

SSN Redacted

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 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 _____		
	<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. *25CRB05187*

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

**THE STATE OF OHIO**

vs.

**MARCUS PATRICK DEARMOND**

725 S. Center St.  
Springfield, OH 45506  
DOB: 11/12/1976  
\* \* \* - \* \* - 3742  
B/M - 507/180 - BLK/BRO

**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

*FOR WARRANT ONLY*  
BY MUNICIPAL COURT  
DEPUTY

FILED  
2005 AUG 19 AM 9:59  
81925  
(290CCSPD)

**Date of Arrest:**

**Date of Arraignment:**

**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:**

MARCUS PATRICK DEARMOND  
725 S. Center St.  
Springfield, OH 45506  
DOB: November 12, 1976  
SSAN: \* \* \* - \* \* - 3742  
B/M - 507/180 - BLK/BRO

**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 OFFICER ONEIL who being duly sworn states that on or about August 17, 2025, one MARCUS DEARMOND In the City of Springfield, County of Clark, State of Ohio did:  
knowingly cause or attempt to cause physical harm to a family or household member.

**TO WIT:**

Defendant knowingly threw a brick at the victim

hitting the victim in the ribs causing injury.

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

**FOR WARRANT ONLY**

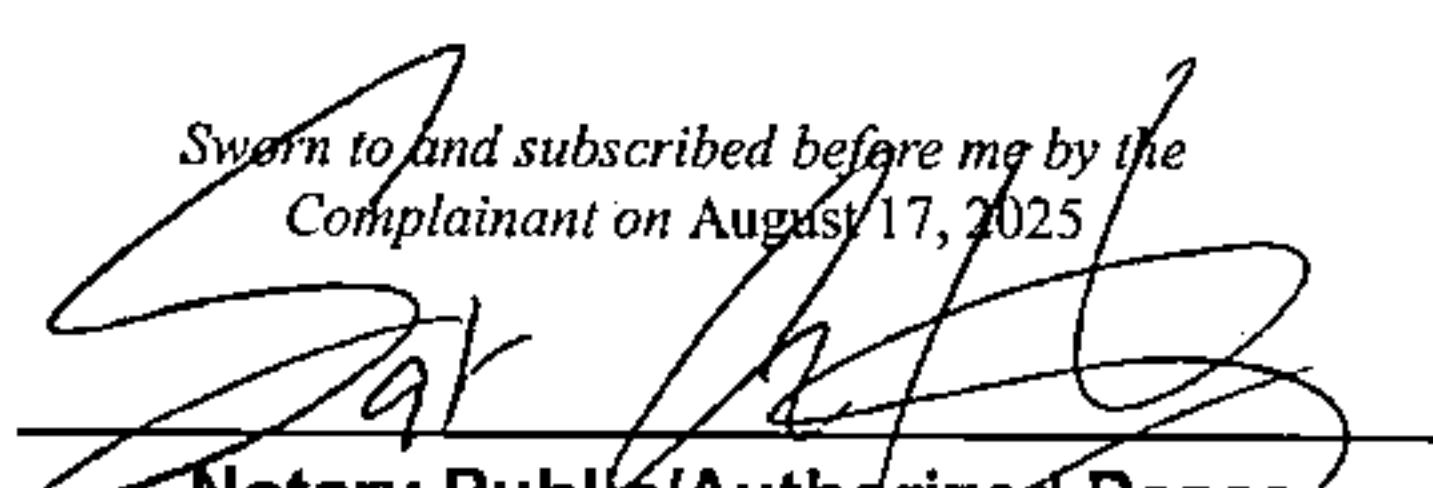
**PENALTY:**

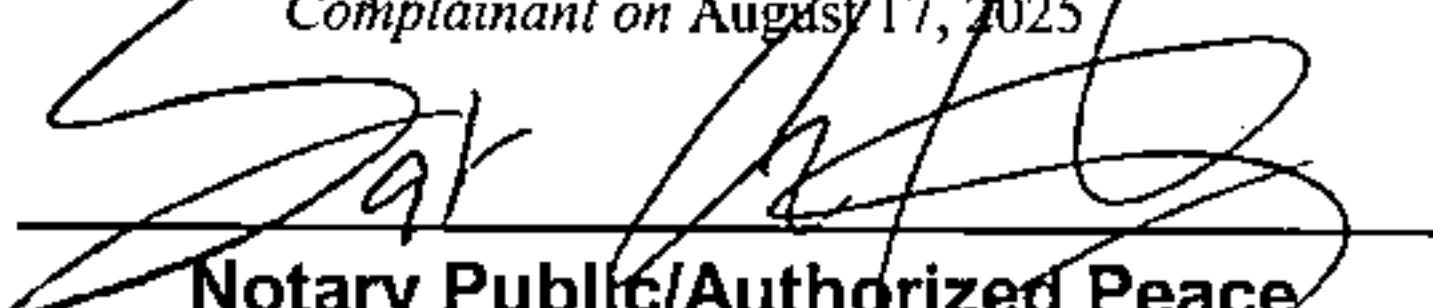
First Degree Misdemeanor  
Six (6) Months and/or  
\$1,000.00 Fine



AARON WILLIAM HAYES  
Notary Public  
State of Ohio  
My Comm. Expires  
January 22, 2028

  
Complainant: Officer Oneil

  
Sworn to and subscribed before me by the  
Complainant on August 17, 2025

  
Notary Public/Authorized Peace  
Officer/Clerk of Court

Court Date:  
Request for Warrant

Court Copy    Defendant Copy    Return Copy    Extra Copy

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.		
	<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 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 _____		
	<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. 25CRB02187

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

**THE STATE OF OHIO**

vs.

**MARCUS PATRICK DEARMOND**

725 S. Center St.  
Springfield, OH 45506  
DOB: 11/12/1976  
\* \* \* - \* \* - 3742  
B/M - 507/180 - BLK/BRO

**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

FOR WARRANT ONLY  
CLARK COUNTY MUNICIPAL COURT  
BY DEPUTY

2025 AUG 19 AM 9:59

**FILED**

**Date of Arrest:**

**Date of Arraignment:**

**Bond Posted - Cash - Surety**

**Amount:**

8/19/25  
WAKESPD

**Criminal Complaint**

THE STATE OF OHIO  
CLARK COUNTY

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

**Defendant:**

MARCUS PATRICK DEARMOND  
725 S. Center St.  
Springfield, OH 45506  
DOB: November 12, 1976  
SSAN: \* \* \* - \* \* - 3742  
B/M - 507/180 - BLK/BRO  
**Criminal Charge**

**Victim:**

**Location of Occurrence:**

***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 OFFICER ONEIL who being duly sworn states that on or about August 17, 2025, one MARCUS DEARMOND In the City of Springfield, County of Clark, State of Ohio did:  
knowingly cause or attempt to cause physical harm to another or to another's unborn.

**TO WIT:**

Defendant knowingly threw a brick at the victim, hitting the victim in the ribs causing injury.

**In violation of Section 2903.13(A) of the Ohio Revised Code.**

**FOR WARRANT ONLY**

**PENALTY:**

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



AARON WILLIAM HAYES  
Notary Public  
State of Ohio  
My Comm. Expires  
January 22, 2028

Court Date:  
Request for Warrant

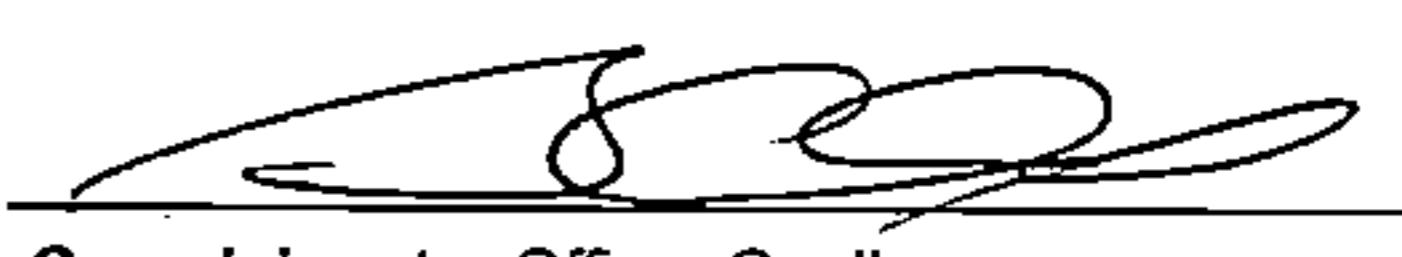
Clark County Municipal Court  
50 East Columbia Street  
Springfield, Ohio 45502  
(937) 328-3725

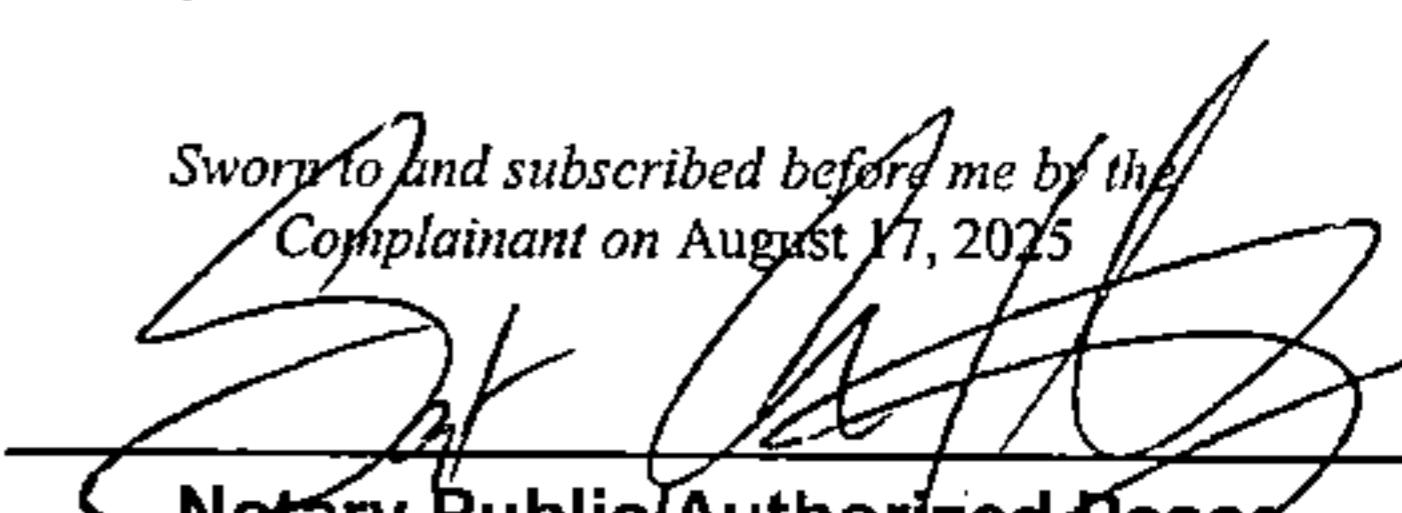
***For Court Use Only***

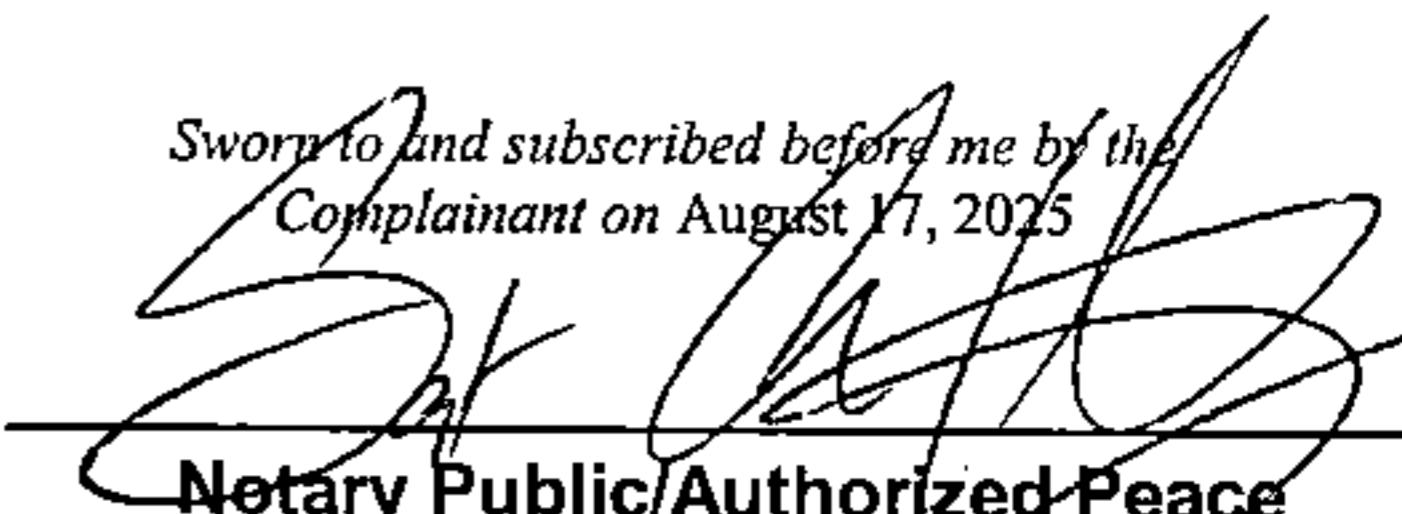
Court Case# \_\_\_\_\_ - CR - \_\_\_\_\_ - \_\_\_\_\_

BCI&I ITN Number:

Law Enforcement Case Number: 25-SPD000035924

  
Complainant: Officer Oneil

  
Sworn to and subscribed before me by the  
Complainant on August 17, 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-SPD000035924

The State of Ohio  
ss:  
Clark County

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

The Affiant, Officer Oneil, being first sworn, says there is probable cause to believe the defendant, Marcus Patrick Dearmond, committed an offense based on the summary of facts below:

On 08/17/2025 at approximately 2031 hours, Officers O'Neil and E. Taylor were dispatched reference to a Domestic.

On arrival, Officers spoke to the caller and victim; I stated that he just got back home from vacation and came to this address to check on his ..... When walking into the back door, he witnessed his ..... Marcus Dearmond, screaming over their ..... and arguing. ..... asked what was going on and this is when Mr. M. Dearmond picked up a brick and threw the brick at ..... hitting him in the upper left ribs. When inspecting ribs, there was an apparent red spot with discoloration in the area where he stated he was hit with the brick. After hitting ..... with the brick, Mr. M. Dearmond fled the area, last seen wearing a blue tank top and jean shorts. Officers checked the area for Mr. M. Dearmond but was unable to locate him.

Officer E. Taylor photographed the victim's injury as well as the brick used in the assault.

Due to the above statement, warrants are requested for Marcus Dearmond for Domestic Violence and Assault.

Defendant:

Marcus Patrick Dearmond

**FOR WARRANT ONLY**

Further Affiant Sayeth Not.



AARON WILLIAM HAYES  
Notary Public  
State of Ohio  
My Comm. Expires  
January 22, 2028

Affiant Signature

130 N Franklin Ave 937 324 7695

Affiant Address & Phone

Sworn to and subscribed before me by the  
Affiant on 8/17/2025

Notary Public/Authorized Peace  
Officer/Clerk of Court

# Law Enforcement Arrest Report

Name: <b>DEARMOND, Marcus Patrick</b>	Race: <b>B</b>	Gender: <b>M</b>	Height: <b>507</b>	Weight: <b>180</b>	Hair: <b>BLK</b>	Eyes: <b>BRO</b>	Build: <b>MED</b>	Case Number: <b>25-SPD000035924</b>
D.O.B. <b>11/12/1976</b>	Age at time of offense: <b>48 Years 9 Months</b>	FBI#: <b>282706AB5</b>	BCI#: <b>B540666</b>	ITN#:				
Address: <b>725 S. Center St. Springfield, OH 45506</b>				Phone: <b>- -</b>	P.O.B. (City & State): <b>Unknown</b>			
Arresting Agency: <b>Springfield Police Division</b>		Date/Time of Arrest:		On Probation: <input type="checkbox"/> Yes If yes, P.O.'s Name				
				On Parole: <input type="checkbox"/> No				
Location of Occurrence/ Arrest / Both:				Township or County: <b>Clark County</b>	Driver's License #:	Driver's License Sta		
Employment:		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: <b>Officer Oneil</b>		Transporting Officers:				Badge/Unit #: <b>912-884/532C</b>		
CHARGE(S) AT TIME OF ARREST - CODE NUMBER - PENALTY								
DOMESTIC VIOLENCE - 2919.25(A) - M1								
Defendant knowingly threw a brick at the victim, hitting the victim in the ribs causing injury.								
ASSAULT - 2903.13(A) - M1								
Defendant knowingly threw a brick at the victim, hitting the victim in the ribs causing injury.								
Victim: <input type="checkbox"/> Sick <input type="checkbox"/> NA <input checked="" type="checkbox"/> Injured Treated by: <input checked="" 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: <input type="checkbox"/> Intoxicated								
Arrestee: <input type="checkbox"/> Sick <input checked="" 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:								
Officer Oneil 130 N. Fountain Ave. Springfield, OH 45502- Officer E. Taylor 130 N. Fountian Ave. Springfield, OH 45502-						937-324-7685 937-324-7685		
<b>FOR WARRANT ONLY</b>								
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No Was OH1 <input type="checkbox"/> Yes <input type="checkbox"/> No Arrestee have <input type="checkbox"/> Yes <input type="checkbox"/> No Did Affiant completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No witness driving? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who witnessed driving? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Vehicle <input type="checkbox"/> IMP <input type="checkbox"/> RTO If no one witnessed driving, how is exact time of vehicle operation established? <input type="checkbox"/> NA DUI Impaired Driver Report prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Vehicle held <input type="checkbox"/> Yes <input type="checkbox"/> No Arrestee make <input type="checkbox"/> Yes <input type="checkbox"/> No Did Arrestee make <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No statement? <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 <input type="checkbox"/> No <input type="checkbox"/> Photo Array <input type="checkbox"/> Affiant Witnessed Crime Photos of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No scene/victim? <input type="checkbox"/> Off E. Taylor Photos taken by: <input type="checkbox"/> Yes <input type="checkbox"/> No for prints? <input type="checkbox"/> Yes <input type="checkbox"/> No Physical evidence <input type="checkbox"/> Yes <input type="checkbox"/> No at scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Property Receipt #: <input type="checkbox"/> Yes <input type="checkbox"/> No		Copy of receipt or <input type="checkbox"/> Yes <input checked="" type="checkbox"/> DNA 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? <input type="checkbox"/> Yes - If yes, please specify <input type="checkbox"/> No				<input type="checkbox"/> Lab Request Attached				
Signature of Officer(s):		Supervisor Signature:		Signature Book-In:			Book-In Date/Time:	

Date Printed: 8/17/2025