

7th. Judicial Circuit 707  
 Charging Affidavit - FLAGLER

Arrest # \_\_\_\_\_

Bk # 16-1632

Pg #1 of 3

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: <b>2016 CF 000706</b> Agency Case Number: <b>2016-00070884</b>
(ORI) FL: 0 1 8 0 0 0 0	Agency Name: <b>Flagler County Sheriff's Office</b>			FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
OBTS# <b>1601047001</b>		UCR:	Date Arrested: <b>8/7/2016</b>	Time of Arrest: <b>07:59</b>
ADDRESS OF ARREST: <b>4489, Clove, AVE, Bunnell, Florida, 32110</b>				Arrested By: <b>Beausoleil Aaron</b>
<b>DEFENDANT</b>		Name (L.F.A.): <b>Mays III, Donald, Eugene</b>		ID Number: <b>674</b>
DOB: <b>06/13/1995</b>	Age: <b>21</b>	Driver's Lic ID No.: <b>M200-185-95-213-0</b>	State: <b>Florida</b>	Year Expires: <b>2024</b>
Height: <b>5 10</b>	Weight: <b>150</b>	Hair: <b>Brown</b>	Eyes: <b>Brown</b>	PG# (City, St, Country)
Scars, Marks, Tattoos:	Business & Occupation:		Statement: Yes <input type="checkbox"/> No <input checked="" 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/Blind: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Address-Home/Permanent (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIP/STATE
Address-Local (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIP/STATE
Address-Other (Employer/School) (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIP/STATE
<b>CHARGES</b>		DOMESTIC VIOLENCE: YES <input type="checkbox"/>		Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infractions(s) <input type="checkbox"/> IAT <input type="checkbox"/>
#1	Charge: <b>Burg Dwelling w/Assault or Battery</b>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	PS ORD: <b>810.02.2A</b>	Citation No.: Bond: <b>None</b>
#2	Charge: <b>Tamper With Witness</b>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	PS ORD: <b>914.22</b>	Citation No.: Bond: <b>15000</b>
#3	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	PS ORD:	Citation No.: Bond:
<b>CO-DEFENDANT</b>		Co-Def #1. Arrested? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fel <input checked="" 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(L.F.A.): <b>Medders, William, Chance</b>		Race: <b>White</b>	Sex: <b>Male</b>	DOB: <b>05/08/1994</b> Age: <b>22</b>
#2 NAME(L.F.A.):		Race:	Sex:	DOB: Age:
<b>NARRATIVE</b> The undersigned certifies and swears that there is a probable cause to believe the above names defendant, on the <u>7th</u> day of <u>August</u> , 2016, at approximately <u>07:10</u> <u>X</u> A.M. <u></u> P.M. at <u>4489 Clove AVE</u> within <u>Flagler</u> County, violated the law and did then and there.				
On August 7th, 2016 at approximately 7:10am I responded to 4523 Clove Ave, Bunnell FL in reference to an assault and battery that occurred overnight. Upon my arrival, I made contact with the victim, Shawn Crandall.				
Shawn stated that at approximately 10:24pm on 08/06/2016, he was next door at 4489 Clove Ave, hanging out with friends at a bonfire. Shawn stated he was then chased by two white male subjects who he positively identified as William Medders and Donald Mays III. Shawn stated that he was chased toward the roadway in front of his residence, where he fell, and the subjects began beating him up for approximately two minutes. Shawn then was able to get inside of his residence and attempted to call 911				
Supervisor Approved: <b>Weaver, Daniel Scott</b>				
<b>NOTICE TO APPEAR</b>		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"/>
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.		FINE AND COSTS AMOUNT:		
SIGNATURE OF DEFENDANT		DATE		Juve Disp CITATION No.
SIGNATURE OF JUVENILE PARENT OR CUSTODIAN		RELATIONSHIP TO JUVENILE		
Sworn to and subscribed before me, the undersigned This <u>7</u> day of <u>Aug</u> , <u>2016</u> .		I swear affirm the above statements are correct and true.		Re: (Juve)
Name: <i>[Signature]</i>		OFFICER'S/COMPLAINANT'S SIGNATURE		
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:		NAME (PRINTED)		ID NUMBER
<b>OFFICIAL USE ONLY</b>		Aaron Beausoleil		674
		License Number & Facility:		

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# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear
 
 Adult  
 Juvenile

Court Case Number:

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Defendant Name: <b>Mays III, Donald, Eugene</b>		Agency Case Number: <b>2016-00070884</b>	
Name (L,F,M): <b>Crandall, Shawn, Dexter</b>	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>Black</b>	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address <b>4523 Clove AVE Bunnell, Florida</b> (# Street, City, State):		Age: <b>27</b>	DOB: <b>12/19/1988</b>
Bus/School Address:		Zip: <b>32110-</b>	Home Phone:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (W, Street, City, State):		Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:
Bus/School Address:		DOB:	SSN:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (W, Street, City, State):		Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:
Bus/School Address:		DOB:	SSN:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (W, Street, City, State):		Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:
Bus/School Address:		DOB:	SSN:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (W, Street, City, State):		Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:
Bus/School Address:		DOB:	SSN:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (W, Street, City, State):		Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:
Bus/School Address:		DOB:	SSN:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (W, Street, City, State):		Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:
Bus/School Address:		DOB:	SSN:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (W, Street, City, State):		Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:
Bus/School Address:		DOB:	SSN:
Relative/Contact Name:		Relative/Contact Address:	
Name (L,F,M):		Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:
Address (W, Street, City, State):		Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>	Age:
Bus/School Address:		DOB:	SSN:
Relative/Contact Name:		Relative/Contact Address:	

## EVIDENCE COLLECTED

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

Aaron Beausoleil      674      FCSD  
 Investigating Officer      ID Number      Agency

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# Narrative 707-B Supplement

Arrest  
 Affidavit  
 Notice to Appear
 
 Adult  
 Juvenile

Court Case Number:

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Defendant Name: **Mays III, Donald, Eugene** Agency Case Number: **2016-00070884**

CHARGES		DOMESTIC VIOLENCE? YES <input 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:
#	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:

when the subjects kicked his door, entered his residence and smacked the phone out of his hands. Shawn stated to the subjects that he was calling 911 at which point they began stepping on the phone and continued to strike him. Shawn stated that William was still inside of his house, sleeping on his bed. Shawn stated that William does not live at his residence.

Shawn had visible injuries to include a laceration and bruising to his forehead and bruising around his mouth and right wrist. Shawn was transported overnight to Florida Hospital Flagler where he received stitches and was diagnosed with a mild concussion. Shawn advised that he was unable to provide a comprehensive statement to law enforcement when the incident occurred due to the concussion. Shawn was transported back to his residence at approximately 7:10am when he was released from the hospital.

I then approached Shawn's residence where I located boot prints on the exterior door near his bedroom which were consistent with Shawn's statement. Inside of Shawn's bedroom I located William and placed him under arrest (see William's arrest report for further).

I then went to 4489 Clove Ave and made contact with Donald Mays III. Donald stated that he knew Shawn came to his residence the night prior, but did not engage in a physical altercation with him and did not know a physical altercation took place. Due to being positively identified by Shawn, Donald was placed under arrest and transported to the Flagler County Inmate Facility without incident.

There were no witnesses that witnessed the physical altercation take place. Images of Shawn's injuries and the boot print on the door were obtained and will be uploaded to this report. Shawn provided a sworn video statement and agreed to complete a sworn written statement once he is able to complete it. This incident was recorded on my axon mobile camera and will be uploaded to evidence.com. See case report for further.

Sworn to and subscribed before me, the undersigned this <u>7<sup>th</sup></u> day of <u>August</u> , <u>2016</u>	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>[Signature]</u>	<u>[Signature]</u> OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED) <u>Aaron Beausoleil</u>	ID NUMBER <u>674</u>
Type of Identification:		

707-B - COURT COPY