

**7th. Judicial Circuit 707
Charging Affidavit - Volusia**

Arrest # _____ Bk # _____ Pg # 1 of 6

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number: _____	
(ORI) FL: FL0640300		Agency Name: NEW SMYRNA BEACH POLICE DEPARTMENT	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Agency Case Number: 180400106	
ADDRESS OF ARREST (Street, City, State, Zip): 1800 Turnbull Bay Road NEW SMYRNA FL 32168		Date Arrested: 04-07-2018	
DEFENDANT NAME (Last) Cruce (First) Larry (Middle) S		Arrested By: Shaw, Kylee	
DOB: 12-28-1984 Age: 33 Driver's Lic./ID No.: C-620-537-84-468-0		A.K.A.: _____	
Height: 6' 02" Weight: 170 Hair: BRO Eyes: HAZ		State: FL Year Expires: 2020 S.S.#: _____	
Scars, Marks, Tattoos: _____		P.O.B. (City, State, Country): Orange Park FL US	
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Death/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Address - Mailing/Permanent: 2205 Daffodil Avenue (STREET, APT. NUMBER)		CITY: Middleburg (STATE): FL ZIP CODE: 32088 RESIDENCE PHONE: (804) 497-3701	
Address - Local: _____ (STREET, APT. NUMBER)		CITY: _____ (STATE): _____ ZIP CODE: _____ RESIDENCE PHONE: _____	
Address - Other (Employer/School): _____ (STREET, APT. NUMBER)		CITY: _____ (STATE): _____ ZIP CODE: _____ BUS/SCHOOL PHONE: _____	
CHARGES DOMESTIC VIOLENCE? Yes <input type="checkbox"/> Attachments: Affidavit(s)? <input type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/> Total Charges: 3			
#1	Charge: Child Abuse w/o Great Harm	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> FS/ORD: 827.03(1)	Citation No.: _____ Bond: 5000
#2	Charge: Child Abuse w/o Great Harm	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> FS/ORD: 827.03(1)	Citation No.: _____ Bond: 5000
#3	Charge: Child Abuse w/o Great Harm	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> FS/ORD: 827.03(1)	Citation No.: _____ Bond: 5000
CO-DEFENDANT Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Trsf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/> Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Trsf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>			
#1	NAME (Last) _____ (First) _____ (Middle) _____	Race: _____ Sex: _____ DOB: _____ Age: _____	
#2	NAME (Last) _____ (First) _____ (Middle) _____	Race: _____ Sex: _____ DOB: _____ Age: _____	
NARRATIVE			
The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the <u>07</u> day of <u>April</u> , <u>2018</u> , at approximately <u>0348</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. at <u>1800 Turnbull Bay Road NEW SMYRNA</u> within <u>Volusia</u> County, violated the law and did then and there:			
1	The defendant knowingly and willfully inflicted physical injury upon three children/victim(s) without causing great bodily harm, permanent		
2	disfigurement or disability.		
3			
4			
5			
6			
7			
8			
9			
10	I responded to 1800 Turnbull Bay (New Smyrna Beach Sports Complex) in reference to a battery. Upon my arrival, I was met by several concerned		
11	parents of the Cudas football team.		
12			
13	I first spoke with Mrs. Samantha McFadden who advises that after the last play of the game the kids had gotten into an argument that turned into a		
14	fight on the field. She further advised that all of the opponents team (Middleburg Broncos) came running onto the field and began getting involved in		
15	the fight. She further advised that one of the coaches for the team Coach Shawn began to hit and punch on several of the Cudas players. She		
NOTICE TO APPEAR MANDATORY APPEARANCE <input type="checkbox"/> YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/> FINE, AND COSTS AMOUNT: _____			
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.			
SIGNATURE OF DEFENDANT _____ Date _____		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____ JUVENILE DISP. CITATION No. _____	
Sworn to and subscribed before me, the undersigned this <u>07</u> day of <u>April</u> , <u>2018</u>		I swear that the above statements are correct and true	
Name: <u>DFC. 1101540</u>		OFFICER'S/COMPLAINANT'S SIGNATURE _____	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		SHAW, KYLEE NAME (PRINTED) NS1591 ID NUMBER	
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>			
Type of Identification: _____			
OFFICIAL USE ONLY		Inmate Number & Facility: _____	

Notice to Appear Instruction Sheet

Follow these instructions according to the boxes checked.

Court Case Number:
Agency Case Number:

- Mandatory Court Appearance -- You MUST appear at COURT. You will receive a Notice of Arraignment from the County Clerk's Office at the mailing address you have given. Failure to appear at the time and place designated, will result in a warrant being issued for your arrest.
- Court Appearance Not Mandatory -- You MUST comply with EITHER A or B:

PAYMENTS SHOULD BE MADE PAYABLE TO:
CLERK OF THE COURT.

A. Pay the Fine: You must complete the waiver information below and either mail or personally present this citation at the Clerk's Office checked below, from 8:00 a.m. to 4:30 p.m., Monday through Friday within 15 days of the issuance of this Notice to Appear. Fines may be paid in cash, personal check, money order or certified check made payable to: Clerk of the Court. (DO NOT MAIL CASH.)

Total fine and costs you must pay: \$ _____

B. Contest the Citation: You MUST request that a court date be set within 15 days of the issuance of this Notice to Appear (if the 15th day falls on a Saturday, Sunday or legal holiday, the period is extended to the next working day) by either appearing between the hours of 8:00 a.m. and 10:00 a.m. at the Clerk's Office checked below, or by mailing your written request to the Clerk of the Court at the address checked below.

COUNTY CLERK'S OFFICES:

- Volusia County Courthouse, room B155, 101 N. Alabama Avenue, Deland, FL, 32724
- Court House Annex, room 109, 125 E. Orange Avenue, Daytona Beach, FL, 32114
- Volusia County Courthouse, room 6, 124 N. Riverside Drive, New Smyrna Beach, FL, 32169

I agree to appear at the time and place as designated above to answer the listed charge(s) or pay the fine and costs. I understand that if I willfully fail to request a court date and/or fail to appear before the court as required by this Notice to Appear, or fail to pay the indicated fine and costs on or before the date set forth above, I may be held in contempt of court and a warrant for my arrest will be issued.

DEFENDANT'S SIGNATURE (MANDATORY): _____

ATTENTION: PERSONS WITH DISABILITIES

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration, 125 E. Orange Avenue, Ste.300, Daytona Beach, FL 32114; Telephone: 386-257-6096 within two (2) working days of your receipt of this notice: If you are hearing or voice impaired, call 1-800-955-8771 or 1-800-955-8770. THIS IS NOT A COURT INFORMATION LINE.

Plea and Waiver Information

If this notice indicates that you have the option to pay a fine or appear in court and you choose to pay the fine, follow the instructions in paragraph A above. Read and sign this page. This page MUST be returned to the clerk's office with your fine payment.

1. In consideration of my not appearing in court, I enter my plea on the affidavit in this case, for the offense charged, waiving my right to be present and the reading of the affidavit. I understand the nature of the charge(s) against me and hereby enter my plea of guilty or nolo contendere (no contest) .
2. In doing so, I understand the nature of the charge(s) against me, I understand that I waive my right to counsel, the right to a trial before a judge or jury, the right to a continuance, and the right to appeal. Payment of this fine will result in adjudication of guilt to this charge being withheld.
3. By my signature, I acknowledge that I understand the above statements. I am not under the influence of alcohol or drugs. I also certify that my address listed below is correct.

Defendant's Signature: _____ Date: _____
(First) (Middle) (Last)

Defendant's Name (print): _____

Defendant's Address: _____

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 3 of 6

Defendant (Last) Name: Cruce	(First) Lerry	(Middle) S	Agency Case Number: 180400106
CHARGES DOMESTIC VIOLENCE? Yes <input type="checkbox"/>		Attachments: Affidavit(s)? <input type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>	Total Charges: 3
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> FS/ORD:	Citation No.: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> FS/ORD:	Citation No.: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> FS/ORD:	Citation No.: Bond:

16 advised that she observed Coach Shawn grab one of the Cudas player's [redacted] face mask off and punch him in the face. Mrs. McFadden
 17 then advised that she saw Coach Shawn punch and swing on her son [redacted] as well as [redacted]. Mrs. McFadden stated that she
 18 also saw Coach Shawn swing on several other players on the field as well. Mrs. McFadden completed a sworn statement detailing the incident and
 19 advised she wished to pursue charges on behalf of her son, [redacted] being punched.
 20
 21 I then spoke with Mrs. Charmaine Winter who advised that she observed he son get hit on the field as well. She informed me that when the fight
 22 broke out her main concern was to get her son [redacted] off the field. She stated that she observed Coach Shawn punch [redacted] on the field
 23 and immediately went to grab him off the field. Mrs. Winter advised she cannot recall who else was struck due to her being so focused getting
 24 off the field. Mrs. Winter completed a sworn statement and advised that she wishes to pursue charges on behalf of her son [redacted].
 25
 26 Next I spoke with two of the coaches of the Cudas team. I first spoke with [redacted] who advised that as soon as the fight broke out on the
 27 field all of Middleburg's coached flooded the field. He advised that he witnessed [redacted] get hit in the face and the throat. He then observed
 28 [redacted] get hit in the face. [redacted] advised that he attempted to pull [redacted] and [redacted] out of the way after they had gotten hit by Coach
 29 Shawn. He advised once he had moved [redacted] and [redacted] he then observed [redacted] get hit by Coach Shawn as well. Mr. Russ advised that
 30 several parents of the opposing team forcefully removed Coach Shawn from the field. [redacted] completed a sworn statement detailing the incident.
 31
 32 I later spoke with the second coach Jonathan Bross. He advised that a scuffle had broken out after a play on the field between the players. He further
 33 advised that all the coaches from Middleburg ran onto the field. Once they were on the field he advised that he observed Coach Shawn swing at
 34 [redacted] and hit him in the face. He further advised that Coach Shawn got so out of hand parents from the Middleburg team had to forcefully
 35 remove him from the field by wrapping their arms around him and pull him off the field. Mr. Bross completed a sworn statement detailing the incident.
 36
 37 I spoke with several other parents and kids as well who confirmed that they observed Coach Shawn hit the above listed victims; however, they did
 38 not wish to complete statements.
 39
 40 I was unable to speak with any witnesses from the Middleburg team; however, Officer Hilton did speak with several witnesses on their side. Mr.
 41 Cruce was able to complete a statement and he advised [redacted]. He stated [redacted]. He stated [redacted]. Mr.
 42 [redacted] He stated [redacted]. Mr.
 43 Cruce stated [redacted]. Mr.
 44 [redacted] got in his face and [redacted]. At that point Mr. Cruce then got his players round up and turned their back to the
 45 Cudas and walked off the field. Mr. Cruce completed a sworn statement detailing the incident and advised [redacted].
 46
 47
 48 Officer Hilton also spoke with several other witnesses on the Middleburg side; however, he was unable to collect sworn statements from them. The
 49 witnesses advised that they observed the coaches run on to the field to break up the fight between the players. They advised at no time did they
 50 observe any players get punched by any of the coaches.
 51
 52 I briefly spoke with the three victims and they advised they had been hit by Coach Shawn. [redacted] stated that he was in the processes of removing his
 53 helmet when Coach Shawn punched him in the face. He advised that the right side of his face was not covered by his helmet. [redacted] advised the cut
 54 on his face was caused from the punch. [redacted] did advise he had some pain in his face where he was punched. I did observe a small abrasion below
 55 [redacted] right eye.
 56
 57 [redacted] stated that he did not have any marks in him however, he was hit in the face and the throat. He did not complain of any injuries. I did not
 58 observe any injuries on [redacted].
 59
 60 [redacted] advised that he did not have any injuries from being hit as well and did not complain of any pain. I also did not observe any injuries on [redacted].
 61
 62 I collected three photos of the above listed victims. These photos were uploaded to evidence.com.
 63
 64 After completing our investigation Mr. Cruce was found as the aggressor and charged with three accounts of child abuse. Mr. Cruce was placed
 65 under arrest for child abuse and later transported to the Volusia County Branch Jail.
 66

Sworn to and subscribed before me, the undersigned this 07 day of April, 2018	I swear/affirm the above statements are correct and true	Right Thumb
Name: <i>OC C. McFadden</i>	<i>[Signature]</i>	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	SHAW, KYLEE	NS1591
Type of Identification:	NAME (PRINTED)	ID NUMBER

Narrative Supplement 707-B


Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant (Last) Name: Cruce	(First) Larry	(Middle) S	Agency Case Number: 180400106
CHARGES DOMESTIC VIOLENCE? Yes <input type="checkbox"/>		Attachments: Affidavit(s)? <input type="checkbox"/> Statement(s) <input checked="" type="checkbox"/>	NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No.: Bond:
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#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: Citation No.: Bond:

Total Charges: 3

67 A BWC was utilized during this incident.

Sworn to and subscribed before me, the undersigned this <u>07</u> day of <u>April</u> , 2018.	I swear/affirm the above statements are correct and true	Right Thumb
Name: <u>Officer Kylee Shaw</u>		
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/>	OFFICER/COMPLAINANT'S SIGNATURE	
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	SHAW, KYLEE	NS1591
Type of Identification:	NAME (PRINTED)	ID NUMBER

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number: 180400106

Page # 5 of 6


Defendant (Last) Name: Cruce		(First) Name: Larry		(Middle) Name: S		Agency Case Number: 180400106	
Name: (Last) [Redacted]		Name: (First) [Redacted]		Name: (Middle) [Redacted]		Vic Wrt: <input checked="" type="checkbox"/>	DOB: [Redacted]
Address (#, Street, City, State): [Redacted]		Address (#, Street, City, State): [Redacted]		Address (#, Street, City, State): [Redacted]		Zip: 32141	Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bus/School Address: [Redacted]		Bus/School Address: [Redacted]		Bus/School Address: [Redacted]		Zip: [Redacted]	Bus: [Redacted]
Relative/Contact Name: [Redacted]		Relative/Contact Name: [Redacted]		Relative/Contact Name: [Redacted]		Phone: [Redacted]	
Name: (Last) [Redacted]		Name: (First) [Redacted]		Name: (Middle) [Redacted]		Vic Wrt: <input checked="" type="checkbox"/>	DOB: [Redacted]
Address (#, Street, City, State): [Redacted]		Address (#, Street, City, State): [Redacted]		Address (#, Street, City, State): [Redacted]		Zip: [Redacted]	Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bus/School Address: [Redacted]		Bus/School Address: [Redacted]		Bus/School Address: [Redacted]		Zip: [Redacted]	Bus: [Redacted]
Relative/Contact Name: [Redacted]		Relative/Contact Name: [Redacted]		Relative/Contact Name: [Redacted]		Phone: [Redacted]	
Name: (Last) Bross		Name: (First) Jonathan		Name: (Middle) L		Vic Wrt: <input checked="" type="checkbox"/>	DOB: 11-18-1994
Address (#, Street, City, State): 3403 Indian Palm Drive EDGEWATER FL		Address (#, Street, City, State): [Redacted]		Address (#, Street, City, State): [Redacted]		Zip: 32141	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address: [Redacted]		Bus/School Address: [Redacted]		Bus/School Address: [Redacted]		Zip: [Redacted]	Bus: [Redacted]
Relative/Contact Name: [Redacted]		Relative/Contact Name: [Redacted]		Relative/Contact Name: [Redacted]		Phone: [Redacted]	
Name: (Last) [Redacted]		Name: (First) [Redacted]		Name: (Middle) [Redacted]		Vic Wrt: <input checked="" type="checkbox"/>	DOB: [Redacted]
Address (#, Street, City, State): [Redacted]		Address (#, Street, City, State): [Redacted]		Address (#, Street, City, State): [Redacted]		Zip: [Redacted]	Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bus/School Address: [Redacted]		Bus/School Address: [Redacted]		Bus/School Address: [Redacted]		Zip: [Redacted]	Bus: [Redacted]
Relative/Contact Name: [Redacted]		Relative/Contact Name: [Redacted]		Relative/Contact Name: [Redacted]		Phone: [Redacted]	
Name: (Last) McFadden		Name: (First) Samantha		Name: (Middle) L		Vic Wrt: <input checked="" type="checkbox"/>	DOB: 10-02-1980
Address (#, Street, City, State): 415 Bridget Street NEW SMYRNA FL		Address (#, Street, City, State): [Redacted]		Address (#, Street, City, State): [Redacted]		Zip: 32168	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address: [Redacted]		Bus/School Address: [Redacted]		Bus/School Address: [Redacted]		Zip: [Redacted]	Bus: [Redacted]
Relative/Contact Name: [Redacted]		Relative/Contact Name: [Redacted]		Relative/Contact Name: [Redacted]		Phone: [Redacted]	

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
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Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

SHAW, KYLEE
Investigating Officer

 NS1591
 ID Number

NSPD
Agency

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number: _____

Defendant (Last) Name: Cruce		(First) Name: Larry		(Middle) Name: S		Agency Case Number: 180400106	
Name: (Last) Newcomb		(First) Melody		(Middle) D		Vic Writ: <input checked="" type="checkbox"/>	Race: W
Sex: M		Age: 34		DOB: 11-20-1983		SSN: _____	
Address (#, Street, City, State): 3328 Unity tree Drive EDGEWATER FL						Zip: 32141	
Bus/School Address: _____						Home Phone: (386) 675-7824	
Relative/Contact Name: _____						Relative/Contact Address: _____	
Name: (Last) Winter		(First) Charmaine		(Middle) L		Vic Writ: <input checked="" type="checkbox"/>	Race: B
Sex: M		Age: 37		DOB: 09-04-1980		SSN: _____	
Address (#, Street, City, State): 980 Canalview Blvd PORT ORANGE FL						Zip: 32128	
Bus/School Address: _____						Home Phone: (404) 673-4179	
Relative/Contact Name: _____						Relative/Contact Address: _____	
Name: (Last) Schneider		(First) Shannon		(Middle) L		Vic Writ: <input checked="" type="checkbox"/>	Race: W
Sex: M		Age: 35		DOB: 04-22-1982		SSN: _____	
Address (#, Street, City, State): 25101 Newport Sound PJ NEW SMYRNA FL						Zip: 32168	
Bus/School Address: _____						Home Phone: (386) 451-3616	
Relative/Contact Name: _____						Relative/Contact Address: _____	
Name: (Last) Hilton		(First) Officer		(Middle) _____		Vic Writ: <input checked="" type="checkbox"/>	Race: _____
Sex: M		Age: _____		DOB: _____		SSN: _____	
Address (#, Street, City, State): _____						Zip: _____	
Bus/School Address: 246 Industrial Park Avenue NEW SMYRNA FL						Home Phone: _____	
Relative/Contact Name: _____						Relative/Contact Address: _____	
Name: (Last) Reve		(First) Sergeant		(Middle) _____		Vic Writ: <input checked="" type="checkbox"/>	Race: _____
Sex: M		Age: _____		DOB: _____		SSN: _____	
Address (#, Street, City, State): _____						Zip: _____	
Bus/School Address: 246 Industrial Park Avenue NEW SMYRNA FL						Home Phone: _____	
Relative/Contact Name: _____						Relative/Contact Address: _____	
Name: (Last) _____		(First) _____		(Middle) _____		Vic Writ: <input type="checkbox"/>	Race: _____
Sex: M		Age: _____		DOB: _____		SSN: _____	
Address (#, Street, City, State): _____						Zip: _____	
Bus/School Address: _____						Home Phone: _____	
Relative/Contact Name: _____						Relative/Contact Address: _____	

EVIDENCE COLLECTED

Description of Evidence	Owner Name (Last) (First)	(Address)	Date Recovered	Model Serial/I.D. Number	Drug Amount
3 Photos uploaded to EDC	NSBPD	246 Industrial Park NEW SMYRNA FL 32168	04-07-2016	(Phone) (362) 424-2220	Value 1
Description of Evidence	Owner Name (Last) (First)	(Address)	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Owner Name (Last) (First)	(Address)	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Owner Name (Last) (First)	(Address)	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Owner Name (Last) (First)	(Address)	Date Recovered	Model Serial/I.D. Number	Drug Amount
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Description of Evidence	Owner Name (Last) (First)	(Address)	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Owner Name (Last) (First)	(Address)	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Owner Name (Last) (First)	(Address)	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

SHAW, KYLEE
Investigating Officer

[Signature] NS1591
ID Number

NSPD
Agency

NEW SMYRNA BEACH POLICE DEPARTMENT

NARRATIVE / SUPPLEMENT

Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number
04-08-2018	0800	04-07-2018	DIST	180400106

1. Original	2
2. Supplement	2

1 I was dispatched to 1800 Turnbull Bay Road, NSB Sports Complex, in reference to a disturbance. Upon arrival, I made contact with William
 2 Butler, Kelan Solesbee and Larry Cruce. It should be noted that Mr. Butler is the head coach for the Middleburg Broncos youth football team and
 3 Mr. Solesbee and Mr. Cruce are assistant coaches. Mr. Butler advised that a fight broke out between players on the New Smyrna Beach Cudas
 4 and his Middleburg Broncos. Mr. Butler advised that he noticed his assistant coach, Mr. Cruce run onto field and attempted to break up the
 5 altercation. Mr. Butler advised that Mr. Cruce did not punch any kids, or adults during the incident.
 6
 7 I later made contact with Mr. Cruce and read him his Miranda Rights from my department issued Miranda Rights card. Mr. Cruce
 8 advised [REDACTED]. He advised [REDACTED].
 9 [REDACTED]. Mr. Cruce advised the [REDACTED]. He advised the [REDACTED].
 10 statement of the incident. Mr. Cruce was able to provide a written sworn
 11 statement of the incident.
 12
 13 I also made contact with the commissioner of the program, Alexander Beckett. Mr. Beckett advised that he did not see the altercation until it was
 14 just about over. He advised that the games are video recorded so there may be video of the incident. He was able to provide his contact
 15 information and advised that the video should be ready for review the following day.
 16
 17 I later made telephone contact with Mr. Beckett who advised that he reviewed the video of the altercation. Mr. Beckett advised that from what he
 18 could tell, Mr. Cruce did not throw a single punch at anybody. Mr. Beckett further advised that he would not be releasing the video footage until he
 19 has consulted with his legal representative.
 20
 21 This concludes my involvement with this case. My BWC was utilized during this incident.

NARRATIVE / CONTINUATION

ADMINISTRATIVE

Final Case Status: <u>1</u>	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline	<input type="checkbox"/> CAC	Spoke With: _____	Date: _____	Time: _____
Connecting Report Number	Agency	Additional Forms Attached:	<input type="checkbox"/> Narrative	<input type="checkbox"/> SA 707
Officer Reporting - Printed	Hilton Craig	Officer Reporting - Signature	<input checked="" type="checkbox"/> Persons	<input type="checkbox"/> Property
Officer Reviewing - Printed (If Applicable)		Officer Reviewing - Signature (If Applicable)	<input type="checkbox"/> Veh./Tow Sheet	<input type="checkbox"/> Other Describe: _____
		ID. Number	Unit	Date
		NS1583	9C17	04-08-2018
		ID. Number	Unit	Date

