

GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE
AFFIDAVIT OF CITIZEN/COMPLAINANT

NAME RICK KRlich ADDRESS 713 E LIBERTY ST
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 534-2949

I reside in Trumbull County and wish to file and Affidavit against the following person/s:
NAME BILL WILLIAMS ADDRESS HUBBARD COUNCIL
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 502-3058

Additional description if known (DOB, SSN, etc.) _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) _____

THE FACTS ON WHICH I BASE MY COMPLAINT ARE AS FOLLOWS (Include dates, times, places):

BILL WILLIAMS & WIFE WERE WARNED
ABOUT HORN BLOWING BY OFFICER KNEBEL
BILL WILLIAMS & WIFE ARE BEST FRIENDS OF
CLEMENTS HAVE AUDIO & VIDIO OF 3 THREE
INCIDENT'S ONE OF HIM & WIFE AND TWO OF
BILL WILLIAMS ON MOTOCYCLE W/CAR BEHIND BLOWING
HORN. (THIS PRACTICE IS ALSO DONE BY JARED CLEMENTE) (ON
TAPE)

Witness 1 _____ Address _____

City _____ State _____ Zip _____ Phone _____ (H, W)

Witness 1 _____ Address _____

City _____ State _____ Zip _____ Phone _____ (H, W)

If I discover more witnesses, I must immediately notify the Girard City Prosecutor. I understand that I cannot withdraw or dismiss a Complaint without appearing in Court before the Judge. Finally, if I failed to appear in Court to testify, I can be arrested and the case can be dismissed.

_____ Date _____ Complainant _____

Sworn to and subscribed in my presence on _____, 20 _____

Deputy Clerk

GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

AFFIDAVIT OF CITIZEN/COMPLAINANT

NAME RICK KRlich ADDRESS 713 E LIBERTY ST.
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 534-2949 (330)

I reside in Trumbull County and wish to file and Affidavit against the following person/s
NAME TYLER WILLIAM'S ADDRESS 168 BELLE VISTA
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 330 534-1843

Additional description if known (DOB, SSN, etc.) _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) _____

THE FACTS ON WHICH I BASE MY COMPLAINT ARE AS FOLLOWS (Include dates, times, places)

TRIED TO RAM INTO ME W/ HIS TRUCK
SEE ATTACH STATEMENT

Witness 1 _____ Address _____
City _____ State _____ Zip _____ Phone _____ (H, W)

Witness 1 _____ Address _____
City _____ State _____ Zip _____ Phone _____ (H, W)

If I discover more witnesses, I must immediately notify the Girard City Prosecutor. I understand that I cannot withdraw or dismiss a Complaint without appearing in Court before the Judge. Finally, if I failed to appear in Court to testify, I can be arrested and the case can be dismissed

Date _____ Complainant _____

Sworn to and subscribed in my presence on _____, 20 _____

Deputy Clerk