



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>SILEUS GUNIO</u>		DRIVER LICENSE # <u>5420-240-97-0410</u>		CLASS <u>E</u>	STATE <u>FL</u>
CURRENT STREET ADDRESS (AS VERIFIED BY OFFICER) <u>1924 LAKE HARTFORD CIRCLE</u>					
CITY <u>ALABAMA</u>		OHIO COUNTY OF RESIDENCE <u>ALABAMA</u>		STATE <u>FL</u>	ZIP CODE <u>32835</u>
DATE OF BIRTH <u>04-07</u>	SOCIAL SECURITY # <u>1 1512</u>		4 DIGIT COURT CODE <u>0503</u>	COUNTY OF VIOLATION <u>FRANKLIN</u>	
DATE OF VIOLATION <u>5/11/2013</u>	TIME OF VIOLATION <u>0252</u> <input type="checkbox"/> AM <input type="checkbox"/> PM		PLACE OF TEST <u>GER 2504</u>	VIN <u>KNDST2A22B70617</u>	
DATE OF REFUSAL OR TEST <u>5/11/2013</u>	TIME OF REFUSAL OR TEST <u>0344</u> <input type="checkbox"/> AM <input type="checkbox"/> PM		YEAR <u>2011</u>	MAKE <u>HIA</u>	LICENSE PLATE # <u>ENH047</u>
VEHICLE OWNER'S NAME <u>PENTAL CAR FINANCE CORP</u>		DATE OF BIRTH <u>NONE</u>		STREET ADDRESS <u>651 N. LONDON DRIVE</u>	
CITY <u>KANSAS CITY</u>	STATE <u>MO</u>		ZIP CODE <u>64153</u>		CITY <u>MURKIN</u>
VEHICLE STORED AT (STREET ADDRESS) <u>1415 909 N JAMES RD</u>					CITY <u>MURKIN</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 (R.C. 4511.191)
☒ License was seized
☒ Offender was provided a copy of this form at the time of arrest.

I requested the driver, by reading advice on the back, to submit to a chemical test (s) for alcohol and / or for the presence of any controlled substance or metabolite. My reasonable grounds for OVI / Physical Control arrest before test were:

- SPEED VIOLATION / SLOW TO STOP
☐ 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 R.C. 4511.195 (OVI)

- ☐ Vehicle seized under R.C. 4510.41 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 (R.C. 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 (R.C. 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.

☒ DRIVER'S SIGNATURE ☐ REFUSED TO SIGN

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

We, the undersigned, certify that the advice prescribed by the General Assembly (under R.C. 4511.191 and R.C. 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

CANALIA RD OHO 2504
ENFORCEMENT AGENCY N.C.I.C. #

X WITNESS'S SIGNATURE

4600 POLLY GAY BLVD
OFFICER'S BUSINESS STREET ADDRESS

X WITNESS'S SIGNATURE

CANALIA CITY OH STATE 43230 ZIP CODE

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

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 vehicle under the influence of a controlled substance 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

X PEACE OFFICER SIGNATURE

Sworn to before me this _____ day of _____ 20____

X NOTARY PUBLIC'S SIGNATURE

X DEPUTY CLERK OF COURT'S SIGNATURE City of _____