

NAME CORNELIUS SCROLLINS JR.
 STREET [REDACTED]
 CITY, STATE CINCINNATI OH ZIP 45224
 LICENSE NO: [REDACTED] STATE OH
 LICENSE CLASS: D LICENSE EXPIRES MO 6 YR 11 RACE B
 SSN: [REDACTED] D.O.B.: MO 6 DAY 26 YR 71
 SEX M HEIGHT 5'7 WEIGHT 168 HAIR BLK EYES BLU
 DOT# 4P090520001 CONTROL# 139 1460182

FINANCIAL RESPONSIBILITY PROOF SHOWN YES NO
 TO DEFENDANT: COMPLAINT
 ON 5 120 20 09 AT 1536 YOU OPERATED/PARKED/WALKED/A
 PASS COMM CYCLE OVER 2001 BUS HAZ MAT OTHER
 VEHICLE YR 2003 MAKE SUZUKI MODEL GSXR TYPE: MC COLOR BLK
 LICENSE: 41QDR TYPE: MC EXP.: 6/10/08 STATE: OH
 UPON A PUBLIC HIGHWAY, NAMELY 300 W. MITCHELL
 BETWEEN SPRING GROVE AV. (MP)
 IN THE CITY OF CINCINNATI, COUNTY OF HAMILTON (#31), STATE OF OHIO,
 COMMITTED THE FOLLOWING OFFENSE:

<input type="checkbox"/> SPEED: _____ MPH in _____ MPH zone	
<input type="checkbox"/> ACDA <input type="checkbox"/> Aircraft <input type="checkbox"/> Pacing <input type="checkbox"/> Radar <input type="checkbox"/> Laser	
<input type="checkbox"/> Calibration Time _____ Distance _____	
COURT APPEARANCE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ORC <input type="checkbox"/> CMC
<input type="checkbox"/> OVI: Operate Under The Influence Of Alcohol and/or Drugs	
<input type="checkbox"/> REFUSED _____ OVI# _____	
COURT APPEARANCE ONLY	<input type="checkbox"/> ORC
<input checked="" type="checkbox"/> DRIVERS LICENSE: <input type="checkbox"/> None <input checked="" type="checkbox"/> Suspended <input type="checkbox"/> Revoked	
<input type="checkbox"/> Expired 6 Mos. Or Less <input type="checkbox"/> Over 6 Mos	
Suspension Type: <u>ACR 8-1-08/13</u>	<u>4510.16</u>
COURT APPEARANCE REQUIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> ORC
<input type="checkbox"/> SAFETY RESTRAINTS - Failure To Use	
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint	
COURT APPEARANCE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ORC
<input checked="" type="checkbox"/> OTHER OFFENSE <u>HAZARD ZONE</u>	<u>506.75</u>
COURT APPEARANCE REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> ORC <input checked="" type="checkbox"/> CMC
<input checked="" type="checkbox"/> OTHER OFFENSE <u>FAIL TO SURRENDER LICENSE</u>	<u>4507.30</u>
COURT APPEARANCE REQUIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> ORC <input type="checkbox"/> CMC
<input checked="" type="checkbox"/> LICENSE SEIZED <input checked="" type="checkbox"/> VEHICLE SEIZED	ACE <input type="checkbox"/>
PAVEMENT: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Other	
VISIBILITY: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn <input type="checkbox"/> Night	
WEATHER: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input checked="" type="checkbox"/> No Adverse Weather	
TRAFFIC: <input checked="" type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> None	
AREA: <input checked="" type="checkbox"/> Business <input type="checkbox"/> Residential <input type="checkbox"/> X-Way <input type="checkbox"/> School <input type="checkbox"/> Construction Zone	
CRASH: <input type="checkbox"/> Yes <input type="checkbox"/> Almost Caused <input checked="" type="checkbox"/> No <input type="checkbox"/> Vehicle <input type="checkbox"/> Other Object	
<input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Damage Only	Crash Report # _____

TO DEFENDANT: SUMMONS - IF COURT APPEARANCE IS REQUIRED.
 You Are Summoned And Ordered To Appear At:
 HAMILTON COUNTY MUNICIPAL COURT
 ROOM B ROOM 121
 1000 Sycamore St. 1000 Main St.
 Cincinnati, Ohio Cincinnati, Ohio
 HAMILTON COUNTY JUVENILE COURT
 800 Broadway Ave.
 Cincinnati, Ohio
 COURT DATE
 MONTH | DAY | YEAR
5 | 26 | 2009
 9:00 AM 10:30 AM
 1:00 PM 2:30 PM
5:20 2009

This summons served personally on the defendant on _____
 IF YOU FAIL TO APPEAR WHEN SUMMONED OR PAY OUT WHEN PERMITTED, YOU MAY BE ARRESTED.
 THE ISSUING CHARGING LAW ENFORCEMENT OFFICER STATES UNDER THE PENALTIES OF PERJURY AND
 FALSIFICATION THAT THE ABOVE COMPLAINT WAS REVIEWED AND IS TRUE

Issuing Officer: [Signature] 450 TRAFFIC UNIT 5000

SIGNATURE: [Signature]
 Place Of Employment: [REDACTED]
 Home Phone: [REDACTED]
 COURT RECORD: 4732714 75-3715919-5

Letter Sent _____

Maintenance Fee Begins _____

LCR070520001132



Cincinnati Police Department Towing Report

Impound File Number

Date 5-20-2009		Time 1600	District 5
Location 4748 SPRING GARDEN AV.			
Year 2003	Make of Vehicle SUZUKI	Model of Vehicle GSXR	
Type of Vehicle MC		Color of Vehicle BLK	
License Plate Number 41QDR		State OH	Year 2003
V.I.N. J S I G T 7 5 A 3 3 2 1 0 9 7 0 3			
Towed or driven by HUBBARDS		Name of wrecker operator LAY	
Vehicle unlocked by -		Vehicle re-locked by -	
Name of owner/operator CORNELIUS SCROGGINS		Phone #	
Address [REDACTED] LN		Zip code 452 [REDACTED]	
MUTT # 75-3715919			
Junk/abandoned vehicle tires marked by officer			
Name		Date/Time	
Property		Disposition	
Comments AIS			

Reason for Towing	
<input type="checkbox"/> Junk	<input type="checkbox"/> Overtime Parking
<input checked="" type="checkbox"/> A.L.S./Seizure	<input type="checkbox"/> A.L.S./Forfeiture
<input type="checkbox"/> Parking Violation	<input type="checkbox"/> Auto Recovery
<input type="checkbox"/> Delinquent	<input type="checkbox"/> Investigation
<input type="checkbox"/> License Plate Viol.	<input type="checkbox"/> Vehicle Abandoned
<input type="checkbox"/> Drug Forfeiture	<input type="checkbox"/> Hit Skip
<input type="checkbox"/> Driver Arrested	<input type="checkbox"/> Other
How Towed	
<input type="checkbox"/> Front	<input type="checkbox"/> Sling
<input type="checkbox"/> Rear	
<input type="checkbox"/> Wheel Lift	
<input checked="" type="checkbox"/> Rollback	
RCIC Query	
<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> No	
Keys in Vehicle	
<input checked="" type="checkbox"/> Yes	
<input checked="" type="checkbox"/> No OWNER HAS KEYS	
Towed to, Location	
<input checked="" type="checkbox"/> Impound Unit	
<input type="checkbox"/> District	
<input type="checkbox"/> Private Wrecker's Lot	
<input type="checkbox"/> Salvaged	
<input type="checkbox"/> Move Only Location	
Location:	
Copy of 369 at Desk	PCS Notified
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

VEHICLE DAMAGE ASSESSMENT

Condition of Vehicle: Excellent **Good** Fair Poor Interior Damage _____

CIRCLE DAMAGE AREAS

9 TOP
10 UNDERCAR
11 LOAD
12 TRAILER

Battery Radio

Damage Remarks

SCUFFS / PAINT ON FRAMM

Officer D. ZUCKER	Rank P.O.	Badge 450	Car # 8202
Supervisor	Rank	Badge	Car #

FOR IMPOUND UNIT USE ONLY - DO NOT WRITE BELOW THIS LINE

Okay to release per	Date	Time	Time In	By Officer
Release Information received by	Charge	Extra Charge	Total	Date In
I have received the listed vehicle <input checked="" type="checkbox"/>			Time Out	By Officer
Address		Release Number	Date Out	

FIELD INTERVIEW INFORMATION

Name (Last, first, MI)

Nickname/Alias

City of Cincinnati

TICKET NO: 75-3715918

NAME Y. LAKEA COLE

STREET [REDACTED]

CITY, STATE CINCINNATI OH ZIP 452 [REDACTED]

LICENSE NO. [REDACTED] STATE OH

LICENSE CLASS: D LICENSE EXPIRES MO 9 YR 11 RACE B

SS [REDACTED] D.O.B.: MO 9 DAY 26 YR 73

SEX F HEIGHT 5'04" WEIGHT 150 HAIR BRN EYES BRN

DP090520001139 CONTROL# 1824697

DOT# [REDACTED] FINANCIAL RESPONSIBILITY PROOF SHOWN YES NO

ON 5-20-2009 AT 1536 YOU OPERATED/PARKED/WALKED ON PASS COMM CYCLE OVER 36001 BUS HAZ MAT OTHER

VEHICLE YR 2006 MAKE SAZZY MODEL 1000 TYPE MC COLOR RED

LICENSE: SAZZY TYPE MC EXP: 9-09 STATE OH

UPON A PUBLIC HIGHWAY, NAMELY 300 W. MITCHELL AV.

IN THE CITY OF CINCINNATI, COUNTY OF HAMILTON (#31), STATE OF OHIO, COMMITTED THE FOLLOWING OFFENSE:

<input type="checkbox"/> SPEED: _____ MPH in _____ MPH zone	
<input type="checkbox"/> ACDA <input type="checkbox"/> Aircraft <input type="checkbox"/> Pacing <input type="checkbox"/> Radar <input type="checkbox"/> Laser	
<input type="checkbox"/> Calibration Time _____ Distance _____	
COURT APPEARANCE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ORC <input type="checkbox"/> CMC
<input type="checkbox"/> OVI: Operate Under The Influence Of Alcohol and/or Drugs	
<input type="checkbox"/> REFUSED _____ OVI# _____	
COURT APPEARANCE ONLY	<input type="checkbox"/> ORC
<input type="checkbox"/> DRIVERS LICENSE: <input type="checkbox"/> None <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	
<input type="checkbox"/> Expired 6 Mos. Or Less <input type="checkbox"/> Over 6 Mos.	
Suspension Type: _____	
COURT APPEARANCE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ORC
<input type="checkbox"/> SAFETY RESTRAINTS - Failure To Use	
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Child Restraint	
COURT APPEARANCE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ORC
<input checked="" type="checkbox"/> OTHER OFFENSE <u>PLATE MUST BE DISPLAYED VERTICALLY RIGHT SIDE UP</u>	503-51
COURT APPEARANCE REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> ORC <input checked="" type="checkbox"/> CMC
<input checked="" type="checkbox"/> OTHER OFFENSE <u>CROSS HAZARD ZONE DESIGNATED SOLID WHITE LINE</u>	506-75
COURT APPEARANCE REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> ORC <input checked="" type="checkbox"/> CMC
<input type="checkbox"/> LICENSE SEIZED <input type="checkbox"/> VEHICLE SEIZED	ACE <input type="checkbox"/>

PAVEMENT: Dry Wet Snow Ice Other

VISIBILITY: Clear Cloudy Dusk Dawn Night

WEATHER: Rain Snow Fog No Adverse Weather

TRAFFIC: Heavy Moderate Light None

AREA: Business Residential X-Way School Construction Zone

CRASH: Fatal Injury Damage Only No Vehicle Other Object

Crash Report # _____

TO DEFENDANT: SUMMONS - IF COURT APPEARANCE IS REQUIRED.

You Are Summoned And Ordered To Appear At:

HAMILTON COUNTY MUNICIPAL COURT
ROOM B ROOM 121
1000 Sycamore St. 1000 Main St.
Cincinnati, Ohio Cincinnati, Ohio

HAMILTON COUNTY JUVENILE COURT
800 Broadway Ave.
Cincinnati, Ohio

COURT DATE		
MONTH	DAY	YEAR
6	3	2009
<input type="checkbox"/> 9:00 AM <input type="checkbox"/> 10:30 AM		
<input checked="" type="checkbox"/> 1:00 PM <input type="checkbox"/> 2:30 PM		

This summons served personally on the defendant on 5-20-2009

IF YOU FAIL TO APPEAR WHEN SUMMONED OR PAY OUT WHEN PERMITTED, YOU MAY BE ARRESTED.

THE ISSUING OFFICER STATES UNDER THE PENALTIES OF PERJURY AND FALSIFICATION THAT THE COMPLAINT WAS REVIEWED AND IS TRUE

[Signature]
Enforcement Officer

450 LAPPE 52

SIGNATURE

Place of Employment

Home Phone

COURT RECORDED

357-344675-3715918-4



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

REPORT OF LAW ENFORCEMENT OFFICER ADMINISTRATIVE LICENSE SUSPENSION/
NOTICE OF POSSIBLE CDL DISQUALIFICATION/IMMOBILIZATION/FORFEITURE

A. NAME <u>CORNELIUS SCROGGINS JR.</u>		DRIVER LICENSE # [REDACTED]	CLASS <u>D</u>	STATE <u>OH</u>
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) [REDACTED]				
CITY <u>CINCINNATI</u>	OHIO COUNTY OF RESIDENCE <u>HAMILTON</u>		STATE <u>OH</u>	ZIP CODE <u>45224</u>
DATE OF BIRTH <u>6-26-71</u>	SOCIAL SECURITY # [REDACTED]	4 DIGIT COURT CODE <u>3120</u>	COUNTY OF VIOLATION <u>HAMILTON</u>	
DATE OF VIOLATION <u>5/20/2009</u>	TIME OF VIOLATION <u>1536</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	PLACE OF TEST _____	VIN <u>JSIGT75A332109203</u>	
DATE OF REFUSAL OR TEST _____	TIME OF REFUSAL OR TEST _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	YEAR <u>2003</u>	MAKE <u>SUZI</u>	LICENSE PLATE # <u>41QDR</u>
VEHICLE OWNER'S NAME <u>CORNELIUS SCROGGINS JR.</u>		DATE OF BIRTH <u>6-26-71</u>	STREET ADDRESS [REDACTED]	
CITY <u>CINCINNATI</u>	STATE <u>OH</u>	ZIP CODE <u>45224</u>		
VEHICLE STORED AT (STREET ADDRESS) <u>3425 SPRING GROVE AV.</u>			CITY <u>CINTE</u>	

B. Officer to Complete for All OVI / Physical Control Arrests:

Circle arrest type: OVI Physical Control

The driver:

Refused to submit to test (s).

Submitted to test (s), 0 % alcohol test result

Circle test type for which results were reported:
Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma

Was placed under an Administrative License Suspension (4511.191)

License was seized

Offender was provided a copy of this form at the time of arrest.

Subject tested for controlled substance or metabolite. Circle test type for which controlled substance or metabolite results were reported: Urine, Whole Blood, Blood Serum, or Blood Plasma.

Specify controlled substance and/or metabolite results: _____

Subject tested positive for prohibited level of marijuana metabolite _____ (specify amount) and was under the influence of alcohol and/or a drug of abuse.

Alcohol, Controlled substance or metabolite test result received on _____ Subject served with notice of Administrative License Suspension on _____

Reasonable means officer used to ensure offender submitted to a chemical test were: _____

C. Officer to Complete Applicable Vehicle Sanctions:

License plate(s) seized

Vehicle seized under 4511.195 (OVI)

Vehicle seized under 4511.203 only (DUS or wrongful entrustment of a motor vehicle) If so, Do Not Mail this form to the BMV

Vehicle subject to immobilization

Vehicle subject to forfeiture

D. Officer to Complete if Offender was Operating a Commercial Vehicle:

Read and showed advice to offender (4506.17)

Refused to submit to test(s)

Submitted to test(s) 0 % alcohol test result
(Circle One) Whole Blood, Breath, Urine, Blood Serum, or Blood Plasma

Prohibited Alcohol Content without OVI charge

Prohibited Alcohol Content with OVI charge

Commercial vehicle per definition (4506.01(E))

24-hour out-of-service order

CDL to be disqualified

CDL seized

Hazardous material

Operated a commercial vehicle under the influence of a controlled substance

E. The advice on the back of this form was read to me and I have received a copy of this form:

_____ REFUSED TO SIGN
DRIVER'S SIGNATURE

F. Complete Below Only for an OVI/Physical Control ARREST:

We, the undersigned, certify that the advice prescribed by the General Assembly (under 4511.191 and 4511.192), was shown to the person under arrest and read to him or her in the presence of the arresting officer and one other person.

X _____
ARRESTING OFFICER'S SIGNATURE

CINCINNATI POLICE OH CEIP00
ENFORCEMENT AGENCY N.C.I.C. #

800 EVANS ST.
OFFICER'S BUSINESS STREET ADDRESS

CINCINNATI OH 45204
CITY STATE ZIP CODE

X _____
WITNESS'S SIGNATURE

COMPLETE BELOW ONLY ON OVI ARREST, PHYSICAL CONTROL ARREST, OR ARREST INVOLVING COMMERCIAL VEHICLE. AFFIDAVIT OF ARRESTING OFFICER:

STATE OF OHIO, COUNTY OF HAMILTON

I certify I arrested the person, having had reasonable grounds to believe the person was operating a vehicle upon a highway, or upon public or private property used by the public for vehicular travel or parking in the State of Ohio under the influence of alcohol and/or drugs of abuse, in physical control of a vehicle while under the influence of alcohol and/or drugs of abuse, or with a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine. I advised the person in the prescribed manner of the consequences of a refusal or a test. The person either refused the test, or was under arrest for OVI and took the test and had a prohibited concentration of alcohol in the whole blood, blood serum, blood plasma, breath, or urine (all as described above). In the case of a commercial vehicle (if applicable) I had reasonable grounds to believe the person was driving a commercial motor vehicle in the State of Ohio in violation of section 4506.15 of the Ohio Revised Code. The information contained on this form is true to the best of my knowledge and belief.

X _____
ARRESTING OFFICER SIGNATURE

Sworn to before me this 20 day of MAY, 2009

X _____
NOTARY PUBLIC'S SIGNATURE

JASON A. SCOTT
Notary Public, State of Ohio
My Commission Expires Oct. 11 2012

X _____
DEPUTY CLERK OF COURT'S SIGNATURE

City of _____