

Case No. 25CR1303281

CLARK COUNTY MUNICIPAL COURT
OF
SPRINGFIELD, OHIO | 2-

12412

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

months and 1/2

\$1,000 fine.

2025 DEC 10 AM
MUNICIPAL COLLEGE
SET-10

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.

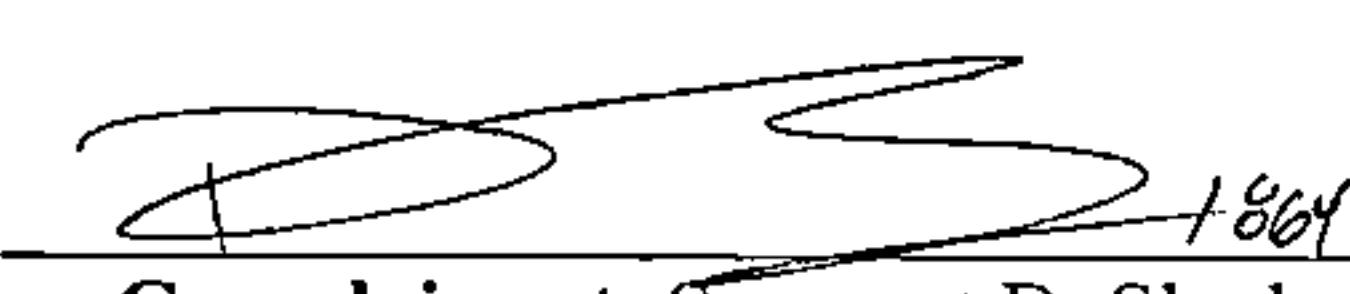
TO WIT:

Did possess a 2012 Mitsubishi bearing Ohio JZS1251 without the owner's 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

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:						
				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 L UNKNOWN Z COLD CASE						
GEO CODE: City Street Detailed GEO Code: City Street				CLEARANCE DATE/TIME 12/10/2025 22:00		CLEARED BY 1864						
TOD: TOA: SPECIAL SECTION:				Ohio State Highway Patrol Initial Incident Report								
REPORT DATE / TIME MONTH DAY YEAR TIME				INCIDENT OCCURED FROM MONTH DAY YEAR TIME				INCIDENT OCCURED TO 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 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 RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage / Shed PUBLIC ACCESS BUILDING 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital 12 Jail/Prison 13 Parking Garage 14 Other Public Access				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/Moda 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				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				
OUTSIDE RETAIL 26 Bar 27 Buy / Sell / Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store				43 Yard 44 Construction Site 45 Lake / Waterway 46 Field / Woods 47 Street 48 Parking Lot 49 Park / Playground 50 Cemetery				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				
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	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.	REPORT DATE / TIME	PHOTO POUCH NO.
25 052018 0512	12/6/2025 21:30	

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:

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



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 / DESCRIPTIONS	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown <input type="checkbox"/> Business			<input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input checked="" type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Runaway			<input type="checkbox"/> Missing <input checked="" type="checkbox"/> Other		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																
	NAME: (Last, First, Middle): Stevens, Jahkahl, R																																																																								
	ALIAS:					GANG AFFILIATION:																																																																			
	ADDRESS: 721 John Street Springfield, OH - 45505					PHONE #:																																																																			
	EMPLOYER NAME & ADDRESS: , OH					PHONE #:																																																																			
	PLACE OF BIRTH			DRIVER'S LICENSE # & STATE UP366379 OH		STATE EMPLOYEE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OCCUPATION/SCHOOL																																																																	
	AGE / DOB 25 8/3/2000	GENDER M	RACE Black, Non-Hispanic Origin			HEIGHT 5ft 8in	WEIGHT 198	HAIR Black	EYES Brown	MARITAL STATUS 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:																																																																								
<table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="2">TYPE WEAPON FORCE USED</th> <th colspan="4"></th> </tr> </thead> <tbody> <tr> <td>SUSPECT USED:</td> <td>99</td> <td>16 IMITATION FIREARM</td> <td>50 POISON</td> <td colspan="4"></td> </tr> <tr> <td>99</td> <td>NONE</td> <td>13B OTHER FULLY AUTOMATIC WEAPON</td> <td>60 EXPLOSIVES</td> <td colspan="4"></td> </tr> <tr> <td>11</td> <td>FIREARM</td> <td>14 SHOTGUN</td> <td>65 FIRE / INCENDIARY DEVICE</td> <td colspan="4"></td> </tr> <tr> <td>12</td> <td>HANDGUN</td> <td>15 OTHER FIREARM</td> <td>70 DRUGS/NARC/SLEEP PILLS</td> <td colspan="4"></td> </tr> <tr> <td>12A</td> <td>AUTOMATIC HANDGUN</td> <td>15A SEMI-AUTOMATIC SPORTING RIFLE</td> <td>80 OTHER WEAPON</td> <td colspan="4"></td> </tr> <tr> <td>13</td> <td>RIFLE</td> <td>15B SEMI-AUTOMATIC ASSAULT FIREARM</td> <td>85 ASPHYXIATION</td> <td colspan="4"></td> </tr> <tr> <td>13A</td> <td>FULLY AUTOMATIC RIFLE</td> <td>15C MACHINE PISTOL</td> <td>U UNKNOWN</td> <td colspan="4"></td> </tr> </tbody> </table>												TYPE WEAPON FORCE USED						SUSPECT USED:	99	16 IMITATION FIREARM	50 POISON					99	NONE	13B OTHER FULLY AUTOMATIC WEAPON	60 EXPLOSIVES					11	FIREARM	14 SHOTGUN	65 FIRE / INCENDIARY DEVICE					12	HANDGUN	15 OTHER FIREARM	70 DRUGS/NARC/SLEEP PILLS					12A	AUTOMATIC HANDGUN	15A SEMI-AUTOMATIC SPORTING RIFLE	80 OTHER WEAPON					13	RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	85 ASPHYXIATION					13A	FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL	U UNKNOWN				
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ASSOC PERSONS	NAME		ADDRESS (Street, Apt, City, State, Zip)			PHONE		RELATION																																																																	
	ARREST / OFFENSE DESCRIPTION Unauthorized Use of Motor Vehicle _joy riding		ARREST/ OFFENSE CODE 2913.03A		COUNT 1	F/M & DEGREE M-1	DISPOSITION	LARCENY	ARREST LARCENY TYPE 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																																																																
	ARREST DATE: 12/6/2025		TIME: 21:30	ARREST LOCATION (Street, Apt., City, State, Zip) NB S. Fountain Avenue W. Jefferson St					CITATION NUMBER																																																																
	ARRESTEE ARMED WITH: 1. None		2.	3.			ARREST DISPOSITION: Summons To Court		BAIL:																																																																
FINGER PRINTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		THUMB PRINTED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DNA TAKEN:			ITN NUMBER:	FBI/BCI #:																																																																		
<input type="checkbox"/> MULTIPLE ARRESTEE SEGMENTS INDICATOR		<input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Court Summons/Citation			<input type="checkbox"/> Crime In Progress <input type="checkbox"/> Order Of Protection		<input type="checkbox"/> Warrant <input type="checkbox"/> Other																																																																		
COURT: Clark Co Municipal Court		COURT DATE: 12/12/2025																																																																							
JAIL SENTENCE:		YEARS: 0.00	DAYS: 0.00																																																																						
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

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"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious Organization <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Reporter <input type="checkbox"/> Victim Rep NAME (Last, First, Malone Jonathan M						<input type="checkbox"/> Trooper <input type="checkbox"/> State Agency
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			STATEMENT OBTAINED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> Not Reported <input type="checkbox"/> Student <input type="checkbox"/> Unknown			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 <input type="checkbox"/> YES INJURED <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 1) 2913.03A LINK:				
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	LIC STATE	VEHICLE IDENTIFICATION NUMBER / OAN			NCIC NO.	STOLEN OPTION		IS VEHICLE LOCATED	VEHICLE NO.
JZS1251	OH	4A37L2EF3CE002134				Recovery and Charges		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
VALUE	VEH YR.	MAKE	MODEL	STYLE	VEHICLE COLOR		TRACK TYPE		
6500.00	2012	Mitsubishi	Eclipse	2Door	TOP	Gray			
OWNER NAME & ADDRESS (Street, City, State, Zip)								PHONE	
Jonathan M Malone & 1231 White Oak, Springfield, OH - 45504									
VEH. ASSOC. W/ SUSPECT #	VEH. ASSOC. W/ VICTIM #	TOWED BY :			OWNER VERIFIED BY :				
	1				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.
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<u>Wednesday, December 10, 2025 03:08</u>	<u>1864 Sgt. Slanker, David G</u>
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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.

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.

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.

I met Mr. Malone at the scene of the traffic stop and returned his vehicle to him.

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