

COMPLAINT AFFIDAVIT

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

ARREST FORM

BROWARD COUNTY
ARREST #

OBTs #

Filing Agency Broward County Sheriff's Office		Offense Report SW11-04-00329		Local ID #		FDLE		FBI		SS#		
Defendant's Last Name Nogami-Marshall				First Michi		Middle SUF		Alias/Street Name		Citizenship		
Race Blk	Sex F	Hgt 5'9	Eyes Brn	Hair Blk	Wgt 155	Comp Lite	Age 27	DOB 5-5-1984	Birthplace		Scars, marks, TT	
Permanent Address 16710 Stratford Ct SouthWest Ranches Florida 33331								Local Address Same		Place of Employment		Length
Residence Type		<input checked="" type="checkbox"/> (1) City		<input type="checkbox"/> (2) County		<input type="checkbox"/> (3) Florida		<input type="checkbox"/> (4) Out of State				
How long defendant in Broward County:		Breathalyzer by/CCN N/A		Reading N/A		Place of Arrest 16710 Stratford Ct		Date / Time arrested 4/22/2011 7:40 P.M.		Arresting Officer CCN J. Lawrence 11334		
Officer Injured Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Unit K356		Zone		Beat C.I.		Shift C.I.		Trans. Unit		
PMD Y <input type="checkbox"/> N <input type="checkbox"/>		Transporting Officer CCN		Pick-up time: Time arrived at BSO:		Drug Type						
TYPE: N-No A-Amphetamine		B-Barbiturate C-Cocaine E-Heroin		H-Hallucinogen M-Marijuana O-Opium		P-Paraphernalia/ Equipment S-Synthetic		U-Unknown Z-Other		Activity: Y <input type="checkbox"/> N <input type="checkbox"/>		
		B-Buy T-Traffic		E-Use M-Manufacture P-Product/ C-Cultivate		K-Dispense/ D-Distribute Z-Other		Indication of: Alcohol Inf. Drug Inf.		Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>		

Defendant's Vehicle _____ Type: _____ Year: _____ Color: _____ VIN#: _____

Attach Defendant's Photo _____ Vehicle towed to: _____ Tag # _____

Other Identifiers or remarks _____

Name of Victim(s) (If corporation, exact legal name and state of incorporation) Brandon Tyrone Marshall		ADDRESS 16710 Stratford Ct SouthWest Ranches Florida 33331		PHONE # 720 878-1446	
Count #	Offenses Charged	Classification # if Applicable	FS or Capias/Warrant #		
One	Aggravated Battery/Deadly Weapon Domestic Violence	N/A	784.045-1a2		

Domestic Violence

Probable Cause Affidavit

Before me this date personally appeared Detective J. Lawrence who being first duly sworn deposes and says that on 22 day of April, 2011 at 16710 Stratford Ct SouthWest Ranches Florida (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows:

On April 22nd, 2011, the above listed defendant did unlawfully and intentionally arm herself with a kitchen knife and stab the victim in the abdomen. The victim and defendant have been married for approximately one year and have been involved as a couple for approximately two and one half years and have no children together. The victim provided sworn testimony advising that he slipped and fell onto a broken glass vase; however, the area of where the vase was broken indicated no blood within the immediate area to substantiate his claim. However, the defendant was read Miranda on scene wherein post Miranda she stated she stabbed the victim out of self defense. Photographs were taken of the scene and of the victim. Both the victim and defendant provided scant information regarding the incident itself; however, based upon the post Miranda statement and the injuries to the victim; the defendant was taken into custody for the above listed charge.

I swear the above statement is correct and true to the best of my knowledge and belief.

J. Lawrence _____ Detective J. Lawrence 11334 _____ C.I.D./S.V.U./11334
 Officer/Affiant's Signature Officer's Name/CCN Officer's Division

STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 22 day of April, 2011 who is personally known

to me or who has produced (ID type) _____ known to me _____ as identification and who _____ did _____ (did or did not) take an oath.

Craig McCormick _____ Sergeant 5056
 DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY TITLE OR RANK/CCN

SEVENTEENTH JUDICIAL CIRCUIT
BROWARD COUNTY
STATE OF FLORIDA

FIRST APPEARANCE/ARREST FORM

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION)

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