

PROPOSED AMENDMENT TO OHIO TRAFFIC RULES

Comments Requested: The Supreme Court of Ohio will accept public comments until August 4, 2009 on the following proposed amendment to the Multi-Count Uniform Traffic Ticket (MUTT).

Comments on the proposed amendment should be submitted in writing to: Jo Ellen Cline, Government Relations Counsel, Supreme Court of Ohio, 65 South Front Street, 7th Floor, Columbus, Ohio 43215-3431, or j.cline@sc.ohio.gov not later than August 4, 2009. Please include your full name and mailing address in any comments submitted by e-mail.

MOYER, C.J., and PFEIFER, LUNDBERG STRATTON, O'CONNOR, O'DONNELL, LANZINGER, and CUPP, JJ., concur in publishing the proposed amendment for public comment.

COURT _____ COUNTY, OHIO

STATE OF OHIO City Village Township TICKET # _____

CASE # _____

NAME _____

STREET _____

CITY, STATE _____ ZIP _____

OPERATOR LICENSE #				BIRTH DATE		ISSUE DATE		STATE	
CLASS		EXPIRES		ENDORSEMENT		RESTRICTION		SS# (last 4 digits)	
SEX	HEIGHT	WEIGHT	EYES	HAIR	RACE	FINANCIAL RESPONSIBILITY PROOF?			
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

TO DEFENDANT: COMPLAINT 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 _____ BODY TYPE _____

COLOR _____ LICENSE # _____ STATE _____

UPON A PUBLIC HIGHWAY, NAMELY _____

AT/NEAR _____ (M.P. _____)

IN THE _____ OF _____ IN _____

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

<input type="checkbox"/>	SPEED: _____ MPH in _____ MPH zone <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"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	OVI: <input type="checkbox"/> Under the influence of alcohol/drug of abuse. <input type="checkbox"/> Prohibited blood alcohol concentration, _____ BAC <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
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 EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate Suspension Type: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	SAFETY BELT: Failure to wear <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat	<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 type="checkbox"/>	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		
PAVEMENT: <input 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"/> Cloudy <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 _____		

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.

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.

OSHP HP7 [B6305]

OHP0060 10-0060-00 (REVISION 0509) COURT RECORD

Docket # _____ Page # _____ Case # _____

Defendant's Attorney _____ Name / Address / Telephone _____

DATE	COURT ACTION: ORDERS
	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.L. 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: _____	
<input type="checkbox"/> Defendant Failed to Appear (Traffic Rule 7)	
<input type="checkbox"/> Order Supplemental Summons to New Date	
<input type="checkbox"/> Order Operator's License Forfeiture <input type="checkbox"/> Bond Forfeiture	
<input type="checkbox"/> Order Warrant: Bond Amount \$ _____	
<input type="checkbox"/> Summons Issued	Served DATE: _____
<input type="checkbox"/> 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)				
	SUSPENDED			
Fines \$				
Costs \$				
Jailtime (Days)				

ADDITIONAL ORDERS

- If **OVI conviction**: 72 hour program permitted in lieu of jail.
 - Defendant's License is **SUSPENDED** for _____ days/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 Plea(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 Plea(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
 Waiver reviewed, found to be correct and approved. mail to defendant's present address.
- Financial Responsibility PROOF SHOWN
- NO Financial Responsibility PROOF: Clerk to notify BMV
- Financial Responsibility PROOF NOT APPLICABLE

_____/_____/_____
Clerk / Violations Clerk / Deputy Clerk

DATE Abstract Mailed to BMV DATE Mayor's Court Transfer/Notice of Appeal
COURT RECORD reverse side

COURT _____ COUNTY, OHIO

STATE OF OHIO City Village Township TICKET # _____

CASE # _____

NAME _____

STREET _____

CITY, STATE _____ ZIP _____

OPERATOR LICENSE #		BIRTH DATE		ISSUE DATE		STATE		
CLASS	EXPIRES	ENDORSEMENT		RESTRICTION		SS# (last 4 digits)		
SEX	HEIGHT	WEIGHT	EYES	HAIR	RACE	FINANCIAL RESPONSIBILITY PROOF?		
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

TO DEFENDANT: COMPLAINT 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 _____ BODY TYPE _____
 COLOR _____ LICENSE # _____ STATE _____
 UPON A PUBLIC HIGHWAY, NAMELY _____
 AT/NEAR _____ (M.P. _____)
 IN THE _____ OF _____ IN _____
 COUNTY (NO.), _____ STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

<input type="checkbox"/>	SPEED: _____ MPH in _____ MPH zone <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"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	OVI: <input type="checkbox"/> Under the influence of alcohol/drug of abuse. <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 OVI's: # of prior OVI's _____ Years of prior OVI's _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	DRIVER LICENSE: <input type="checkbox"/> None <input type="checkbox"/> Not on person <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate Suspension Type: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	SAFETY BELT: Failure to wear <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat	<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 type="checkbox"/>	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		

Court Case _____ COURT NAME _____

Case # _____ FR SHOWN YES NO FR SHOWN - BMV to process.

If Bond Forfeiture, DATE FORFEITED: _____

CONVICTION DATE: _____

MOVING VIOLATION?	YES NO	YES NO	YES NO	NO	YES NO	YES NO
PLEA CODE						
POINTS ASSESSED						
BMV OFFENSE CODE						
IF AMENDED, OFFENSE CODE						
FATALITY						

FOR BMV USE License Suspended _____ days/months/years Effective: _____ to _____

Suspension Class _____

MO - Limited Driving Privileges Effective: _____ to _____

(See Separate Entry) Suspension is on Count: _____ FRA SUSPENSION

License Forfeiture - See separate BMV Form 2528

OL Confiscated - Date sent to BMV: _____

Other Information - See reverse side.

I hereby certify that the above statements are taken from the records of this Court.

Authorized Signature _____ DATE _____

Send completed copy to: Ohio Bureau of Motor Vehicles

P.O. Box 16583

Columbus, OH 43216-6583

ABSTRACT OF COURT RECORD

PRESENT ADDRESS

SIGNATURE X

COUNTY RESIDENCE

PHONE ()

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ABSTRACT OF
COURT RECORD COPY Reverse Side

COURT _____ COUNTY, OHIO

STATE OF OHIO City Village Township TICKET # _____

CASE # _____

NAME _____

STREET _____

CITY, STATE _____ ZIP _____

OPERATOR LICENSE #				BIRTH DATE	ISSUE DATE	STATE
CLASS	EXPIRES	ENDORSEMENT	RESTRICTION	SS# (last 4 digits)		
SEX	HEIGHT	WEIGHT	EYES	HAIR	RACE	FINANCIAL RESPONSIBILITY PROOF?
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

TO DEFENDANT: COMPLAINT 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 _____ BODY TYPE _____
 COLOR _____ LICENSE # _____ STATE _____

UPON A PUBLIC HIGHWAY, NAMELY _____
 AT/NEAR _____ (M.P. _____)
 IN THE _____ OF _____ IN _____
 COUNTY (NO.), _____ STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

<input type="checkbox"/>	SPEED: _____ MPH in _____ MPH zone <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"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
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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 EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate Suspension Type: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
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<input type="checkbox"/>	OTHER OFFENSE: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
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<input type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED		
PAVEMENT: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice # of Lanes _____ <input type="checkbox"/> Construction Zone		
VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <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 _____		

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.

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) DEFENDANT'S COPY BLUE OSHP HP7 [B6305]

PRESENT ADDRESS

SIGNATURE X

CO. RES.

PHONE ()

TO DEFENDANT: Read this material carefully.

Personal Appearance Required.

If the officer marked this block on the face of the ticket, you must appear in court. Your appearance in court is required because the offenses cannot be processed by a traffic violations bureau.

Failure to Appear and/or Pay:

- The posting of bail or depositing your license as bond is to secure your appearance in court or the processing of the offenses through a traffic violations bureau. It is not a payment of fines or costs.
- If you do not appear at the time and place stated in the citation or if you do not timely process this citation through a traffic violations bureau, your license will be cancelled.
- Also, a warrant may be issued for your arrest and you may be subject to additional criminal penalties.

The following offenses require court appearance and may not be processed by a traffic violations bureau:

- Any indictable offense;
- Operating a vehicle under the influence of alcohol or any drug of abuse;
- Leave scene of accident;
- Driving while under suspension or revocation of driver's or commercial driver's license;
- Driving without being licensed to drive, except where the driver's or commercial driver's license has been expired for six months or less;
- A third moving traffic offense within 12 months;
- Passing a standing school bus;
- Willfully eluding or fleeing a police officer;
- Drag racing.

Waiverable through traffic violations bureau.

If you are charged with offenses other than those listed above, you may, within seven days after the day you received the ticket, **plead guilty** to the offenses charged and dispose of the case without court appearance by:

- (1) appearing personally at the traffic violations bureau, signing the waiver printed below and paying the fines and costs or
- (2) signing the waiver printed below and mailing it and a check, money order, or other approved payment for the total of the fines and costs to the traffic violations bureau at the following address:

Traffic Violations Bureau Address: _____

INSURANCE WARNING

Under Ohio law you are required to show proof of financial responsibility or insurance. If you did not do so at the time of receiving his ticket, **you must submit proof** of insurance when you appear in court on these offenses.

If you do not submit the required proof:

- your driver's license will be suspended and
- you may be subject to additional fees and insurance sanctions.

If you have any questions regarding the **proof filing**, you may call the traffic violations bureau at the telephone indicated.

For information regarding your **Duty To Appear** or the **Fines and Costs** amount(s), call:

Telephone Number(s)

Contested Case; Court Appearance Required.

If you desire to **contest the offenses** or if **court appearance is required**, you must appear at the time and place stated in the summons.

Notice to Defendant under age eighteen.

You must appear before the Juvenile Court at the time and place determined by that Court. The Juvenile Court will notify you when and where to appear. This ticket will be filed with the Juvenile Court and may be used as a juvenile complaint.

Juvenile Court Address

For information regarding your **Duty to Appear** at Juvenile Court call:

Telephone Number(s)

Guilty Pleas, No Contest Pleas, Waiver of Trial, Payment of Fines and Costs

I, the undersigned defendant, do hereby enter my written pleas of guilty to the offenses charged in this ticket. I realize that by signing these guilty pleas, I admit my guilt of the offenses charged and waive my right to contest the offenses in a trial before the court or jury. Further, I realize that a record of this plea will be sent to the Ohio Bureau of Motor Vehicles. I have not been convicted of, pleaded guilty to, or forfeited bond for two or more prior moving traffic offenses within the last 12 months. I plead guilty to the offense(s) charged.

FINES \$ _____

X _____
Defendant's Signature

COSTS \$ _____

Address

TOTAL \$ _____

DEFENDANT'S COPY Reverse Side

COURT _____ COUNTY, OHIO

STATE OF OHIO City Village Township TICKET # _____

CASE # _____

NAME _____

STREET _____

CITY, STATE _____ ZIP _____

OPERATOR LICENSE #				BIRTH DATE		ISSUE DATE		STATE	
CLASS	EXPIRES	ENDORSEMENT	RESTRICTION		SS# (last 4 digits)				
SEX	HEIGHT	WEIGHT	EYES	HAIR	RACE	FINANCIAL RESPONSIBILITY PROOF?			
						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

TO DEFENDANT: COMPLAINT 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 _____ BODY TYPE _____

COLOR _____ LICENSE # _____ STATE _____

UPON A PUBLIC HIGHWAY, NAMELY _____

AT/NEAR _____ (M.P. _____)

IN THE _____ OF _____ IN _____

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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 EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate Suspension Type: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
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<input type="checkbox"/>	OTHER OFFENSE: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
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VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Dawn		
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COURT CODE	UNIT	POST	DISTRICT

OHP0060 10-0060-00 (REVISION 0509) AGENCY RECORD PINK OSHP HP7 [B6305]

PRESENT ADDRESS

SIGNATURE X

CO. RES.

PHONE ()

STATE OF OHIO _____ COURT _____ COUNTY, OHIO

STATE OF OHIO City Village Township TICKET # _____

CASE # _____

NAME _____

STREET _____

CITY, STATE _____ ZIP _____

OPERATOR LICENSE #			BIRTH DATE	ISSUE DATE	STATE
CLASS	EXPIRES	ENDORSEMENT	RESTRICTION	SS# (last 4 digits)	
SEX	HEIGHT	WEIGHT	EYES	HAIR	RACE
FINANCIAL RESPONSIBILITY PROOF? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					

TO DEFENDANT: COMPLAINT ON _____, 20____ AT _____ AM/PM, YOU
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UPON A PUBLIC HIGHWAY, NAMELY _____
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IN THE _____ OF _____ IN _____
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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 EXPIRED: <input type="checkbox"/> <6 months <input type="checkbox"/> >6 months <input type="checkbox"/> Failure to Reinstate Suspension Type: _____	<input type="checkbox"/> ORC <input type="checkbox"/> ORD <input type="checkbox"/> T.P.
<input type="checkbox"/>	SAFETY BELT: Failure to wear <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint <input type="checkbox"/> Booster Seat	<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 type="checkbox"/>	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		
PAVEMENT: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice # of Lanes _____ <input type="checkbox"/> Construction Zone		
VISIBILITY: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <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 _____		

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.

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) AGENCY RECORD 2 BUFF OSHP-HP7 [B6305]

PRESENT ADDRESS

SIGNATURE X

CO. RES.

PHONE ()

