

- STOW MUNICIPAL COURT, SUMMIT COUNTY, OHIO
- CUYAHOGA FALLS MAYOR'S/COMMUNITY COURT
- SUMMIT COUNTY JUVENILE COURT
- STATE OF OHIO CITY OF CUYAHOGA FALLS

TICKET # **252201**
 CASE # _____

NAME _____
 STREET _____
 CITY, STATE _____ ZIP _____

PRESENT ADDRESS

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 OJ/State ID, REQUIRED documentation attached: Yes

TO DEFENDANT: COMPLAINT ON _____, 20____ AT _____ Ave/Pw, 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 _____ (M.P. _____)

IN THE CITY OF CUYAHOGA FALLS, IN SUMMIT COUNTY (NO. 77), 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 <input type="checkbox"/> Freeway	
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 _____	

SIGNATURE X

CO. RES.

IDONE

TO DEFENDANT: SUMMONS PERSONAL APPEARANCE REQUIRED Yes No
 You are summoned and ordered to appear on _____, 20____ at _____ Ave/Pw

CUYAHOGA FALLS MAYOR'S COURT / COMMUNITY COURT
 2310 SECOND ST., CUYAHOGA FALLS, OH 44221

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 _____ Unit No. _____

Issuing Law Enforcement Officer SAME AS ABOVE Unit No. _____

Issuing Officer: Verify address. If different from license address, write present address in space provided.
 (REVISION 11/20)