

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

Criminal Charge

Domestic Violence

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

AB

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.: _____

Case No.

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

[Signature]

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

FILED
2024 SEP 30 AM 8:27
SHELLA E. RICE, CLERK
CLARK COUNTY
BY *[Signature]*

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

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

Defendant:

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

Victim:

Location of Occurrence:

For Court Use Only

Criminal Charge

Assault

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 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

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

Law Enforcement Arrest Report
Probable Cause Affidavit

Case Number:
24-CCO000024332

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 [REDACTED] 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 [REDACTED] 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. [REDACTED] also stated that Mary knows he was blind in one eye and continuously attempted to hinder his vision which ultimately caused [REDACTED] to crash the truck into a ditch causing it to roll multiple times.

I spoke with Mary who confirmed that her and [REDACTED] 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 [REDACTED] 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 county of domestic violence and one count of assault.

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

Defendant:

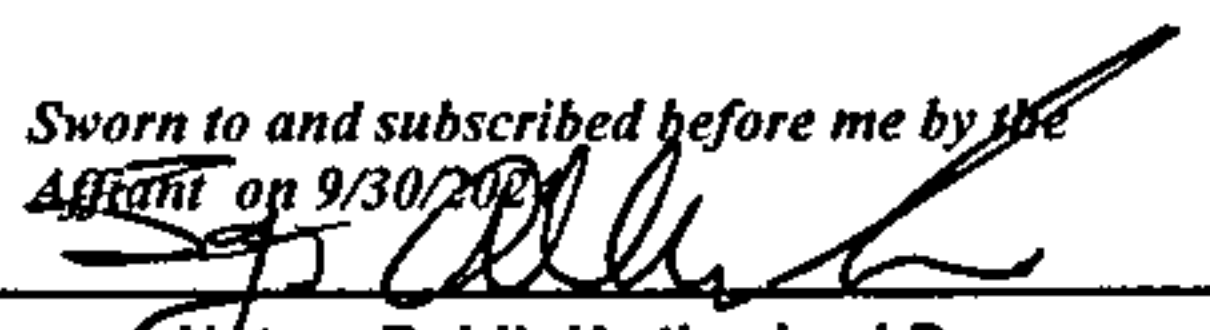
Mary Elizabeth Coit

Further Affiant Sayeth Not.


Affiant Signature

100 N Fountain Ave 937-328-2560
Affiant Address & Phone

Sworn to and subscribed before me by the
Affiant on 9/30/2024


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 Coit fight 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 her friend off. she started to attack me while I was driving blocking my vision while I was trying to drive and slow down. The truck 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~~ still attack me.

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

Witnesses: _____

Signed: _____

E-mail: _____

Address: _____

Deputy: DAVIS Unit #: 95

Deputy: [Signature] Unit #: 79

Division: Uniform Patrol

Phone Number: _____

Date of Birth: [Signature]

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.

(Signature)

Statement of Probable Cause

I, _____, would like to make the following statement:

(Victim)

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

cause, attempt to cause, or threaten to cause physical harm to _____
(Victim)

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 vision 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 law enforcement 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: Det. 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*: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

Is it okay to text you? ☒ Yes ☐ No

Alternate Contact Name: _____

Relationship to you: _____

Email Address: _____

Phone Number: _____

Is it okay to _____

Victim's Signature _____

or prosecutor 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 _____

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.

Law Enforcement Arrest Report

Name: COIT, Mary Elizabeth		Race: B	Gender: F	Height: 506	Weight: 150	Hair: BLK	Eyes: BRO	Build:	Case Number: 24-CCO000024332
D.O.B.: 01/02/2005	Age at time of offense: 19 Years 8 Months	SSN: * * * - * * - 1444		FBI#:		BCI#:		ITN#:	

Address: 5419 Richmoor Rd. Springfield, OH 45506-		Phone: 614-674-5040	P.O.B. (City & State): Unknown	
Arresting Agency:		Date/Time of Arrest: 9/30/2024 1:30:00AM	On Probation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, P.O.'s Name	
Location of Occurrence / Arrest / Both:		Township or County: German Township	Driver's License #:	Driver's License State: OH
Employment:	Employment Address: , OH		Employment Phone:	
Vehicle License #:	Vehicle State:	Vehicle License Type:	Vehicle Year:	Vehicle Make:
Vehicle Color:		Vehicle VIN #:	Vehicle Identifiers:	
Affiant: Deputy Davis		Transporting Officers:		Badge/Unit #:

CHARGE(S) AT TIME OF ARREST - CODE NUMBER - PENALTY

DOMESTIC VIOLENCE - 2919.25(A) - M1

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

ASSAULT - 2903.13(A) - M1

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 <input type="checkbox"/> Injured	Treated by: <input type="checkbox"/> Refused <input type="checkbox"/> Squad <input checked="" type="checkbox"/> Hospital	Transferred to: <input type="checkbox"/> Squad <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 checked="" type="checkbox"/> Intoxicated				
Arrestee: <input type="checkbox"/> Sick <input checked="" type="checkbox"/> NA <input type="checkbox"/> Injured	Treated by: <input type="checkbox"/> Refused <input checked="" type="checkbox"/> Squad <input type="checkbox"/> Hospital	Transferred to: <input type="checkbox"/> Squad <input type="checkbox"/> P.O.V.	Hospital: <input type="checkbox"/> Community <input type="checkbox"/> Mercy <input type="checkbox"/> Other Letting Health	Doctor:
Arrestee Description of Sickness/Injury/Condition: <input checked="" type="checkbox"/> Intoxicated				
Arrestee Juvenile? Parent/Legal Guardian Name & Address:				

Arrested Juvenile <input type="checkbox"/> Placed in DH <input type="checkbox"/> Released to Parent	Parents <input type="checkbox"/> By Arresting Officer <input type="checkbox"/> By Dispatcher	Date Notified:
Disposition: <input type="checkbox"/> Taken to HQ <input type="checkbox"/> Other	Notified: <input type="checkbox"/> By Transfer Officer <input type="checkbox"/> By DH Personnel <input type="checkbox"/> Other	

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
Sgt Norris	120 N. Foutain Ave. Springfield, OH 45502-	937-328-2560

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was OHI <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrestee have <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Affiant <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No
occurred? <input type="checkbox"/> No	completed? <input type="checkbox"/> No	insurance? <input type="checkbox"/> No	witness driving? <input type="checkbox"/> No	witnessed driving? OSHP handled crash	searched? <input type="checkbox"/> No
Vehicle <input type="checkbox"/> IMP <input type="checkbox"/> RTO	If no one witnessed driving, how is exact time of vehicle operation established?			<input type="checkbox"/> NA	DUI Impaired Driver <input type="checkbox"/> Yes <input type="checkbox"/> No
Disposition: <input type="checkbox"/> RTO					Report prepared? <input type="checkbox"/> NA <input type="checkbox"/> No
Vehicle held <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrestee make <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Arrestee make <input type="checkbox"/> Yes <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 <input type="checkbox"/> Yes <input type="checkbox"/> No
for prints? <input type="checkbox"/> No	admission of guilt? <input type="checkbox"/> No	statement? <input type="checkbox"/> No			statements prepared? <input type="checkbox"/> No
Arrestee identified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Photo Array <input type="checkbox"/> Affiant Witnessed Crime	Photos of <input type="checkbox"/> Yes <input type="checkbox"/> No	Photos taken by:	Scene processed <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical evidence <input type="checkbox"/> Yes <input type="checkbox"/> No
by Witness? <input type="checkbox"/> No	<input type="checkbox"/> Line-Up <input checked="" type="checkbox"/> At Scene <input type="checkbox"/> Taken back to Scene	scene/victim? <input type="checkbox"/> No		for prints? <input type="checkbox"/> No	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: 9/30/24 0300

Date Printed: 9/30/2024