

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

*copies of
filing/
letter sent
in 4-10*

RLICH ADDRESS 713 E LIBERTY ST.
STATE OH ZIP 44425 PH # (HOME) 534-2949 (330)

I reside in TRUMB County and wish to file and Affidavit against the following person's
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) L.P.H EEF 7189
NAME CUMMINGS 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)

REPORT OFFENDER HORN BLOWING

5-7-10 11:58:53 AM

Witness 1 Audio Video 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.

FILED

MAY 11 2010

Date _____

Rick [Signature]
Complainant

Sworn to and subscribed in my presence on _____

Girard Municipal Court

20

[Signature]
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 (B30)

I reside in TRUMBULL County and wish to file and Affidavit against the following person's
NAME JACK ASH ADDRESS 107 DOUGLAS DR.
CITY HUBBARD STATE OH ZIP 44425 PH # HOME _____

Additional description if known (DOB, SSN, etc) DOB 5229

NAME JACK ASH 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)

REPORT OFFENDER + 5 OTHER PASSENGERS IN CR
9-19-10 2:36 AM

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 _____ **FILED**
SEP 21 2010
Girard Municipal Court Complainant [Signature]

Sworn to and subscribed to my presence on _____
Deputy Clerk [Signature]

GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

AFFIDAVIT OF CITIZEN/COMPLAINANT

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

I reside in Jennell County and wish to file and Affidavit against the following person/s:
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) LP# FFA 3138

NAME JARED 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):

REPEAT OFFENDER HOEN BLOWING

5-4-10 11:04 PM

Witness 1 Audio Video 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 _____

FILED
MAY 07 2010
Girard Municipal Court

Rick Kravich
Complainant

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

Joseph
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 CROSS CLEMENTE ADDRESS 723 E LIBERTY ST
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

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

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)

REPEAT OFFENDER HORN BLOWING

5-3-10 AT 10:27:05 PM

Witness 1 Audio 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 _____ MAY 04 2010 _____
Complainant Park

Sworn to and subscribed in my presence _____
Girard Municipal Court

Joyce
Deputy Clerk