

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 ☐ COURT ☐ 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 CHANGED PLEA TO:

☐ GUILTY

☐ NOT GUILTY AND FOUND _____ GUILTY

☐ NO CONTEST AND FOUND _____ GUILTY

THE COURT THEREFORE IMPOSES THE FOLLOWING SENTENCE:

	FINE:	COSTS:	
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:

JUDGE

ENTRY MODIFYING SUSPENSION

NOTICE OF APPEAL

ATTORNEY NAME AND ADDRESS:

Case No. 25TRC12942

Number of Counts 1

CLARK COUNTY
MUNICIPAL COURT
OF
SPRINGFIELD, OHIO

THE STATE OF OHIO
THE CITY OF SPRINGFIELD

vs.

ERIN RAYE MUMMA
1239 Beverly Ave Springfield OH 45502
937 346 7623
D.O.B. 12/15/93
S.S. NO. 6978

VIOLATION:
A 4511.194 Physical Control
B
C
D
E
F

DATE OF ARRAIGNMENT: 11/29/25

ASSIGNMENT:

(1)
(2)
(3)
(4)
(5)
(6)
(7)

INSURED?
OL HELD?

YES
NO
YES
NO

BOND POSTED - CASH-SURETY ORDERED IN
AMOUNT

NOTES

To DEFENDANT: SUMMONS YOU ARE SUMMONED AND ORDERED TO APPEAR
ON 4/29/25 AT 1100 IN MUNICIPAL/JUVENILE COURT
AT 50 E. COLUMBIA / 101 E. COLUMBIA, CLARK COUNTY, OHIO
☐ CITY ☐ VILLAGE ☐ TOWNSHIP

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# 354142 CASE# 25-52156 REFERENCE#
NAME ERIN LAYE MURRAY
STREET, CITY 1237 ~~W. BEVELLY~~ AVE
COUNTY, STATE, ZIP CLARK OH 45504
PHONE# 937 346 7623 TEXT/PHONE NOTIFICATION APPROVED? ☒ YES ☐ NO

OPERATOR LICENSE / STATE ID# <input type="checkbox"/> NONE*		BIRTH DATE	ISSUE DATE	STATE
TU747782		12/15/93	12/29/23	OH
* IF NO OL/STATE ID: REQUIRED DOCUMENTATION ATTACHED: <input type="checkbox"/> YES				
CLASS	EXPIRES	ENDORSEMENT(S)/RESTRICTION(S)		SS# (last 4 digits)
D	12/15/27	<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> OTHER:		6978
SEX	HEIGHT	WEIGHT	EYES	HAIR
F	502	150	BLU	BLK
RACE		FINANCIAL RESPONSIBILITY PROOF?		
CAU		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		

To DEFENDANT: COMPLAINT ON 4/27/25 AT 2139 AM/PM, YOU
Operated/Passenger/Parked/Walked a ☒ PASSENGER ☐ MOTORCYCLE ☐ BICYCLE ☐ OTHER:
☐ COMMERCIAL DOT# ☐ ≥26,001 LBS. ☐ <16 PASS. BUS ☐ ≥16 PASS. BUS ☐ HAZ. MAT.
VEHICLE: YEAR 2016 MAKE Ford MODEL ESCAPE
COLOR GRAY LICENSE # JXA 6034 STATE OH
UPON A PUBLIC HIGHWAY, NAMELY N BEVELLY AVE DIRECTION
AT/NEAR 1350 (M.P.)
IN THE CPM OF SPRINGFIELD IN CLARK
COUNTY #: 12 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

SPEED: MPH IN MPH ZONE		<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> OVER LIMITS <input type="checkbox"/> UNSAFE FOR CONDITIONS <input type="checkbox"/> ACDA		
<input type="checkbox"/> RADAR <input type="checkbox"/> AIR <input type="checkbox"/> VASCAR <input type="checkbox"/> PACE <input type="checkbox"/> LASER <input type="checkbox"/> STATIONARY <input type="checkbox"/> MOVING		
<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> IN PHYSICAL CONTROL OF VEHICLE.		
<input type="checkbox"/> PROHIBITED BLOOD ALCOHOL CONCENTRATION: <u>.137</u> BAC		
<input type="checkbox"/> BLOOD <input checked="" type="checkbox"/> BREATH <input type="checkbox"/> URINE <input type="checkbox"/> REFUSED		
PRIOR OVIs:	# OF PRIOR OVIs	YEARS OF PRIOR OVIs
	0	45.11.194
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>4</u>		
VISIBILITY: <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> DUSK <input checked="" type="checkbox"/> NIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> A/V		
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 type="checkbox"/> FREEWAY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RESIDENTIAL <input checked="" 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:		
ACCOMPANYING CRIMINAL CHARGE(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TOTAL # OFFENSES: <u>1</u>		

This summons served personally on the defendant on 4/27/25
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.

CHARGING LAW ENFORCEMENT OFFICER

COURT CODE	UNIT	POST	DISTRICT
1702	1312		1

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]

Your Honor,

PLEASE SEE ATTACHED Pg 1 AND Pg 2

RESPECTFULLY
OFF R.E. OATES 926
APR 29 2025



25-52156

OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLESREPORT OF LAW ENFORCEMENT OFFICER ADMINISTRATIVE LICENSE SUSPENSION /
NOTICE OF POSSIBLE CDL DISQUALIFICATION / IMMOBILIZATION / FORFEITURE

A. NAME <u>ERIN MURRAY</u>		DRIVER LICENSE # <u>71747782</u>		CLASS <u>D</u>	STATE <u>OH</u>
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) <u>1259 Beverly Ave</u>					
CITY <u>SPRINGFIELD</u>		OHIO COUNTY OF RESIDENCE <u>CLARK</u>		STATE <u>OH</u>	ZIP CODE <u>45504</u>
DATE OF BIRTH <u>12/15/93</u>		4 DIGIT COURT CODE <u>1202</u>		COUNTY OF VIOLATION <u>CLARK</u>	
DATE OF VIOLATION <u>11/27/25</u>		TIME OF VIOLATION <u>2:37</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		PLACE OF TEST <u>4201 GARLAND BLVD</u>	
DATE OF REFUSAL OR TEST <u>11/27/25</u>		TIME OF REFUSAL OR TEST <u>7:21</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		VIN <u>1FMCU06674GUB08781</u>	
VEHICLE OWNER'S NAME <u>ERIN MURRAY</u>		DATE OF BIRTH <u>12/15/93</u>		STREET ADDRESS <u>1789 Beverly Ave</u>	
CITY <u>SPRINGFIELD</u>		STATE <u>OH</u>		ZIP CODE <u>45504</u>	
VEHICLE STORED AT (STREET ADDRESS) _____				CITY _____	

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: OVI Physical Control

The driver: ERIN RAYE MURRAY☒ Refused to submit to test (s).☒ Submitted to test (s). 0.137 % 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☐ Reasonable means officer used to ensure offender submitted to a chemical test were: _____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: WINGGLASSY EYES, SWAYING IN VEHICLE, DIFFICULTY FINDING ID☐ 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 _____

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.

DRIVER'S SIGNATURE X [Signature]☐ REFUSED TO SIGN☒ COPY PROVIDED

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, read to him or her in the presence of the arresting officer and one other person, and a copy of the form was provided to the offender at the time of arrest.

ARRESTING OFFICER'S SIGNATURE X [Signature]SPRINGFIELD POLICE DIVISION
ENFORCEMENT AGENCYOHO 1770
N.C.I.C. #WITNESS'S SIGNATURE X [Signature]130 ALFRED AVE
OFFICER'S BUSINESS STREET ADDRESS
SPRINGFIELD
CITYOH 45502
STATE ZIP CODE

G. 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 on a public highway 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, or with a prohibited concentration of alcohol, a controlled substance, and/or a metabolite of a controlled substance. 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, a controlled substance, and/or a metabolite of a controlled substance in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle or holder of a commercial driver license (if applicable), I had reasonable grounds to believe the person was driving a 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.

ARRESTING OFFICER SIGNATURE X [Signature]PEACE OFFICER / STATE TROOPER SIGNATURE X [Signature]Sworn to before me this 27th day of January 2025NOTARY PUBLIC'S SIGNATURE X [Signature]

DEPUTY CLERK OF COURT'S SIGNATURE _____ City of _____

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

"You now are under arrest for (*specifically state 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."

"If you have previously pled guilty or been convicted of two or more OVI'S, OVUAC's, or equivalent offenses in the previous ten years, or pled guilty or been convicted of five or more OVI'S, OVUAC's, or equivalent offenses in the previous twenty years, or pled guilty or been convicted of a felony of any of the above violations, and you refuse to submit to a chemical test required by law, I am authorized to use whatever reasonable means are necessary to ensure that you submit to a chemical test."

(*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, oral fluid, or urine for the purpose of determining your alcohol concentration or the presence of any controlled substance or a metabolite of a 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 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 within 30 days of your refusal or test date (see reverse side). Mail your request to:

Ohio Bureau of Motor Vehicles
Attn.: Hearings
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 CDL 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

(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

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

Law Enforcement Arrest Report
Probable Cause Affidavit

Case Number:
25-SPD000052156

The State of Ohio
SS:
Clark County

Court Case # CR-_____

The Affiant, Officer R.E. Oates , being first sworn, says there is probable cause to believe the defendant, Erin Raye Murray , committed an offense based on the summary of facts below:

On 11/27/25 at 2136hrs, 131L (Officer Oates) was dispatched to 1508 Lagonda Ave for the report of a male at the residence attempting to get inside. Faith Preston called to report the incident.

Prior to officer arrival, Ms. Preston had informed dispatch that the male that was at her home was her child's father, Jordan Moore. She also told dispatch that he was a felon and that he had been drinking. Ms. Preston told dispatch that she did not know if Mr. Moore had any weapons, and stated that he was not allowed to due to the fact that he was a felon. Officer Oates was responding to the area when he was approaching N Belmont Ave and Lagonda Ave. About that time, Ms. Preston had told dispatch that Mr. Moore had left the home in a Grey Ford Escape and was going towards N Belmont Ave. Officer Oates was turning onto Lagonda Ave when he noticed a vehicle at the stop light attempting to turn northbound on N Belmont Ave that matched the same description as the one that Mr. Moore was suspected to be in. Officer Oates turned around and got behind the vehicle and initiated an investigatory traffic stop at 1350 N Belmont Ave; Marathon. 431L (Officer Bartlam) also was dispatched to this call and responded to Ms. Preston's residence.

After approaching the vehicle, it was found that Mr. Moore was in the vehicle, in the passenger seat. Mr. Moore identified himself and explained that he was attempting to see his kids at Ms. Preston's home. He stated that he did not have any weapons on his person or in the vehicle. Mr. Moore stated that he knocked on her door and was told by Ms. Preston to leave the home. They both exchanged words. Ms. Preston then told Mr. Moore that she was calling the police, and Mr. Moore left with no further issues. While talking with Mr. Moore, the female that was driving the vehicle, Erin Murray, was exhibiting signs of recently having had an alcoholic beverage to include slurring her words, red glossy eyes, and fumbling attempting to find her driver's license card. Officer Oates asked Ms. Murray if she would be willing to perform field sobriety test to ensure her safety and ability to drive and she agreed to do so. She was asked to exit the vehicle and she did so willingly. When asked, Ms. Murray stated that she had one shot of Patron approximately one hour prior to officer contact.

Ms. Murray was asked if she had any recent injuries or head trauma and she declined. Ms. Murray was asked if she needed glasses or contacts and she stated that she was prescribed glasses but did not wear them. At this time, Officer Oates began testing:

Officer Oates began with the Horizontal Gaze Nystagmus Test. During this testing, Officer Oates noted Lack of Smooth Pursuit. Officer Oates also noted Distinct and Sustained Nystagmus at Maximum Deviation, as well as Onset of Nystagmus Prior to 45 Degrees.

Officer Oates then moved to the Walk and Turn portion of the testing and noted the following. Ms. Murray was unable to Balance during Instructions, Starting too Soon and Misses Heel to Toe. Officer Oates also noted that Ms. Murray made an Improper Turn.

Officer Oates then moved to the One Leg Stand portion of the test. During the test, Officer Oates noted that Ms. Murray Put her Foot Down, was swaying and hopped as well. After the conclusion of the testing, Ms. Murray was taken into custody for Physical Control of a Motor Vehicle while Under the Influence of Alcohol.

Ms. Murray was read her BMV 2255 and she agreed to a breath test. She was transported to Ohio State Highway Patrol Post 12. Once there, Ms. Murray was read the BMV 2255 again and she still agreed to a breath test. Trooper Bellew administered the testing. After the conclusion of the testing, it was found that Mr. Murray had a Blood Alcohol Content of .137%. Ms. Murray was then transported to Headquarters. During the transport, it was found that Mr. Murray has not had any prior convictions of Operating a Vehicle while Intoxicated or Physical Control of a Motor Vehicle while Under the Influence of Alcohol.

Due to the nature of the stop being for an unrelated call, and Officer Oates not witnessing any driving habits, Erin Raye Murray was cited for Physical Control of a Motor Vehicle while Under the Influence of Alcohol. She was ordered into court on 11/29/25 at 1100a. Ms. Murray was released to her family.

Defendant:

Erin Raye Murray

Further Affiant Sayeth Not.



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

[Signature]
Affiant Signature

130 N Fountain Ave 937 324 7766
Affiant Address & Phone

Sworn to and subscribed before me by the
Affiant on 11/28/2025

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

Law Enforcement Arrest Report

Name: MURRAY, Erin Raye		Race: W	Gender: F	Height: 502	Weight: 150	Hair: BRO	Eyes: BLU	Build: medium	Case Number: 25-SPD000052156
D.O.B.: 12/15/1993	Age at time of offense: 31 Years 11 Months	SSN: _____	FBI#: _____	BCI#: _____	ITN#: _____				

Address: 1239 Beverly Ave. Springfield, OH 45504-		Phone: - -	P.O.B. (City & State): Unknown
Arresting Agency: Springfield Police Division	Date/Time of Arrest: 11/27/2025 9:48:00PM	On Probation: <input type="checkbox"/> Yes If yes, P.O.'s Name On Parole: <input checked="" type="checkbox"/> No	
Location of Occurrence / Arrest Both 1350 N. Belmont Ave.		Township or County: Clark County	Driver's License #: _____ Driver's License State: OH
Employment: _____	Employment Address: _____ , OH	Employment Phone: _____	

Vehicle License #: JXA 6034	Vehicle State: OH	Vehicle License Type: _____	Vehicle Year: 2016	Vehicle Make: Ford	Vehicle Model: ESCAPE	Vehicle Style: SW
Vehicle Color: GRAY	Vehicle VIN #: 1FMCJUG74RUB80731	Vehicle Identifiers: _____				
Affiant: Officer R.E. Oates	Transporting Officers: Off R.E. Oates				Badge/Unit #: 926/151L	

CHARGE(S)	AT TIME OF ARREST	CODE NUMBER	PENALTY
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PHYSICAL CONTROL OF VEHICLE WHILE UNDER THE INFLUENCE - 4511.194(B)(2) - M1

The defendant was knowingly under physical control of a vehicle while being under the influence of alcohol.

Victim: <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: _____
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Victim Description of Sickness/Injury/Condition:

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: _____
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Arrestee Description of Sickness/Injury/Condition:

<input checked="" type="checkbox"/> Intoxicated	Arrestee Juvenile? Parent/Legal Guardian Name & Address: _____
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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: _____
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Witnesses:

Officer Bartlam	130 N. Fountain Ave. Springfield, OH 45502-	937-324-7716
Trooper Bellew	4201 Gateway Blvd. Springfield, OH 45502-	937-323-9781
Officer R.E. Oates	130 N. Fountain Ave. Springfield, OH 45502-	937-324-7716

Crash <input type="checkbox"/> Yes occur? <input checked="" type="checkbox"/> No	Was OHI <input type="checkbox"/> Yes completed? <input checked="" type="checkbox"/> No	Arrestee have <input checked="" type="checkbox"/> Yes insurance? <input type="checkbox"/> No	Did Affiant <input checked="" type="checkbox"/> Yes witness driving? <input type="checkbox"/> No	If not, who witnessed driving? <input type="checkbox"/> NA	Vehicle <input type="checkbox"/> Yes searched? <input checked="" type="checkbox"/> No
Vehicle <input type="checkbox"/> IMP Disposition: <input checked="" type="checkbox"/> RTO	If no one witnessed driving, how is exact time of vehicle operation established?			DUI Impaired Driver Report prepared? <input 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 a <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 type="checkbox"/> Yes scene/victim? <input checked="" type="checkbox"/> No	Photos taken by: _____	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): Off R.E. Oates	Supervisor Signature: _____	Signature Book-In: _____	Book-In Date/Time: _____
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Date Printed: 11/28/2025