

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 persons
NAME MIKE CLEMENTE ADDRESS 723 E LIBERTY 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)

HAS FRIENDS OVER TO BLOW HORNS

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 _____ 25 _____
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 an Affidavit against the following persons

NAME GIRL FRIEND OF MIKE CLEMENTE ADDRESS _____
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)

HAS FRIENDS OVER TO BLOW HORNS

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 _____

Deputy Clerk _____

GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

AFFIDAVIT OF CITIZEN/COMPLAINANT

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

I reside in TromBull County and wish to file and Affidavit against the following person/s:
NAME MIKE CLEMENTE ADDRESS 723 E. LIBERTY ST
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 534-2949

Additional description if known (DOB, SSN, etc.) _____
NAME GIRL FRIEND OF ABOVE ADDRESS 723 E. LIBERTY 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):

BOTH MIKE CLEMENTE & GIRL FRIEND HAVE BEEN
HARASSING W/ HORN BLOWING, CAR ALARM BLOWING
AND FRIENDS OF THERE'S BLOWING HORN'S &
RACING CAR ENGINES AT ALL HOUR'S OF NITE
& DAY FOR OVER "1 YEAR"
MIKE ALSO RIDES IN TOWNSHIP POLICE CAR'S
NOW THEY ARE BLOWING HORNS

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 Rack Krellich ADDRESS 713 E LIBERTY ST
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 534-2949

I reside in Town Bull 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# 2000 ST BLACK 2DR

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):

BLACK 2DR LP# 2000 ST PICKS UP MIKE CLEMENTE 9-19-09
& GIRL FRIEND. RETURNS TO CLEMENTE PROPERTY LEAVES
11:28 PM DRIVE BY MY HOUSE RACING ENGINE WAKES UP
MY WIFE & I. MIKE CLEMENTE HAS FRIENDS & FAMILY
DO HIS HARASSING. THIS HAS BEEN AN
ON GOING THING FOR OVER 2 YEARS NOW MORE FAMILY
& FRIENDS HAVE JOINED IN HAVE OVER 150 TAPES OF
HORN BLOWING.

Witness 1 Audio, Vidio, POLICE REPORTS Address _____
City _____ State _____ Zip _____ Phone _____ (H, W)

Witness 1 LUCINDA KRELICH 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 KRLACH 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 MIKE CLEMENT ADDRESS 723 E LIBERTY ST
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):

AT 2:19:32 PM 10-3-09 MIKE CLEMENT
GET'S INTO CAR (EC GIRL) W/ GIRL FRIEND
BLOWES HORN I WAS IN MY KITCHEN WINDOW
WATCHING THE WHOLE THING HAPPEN.
HE AS A FIRE FIGHTER WAS
WARNED

HAVE AUDIO, VIDIO TO THE FACT THAT
HE PULL'S OUT OF DRIVE

Witness 1 (AUDIO) VIDIO POLICE REPORT 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 HOBBARD STATE OH ZIP 44425 PH # (HOME) 534-2949

I reside in TRUMBULL County and wish to file an Affidavit against the following person/s:
NAME EFA 3067 ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) SILVER GRAY CHEVY SILVERADO S. CAB
NAME _____ ADDRESS PICKUP TRUCK Z71449
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____
EFA 3067

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

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

10-3-09 1:50:45 PM Blow's Horn 3 X

10-3-09 1:52:40 PM Blow's Horn 4 X

I WATCHED THIS HAPPEN THRU KITCHEN WINDOW
MIKE CLEMENT IS WITH EFA 3067 AND LAUGH'S
AS HE BLOW'S HORN 7 X THIS GUY IS MIKE CLEMENTS
GIRL FRIEND'S DAD (SHE IS ELAIREZ)

VIDIO TO THE FACT THAT ~~IT~~ IS EFA 3067

Witness 1 AUDIO, VIDIO POLICE REPORTS 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 KRILICH 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 MIKE CLEMENTE ADDRESS 723 E LIBERTY 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)

BLOW'S CAR HORN AT ME WHILE I WAS
OUT SIDE, GIRLFRIENDS CAR.

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.

FILED

Date JAN 27 2010

[Signature]
Complainant

Sworn to and subscribed in presence on _____ 20 _____
GIRARD MUNICIPAL COURT

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 MIKE CLEMENT + GIRL FRIEND ADDRESS 723 ELIBERTY ST
CITY HUBBARD STATE OH ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) LP# DKQ 5887 BLK Pontiac

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)

MIKE CLEMENT AND GIRL FRIEND
ARE STILL HAVING FRIENDS OVER TO BLOW
HORNS.

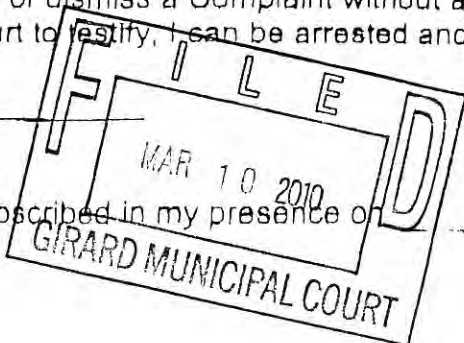
Witness 1 Audio Video Address _____
City _____ State _____ Zip _____ Phone _____ (H, W)

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 _____

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



Rick Krlich
Complainant

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 (330)

I reside in Trumbull County and wish to file and Affidavit against the following person/s
NAME MIKE CLEMENTE ADDRESS 723 E LIBERTY ST
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) LP# DQB-5829 SCION TC

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)

HAS FRIENDS DRIVE BY BLOWING HORN'S
2 YEAR'S NOW THIS CAR HAS BEEN
AT 723 PROPERTY MANY TIMES

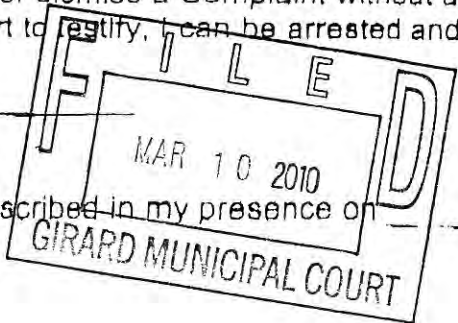
Witness 1 AUDIO Vidio Address _____
City _____ State _____ Zip _____ Phone _____ (H, W)

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 _____

Sworn to and subscribed in my presence on _____



Rick Krlich
Complainant

[Signature]
Deputy Clerk