

Date	Court Action, Orders, Entries
	Plea: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> No Contest
	Finding on No Contest Plea: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty
	Assignment:
	(1) _____
	(2) _____
	(3) _____
	(4) _____
	(5) _____
	(6) _____
	(7) _____
	(8) _____
	Waiver of 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; Defendant Found <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty
	Defendant Having Pleaded or Changed 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 \$ _____ and costs (\$ _____)
	Jail _____
	_____ Judge
	<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. 25CRB03281

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

12-12

**THE STATE OF OHIO**

vs.

**JAHKAHL R. STEVENS**

721 John Street  
Springfield, Ohio 45505

DOB: 8/3/2000

\*\*\*-\*\*-3737

**CHARGE:**

*Unauthorized Use Of A Motor Vehicle*

In violation of Section 2913.03(A)  
of the Ohio Revised Code

**PENALTY:**

First Degree Misdemeanor

Six (6) months and/or  
\$1,000 fine

FILED

2025 DEC 10 AM 10:10

MUNICIPAL COURT

DEPUTY

Date of Arrest: 12/6/2025

Date of Arraignment: 12/12/2025 1:30 PM

Bond Posted - Cash - Surety

Amount:

**Criminal Complaint**

THE STATE OF OHIO  
CLARK COUNTY

IN THE CLARK COUNTY MUNICIPAL  
COURT OF CLARK COUNTY, OHIO

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

**Defendant:**

JAHKAHL R. STEVENS

721 John Street

Springfield, Ohio 45505

DOB: 8/3/2000

SSN : \*\*\*-\*\*-3737

**Victim:**

*Location of Occurrence*

***For Court Use Only***

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

BCI&I ITN Number:

Law Enforcement Case Number

**Criminal Charge**

*Unauthorized Use Of A Motor Vehicle*

**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 Sergeant D. Slanker who being duly sworn states that on or about December 06, 2025 one JAHKAHL R. STEVENS in the City of Springfield, Clark County, State of Ohio did:

(A) No person shall knowingly use or operate an aircraft, motor vehicle, motorcycle, motorboat, or other motor-propelled vehicle without the consent of the owner or person authorized to give consent.

**TO WIT:**

*Did possess a 2012 Mitsubishi bearing Ohio JZS1251 without the owners consent.*

*In violation of Section 2913.03(A) of the Ohio Revised Code*

**PENALTY:**

First Degree Misdemeanor

Six (6) months and/or

\$1,000 fine



**Complainant: Sergeant D. Slanker**

*Sworn to and subscribed before me by the  
Complainant on 12/10/2025*

**Court Date: 12/12/2025 1:30 PM**



**Notary Public/Authorized Peace  
Officer/Clerk of Court**


Court Copy

Defendant Copy

Return Copy

Extra Copy

ADMINISTRATIVE

State of Ohio HP-26 10-0157-00 Rev. 08/01/2003	CAD Number: P25120600002163	INCIDENT NUMBER 25 052018 0512	INCIDENT TYPE Offense
NATURE CODE: 410 Auto Theft Recovery		CLEARANCE CODE: F	COMPLETION DATE :
GEO CODE: City Street			A DEATH OF OFFENDER B PROSECUTION DECLINED C EXTRADITION DECLINED D VICTIM REFUSED TO COOPERATE E JUVENILE / NO CUSTODY F ARREST - ADULT  G ARREST - JUVENILE H WARRANT ISSUED I INVESTIGATION PENDING J CLOSED K UNFOUNDED U UNKNOWN Z COLD CASE
Detailed GEO Code: City Street			
TOD:			
TOA:			
SPECIAL SECTION:		CLEARANCE DATE/TIME 12/10/2025 22:00	CLEARED BY 1864

Ohio State Highway Patrol  
Initial Incident Report

REPORT DATE / TIME				INCIDENT OCCURED FROM				INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
12	6	2025	21:30	12	6	2025	21:30	12	6	2025	21:30
COUNTY: Clark County				FIPS Code: (74118) Springfield							
INCIDENT LOCATION / REF PT. (Street, Apt, City, State, Zip): Northbound S. Fountain Avenue 0.00 of W. Jefferson St				LATITUDE		LONGITUDE		K9 USED No		TYPE OF SEARCH: Administrative Inventory	

OFFENSE

OFFENSE (OFFENSE CODE)	Count	Hate Bias	A/C	F/M & Degree	TYPE CRIMINAL ACTIVITY
(2913.03A) Unauthorized Use of Motor Vehicle _ joy riding	1	N	C	M-1	(ENTER UP TO 3 FOR EACH OFFENSE) B - BUYING / RECEIVING C - CULTIVATING/MANUFACTURING/PUB D - DISTRIBUTING / SELLING E - EXPLOITING CHILDREN G - OTHER GANG J - JUVENILE GANG N - NO GANG INVOLVED O - OPERATING/PROMOTING/ASSISTING P - POSSESSING / CONCEALING T - TRANSPORTING / TRANSMITTING U - USING / CONSUMING

LOCATION OF THE OFFENSE			LARCENY TYPE
47	COMMERCIAL LOCATIONS	32 Clothing Store 33 Drug Store 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery / Supermarket 38 Variety / Convenience 39 Department Store 40 Other Retail Store 41 Factory / Mill / Plant 42 Other Building	51 Public Transit Vehicle 52 Other Outside Location  53 Abandoned/Condemned Structure 54 Amusement Park 55 Arena/Stadium/Fairgrounds/Coliseum 56 ATM Machine Separate From Bank 57 Camp/Campground 58 Cargo Container 59 Daycare Facility 60 Dock/Wharf/Freight/Modal Terminal 61 Farm Facility 62 Gambling Facility/Casino/Race Track 63 Military Installation 64 Rest Area 65 Shelter-Mission/Homeless 66 Tribal Lands 67 Library 77 Other Location
RESIDENTIAL STRUCTURE	15 Auto Shop 16 Financial Institution 17 Barber / Beauty Shop 18 Hotel / Motel 19 Dry Cleaners / Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service	OUTSIDE 43 Yard 44 Construction Site 45 Lake / Waterway 46 Field / Woods 47 Street 48 Parking Lot 49 Park / Playground 50 Cemetery	23A Pocket Picking 23B Purse Snatching 23C Shoplifting 23D Theft from building 23E Theft from Coin-Op Machine 23F Theft from Motor Vehicle 23G Motor Vehicle Parts/Access 24O Theft of Motor Vehicle 23H Other
PUBLIC ACCESS BUILDING	RETAIL 26 Bar 27 Buy / Sell / Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store		SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER EQUIP <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> CARGO THEFT
01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage / Shed  06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital 12 Jail/Prison 13 Parking Garage 14 Other Public Access			

METHOD OF OPERATION:									
METHOD OF ENTRY		METHOD OF ENTRY - BURGLARY / B&E				METHOD OF ENTRY - MOTOR VEHICLE THEFT			
<input type="checkbox"/> Force <input type="checkbox"/> No Force	ENTRY EXIT	ENTRY EXIT	ENTRY EXIT	ENTRY EXIT	ENTRY EXIT	01 MOTOR RUNNING/ KEYS IN CAR 02 UNLOCKED 03 DUPLICATE KEY USED 04 WINDOW BROKEN 05 TOWED  06 HOT WIRED 07 SLIM JIM/COAT HANGER 08 TUMBLERS REMOVED 09 COLUMN PEELED 10 IGNITION PEELED			
No. Premises Entered	1 BASEMENT 2 1 ST FLOOR 3 2 ND FLOOR 4 OTHER 5 UNKNOWN	1 DOOR 2 WINDOW 3 GARAGE 4 SKYLIGHT 5 OTHER 6 UNKNOWN	1 FRONT 2 SIDE 3 REAR 4 ROOF 5 OTHER 6 UNKNOWN						
TYPE OF WEAPON FORCE :		None							
REQUESTING AGENCY:									

REPORTING OFFICER: Sgt. Slanker, David G	UNIT NUMBER: 1864	DATE: 12/6/2025
APPROVING OFFICER:	UNIT NUMBER:	DATE:

State of Ohio  
HP-26  
10-0167-00  
Rev. 08/01/2003



## Ohio State Highway Patrol Initial Incident Summary

INCIDENT NO. 25 052018 0512	REPORT DATE / TIME 12/6/2025 21:30	PHOTO POUCH NO.
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### Incident Summary

During a traffic stop the driver of the vehicle was found to be under a license suspension. The owner of the vehicle was contacted, who stated the driver did not have permission to use the vehicle.

Reporting Officer: Sgt. Slanker, David G	Unit No: 1864	Date: 12/6/2025
Approving Officer:	Unit No:	Date:





Ohio State Highway Patrol  
REPORT OF INVESTIGATION  
Suspect / Arrest Report

INCIDENT NUMBER
25 052018 0512
REPORT DATE/TIME
12/6/2025 21:30

TOTAL SUSPECTS : 1

NAME / DESCRIPTIVES	No. 1	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown <input type="checkbox"/> Business	CHECK APPROPRIATE CATEGORY 3	<input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input checked="" type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Missing <input type="checkbox"/> Other	CHARGES FILED			
	NAME: (Last, First, Middle): Stevens, Jakhahl, R				GANG AFFILIATION:			
	ADDRESS: 721 John Street Springfield, OH - 45505				PHONE #:			
	EMPLOYER NAME & ADDRESS: , OH				PHONE #:			
	PLACE OF BIRTH		DRIVER'S LICENSE # & STATE	STATE EMPLOYEE	OCCUPATION/SCHOOL			
			UP366379 OH	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	AGE / DOB	GENDER	RACE	HEIGHT	WEIGHT	HAIR	EYES	MARITAL STATUS
	25 8/3/2000	M	Black, Non-Hispanic Origin	5ft 8in	198	Black	Brown	Unknown
	ADDITIONAL DESCRIPTION:							
	SCARS, MARKS, TATTOOS : 1) 2) 3) 4) 5)			RESIDENT CODE	<input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST <input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT	<input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT REPORTED		
POTENTIAL INJURIES :								
TYPE WEAPON FORCE USED								
SUSPECT USED: 99								
99 NONE 138 OTHER FULLY AUTOMATIC WEAPON 16 IMITATION FIREARM 50 POISON								
11 FIREARM 14 SHOTGUN 17 SIMULATED FIREARM 60 EXPLOSIVES								
12 HANDGUN 15 OTHER FIREARM 18 BB / PELLET GUN 65 FIRE / INCENDIARY DEVICE								
12A AUTOMATIC HANDGUN 20 KNIFE / CUTTING INSTRUM. 70 DRUGS/NARC/SLEEP PILLS								
13 RIFLE 30 BLUNT OBJECT 80 OTHER WEAPON								
13A FULLY AUTOMATIC RIFLE 15B SEMI-AUTOMATIC ASSAULT FIREARM 85 ASPHYXIATION								
15C MACHINE PISTOL 40 PERSONAL WEAPON U UNKNOWN								

ASSOC PERSONS	NAME	ADDRESS (Street, Apt, City, State, Zip)	PHONE	RELATION

ARREST INFORMATION	ARREST / OFFENSE DESCRIPTION		ARREST / OFFENSE CODE	COUNT	F/M & DEGREE	DISPOSITION	LARCENY	ARREST LARCENY TYPE
	Unauthorized Use of Motor Vehicle _ joy riding		2913.03A	1	M-1			23A POCKET PICKING 23B PURSE SNATCHING 23C SHOP LIFTING 23D THEFT FROM BUILDING 23E THEFT FROM COIN-OP MACHINE 23F THEFT FROM MOTOR VEHICLE 23G MOTOR VEH. PARTS/ACCESSORIES 240 THEFT OF MOTOR VEHICLE 23H OTHER
	WARRANT NUMBER	WARRANT DESCRIPTION	WARRANT NUMBER	WARRANT DESCRIPTION				
	1.		2.					
	3.		4.					
	ARREST DATE:	TIME:	ARREST LOCATION (Street, Apt., City, State, Zip)				CITATION NUMBER	
	12/6/2025	21:30	NB S. Fountain Avenue W. Jefferson St					
	ARRESTEE ARMED WITH:		1. None 2. 3.		ARREST DISPOSITION:		BAIL :	
					Summons To Court			
	FINGER PRINTED:	THUMB PRINTED:	DNA TAKEN:	ITN NUMBER:	FBI/BCI #:			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
<input type="checkbox"/> MULTIPLE ARRESTEE SEGMENTS INDICATOR		ARREST TYPE		<input type="checkbox"/> Complaint <input type="checkbox"/> Crime In Progress <input type="checkbox"/> Warrant				
<input type="checkbox"/> COUNT ARRESTEE MULTIPLE ARRESTEE INDICATOR <input checked="" type="checkbox"/> N/A				<input checked="" type="checkbox"/> Court Summons/Citation <input type="checkbox"/> Order Of Protection <input type="checkbox"/> Other				
COURT: Clark Co Municipal Court							COURT DATE: 12/12/2025	
JAIL SENTENCE	YEARS: 0.00	DAYS: 0.00						

JUVENILE	JUVENILE'S PARENT / GUARDIAN NOTIFIED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME NOTIFIED:	NOTIFIED By :	JUVENILE DISPOSITION:	
	PARENT / GUARDIAN NAME & ADDRESS				PHONE	RELATIONSHIP
	PARENT / GUARDIAN NAME & ADDRESS				PHONE	RELATIONSHIP
	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC			
	LAST SEEN WEARING					

REPORTING OFFICER: Sgt. Slanker, David G	UNIT NUMBER: 1864	DATE: 12/6/2025
APPROVING OFFICER:	UNIT NUMBER:	DATE:



Ohio State Highway Patrol  
REPORT OF INVESTIGATION  
Victim Report

INCIDENT NUMBER 25 052018 0512
REPORT DATE/TIME 12/6/2025 21:30

VICTIM	NO. 1	VICTIM TYPE: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Financial Institution <input type="checkbox"/> Police Officer (In The Line Of Duty) <input type="checkbox"/> Society / Public <input type="checkbox"/> Other <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious Organization <input type="checkbox"/> Unknown <input type="checkbox"/> Trooper <input type="checkbox"/> State Agency						
	<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Reportee <input type="checkbox"/> Victim Rep	NAME (Last, First, Middle) Malone Jonathan M						
	ADDRESS (Street, Apt, City, State, Zip): 1231 White Oak, Springfield, OH - 45504							PHONE #: (937) 215-9259
	OCCUPATION:				STATE EMPLOYEE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	RESIDENTIAL STATUS: <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Other <input type="checkbox"/> Tourist <input type="checkbox"/> Not Reported <input type="checkbox"/> Student <input type="checkbox"/> Unknown				STATEMENT OBTAINED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Taped <input type="checkbox"/> Other			
	AGE / DOB 38 / 1/22/1987	GENDER M	RACE: Black, Non-Hispanic Origin		HEIGHT FROM - TO 5ft 7in	WEIGHT FROM - TO 135	HAIR Black	EYES Brown
	EMPLOYER NAME & ADDRESS							PHONE #:
	VICTIM INJURED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF INJURED, DESCRIBE INJURIES: 1) 2) 3) 4) 5)			VICTIM DECEASED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VICTIM REDACTION	TYPE OF REFERRAL	
	AGG. ASLT / HOMICIDE CIR: 1)				2)			
	VICTIM/SUSPECT RELATIONSHIP: 1) Unknown				VICTIM OFFENSE LINK: 1) 2913.03A			
JUSTIFIABLE HOMICIDE:		ACTIVITY TYPE		ASSIGNMENT TYPE		LE ORI - OTHER JURISDICTION		
My signature verifies that the information on this report is accurate and true X							DATE:	

REPORTING OFFICER: Sgt. Slanker, David G	UNIT NUMBER: 1864	DATE: 12/6/2025
APPROVING OFFICER:	UNIT NUMBER:	DATE:

State of Ohio  
HP-24VEH  
10-0157-50  
Rev. 08/01/2003



Ohio State Highway Patrol  
REPORT OF INVESTIGATION  
Vehicle Report

INCIDENT NUMBER	25 052018 0512
REPORT DATE/TIME	12/6/2025 21:30

VEHICLE INFORMATION									
CHECK CATEGORIES		<input type="checkbox"/> Abandoned <input type="checkbox"/> Impounded <input type="checkbox"/> Stolen <input type="checkbox"/> Received <input type="checkbox"/> Recovered <input type="checkbox"/> Used In A Commission of a Crime <input type="checkbox"/> N/A							
LICENSE JZS1251	LIC STATE OH	VEHICLE IDENTIFICATION NUMBER / OAN 4A37L2EF3CE002134			NCIC NO.	STOLEN OPTION Recovery and Charges		IS VEHICLE LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHICLE NO. 1
VALUE 6500.00	VEH YR. 2012	MAKE Mitsubishi	MODEL Eclipse	STYLE 2Door	VEHICLE COLOR TOP Gray BOTTOM Gray		TRACK TYPE		
OWNER NAME & ADDRESS (Street, City, State, Zip) Jonathan M Malone & 1231 White Oak, Springfield, OH - 45504								PHONE	
VEH. ASSOC. W/ SUSPECT #		VEH. ASSOC. W/ VICTIM # 1		TOWED BY :			OWNER VERIFIED BY : Registration		
ADDITIONAL DESCRIPTION								DATE TIME NOTIFIED	

REPORTING OFFICER: Sgt. Slanker, David G	UNIT NUMBER: 1864	DATE: 12/6/2025
APPROVING OFFICER:	UNIT NUMBER:	DATE:

Ohio State Highway Patrol  
REPORT OF INVESTIGATION  
Investigative Notes

INCIDENT NO: 25 052018 0512	REPORT DATE/TIME 12/6/2025 21:30	PHOTO POUCH NO.	
Wednesday, December 10, 2025 03:08		1864 Sgt. Slanker, David G	
<p>On December 6, 2025, around 9:30pm, Trooper Piatt made a traffic stop for a vehicle failing to display illuminated tail lights after sunset. The driver of the vehicle, Jahkahl Stevens, was under a driver's license suspension. Mr. Stevens did not know the name of the owner of the vehicle.</p> <p>Trooper Piatt requested that the owner of the vehicle be contacted to verify Mr. Stevens had permission to use the vehicle, and to make arrangements for a valid driver to move the vehicle.</p> <p>I spoke with the owner of the vehicle, Jonathan Malone, on the telephone. Mr. Malone informed me that his ex-girlfriend should have the vehicle and that Jahkahl Stevens did not have permission to use it.</p> <p>I met Mr. Malone at the scene of the traffic stop and returned his vehicle to him.</p>			
REPORTING OFFICER: Sgt. Slanker, David G	UNIT NUMBER: 1864	DATE: 12/6/2025	
APPROVING OFFICER:	UNIT NUMBER:	DATE:	