

☐ COMPLAINT AFFIDAVIT

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

☒ ARREST FORMBROWARD 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		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								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		Breathalyzer by/CCN N/A		Reading N/A		Place of Arrest		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-Na A-Amphetamine		B-Barbiturate C-Cocaine E-Heroin		H-Hallucinogen M-Marijuana O-Opium		P-Paraphernalia/ Equipment S-Synthetic		U-Unknown Z-Other		Activity: Activity: N-Na P-Possession S-Sell	
B-Buy T-Traffic A-Smuggle D-Deliver		E-Use M-Manufacture Produce/ Cultivate		K-Dispense/ 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		PHONE #	
Count #	Offenses Charged	Station # If Applicable	FS or Capias/Warrant #		
One	Aggravated Battery/Deadly Weapon Domestic Violence	N/A	784.045-1a2		

## 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 \_\_\_\_\_ (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.

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

\_\_\_\_\_  
 DEPUTY CLERK OF THE COURT, NOTARY PUBLIC, OR ASSISTANT STATE ATTORNEY

Sergeant 5056  
 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)

Distribution  
 Original - Court  
 2<sup>nd</sup> State Attorney  
 3<sup>rd</sup> Filing Agency  
 4<sup>th</sup> Arresting Agency