



\*25TRC10097\*

TICKET NO. OHP120379083120252116  
NUMBER OF COUNTS 3

CLARK COUNTY  
MUNICIPAL COURT OF  
SPRINGFIELD, OHIO

THE STATE OF OHIO  
THE CITY OF SPRINGFIELD

VS

CHERISH M SANDERS  
20 POINTVIEW AVENUE APT.  
DAYTON OH 45405

D.O.B.: 1991-01-02  
SSN :

VIOLATION:

4511.19A1A  
4511.19A1D  
4511.21D4

DATE OF ARRAIGNMENT: 2025-09-05 1100

ASSIGNMENT:

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_

INSURED? YES  
OL HELD ? NO

BOND POSTED – CASH SURETY  
AMOUNT \_\_\_\_\_

Date	Court Action, Orders, Entries		
	Count	Plea	
	A	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
	B	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
	C	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
	D	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
	E	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
	F	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> NC
Finding on No Contest Plea			
	A	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
	B	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
	C	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
	D	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
	E	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
	F	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
MOTION FOR WAIVER OF TRIAL TIME FILED REQUEST FOR PRETRIAL HEARING FILED			
ENTRY			
	A	\$ _____	BOND FORFEITED
	B	\$ _____	BOND FORFEITED
	C	\$ _____	BOND FORFEITED
	D	\$ _____	BOND FORFEITED
	E	\$ _____	BOND FORFEITED
	F	\$ _____	BOND FORFEITED
BENCH WARRANT ORDERED: BOND SET AT \$ _____			
TRIAL BY <input type="checkbox"/> COURT <input type="checkbox"/> JURY			
DEFT FOUND:			
	A	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
	B	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
	C	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
	D	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
	E	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
	F	<input type="checkbox"/> GG	<input type="checkbox"/> NG <input type="checkbox"/> DISMISSED
DEFENDANT HAVING PLEADED OR CHANGE PLEA TO			
<input type="checkbox"/> GUILTY			
<input type="checkbox"/> NOT GUILTY AND FOUND _____ GUILTY			
<input type="checkbox"/> NO CONTEST AND FOUND _____ GUILTY			
THE COURT THEREFORE IMPOSES THE FOLLOWING SENTENCE			
FINE: COST:			
	A	\$ _____	Y N <input type="checkbox"/> DISMISSED
	B	\$ _____	Y N <input type="checkbox"/> DISMISSED
	C	\$ _____	Y N <input type="checkbox"/> DISMISSED
	D	\$ _____	Y N <input type="checkbox"/> DISMISSED
	E	\$ _____	Y N <input type="checkbox"/> DISMISSED
	F	\$ _____	Y N <input type="checkbox"/> DISMISSED
JAIL: _____			
SUSPENSION OF DRIVING			
RIGHTS: _____			
ENTRY MODIFYING SUSPENSION JUDGE			
NOTICE OF APPEAL			
ATTORNEY NAME AND			
ADDRESS			

TO DEFENDANT: SUMMONS YOU ARE SUMMONED AND ORDERED TO APPEAR

ON 09/05/2025 AT 1100 IN Clark Co Municipal Court

AT 50 E COLUMBIA ST, SPRINGFIELD, OH, 45501 .

CITY VILLAGE TOWNSHIP Mad River, Clark COUNTY, OHIO

PERSONAL APPEARANCE REQUIRED : Yes No If you fail to appear at this time and place you may be arrested or your license may be cancelled.

TICKET# OHP120379083120252116 CASE #

NAME Cherish M Sanders REFERENCE # 26QN548

STREET, CITY 20 Pointview Avenue Apt. B, Dayton

COUNTY, STATE, ZIP Montgomery, OH, 45405

PHONE# (937) 287-7135 TEXT/PHONE NOTIFICATION APPROVED? YES NO

OPERATOR LICENSE / STATE ID# None BIRTH DATE 01/02/1991 ISSUE DATE 02/10/2022 STATE OH

\* If no OL/State ID: REQUIRED documentation attached: Yes

CLASS EXPIRES ENDORSEMENT(S)/RESTRICTION(S) SS# (last 4 digits)

D 01/02/2026 CDL MC Other

SEX HEIGHT WEIGHT EYES HAIR RACE FINANCIAL RESPONSIBILITY PROOF?

F 5'02" 170 BRO BRO BNH Yes No N/A

TO DEFENDANT: COMPLAINT ON Aug 31, 2025 AT 1958, YOU

Operated /Passenger /Parked /Walked at Passenger Motorcycle Bicycle Other :

Commercial DOT# >=26,001 lbs. <16 Pass. Bus >=16 Pass. Bus Haz. Mat.

VEHICLE: YEAR 2013 MAKE Dodge MODEL SUV

COLOR Red LICENSE # KHW2928 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY I-70 DIRECTION WestBound

AT/NEAR (M.P. 48 )

IN THE Township OF Mad River IN Clark

COUNTY #: 12 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

SPEED: 85 MPH in 70 MPH zone ORC ORD T.P. 4511.21D4 Over limits Unsafe for conditions ACDA Radar Air VASCAR PACE LASER Stationary Moving

OVI: Under the influence of alcohol/drug of abuse. In physical control of vehicle. Prohibited blood alcohol concentration. .168 BAC Blood Breath Urine Refused ORC ORD T.P. 4511.19A1A 4511.19A1D

Prior OVIs: # of prior OVIs Years of prior OVIs 0

DRIVER LICENSE: None Not on person Revoked Suspended EXPIRED: < 6 months > 6 months Failure to Reinstate Suspension Type: ORC ORD T.P.

SAFETY BELT: Failure to wear Driver Passenger Child Restraint Booster Seat ORC ORD T.P.

OTHER OFFENSE: ORC ORD T.P.

DRIVER LICENSE HELD VEHICLE SEIZED JUVENILE TRAFFIC OFFENDER DISTRACTED DRIVING PENALTY ENHANCEMENT APPLIES (REMARKS REQUIRED)

PAVEMENT: Dry Wet Snow Ice # of Lanes 3

VISIBILITY: Clear Cloudy Dusk Night Dawn AV

WEATHER: Rain Snow Fog No Adverse Construction Zone

TRAFFIC: Heavy Moderate Light None Workers Present

AREA: Business Freeway Industrial Residential Rural School

CRASH: Yes No Almost Caused Non-Injury INJURY FATAL

Crash Report #.

REMARKS: See Statement

ACCOMPANYING CRIMINAL CHARGE(S): Yes No TOTAL # OFFENSES: 3

This summon served personally on the defendant on Aug 31, 2025

The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

Tpr. Michael Moerch U-0379

Charging Law Enforcement Officer

Issuing Law Enforcement Officer SAME AS ABOVE

Issuing Officer: Verify Defendant's address. If different from License address, write current address in space provided.

OHP 0060 01/20 HP7 110-0060-00 [760-0807] COURT RECORD

Docket # Page # Case #

Defendant's Attorney

Name / Address / Telephone

If Juvenile, Parents' Names:

Phone#:

Grade: School:

COURT ACTION: ORDERS BAIL No Bail - Defendant cited and released. Bail in the amount of \$ set by Judge pursuant to bail schedule.

BOND AMOUNT BOND TYPE \$ Cash Personal 10% AAA/Insurance Bond Unsecured Surety O.I. Held Other

Depositor: Name / Address / Telephone

Defendant released upon execution of Bail as noted: See Bond forms - received by

CONTINUANCE Requester: New DATE

CONTINUANCE Reason:

Defendant Failed to Appear Order Supplemental Summons to New Date Order Operator's License Forfeiture Bond Forfeiture Order Warrant: Bond Amount \$ Summons Issued Served DATE: Warrant Issued Executed DATE: / /

Judge/Magistrate DATE

COURT ENTRY

Defendant present with/without Counsel. All rights pursuant to Criminal Rules 10 & 11, Traffic Rules 8 & 10 explained.

COUNT SPEED OVI LICENSE SEATBELT Initial Plea Trial Date Finding Fine \$ Costs \$ Jailtime (Days) SUSPENDED Fines \$ Costs \$ Jailtime (Days)

ADDITIONAL ORDERS

If OVI conviction: 72 hour program permitted in lieu of jail. Defendant's License is SUSPENDED for day(s)/month(s)/year(s), which shall commence on and end on Defendant is granted Limited Driving Privileges as follows, effective: Defendant to pay fines on Payment Program - see separate entry. If WAIVERED: MET Requirements of Waiver PAID Fines and Costs ACCEPTED Guilty Pleas(s) MADE Guilty Finding(s). Imposed Fines and Costs noted below.

Judge/Magistrate DATE

FOR CLERK'S USE COUNT SPEED OVI LICENSE SEATBELT Fines \$ Costs - Local \$ Costs - State \$ TOTAL \$ Receipt #(s)

If WAIVERED: Guilty Pleas(s), Waiver(s) and Payments made: In Person By Mail

Receipt supplied to defendant: In Person Check is receipt By Mail via USPS First Class LETTER RATE mail to defendant's present address.

Financial Responsibility PROOF SHOWN

NO Financial Responsibility PROOF - Clerk to notify BMV

Financial Responsibility PROOF NOT APPLICABLE

Clerk/Violations Clerk/Deputy Clerk

DATE Abstract Mailed to BMV DATE Mayor's Court Transfer/Notice of Appeal

Ticket Number: OHP120379083120252116



TO DEFENDANT: SUMMONS YOU ARE SUMMONED AND ORDERED TO APPEAR

ON 09/05/2025 AT 1100 IN Clark Co Municipal Court

AT 50 E COLUMBIA ST, SPRINGFIELD, OH, 45501

☐ CITY ☐ VILLAGE ☒ TOWNSHIP Mad River, Clark COUNTY, OHIO

PERSONAL APPEARANCE REQUIRED: ☒ Yes ☐ No If you fail to appear at this time and place you may be arrested or your license may be cancelled.

TICKET# OHP120379083120252116 CASE # \_\_\_\_\_ REFERENCE # 26QN54

NAME Cherish M Sanders

STREET/CITY 20 Pointview Avenue Apt. B, Dayton

COUNTY, STATE, ZIP Montgomery, OH, 45405

PHONE# (937) 287-7135 TEXT/PHONE NOTIFICATION APPROVED? ☐ YES ☒ NO

OPERATOR LICENSE / STATE ID# <input type="checkbox"/> None*		BIRTH DATE	ISSUE DATE	STATE
TP782907		01/02/1991	02/10/2022	OH
* If no OL/State ID: REQUIRED documentation attached: <input type="checkbox"/> Yes				
CLASS	EXPIRES	ENDORSEMENT(S)/RESTRICTION(S)		SS# (last 4 digits)
D	01/02/2026	<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other		
SEX	HEIGHT	WEIGHT	EYES	HAIR
F	5'02"	170	BRO	BRO
RACE		FINANCIAL RESPONSIBILITY PROOF?		
BNH		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

TO DEFENDANT: COMPLAINT ON Aug 31, 2025 AT 1958, YOU

Operated / Passenger / Parked / Walked at ☒ Passenger ☐ Motorcycle ☐ Bicycle ☐ Other:

☐ Commercial DOT# \_\_\_\_\_ ☐ >=26,001 lbs. ☐ <16 Pass. Bus ☐ >=16 Pass. Bus ☐ Haz. Mat.

VEHICLE: YEAR 2013 MAKE Dodge MODEL SUV

COLOR Red LICENSE # KHW2928 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY I-70 DIRECTION Westbound

AT/NEAR \_\_\_\_\_ (M.P. 48)

IN THE Township OF Mad River IN Clark

COUNTY #: 12 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

SPEED: <u>85</u> MPH in <u>70</u> MPH zone		<input checked="" type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input checked="" type="checkbox"/> Over limits <input type="checkbox"/> Unsafe for conditions <input type="checkbox"/> ACDA		4511.21D4
<input type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> PACE <input checked="" type="checkbox"/> LASER		<input type="checkbox"/> Stationary <input type="checkbox"/> Moving
OVI: <input checked="" type="checkbox"/> Under the influence of alcohol/drug of abuse.		<input checked="" type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> In physical control of vehicle.		4511.19A1A
<input checked="" type="checkbox"/> Prohibited blood alcohol concentration. <u>.168</u> BAC		4511.19A1D
<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused		
Prior OVIs:	# of prior OVIs <u>0</u>	Years of prior OVIs
DRIVER LICENSE: <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
EXPIRED: <input type="checkbox"/> < 6 months <input type="checkbox"/> > 6 months <input type="checkbox"/> Failure to Reinstate		
Suspension Type:		
SAFETY BELT: Failure to wear		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat		
OTHER OFFENSE:		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE TRAFFIC OFFENDER		
<input type="checkbox"/> DISTRACTED DRIVING PENALTY ENHANCEMENT APPLIES (REMARKS REQUIRED)		
PAVEMENT: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice # of Lanes <u>3</u>		
VISIBILITY: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> AV		
WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input checked="" type="checkbox"/> No Adverse		
<input type="checkbox"/> Construction Zone		
TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> None <input type="checkbox"/> Workers Present		
AREA: <input type="checkbox"/> Business <input checked="" type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> School		
CRASH: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Almost Caused <input type="checkbox"/> Non-Injury <input type="checkbox"/> INJURY <input type="checkbox"/> FATAL		
Crash Report #:		
REMARKS: <u>See Statement</u>		
ACCOMPANYING CRIMINAL CHARGE(S): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TOTAL # OFFENSES: <u>3</u>		

This summons served personally on the defendant on Aug 31, 2025

The issuing/charging law enforcement officer states under the penalties of perjury and falsification that he/she has read the above complaint and that it is true.

Tpr. Michael Moersch U-0379

Charging Law Enforcement Officer

Issuing Law Enforcement Officer: ☒ SAME AS ABOVE

Issuing Officer: Verify Defendant's address. If different from License address, write current address in space provided.

OHP 0060 01/20 HP7 110-0060-00 [760-0807]

DEFENDANT'S COPY

Court Code	Unit	Post	District
1220	0379	12	05

TO DEFENDANT: Read this material carefully.

**Personal Appearance Required.**

If the officer marked this block on the face of the ticket, you must appear in court. Your appearance in court is required because the offenses cannot be processed by a traffic violations bureau.

**Failure to Appear and/or Pay:**

- The posting of bail or depositing your license as bond is to secure your appearance in court or the processing of the offenses through a traffic violations bureau. It is not a payment of fines or costs.
- If you do not appear at the time and place stated in the citation or if you do not timely process this citation through a traffic violations bureau, your license may be cancelled.

- Also, a warrant may be issued for your arrest, and you may be subject to additional criminal penalties.

These offenses require court appearance and may not be processed by a traffic violations bureau:

- Any Indictable offense;
- Operating a vehicle under the influence of alcohol or any drug of abuse;
- Leave scene of accident;
- Driving while under suspension or revocation of driver's or commercial driver's license when jail is a possible penalty [Tr.R. 13(B)(4)];
- Driving without being licensed to drive when jail is a possible penalty [Tr.R. 13(B)(5)];
- A third moving traffic offense within 12 months;
- Passing a standing school bus;
- Willfully eluding or fleeing a police officer;
- Drag racing.

**Waiverable through traffic violations bureau.**

If you are charged with offenses other than those listed above, you may, at any time prior to arraignment, plead guilty to the offenses charged and dispose of the case without court appearance by:

- (1) appearing personally at the traffic violations bureau, signing the waiver printed below and paying the fines and costs, or
- (2) signing the waiver printed below and mailing it and a check, money order, or other approved payment for the total of the fines and costs to the traffic violations bureau at this traffic violations bureau address:

**Clark Co Municipal Court, 50 E COLUMBIA ST, SPRINGFIELD, OH, 45501**

**INSURANCE WARNING**

Under Ohio Law you are required to show proof of financial responsibility or insurance. If you did not do so at the time of receiving this ticket, you must submit proof of insurance when you appear in court on these offenses.

If you do not submit the required proof:

- your driver's license will be suspended and
- you may be subject to additional fees and insurance sanctions.

If you have any questions regarding the proof filing, you may call the traffic violations bureau at the telephone indicated.

For information regarding your Duty To Appear or the Fines and Costs amount(s), call:

**(937) 328-3725 / www.clerkofcourts.municipal.co.clark.oh.us**

Telephone Number(s) / Court Web Address

**Contested Case; Court Appearance Required**

If you desire to contest the offenses or if court appearance is required, you must appear at the time and place stated in the summons.

**Notice to Defendant under Age Eighteen**

You must appear before the Juvenile Court at the time and place determined by that Court. The Juvenile Court will notify you when and where to appear. This ticket will be filed with the Juvenile Court, and may be used as a juvenile complaint.

Juvenile Court Address

For information regarding your Duty to Appear at Juvenile Court, call:

**(937) 328-3725 / www.clerkofcourts.municipal.co.clark.oh.us**

Telephone Number(s) / Juvenile Court Web Address

**Guilty Pleas, No Contest Pleas, Waiver of Trial, Payment of Fines and Costs**

I, the undersigned defendant, do hereby enter my written pleas of guilty to the offenses charged in this ticket. I realize that by signing these guilty pleas, I admit my guilt of the offenses charged and waive my right to contest the offenses in a trial before the court or jury. Further, I realize that a record of this plea will be sent to the Ohio Bureau of Motor Vehicles. I have not been convicted of, pleaded guilty to, or forfeited bond for two or more prior moving traffic offenses within the last 12 months. I plead guilty to the offense(s) charged.

FINES \$

COSTS \$

TOTAL \$

TICKET # OHP120379083120252116

Defendant's Signature

20 Pointview Avenue Apt. B  
Address

Dayton, OH, 45405

PRESENT ADDRESS

SIGNATURE X

C.O. RES Montgomery

PHONE (937)287-7135





OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

**IMPAIRED DRIVER REPORT**

NAME	ARREST
Cherish M. Sanders	OHP120379083120252116
VEHICLE CONDITION	
Fair	
VEHICLE DISPOSITION	
Secured on Scene	

**CLOTHING DESCRIPTION AND CONDITION**

HAT OR CAP	
N/A	
JACKET OR COAT	
N/A	
SHIRT OR DRESS	
Black Shirt	
PANTS OR SKIRT	
Orange Sweatpants	
SHOES	HEELS
Black sandals	N/A
ODOR OF ALCOHOLIC BEVERAGE	
Strong Odor	
SPEECH	
Slurred	
EVIDENCE OF DRUG USE (PUPIL SIZE)	
No	

**DIVIDED ATTENTION SKILLS**

RIGHT EYE	HORIZONTAL / VERTICAL GAZE NYSTAGMUS	LEFT EYE
<input checked="" type="checkbox"/>	DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	LACK OF SMOOTH PURSUIT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	ONSET OF NYSTAGMUS BEFORE 45°	<input checked="" type="checkbox"/>
<input type="checkbox"/>	PRESENCE OF VERTICAL NYSTAGMUS	<input type="checkbox"/>

WALK AND TURN	ONE LEG STAND
<input type="checkbox"/> Moves feet to keep balance while listening to instructions	<input checked="" type="checkbox"/> Sways while balancing (during count)
<input type="checkbox"/> Starts before instructions completed	<input type="checkbox"/> Raises arm 6" for balance
<input type="checkbox"/> Stops while walking to steady self	<input type="checkbox"/> Hops
<input checked="" type="checkbox"/> Does not touch heel to toe	<input type="checkbox"/> Puts foot down
<input type="checkbox"/> Raises arms 6" for balance	<input type="checkbox"/> Cannot do test (document reason for not completing)
<input type="checkbox"/> Steps off line while walking	
<input type="checkbox"/> Turns incorrectly or loses balance while turning	
<input checked="" type="checkbox"/> Incorrect number of steps	
<input type="checkbox"/> Cannot do test (document reason for not completing)	

OTHER SKILL EVALUATIONS	PBT RESULT
Poor divided attention skills.	<input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> F Percent

AUDIO / VIDEO RECORDING	STORAGE MEDIA REFERENCE #		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
OFFICER'S NAME	UNIT	POST	DATE
Tpr. M. Moerch	0379	12	8/31/25



Tpr. M. Moersch U-0379  
4201 Gateway Blvd  
Springfield, Ohio 45502  
(937) 323-9781

On August 31<sup>st</sup>, 2025 at approximately 1958 hours, I was patrolling Interstate 70 westbound near mile post 48. I was in a marked patrol car and in the uniform of the day. I observed a red Dodge SUV traveling at a high rate of speed in the left lane and activated my Ultralyte Lidar device and confirmed the vehicle was traveling at 85mph in a posted 70mph zone. I pulled out onto the roadway and pulled behind the vehicle in the left lane. I activated my overhead emergency lights and the vehicle pulled over to the left side of the roadway.

During my initial interaction with the driver of the vehicle I detected an odor of an alcoholic beverage emitting from the vehicle. I observed that the driver's eyes were noticeably wet and unfocused, with a glossy appearance. The driver, identified as Cherish Sanders, stated she had not had anything to drink that day. I asked her again if she had consumed any alcohol and she denied drinking anything but stated that she had smoked marijuana earlier in the day. At this time, I asked Sanders to step out of the vehicle to perform SFSTs.

To begin, I asked Sanders to stand at the front of my patrol car and asked her if she wears any kind of contacts or glasses. She stated she is supposed to wear glasses for reading but does not wear them. I asked her if she could see the tip of the stimulus and she stated that she could. First, I checked her eyes for equal tracking and equal pupil size. I did not observe any abnormalities. During the HGN test I observed lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and onset of nystagmus prior to 45 degrees. During the test Sanders also moved her head when I instructed her not to do so.

For the walk and turn test, I asked Sanders to stand at the back of her vehicle and placed her in the instructional position. I asked Sanders if she had any injuries to her knees or ankles that prevent her from walking and she stated she had a hip injury. She stated it does not prevent her from walking. I explained the test to Sanders and asked her if she had any questions. She stated she did not. During the walk and turn test, I observed Sanders not touch heel to toe on each step and take an incorrect number of steps.

For the one leg stand test, I asked Sanders to stand in the instructional position for the test. I explained the test to Sanders and asked her if she had any questions. She stated she did not. During the test, Sanders was swaying while balancing.

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Tpr. M. Moerch U-0379  
4201 Gateway Blvd  
Springfield, Ohio 45502  
(937) 323-9781

For the final test I asked Sanders to stand at the front of my patrol car. I checked Sanders for lack of convergence in her eyes and did not see any.

Due to the evidence available to me I placed Sanders under arrest for OVI. I advised Sanders of her Miranda rights and performed a search of her person. I then placed Sanders into the back of my patrol car and grabbed her personal items out of her vehicle. Her vehicle was secured on scene, and I transported her back to the Springfield post. I read Sanders the BMV 2255 form and requested a breath sample from her. Sanders provided a breath sample of 0.168 g/210L. I charged Sanders with OVI, OVI over 0.08g/210L but under 0.17 g/210L, and speed. Sanders initial court appearance is set for September 5<sup>th</sup> 2025 at 1100am.

**Trooper,  
Michael Moerch**



# SUBJECT TEST

## Intox DMT

Software Version: 43406A-D

Serial Number: 501415

Test Record ID: 260

Date: 8/31/2025 Time: 20:43:56

Location:

Site Number: HP12

Subjects Last Name: SANDERS

Subjects First Name: CHERISH

Subjects Middle Initial: M

Subjects License: TP782907

Subjects State Licensed: OH

Date of Birth: 1/2/1991

Age: 34 Gender: FEMALE

Time First Observed: 19:58

Operator Last Name: MOERCH

Operator First Name: MICHAEL

Operator Agency: OHIO STATE HIGHWAY PATROL

Operator Permit Number: 1216108

Permit Expiration Date: 11/8/2025

Arresting Agency: OHIO STATE HIGHWAY PATROL

Arresting Officers Last Name: MOERCH

Arresting Officers First Name: MICHAEL

## Dry Gas Information:

Target Value: 0.100 g/210L

Adjusted Target Value: 0.097 g/210L

Bar: 985 mbar

Lot #: AG504907 Tank #: 057

Expiration Date: 2/18/2027

## Annual Check Information:

Last Annual Check: 7/2/2025

Target Value: 0.100

Result Value: 0.099

Lot #: 23440

Bottle #: 500

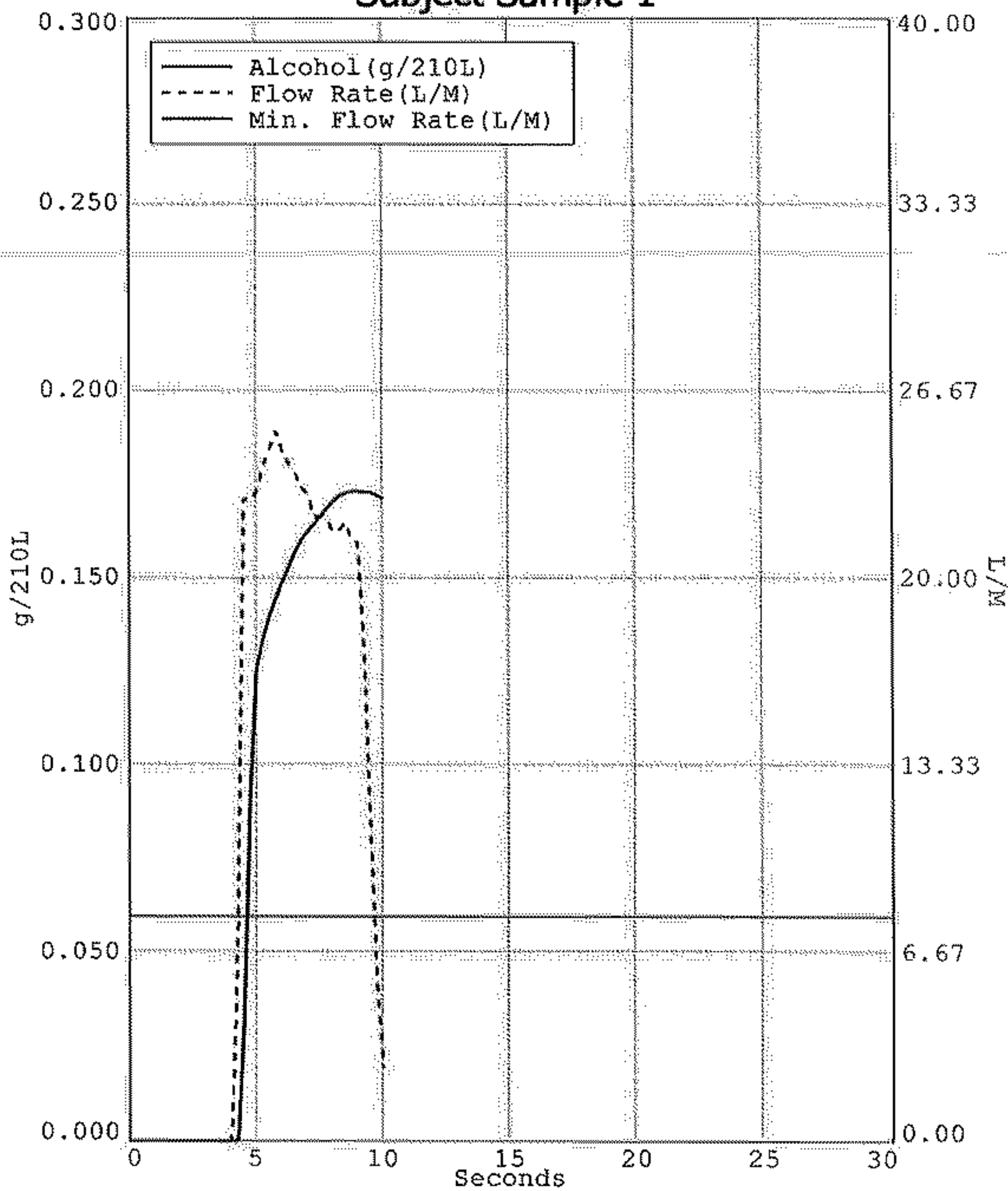
Expiration Date: 8/2/2025

Test	g/210L	Time
Air Blank	0.000	20:45
Diagnostics Check	Passed	20:45
Dry Gas Check 1	0.100	20:45
Tank Pressure 277 PSI		
Air Blank	0.000	20:46
Subject Sample 1	0.171	20:46
Volume: 1.96L Attempts: 1		
Duration: 5.50 Seconds		
Air Blank	0.000	20:48
Air Blank	0.000	20:50
Subject Sample 2	0.168	20:52
Volume: 3.04L Attempts: 2		
Duration: 7.25 Seconds		
Air Blank	0.000	20:53
Dry Gas Check 2	0.099	20:53
Tank Pressure 272 PSI		
Air Blank	0.000	20:54

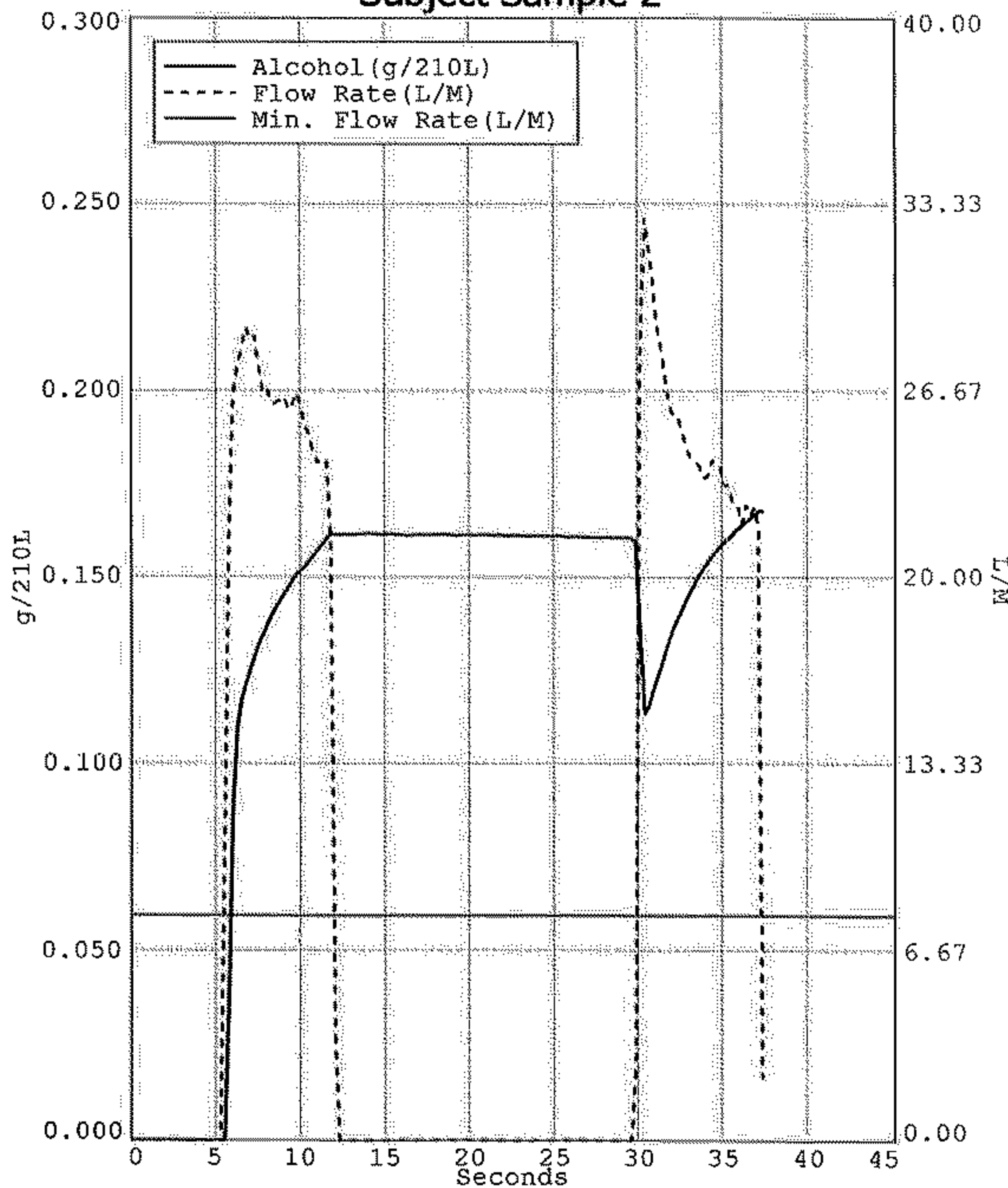
BrAC = 0.168 g/210L

*Tr. M. Moersch 379*

## Subject Sample 1



## Subject Sample 2







OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

Real 2041

REPORT OF LAW ENFORCEMENT OFFICER ADMINISTRATIVE LICENSE SUSPENSION /  
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

A. NAME <u>Cherish M Sanders</u>		DRIVER LICENSE # <u>TP783907</u>		CLASS <u>D</u>	STATE <u>OH</u>
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) <u>20 Portview St Apt B</u>					
CITY <u>Dartmouth</u>		OHIO COUNTY OF RESIDENCE <u>Montgomery</u>		STATE <u>OH</u>	ZIP CODE <u>45408</u>
DATE OF BIRTH <u>1-2-91</u>	SOCIAL SECURITY # <u>- / -</u>	4 DIGIT COURT CODE <u>1220</u>		COUNTY OF VIOLATION <u>Clark</u>	
DATE OF VIOLATION <u>8-1-25</u>	TIME OF VIOLATION <u>1958</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	PLACE OF TEST <u>Springfield Post</u>		VIN <u>1K4RPHAE70X592777</u>	
DATE OF REFUSAL OR TEST <u>8-1-25</u>	TIME OF REFUSAL OR TEST <u>7:45</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	YEAR <u>2013</u>	MAKE <u>Dodge</u>	LICENSE PLATE # <u>XHV-408</u>	TYPE PLATE <u>PC</u> STATE <u>OH</u>
VEHICLE OWNER'S NAME <u>SAME</u>		DATE OF BIRTH <u>-</u>		STREET ADDRESS <u>SAME</u>	
CITY <u>SAME</u>		STATE <u>OH</u>		ZIP CODE <u>45405</u>	
VEHICLE STORED AT (STREET ADDRESS) <u>Stored on scene</u>				CITY <u>Springfield</u>	

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). 0.168 % 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: Officer smelled alcohol on driver's breath

- ☐ 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 marijuana 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 % 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.

X

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 Tyler J. [Signature]  
ARRESTING OFFICER'S SIGNATURE

Ohio State Highway Patrol OH H P 1 2  
ENFORCEMENT AGENCY N.C.I.C. #

4201 Gateway Blvd  
OFFICER'S BUSINESS STREET ADDRESS

X Tyler J. [Signature] 1681  
WITNESS'S SIGNATURE

Springfield OH 45502  
CITY STATE ZIP CODE

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

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 Tyler J. [Signature]  
ARRESTING OFFICER SIGNATURE

X Tyler J. [Signature]  
PEACE OFFICER SIGNATURE

Sworn to before me this 3/15 day of April 2025

X  
NOTARY PUBLIC'S SIGNATURE

X  
DEPUTY CLERK OF COURT'S SIGNATURE City of \_\_\_\_\_