

STATE OF INDIANA)
COUNTY OF MONTGOMERY) SS:

STATE OF INDIANA)
VS)

BENJAMIN M MATTINGLY
DOB: 7/29/1988

REDACTED

IN THE MONTGOMERY SUPERIOR COURT
2

CAUSE NO.: 54D02

INFORMATION

COUNT I:
OPERATING A VEHICLE WHILE
INTOXICATED ENDANGERING A PERSON
I.C. 9-30-5-2(a) & (b)
Class A Misdemeanor

COUNT II:
OPERATING A VEHICLE WITH AN ACE OF
.08 OR MORE
I.C. 9-30-5-1(a)
Class C Misdemeanor

COUNT 1:

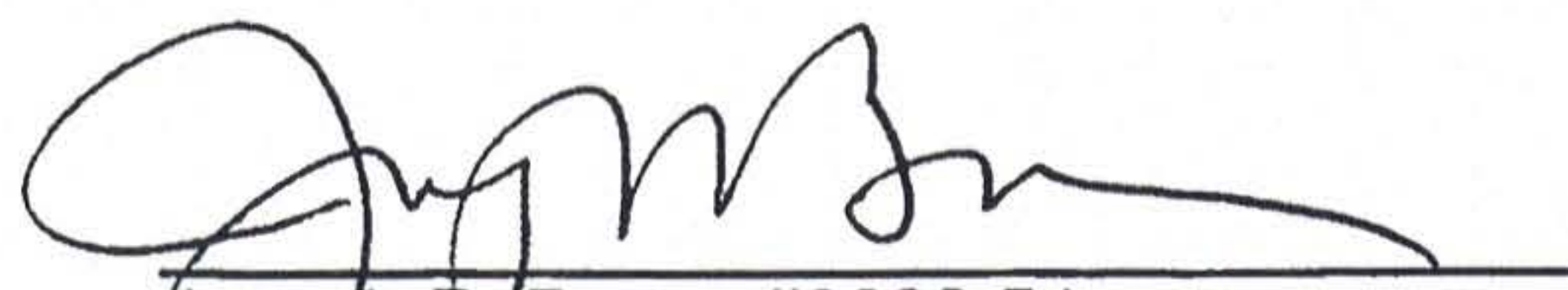
Joseph R. Buser, being duly sworn, says:

On or about December 9, 2019, in Montgomery County, State of Indiana, one Benjamin M Mattingly did operate a vehicle while intoxicated in such a manner that a person was endangered. All of which is contrary to I.C. 9-30-5-2(a) & (b), and against the peace and dignity of the State of Indiana.

COUNT 2:

Joseph R. Buser, being duly sworn, says:

On or about December 9, 2019, in Montgomery County, State of Indiana, one Benjamin M Mattingly did operate a vehicle with an alcohol concentration equivalent to at least eight-hundredths (0.08) gram of alcohol per 100 milliliters of said defendant's blood or 210 liters of said defendant's breath. All of which is contrary to I.C. 9-30-5-1(a), and against the peace and dignity of the State of Indiana.


Joseph R. Buser, #3696-54
Prosecuting Attorney

State Form 44213 (R6 / 10-10)

STATE OF INDIANA IN THE

COURT COUNTY OF

Montgomery

SS

State of Indiana

vs.

COURT CAUSE NUMBER

AGENCY CASE NUMBER 191209-04888

Benjamin M. Mattingly

AFFIDAVIT FOR PROBABLE CAUSE

I, Sgt. Rodney Jenkins, a law enforcement officer with the (agency) Montgomery County Sheriff's Office, affirms that on (date) 12 / 09 / 2019, at approximately 1:58 ☐ am ☒ pm the accused, (first name) Benjamin (middle initial) M (last name) Mattingly, a ☒ Male, ☐ Female, (d/o/b) 07 / 29 / 1988 (DL number or last four digits of SSN) 0570-06-4544 (license type) Operator, was observed in (location) 219 Center St. Linden, IN (county) Montgomery, Indiana operating a (vehicle description, include CMV and Hazmat indicator): White 2006 Jeep Liberty with Indiana Plate 675BRD under the following circumstances.

I. PRELIMINARY OBSERVATION/REASON FOR STOP (check all that apply)

- ☐ I observed the accused operate a vehicle in my presence and view.
- ☐ I observed the accused operate a vehicle.
- ☐ I had reason to believe the accused operated the vehicle because:
- ☐ The accused committed the following violation(s):
- ☐ Passenger under age 18 pursuant to IC 9-30-5-3(2)
- ☐ Other:
- Crash Involved: ☒ Yes ☐ No Crash involved Local Crash Number: 191209-04888 Time of Crash: 1:58 ☐ am ☒ pm
- ☒ The accused admitted to being the driver involved in the crash.
- ☐ The result of the accused driving resulted in: ☐ serious bodily injury ☐ fatality
- Name(s) of person(s) injured:

II. OBSERVATIONS

I had reason to believe the accused was INTOXICATED because I observed the following:

- | | | | | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Odor of alcoholic beverage | <input type="checkbox"/> Left vehicle in gear | Field Test | Passed | Failed |
| <input type="checkbox"/> Alcohol beverage containers in view | <input type="checkbox"/> Failed to shut off vehicle | <input type="checkbox"/> HGN | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Speech was <u>slurred</u> | <input type="checkbox"/> Could not open door | <input type="checkbox"/> Walk and Turn | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Eyes were <u>watery</u> | <input type="checkbox"/> Pulled self from vehicle | <input type="checkbox"/> One Leg Stand | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Manual dexterity <u>slow</u> | <input type="checkbox"/> Staggered from vehicle | <input type="checkbox"/> Rhombus Balance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Abusive attitude | <input type="checkbox"/> Lcaned against vehicle | <input checked="" type="checkbox"/> P.B.T./Alco-sensor 0. <u>112</u> gram of alcohol per 210 liters of breath | | |
| <input type="checkbox"/> Balance was | | DRE: Conclusion: Performed by: | | |
| <input checked="" type="checkbox"/> Soiled/disorderly clothing <u>Muddy shoes</u> | | | | |
| <input type="checkbox"/> Other observations/test: | | | | |

III. CHEMICAL TEST

- ☒ I advised the accused of the Implied Consent Law and the accused: ☒ submitted to, or ☐ refused a chemical test ☒ results are pending
- ☐ I was unable to offer a chemical test to the accused because such person was: ☐ unconscious ☐ injured
- ☐ a certified chemical test operator, determined from a chemical test that the accused had an alcohol concentration equivalent to 0 gram of alcohol per 210 liters of breath. The chemical test was administered at (location) Franciscan Hospital Crawfordsville, Indiana at (time) 4:18 ☐ am ☒ pm using certified instrument number Phlebotomist Franka Welcher
- ☐ I was told by Phlebotomist Franka Welcher the result of the chemical test was an alcohol concentration equivalent to 0 gram of alcohol per 100 milliliters of blood. Such test was administered by drawing or taking a sample of whole blood at 4:18 ☐ am ☐ pm. Drawn by:
- ☐ I was told by (name) Phlebotomist Franka Welcher the result of the chemical test determined that the accused had in his/her body a controlled substance, a controlled substance metabolite, or a drug, to wit Blood Sample Kit. Such test was administered by drawing or taking a sample of: ☐ blood, ☐ urine, ☒ other Blood Sample Kit at (location) Franciscan Hospital Crawfordsville, Indiana at (time) 4:18 ☐ am ☒ pm. Drawn by: Phlebotomist Franka Welcher

IV. WITNESS INFORMATION (Only Print Witness Information on Officer and Prosecutor Copy.)

- | | | |
|-------------------------------|----------------------------------------------|-------------------------------|
| 1. Name <u>Judith Ruppert</u> | Address <u>214 Center St. Linden, IN</u> | TX Number <u>765-918-8125</u> |
| 2. Name <u>Brad Scott</u> | Address <u>9292N 100E Crawfordsville, IN</u> | TX Number <u>765-479-1051</u> |

V. PREVIOUS INDIANA AND OUT OF STATE CONVICTION(S)

1. Offense, Court Information, Conviction Date and Court Cause/Case number.
2. Offense, Court Information, Conviction Date and Court Cause/Case number.

THE ACCUSED COMMITTED A VIOLATION OF IC 9-30-5, IC 14-15-8, or IC 31-37-19.

I AFFIRM PURSUANT TO IC 35-34-1-2.4 UNDER THE PENALTY OF PERJURY THAT THE FOREGOING FACTS ARE TRUE.

Signature of Affiant [Signature] Date (month, day, year) 12-09-2019 Print name and department R. Jenkins, Montgomery County Sheriff

ORIGINAL TO PROSECUTOR/COURT 1st COPY TO BMV FROM COURT 2nd COPY FOR OFFICER

BUREAU OF MOTOR VEHICLES CERTIFICATE

Court Cause/Case Number: Agency Case Number: 191209-04888

Offense Date (month, day, year): 12 / 09 / 2019 Time: 1:58 ☐ am ☒ pm (DL number or last four digits of SSN) 0570-06-4544

Driver License Type: Operator Driver License State: Indiana

Full Name: (First) Benjamin (Middle Initial) M (Last) Mattingly

Date of Birth: 07 / 29 / 1988 Gender: M Weight: 155 Height: 509 Eye Color: BLU Hair Color: BLN Race: W

Address (number and street, city, state, and ZIP code): 1616 Mimosa Ct. Lafayette, Indiana 47905

Vehicle Type: ☒ Passenger ☐ CMV ☐ Hazmat ☐ Other:

The above Motorist: ☐ Refused ☐ Failed Alcohol Test 0. 0.112 BAC Drugs: ☐ Yes ☐ No ☒ Pending Results of Alcohol or Drug Test(s)

PROBABLE CAUSE FOUND THAT DEFENDANT VIOLATED IC 9-30-5 or IC 14-15-8 and charges are pending. THE COURT RECOMMENDS THAT THE BMV TAKE THE FOLLOWING ACTION ON DEFENDANT'S DRIVING PRIVILEGES:

☐ Immediate Suspension ☐ Suspend upon notice from the Bureau of Motor Vehicles ☐ Court Ordered Ignition Interlock Device in Lieu of Suspension

Judge's Signature: Date (month, day, year):



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903503304

Local ID

19120904888

Page

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of

3

Date of Crash 12/09/2019	Day of Week Mon	Actual Local Time 1:58 PM	County MONTGOMERY	Township MADISON	# Motor Vehicles 1	# Injured 1	# Dead 0	# Commercial Vehicles 0	# Deer 0																																																																																																																																																																																																																																																																																																									
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Zone</td><td>NO</td></tr><tr><td>Rumble Strips</td><td>NO</td></tr><tr><td>Locality</td><td>URBAN</td></tr><tr><td>Light Condition</td><td>DAYLIGHT</td></tr><tr><td>Weather Conditions</td><td>RAIN</td></tr><tr><td>Surface Condition</td><td>WET</td></tr><tr><td>Type of Median</td><td></td></tr><tr><td>Type of Roadway Junction</td><td>NO JUNCTION INVOLVED</td></tr><tr><td>Road Character</td><td>STRAIGHT/LEVEL</td></tr><tr><td>Roadway Surface</td><td>OTHER - EXPLAIN IN NARRATIVE</td></tr><tr><td>Construction</td><td>If Yes, Construction Type</td></tr><tr><td>NO</td><td></td></tr><tr><td>Traffic Control Devices</td><td>NONE</td></tr><tr><td>Traffic Control Device Operational?</td><td>NA</td></tr></tbody></table>					Area Information		Hit and Run	NO	School Zone	NO	Rumble Strips	NO	Locality	URBAN	Light Condition	DAYLIGHT	Weather Conditions	RAIN	Surface Condition	WET	Type of Median		Type of Roadway Junction	NO JUNCTION INVOLVED	Road Character	STRAIGHT/LEVEL	Roadway Surface	OTHER - EXPLAIN IN 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Illegal Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Prescription Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Driver Asleep or Fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Driver Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Unsafe Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Failure to Yield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Disregard Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Left of Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Improper Passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Improper Turning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Improper Lane Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Following Too Closely	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Unsafe Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Overcorrecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Ran off Road	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Wrong Way on One Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Pedestrian's Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Passenger Distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Restriction Violation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
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Cell Phone Usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Other Telematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Driver Distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Speed/Weather Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Unsafe Lane Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
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Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4																																																																																																																																																																																																																																																																																																														
Vehicle Contributing Circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Engine Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Accelerator Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Brake Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Tire Failure or Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Headlight(s) Defective or Not On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Other Lights Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Steering Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Window/Windshield Defective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Oversize/Overweight Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Insecure/Leaky Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
Tow Hitch Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																														
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<input type="checkbox"/>	Holes/Ruts in Surface																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Shoulder Defective																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Road Under Construction																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Severe Crosswinds																																																																																																																																																																																																																																																																																																																	
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<input type="checkbox"/>	Lane Marking Obscured																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	View Obstructed																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Animal/Object in Roadway																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Traffic Ctl Inop/Missing/Obscure																																																																																																																																																																																																																																																																																																																	
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Area Information																																																																																																																																																																																																																																																																																																																		
Hit and Run	NO																																																																																																																																																																																																																																																																																																																	
School Zone	NO																																																																																																																																																																																																																																																																																																																	
Rumble Strips	NO																																																																																																																																																																																																																																																																																																																	
Locality	URBAN																																																																																																																																																																																																																																																																																																																	
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Weather Conditions	RAIN																																																																																																																																																																																																																																																																																																																	
Surface Condition	WET																																																																																																																																																																																																																																																																																																																	
Type of Median																																																																																																																																																																																																																																																																																																																		
Type of Roadway Junction	NO JUNCTION INVOLVED																																																																																																																																																																																																																																																																																																																	
Road Character	STRAIGHT/LEVEL																																																																																																																																																																																																																																																																																																																	
Roadway Surface	OTHER - EXPLAIN IN NARRATIVE																																																																																																																																																																																																																																																																																																																	
Construction	If Yes, Construction Type																																																																																																																																																																																																																																																																																																																	
NO																																																																																																																																																																																																																																																																																																																		
Traffic Control Devices	NONE																																																																																																																																																																																																																																																																																																																	
Traffic Control Device Operational?	NA																																																																																																																																																																																																																																																																																																																	
Total Estimate of all damage in the Crash: \$1001 TO \$2500					Was this crash the result of aggressive driving? NO																																																																																																																																																																																																																																																																																																													
Other Property Damage (1) LANDSCAPE		State Property NO		Owner's Name and Address KAROLYNE EBERT 219 CENTER ST LINDEN IN																																																																																																																																																																																																																																																																																																														
Other Property Damage (2)		State Property		Owner's Name and Address																																																																																																																																																																																																																																																																																																														
Witness/Other Participant					Non-Motorist																																																																																																																																																																																																																																																																																																													
<input checked="" type="checkbox"/> Witness # 1 Name JUDY RUPPERT					(Last Name, First Name, MI)																																																																																																																																																																																																																																																																																																													
Address etc. 214 CENTER ST LINDEN IN					Non-Motorist Type		Non-Motorist Action																																																																																																																																																																																																																																																																																																											
Phone # 7653394108					Location at Time of Crash AT HER RESIDENCE		Apparent Physical Condition																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> Witness # Name					Cited?		Direction																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> Other Participant					Street/Highway																																																																																																																																																																																																																																																																																																													
Address etc.					Traffic Control? If yes, was traffic control operational?																																																																																																																																																																																																																																																																																																													
Phone #					Location at Time of Crash																																																																																																																																																																																																																																																																																																													

Local ID
19120904888

**Type of
Crash**

RAN OFF ROAD

Time Notified	Time Arrived	Other Location of Investigation			
1:58 PM	2:34 PM	SEE NARRATIVE			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
TODD WALSH		5410	MONTGOMERY SD	YES	YES
Assisting Officer		ID No.	Agency	Date of Report	
				12/09/2019	
Investigating Officer		ID No.	Agency	Reviewing Officer	
JENKINS, R		545	MONTGOMERY SD		

Narrative

Driver of V1 advised that he had struck landscape timbers with his vehicle. Driver of V1 was unable to advise any further information regarding the accident. Driver of V1 was transported to Franciscan Hospital Crawfordsville. See Case #191209-04888 for arrest information.

UNIT INFORMATION

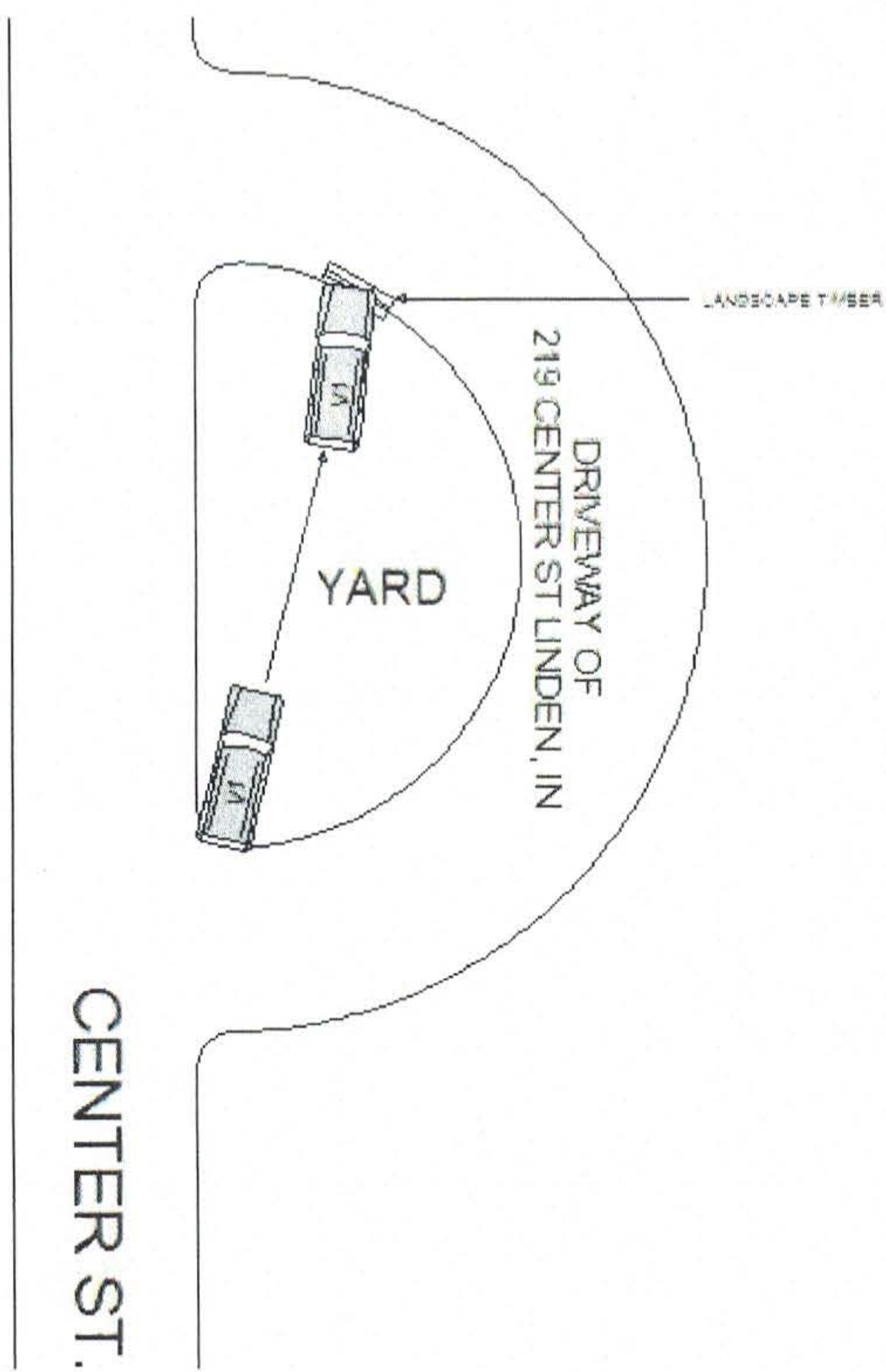
903503304

Page 3 of 3

Local ID 19120904888		Driver's Name (Last, First, MI) MATTINGLY, BENJAMIN, M		Safety Equipment Used NO RESTRAINT	
Address (Street, City, State, Zip) 1616 MIMOSA CT LAFAYETTE IN 47905		Safety Equipment Effective? N/A		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 07/29/1988	Age 31	Gender MALE	EMS No. 1220	Immed Attn YES	Driver Injury Status INCAPACITATING - TRANSPORTED
Driver's License # 0570064544		Lic Type OP	CDL Class	Lic State IN	Nature of Most Severe Injury NONE VISIBLE
Apparent Physical Status <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input checked="" type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input type="checkbox"/> None		Location of Most Severe Injury If Cited? <input type="checkbox"/> Infraction <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony IC Codes 9-30-5-1 9-30-5-2	
Test Given ALCOHOL		Type Given <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		Drug Results	
Alcohol Results PBT 11		Certified Test <input checked="" type="checkbox"/> Pending		Drug Results	
Veh# 1	Color WHITE	Vehicle Year 2006	Make JEEP	Model LIBERTY	Style UT
# Occupants 1	Lic Year 2020	License # 675BRD	License State IN		
# Axles 2	Speed Limit 0	Insured By LIBERTY MUTUAL INS	Phone Number 8002252467		
Vehicle Identification# 1J4GL48K66W234775			Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown		
Registered Owner's Name (Last, First, MI) MATTINGLY, BENJAMIN, M			Areas Damaged (Multiples) <input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		
Address (Street, City, State, Zip) 1616 MIMOSA CT LAFAYETTE IN 47905			Vehicle Use PERSONAL (FARM, COMPANY)		
Towed? To WILSONS TOWING YES By WILSONS TOWING			Emergency Run? Fire? NO		
Due to Disabling Damage NO			Vehicle Type SPORT UTILITY VEHICLE		
Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver			Pre-Crash Vehicle Action GOING STRAIGHT		
License# Address (Street, City, State, Zip)			Direction of Travel NORTH		
Veh Year Make			Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input checked="" type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input type="checkbox"/> Ramp		
Commercial Vehicle: Carrier's Name and Address			Event Collision With 1. RAN OFF ROADWAY 2. OTHER - EXPLAIN IN NARRATIVE		
HAZMAT Proper Shipping Name: State DOT#			HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazard Class #		
US DOT# ICC# CMV Inspection If Yes					
Gross Vehicle Weight Rating Cargo Body Type					

TOWN OF LINDEN

NOT TO SCALE



*Vehicle Moved

STATE OF INDIANA) IN THE MONTGOMERY SUPERIOR COURT 2
)SS:
COUNTY OF MONTGOMERY)

FILED

December 13, 2019

MONTGOMERY COUNTY COURTS

PL

STATE OF INDIANA

VS

CAUSE NO. 54D02 1912 CM003620

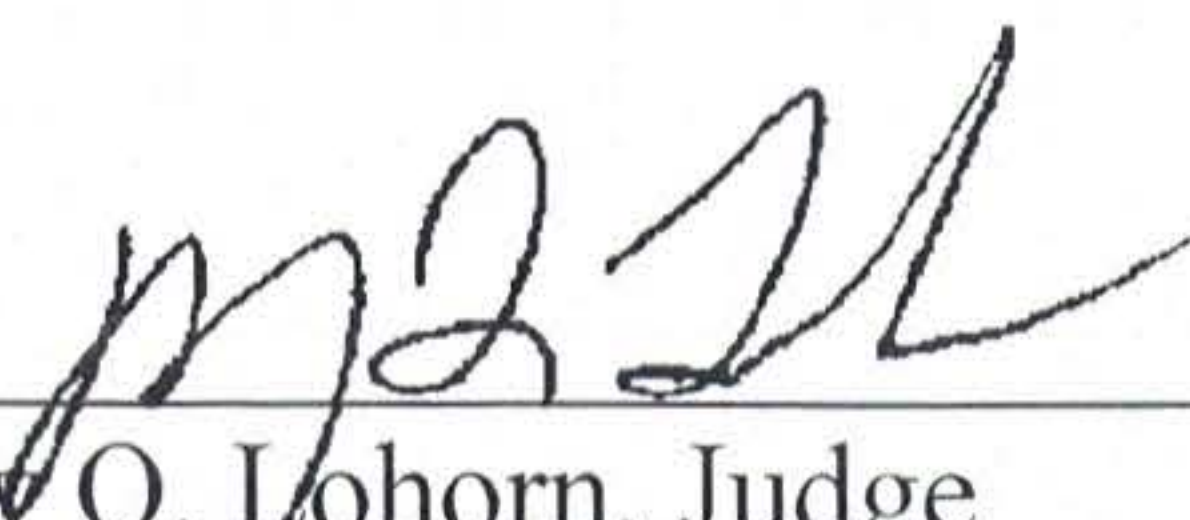
BENJAMIN M. MATTINGLY

ORDER OF RECUSAL AND SPECIAL JUDGE APPOINTMENT

Comes now The Honorable Peggy Q. Lohorn, and finding that conflict exists which requires recusal, hereby appoints the Honorable Hunter J. Reece, Warren Circuit Court, as Special Judge in this cause, subject to his acceptance, pursuant to Montgomery County Local Rule. The Court has been advised that the Prosecuting Attorney for Montgomery County has referred this case to a Special Prosecutor, and that Gary Hanner, a prosecuting attorney from Parke County has agreed to serve as Special Prosecutor.

IT IS HEREBY ORDERED that the Honorable Peggy Q. Lohorn is recused in this cause and the Honorable Hunter J. Reece is appointed as Special Judge, subject to his acceptance. The Court date of December 19, 2019 is vacated and will be reset by the Special Judge. The Court further orders that Special Prosecutor Gary Hanner file his acceptance in this case.

All of which is ORDERED this 13th day of December, 2019.



Peggy Q. Lohorn, Judge
Montgomery Superior Court 2

DISTRIBUTION;

Joseph Buser, Montgomery County Prosecuting attorney
Benjamin M. Mattingly
Hon. Hunter J. Reece, Warren Circuit Court
Gary Hanner, Parke County Prosecutor's Office

STATE OF INDIANA)
) SS:
MONTGOMERY COUNTY)

IN THE MONTGOMERY SUPERIOR 2
CAUSE NO. 54D02-1912-CM-3620
HUNTER J. REECE, SPECIAL JUDGE

STATE OF INDIANA)
)
VS)
)
BENJAMIN M. MATTINGLY)

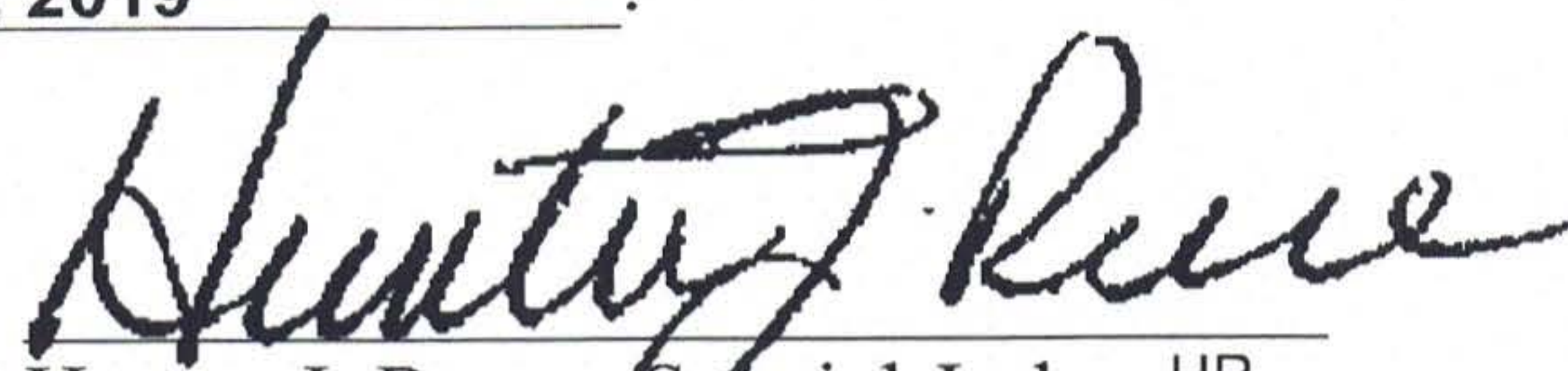
FILED
December 18, 2019
MONTGOMERY COUNTY COURTS
MB

ORDER ACCEPTING APPOINTMENT AS SPECIAL JUDGE
AND RESETTING INITIAL HEARING

Honorable Hunter J. Reece, selected as Special Judge, accepts this cause of action. The parties are **DIRECTED** to file the original of all future pleadings or motions with the court of original jurisdiction, Montgomery Superior 2 Court, and send a copy of the same to the Special Judge, including the Special Judge in the Certificate of Service. Clerk of the Court is directed to forward all pleadings to the Special Judge's **Warren C01 Judge** queue.

This matter is continued from December 19, 2019 to **January 2, 2020 at 1:15 P.M.** for an Initial Hearing. Defendant is ORDERED to appear.

SO ORDERED on this date: December 18, 2019.



Hunter J. Reece, Special Judge ^{HR}
MONTGOMERY SUPERIOR 2 COURT

Distribution:

State
Benjamin M. Mattingly
Gary Hanner, Special Prosecutor

STATE OF INDIANA)
)SS: IN THE MONTGOMERY SUPERIOR COURT 2
MONTGOMERY COUNTY)

THE STATE OF INDIANA)
)
VS)

RE: IN THE MATTER OF
 THE PETITION FOR
 APPOINTMENT OF
 SPECIAL PROSECUTOR

MOTION FOR APPOINTMENT OF SPECIAL PROSECUTOR

Comes now the State of Indiana by Joseph R. Buser, Prosecuting Attorney for the 22nd Judicial Circuit and pursuant to the provision of Indiana Code 33-39-10-2 respectively requests the Court to appoint a special prosecutor to investigate allegations of criminal conduct involving Benjamin M. Mattingly. In support hereof, the undersigned would show the Court as follows:

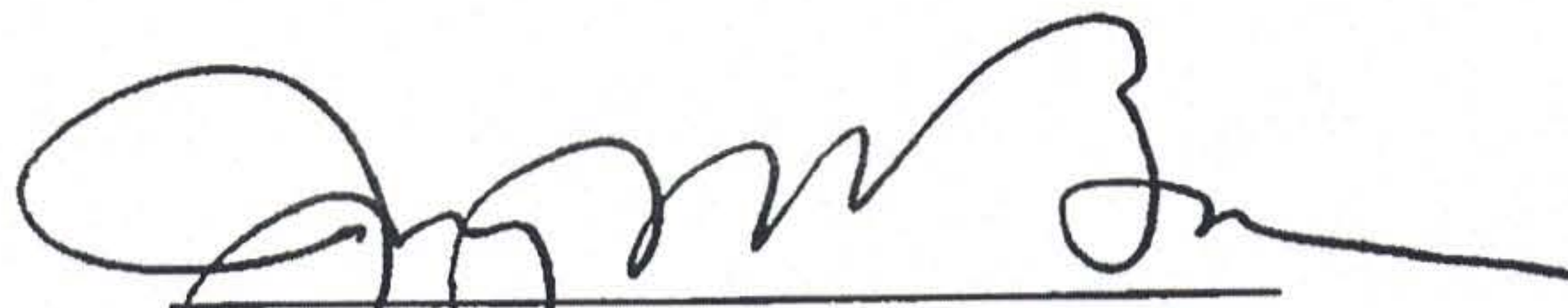
- (1). That the undersigned received an investigative report dated December 9, 2019 from the Montgomery County Sheriff's Department regarding a report that Benjamin Mattingly having committed the criminal offenses of Operating While Intoxicated Causing Endangerment and Operating With a B.A.C. Content of Between .08 and .15. Mr. Mattingly was arrested on preliminary charges of Operating While Intoxicated Causing Endangerment and Operating With a B.A.C. Content of Between .08 and .15.
- (2). The alleged perpetrator of the offenses is a public defender in the Montgomery County Courts.
- (3). That the undersigned and deputies in this office have a working relationship with Mr. Mattingly with regard to his representation of criminal clients in Montgomery County Court.
- (4). That criminal charges have been filed against Mr. Mattingly.

5. That the continued representations of the State of Indiana by the undersigned or his deputies may create an appearance of impropriety.
6. That Garry Hanner, a Deputy Prosecuting Attorney with the Parke County Prosecutor's Office has agreed to serve as special prosecutor in the case of Mr. Mattingly.

WHEREFORE, the undersigned prays that the Court appoint a special prosecutor, particularly Gary Hanner, of the Parke County Prosecutor's Office in order that he may handle the prosecution of Mr. Mattingly, obtain necessary investigatory documents, and to pursue criminal charges..

I AFFIRM UNDER THE PENALTIES OF PERJURY THE FOREGOING REPRESENTATIONS ARE TRUE.

Respectfully submitted,



JOSEPH R. BUSER # 3696-54
Prosecuting Attorney

STATE OF INDIANA)
MONTGOMERY COUNTY)
THE STATE OF INDIANA)
VS)

IN THE MONTGOMERY SUPERIOR COURT 2

)SS:

RE: IN THE MATTER OF
THE PETITION FOR
APPOINTMENT OF
SPECIAL PROSECUTOR

FILED

December 19, 2019
MONTGOMERY COUNTY COURTS
MB

ORDER

Joseph R. Buser, Prosecuting Attorney for the 22nd Judicial Circuit having filed his Motion for Special Prosecutor and the Court being duly advised now finds that in order to avoid the appearance of impropriety, a special prosecutor should be and hereby is ordered appointed to prosecute criminal conduct by Benjamin M. Mattingly. The Court further finds that Gary Hanner, Deputy Prosecuting Attorney for Parke County, Indiana should be and hereby is appointed to serve as special prosecutor upon his acceptance of said appointment.

APPROVED AND SO ORDERED this December 19, 2019


Hunter Reece, Special^{HR} Judge
Montgomery Superior Court 2

Distribution: Prosecutor
Benjamin M. Mattingly
Gary Hanner, Prosecutor, Parke, County

STATE OF INDIANA:

SS:

IN THE MONTGOMERY SUPERIOR COURT 2

COUNTY OF MONTGOMERY:

CAUSE NO. 54D02-1912-CM-003620

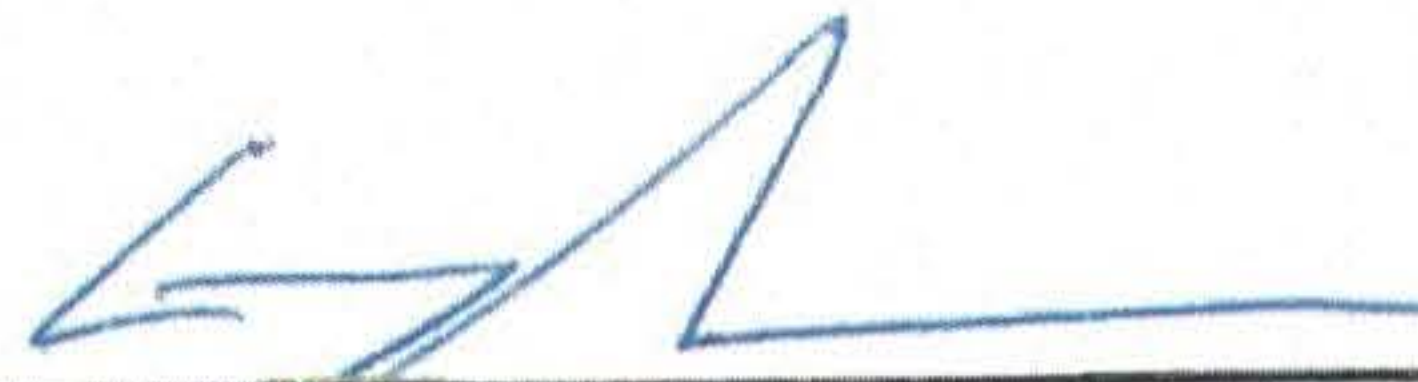
IN THE MATTER OF
THE PETITION FOR
APPOINTMENT OF
SPECIAL PROSECUTOR

ACCEPTANCE

COMES NOW Gary G. Hanner, Deputy Prosecuting Attorney of the 68th Judicial District and accepts his appointment as Special Prosecutor in the above captioned cause.

Further the undersigned will carry out his duties according to law.

Respectfully submitted,




Gary G. Hanner
Deputy Prosecuting Attorney
Parke County Prosecutor's Office

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the above and foregoing pleading has been mailed by the United States First Class Mail, postage prepaid to the following this 19 day of December, 2019

Benjamin Mattingly
1616 Mimosa Court
Lafayette, IN 47905

Montgomery County Prosecutor's Office
100 E Main St #205
Crawfordsville, IN 47933



Gary G. Hanner, Deputy Prosecutor

STATE OF INDIANA) IN THE MONTGOMERY SUPERIOR COURT 2
) SS:
MONTGOMERY COUNTY) TO THE 2019 TERM

STATE OF INDIANA)
)
vs.) CAUSE NO.: 54D02-1912-CM-003620
)
BENJAMIN MATTINGLY)

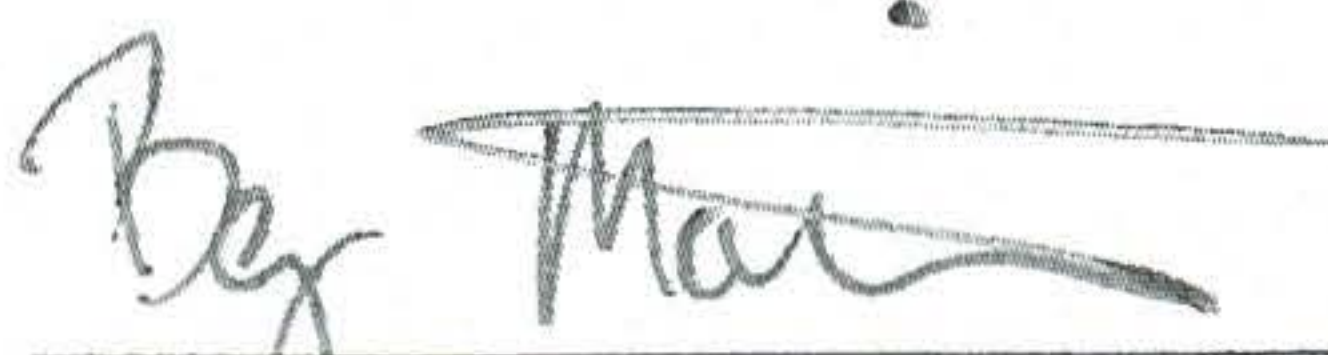
PETITION FOR SPECIALIZED DRIVING PRIVILEGES

Comes now the Defendant, Benjamin Mattingly, in person and pro se, and files his
Petition for Specialized Driving Privileges pursuant to I.C. 9-30-16-3, and in support thereof,
states as follows:

1. The Defendant is thirty-one (31) years of age, having been born on July 29, 1988, and currently resides at 1616 Mimosa Court, Lafayette, IN 47905.
2. The Defendant's Operator License Number (OLN) is 0570-06-4544.
3. The Defendant is seeking specialized driving privileges herein because it is anticipated that his operator's license will be suspended and it will be extremely detrimental to his employment and well-being.
4. The Defendant respectfully requests the Court to issue an Order granting him specialized driving privileges so that he will be able to drive to and from work, through the course of employment, and for the necessities of life.


WHEREFORE, the Defendant respectfully requests the Court to issue an Order granting him specialized driving privileges and for all other relief just and proper in the premises.

I hereby affirm under the penalties of perjury that the aforementioned information is true and accurate to the best of my knowledge.



Benjamin Mattingly

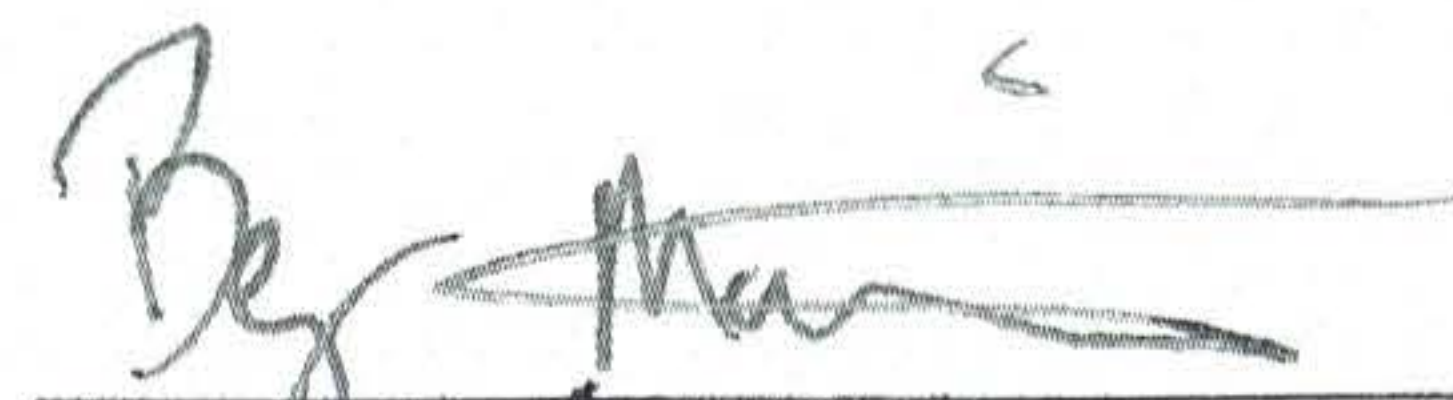
Respectfully Submitted,



Benjamin Mattingly

CERTIFICATE OF SERVICE

I hereby certify that a true and complete copy of the foregoing was served upon Honorable Hunter Reece, Special Judge, and Gary G. Hanner, Special Prosecutor, and the Indiana Bureau of Motor Vehicles, by electronic filing and/or certified mail on December 27, 2019.



Benjamin Mattingly

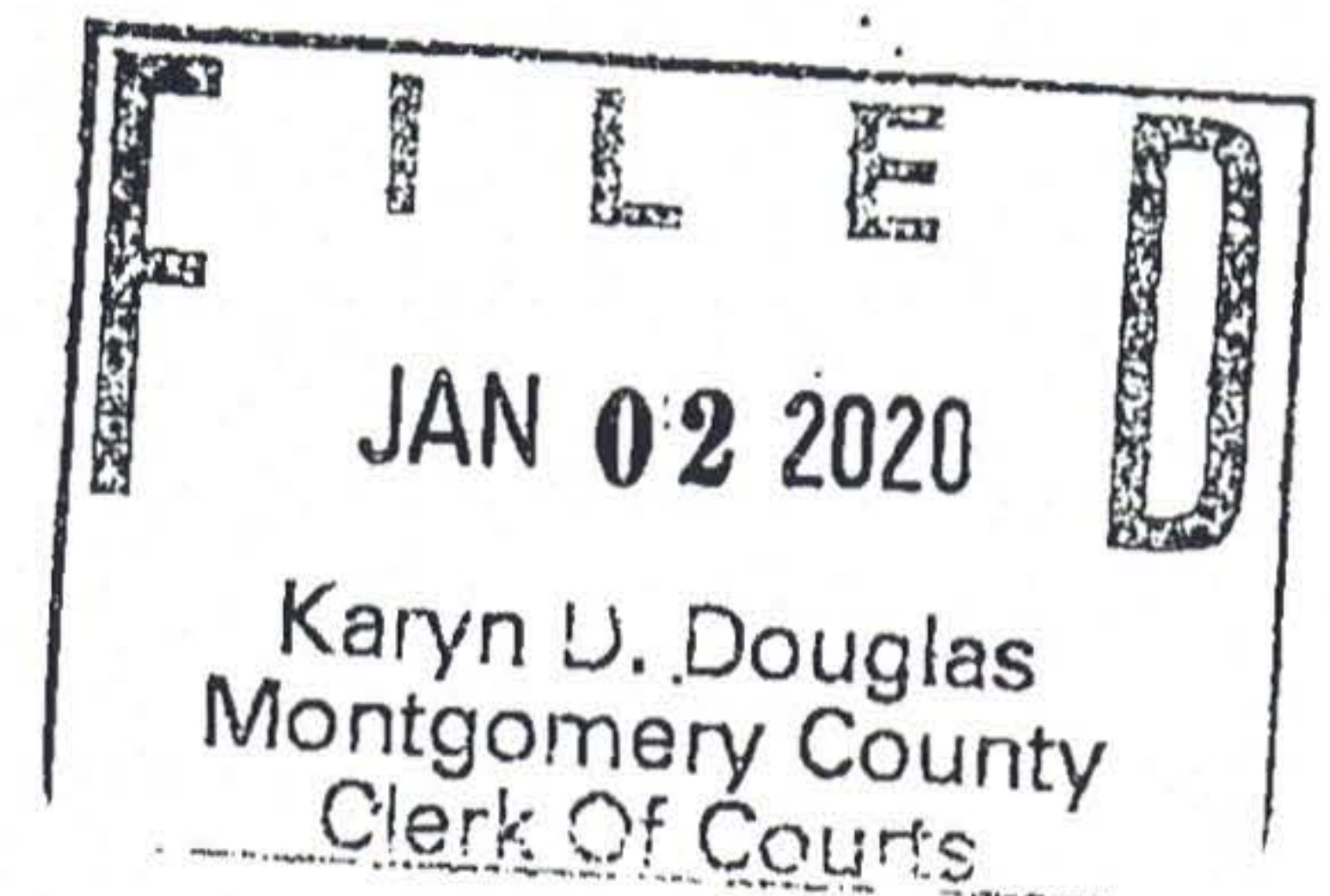
STATE OF INDIANA)

MONTGOMERY SUPERIOR COURT 2

) SS:

COUNTY OF MONTGOMERY)

RIGHTS OF DEFENDANT



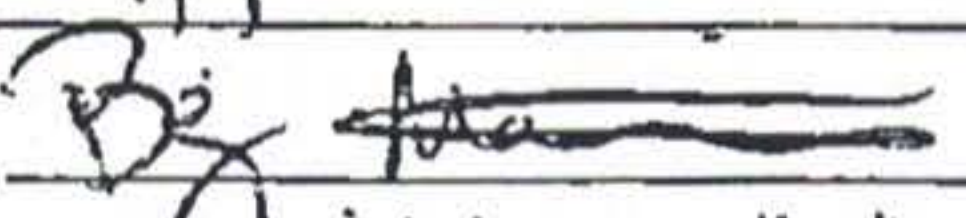
I understand that the Constitutions of the United States and the State of Indiana assure me of certain legal rights when I am charged with a violation of the law. I understand that:

1. I have the right to hire a lawyer and to consult with him or her during all critical stages of a criminal proceeding. I understand that if I intend to hire a lawyer, I should do so within 10 days of this initial hearing if I am charged with a misdemeanor and within 20 days of this initial hearing if I am charged with a felony. These time frames are important because there are deadlines for filing motions and raising defenses. If these deadlines are missed, then the legal issues and defenses that could have been raised will be waived or given up.
2. The Court will appoint a lawyer to represent me at no expense to myself if I want a lawyer and I am indigent (unable to afford an attorney). The Court will place me under oath and question me about my finances to determine whether I qualify for a public defender at no expense to me, or at very limited cost to me.
3. If I choose to proceed without a lawyer, I understand that there are dangers associated with going to trial. I understand that lawyers are trained in the rules of evidence and trial procedure, which will be enforced at trial. I understand that lawyers have skills and expertise in investigating and interrogating witnesses, gathering appropriate evidence, obtaining favorable defense witnesses, preparing and filing pre-trial motions, preparing appropriate written instructions of the jury, presenting favorable opening and closing statements, examining and cross-examining witnesses at trial, and recognizing objectionable, prejudicial evidence and testimony and making proper objections thereto.
4. I am entitled to a fair and impartial trial in the county where the offense was allegedly committed. I have a right to demand the nature of the accusation made against me and have a copy of the information filed against me.
5. I have a right to a public and speedy trial by jury, but if I wish to be tried by a jury and I am charged with a misdemeanor offense(s), I must notify the Court, in writing, at least ten (10) days prior to the date of the first trial setting. If I fail to so notify the Court, such failure shall be considered a voluntary waiver of my right to a trial by jury.
6. I am presumed innocent of any wrongdoing and I have the right to require the State of Indiana to prove my guilt beyond a reasonable doubt at trial, with no requirement on my part to prove anything.

7. I have the right to see, hear, question, confront and cross-examine all witnesses called by the State of Indiana to prove its case against me at trial.
8. I have the right to call my own witnesses for trial and compel them to attend by issuing subpoenas to them, which constitute an order to those witnesses to appear in court.
9. I have the right to present evidence on my own behalf at trial, although I am not required to present or prove anything.
10. I have the right to remain silent and I cannot be required to testify for or against myself at trial, and anything I say in and out of court may be used against me at trial.
11. I have the right to have the court determine an amount of bond that must be posted in order to secure my release from jail prior to trial and to insure my appearance at trial.
12. If I am found guilty at trial I have a right to appeal my conviction to the Indiana Court of Appeals and to be represented by counsel for purposes of that appeal.
13. I understand that if I fail to appear at any future hearings in this case, the Court will issue a warrant for my arrest. I am providing the Court with an address at the bottom of this form where the Court can send me notice of proceedings. I understand that if I change my address while this case is pending, I must notify the Court of my new address, in writing, within forty-eight (48) hours of my change of address.

I can read and understand the English language and have read each of the rights enumerated above on this _____ day of _____, 20____, and verify that I understand them. I am not under the influence of drugs or alcohol that affect my understanding of these proceedings.

I further understand that if I want the Court to consider the appointment of a public defender, or if I want to seek a continuance, I must appear in Court, or write or call the Court (765-364-6455) PRIOR TO THE DATE OF TRIAL.

Defendant's printed name: Benjamin Mattingly
Defendant's signature: 
Address: 0 1616 Mimosa Court
Lafayette, IN 47905

Phone number (cell): 317-626-3377
(home): _____
Email Address: benjamin.mattingly@gmail.com
DOB: 7/29/1988
last 4 digits of Soc Sec #: XXX-XX-8157

STATE OF INDIANA) IN THE MONTGOMERY SUPERIOR COURT 2
) SS:
MONTGOMERY COUNTY) 2019 TERM

FILED

January 3, 2020

MONTGOMERY COUNTY COURT

PL

STATE OF INDIANA

v.

CAUSE NO. 54D02-1912-CM-003620

BENJAMIN M. MATTINGLY

PLEA AGREEMENT

Comes now the State by Special Prosecuting Attorney Gary Hanner, and comes now the Defendant, Benjamin M. Mattingly, and agree as follows:

1. The Defendant will plead guilty to operating a motor vehicle with a breath alcohol concentration of .08 or greater, a Class C Misdemeanor.

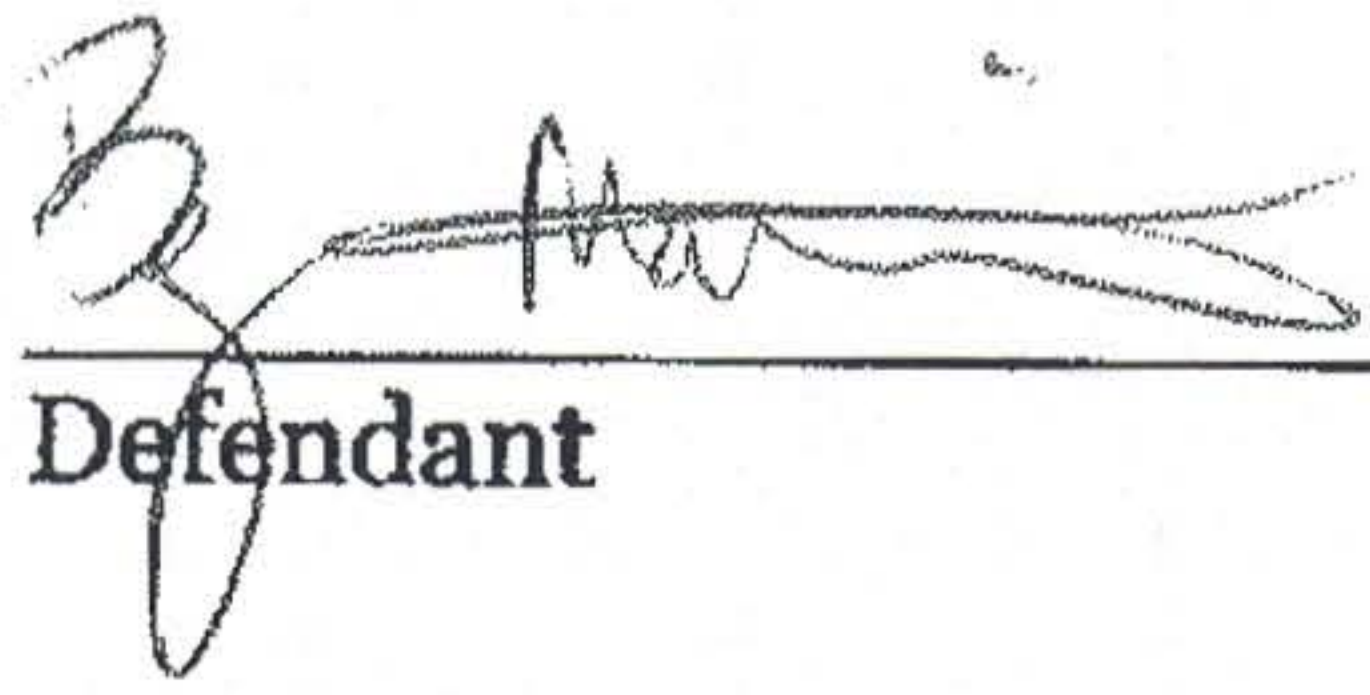
2. The Defendant shall receive a sentence of 180 days, all suspended, and be placed on probation for that time with terms of probation left to the Court.


3. The Defendant shall receive a 60-day license suspension, which shall be stayed, and the Defendant shall receive specialized driving privileges in order to drive to and from work, in the course of his employment, and for all obligations associated with probation, and for the necessities of life. Said specialized driving privileges shall be in effect for 180 days.

4. The Defendant shall complete the program he is currently taking, which is "Primed for Life."

5. The Defendant shall pay court costs, plus a \$200.00 standard drug interdiction fee.

6. All other conditions shall be left to the Court, and the Court will approve a transfer of probation to Tippecanoe County upon request.


Defendant


Special Prosecuting Attorney

GARY E. HANNER

STATE OF INDIANA

COUNTY OF MONTGOMERY

STATE OF INDIANA

V.

BENJAMIN M MATTINGLY

) IN THE MONTGOMERY SUPERIOR COURT 2
)
) CASE NUMBER: 54D02-1912-CM-003620

FILED

January 3, 2020

MONTGOMERY COUNTY COURTS
MB

SENTENCING ORDER

Comes now the State of Indiana by Special Deputy Prosecuting Attorney, Gary G. Hanner, and comes now the defendant, in person. Initial hearing held. Rights of Defendant form signed and filed. Recommendation of Plea Agreement filed. Defendant is advised of his rights, the charges against him, and the penalties thereunder. Defendant knowingly waives rights. Factual basis taken. Court accepts submitted Plea Agreement that is filed today and finds that the Defendant is guilty of:

Count II - 9-30-5-1(a)/MC: Oper Veh w/ Alcohol Concentration Equivalent to at Least .08 but Less than .15,
Class C Misdemeanor

Court now sentences the defendant to the Montgomery County Jail for a period of 60 days. Court suspends all but 2 days, already served, subject to Class A credit. Court places the Defendant on formal probation for a period of 180 days on the following terms and conditions and to include Prime for Life: (see probation terms).

The Defendant shall be responsible for the following court costs and/or fees/fines:

	\$0.00 Fine
	\$185.50 Court Costs
	\$150.00 Prime for Life
	\$200.00 Alcohol Countermeasures Fee
Total:	\$535.50

Defendant's license is suspended for a period of 60 days commencing on January 2, 2020. Court further stays the suspension and grants Specialized Driving Privileges for a period of 180 days.

Count I dismissed.

SO ORDERED on this the 2nd day of January, 2020.


Hunter Reece, Special Judge HR
Montgomery Superior Court 2

DISTRIBUTION: Benjamin Mattingly
Gary Hanner, Special Prosecuting Attorney
Montgomery County Probation

VS

CAUSE NO. 54D02 1912-CM-3620BENJAMIN M. MATINGLYPROBATION ORDER

The Defendant having been convicted of OWI - Persc, a Class C misdemeanor/felony is hereby placed on probation for a period of 180 days.

STANDARD CONDITIONS OF PROBATION

1. You shall not violate any law. You shall notify your Probation Officer of any arrest within 72 hours.
2. You shall report to and cooperate with your Probation Officer as directed.
3. You shall provide your address and telephone number to your Probation Officer at all times, and in advance of changing your residence.
4. You shall maintain employment and notify your Probation Officer prior to any change in employment. If not employed, you shall actively seek employment.
5. You shall sign a Waiver of Extradition and appear before the Court when so ordered by the Court.
6. You shall not associate with persons who are on probation, parole, or in jail.
7. You shall permit Probation Officers to enter your residence and to make reasonable inquiry into your activities. You shall sign a Fourth Amendment Waiver which will allow for the search of your person and/or property at all times as Probation, Community Corrections or Law Enforcement Officer requests.
8. You shall not consume or possess any controlled substance or synthetic drug except as prescribed for you by a physician. You shall submit to alcohol and drug tests when ordered by any Probation, Community Corrections or Law Enforcement Officer. By signing this Order, you waive any objection to admissibility of the results of such tests at any Revocation Hearing.
9. You shall pay Probation Users' Fee of \$ 100.00 initially and \$ 20.00 each month (including 1st month).
10. You shall not consume or possess any alcoholic beverages, nor enter any liquor stores, bars and taverns.
11. You shall not possess firearms or ammunition.
12. You shall sign the vicious and aggressive animal policy.

ADDITIONAL CONDITIONS OF PROBATION

____ You shall follow and complete the recommendations of the Court Referral Program, pay all fees, and authorize the release of information to the Probation Department, Court Referral Office and the Court.

____ You shall serve _____ on Home Detention with West Central Regional Community Corrections, obey all rules, and pay all fees. (see additional order)

✓ You shall pay a fine of \$ 0, court costs of \$ 185.50, alcohol countermeasures fee of \$ 200.00, drug interdiction fee of \$ 0, and _____ of \$ _____ by _____.

____ You shall pay restitution of \$ _____ through the Probation Department on behalf of _____.

____ You shall perform _____ hours of Community Service at a rate of at least _____ hours/_____.

____ You shall not operate a motor vehicle for a period of _____ commencing on _____.

____ For a period of _____ days, the use of your driving privileges shall be restricted as outlined on your specialized driving permit/probationary license/and to a vehicle equipped with an ignition interlock device.

____ You shall have no contact with _____.

____ You shall pay \$ _____ to reimburse Montgomery County for the costs of your court-appointed attorney.

____ You shall complete/attend counseling at _____ and sign any

____ necessary releases of information to share your progress with probation and the Court.

____ You shall submit fingerprints to law enforcement today.

____ You shall submit a DNA sample.

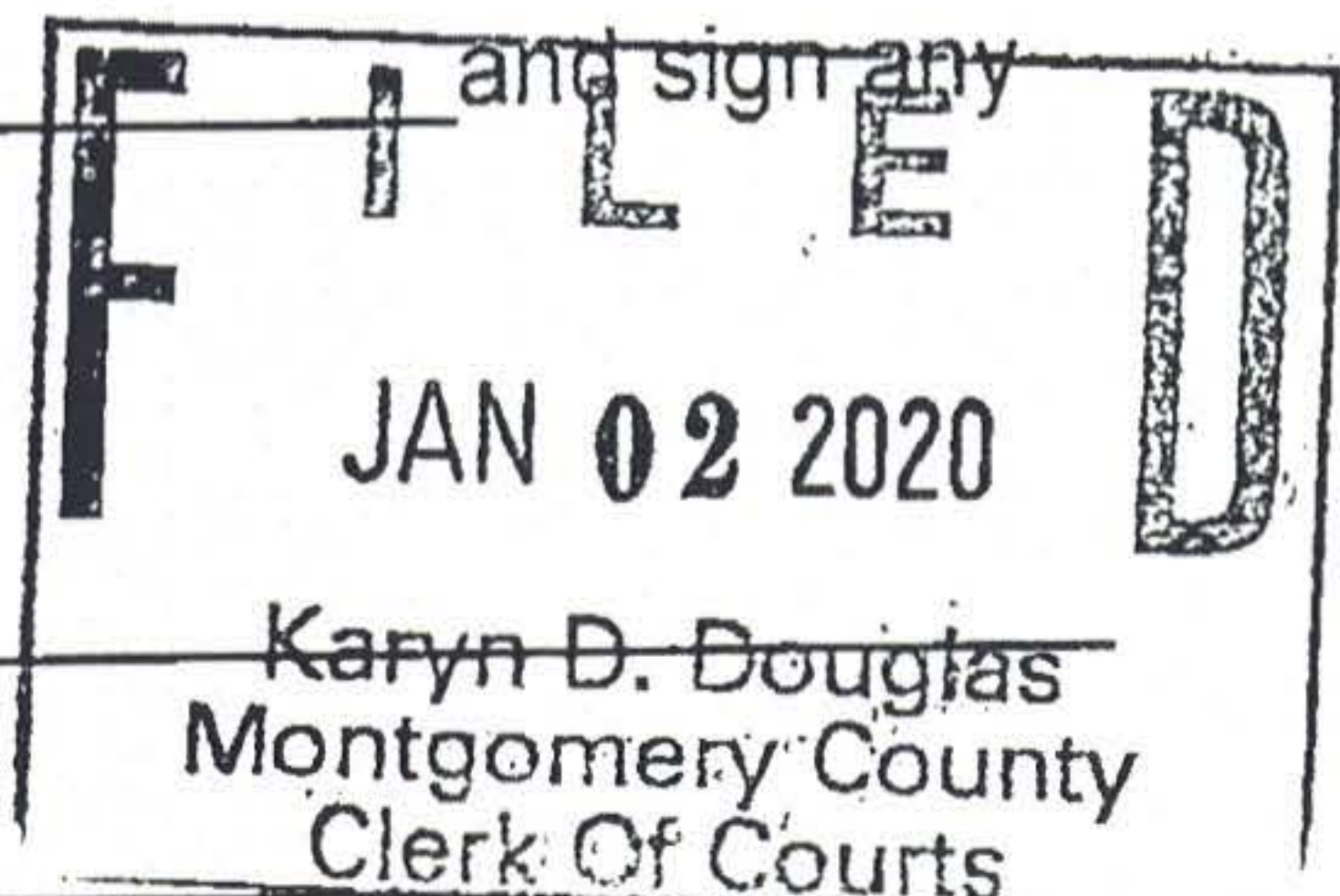
✓ Other: Complete Fine for Life

ORDERED _____

Hunter J. Reese
Special Judge, Montgomery Superior Court 2

I have received a copy of the above Probation Order which was read to me by the Judge. I understand if I violate a Condition of Probation during the Probationary period, a Petition to Revoke my Probation may be filed before the earlier of (a) One (1) year after the termination of probation, or (b) forty-five (45) days after the State of Indiana receives notice of the violation.

Ben Matingly
Probationer's Signature



MONTGOMERY SUPERIOR COURT 2 ASSESSMENTS

PAYABLE TO: MONTGOMERY COUNTY CLERK'S OFFICE
P.O. BOX 768
CRAWFORDSVILLE, IN 47933
(765)364-6430

STATE VS. Benjamin Mattingly CAUSE NUMBER: 54D02 1912 cm 3620

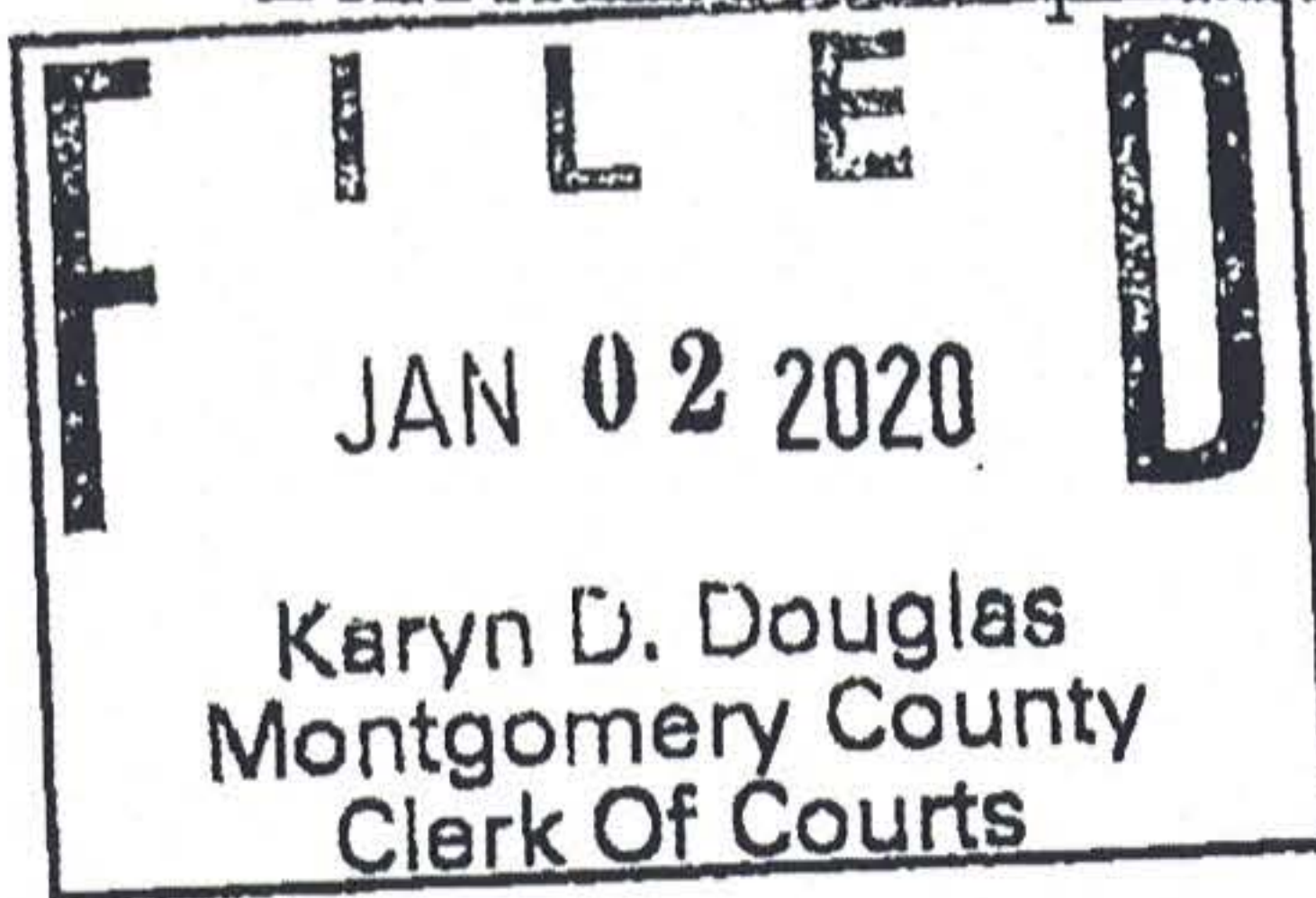
OFFENSE(S) _____

Court costs.....\$ 185.00

Highway Work Zone Fee.....\$.50

Montgomery County Court Referral Program\$ _____

Bond Adm. Fee & Special Death Benefit Fee.....\$ 55.00



Fines Count II\$ 0

Count\$ _____

Count\$ _____

Amount suspended.....\$ _____

Alcohol/Drug Countermeasure Fee.....\$ 200.00

Drug Abuse Prosecution Interdiction Fee.....\$ _____

Child abuse Prevention Fee.....\$ _____

Domestic Violence Prevention & Treatment Fee.....\$ _____

Deer Replacement Fee.....\$ _____

Initial Probation User's Fee.....\$ 120.00

Restitution.....\$ _____

Sheriff's Service Fee.....\$ _____

Public Defender Fee.....\$ _____

TOTAL \$ 560.50

Any bond posted in the above case shall be released by Clerk after applicable assessments are deducted in the following order: Administrative fees, Court Costs, Highway Work Zone Fee, MCCRCP, Fines, Community Drug Free Fund Fee, Child Abuse Prevention fee, Domestic Violence Prevention and Treatment, Initial Probation User's Fee and Restitution.

Hunter S. Reed Peggy Q. Lohorn, Judge (Special)
Montgomery Superior Court 2

Clerk

Prime for Life needs to be taken out

STATE OF INDIANA

THE MONTGOMERY SUPERIOR COURT 2

COUNTY OF MONTGOMERY

STATE OF INDIANA

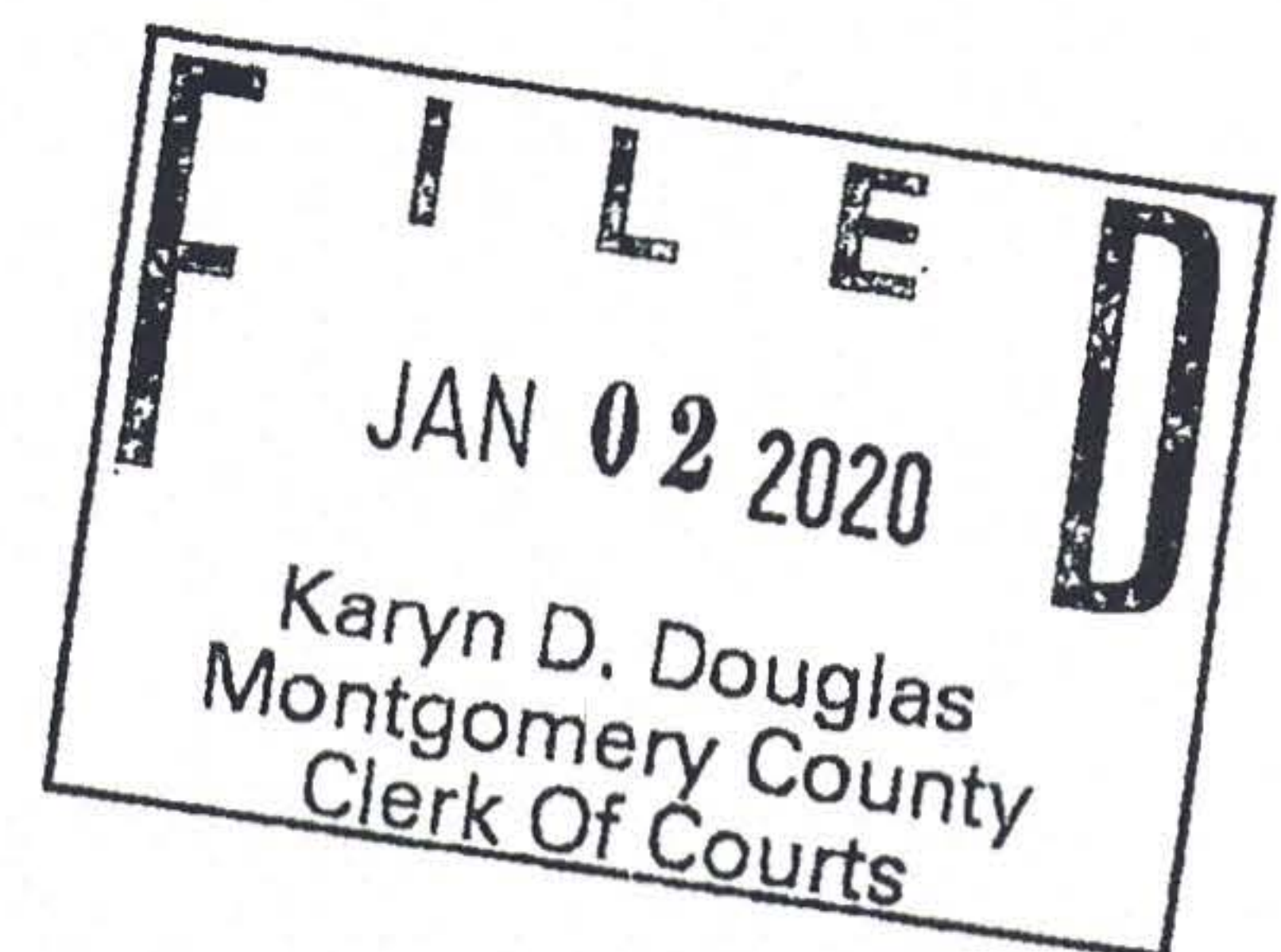
CAUSE NO. 54D02 1912 CM 3620

VS

Benjamin Mathingly

I, Peggy Q. Lohorn, Judge of the Montgomery Superior Court 2, hereby order the release of the above cash bond to the following, and designating the order of priority of payment as follows:

- 1 Clerk's Administrative fees and Death Benefit
- _____ Montgomery County Court Referral Program fees
- _____ Fine and costs
- _____ Restitution
- 2 Initial Probation user's fees
- _____ Reimbursement for public defender fees of _____
- _____ Child Support
- 3 Other (Prime for Life)
- 4 Balance to be paid to defendant and/or surety



Hunter J. Reece Peggy Q. Lohorn, Judge (Special)
Montgomery Superior Court 2

1616 Mimosa Court

Lafayette, IN 47905

STATE OF INDIANA)
) SS:
COUNTY OF MONTGOMERY)

IN THE MONTGOMERY SUPERIOR COURT 2

CAUSE NO. 54D02-1912-CM-003620

STATE OF INDIANA)

v.)

BENJAMIN MICHAEL MATTINGLY)

FILED

January 3, 2020

MONTGOMERY COUNTY COURTS

PL

COURT ORDER TRANSFERRING PROBATION

The Court, having reviewed the Defendant's request for transfer of probation from this county to Tippecanoe County, State of Indiana, (hereinafter "the receiving court"), hereby GRANTS the transfer of probation under the following conditions:

1. The Defendant must submit a completed Application for Intrastate Probation Transfer to this county's probation department.

2. The Court finds

☐ the Defendant first must pay:

☐ probation fees incurred prior to the transfer of probation in the amount of \$

☐ program fees in the amount of \$,

☐ restitution in the amount of \$, and

☐ additional fees in the amount of \$,

☐ the following fees are owed:

These amounts shall be reduced to civil judgment.

☐ the Defendant indigent for any fees owed to this county. The receiving court, however, is not bound by this Court's determination of indigency, and may impose and collect its own probation user's fees from the Defendant.

3. The Defendant is liable for any further probation fees, program fees, or other fees related to the Defendant's probation owed to the receiving court. This specifically includes the \$75 transfer of probation fee required by Indiana Criminal Rule 2.3(D).

4. Should the receiving court not accept supervision of the Defendant's probation, it must notify this Court pursuant to the Intrastate Transfer Protocol adopted by the

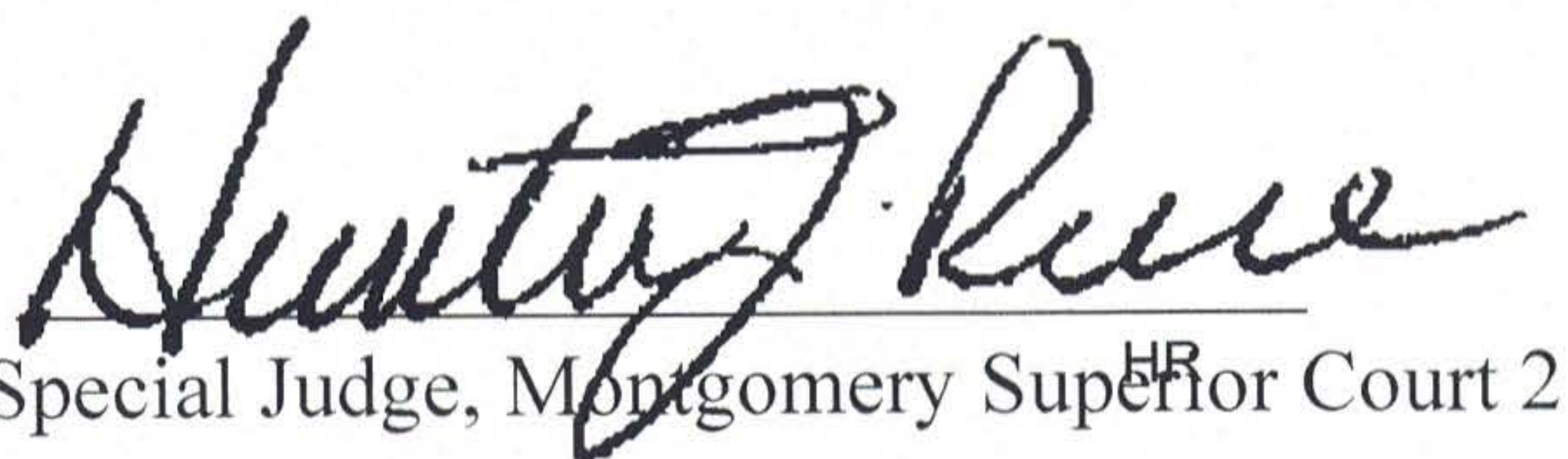
Judicial Conference of Indiana. In that event, the Defendant remains under the supervision of this Court and must report to this Court's probation department.

5. Should the receiving court accept supervision of the Defendant's probation, it must follow all procedures regarding supervision of the Defendant pursuant to the Intrastate Transfer Protocol adopted by the Judicial Conference of Indiana.
6. The Court
 - ☒ retains authority to impose any and all sanctions for any probation violation, and approve any modification of probation.
 - ☐ agrees to transfer sanctioning authority over any probation violations to the receiving court, subject to the receiving court's acceptance, pursuant to Indiana Criminal Rule 2.3(C).
7. The Defendant expressly agrees to submit to the jurisdictional authority, and any sanctions imposed for probation violations, of the receiving court. The Defendant further agrees to accept any additional standard terms of probation imposed by the receiving court for offenders receiving similar convictions in the receiving court.
8. Regardless of the above paragraphs, this Court can order supervision of the Defendant returned to this Court, or can impose additional sanctions, including revocation, for any violations found by the receiving court.

WHEREBY, the Court orders probation transferred to the receiving court and orders to the defendant to appear at the probation office of the receiving court on

_____, 20____, at _____ M. or no later than noon of
January 31, 2020

Date: January 3, 2020


Special Judge, Montgomery Superior Court 2

Mattingly, Benjamin Michael

CC: Prosecutor's Office
Defense Counsel
Probation Department

Prosecutor
Probation
Defendant
Montgomery County Jail