

STATE OF OHIO MIFFLIN TICKET # T 59206
 City Village Township

CASE # _____
NAME JAMES A ESTOCK
STREET 8518 DIAGONAL RD
CITY, STATE STREETS BORO OH ZIP 44241

OPERATOR LICENSE / STATE ID# None? BIRTH DATE ISSUE DATE STATE
RT482025 11-14-48 04-25-14 OH
CLASS EXPIRES ENDORSEMENT(S)/RESTRICTION(S) SS# (last 4 digits)
D 11-14-17 CDL MC Other 8973

SEX HEIGHT WEIGHT EYES HAIR RACE FINANCIAL RESPONSIBILITY PROOF?
M 6-00 175 BROWN BROWN W Yes No N/A

TO DEFENDANT: COMPLAINT ON 24 2015 AT 2:50 PM, YOU
Operated/Passenger/Parked/Walked a Passenger Motorcycle Bicycle Other
 Commercial 16 Pass. Bus Haz. Mat.

VEHICLE: YEAR 2009 MAKE DODGE MODEL TR
COLOR SIL LICENSE # ON-TOS2 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY S OH ST
AT/NEAR FIRE HOUSE (M.P. _____)
IN THE Village OF MIFFLIN IN ASHLAND
COUNTY (NO.), 03 STATE OF OHIO AND COMMITTED THE FOLLOWING OFFENSE(S).

<input checked="" type="checkbox"/> SPEED: <u>47</u> MPH in <u>35</u> MPH zone <input 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 <u>73.10</u> <input checked="" type="checkbox"/> Radar <input type="checkbox"/> Air <input type="checkbox"/> VASCAR <input type="checkbox"/> Pace <input type="checkbox"/> Laser <input checked="" 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 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 checked="" 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 checked="" type="checkbox"/> No Adverse	
TRAFFIC: <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None	
AREA: <input type="checkbox"/> Business <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industry <input type="checkbox"/> School	
CRASH: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No TOTAL # OFFENSES <u>1</u>	

TO DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED Yes No
You are summoned and ordered to appear on FEB 03 2015 at 9 AM/PM,
in ASHLAND MUNICIPAL Court, at 1209 EAST MAIN STREET, ASHLAND, OHIO 44805
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 JAN 24 2015
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 [Signature]
Issuing Law Enforcement Officer SAME AS ABOVE
Issuing Officer: Verify address. If different from license address, write present address in space provided.

Court Code	Post	District
<u>0320</u>	<u>02</u>	<u>03</u>