

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"/> 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. 24CRB02559

24-8878  
**CLARK COUNTY MUNICIPAL COURT  
OF  
SPRINGFIELD, OHIO**

OT  
10/15

**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

BY \_\_\_\_\_ DEPUTY

**FILED  
SHEILA E. RICE, CLERK**

2024 OCT 13 AM 7:54

**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

**Defendant:**

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

**Criminal Charge**

**Victim:**

**Location of Occurrence:**

**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

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

**Notary Public/Authorized Peace  
Officer/Clerk of Court**

Court Copy

Defendant Copy

Return Copy  Extra Copy

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

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 [redacted] 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, [redacted], when another client, identified as Rodney Giddings, walked up behind [redacted] 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 [redacted]

Officers then spoke with [redacted] 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 [redacted]

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>7943</b>	FBI#: <b></b>	BCI#: <b></b>	ITN#: <b></b>					

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 <input checked="" type="checkbox"/> 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 Model:	Vehicle Style:	
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

### 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 type="checkbox"/> Treated by: <input type="checkbox"/> Refused	Transferred to <input type="checkbox"/> Squad	Hospital: <input type="checkbox"/> Community	Doctor: _____
<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Injured	<input type="checkbox"/> Squad	<input type="checkbox"/> Hospital	Hospital by: <input type="checkbox"/> P.O.V. <input type="checkbox"/> Mercy <input type="checkbox"/> Other _____

#### Victim Description of Sickness/Injury/Condition:

Intoxicated

Arrestee: <input type="checkbox"/> Sick	<input type="checkbox"/> Treated by: <input type="checkbox"/> Refused	Transferred to <input type="checkbox"/> Squad	Hospital: <input type="checkbox"/> Community	Doctor: _____
<input type="checkbox"/> NA	<input type="checkbox"/> Injured	<input type="checkbox"/> Squad	<input type="checkbox"/> Hospital	Hospital by: <input type="checkbox"/> P.O.V. <input type="checkbox"/> Mercy <input type="checkbox"/> Other _____

#### Arrestee Description of Sickness/Injury/Condition:

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:

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 <input type="checkbox"/> Yes	Was OH1 <input type="checkbox"/> Yes	Arrestee have <input type="checkbox"/> Yes	Did Affiant <input type="checkbox"/> Yes	If not, who <input type="checkbox"/> Yes	Vehicle <input type="checkbox"/> Yes
occur? <input checked="" type="checkbox"/> No	completed? <input checked="" type="checkbox"/> No	insurance? <input type="checkbox"/> Yes	witness driving? <input type="checkbox"/> Yes	witnessed driving? <input type="checkbox"/> Yes	searched? <input type="checkbox"/> No
Vehicle <input type="checkbox"/> IMP	If no one witnessed driving, how is exact				<input type="checkbox"/> NA
Disposition: <input type="checkbox"/> RTO	time of vehicle operation established?				<input type="checkbox"/> NA
Vehicle held <input type="checkbox"/> Yes	Arrestee make <input type="checkbox"/> Yes	Did Arrestee make <input type="checkbox"/> Yes	<input type="checkbox"/> Written Statement	<input type="checkbox"/> Verbal	<input type="checkbox"/> Yes
for prints? <input type="checkbox"/> No	admission of guilt? <input type="checkbox"/> Yes	statement? <input type="checkbox"/> No	<input type="checkbox"/> Taped Audio Statement	<input type="checkbox"/> Other _____	<input type="checkbox"/> No
Arrestee identified <input type="checkbox"/> Yes	<input type="checkbox"/> Photo Array	<input type="checkbox"/> Affiant Witnessed Crime	Photos of <input type="checkbox"/> Yes	Photos taken by: _____	Written summaries of <input type="checkbox"/> Yes
by Witness? <input type="checkbox"/> No	<input type="checkbox"/> Line-Up	<input type="checkbox"/> At Scene	Taken back to Scene <input type="checkbox"/> No	Scene processed <input type="checkbox"/> Yes	statements prepared? <input type="checkbox"/> Yes
Property Receipt #:	Copy of receipt or <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA				Physical evidence <input type="checkbox"/> Yes
inventory attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If no, list property: _____					at scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Were any physical or mental examinations or scientific tests conducted in connection with this case?  Yes - If yes, please specify \_\_\_\_\_  Lab Request Attached

Signature of Officer:  Supervisor Signature: \_\_\_\_\_ Signature Book-In: \_\_\_\_\_ Book-In Date/Time: \_\_\_\_\_

Date Printed: 10/12/2024