

JOSH WILSON

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 persons
NAME KATIE NOYLS ADDRESS 3872 PATRICK WALKER RD S.W.
CITY HUBBARD TOWNSHIP STATE OH ZIP 44425 PH# HOME 534-8621

Additional description if known (DOB, SSN, etc.) _____
NAME JOSH WILSON 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 THE TRUCK'S FROM HOME
COMES BACK AND BLOW'S HORN AGAIN
AND MY FRIENDS ARE JOE WILSON
& JOE TAKES (SOME) ENT
OUT OF YOUR OFFICE

Witness 1 Rick Krlich Address ADD'D VIDEO

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 _____ 7/1 _____

Deputy Clerk _____

9-29-10

GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

AFFIDAVIT OF CITIZEN/COMPLAINANT

NAME RICK KRlich ADDRESS 713 E LIBERTY ST
CITY HUBBARD STATE OH ZIP 44425 PHONE 534-2949 (B330)

I reside in TRUMBULL County and wish to file and Affidavit against the following person
NAME JOSH WILSON ADDRESS 3309 FRANKLIN AV
CITY HUBBARD STATE OH ZIP 44425 PHONE HOME

Additional description (known DOB SSN etc) _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

Additional description (known DOB SSN etc) _____

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

JOSH WILSON CONTINUES TO HARASS MY WIFE & I
EVEN AFTER HIS DISORDLY CONDUCT CHARGE
By HIS OWN ADMISSION COURT CASE # CV 01811
SEE COURT DOCKET

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. 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 to in my presence on _____

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) 330 534-2949

I reside in Trembuck County and wish to file and Affidavit against the following person/s
NAME JOSHUA D. WILSON ADDRESS 3309 FRANKLIN AV
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) _____

Additional description if known (DOB, SSN, etc) DOB 4-1-89

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)

FOR ABOUT 1 1/2 YEARS THIS GUY HAS
BEEN USING HIS MOTO CYCLE TO HARASS
MY WIFE & I AT ALL HOURS OF DAY &
NITE, I KNOW HE HAS A CAR ALSO I NEED
HELP TO IDENTIFY HIS CAR
(THIS NOT A ONE TIME
INCIDENT 4X ON CD
AT LEAST 10 OTHER TIMES

Witness 1 AUDIO VIDIO POLICE REPORTS 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 KRlich ADDRESS 713 E. LIBERTY ST.
CITY HUBBARD STATE OH ZIP 44425 PH # ME 534-2949 (330)

reside in TRUMBULL County, and wish to file and Affidavit against the following persons
NAME JOSH WILSON ADDRESS _____
CITY HUBBARD STATE OH ZIP 44425 PH # _____

Additional description (known DOB SSN etc) _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # _____

Additional description (known DOB SSN etc) _____

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

KATIE NOYES PASSINGER HOARD 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 fail to appear in Court to testify, I can be arrested and the case can be dismissed.

Date _____ Complainant _____

Sworn to and subscribed to in my presence on _____

Deputy Clerk _____