

Case No. 25crB00577

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

**THE STATE OF OHIO
THE CITY OF SPRINGFIELD**

vs.

Brian Scott Sparks
3034 Hillside Ave
Springfield, Oh. 45506
D.O.B. 7-22-1987
S.S. NO.

Mc 180 Days.
\$ 1,000 fine

Date of Arrest: 12-16-04 5:39:00 AM
Date of Arraignment: 3-3-25 11:00 AM
Bond Posted - Cash - Surety
Amount: _____

THE STATE OF OHIO CLARK COUNTY

Complaint By Individual

Complainant

Sworn to and subscribed before me by the Complainant on.....

-20

BY.

.....
Deputy Clerk

Criminal Complaint

THE STATE OF OHIO
CLARK COUNTY

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:
Brian Sparks

DOB: 09/22/1987
SSN : ***-**-

Victim:
Clark County Sheriff Deputies

For Court Use Only

Criminal Charge

Location of Occurrence

Court Case# _____-CR-_____

BCI&I ITN Number:
Law Enforcement Case Number 22-33589

Attempted Harassment with a Bodily Substance

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 Kadawni Scott, who being duly sworn states that on or about December 11, 2024, one Brian Sparks in the City of Springfield, County Clark, State of Ohio did:

Purposely or knowingly, and when purpose or knowledge is sufficient culpability for the commission of an offense, shall engage in conduct that, if successful, would constitute or result in the offense;

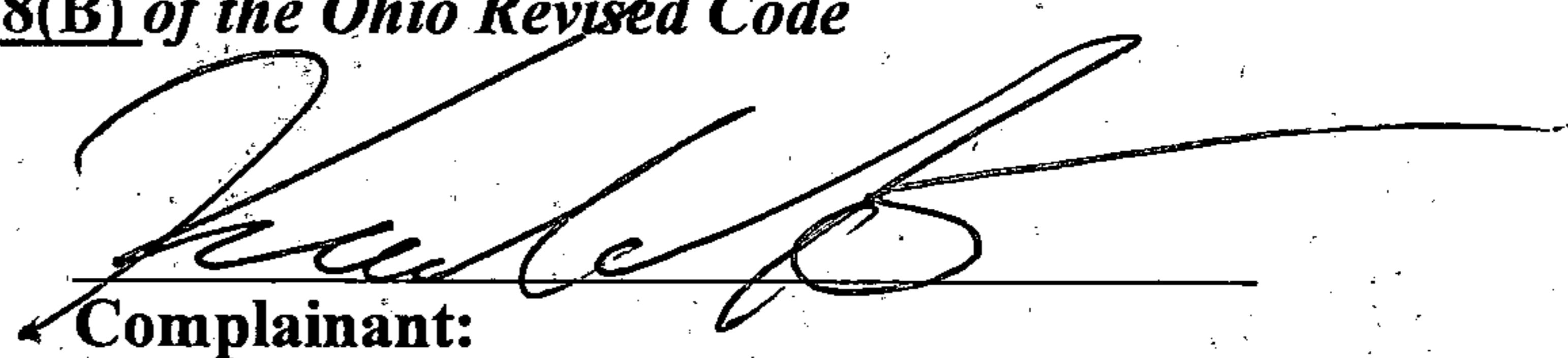
With intent to harass, annoy, threaten, or alarm a law enforcement officer, shall cause or attempt to cause the law enforcement officer to come into contact with blood, semen, urine, feces, or another bodily substance by throwing the bodily substance at the law enforcement officer, by expelling the bodily substance upon the law enforcement officer, or in any other manner.

TO WIT:

The Defendant attempted to spit on the deputies.

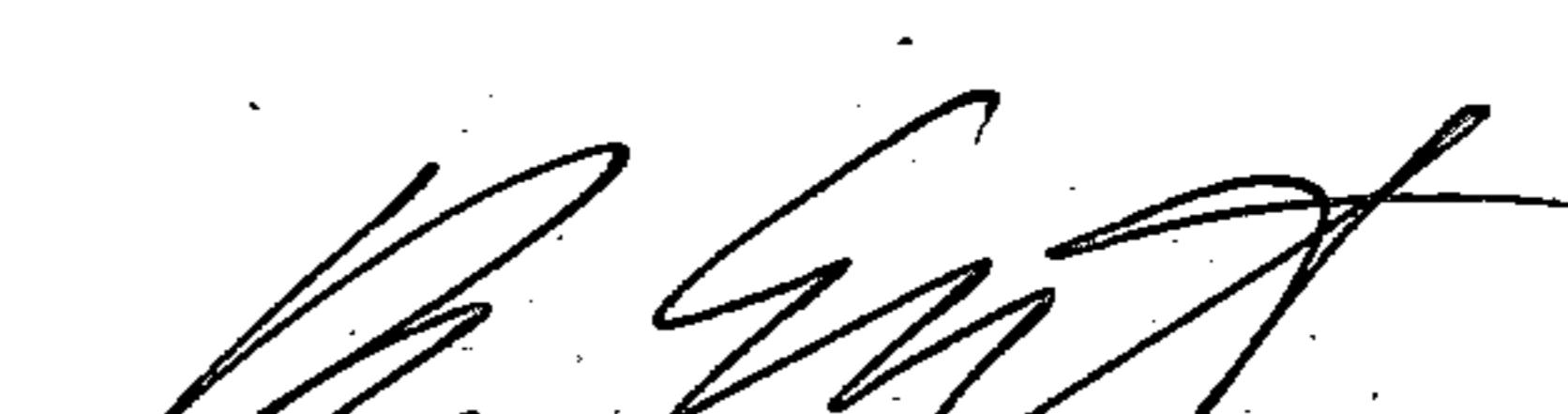
In violation of Section

2921.38(B) of the Ohio Revised Code



Complainant:

*Sworn to and subscribed before me by the
Complainant on:*



Notary Public/Authorized Peace
Officer/Clerk of Court

Court Date:

First Degree Misdemeanor
180 Days
\$1,000.00 Fine

Municipal Court
Columbia Street
Lodi, Ohio 45502
8-3725

Law Enforcement Arrest Report
Probable Cause Affidavit

Case Number:
24-CCO000030709

State of Ohio

ss:

Court Case # CR-

Clark County

The Affiant, Deputy Schutte, being first sworn, says there is probable cause to believe the defendant, Brian Scott Sparks, committed an offense based on the summary of facts below:

Your Honor,

On December 11, 2024, Deputy Whittemore and I were dispatched to a disorderly call. When we arrived on scene there was an white male walking towards us from the driveway. The gentleman stated he is . I asked what happened. stated his step son Brian Sparks punched him while he was asleep. Then I defended himself escaped from being assaulted by Mr. Sparks by getting out from the back to the back porch and then Mr. Sparks started tearing everything in the house. I started to enter the home at this time till I heard a large crashing noise from the back of the house. Deputy Whittemore and I started walking towards the back of the house then yelled towards our direction stating he is in the house.

I entered the home seeing I the of Brian Sparks. speaking to someone. I heard an unknown voice who was later identified as Mr. Brian Sparks talking to . I heard a spitting noise coming from Mr. Sparks then I heard him state I will spit on you to. I walked around the corner towards Mr. Sparks where I heard him attempt to spit again. I placed Mr. Sparks against the wall, I made him sit on the ground then I told Mr. Sparks to get on his stomach to be placed into handcuffs. Mr. Sparks was actively resisting me till Deputy Whittemore brought his taser out of the holster and was warned Mr. Sparks if he actively resists anymore he will be tased. Mr. Sparks complied and was placed into handcuffs without issue.

I escorted Mr. Sparks to the cruiser and had him secured in the cruiser. Deputy Whittemore conducted interviews with and I who stated she had an argument with Mr. Sparks trying to calm him down. stated he was drinking throughout the night blaring his music throughout the night. Mr. Leatherman stated to Deputy Whittemore he was sleeping when Mr. Sparks came into the bedroom pull the bed cover off and started assaulting him. defended himself then got out of the house from the back door to get away from Mr. Sparks. Mr.

did have a small amount of blood on the left side of his head, believed to be from being struck by Mr. Sparks.

At this time I went back to my cruiser and spoke to Mr. Sparks informing him he was under arrest of Domestic Violence and Assault. Mr. Sparks did not care and spit towards my direction hitting my cruiser interior door. I informed Mr. Sparks there was no cause for him to spit at me and Mr. Sparks did not care what I had to say to him. Deputy Whittemore closed the cruiser door. I am adding an additional charge to Mr. Sparks of Harassment of Bodily Substance.

A CCH was ran on Mr. Sparks, and refused to sign witness statements and answer any domestic victim information. Deputy Whittemore asked if he would like to speak to an advocate at which time he refused.

Law Enforcement Arrest Report

Name: SPARKS, Brian Scott			Race: <input checked="" type="checkbox"/> W	Gender: <input checked="" type="checkbox"/> M	Height: 503	Weight: 150	Hair: BRO	Eyes: BRO	Build:	Case Number: 24-CCO000030709
D.O.B. 09/22/1987	Age at time of offense: 37 Years 2 Months	SSN: ***-**-*	FBI#:	BCI#:			ITN#:			

Address: 3031 Hillside Ave. Springfield, OH 45506-			Phone: - - -	P.O.B. (City & State): Unknown					
Arresting Agency: CCSO		Date/Time of Arrest: 12/11/2024 5:39:00AM		On Probation: <input type="checkbox"/> Yes If yes, P.O.'s Name					
Location of Occurrence / Arrest Both: 3031 Hillside Ave.		On Parole: <input type="checkbox"/> No		Township or County: Springfield Township		Driver's License #: _____		Driver's License State: _____	
Employment: N/a		Employment Address: _____					Employment Phone: _____		
Vehicle License #:	Vehicle State:	Vehicle License Type:	Vehicle Year:	Vehicle Make:	Vehicle Model: _____		Vehicle Style: _____		
Vehicle Color:	Vehicle VIN #: _____			Vehicle Identifiers: _____					
Affiant: Deputy Schutte		Transporting Officers: _____					Badge/Unit #: _____		

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

ASSAULT - 2903.13(A) - M1

THE DEFENDANT DID KNOWINGLY CAUSE PHYSICAL HARM TO STEP FATHER BY PUNCHING HIM IN THE HEAD.

DOMESTIC VIOLENCE - 2919.25(A) - M1

THE DEFENDANT DID KNOWINGLY CAUSE PHYSICAL HARM TO STEP FATHER BY PUNCHING HIM THE HEAD.

HARASSMENT WITH A BODILY SUBSTANCE - 2921.38(B) - F5

THE DEFENDANT ATTEMPTED TO SPIT ON DEPUTY SCHUTTE A UNIFORMED LAW ENFORCEMENT OFFICER.

Victim: <input type="checkbox"/> Sick	Treated by: <input checked="" type="checkbox"/> Refused	Transferred to <input type="checkbox"/> Squad	Hospital: <input type="checkbox"/> Community	Doctor: _____		
<input type="checkbox"/> NA	<input checked="" 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	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 _____

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:

Deputy Liming 120 N. Fountain Ave. Springfield, OH 45502- 937-328-2560
 Deputy Schutte 120 N. Fountain Ave. Springfield, OH

Deputy Whittemore 120 N. Fountain Ave. Springfield, OH 45502- 937-328-2560

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		
<input type="checkbox"/> No	<input type="checkbox"/> completed? <input checked="" type="checkbox"/> No	<input type="checkbox"/> insurance? <input checked="" type="checkbox"/> No	<input type="checkbox"/> witness driving? <input checked="" type="checkbox"/> No	witnessed driving? <input type="checkbox"/> No	searched? <input checked="" type="checkbox"/> No		
Vehicle <input type="checkbox"/> IMP If no one witnessed driving, how is exact					<input checked="" type="checkbox"/> NA	DUI Impaired Driver <input type="checkbox"/> Yes	
Disposition: <input type="checkbox"/> RTO time of vehicle operation established?					Report prepared? <input checked="" type="checkbox"/> NA		<input type="checkbox"/> No

Vehicle held <input type="checkbox"/> Yes	Arrestee make <input type="checkbox"/> Yes	Did Arrestee make a <input type="checkbox"/> Yes	<input type="checkbox"/> Written Statement	<input type="checkbox"/> Verbal	Written summaries of <input type="checkbox"/> Yes		
<input type="checkbox"/> for prints? <input checked="" type="checkbox"/> No	admission of guilt? <input type="checkbox"/> No	statement? <input checked="" type="checkbox"/> No	<input type="checkbox"/> Taped Audio Statement	<input type="checkbox"/> Other _____	statements prepared? <input checked="" type="checkbox"/> No		

Arrestee identified <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Photo Array	<input type="checkbox"/> Affiant Witnessed Crime	Photos of <input checked="" type="checkbox"/> Yes	Photos taken by: <i>Deputy Schutte</i>	Scene processed <input type="checkbox"/> Yes	Physical evidence <input type="checkbox"/> Yes	
<input type="checkbox"/> by Witness? <input type="checkbox"/> No	<input type="checkbox"/> Line-Up	<input type="checkbox"/> At Scene	<input type="checkbox"/> Taken back to Scene	<input type="checkbox"/> No	<input type="checkbox"/> for prints? <input checked="" type="checkbox"/> No	at scene? <input checked="" type="checkbox"/> No	

Property Receipt #: _____	Copy of receipt or <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA	Inventory attached? <input type="checkbox"/> No - If no, list property: _____					
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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"/> Lab Request Attached				
<input type="checkbox"/> No							

Signature of Officer(s): <i>Deputy m. Schutte #114</i>	Supervisor Signature: _____	Signature Book-In: _____			Book-In Date/Time: _____		
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Date Printed: 12/11/2024