

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

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

I reside in TRUMBULL County and wish to file and Affidavit against the following persons:
NAME JEROME CROWE ADDRESS 373 SCOTT ST
CITY HUBBARD STATE _____ 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)

Horn Blowing

Witness 1 SRGNT FISHER H.P.D POLICE REPORT
Address _____

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

Witness 1 Audio Vidio 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 STAT 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 JOE MARANO ADDRESS 529 RTH Dr. HUBBARD
CITY _____ STATE _____ 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)

HOEN BLOWING AT 723 E LIBERTY ST
REPEATER ON 7-13-10

Witness 1 _____ 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 STAT OH ZIP 44425 PH # (HOME) 534-2949 (330)

I reside in Trumbull County and wish to file and Affidavit against the following persons
NAME WILLIAM WILLIAM'S ADDRESS 168 BELLE VISTA
CITY HUBBARD 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)

FAULSE POLICE REPORT ON 3-21-10

HORN BLOWING

Witness 1 AUDIO VIDIO 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 (330)

I reside in TRUMBULL County and wish to file and Affidavit against the following persons
NAME MICHAEL LYNCH ADDRESS 468 JONES ST
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)

Horn Blowing 4AM 1-13-11

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 KRUCH 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 N. BEEDE CHICK ADDRESS 8070 BEDFORD RD
CITY HUBBARD TWP, STATE OH ZIP 44425 PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) PLATE # EU69AZ/OLN RR303827

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):

N. BEEDE CHICK HAS BEEN HORN BLOWING BY MY
HOUSE FOR OVER 1 YEAR SHE WAS CAUGHT BY SGT
FISHER 5-27-09 & WARNED TO STOP. SHE THEN HAD
HER RENTED LIMO STOP IN FRONT OF MY HOME HOLLERING
YELLING BLASTING AIR HORNS ORDERED LIMO DRIVER TO
BLAST HORN'S, PA HORN & CLANKING HORN. ALL PEOPLE
GET OFF LIMO WALKED ACROSED MY PROPERTY TO CLEMENTS
HOUSE 723 E LIBERTY HOLLERING & YELLING 8-29-09 9:47 PM

Witness 1 AUDIO VIDIO TAPES POLICE REPORT Address _____

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

Witness 1 LUCINDA KRUCH 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 KRUCH ADDRESS 713 E. LIBERTY ST
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 330 534-2944

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

NAME JOSEPH T MARANDO ADDRESS 529 RUTH DRIVE
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) DOB 7-18-89

NAME RE TRI ADDRESS NO. EVIDENCE OR WITNESS TESTIMONY VIEWED
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):

AFTER JOE MARANDO WAS CITED BY SGT FISHER, FOR HORN BLOWING
JOE MARANDO & DOMONIC PALANO (BOTH FIRE MEN)
DROVE BY MY HOUSE RACING MOTO CYCLE ENGINES
AND PULLED INTO CLEMENTE PROPERTY 723 E LIBERTY

ALSO BEFORE I HAD MY AUDIO & VIDIO
JOE MARANDO WOULD DRIVE BY MY HOUSE BLOWING HORN'S
FOR APPROX 1 YEAR PRIOR ABOUT 20X

Witness 1 VIDIO, AUDIO POLICE REPORT Address _____

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

Witness 1 GARRICK KRUCH 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 _____