

Milan Mayors Court

COURT Erie/Huron COUNTY, OHIO

STATE OF OHIO Milan TICKET # 1301

City Village Township

CASE # _____

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
* If no. Of/State ID: REQUIRED documentation attached				<input type="checkbox"/> Yes

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 _____ MODEL _____

COLOR _____ LICENSE # _____ STATE _____

UPON A PUBLIC HIGHWAY, NAMELY _____

AT/NEAR _____ (M.P. _____)

IN THE Village OF Milan IN Erie/Huron

COUNTY (NO. 22/39 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 type="checkbox"/> DRIVER LICENSE HELD <input type="checkbox"/> VEHICLE SEIZED <input type="checkbox"/> JUVENILE OFFENDER	
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,

MILAN MAYOR'S Court, at 77 S MAIN ST MILAN OHIO

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
		MPD	

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

OHP0060 10-0060-00 (REVISION 0509) COURT RECORD [B6305]

PRESENT ADDRESS SIGNATURE X CO. RES. PHONE