

COURT _____ COUNTY, OHIO

STATE OF OHIO

City Village Township

CASE # _____

TICKET # **No 123951**

TICKET NUMBER

NAME _____

STREET _____

CITY, STATE _____

ZIP _____

OPERATOR LICENSE / STATE ID# <input type="checkbox"/> None*		BIRTH DATE	ISSUE DATE	STATE
CLASS	EXPIRES	ENDORSEMENT(S)/RESTRICTION(S)		SS# (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				

PROOF OF INSURANCE BOXES

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

TO DEFENDANT/COMPLAINANT ON _____, 20____ AT _____ 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 _____ MAKE _____ MODEL _____

COLOR _____ LICENSE # _____ STATE _____

UPON A PUBLIC HIGHWAY, NAMELY _____

AT/NEAR _____ (M.P. _____)

IN THE _____ OF _____ IN _____

COUNTY (No.), **75** STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

<input type="checkbox"/> 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 type="checkbox"/> 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 _____	
<input type="checkbox"/> 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: _____	
<input type="checkbox"/> 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	
<input type="checkbox"/> OTHER OFFENSE: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/> OTHER OFFENSE: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input checked="" type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENDER	
PAVEMENT: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Icy # of Lanes _____ <input type="checkbox"/> Construction Zone	
VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn	
WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> No Adverse	
TRAFFIC: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None	
AREA: <input type="checkbox"/> Business <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industry <input type="checkbox"/> School	
CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Almost Caused <input type="checkbox"/> Non-Injury <input type="checkbox"/> Injury <input type="checkbox"/> Fatal	
Crash Report Number: _____	
REMARKS: _____	
ACCOMPANYING CRIMINAL CHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL # OFFENSES _____	

SCHEDULED COURT APPEARANCE DATE

TO DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED Yes No

You are summoned and ordered to appear on _____, 20____ at _____ AM/PM,

in _____ Court, at _____

If you fail to appear at this time and place you may be arrested or your license may be cancelled.

This summons served personally on the defendant on _____, 20____

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.

COURT CODE	UNIT	POST	DISTRICT

Charging Law Enforcement Officer _____

Issuing Law Enforcement Officer _____

SAME AS ABOVE

Issuing Officer: Verify address. If different from license address, write present address in space provided.

OHP0060 10-0060-00 (REVISION 0509)

COURT RECORD

OSHP HP7 [B6305]

PRESENT ADDRESS

SIGNATURE X

CO. RES.

PHONE ()