

26 CF 65 MB

05204483

Marsy's Law CVI FL Const. Art. 1 § 16(b)

ARREST / NOTICE TO APPEAR

Check if Supplement is Attached

- 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

Juvenile

1

Form containing personal information, charges, and legal notices for Cynthia Marlene Cruz. Includes fields for name, address, date of birth, and charges such as 'BATTERY-AGGRAVATED CAUSE BODILY HARM OR'.

VICTIM NOTIFICATION REQUIRED

FILED P50 - CIVIL CLUB - 125 JUNE 02

PBSC #0148 REV. 10/22

- COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O. DEFENDANT

05204483

1296

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>01/04/2026 21:55</b>		Agency ORI Number <b>FL FL0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   26-000046</b>		
	Name (Last, First, Middle) <b>CRUZ, CYNTHIA MARLENE</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/27/1983</b>
C H R G	Charge Description <b>784.045(1)(A)(1) BATTERY-AGGRAVATED CAUSE BODILY HARM OR DISABILITY</b>								
V I C T I M	Victim's Name (Last, First, Middle) <b>CRUZ, MELISSA ANN</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/19/1984</b>
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>6086 KENDRICK ST, JUPITER, FL 33458</b>				Phone <b>(718) 938-4726</b>		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>BLEEDING, UPSET</b>						
VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral									
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>MARRIED</b>									
A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS: Scene:		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>					
	Victim:		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	911 CALL:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALLER:				
	WEAPON USED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: <b>GLASS</b>				
	WITNESSES:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)				
	INJURIES:		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	MEDICAL TREATMENT:		<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	AT: Scene:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS: <b>PBCFR</b>				
	Hospital:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL: <b>JUPITER MEDICAL CENTER</b>				
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:				
H. R. S. NOTIFIED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
VICTIM PREGNANT:		<input type="checkbox"/>	<input checked="" type="checkbox"/>						
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:					
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>	<input checked="" type="checkbox"/>						
ALCOHOL OR DRUGS INVOLVED:		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
N A R R	On 01-04-26 at 2138 hrs., I responded to 6086 Kendrick St., Jupiter in reference to a reported domestic dispute. The caller, Minerva, calling from NY advised her friend lives at this address and is in a domestic. She further advised her friend was bleeding from the face. She said the residents are Melissa Crus and Cynthia Crus. She said Cynthia threw a bottle at Melissa and they both have been drinking. The caller was on								
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me <u>Raleigh</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  <u>[Signature]</u> SIGNATURE OF ARRESTING OFFICER  Sworn to and subscribed to before me this <u>4</u> day of <u>January</u> , <u>2026</u> .  <u>[Signature]</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)									

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>01/04/2026 21:55</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   26-00046</b>
	Agency ORI Number <b>FL FLO501700</b>			

facetime with Melissa. She further advised Melissa wanted fire rescue for facial injuries.

Upon my arrival, I could see through the glass front door one female, later identified as Cynthia M. Cruz (w/f 11-27-83), was in the living room picking up broken glass. Cynthia came to the door and I asked her what was going on. She said they got into an argument and she (referring to Melissa Cruz (h/f 04-19-84)) pushed so her and she (referring to herself) threw a glass at her (Melissa). I asked Cynthia if she was injured and she said she wasn't but Melissa was. She said they both had been drinking and she didn't know what the argument was about. It should be noted there was blood on the floor as well as the broken glass.

I then went to the bedroom and spoke to Melissa. I observed blood on the left side of Melissa's face and on the front of her shirt. I asked her what happened. She said they had both been drinking. They got into an argument and she didn't know what it was about. Melissa said Cynthia threw a glass at her.

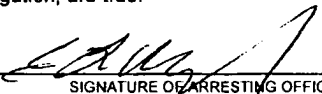
I went back to the living room and advised Cynthia she was under arrest for domestic violence and placed her in handcuffs which were checked for proper spacing and double locked. I brought Cynthia outside to my patrol car and placed in the rear seat. Ofc. Marinucci stood-by with her while I returned to the residence to photograph the scene and Melissa's injuries. Ofc. Newman completed the Lethality Assessment (she replied "No" to all questions) and gave Melissa a Domestic Violence packet.

PBFR arrived on scene and treated Melissa's injuries (left side of head/temple area) and left side mouth area. PBFR transported her to Jupiter Medical Center ER as she may need stitches. PBFR Run #PBC 26001944

Based upon my above described investigation I find probable cause does exist to charge Cynthia Cruz with Aggravated Battery Domestic as she did actually and intentionally touch or strike Melissa Cruz against the will of Melissa Cruz, and in doing so intentionally or knowingly caused great bodily harm, permanent disability, or permanent disfigurement to Melissa Cruz, contrary to Florida Statute 784.045(1)(a)1 and (2). (2 DEG FEL) (LEVEL 7)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, Rafael personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 4 day of January, 2026.

  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch.782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Domestic Violence** - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 26000046 Agency: Jupiter Police Department  
Offense: Aggravated Battery Domestic  
Suspect/Offender: Cynthia M. Cruz  
D.O.B. 11-27-83 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3a. Victim's Name: Melissa A. Cruz D.O.B. 04-19-84 Race: W Sex: F  
Address: 6086 Kendrick St  
City: Jupiter State: FL ZIP: 33458  
Home #: 718-9384726 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

3b. Victim's Next of Kin, Friend or Neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

**NOTE: PURSUANT TO F.S.119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY**

### Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: E. Raleigh I.D. # 1022 Date: 01-04-26

SUSPECT/OFFENDER:

COURT CASE/WARRANT #:

(FOR WARRANT USE ONLY)



# Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2026000287	Date: 1/5/2026
	Specialist Name/ID#: T. Howard/7185