



\*24TRC11522\*

TICKET NO. OHP120417111820240153  
NUMBER OF COUNTS 1

CLARK COUNTY  
MUNICIPAL COURT OF  
SPRINGFIELD, OHIO

THE STATE OF OHIO  
THE CITY OF SPRINGFIELD

VS

JOSHUA S CLAY  
535 KNICKERBOCKER AVE.  
SPRINGFIELD OH 45506

D.O.B.: 1989-12-02  
SSN :

VIOLATION:

4511.19A1A

DATE OF ARRAIGNMENT: 0001-01-01 0000

ASSIGNMENT:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_

INSURED? NO  
OL HELD ? NO

BOND POSTED – CASH SURETY  
AMOUNT \_\_\_\_\_

Date Court Action, Orders, Entries

Count Plea

A	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC
B	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC
C	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC
D	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC
E	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC
F	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> NC

Finding on No Contest Plea

A	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
B	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
C	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
D	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
E	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
F	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED

MOTION FOR  
WAIVER OF TRIAL TIME FILED  
REQUEST FOR PRETRIAL HEARING FILED

ENTRY

A	\$	_____	BOND FORFEITED
B	\$	_____	BOND FORFEITED
C	\$	_____	BOND FORFEITED
D	\$	_____	BOND FORFEITED
E	\$	_____	BOND FORFEITED
F	\$	_____	BOND FORFEITED

BENCH WARRANT ORDERED: BOND SET AT \$ \_\_\_\_\_

TRIAL BY ☐ COURT ☐ JURY

DEFT FOUND:

A	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
B	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
C	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
D	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
E	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED
F	<input type="checkbox"/> GG	<input type="checkbox"/> NG	<input type="checkbox"/> DISMISSED

DEFENDANT HAVING PLEADED OR CHANGE PLEA TO

☐ GUILTY

☐ NOT GUILTY AND FOUND \_\_\_\_\_ GUILTY

☐ NO CONTEST AND FOUND \_\_\_\_\_ GUILTY

THE COURT THEREFORE IMPOSES THE FOLLOWING SENTENCE

FINE:

COST:

A	\$	_____	Y	N	<input type="checkbox"/> DISMISSED
B	\$	_____	Y	N	<input type="checkbox"/> DISMISSED
C	\$	_____	Y	N	<input type="checkbox"/> DISMISSED
D	\$	_____	Y	N	<input type="checkbox"/> DISMISSED
E	\$	_____	Y	N	<input type="checkbox"/> DISMISSED
F	\$	_____	Y	N	<input type="checkbox"/> DISMISSED

JAIL: \_\_\_\_\_

SUSPENSION OF DRIVING

RIGHTS: \_\_\_\_\_

ENTRY MODIFYING SUSPENSION JUDGE

NOTICE OF APPEAL

ATTORNEY NAME AND  
ADDRESS

TO DEFENDANT: SUMMONS YOU ARE SUMMONED AND ORDERED TO APPEAR

ON To Be Set AT IN Clark Co Municipal Court

AT 50 E COLUMBIA ST, SPRINGFIELD, OH, 45501 .

CITY VILLAGE TOWNSHIP Springfield, Clark COUNTY ,OHIO

PERSONAL APPEARANCE REQUIRED : Yes No If you fail to appear at this time and place you may be arrested or your license may be cancelled.

TICKET# OHP120417111820240153 CASE #

NAME Joshua S Clay REFERENCE # J28Q7NK

STREET,CITY 535 Knickerbocker Ave., Springfield

COUNTY, STATE, ZIP OH ,45506

PHONE# TEXT/PHONE NOTIFICATION APPROVED? YES NO

OPERATOR LICENSE / STATE ID#		None		BIRTH DATE		ISSUE DATE		STATE	
TK565886				12/02/1989		02/03/2024		OH	
* If no OL/State ID; REQUIRED documentation attached: Yes									
CLASS		EXPIRES		ENDORSEMENT(S)/RESTRICTION(S)				SS# (last 4 digits)	
		12/02/2031		<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other [R] [E]					
SEX		HEIGHT		WEIGHT		EYES		HAIR	
M		5'7"		165		BRO		BLK	
RACE		FINANCIAL RESPONSIBILITY PROOF?							
BNH		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A							

TO DEFENDANT: COMPLAINT ON Nov 18, 2024 AT 0014 , YOU

Operated /Passenger /Parked /Walked at Passenger Motorcycle Bicycle Other :

Commercial DOT# >=26,001 lbs. <16 Pass. Bus >=16 Pass. Bus Haz. Mat.

VEHICLE: YEAR 2017 MAKE Kia Motors MODEL 4Door

COLOR Black LICENSE # KKJ8720 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY East Street DIRECTION Northbound

AT/NEAR Kenton Street (M.P )

IN THE City OF Springfield IN Clark

COUNTY #: 12 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

SPEED: MPH in MPH zone		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.	
<input type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA			
<input type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> PACE <input type="checkbox"/> LASER		<input type="checkbox"/> Stationary <input type="checkbox"/> Moving	
OVI: Under the influence of alcohol/drug of abuse.		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.	
<input type="checkbox"/> In physical control of vehicle.		4511.19A1A	
<input type="checkbox"/> Prohibited blood alcohol concentration. BAC			
<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Refused			
Prior OVIs:	# of prior OVIs	Years of prior OVIs	
	4	16 15 12 12	
DRIVER LICENSE: None Not on person Revoked Suspended		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.	
EXPIRED: < 6 months > 6 months Failure to Reinstate			
Suspension Type:			
SAFETY BELT: Failure to wear		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.	
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat			
OTHER OFFENSE:		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.	
<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE TRAFFIC OFFENDER			
<input type="checkbox"/> DISTRACTED DRIVING PENALTY ENHANCEMENT APPLIES (REMARKS REQUIRED)			
PAVEMENT: Dry Wet Snow Ice # of Lanes 2			
VISIBILITY: Clear Cloudy Dusk Night Dawn			
WEATHER: Rain Snow Fog No Adverse			
TRAFFIC: Heavy Moderate Light None			
AREA: Business Freeway Industrial Residential Rural School			
CRASH: Yes No Almost Caused Non-Injury INJURY FATAL			
Crash Report #.			
REMARKS: ****REVIEW FOR FELONY OVI****			
ACCOMPANYING CRIMINAL CHARGE(S): Yes No TOTAL # OFFENSES: 1			

This summon served personally on the defendant on Nov 18, 2024

The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

Tpr. C PIATT

Charging Law Enforcement Officer

Issuing Law Enforcement Officer SAME AS ABOVE

Issuing Officer: Verify Defendant's address. If different from License address, write current address in space provided.

OHP 0060 01/20 HP7 110-0060-00 [760-0807]

COURT RECORD

Court Code	Unit	Post	District
1220	0417	12	05

Docket # Page # Case #

Defendant's Attorney Name / Address / Telephone

If Juvenile, Parents' Names:

Phone#:

Grade: School:

DATE	COURT ACTION: ORDERS	
	BAIL	
	<input type="checkbox"/> No Bail - Defendant cited and released.	
	<input type="checkbox"/> Bail in the amount of \$ set by Judge pursuant to bail schedule.	
BOND AMOUNT	BOND TYPE	
\$	<input type="checkbox"/> Cash	<input type="checkbox"/> Personal
	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Surety
	<input type="checkbox"/> 10%	<input type="checkbox"/> O.I. Held
	<input type="checkbox"/> AAA/Insurance Bond	<input type="checkbox"/> Other

Depositor: Name / Address / Telephone

Defendant released upon execution of Bail as noted: See Bond forms - received by

CONTINUANCE Requester: New DATE

CONTINUANCE Reason:

Defendant Failed to Appear

Order Supplemental Summons to New Date

Order Operator's License Forfeiture Bond Forfeiture

Order Warrant: Bond Amount \$

Summons Issued Served DATE:

Warrant Issued Executed DATE:

Judge/Magistrate DATE

COURT ENTRY

Defendant present with/without Counsel. All rights pursuant to Criminal Rules 10 & 11, Traffic Rules 8 & 10 explained.

	COUNT				
	SPEED	OVI	LICENSE	SEATBELT	
Initial Plea					
Trial Date					
Finding					
Fine \$					
Costs \$					
Jailtime (Days)					
	SUSPENDED				
Fines \$					
Costs \$					
Jailtime (Days)					

ADDITIONAL ORDERS

- If OVI conviction: 72 hour program permitted in lieu of jail.
- Defendant's License is SUSPENDED for day(s)/month(s)/year(s), which shall commence on and end on
- Defendant is granted Limited Driving Privileges as follows, effective:
- Defendant to pay fines on Payment Program - see separate entry.
- If WAIVERED: MET Requirements of Waiver PAID Fines and Costs ACCEPTED Guilty Pleas(s) MADE Guilty Finding(s). Imposed Fines and Costs noted below.

Judge/Magistrate DATE

FOR CLERK'S USE	COUNT				
	SPEED	OVI	LICENSE	SEATBELT	
Fines \$					
Costs - Local \$					
Costs - State \$					
TOTAL \$					
Receipt #(s)					

If WAIVERED: Guilty Pleas(s), Waiver(s) and Payments made: In Person By Mail

Receipt supplied to defendant: In Person Check is receipt By Mail via USPS First Class LETTER RATE mail to defendant's present address.

Financial Responsibility PROOF SHOWN

NO Financial Responsibility PROOF - Clerk to notify BMV

Financial Responsibility PROOF NOT APPLICABLE

Clerk/Violations Clerk/Deputy Clerk

DATE Abstract Mailed to BMV

DATE Mayor's Court Transfer/Notice of Appeal

Ticket Number: OHP120417111820240153





OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

IMPAIRED DRIVER REPORT

NAME Joshua Steven Clay	ARREST OHP120417111820240145 OHP120417111820240153
VEHICLE CONDITION Fair	
VEHICLE DISPOSITION Shield Towing	

CLOTHING DESCRIPTION AND CONDITION

HAT OR CAP None	
JACKET OR COAT None	
SHIRT OR DRESS White tshirt	
PANTS OR SKIRT Blue jeans	
SHOES Flip-flops	HEELS None
ODOR OF ALCOHOLIC BEVERAGE Strong odor of an alcoholic beverage	
SPEECH Nothing notable	
EVIDENCE OF DRUG USE (PUPIL SIZE) Glassy eyes	

DIVIDED ATTENTION SKILLS

RIGHT EYE	HORIZONTAL / VERTICAL GAZE NYSTAGMUS	LEFT EYE																				
<input checked="" type="checkbox"/>	DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION	<input checked="" type="checkbox"/>																				
<input checked="" type="checkbox"/>	LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/>																				
<input checked="" type="checkbox"/>	ONSET OF NYSTAGMUS BEFORE 45°	<input checked="" type="checkbox"/>																				
<input checked="" type="checkbox"/>	PRESENCE OF VERTICAL NYSTAGMUS	<input checked="" 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) Unable in hospital</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) Unable in hospital</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) Unable in hospital	<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) Unable in hospital	
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## STATEMENT OF FACTS

On November 18, 2024, at approximately 0014 hours. I was sitting stationary on Selma Road near East Street in the city of Springfield, Clark County, Ohio. I observed a 2017 black Kia Forte in the Sunoco parking lot (720 Selma Road). The Kia began to drive toward the East Street exit but saw Trooper M. Shelton drive by. The Kia stopped and sat stationary until he suspected Trooper M. Shelton was gone, which raised my suspicion. Once the Kia exited onto East Street, I attempted to pull out and follow it, only to discover that it was traveling northbound at a high rate of speed. I activated my radar, utilizing the same direction mode. The radar provided a steady audible tone and digital reading of 54 MPH in a posted 35 MPH zone. I activated my overhead emergency lights in order to catch up to the Kia and initiate a traffic stop. The Kia turned westbound on Kenton Street and maintained a quick speed. I activated my audible siren. The Kia quickly turned northbound on Central Avenue. As I turned the corner onto Central Avenue, I observed the Kia pulled over and an African American male, later identified as Joshua Steven Clay, exit the driver's seat and begin running westbound on foot through an alleyway. I utilized my patrol car to close the distance between Mr. Clay and me.

Mr. Clay ran into the backyard of 751 E. Pleasant Street and jumped over the fence. I continued to chase Mr. Clay down the sidewalk of E. Pleasant Street. While running on foot, I kept Trooper M. Shelton informed about my approximate location, as he was in the nearby area. Mr. Clay ran in between 731 and 733 E. Pleasant Street and jumped a second fence. I verbally advised Mr. Clay he would be TASED. Mr. Clay then began climbing over debris that was between the two residences in an attempt to further elude me. Due to the size and likelihood of falling or getting caught on the debris, I gave three warnings and deployed my TASER. The first TASER deployment was unsuccessful, and Mr. Clay continued to create distance, so I deployed my TASER a second time. The second deployment was successful, rendering Mr. Clay incapacitated and causing him to fall to the ground. Mr. Clay landed on his right side, and I issued multiple commands, instructing him to make his hands visible. The area in which Mr. Clay fell was a confined space with minimal room for movement. Mr. Clay was initially compliant; at one point, Mr. Clay began digging in his waist band. Mr. Clay retrieved a Kia key fob and attempted to give it to me. I assisted Trooper M. Shelton in finding my location. Once Trooper M. Shelton arrived, I advised Mr. Clay to back up, allowing me to climb over the large debris. When asked, Mr. Clay denied having any weapons on his person. I verbally advised Mr. Clay of the reason for the traffic stop. I verbally advised Mr. Clay of his Miranda rights. Once out of the confined space, I arrested Mr. Clay. I handcuffed Mr. Clay behind his back. While handcuffing Mr. Clay, I detected a strong odor of an alcoholic beverage coming off his person. I escorted Mr. Clay back to my patrol car. Trooper M. Shelton was familiar with Mr. Clay because he had prior interactions from a felony OVI arrest.

When I advised dispatchers of Mr. Clay's information, they advised Mr. Clay had an outstanding felony and misdemeanor warrant, both for OVI.

A search incident to arrest was completed. I requested Springfield EMS respond to the scene to assess Mr. Clay. While waiting on EMS, I utilized the department-issued TASER probe removal tool to remove the two (2) TASER probes from Mr. Clay's left hip/buttocks area.

Once Sergeant J. Kunka arrived, I briefed him on the situation; Mr. Clay was sitting in the back of my patrol car. Sergeant J. Kunka spoke with Mr. Clay about the situation.

Once Springfield EMS arrived on scene, Mr. Clay was complaining of difficulty breathing and requested to be transported to the hospital. EMS personnel requested I ride with them to Springfield Regional Medical Center (SRMC).

Upon arrival at SRMC, Mr. Clay was turned over to medical staff for evaluation. I read and showed the Ohio BMV Form 2255 to Mr. Clay, which was witnessed by Springfield Police Officer Anderson (unit # 889). When asked, Mr. Clay consented to the urine screen.

While waiting on Mr. Clay to submit to the urine test, I asked if he'd be willing to participate in the horizontal gaze nystagmus test.



Prior to beginning the test, I asked the pre medical questions. When asked, Mr. Clay denied wearing contact lenses, glasses, or taking any medications.

Horizontal gaze nystagmus test: With Mr. Clay lying in the hospital bed. I placed the tip of my ink pen (stimulus) approximately 12–15 inches from Mr. Clay's face; I observed both pupils were equal sizes and no resting nystagmus was present. I instructed the test to Mr. Clay, and when asked, Mr. Clay stated he understood it and had no questions. Both eyes equally tracked. During the test, I observed a lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and the onset of nystagmus prior to 45 degrees. Vertical nystagmus was present.

When asked, Mr. Clay denied consuming any alcoholic beverages today and alleged that he drank yesterday, November 17, 2024.

Mr. Clay and I remained at SRMC for a long duration of time while medical staff completed their medical evaluation. I collected the urine sample, packaged it, and sent it to the Ohio State Highway Patrol Crime Lab for analysis.

Mr. Clay would periodically get irate over the situation and make racial allegations. When Mr. Clay was released from SRMC, I transported him to the Clark County Jail.

Mr. Clay was incarcerated on the following offenses:

- 4511.21- Speed – 54 MPH in a posted 35 MPH zone.
- 4513.263(B)(1)- Seatbelt
- 4510.12- No operator's license
- Outstanding felony and misdemeanor OVI warrants

Additional charges of OVI- 4511.19(A)(1)(a) were submitted for felony review due to four (4) prior OVI convictions within 20 years. A review of Mr. Clay's driving record showed the following OVI convictions:

- March 13, 2016 – Clark County Common Pleas court- case number 16CR0216
- March 20, 2015- Clark County Municipal Court- case number 1503079
- April 29, 2012- Clark County Municipal Court- case number 1205078
- March 23, 2012- Clark County Municipal Court- case number 1203692

Mr. Clay also has two pending OVI charges from the following courts:

- December 24, 2023- Clark County Common Pleas court- Case number 24CR0184
- March 11, 2024 – Xenia Municipal Court- case number 24TRC00848

Mr. Clay was provided copies of the required paperwork, which was turned over to Clark County Jail Correction staff. Mr. Clay was given a court date of Monday, November 18, 2024, at 10:30 a.m.





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>Joshua Steven Clay</u>		DRIVER LICENSE # <u>TK565836</u>		CLASS <u>ED</u>	STATE <u>OH</u>
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) <u>535 Knickerbocker Ave.</u>					
CITY <u>Springfield</u>		OHIO COUNTY OF RESIDENCE <u>Clark</u>		STATE <u>OH</u>	ZIP CODE <u>45506</u>
DATE OF BIRTH <u>12-08-1986</u>	SOCIAL SECURITY # <u>222-1-1111</u>	4 DIGIT COURT CODE <u>1200</u>		COUNTY OF VIOLATION <u>Clark</u>	
DATE OF VIOLATION <u>11/16/24</u>	TIME OF VIOLATION <u>0014</u>	PLACE OF TEST <u>Springfield</u>		VIN <u>3KPEK4A75HE049964</u>	
DATE OF REFUSAL OR TEST <u>11/16/24</u>	TIME OF REFUSAL OR TEST <u>0115</u>	YEAR <u>2014</u>	MAKE <u>Kia</u>	LICENSE PLATE # <u>1N1W120</u>	TYPE PLATE <u>Passenger</u>
VEHICLE OWNER'S NAME <u>Alminda Givens</u>		DATE OF BIRTH <u>---</u>		STREET ADDRESS <u>120 Round St.</u>	
CITY <u>Springfield</u>		STATE <u>OH</u>		ZIP CODE <u>45505</u>	
VEHICLE STORED AT (STREET ADDRESS) <u>Shield Towering</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.

☒

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.

☒

ARRESTING OFFICER'S SIGNATURE

ENFORCEMENT AGENCY

OHO 45506

N.C.I.C. #

☒

WITNESS'S SIGNATURE

OFFICER'S BUSINESS STREET ADDRESS

CITY

STATE

ZIP CODE

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:  
STATE OF OHIO, COUNTY OF \_\_\_\_\_

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.

☒ ARRESTING OFFICER SIGNATURE

☒ PEACE OFFICER SIGNATURE

Sworn to before me this 16 day of November 2024

☒ NOTARY PUBLIC'S SIGNATURE

☒ DEPUTY CLERK OF COURT'S SIGNATURE

City of \_\_\_\_\_





OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

PROPERTY CONTROL / CRIME LAB SUBMISSION

LABORATORY NUMBER

Do not write in this area

**COPY**

AGENCY INFORMATION		AGENCY NAME <input checked="" type="checkbox"/> OSHP <input type="checkbox"/> OIU <input type="checkbox"/> OTHER (list below)		AGENCY MAIN ORI or OSHP/OIU ASSIGNED FACILITY MAIN ORI		DISTRICT / OIU OFFICE		OSHP POST	
OFFICER / SUBMITTER NAME		Trooper C. Piatt						UNIT / BADGE NUMBER	
SUBJECT INFORMATION		NAME (last, first, MI)		Clay, Joshua S.		DATE OF BIRTH		12-02-1989	
INCIDENT INFORMATION		<input checked="" type="checkbox"/> Case <input type="checkbox"/> Crash		CAD No.		2		2	
PROPERTY NUMBER		PROPERTY DESCRIPTION		COUNTY OF EVIDENCE		LOCATION COLLECTED		SERIAL NUMBER	
2		urine sample		Clark		Springfield Regional		CP 0417	
PROPERTY CHAIN									
PRINTED NAME	SIGNATURE	UNIT NO.	TIME	DATE	COMMENTS	RECEIVING OFFICER PRINTED NAME	RECEIVING OFFICER SIGNATURE	UNIT NO.	
Tpr. Coleton Piatt	<i>Coleton Piatt</i>	0417	0113	11/18/24	COLLECTED				
Tpr. Coleton Piatt	<i>Coleton Piatt</i>	0417	0310	11/18/24	To USPS dropbox				
CRIME LAB EXAMINATION									
(Check Type or Types of Laboratory Examination Desired)									
TOXICOLOGY: BLOOD / URINE / OTHER FLUID									
<input type="checkbox"/> Biological Specimen Analysis (Fluid container sealed and labeled with time, date, name and collector) <input type="checkbox"/> DRE Certification # <input type="checkbox"/> Deceased									
<input checked="" type="checkbox"/> For all Available Drugs <input type="checkbox"/> For Specific Drug(s) <input checked="" type="checkbox"/> For Alcohol <input checked="" type="checkbox"/> SF Capsule Added by: CP 0417									
DRUG / CONTROLLED SUBSTANCE ANALYSIS									
(Note: Misdemeanor Marijuana amounts will not be tested unless specifically requested)									
<input checked="" type="checkbox"/> Beverage Analysis <input type="checkbox"/> Examination <input type="checkbox"/> Store Evidence Until Further Notice <input type="checkbox"/> Destroy the Submission (No Prosecution)									
OSHP DIGITAL FORENSIC EXAMINATION DO NOT SEND TO THE OSHP CRIME LAB									
BCI LABORATORY EXAMINATION DO NOT SEND TO THE OSHP CRIME LAB									
For all other examinations, you must submit the evidence directly to a BCI Lab with BCI FORM 101.									
Remarks:									
Submission of this completed form and evidence to the OSHP Crime Lab implies acknowledgement/authorization for lab staff to determine the most appropriate test methods to employ based on the evidence and test request(s).									

**COPY**

Case No. \_\_\_\_\_

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

**THE STATE OF OHIO**

vs.

**JOSHUA STEVEN CLAY**

535 Knickerbocker Ave.

Springfield, Ohio 45506

DOB: 12/2/1989

\*\*\*\_\*

**CHARGE:**

***Obstructing Official Business***

In violation of Section 2921.31(A)  
of the Ohio Revised Code

**PENALTY:**

Second Degree Misdemeanor

Ninety (90) days and/or

\$750 Fine

**Date of Arrest: 11/18/2024**

**Date of Arraignment: 11/18/2024 10:30 AM**

**Bond Posted - Cash – Surety**

**Amount:**

Date	Court Action, Orders, Entries
	Plea: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> No Contest
	Finding on No Contest Plea: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty
	Assignment: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____
	Waiver of 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; Defendant Found <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty
	Defendant Having Pleaded or Changed Plea To: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty and Found _____ Guilty <input type="checkbox"/> No Contest and Found _____ Guilty
	The Court therefore imposes the following sentence:  Fine \$ _____ and costs (\$ _____) Jail _____ _____ _____ _____ Judge _____
	<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. _____





OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

VEHICLE INVENTORY / CUSTODY REPORT

Page 1 of 1

Initial Court Date / /

CAD# P 241118 000000 26

REPORT NO.		DATE / TIME		LOCATION		REASONS FOR CUSTODY	
VYR		VMA		VMO		VST	
2017		KIA		FURTE		45	
VIN		LIC		VCO		ODOMETER	
3KPFK4A75HE049964		KKJ 8720		BLACK		NO KEY	
DRIVER LAST NAME		DRIVER FIRST NAME / MI		WORK NO.		STATE	
CLAY		JOSHUA				OHIO	
ADDRESS		HOME / CELL NO.		WORK NO.		HOME / CELL NO.	
535 K WICKERBOCKER AVE SPRINGFIELD OH 45506						937-471-2835	
OWNER (IF SAME AS DRIVER, WRITE "SAME")		WORK NO.		HOME / CELL NO.		Condition	
MIRANDA GIVENS						FAIR	
ADDRESS (IF SAME AS DRIVER, WRITE "SAME")		HOME / CELL NO.		GPS Device		Seats	
720 WIND ST SPRINGFIELD OH 45505		937-471-2835		CD / DVD		Wheels	
LOCATION		P1 - Front Pass.		P2 - Rear Pass.		Glass	
G - Glove Box		T - Trunk / Cargo		E - Engine		Undercarriage	
C - Center Console		D - Dashboard		S - Stereo		Photos	
P1 - Front Pass.		P2 - Rear Pass.		G - Glove Box		T - Trunk / Cargo	
E - Engine		C - Center Console		D - Dashboard		S - Stereo	
GPS Device		CD / DVD		Radar Detector		Laser Detector	
CB		Cell Phone		Stereo		# CD's / DVD's	
Total Keys		Key-Ignition		Key-Trunk		CIRCLE DAMAGE	
0		0		0		0	
LOC		INVENTORY / REMARKS		LOC		INVENTORY / REMARKS	
P1		P1 - Front Pass. 2		G		OWNER'S MANUAL, MISC PAPERS	
		SAFETY GLASSES,					
C		MISC CHANGE, PHONE CHARGER					
				P2		MISC CLOTHES	
P2		BLACK BACKPACK W/ BIBLE, 2		T		MISC CLOTHES, NIKE SHOES, 3	
		LORD OF THE RINGS, MISC				HAT, JENNY SAFE, CLOTHES, SPACE	
		BINDERS / PAPERS				TIRE	
ARRESTING / INVENTORY OFFICER		UNIT NO.		DATE / TIME		Wrecker Company	
TPR PIATT		0417		11/18/24 @ 0014		SHILOH TOWING	
SUPERVISOR REVIEW		UNIT NO.		DATE / TIME		Vehicle Stored At	
Det R. Runkle		0334		11/18/24 @ 0233		LOT	
OWNER NOTIFICATION		UNIT NO.		DATE / TIME		Tow Driver Signature	
PRINT OWNER'S NAME		UNIT NO.		DATE / TIME		Owner Request	
MIRANDA GIVENS		0334		11/18/24 @ 0233		No OSP Hold	
Relationship if not the owner		UNIT NO.		DATE / TIME		Hold	
						HP-60 Required	
RELEASE OF PROPERTY		UNIT NO.		DATE / TIME		Court Release	
SIGNATURE		UNIT NO.		DATE / TIME		Other	
X							
SIGNATURE		UNIT NO.		DATE / TIME			
X							