

☐ **COMPLAINT AFFIDAVIT**

SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

☒ **ARREST FORM**

BROWARD COUNTY

ARREST #

OBTS #

Filing Agency CITY OF HALLANDALE		Offense Report 28-2112-034162		Local ID #		FDLE		FBI		SS #		
Defendant's Last Name DICKERSON				First Middle AMANDA T		SUF		Alias/Street Name				Citizenship
Race W	Sex F	Hgt 5'07	Wgt	Hair BLOND	Eyes HAZE	Comp FAIR	Age 35	DOB 04/07/1986	Birth Place			
Permanent Address 437 GOLDEN ISLES DR 9B-C, HALLANDALE BEACH, FL 33009								Scars Marks TT TAT UR BACK / CROSS WITH "GRANDMA"				
Residence Type		(1) City (2) County (3) Florida (4) Out of State		Local Address 437 GOLDEN ISLES DR 9B-C, HALLANDALE BEACH, FL				Place of Employment		Length		
How long defendant in Broward County 4 M		Breathalyser By/CCN		Reading		Place of Arrest 437 GOLDEN ISLES DR		Date/Time Arrested 12/06/2021 23 53		Arresting Officer(s) CCN LOPEZ, BRYAN (6285)		
Officer Injured Y ☐ N ☒		Unit PATR	Zone 2806	Beat	Shift ALPH	Trans Unit		PMD Y ☐ N ☒	Transporting Officer/CCN		Pick-up Time	
Time Arrived/BSO		Type / Activity N / N		Type N-N/A A-Amphetamine B-Barbiturate C-Cocaine		E-Heroin H-Hallucinogen M-Marijuana O-Opium/Derv		P-Paraphernalia/ Equipment S-Synthetic U-Unknown Z-Other		Activity N-N/A P-Possess S-Sell B-Buy		
T-Traffic A-Smuggle D-Deliver E-Use		M-Manufacture/ Produce/Cultivate K-Dispense/ Distribute Z-Other		Indication of Alcohol Influence Y ☐ N ☒ UK ☐ Drug Influence Y ☐ N ☒ UK ☐								

Attach Defendant's Photo

Defendant's Vehicle Make	Type	Year	Color	VIN #
Vehicle Towed To		Tag #	Other identifiers or remarks	

Count #	Offenses Charged	WC# / Citation # (if applicable)	FS or Capias/Warrant #
1	BATTERY-CAUSE BODILY HARM - DOMESTIC VIOLENCE		784.03-1A2(HG)

Probable Cause Affidavit

Before me this date personally appeared LOPEZ, BRYAN (6285) who being first duly sworn deposes and says that on 6 day of December (year) 2021 at 437 GOLDEN ISLES DR 9C, HALLANDALE BEACH, FL 33009 (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

DEFENDANT HAS BEEN LIVING WITH VICTIM FOR 7 YEARS AND HAVE 2 CHILDREN IN COMMON

AFTER BEING READ MIRANDA WARNINGS, DEFENDANT STATED THERE WAS A VERBAL ALTERCATION WITH VICTIM AND ADMITTED TO INTENTIONALLY, AND AGAINST VICTIM'S WILL, STRIKING VICTIM WITH BACK OF OPEN HAND ON HIS ARM AND BITING VICTIM ON THE FACE

*** * * Continued * * ***

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief

[Signature] 6285 LOPEZ, BRYAN (6285) Patrol
Officer/Affiant's Signature Officer's Name/CCN Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 6 day of December 2021 (year) by OFFICER LOPEZ, BRYAN (name and title) who is personally known to me or has produced Badge as identification

[Signature] 6224 Sgt/ 6224
Notary Public Deputy Clerk of the Court or Assistant State Attorney Title/Rank and CCN

[Signature]
Print Type or Stamp Commissioned Name of Notary Public (SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION (BSO DB#2a))

BSO DB-#2 (Revised 05/00)

Org - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency

COURT COPY

SP/CO 18552 29154 18552 WC-1999

☐ COMPLAINT AFFIDAVIT

PROBABLE CAUSE AFFIDAVIT CONTINUATION

☒ ARREST FORM

BROWARD COUNTY

ARREST #

OBTS #

Filing Agency CITY OF HALLANDALE	Offense Report 28-2	Local ID #	FDLE	FBI	SS #
Defendant's Last Name DICKERSON	First AMANDA T	Middle	SUF	Alias/Street Name	Citizenship
Name of victim(s) (if corporation exact legal name and state of incorporation)					
Count #	Offenses Charged	WC# / Citation # (if applicable)		FS or Capias/Warrant #	
	*** SEE PAGE 1 ***				

Probable Cause Affidavit

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DEFENDANT FELT PROVOKED BY THE MERE PRESENCE OF VICTIM SHOWING UP AFTER LEAVING THE HOUSE FOR OVER 2 WEEKS AND WANTING TO DISCUSS HIS "FEELINGS"

VICTIM SUFFERED A RED BITE MARK ON THE LEFT SIDE OF THE FACE

BWC ACTIVATED

**DOMESTIC
VIOLENCE**

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

[Signature] 6285
Officer/Affiant's Signature

LOPEZ, BRYAN (6285)
Officer's Name/CCN

Patrol
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 6 day of December, 2021 (year)

by OFFICER LOPEZ, BRYAN (name and title) who is personally known to me or has produced

Badge as identification

[Signature] 6224
Notary Public, Deputy Clerk of the Court or Assistant State Attorney

Sgt/10224
Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit

Broward County

State of Florida

BSQ DB-#2a (Revised 05/00)

FIRST APPEARANCE/ARREST FORM

COURT COPY

Ong Court
2nd State Attorney
3rd Filing Agency
4th Arresting Agency