

# GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

## AFFIDAVIT OF CITIZEN/COMPLAINANT

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

I reside in Trembly 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.# EFA 3138 JAMES

NAME \_\_\_\_\_ ADDRESS MARCO POLO DR WES  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PH # (HOME) + JOHN CLEASATH

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

5-4-10 11:04 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

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 KRLOCH 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 JARED CLEMENTE ADDRESS WATER 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)

JARED CLEMENT HANG'S OUT AT 723 E. LIBERTY ST. HE WAS THE ORIGINAL HORN BLOWER. OVER THE 2 YEARS HE BLOWN HIS P.A. HORN ALL HOURS OF THE DAY & NITE. HIS NEW THING NOW IS TO SET HIS CAR ALARM 4-10 X THIS HAS BEN GOING ON FOR A YEAR NOW. I WANT HIM BANNED FROM THE PROPERTY

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

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

Witness 1 RICK & CINDY KRLOCH 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 Trumbull County and wish to file and Affidavit against the following person/s:  
NAME JARED CLEMENTE ADDRESS 208 E WATER 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):

JARED CLEMENTE HAS BEEN HARASSING MY  
WIFE & I FOR 2 YEAR'S W/ HIS PA FIRE DEPT.  
HORN, THEN HIS CAR HORN, ALSO HAS HIS FRIENDS  
DRIVE BY AT ALL HOURS AND HORN BLOW  
& RACE ENGIN'S (JOE MARAUDD) (JOSH WILSON)  
AND MANY MORE FRIENDS AND TAUNTING ME

Witness 1 AUDIO, VIDIO 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 KRUCH ADDRESS 713 E LIBERTY ST  
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 330 534-2999

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

NAME JARED CLEMENT 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):

BLOWS FIRE SIREN / AND BLAST'S PAO HORN  
AS HE GO'S BY MY HOME. NO CAR'S  
ON ROAD. OR ANY TRAFFIC FOR  
2 MIN. HE IS DOING THIS TO HARASS  
MY WIFE & I

2-9-10 9:00:54 PM  
2 CAMERA 2 Disc Ex. (A)

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 \_\_\_\_\_

Rick Kruch  
Complainant

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

[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 JARED 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.) EXH 8152 L.P.#

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

JARED CLEMENTS FRIENDS FOLLOW HIM TO  
723 E. LIBERTY ST BLAST HORN  
EXH 8152 Know's MARK  
SILIVITI

Witness 1 AUDIO VIDEO Address \_\_\_\_\_

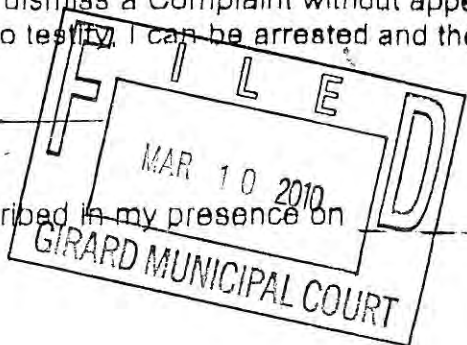
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ (H, W)

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 \_\_\_\_\_



Rick Krlich  
 Complainant

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

George  
 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 JARED CLEMENTE ADDRESS 208 E. WATER ST.  
CITY HUBBARD STATE OH ZIP 44425 PH # HOME 330 534-8386?

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)

Blowing CAR ALARM HORN  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_