

# 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 T330

I reside in Trumbull County and wish to file and Affidavit against the following person's  
NAME JAS WYNNE ADDRESS 317 PRINCETON  
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 534-0157

Additional description if known (DOB, SSN, etc) LP# CE1 OLD

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)

BEN HARASSING MY WIFE & I FOR OVER A YEAR  
W/ DRIVE BY HORN BLOWING AND YELLING

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 \_\_\_\_\_ 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 an Affidavit against the following person/s  
NAME STEPHEN PETRINJAK ADDRESS 8191 CHESTNUT RIDGE RD  
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) \_\_\_\_\_

Additional description if known (DOB, SSN, etc.) L.P.# CJ82VQ

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):**

THIS PERSON IS A FRIEND OF THE CLEMENT'S  
DRIVE'S BY MY HOUSE BLOWING HORN  
HE'S BEEN DOING THIS FOR AT LEAST  
A YEAR GOT PLATE # AT CLEMENT'S HOUSE  
ALSO CAUGHT HIM AND GOT PLATE #



Witness 1 AUDIO VIDIO 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 \_\_\_\_\_

Paul Parker  
Complainant

Sworn to and subscribed in my presence on 2/26, 2010

2-24-10

Clifford M.  
Deputy Clerk

# GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

## AFFIDAVIT OF CITIZEN/COMPLAINANT

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

I reside in Township County and wish to file and Affidavit against the following person/s.

NAME DARREL BABCOCK ADDRESS \_\_\_\_\_  
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) \_\_\_\_\_

Additional description if known (DOB, SSN, etc.) FIRE MAN

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):

10-4-09 AT 3:17:47 PM DARREL BABCOCK BLUE FORD  
PICKUP (FIRE MAN) BLEW HIS FIRE FIGHTER'S  
P.A. HORN GOING DOWN CREED I WAS OUTSIDE  
AT THE TIME AN SAW HIM DRIVE DOWN  
CREED ST. ALONG SIDE MY HOUSE THEY  
WERE WARNED.

Witness 1 AUDIO POLICE REPORT Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

Witness 1 \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

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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 (B3)

I reside in TRUMBULL County and wish to file and Affidavit against the following person/s  
NAME LYE CTF-1616 ADDRESS ?  
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) \_\_\_\_\_

Additional description if known (DOB, SSN, etc ) \_\_\_\_\_

NAME PALESTRO ADDRESS \_\_\_\_\_  
CITY PALESTRO 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)

Blow's horn 4 X ON 7-27-10  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness 1 \_\_\_\_\_ Address \_\_\_\_\_

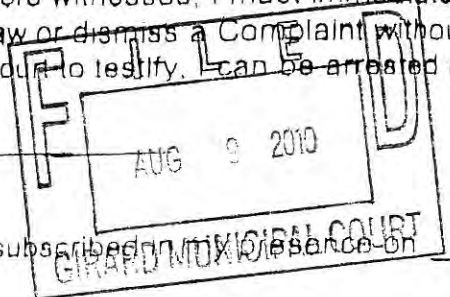
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

Witness 1 \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

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Date \_\_\_\_\_



Rick Krlich  
Complainant

Sworn to and subscribed in my presence on \_\_\_\_\_

Joey  
Deputy Clerk

20

# 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 (33)

I reside in Trumbull County and wish to file an Affidavit against the following person:  
NAME Moto Cycle (Rick Eike) ADDRESS 970 Deer Creek  
CITY Westfield OH STATE OH ZIP \_\_\_\_\_ PH # (HOME) \_\_\_\_\_

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)

Racing Moto Cycle Down Creek at my home  
all hours 10X on parts video speeding loud  
disturbing noise

Witness 1 \_\_\_\_\_ Address \_\_\_\_\_

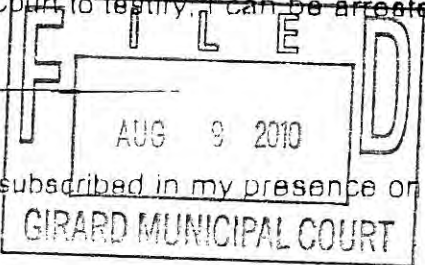
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

Witness 1 \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

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Date \_\_\_\_\_



Rick Krlich  
Complainant

Sworn to and subscribed in my presence on \_\_\_\_\_, 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 (B3C)

I reside in TRUMBULL County and wish to file and Affidavit against the following person.s  
NAME LP# EFD-679 ADDRESS CREED ST.  
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) \_\_\_\_\_

Additional description if known (DOB, SSN, etc.) \_\_\_\_\_

NAME LAUREN 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)

SILVER 2DR HUNDI BEHIND SPAN AT CREED'S BOW  
DOVE NITE AT MY HOME 5 SEPERATE TIMES

Witness 1 \_\_\_\_\_ Address \_\_\_\_\_

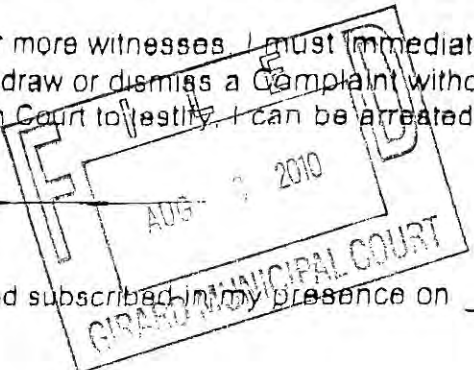
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

Witness 1 \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

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Date \_\_\_\_\_



Rick Krlich  
Complainant

Sworn to and subscribed in my presence on \_\_\_\_\_ 20 \_\_\_\_\_

Joyce  
Deputy Clerk

# GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

## AFFIDAVIT OF CITIZEN/COMPLAINANT

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

I reside in Township 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.# 1 EZ LIFE

NAME NATIOLI 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

#1 4-27-10 9:19:06 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.

**FILED**

\_\_\_\_\_  
Date

MAY 04 2010

Rock Krirch  
Complainant

Sworn to and subscribed in my presence on \_\_\_\_\_, 20\_\_\_\_

Girard Municipal Court

Joyce  
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 an Affidavit against the following person's

NAME JOSH WILSON ADDRESS \_\_\_\_\_  
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) \_\_\_\_\_

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)

KATIE HOYES Passenger Horn Blowing  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

FILED  
MAY 09 2010  
Girard Municipal Court

[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 (330)

I reside in Trumbull County and wish to file and Affidavit against the following person/s

NAME KATIE NOYES ADDRESS 3572 PATRICK WALKER RD S.W.  
CITY HUBBARD TOWNSHIP STATE OH ZIP 44425 PH # (HOME) 534-2631

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)

BLAST HORN AS SHE DRIVES BY MY HOME  
COMES BACK AND BLOW'S HORN AGAIN

KATIE NOYES FRIENDS ARE JOSE WILSON  
& JOE TACKER (LETTER SENT  
OUT BY POLICE OFFICE)

ORANGE TRUCK EPY-5708

ADR SIGNER IS IN GRANDMOTHERS NAME <sup>PATRICK</sup> WAYLAND

Witness 1 RICK KRlich Audio Video Address \_\_\_\_\_

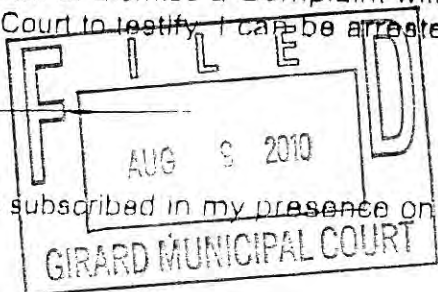
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

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 \_\_\_\_\_



Rick Krlich  
Complainant

Sworn to and subscribed in my presence on \_\_\_\_\_

[Signature]  
Deputy Clerk

20

# 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 (3)

I reside in TRUMBULL County and wish to file and Affidavit against the following person/s  
NAME LP# DLY-4343 ADDRESS 3141 PETHOUR UNDERCARE RD.  
CITY TRUMBULL STATE OH ZIP 43081 PH # (HOME) \_\_\_\_\_

Additional description if known (DOB, SSN, etc) \_\_\_\_\_

NAME NICK BROCK 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)

HORN BLOWING SIX DIFFERENT TIMES

FEED BACK

Witness 1 Rick Krlich Address \_\_\_\_\_

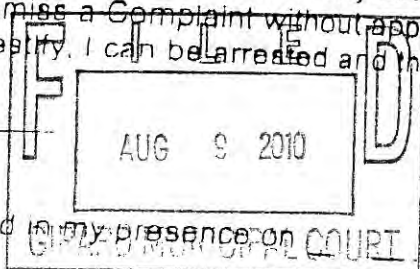
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

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 \_\_\_\_\_



Rick Krlich  
Complainant

Sworn to and subscribed in my presence on \_\_\_\_\_

Joyce  
Deputy Clerk

20 \_\_\_\_\_

# GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

## AFFIDAVIT OF CITIZEN/COMPLAINANT

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

I reside in Tremboll County and wish to file and Affidavit against the following person/s:

NAME AXZIXX ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PH # (HOME) \_\_\_\_\_

Additional description if known (DOB, SSN, etc.) LPN-AXZIXX

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)

THIS LADY IS A RELATIVE OF MARLENE CLEMENTE,  
SISTER I BELIEVE. THE CLEMENTS HAVE BEEN WARNED  
ABOUT HORN BLOWING MARCH 17 2009 BY SERGEANT FISHER  
HUBBARD POLICE. LAW DIRECTOR JEFF ADLER ORDERED ANY ALLEGATION  
FROM HERE ON FORWARD A COMPLAINT WILL BE TAKEN AND A CHARGE  
OF DISORDERLY CONDUCT WILL BE FILED. THIS BLOWES HER HORN  
FOR THE CLEMENTS AS THEY LEAVE 723 PROPERTY  
THE CLEMENTS HAVE YET TO BE CHARGED

Witness 1 AUDIO, VIDIO 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

I reside in Trumbull County and wish to file and Affidavit against the following person:  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PH # (HOME) \_\_\_\_\_

Additional description if known (DOB, SSN, etc.) L.P.# ONN-4059 OR DNN 4059

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)

THIS BLACK CAR BLAST IT'S HORN, I SAT  
AND WAITED ACROSS MY STREET. THIS CAR  
WENT BY HELD IT'S HORN ON FOR A LONG TIME  
I FOLLOWED THE CAR BUT GOT HUNG UP  
IN TRAFFIC LOST THE CAR, BUT GOT CLOSE  
ENOUGH TO GET PLATE # ITS EITHER ONN-4059 OR DNN  
4059 I'M SURE IF YOU RUN BOTH PLATE #'S ONE OF  
PLATES WILL BELONG TO A CLEMENTE FRIEND BLACK CAR COLBALT,  
THIS CAR HAS BEEN DOING THIS FOR A LONG TIME ORTAMPALLA!

Witness 1 Audio Vidio 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 \_\_\_\_\_

X Rick Krlich  
Complainant

Sworn to and subscribed in my presence on \_\_\_\_\_

2/20/10  
[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 (330)

I reside in Trumbull County and wish to file an Affidavit against the following person/s  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PH # (HOME) \_\_\_\_\_

Additional description if known (DOB, SSN, etc.) LP# DJU 1471 PURPLE PT CRUSER

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)

HORN BLOWING  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

I reside in Trumbull County and wish to file and Affidavit against the following person/s:  
NAME JOHN CLEMENTE ADDRESS 208 E. WATER ST  
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) ?

Additional description if known (DOB, SSN, etc.) \_\_\_\_\_

NAME MARLENE CLEMENTE ADDRESS 208 E. WATER ST.  
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) \_\_\_\_\_

Additional description if known (DOB, SSN, etc.) \_\_\_\_\_

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

HAD A PARTY AT 723 E LIBERTY ST. BLASTING CANISTER  
AIR HORNS. HAD FRIEND BEEDE CHICK STOP IN FRONT  
OF MY HOUSE W/A PARTY BUS BLASTING AIR HORNS,  
AND BUS HORN'S, HOLLERING YELLING. BEEDE CHICK  
HAD BEN WARNED BY HUBBAR POLICE ONCE BEFOR  
PARTY ON 8-29-09 BOTH MARLENE & JOHN CLEMEN?  
HAVE BEEN BLOWING HORN'S AND TAUNTING ME

Witness 1 Audio & Video TAPE + POLICE REPORTS Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

Witness 1 LUCINDA KRlich Address 713 E LIBERTY ST

City HUBBARD State OH Zip 44425 Phone 534-4181 (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 T330

I reside in Trumbull County and wish to file an Affidavit against the following person's

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PH # (HOME) \_\_\_\_\_

Additional description if known (DOB, SSN, etc) PLATE # ENX 9880

NAME \_\_\_\_\_ ADDRESS 6400 W. SONOMA  
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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 (B30)

I reside in TRUMBULL County and wish to file and Affidavit against the following person's  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) \_\_\_\_\_

Additional description if known (DOB, SSN, etc.) PLATE # FBB 8967

NAME \_\_\_\_\_ ADDRESS DODGE CARRIAGE  
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)

Horn Blowing AT 12:07 AM MILLER'S FRIEND  
PLATE # HELP ME &  
PLATE # EFD 6091

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 \_\_\_\_\_