

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

Arrest # _____ Bk # _____ Pg # 1 of 4

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: 2018 300743 MMDB	
(ORI) FL: <u>FL0641200</u>	Agency Name: <u>PORT ORANGE POLICE DEPARTMENT</u>	Agency Case Number: <u>180000660</u>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS # _____	U.C.R. _____	Date Arrested: <u>01-22-2018</u> Time of Arrest: <u>2211</u>
ADDRESS OF ARREST (Street, City, State, Zip): <u>1645 DUNLAWTON AVE #2813 PORT ORANGE FL 32127</u>		Arrested By: <u>Kimberly, Kyle</u>	ID Number: <u>PO4356</u>
DEFENDANT	NAME (Last) <u>Cresenzi</u> (First) <u>Mathew</u> (Middle) <u>Louis</u>	A.K.A.: _____	Sex: <u>M</u> Race: <u>W</u>
DOB: <u>12-05-1989</u>	Age: <u>28</u> Driver's Lic./ ID No.: _____	State: <u>FL</u> Year Expires: <u>2020</u>	S.S.#: _____
Height: <u>5' 09"</u>	Weight: <u>165</u> Hair: <u>BRO</u> Eyes: <u>BRO</u>	P.O.B. (City, State, Country): <u>Manchester CT</u>	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scars, Marks, Tattoos: <u>TAT L SHLD Wolf</u>	Business & Occupation: <u>Volusia County Dispatcher</u>	Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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"/>	Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address - Mailing/Permanent (STREET, APT. NUMBER) <u>1645 DUNLAWTON AVE #2813</u>		(CITY) <u>PORT ORANGE</u> (STATE) <u>FL</u>	ZIP CODE <u>32127</u> RESIDENCE PHONE <u>(386) 681-7722</u>
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 checked="" type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>	Total Charges: <u>1</u>
#1 Charge: <u>Battery Touch/Strike (Domestic)</u>	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>784.03(1)(A)1</u>	Citation No.: _____ Bond: <u>NO BOND</u>
#2 Charge: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: _____	Citation No.: _____ Bond: _____
#3 Charge: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: _____	Citation No.: _____ Bond: _____

CO-DEFENDANT	Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <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"/> Traf. <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 22 day of January, 2018, at approximately 0940 a.m. p.m. at 1645 DUNLAWTON AVE PORT ORANGE within Volusia County, violated the law and did then and there:

1 There is BWC video on Evidence.com
 2
 3 Mathew Cresenzi knowingly and intentionally touch/struck Catrina Stearns against her will.
 4
 5 On January 22, 2018 I responded to 1645 Dunlawton Ave unit# 2813 in reference to a domestic disturbance. Upon arrival I made contact with Catrina Stearns.
 6
 7
 8 Stearns advised that she came over to her boyfriend's, Mathew Cresenzi, residence where she stated that she has resided with him as family unit to drop off some paper work and pick up her W2 form. Shortly after entering the unit she stated advised that she and Mathew got into an argument about their recent break up approximately on January 08, 2018. Stearns advised while arguing Mathew stated that after he found out that she cheated on him he punched the wall and hurt his hand. She replied by stating that "it was his choice to punch the wall and that not all people get angry and violent like you". Stearns then advised after she said that Mathew back handed her across her left cheek are with the back of his left hand, and then proceeded to drag her out of the house by her left arm. After Mathew threw her outside she stated she then notified Law Enforcement of the incident. Stearns advised that she and Mathew have been together on and off in a dating relationship for the past two and a half years and have lived together almost the entire time. I observed slight redness on the left cheek area of Stearns's face.
 15

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 _____	RELATIONSHIP TO JUVENILE _____	JUVE DISP. _____
SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____		CITATION No. _____	

Sworn to and subscribed before me, the undersigned this <u>22</u> day of <u>January</u> , <u>2018</u> , Name: <u>[Signature]</u>	I swear/affirm the above statements are correct and true <u>[Signature]</u> <u>4356</u> OFFICER'S/COMPLAINANT'S SIGNATURE	Rt Thumb _____
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	<u>KIMBERLY, KYLE</u> <u>PO4356</u> NAME (PRINTED) ID NUMBER	
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	Type of Identification: _____	

OFFICIAL USE ONLY Inmate Number & Facility: _____

Volusia**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.

- 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) .
- 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.
- 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: _____
(First) (Middle) (Last)

Date: _____

Defendant's Name (print): _____

Defendant's Address: _____

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: Cresenzi	(Last)	(First) Mathew	(Middle) Louis	Agency Case Number: 180000660
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CHARGES	DOMESTIC VIOLENCE? Yes <input checked="" type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/>	Statement(s) <input type="checkbox"/>	NTA Schedule <input type="checkbox"/>	Report <input type="checkbox"/>	Traffic Infraction(s) <input type="checkbox"/>	Total Charges: 1
#	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 I then made contact with Mathew Cresenzi who advised that his girlfriend of approximately two and a half years, Catrina Stearns, came over to his
17 residence to drop off some paperwork for his kittens and pick up her W2 form. Shortly after arriving Mathew advised that they both began to argue
18 over their breakup and how Stearns cheated on him. Mathew advised that during the argument Stearns stated something to him which he is not sure
19 exactly what it was, but he became angry and back handed her across the left side of her face with the back of his left hand. Mathew then stated that
20 he grabbed her by her left arm with his left hand and then dragged her to the front door and pushed her out of the residence. Mathew advised that he
21 and Stearns have been living together as a family unit for almost the entire time of their dating relationship.
22
23 I then spoke with their roommate, Thomas Sayre, who advised that Stearns came over to the residence to pick up her W2 and drop off some things
24 for Mathew. Shortly after Stearns arrived he heard her and Mathew get into a verbal altercation in Mathew's Bedroom. Shortly after the argument he
25 observed Mathew dragging Stearns to the front door and then force her out of the residence. Sayre stated that he did not observed the battery.
26
27 Stearns filled out a written witness statement and was issued a Domestic Violence Pamphlet along with a Victim's Rights Pamphlet.
28
29 Due to Stearns's and Mathew's statement, along with the admission of the battery, Mathew Cresenzi was placed under arrest for domestic battery
30 and later transported to the Volusia County Branch Jail with No Bond. A victim notification card was completed and turned into to VCBJ intake.

Sworn to and subscribed before me, the undersigned this <u>22</u> day of <u>January</u> , 2018 Name: <u><i>[Signature]</i></u>	I swear/affirm the above statements are correct and true <u><i>[Signature]</i></u> OFFICER'S/COMPLAINANT'S SIGNATURE	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	<u>KIMBERLY, KYLE</u> NAME (PRINTED)	<u>PO4356</u> ID NUMBER

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant (Last) (First) (Middle) Name: Cresenzi Mathew Louis			Agency Case Number: 180000660	
Name: (Last) (First) (Middle) Stearns Catrina Jayne			Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address (#, Street, City, State): 38 Woodlake Drive PORT ORANGE FL			Zip: 32129	Age: 21 DOB: 04-17-1996
Bus/School Address:			Home Phone: (904) 735-2625	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name			Relative/Contact Address:	
Name: (Last) (First) (Middle) Sayre Thomas A			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State): 1645 Dunlawton Ave #2813 PORT ORANGE FL			Zip: 32127	Age: 31 DOB: 04-29-1986
Bus/School Address:			Home Phone: (386) 316-5391	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name			Relative/Contact Address:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Age: DOB:
Bus/School Address:			Home Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name			Relative/Contact Address:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Age: DOB:
Bus/School Address:			Home Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name			Relative/Contact Address:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Age: DOB:
Bus/School Address:			Home Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name			Relative/Contact Address:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):			Zip:	Age: DOB:
Bus/School Address:			Home Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Relative/Contact Name			Relative/Contact Address:	

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
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
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.

KIMBERLY, KYLE
Investigating Officer

Kyle Kimberly 4354 **PO4356**
ID Number

POPD
Agency