



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 <i>K. D. 536</i>	DRIVER LICENSE # <i>1234567890</i>	CLASS <i>D</i>	STATE <i>OH</i>
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) <i>123 Main Street, Anytown, USA</i>			
CITY <i>Anytown</i>	OHIO COUNTY OF RESIDENCE <i>Anytown</i>	STATE <i>OH</i>	ZIP CODE <i>12345</i>
DATE OF BIRTH <i>1/1/1980</i>	4 DIGIT COURT CODE <i>1234</i>	COUNTY OF VIOLATION <i>Any County, USA</i>	
DATE OF VIOLATION <i>1/1/2023</i>	TIME OF VIOLATION <input type="checkbox"/> AM <input type="checkbox"/> PM	PLACE OF TEST <i>Anywhere</i>	VIN <i>1N6KD5Z8YH1234567</i>
DATE OF REFUSAL OR TEST <i>1/1/2023</i>	TIME OF REFUSAL OR TEST <input type="checkbox"/> AM <input type="checkbox"/> PM	YEAR <i>2023</i>	MAKE <i>Any Car</i>
VEHICLE OWNER'S NAME <i>Sam</i>	DATE OF BIRTH <i>1/1/1980</i>	LICENSE PLATE # <i>1234567</i>	
CITY <i>Anytown</i>	STATE <i>OH</i>	TYPE PLATE <i>1234567</i>	STATE <i>OH</i>
VEHICLE STORED AT (STREET ADDRESS) <i>123 Main Street, Anytown, USA</i>			CITY <i>Anytown</i>

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). 0.0 % 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 marihuana 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) 0.0 % 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.

K. D. 536
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.

X
ARRESTING OFFICER'S SIGNATURE

ENFORCEMENT AGENCY

N.C.I.C. #

OFFICER'S BUSINESS STREET ADDRESS

CITY

STATE ZIP CODE

X
WITNESS'S SIGNATURE

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:

STATE OF OHIO, COUNTY OF *Any County*

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.

X
ARRESTING OFFICER SIGNATURE

X
PEACE OFFICER SIGNATURE

Sworn to before me this 1/1/2023 day of January, 2023

X
NOTARY PUBLIC'S SIGNATURE

X
DEPUTY CLERK OF COURT'S SIGNATURE

City of *Any City*

CONSEQUENCES OF TEST AND REFUSAL (R.C. 4511.192) (MUST BE READ TO OVI / PHYSICAL CONTROL OFFENDER)

"You now are under arrest for specify the offense under state law or a substantially equivalent municipal ordinance for which the person was arrested - operating a vehicle under the influence of alcohol, a drug, or a combination of them; operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance; operating a vehicle after underage alcohol consumption; or having physical control of a vehicle while under the influence).

"If you refuse to take any chemical test required by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated. If you have a prior conviction of OVI, or operating a vehicle while under the influence of a listed controlled substance or a listed metabolite of a controlled substance under state or municipal law within the preceding twenty years, you now are under arrest for state OVI, and, if you refuse to take a chemical test, you will face increased penalties if you subsequently are convicted of the state OVI."

(*Read this part unless the person is under arrest for solely having physical control of a vehicle while under the influence.*) "If you take any chemical test required by law and are found to be at or over the prohibited amount of alcohol, a controlled substance, or a metabolite of a controlled substance in your whole blood, blood serum or plasma, breath, or urine as set by law, your Ohio driving privileges will be suspended immediately, and you will have to pay a fee to have the privileges reinstated.

"If you take a chemical test, you may have an independent chemical test taken at your own expense."

CONSEQUENCES OF TEST AND REFUSAL – OUT-OF-SERVICE (R.C. 4506.17) (MUST BE READ IN ADDITION TO THE ABOVE TO AN OFFENDER WHO IS THE HOLDER OF A COMMERCIAL DRIVER LICENSE OR IS DRIVING A COMMERCIAL VEHICLE)

"I am a law enforcement officer; I have probable cause to stop or detain you. After investigating the circumstances, I have probable cause to believe you were operating a motor vehicle in violation of section 4506.15 of the Ohio Revised Code. I request that you submit to a test or tests of your blood, breath, or urine for the purpose of determining your alcohol concentration or the presence of any controlled substance. If you refuse to submit to the test or tests you will immediately be placed out-of-service for twenty-four hours; you will be disqualified from operating a commercial motor vehicle for a period of not less than one year; and you will be required to surrender your commercial driver license to me."

ADDITIONAL INFORMATION FOR OFFENDER

IMMOBILIZATION OR FORFEITURE UPON OVI ARREST (R.C. 4511.195)

If you have previously been convicted of operating a motor vehicle under the influence, OVI (R.C. 4511.19 (A)), or similar municipal ordinance, the vehicle and its identification license plates may be seized. The vehicle may be towed and kept by the law enforcement agency or may be immobilized. The period of time for which the vehicle and license plates will be kept or immobilized may be at least until the initial appearance in court. At the initial appearance the court may order that the vehicle and license plates be returned or released to the vehicle owner until the disposition of the charge. If you are convicted of or plead guilty to OVI, the court may issue an order of immobilization of the vehicle and the impoundment of its license plates, or an order for the criminal forfeiture of the vehicle to the state. If you are not the vehicle owner you must immediately inform the owner that the vehicle and its license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

OFFENDERS ARRESTED FOR DRIVING UNDER SUSPENSION OR WRONGFUL ENTRUSTMENT OF A MOTOR VEHICLE (R.C. 4511.203)

If you are charged for driving under an OVI suspension, (R.C. 4510.14), or wrongful entrustment of a motor vehicle, (R.C. 4511.203), the vehicle and identification plates may be seized, and the vehicle may be towed and kept by the law enforcement agency. Any period of seizure will be at least until your initial appearance in court. At the initial appearance the court may order the vehicle returned to you or released to the vehicle owner. If you are convicted of driving under suspension, or of wrongful entrustment of a vehicle, the court may issue an order of immobilization of the vehicle and impoundment of its license plates. Upon a third conviction of wrongful entrustment of a vehicle (R.C. 4511.203), of driving under suspension (R.C. 4510.11), or a municipal ordinance similar to one of the above, the court, upon your conviction may order the forfeiture of the vehicle. If you are not the owner, you should immediately inform the owner that the vehicle and the license plates have been seized and that the owner may be able to obtain the return or release of the vehicle and plates at your initial appearance in court.

IF YOU HAVE A COMMERCIAL DRIVER LICENSE OR YOU WERE OPERATING A COMMERCIAL VEHICLE:

A. To appeal your disqualification, you must prepare a WRITTEN request for an Administrative Hearing and submit the request by REGISTERED or CERTIFIED MAIL within 30 days of your refusal or test date (see reverse side). Mail your request to:

Ohio Bureau of Motor Vehicles
Attn.: CDL / OSP
P.O. Box 16784
Columbus, Ohio 43216-6784

B. You may appeal this SUSPENSION in court at the time of your initial appearance. Even though you may appeal this suspension, your driving privileges will still be suspended.

NOTICE OF SUSPENSION (R.C. 4511.192)

Independent of any penalties or sanctions imposed upon you pursuant to any other section of the Revised Code or municipal ordinance, your driver license or commercial driver license, permit, or nonresident operating privilege is now suspended. The suspension takes effect immediately. The suspension will last at least until your initial appearance on the charge, which will be held within five days after the date of this arrest or the issuance of a citation to you. You may appeal the suspension at the initial appearance before the court that hears the charges against you that resulted from the arrest, or during the period of time ending 30 days after that initial appearance.

LENGTH OF SUSPENSION

FOR REFUSAL (Based on prior refusals, convictions, and guilty pleas within 10 years)	
No priors	1 year
One prior.....	2 years
Two priors.....	3 years
Three or more priors.....	5 years

FOR PROHIBITED CONCENTRATION OF ALCOHOL (Based on prior convictions and guilty pleas within 10 years)	
No priors	90 days
One prior.....	1 year
Two priors.....	2 years
Three priors	3 years



Enon Police Department

OHIO UNIFORM INCIDENT REPORT

ADMINISTRATIVE	AGENCY NAME: Enon Police Department				*INCIDENT NUMBER: CL-25-0077							
	*GEOCODE: South Enon				INCIDENT NATURE: Traffic Offense							
	TOD: 03/22/2025 01:51:00		TOA: 03/22/2025 01:51:00		TOC: 03/22/2025 03:40:00		<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE					
	*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO			
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME				
	03	22	2025	04:19:00	03	22	2025	01:49:00	03	22	2025	01:51:00
*INCIDENT LOCATION (Street, Apt., City, State, Zip):				4641 Enon-Xenia, Enon, OH, 45323								

OFFENSE	*OFFENSE 1. 4511.19	*OFFENSE DESCRIPTION Driving While Under the Influence of Alcohol/Drugs		*A/C: C	*UCR OFFENSE: 90D	*UCR OFFENSE DESCRIPTION Driving Under the Influence			
	FM & DEGREE	*LARCENY		*HATE/BIAS			VALIDATE		
	Misdemeanor			No Bias/Not Applicable			Yes		
	* LOCATION OF OFFENSE				*SUSPECTED OF USING				
	Street				Alcohol				
	*TYPE OF WEAPON/FORCE USED				*TYPE OF CRIMINAL ACTIVITY				
	99 - None				N - No Gang Involvement				
	*METHOD OF ENTRY	No Force			*METHOD OF OPERATION:				
	*NO PREMISES ENTERED				*METHOD OF ENTRY - BURGLARY/B&E				
	0				LEVEL	LOCATION	DIRECTION		
CARGO THEFT				ENTRY					
				EXIT					
OFFENSE	*OFFENSE 2. 4511.33	*OFFENSE DESCRIPTION Driving In Marked Lanes		*A/C: C	*UCR OFFENSE: NA	*UCR OFFENSE DESCRIPTION Not NIBRS Reportable			
	FM & DEGREE	*LARCENY		*HATE/BIAS			VALIDATE		
	Misdemeanor			No Bias/Not Applicable			Yes		
	* LOCATION OF OFFENSE				*SUSPECTED OF USING				
	Street				Not Applicable				
	*TYPE OF WEAPON/FORCE USED				*TYPE OF CRIMINAL ACTIVITY				
	99 - None				N - No Gang Involvement				
	*METHOD OF ENTRY	No Force			*METHOD OF OPERATION:				
	*NO PREMISES ENTERED				*METHOD OF ENTRY - BURGLARY/B&E				
	0				LEVEL	LOCATION	DIRECTION		
CARGO THEFT				ENTRY					
				EXIT					

ORI NUMBER: OH0120600

INCIDENT NUMBER: CL-25-0077

REPORT DATE: 03/22/2025 01:49:00

SUSPECT/ARRESTEE	*NO. 1	AGE CLASS: Adult	CATEGORY: Suspect/Arrestee	CHARGES FILED? Yes																																																																	
	NAME (Last, First, Middle):		SMITH, KYLE, M																																																																		
	ALIAS:		GANG AFFILIATION:		CELL PHONE:																																																																
	ADDRESS (Street, Apt., City, State, Zip):		2756 TORREY PINES, BEAVERCREEK, OH, 45431		HOME PHONE: 937-320-9139																																																																
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):				PHONE:																																																																
	PLACE OF BIRTH:		DL#/DL STATE: rs396310/OH		OCCUPATION/SCHOOL:																																																																
	*Age: 70 *D.O.B: 09/22/1954	*SEX: Male	*RACE: White	*ETHNICITY: Not Hispanic or Latino	*HEIGHT: 6 ft - 6 ft WEIGHT: 200 - 210																																																																
	SUSPECT OF USING:		MARITAL STATUS: Married	*RESIDENT STATUS: Other Status	*HAIR: Red or Auburn *EYES: Blue																																																																
	SCARS, MARKS, TATTOOS:																																																																				
	ADDITIONAL DESCRIPTION:																																																																				
	POTENTIAL INJURIES:																																																																				
	ARREST INFORMATION		ARREST DISPOSITION:																																																																		
	ARREST DATE/TIME:		ARRESTING OFFICER:	INC TRACKING NUMBER:																																																																	
	ARREST LOCATION (Street, Apt., City, State, Zip):																																																																				
	*ARRESTEE ARMED WITH:		CASE #:		DISPOSITION:																																																																
FINGERPRINTED: No	FINGERPRINT CARD NO.:	IS PHOTOS TAKEN: No	NO. TAKEN:	PHOTO ID NO.: FBI/BCI#:																																																																	
*MULTIPLE ARRESTEE SEGMENTS INDICATOR:		MIRANDA WITNESSED BY:		BAIL: 0 TIME READ:																																																																	
<table border="1"> <tr> <td>*NO. 1</td> <td>TOTAL VICTIMS: 1</td> <td colspan="3">VICTIM TYPE: Society / Public</td> </tr> <tr> <td colspan="5">NAME (Last, First, Middle): Village of Enon</td> </tr> <tr> <td colspan="3">ADDRESS (Street, Apt., City, State, Zip): 363 E Main St, Enon, OH</td> <td>CELL PHONE:</td> <td>WORK PHONE:</td> </tr> <tr> <td colspan="5">EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):</td> </tr> <tr> <td>*AGE: D.O.B:</td> <td>*SEX:</td> <td>*RACE:</td> <td colspan="2">*ETHNICITY:</td> </tr> <tr> <td>HGT:</td> <td>WGT:</td> <td>HAIR:</td> <td>EYES:</td> <td>DL#/DL STATE: /</td> </tr> <tr> <td colspan="2">OCCUPATION/SCHOOL:</td> <td>SSN: ***-**-****</td> <td colspan="2">*RESIDENT STATUS:</td> </tr> <tr> <td colspan="2">VICTIM INJURED?</td> <td colspan="3">IF INJURED, DESCRIBE INJURIES:</td> </tr> <tr> <td colspan="2">*AGG. ASSAULT/ HOMICIDE CIRC.:</td> <td colspan="2">*VICTIM/SUSPECT RELATIONSHIP:</td> <td>*VICTIM/OFFENSE LINK: 4511.19 - Driving While Under the Influence of Alcohol/Drugs; 4511.33 - Driving In Marked Lanes</td> </tr> <tr> <td colspan="5">OFFICER CIRCUMSTANCE:</td> </tr> <tr> <td colspan="5">OFFICER ASSIGNMENT TYPE:</td> </tr> <tr> <td colspan="5">OFFICER ORI:</td> </tr> <tr> <td colspan="4">My signature verifies that the information on this report is accurate and true</td> <td>DATE:</td> </tr> </table>					*NO. 1	TOTAL VICTIMS: 1	VICTIM TYPE: Society / Public			NAME (Last, First, Middle): Village of Enon					ADDRESS (Street, Apt., City, State, Zip): 363 E Main St, Enon, OH			CELL PHONE:	WORK PHONE:	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip):					*AGE: D.O.B:	*SEX:	*RACE:	*ETHNICITY:		HGT:	WGT:	HAIR:	EYES:	DL#/DL STATE: /	OCCUPATION/SCHOOL:		SSN: ***-**-****	*RESIDENT STATUS:		VICTIM INJURED?		IF INJURED, DESCRIBE INJURIES:			*AGG. ASSAULT/ HOMICIDE CIRC.:		*VICTIM/SUSPECT RELATIONSHIP:		*VICTIM/OFFENSE LINK: 4511.19 - Driving While Under the Influence of Alcohol/Drugs; 4511.33 - Driving In Marked Lanes	OFFICER CIRCUMSTANCE:					OFFICER ASSIGNMENT TYPE:					OFFICER ORI:					My signature verifies that the information on this report is accurate and true				DATE:
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NARRATIVE	TITLE:		NARRATIVE TYPE: Initial Narrative	
	SUPPLEMENT: No		SUPPLEMENT #:	

Printed By: Schaefer, Thomas

Printed On: 03/22/2025

Recipient:

On 3/22/2025 at or around 01:49 hours while in my marked car and the uniform of the day I was parked stationary in the lot of 1 East Main Street in the Village of Enon when I observed a black Cadillac sedan travel southbound through the traffic light at a unusually low speed. After letting another vehicle pass I pulled out from where I had parked and caught up to the vehicle directly behind the Cadillac sedan. I then observed four marked lanes violations between the intersections of South Xenia at Western Avenue and South Xenia at Miramar Drive. As the road widened allowing for the safe passing of the vehicle directly in front of me I activated my overhead lights and initiated a traffic stop on the Cadillac.

When I activated my lights and caught up to the vehicle it was passing through the intersection of South Xenia and Green Vista Drive, it continued southbound with no reaction to either the chirping of my siren or my emergency lights. I chirped my siren again as we crossed through the intersection of South Xenia and Arnold Ave. The vehicle finally came to a stop in front of 4641 Enon-Xenia after pulling to the shoulder.

I made a drivers side approach and identified myself and the reason for the stop. I observed that the driver was slow to react to my request for his drivers license and while going through his wallet he first pulled out three credit cards. I also observed that his eyes were bloodshot. He provided his Ohio Drivers License (DL#RS396310) that identified him as Kyle Smith of Beavercreek.

At this point I returned to my cruiser and requested an additional unit, Unit 79 of CCSO, Deputy Whittemore arrived to assist a few minutes later.

We had Mr. Smith exit his vehicle where I explained to him that we were going to perform roadside field sobriety testing. I started the testing with the horizontal gaze nystagmus (HGN) test.

Using a pen light I confirmed that Mr. Smith could see the illuminated end of my finger to use as a stimulus for the test. He stated that he could. After explaining the test and confirming that he understood the instructions I began.

During the test I observed a lack of smooth travel and he consistently failed to keep his head still. I also could smell the odor of what I believe to be an alcoholic beverage on his breath.

I then proceeded to explain and demonstrate the walk and turn test. Then without being prompted he began to walk towards me and counting his steps aloud. I stop him and directed him to perform the test on the fog line. He then without being prompted took 9 steps down the fog line counting aloud, failing to heel to toe and did not attempt a return.

At this point I placed Mr. Smith in handcuffs and placed him in the rear of my cruiser and transported him to Ohio State Patrol Post Twelve for a chemical breath test.

After arriving at post twelve I met with Trooper Jenkins and I read the BMV2255 form to Mr. Smith and he consented to taking a breath test. Mr. Smith then took the breath test twice, both times returning a result of .165BAC. Mr. Smith was charged with 4511.19 OVI and 4511.33 Marked lanes. I then transported him to my headquarters where his wife was waiting to return him to their residence.

Audio and Video Recorded

NARRATIVE

NARRATIVE DATE: 03/22/2025 05:12

OFFICER: Schaefer, Thomas Ridge

CLEARANCE HISTORY	CLEARANCE TYPE	CLEARANCE DATE	CLEARED BY
Active	03/22/2025	Schaefer, Thomas Ridge	
OFFICER	OFFICER	ROLE	CREATED ON
474 - Schaefer, Thomas Ridge	Arresting	03/22/2025	



Ohio Department of Health
Alcohol and Drug Testing
Subject Test Report

Subject Information

Revised 11-2017

TEST DATE 03-22-2025	NAME SMITH, KYLE	DATE OF BIRTH 09/22/1954	AGE 70	SEX M
CURRENT STREET ADDRESS (As Verified by Officer) 2756 TORREY PNES		CITY BEAVERCREEK	STATE OH	ZIP CODE 45431 RACE W

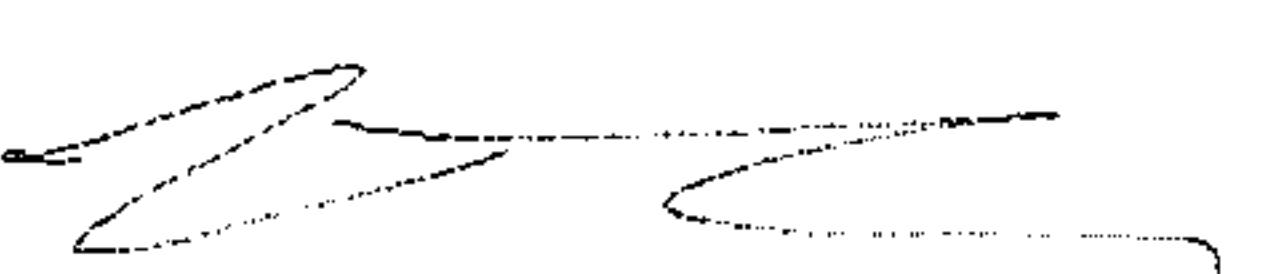
Arrest Information

ARRESTING OFFICER SCHAFFER, T	AGENCY ENON PD	ODH CERTIFICATION # 23825
TESTING OFFICER JENKINS, RICK	AGENCY SPRINGFIELD HIGHWAY PATROL	
TIME FIRST OBSERVED 01:52	TIME OF TEST 02:39	

Test Information

INSTRUMENT SERIAL # 60-003934	TEST SITE # SPRINGFIELD OSHP /1	DATE OF LAST CERTIFICATION 08/12/2024	CERTIFICATION SOLUTION # ODH-0031
CERTIFICATION BOTTLE # 1259	TARGET VALUE 0.100 g/210L	CERTIFICATION AVERAGE 0.0994	CERTIFICATION STANDARD DEVIATION 0.0005
Test	BrAC (g/210L)	Time	DRY GAS STANDARD
Air Blank	0.000	02:41	LOT # 28423100A1
Diagnostic	VAC/OK	02:41	
Air Blank	0.000	02:41	TANK # 033
Dry Gas Control	0.102	02:42	
Atmo Pressure	960 mBar		TARGET: 0.100 g/210L
Tank Pressure	168 PSI		
Air Blank	0.000	02:42	
Subject Sample 1	0.172	02:43	EXPIRATION DATE: 11/05/2025
Breath Volume	2.289 LITERS		
Sample Duration	5.410 SECONDS		
Sample Attempts	1		
Air Blank	0.000	02:44	BrAC = 0.165 g/210L
Air Blank	0.000	02:46	
Subject Sample 2	0.165	02:46	
Breath Volume	2.132 LITERS		
Sample Duration	5.830 SECONDS		
Sample Attempts	1		
Air Blank	0.000	02:47	
Dry Gas Control	0.101	02:48	
Atmo Pressure	960 mBar		
Tank Pressure	.165 PSI		
Air Blank	0.000	02:48	

SOFTWARE VERSION: 8149.13.03


TESTING OFFICER'S SIGNATURE

03/22/2025

DATE