FILED
30 NOV 26 1990
COURT OF CLAIMS OF OHIO

THE COURT OF CLAIMS OF OHIO
Victims of Crime Division

Capitol Square Office Building
65 East State Street, Suite 1100
Columbus, Ohio 43215
1-800-824-8263

SET 1
Separate sets 1, 2, 3 and 4 before filling out.

OFFICE USE ONLY
C.P. CASE NUMBER

☒ Filing Fee Paid
☐ Affidavit of Indigency

No carbon required.
TYPE OR PRINT LEGIBLY.

Reparations Application

90-71743

1. VICTIM NAME FIRST-MIDDLE INITIAL-LAST: Guy B Scott — MAIDEN NAME:	11. CLAIMANT NAME (IF VICTIM CHECK ☒ GO TO LINE 20):
2. PRESENT ADDRESS-STREET: 435 So. 8th Street	12. STREET: RECEIVED
3. CITY: Richmond — COUNTY: Wayne	13. CITY: — COUNTY:
4. STATE: IN — ZIP: 47374	14. STATE: NOV 26 1990 — ZIP:
5. PHONE—HOME: ( ) – — 6. WORK: ( ) –	15. PHONE—HOME: ( ) – — 16. WORK: ( ) –
7. SOC. SEC NUMBER: [redacted] — 8. BIRTHDATE: 4 / 12 / 62	17. SOC. SEC NUMBER: — 18. BIRTHDATE:
9. SEX: ☒ MALE ☐ FEMALE — 10. MARITAL STATUS: ☒ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOW(ER)	19. RELATIONSHIP TO VICTIM:
20. VICTIM'S ADDRESS AT TIME OF INJURY (IF SAME CHECK HERE ☒ GO TO LINE 23.) STREET:	23. LIST ALL OTHER ADDRESSES OF VICTIM DURING 10 YEARS PRIOR TO INJURY — CITY: Little Torch — COUNTY: Monroe — STATE: FL — DATES: 3-89 to 1-90
21. CITY: — COUNTY:	24. CITY: Big Pine — COUNTY: Monroe — STATE: FL — DATES: 2-88 to 3-89
22. STATE: — ZIP:	25. CITY: New Paris — COUNTY: Preble — STATE: OH — DATES: 1-95 to 2-88

26. DATE OF INJURY: MO 5 DAY 9 YR 90	27. TIME OF INJURY: : ☐ AM : ☐ PM	28. ADDRESS OR LOCATION WHERE INJURY OCCURRED (INCLUDE COUNTY): Farmers State Bank & Trust 618 S. Washington New Paris, OH 45347 preble } Parking Lot
29. CRIME REPORTED TO: LAW ENFORCEMENT AGENCY: Preble Co. Sheriff Dpt. — STREET: Maple st. — CITY: Eaton — STATE: OH — ZIP: 45320		
30. DATE CRIME REPORTED: MO 5 DAY 9 YR 90	31. TIME REPORTED: : ☐ AM : ☐ PM	32. WHO NOTIFIED LAW ENFORCEMENT AGENCY? NAME: Guy Scott — ADDRESS: 443 So. Spring St. New Paris, OH 45347

33. IF NOT REPORTED WITHIN 72 HOURS, WHY NOT? MY BROTHER HAS ALSO BEEN TRYING TO GET INFORMATION ON THIS CRIME. THIS CRIME WAS REP[illegible] WITHIN ANY HOUR.

Use additional sheet if necessary

34. SUSPECTED OFFENDERS

	STREET	CITY	STATE	ZIP
Jay Johnson	5382 Paint RD.	New Paris	OH	45347
Dwight Johnson	5623 Paint RD	New Paris	OH	45347

Use additional sheet if necessary

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SET 2

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WITNESSES TO CRIME	STREET	CITY	STATE	ZIP	PHONE
Cindy Settles	443 So. Spring St.	New Paris	OH	45347	(513) 437-0440
David Scott	443 So. Spring St.	New Paris	OH	45347	(513) 437-0440
					PHONE ( ) –
					PHONE ( ) –
					PHONE ( ) –

Use additional sheet if necessary

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36. DESCRIBE WHAT HAPPENED

These 2 men pulled a gun on my Brother, and I asked him why They did. Then one punched me in my face, and the other one hit me over the head with a Lawnmower blade in 3 places then my Brother and I rolled with them for a little while when we broke up, they jumpe in there car and left. Then my Brother and I called The

Use additional sheet if necessary

37. DESCRIBE PARTS OF BODY INJURED AND TYPE OF INJURY (Injury to head) Received 8 stiches in 3 places, under left eye, Back of Left side of head, middle of Right side of head.

Use additional sheet if necessary

	NAME	STREET	CITY	STATE	ZIP
38. PERSON OR HOSPITAL GIVING EMERGENCY CARE	Reid Memorial,	1401 Chester boulevard,	Richmond	IN	47374
39. PHYSICIAN OR DENTIST TREATING THIS INJURY	Dr. Jeffrey Quillen,	1401 Chester blvd.	Richmond	IN	47374
40. SECOND PHYSICIAN OR DENTIST TREATING THIS INJURY					

41. HOSPITALIZED? ☐ YES ☒ NO — HOSPITAL NAME — DATES HOSPITALIZED

42. STREET — CITY — STATE — ZIP

43. SECOND HOSPITAL NAME — DATES HOSPITALIZED

44. STREET — CITY — STATE — ZIP

45. IS VICTIM DECEASED? ☐ YES ☒ NO

IF YES, ATTACH: VICTIM'S DEATH CERTIFICATE
VICTIM'S MARRIAGE CERTIFICATE
BIRTH CERTIFICATES FOR VICTIM'S MINOR CHILDREN

IF NO, GO TO NEXT PAGE

46. DATE OF DEATH

47. AUTOPSY PERFORMED? ☐ YES ☐ NO

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48. IF AUTOPSY, WHERE PERFORMED — STREET — CITY — STATE — ZIP

49. PHYSICIAN AT TIME OF DEATH — STREET — CITY — STATE — ZIP

50. FUNERAL DIRECTOR — STREET — CITY — STATE — ZIP

51. EXECUTOR(TRIX) OR ADMINISTRATOR(TRIX) OF DECEDENT'S ESTATE — NAME — STREET — CITY — STATE — ZIP — PHONE ( ) –

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SET 3

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52. VICTIM'S EMPLOYMENT STATUS IMMEDIATELY PRIOR TO INJURY — [X] GAINFULLY EMPLOYED FOR SALARY, WAGES, OR OTHER REMUNERATION AT $ 200.00 GROSS PER WEEK | [ ] NOT GAINFULLY EMPLOYED FOR SALARY, WAGES, OR OTHER REMUNERATION

53. EMPLOYER AT TIME OF INJURY — STREET: J Street Auto parts — CITY: Richmond — STATE: IN — ZIP: 47374

54. DID VICTIM LOSE TIME FROM WORK? [X] YES [ ] NO — DATES OF TIME LOST: 5/10/90

55. DID VICTIM LOSE WAGES DUE TO THE INJURY? [X] YES [ ] NO — TOTAL WAGES LOST AND NOT REIMBURSED $ 45.00

56. EXPENSES INCURRED AS A RESULT OF THE INJURY (ATTACH COPIES OF BILLS, RETAIN ORIGINALS)

AMOUNT	TO WHOM OWED	STREET	CITY	STATE	TYPE OF EXPENSE	DATE INCURRED MO	DAY	YR
$120.00	Northwest Fire ? Ambulance District	404 So. Spring st.	New Paris, OH	45347	Ambulance Ride to Hospital	5	9	90
$324.90	Reid memorial hospital	1401 Chester blvd.	Richmond, IN	47374	Stiches to head	5	9	90
$								
$								
$								
$								
$								
$								

Use additional sheet if necessary

57. ARE MEDICAL OR LOSS OF INCOME BENEFITS AVAILABLE FROM ANY SOURCE OTHER THAN UNDER THE VICTIMS OF CRIME ACT? CHECK "YES" OR "NO" BOXES FOR ALL SOURCES LISTED

	YES	NO
OFFENDER	[ ]	[X]
BLUE CROSS/BLUE SHIELD CONTRACT NO. OR ID. NO.	[ ]	[X]
OTHER HEALTH/MAJOR MED. POLICY NO.	[ ]	[X]
MEDICARE	[ ]	[X]
MEDICAID	[ ]	[X]
WELFARE WELFARE CASE NO.	[ ]	[X]
SOC. SEC.	[ ]	[X]
VETERANS' ADMINISTRATION	[ ]	[X]
WORKERS' COMPENSATION	[ ]	[X]
EMPLOYER'S WAGE CONTINUATION PROGRAM	[ ]	[X]
LIFE INSURANCE	[ ]	[X]
OTHER	[ ]	[X]

ENTER IDENTIFYING INFORMATION BELOW FOR ANY BOX CHECKED YES, EVEN IF AMOUNT IS PRESENTLY UNKNOWN.

BENEFITS RECEIVED OR AVAILABLE (e.g. Blue Cross, Medicare, etc.)

AMOUNT	SOURCE	STREET	CITY	STATE	ZIP	DATE RECEIVED MO	DAY	YR
$								
$								
$								

Use additional sheet if necessary

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58. HAS A CIVIL ACTION BEEN FILED AGAINST THE OFFENDER AS A RESULT OF THIS INJURY? [ ] YES [X] NO Town Cop → Dennis Scheidi

IF YES, NAME OF COURT: we are Trying to find out why the Prosiductors office has not followed up on the Report!! (town Cop has no knowledge) — CASE NO. — AMOUNT OF SETTLEMENT OR JUDGMENT

59. HAS THE VICTIM BEEN ARRESTED FOR, OR CONVICTED OF, ANY FELONY WITHIN 10 YEARS PRIOR TO THE INJURY? [X] YES [ ]

	DATE	CITY	COUNTY	STATE
[X] ARRESTED	1986	NEW PARIS	PREBLE	
~~[ ] CONVICTED~~ RELEASED				

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SET 4

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60. SPOUSE OF VICTIM

61. STREET | CITY | STATE | ZIP | PHONE ( ) –

62. LIST ALL MINOR CHILDREN OF VICTIM WHETHER OR NOT THEY WERE DEPENDENT UPON THE VICTIM
ALSO LIST ALL DEPENDENTS OF VICTIM

NAME	ADDRESS IF DIFFERENT FROM LINES 2–4	RELATIONSHIP TO VICTIM	DATE OF BIRTH MO	DAY	YR	AMOUNT OF SUPPORT

Use additional sheet if necessary

63. GUARDIAN OF CHILDREN | STREET | CITY | STATE | ZIP | PHONE ( ) –

64. COURT-APPOINTED ☐ YES ☒ NO IF YES, ATTACH LETTERS OF AUTHORITY

65. I, the claimant, hereby state UNDER THE PENALTIES OF PERJURY AND FALSIFICATION that this application of four pages has been prepared or read by me and that the information given herein, including any attached bills, records or certificates, is true and complete.

I hereby authorize any person (including any physician), organization, law enforcement or government agency to release to the Ohio Attorney General or the Ohio Court of Claims, upon their request, a copy of any report, document, record, criminal record or other information (including tax information or returns) in any way relating to my claim for an award of reparations. This authorization or a copy hereof shall be valid for a period of two years without any further consent by me.

X 11-28-90
Date

X Guy B. Scott
Claimant's Signature

SIGN AND DATE EACH COPY OF THIS PAGE

65a. HOW DID YOU FIND OUT ABOUT THE VICTIMS OF CRIME PROGRAM?

☒ Police ☐ Victims Assistance Program ☐ Newspaper Articles ☐ Other (Explain)
☐ Advocate Group ☐ Prosecutor's Office ☐ Radio/TV/Advertisement

66. You are not required to have an attorney assist in submitting your application. However, if an attorney does assist you, the attorney must also sign this application. The attorney cannot charge attorney fees for representing you in this application, but may apply to the Court for attorney fees.

Pursuant to Civil Rule 11, I state that I have read the Reparations Application; that to the best of my knowledge, information, and belief there is good ground to support it. I further state that I have read Section 2743.65 of the Ohio Revised Code concerning attorney fees.

ATTORNEY'S NAME:

ADDRESS

TELEPHONE:

SOC. SEC. OR TAX I.D. NO:

Attorney's Signature

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