

Defendant's Attorney _____

Name / Address / Telephone _____

If juvenile, parents names: _____

2014 OCT 10 AM 8:30
FILED

DATE	COURT ACTION: ORDERS
	<input type="checkbox"/> Bail
	<input type="checkbox"/> No Bail - Defendant cited and released.
	<input type="checkbox"/> Bail in the amount of \$ _____ set by Judge pursuant to bail schedule.

BOND AMOUNT	BOND TYPE
\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Personal <input type="checkbox"/> 10% <input type="checkbox"/> AAA/Insurance Bond
	<input type="checkbox"/> Unsecured <input type="checkbox"/> Surety <input type="checkbox"/> O.I. Held <input type="checkbox"/> 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)				
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 BMW
- Financial Responsibility **PROOF NOT APPLICABLE**

Clerk/Violations Clerk/Deputy Clerk _____

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

STATE OF OHIO **LEBANON** TICKET NUMBER: **OHP830522121720141034**

REFERENCE # **1MXZ4GF**

PHONE NUMBER _____ CASE # _____

NAME _____ COUNTY OF RESIDENCE: _____

STREET _____

CITY, STATE _____ ZIP _____

OPERATOR LICENSE / STATE ID#	None	BIRTH DATE	ISSUE DATE	STATE
CLASS	EXPIRES	ENDORSEMENT(S)/RESTRICTIONS(S)	SSN# (last 4 digits)	
		<input type="checkbox"/> CDL <input type="checkbox"/> MC <input type="checkbox"/> Other		
SEX	HEIGHT	WEIGHT	EYES	HAIR
			RACE	FINANCIAL RESPONSIBILITY PROOF
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

If no DL/State ID: **REQUIRED** documentation attached: Yes

TO DEFENDANT: COMPLAINT ON Dec 17, 2014 AT 1028 AM, YOU

Operated Passenger / Parked / Walked Passenger Motorcycle Bicycle Other _____

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

VEHICLE: YEAR _____ MAKE _____ MODEL _____

COLOR _____ LICENSE # _____ STATE _____

UPON A PUBLIC HIGHWAY, NAMELY **SR-73** DIRECTION **EastBound**

AT/NEAR _____ (M.P. 16)

IN THE **Township** OF **Wayne** IN **Warren**

COUNTY (NO.), **83** STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

SPEED: 69 MPH in 55 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	4511.21D1
<input checked="" type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> Pace <input type="checkbox"/> Laser	<input type="checkbox"/> Stationary <input checked="" type="checkbox"/> Moving
OVI: <input type="checkbox"/> Under the influence of alcohol/drug of abuse.	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> Prohibited blood alcohol concentration, BAC	
<input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused	
Prior OVIs: # of prior OVIs _____ 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.
OTHER OFFENSE: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.

DRIVER LICENSE HELD VEHICLE SEIZED JUVENILE OFFENDER

PAVEMENT: Dry Wet Snow Ice # of Lanes **2** Construction Zone

VISIBILITY: Clear Cloudy Dusk Night Dawn

WEATHER: Rain Snow Fog No Adverse

TRAFFIC: Heavy Moderate Light None

AREA: Business Rural Residential Industry School Freeway

CRASH: Yes No Almost Caused Non-injury Injury Fatal

Crash Report Number: _____

REMARKS: **Radar SP1053 chk 0515 69 MPH in 55MPH**

ACCOMPANYING CRIMINAL CHARGE Yes No TOTAL # OFFENSES **1**

TO DEFENDANT: SUMMONS You are summoned and ordered to appear

on **12/30/2014** at **1300 PM** in **Warren County Court** at

550 Justice, LEBANON, OH, 45036

If you fail to appear at this time and place you may be arrested or your license will be cancelled. This summons served personally to the defendant on **Dec 17, 2014**. This 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.

PERSONAL APPEARANCE REQUIRED Yes No

Trp. K Williams
Charging Law Enforcement Officer

Court Code	Unit	Post	District
8310	0522	83	08

Issuing Law Enforcement Officer SAME AS ABOVE