

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 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 _____ _____
	<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. 24CPBO 2559

CLARK COUNTY MUNICIPAL COURT  
OF  
SPRINGFIELD, OHIO

THE STATE OF OHIO

VS.

RODNEY STAR GIDDINGS

4214 E. Main St.  
Columbus, OH 43213-  
DOB: 1/19/1977  
\*\*\* - \*\* - 7943  
B/M - 509/190 - 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  
SHEILA E. RICE, CLERK  
2024 OCT 13 AM 7:54  
MUNICIPAL COURT  
BY \_\_\_\_\_ DEPUTY

Date of Arrest: 10/12/2024 6:20:00PM

Date of Arraignment: 10/15/2024 10:30:00AM

Bond Posted - Cash - Surety

Amount:

OT

**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:**

RODNEY STAR GIDDINGS  
4214 E. Main St.  
Columbus, OH 43213-  
DOB: January 19, 1977  
SSAN: \*\*\* - \*\* - 7943  
B/M - 509/190 - BLK/BRO

**Victim:**

**Location of Occurrence:**

*For Court Use Only*

Court Case# \_\_\_\_\_ - CR - \_\_\_\_\_ - \_\_\_\_\_  
BCI&I ITN Number:  
Law Enforcement Case Number: 24-SPD000038935

**Criminal Charge**

*Assault*

**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 LEVEL who being duly sworn states that on or about October 12, 2024, one RODNEY GIDDINGS In the City of Springfield, 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 struck the victim in the face with a closed fist multiple times

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



BEAU A. COLLINS  
Notary Public, State of Ohio  
My Commission Expires:  
Date: 03/30/25

 Level

Complainant: Officer Level

Sworn to and subscribed before me by the  
Complainant on October 12, 2024

Notary Public/Authorized Peace  
Officer/Clerk of Court

Court Date: 10/15/2024 10:30:00AM  
Defendant Ordered in to Court

☒ 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-SPD000038935

The State of Ohio  
SS:  
Clark County

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

The Affiant, Officer Level, being first sworn, says there is probable cause to believe the defendant, Rodney Star Giddings, committed an offense based on the summary of facts below:

On 10-12-2024 at 1808 hours Officer Cochran and I, Officer Level, were dispatched to \_\_\_\_\_ in reference to an assault.

Upon arrival Officers spoke with the caller, employee Brittany Toft. Ms. Toft advised she had been talking to a client, \_\_\_\_\_, when another client, identified as Rodney Giddings, walked up behind \_\_\_\_\_ and struck him repeatedly in the side of the head with a closed fist. Ms. Toft advised Mr. Giddings did not make any statements while he assaulted \_\_\_\_\_.

Officers then spoke with \_\_\_\_\_ advised he had been sitting at the aid station talking to Ms. Toft when Rodney Giddings walked up behind him and struck him multiple times in the side of the head with a closed fist. Mr. Sanchez advised he wished to pursue criminal charges.

Officers did not observe any visible injury to \_\_\_\_\_.

Officers arrested Rodney Giddings without incident and charged him with one count of Assault. Mr. Giddings was processed at the Clark County Jail and ordered to appear in court 10-15-2024 at 1030 hours.

Defendant:

Rodney Star Giddings

Further Affiant Sayeth Not.



BEAU A. COLLINS  
Notary Public, State of Ohio  
My Commission Expires:  
Date: 03/30/25

Affiant Signature

Affiant Address & Phone

Sworn to and subscribed before me by the  
Affiant on 10/12/2024

Notary Public/Authorized Peace  
Officer/Clerk of Court

## Witness List

**Law Enforcement Case Number:**  
24-SPD000038935

10/12/2024

Name	Address	Home Phone	Witness Stmt
LEVEL, Officer	130 N.Fountain Ave., Springfield, OH 45502-	937-324-7685	
COCHRAN, Officer	130 N.Fountain Ave., Springfield, OH 45502-	937-324-7685	
TOFT, Brittany L	109 S.Monroe St., Xenia, OH 45385-	937-344-5229	

# Law Enforcement Arrest Report

Name: <b>GIDDINGS, Rodney Star</b>		Race: <b>B</b>	Gender: <b>M</b>	Height: <b>509</b>	Weight: <b>190</b>	Hair: <b>BLK</b>	Eyes: <b>BRO</b>	Build: <b>Medium</b>	Case Number: <b>24-SPD000038935</b>
D.O.B. <b>01/19/1977</b>	Age at time of offense: <b>47 Years 8 Months</b>	SSN: <b>[REDACTED] 7943</b>	FBI#:	BCI#:	ITN#:				

Address: <b>4214 E. Main St. Columbus, OH 43213-</b>		Phone: <b>- -</b>	P.O.B. (City & State): <b>Dayton, OH</b>	
Arresting Agency: <b>Springfield Police Division</b>		Date/Time of Arrest: <b>10/12/2024 6:20:00PM</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>Clark County</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 Color:	Vehicle VIN #:	Vehicle Identifiers:		
Affiant: <b>Officer Level</b>		Transporting Officers: <b>Level</b>	Badge/Unit #: <b>888</b>	

CHARGE(S) AT TIME OF ARREST - CODE NUMBER - PENALTY
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**ASSAULT - 2903.13(A) - M1**

The defendant struck the victim in the face with a closed fist multiple times

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 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:
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Victim Description of Sickness/Injury/Condition:

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:
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Arrestee Description of Sickness/Injury/Condition:

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:		
Officer Cochran	130 N. Fountain Ave. Springfield, OH 45502-	937-324-7685
Officer Level	130 N. Fountain Ave. Springfield, OH 45502-	937-324-7685
Brittany Toft	109 S. Monroe St. Xenia, OH 45385-	937-344-5229

Crash occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was OH1 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arrestee have insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did Affiant witness driving? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not, who witnessed driving? <input checked="" type="checkbox"/> NA	Vehicle searched? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Disposition: <input type="checkbox"/> IMP <input type="checkbox"/> RTO	If no one witnessed driving, how is exact time of vehicle operation established?			DUI Impaired Driver Report prepared? <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle held for prints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arrestee make admission of guilt? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did Arrestee make statement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Written Statement <input type="checkbox"/> Verbal <input checked="" type="checkbox"/> Taped Audio Statement <input type="checkbox"/> Other		Written summaries of statements prepared? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arrestee identified by Witness? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Photo Array <input type="checkbox"/> Affiant Witnessed Crime	Photos of scene/victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken by:	Scene processed for prints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Physical evidence at scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Property Receipt #:	Copy of receipt or inventory attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Lab Request Attached
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Signature of Officer:	Supervisor Signature:	Signature Book-In:	Book-In Date/Time:
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Date Printed: 10/12/2024