

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 MICHAEL LYNCH ADDRESS 468 JANE'S 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 _____

FILED
FEB 01 2011
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 T330

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

FALSE POLICE REPORT ON 3-21-10

HORN BLOWING

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 _____ 79 _____

[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 JOE MARANO ADDRESS 529 RUTH 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)

HORN 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)

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

FILED
12-01-2011
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 an Affidavit against the following person(s)
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)

Hoer Blowing 1-6-11

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

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

Witness 1 Audio Video 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 _____ 2011

FILED
FEB 01 2011
GIRARD
MUNICIPAL COURT

[Signature]
Deputy Clerk