

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.		
	ENTRY - MISDEMEANOR		
	\$ _____ 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 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 _____		
	ENTRY - FELONY		
	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. 2505a1074

25-2505a
**CLARK COUNTY MUNICIPAL COURT
OF
SPRINGFIELD, OHIO**

THE STATE OF OHIO

vs.

STEVEN LOUIS TEETS

1812 Cheviot Hills Dr.
Springfield, OH 45505-
DOB: 9/3/1987
* * * - * * - 4867
W/M - 508/150 - BLK/BRO

CHARGE: Rape

In violation of Section 2907.02(A)(1)(b) of the
Ohio Revised Code.

PENALTY:

First Degree Felony
Imprisonment for Life
\$20,000.00 Fine
Additional Prison Term Ten Years

2020 APR 22 AM 8:44
BY AP
MUNICIPAL COURT
FILED

Date of Arrest: 4/21/2020 1420 hrs.
Date of Arraignment: 4-22-25 1030
Bond Posted - Cash - Surety
Amount:

Criminal Complaint

THE STATE OF OHIO
CLARK COUNTY

SS: IN THE CLARK COUNTY MUNICIPAL
COURT OF CLARK COUNTY, OHIO

Defendant:

STEVEN LOUIS TEETS
1812 Cheviot Hills Dr.
Springfield, OH 45505-
DOB: September 03, 1987
SSAN: * * * - * * - 4867
W/M - 508/150 - BLK/BRO

Criminal Charge

Rape

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 DETECTIVE JOLENE IRONS who being duly sworn states that on or about April 17, 2025, one STEVEN TEETS In the Township of Springfield, County of Clark, State of Ohio did: [recklessly] engage in sexual conduct with another when the other person is less than thirteen years of age, whether or not the offender knows the age of the other person.

TO WIT:

The defendant did knowingly cause or attempt to cause physical harm to a juvenile family member by sexually assaulting her for the past 5 years.

In violation of Section 2907.02(A)(1)(b) of the Ohio Revised Code.

SPECIFICATIONS:

The affiant further finds and specifies that the offender is a repeat violent offender.

PRIOR

Gross Sexual Imposition on 08/23/2011 / Clark County Common Pleas / Case # 11-CR-136
Unlawful Sexual Conduct With A Minor on 08/23/2011 / Clark County Common Pleas / Case # 11-CR-136

JM

PENALTY:

First Degree Felony
Imprisonment for Life
\$20,000.00 Fine
Additional Prison Term Ten Years

Detective Jolene Irons

Complainant: Detective Jolene Irons

*Sworn to and subscribed before me by the
Complainant on April 21, 2025*

J. R. E. H.

Notary Public/Authorized Peace
Officer/Clerk of Court

Court Copy Defendant Copy Return Copy Extra Copy

Court Date:
Defendant Placed in Jail

SSN Redacted

26

Case No.

CLARK COUNTY MUNICIPAL COURT
OF
SPRINGFIELD, OHIO

Jai
4/22

THE STATE OF OHIO

vs.

STEVEN LOUIS TEETS

1812 Cheviot Hills Dr.

Springfield, OH 45505-

DOB: 9/3/1987

* * * - * * - 4867

CHARGE: Strangulation

In violation of Section 2903.18(B)(2) of the Ohio Revised Code.

PENALTY:

Third Degree Felony

9, 12, 18, 24, 30, 36 Months and/or
\$10,000 fine

and

MICRO-STRUCTURE

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MUNICIPAL COURT

MUNICIPAL COURT

Date of Arrest: 4/21/2025 1420 hrs.

Date of Arraignment: 4-22-25 1030

Bond Posted - Cash - Surety

Amount:

Criminal Complaint

THE STATE OF OHIO
CLARK COUNTY

SS: IN THE CLARK COUNTY MUNICIPAL
COURT OF CLARK COUNTY, OHIO

Defendant:

STEVEN LOUIS TEETS
1812 Cheviot Hills Dr.
Springfield, OH 45505-
DOB: September 03, 1987
SSAN: * * * - * * - 4867
W/M - 508/150 - BLK/BRO

Criminal Charge

Strangulation

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 DETECTIVE JOLENE IRONS who being duly sworn states that on or about April 17, 2025, one STEVEN TEETS In the Township of Springfield, County of Clark, State of Ohio did: knowingly create a substantial risk of serious physical harm to another by means of strangulation or suffocation.

TO WIT:

The defendant knowingly created a substantial risk of serious physical harm to the female juvenile victim by choking her neck with his hand causing her to have trouble breathing.

In violation of Section 2903.18(B)(2) of the Ohio Revised Code.

PENALTY:

Third Degree Felony
9, 12, 18, 24, 30, 36 Months and/or
\$10,000 fine

Court Date:
Defendant Placed in Jail

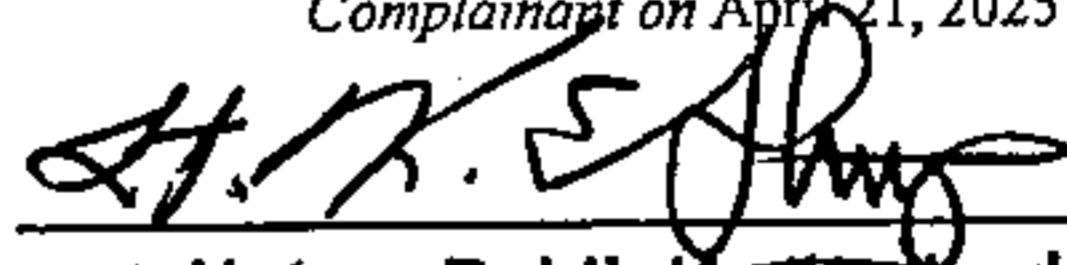
Clark County Municipal Court
50 East Columbia Street
Springfield, Ohio 45502
(937) 328-3725

For Court Use Only

Court Case# _____ - CR - _____
BCI&I ITN Number:
Law Enforcement Case Number: 25-CCSO00010906


Complainant: Detective Jolene Irons

*Sworn to and subscribed before me by the
Complainant on April 21, 2025*



Notary Public/Authorized Peace
Officer/Clerk of 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:
25-CCSO00010906

The State of Ohio ss:
Clark County

Court Case # CR-_____

The Affiant, Detective Jolene Irons , being first sworn, says there is probable cause to believe the defendant, Steven Louis Teets , committed an offense based on the summary of facts below:

Your Honor,

On 4-17-24 the Clark County Sheriff's Office took a sexual assault complaint involving a female juvenile victim with the alleged perpetrator being the household family member.

Clark County received online social media texts involving the female juvenile victim. She was talking about the most recent incident being earlier in the day on Thursday 4-17-24 with the alleged perpetrator choking her and not being able to breath. She talked about him forcing himself in her.

The female juvenile victim was taken to Dayton Children's Hospital and completed a forensic interview with Clark County CPS and completed a sexual assault kit. She made disclosures about the perpetrator frequently sexually assaulting her for at least the past two years.

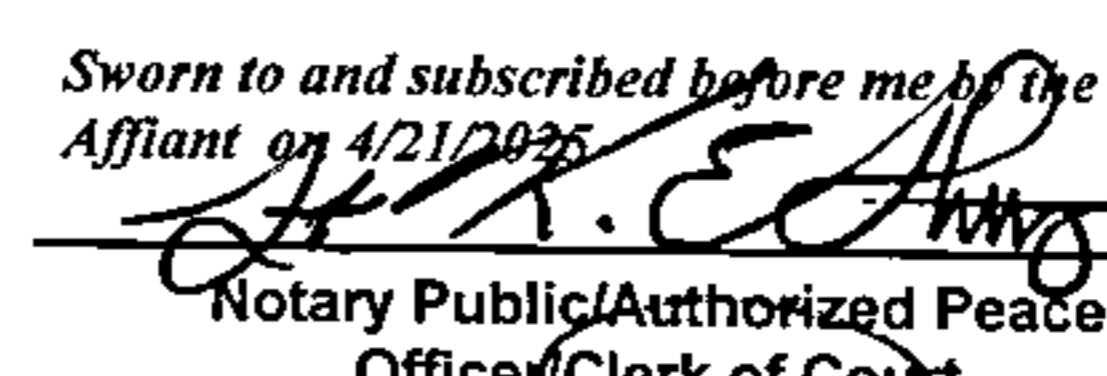
On 4-21-25, the alleged perpetrator was taken into custody by Clark County Deputies. He refused to speak to this detective and requested a lawyer. He was booked into the Clark County Jail for rape, strangulation, and domestic violence.

Defendant:

Steven Louis Teets

Further Affiant Sayeth Not.


Affiant Signature
CCSO
Affiant Address & Phone

*Sworn to and subscribed before me by the
Affiant on 4/21/2025*

Notary Public/Authorized Peace
Officer/Clerk of Court

Law Enforcement Arrest Report

Name: TEETS, Steven Louis			Race: <input checked="" type="checkbox"/> W	Gender: <input checked="" type="checkbox"/> M	Height: <input checked="" type="checkbox"/> 508	Weight: <input checked="" type="checkbox"/> 150	Hair: <input checked="" type="checkbox"/> BLK	Eyes: <input checked="" type="checkbox"/> BRO	Build: <input checked="" type="checkbox"/> Small	Case Number: 25-CCSO00010906
D.O.B. 09/03/1987	Age at time of offense: 37 Years 7 Months	SSN: *****-**-4867	FBI#: *****			BCI#: *****		ITN#: *****		

Address: 1812 Cheviot Hills Dr. Springfield, OH 45505-			Phone: 937-450-7712	P.O.B. (City & State): Springfield, OH			
Arresting Agency: Clark County Sheriffs Office		Date/Time of Arrest: 4/21/2025 2:20:00PM	On Probation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, P.O.'s Name		On Parole: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location of Occurrence / Arrest / Both:			Township or County: Springfield Township		Driver's License #:	Driver's License State	
Employment: Yamada		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: Detective Jolene Irons		Transporting Officers:					Badge/Unit #:

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

DOMESTIC VIOLENCE - 2919.25(A) - M1

The defendant did knowingly cause or attempt to cause physical harm to a juvenile family member when he strangled her, placed her on the ground and sexually assaulted her in their residence.

RAPE - 2907.02(A)(1)(b) - F1

The defendant did knowingly cause or attempt to cause physical harm to a juvenile family member by sexually assaulting her for the past 5 years.

STRANGULATION - 2903.18(B)(2) - F3

The defendant knowingly created a substantial risk of serious physical harm to the female juvenile victim by choking her neck with his hand causing her to have trouble breathing.

Victim: <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 _____

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:

Detective Jolene Irons 120 N. Fountain Ave. Springfield, OH 45502- 937-328-2560
Deputy Storts 120 N. Fountain Ave. Springfield, OH 45502- 937-328-2560
, OH

Crash <input type="checkbox"/> Yes	Was OHI <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 type="checkbox"/> No	completed? <input type="checkbox"/> No	insurance? <input type="checkbox"/> No	witness driving? <input type="checkbox"/> No	witnessed driving? <input type="checkbox"/> Yes	searched? <input type="checkbox"/> No
Vehicle <input type="checkbox"/> Impaired	If no one witnessed driving, how is exact time of vehicle operation established?				<input checked="" type="checkbox"/> NA <input type="checkbox"/> DUI Impaired Driver Report prepared? <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes
Disposition: <input type="checkbox"/> RTO					
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	Written summaries of statements prepared? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
for prints? <input type="checkbox"/> No	admission of guilt? <input checked="" type="checkbox"/> Yes	statement? <input type="checkbox"/> Yes	<input type="checkbox"/> Taped Audio Statement <input type="checkbox"/> Other		
Arrestee identified <input 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>Det. melchi</i>	Scene processed <input type="checkbox"/> Yes	Physical evidence <input type="checkbox"/> Yes
by Witness? <input type="checkbox"/> No	<input type="checkbox"/> Line-Up <input checked="" type="checkbox"/> At Scene <input type="checkbox"/> Taken back to Scene	scene/victim? <input type="checkbox"/> Yes		for prints? <input checked="" type="checkbox"/> Yes	at scene? <input type="checkbox"/> Yes
Property Receipt #: <i>37703</i>	Copy of receipt or <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA				
inventory attached? <input type="checkbox"/> Yes - If no, list property: _____					

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

Signature of Officer(s): *Detective Jolene Irons* Supervisor Signature: _____ Signature Book-In: _____ Book-In Date/Time: _____

Witness List

Law Enforcement Case Number:

25-CCSO00010906

4/21/2025

Name	Address	Home Phone	Witness Stmt
IRONS, Detective Jolene F.	120 N.Fountain Ave., Springfield, OH 45502-	937-328-2560	
STORTS, Deputy	120 N.Fountain Ave., Springfield, OH 45502-	937-328-2560	