

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"/> Guilty <input type="checkbox"/> Not Guilty	
Defendant having Pleaded 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. 25CRB1552

CLARK COUNTY MUNICIPAL COURT  
OF  
SPRINGFIELD, OHIO

THE STATE OF OHIO

VS.

KATELYN MARIE PAYNE

63 Todd Lee Dr.  
New Carlisle, OH 45344-  
DOB: 3/14/1998  
\*\*\* - \*\* - 8232  
W/F - 506/120 - BRO/HAZ

**CHARGE: Domestic Violence**

In violation of Section 2919.25(A) of the Ohio  
Revised Code.

**PENALTY:**

First Degree Misdemeanor  
Six (6) Months and/or  
\$1,000.00 Fine

FILED  
25 JUN 16 AM 7:15  
CLARK COUNTY  
MUNICIPAL COURT  
DEPUTY

Date of Arrest: 6/13/2025 6:06:00PM

Date of Arraignment: 6/16/2025 10:30:00AM

Bond Posted - Cash - Surety

Amount:

Jail

**Criminal Complaint**

THE STATE OF OHIO  
CLARK COUNTY

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

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

*For Court Use Only*

**Defendant:**

KATELYN MARIE PAYNE  
63 Todd Lee Dr.  
New Carlisle, OH 45344-  
DOB: March 14, 1998  
SSAN: \*\*\* - \*\* - 8232  
W/F - 506/120 - BRO/HAZ

**Victim:**

**Location of Occurrence:**

63 Todd Lee Dr.

Court Case# \_\_\_\_ - CR - \_\_\_\_ - \_\_\_\_  
BCI&I ITN Number:  
Law Enforcement Case Number: 25-CCSO00017217

**Criminal Charge**

*Domestic Violence*

**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 DEPUTY H CHILTON who being duly sworn states that on or about June 13, 2025, one KATELYN PAYNE In the Township of Pike, County of Clark, State of Ohio did:  
knowingly cause or attempt to cause physical harm to a family or household member.

**TO WIT:**

The defendant Katelyn Payne, knowingly caused physical harm, to her son by punching him in the face and biting him.

In violation of Section 2919.25(A) of the Ohio Revised Code.

**PENALTY:**

First Degree Misdemeanor  
Six (6) Months and/or  
\$1,000.00 Fine

Dep H. Chilton #78

Complainant: Deputy H Chilton

Sworn to and subscribed before me by the  
Complainant on June 13, 2025



Notary Public/Authorized Peace  
Officer/Clerk of Court

Court Date: 6/16/2025 10:30:00AM  
Defendant Placed in Jail

☒ Court Copy ☐ Defendant Copy ☐ Return Copy ☐ Extra Copy

Date	<b>COURT ACTION, ORDERS, ENTRIES</b>		
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"/> Guilty	<input type="checkbox"/> Not Guilty	
Defendant having Pleaded 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. 25CRB1552

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

**THE STATE OF OHIO**

VS.

**KATELYN MARIE PAYNE**

63 Todd Lee Dr.  
New Carlisle, OH 45344-  
DOB: 3/14/1998  
\*\*\* - \*\* - 8232  
W/F - 506/120 - BRO/HAZ

**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

FILED  
 25 JUN 16 AM 7:15  
 MUNICIPAL COURT  
 DEPUTY

**Date of Arrest: 6/13/2025 6:06:00PM**

**Date of Arraignment: 6/16/2025 10:30:00AM**

**Bond Posted - Cash - Surety**

**Amount:**

Jail

**Criminal Complaint**

THE STATE OF OHIO  
CLARK COUNTY

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

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

*For Court Use Only*

**Defendant:**

KATELYN MARIE PAYNE  
63 Todd Lee Dr.  
New Carlisle, OH 45344-  
DOB: March 14, 1998  
SSAN: \*\*\* - \*\* - 8232  
W/F - 506/120 - BRO/HAZ

**Victim:**

**Location of Occurrence:**

63 Todd Lee Dr.

Court Case# \_\_\_\_ - CR - \_\_\_\_ - \_\_\_\_  
BCI&I ITN Number:  
Law Enforcement Case Number: 25-CCSO00017217

**Criminal Charge**

*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 DEPUTY H CHILTON who being duly sworn states that on or about June 13, 2025, one KATELYN PAYNE In the Township of Pike, 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 Katelyn Payne, knowingly caused physical harm, to her son by punching him in the face and biting him.

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

Dep H. Chilton #78  
Complainant: Deputy H Chilton

Sworn to and subscribed before me by the  
Complainant on June 13, 2025

[Signature]  
Notary Public/Authorized Peace  
Officer/Clerk of Court

Court Date: 6/16/2025 10:30:00AM  
Defendant Placed in Jail

☒ 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-CCSO00017217**

**The State of Ohio**  
**Clark County**

**Court Case # CR-**\_\_\_\_\_

**The Affiant, Deputy H Chilton , being first sworn, says there is probable cause to believe the defendant, Katelyn Marie Payne , committed an offense based on the summary of facts below:**

Your Honor,

On 06-13-2025 at 1655 hours Georgianna Westerberg called Clark County Sheriffs Office and advised her grandchild was yelling and screaming at her son through the door. On arrival Deputies met with Georgianna who was sitting outside in the driveway in tears crying. Georgianna stated she witnessed her grandchild Katelyn punch her great grandchild \_\_\_\_\_ across the face causing him to bruise across his left cheek.

\_\_\_\_\_ stated that last night his mother Katelyn disciplined him by punching him in the face causing his face to bruise because he did not feed the dogs like he was asked. On todays date Georgianna stated that Katelyn begun yelling and screaming at \_\_\_\_\_ so Georgianna took \_\_\_\_\_ in her bedroom and locked the door. Georgianna stated that she yelled back to Katelyn and stated that she was going to call Law Enforcement and Katelyn stated that she didn't care and to call them.

Katelyn stated that she did not punch her son \_\_\_\_\_ in the face. Katelyn stated that her grandmother Georgianna was not even at the residence when she disciplined \_\_\_\_\_. Katelyn stated she was at the house with her friend Andrew Lewis and he witnessed what happened to \_\_\_\_\_. Katelyn stated that \_\_\_\_\_ head fell into the threshold of the door and that's how \_\_\_\_\_ sustained injuries to his face. Katelyn stated that she was fighting \_\_\_\_\_ off of her and she had to bite \_\_\_\_\_ in his leg to get him off of her.

I took five photos of \_\_\_\_\_ bruises on his face and 1 picture of the bite marks on \_\_\_\_\_ leg. Georgianna made an official statement stating that she witnessed Katelyn punching \_\_\_\_\_ in the face and had him cornered. Georgianna also stated that \_\_\_\_\_ defended himself by biting his mother Katelyn to get Katelyn off of her. While Deputies spoke with \_\_\_\_\_ he never mentions to Deputies that he bit his mother. Your Honor based of the evidence at hand Deputies arrested Katelyn and charged her with Domestic Violence and Assault and transported her to Clark County Jail. Nothing further at this time.

Respectfully Submitted,

Deputy H. Chilton #78

**Defendant:**

Katelyn Marie Payne

Further Affiant Sayeth Not.

Dep N. Cuth #78  
Affiant Signature

120 N Fountain Ave / 937-521-2050  
Affiant Address & Phone

*Sworn to and subscribed before me by the  
Affiant on 6/13/2025*

  
Notary Public/Authorized Peace  
Officer/Clerk of Court

# Law Enforcement Arrest Report

Name: <b>PAYNE, Katelyn Marie</b>				Race: <b>W</b>	Gender: <b>F</b>	Height: <b>506</b>	Weight: <b>120</b>	Hair: <b>BRO</b>	Eyes: <b>HAZ</b>	Build:	Case Number: <b>25-CCSO00017217</b>	
D.O.B.: <b>03/14/1998</b>	Age at time of offense: <b>27 Years 2 Months</b>	SSN: <b>* * * - * * - 8232</b>	FBI#:	BCI#:	ITN#:							

Address: <b>63 Todd Lee Dr. New Carlisle, OH 45344-</b>				Phone: <b>937-207-2952</b>		P.O.B. (City & State): <b>Unknown</b>	
Arresting Agency: <b>Clark County Sheriff's Office</b>			Date/Time of Arrest: <b>6/13/2025 6:06:00PM</b>		On Probation: <input type="checkbox"/> Yes If yes, P.O.'s Name On Parole: <input checked="" type="checkbox"/> No		
Location of Occurrence / Arrest / (Both): <b>63 Todd Lee Dr.</b>				Township or County: <b>Pike Township</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>Deputy H Chilton</b>	Transporting Officers: <b>Ohlinger, Chilton</b>	Badge/Unit #: <b>111.78</b>
----------------------------------	---	-----------------------------

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

## ASSAULT - 2903.13(A) - M1

The defendant Katelyn Payne, knowingly caused physical harm, to her son by punching him in the face and biting him.

## DOMESTIC VIOLENCE - 2919.25(A) - M1

The defendant Katelyn Payne, knowingly caused physical harm, to her son by punching him in the face and biting him.

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

Victim Description of Sickness/Injury/Condition:

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

Arrestee Description of Sickness/Injury/Condition:

<input type="checkbox"/> Intoxicated
--------------------------------------

Arrestee Juvenile? Parent/Legal Guardian Name & Address:

Arrested Juvenile <input type="checkbox"/> Placed in DH <input type="checkbox"/> Released to Parent Disposition: <input type="checkbox"/> Taken to HQ <input type="checkbox"/> Other	Parents <input type="checkbox"/> By Arresting Officer <input type="checkbox"/> By Dispatcher Notified: <input type="checkbox"/> By Transfer Officer <input type="checkbox"/> By DH Personnel <input type="checkbox"/> Other	Date Notified:
---	--	----------------

Witnesses:		
H Chilton	120 N. Fountain Ave. Springfield, OH 45502-	937-521-2050
James Hoagland	1720 Dale Ridge Rd. New Carlisle, OH 45344-	937-672-0007
Nicola Hoagland	6555 Pisgah Rd. Tipp City, OH 45371-	937-232-8798
Andrew Lewis	5506 S. Union Rd. Miamisburg, OH 45342-	937-520-0755
Dep J Ohlinger	120 N. Fountain Ave. Springfield, OH 45502-	937-521-2050
Georgianna Westerberg	63 Todd Lee Dr. New Carlisle, OH 45344-	937-729-9653

Crash <input type="checkbox"/> Yes occurred? <input checked="" type="checkbox"/> No	Was OH1 <input type="checkbox"/> Yes completed? <input checked="" type="checkbox"/> No	Arrestee have <input type="checkbox"/> Yes insurance? <input type="checkbox"/> No	Did Affiant <input type="checkbox"/> Yes witness driving? <input type="checkbox"/> No	If not, who witnessed driving?	Vehicle <input type="checkbox"/> Yes searched? <input type="checkbox"/> No
Vehicle <input type="checkbox"/> IMP Disposition: <input type="checkbox"/> RTO	If no one witnessed driving, how is exact time of vehicle operation established?			<input checked="" type="checkbox"/> NA	DUI Impaired Driver Report prepared? <input checked="" type="checkbox"/> NA <input type="checkbox"/> No
Vehicle held <input type="checkbox"/> Yes for prints? <input checked="" type="checkbox"/> No	Arrestee make <input type="checkbox"/> Yes admission of guilt? <input checked="" type="checkbox"/> No	Did Arrestee make <input type="checkbox"/> Yes statement? <input checked="" type="checkbox"/> No	<input type="checkbox"/> Written Statement <input type="checkbox"/> Verbal <input type="checkbox"/> Taped Audio Statement <input type="checkbox"/> Other		Written summaries of statements prepared? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arrestee identified <input checked="" type="checkbox"/> Yes by Witness? <input type="checkbox"/> No	<input type="checkbox"/> Photo Array <input type="checkbox"/> Affiant Witnessed Crime <input type="checkbox"/> Line-Up <input checked="" type="checkbox"/> At Scene <input type="checkbox"/> Taken back to Scene	Photos of <input checked="" type="checkbox"/> Yes scene/victim? <input type="checkbox"/> No	Photos taken by: <b>Chilton</b>	Scene processed <input type="checkbox"/> Yes for prints? <input checked="" type="checkbox"/> No	Physical evidence <input type="checkbox"/> Yes 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:				

Were any physical or mental examinations or scientific tests conducted in connection with this case? ☐ Yes - If yes, please specify ☒ No ☐ Lab Request Attached

Signature of Officer(s): <b>Dep. J. Ohlinger</b>	Supervisor Signature: <b>[Signature]</b>	Signature Book-In:	Book-In Date/Time:
--	--	--------------------	--------------------

Date Printed: 6/13/2025

## Witness List

**Law Enforcement Case Number:**  
25-CCSO00017217

6/13/2025

Name	Address	Home Phone	Witness Stmt
LEWIS, Andrew	5506 S.Union Rd., Miamisburg, OH 45342-	937-520-0755	
HOAGLAND, James	1720 Dale Ridge Rd., New Carlisle, OH 45344-	937-672-0007	
CHILTON, H	120 N.Fountain Ave., Springfield, OH 45502-	937-521-2050	
OHLINGER, Dep J	120 N.Fountain Ave., Springfield, OH 45502-	937-521-2050	
WESTERBERG, Georgianna	63 Todd Lee Dr., New Carlisle, OH 45344-	937-729-9653	True
HOAGLAND, Nicola	6555 Pisgah Rd., Tipp City, OH 45371-	937-232-8798	