

BROWARD COUNTY

GRADE: FELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

ARREST #

ARREST # **NIC**

OBTS #

Filing Agency WILTON MANORS PD		Offense Report 43-1603-002904		Local ID #		FDLE		FBI		SS #	
Defendant's Last Name GOOD				First Middle MARK A		SUF		Alias/Street Name		Citizenship	
Race W	Sex M	Hgt 5'10	Wgt	Hair	Eyes	Comp	Age 52	DOB 09/06/1963	Birth Place		
Permanent Address 140 NW 29TH ST, POMPANO BEACH, FL 33064								Scars, Marks, TT			
Residence Type: (1) City (2) County (3) Florida (4) Out of State		Local Address: 140 NW 29TH ST, POMPANO BEACH, FL 33064						Place of Employment		Length	
How long defendant in Broward County:		Breathalyser By/CCN		Reading		Place of Arrest		Date/Time Arrested		Arresting Officer(s) CCN	
Officer Injured: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Unit	Zone	Beat	Shift	Trans. Unit	PMD: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Transporting Officer/CCN		Pick-up Time	Time Arrived/BSO
TYPE / ACTIVITY:		Type: N-N/A A-Amphetamine B-Barbiturate C-Cocaine	E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv.	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 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UK <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UK <input type="checkbox"/>			

Attach Defendant's Photo

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

Name of victim(s) (if corporation, exact legal name and state of incorporation):			
[REDACTED]			
Count #	Offenses Charged	WC# / Citation # (if applicable)	FS or Capias/Warrant #
2	SEX ASSLT-VICT OVR 12 YO PHYSICAL FORCE NO WEAP		794.011-5B

Probable Cause Affidavit

Before me this date personally appeared OWENS, BONNIE (189) who being first duly sworn deposes and says that on 8 day of March, (year) 2016 at 2415 N DIXIE HWY, WILTON MANORS, FL 33305 (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 3/8/16 the victim advised that she had paid for a two hour long Chi Revitalization massage which included a salt scrub and body butter ahead of time on-line (through Groupon) for the business located at 2415 N Dixie Hwy (Chi Spa) and received an text confirmation advising that Mark G. would be her massage therapist.

The victim's appointment time was for 1600 hours, however the victim was delayed and

*** Continued ***

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

[Signature] OWENS, BONNIE (189)
Officer/Affiant's Signature Officer's Name/CCN

Detective Bureau
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____ (year), by DETECTIVE OWENS, BONNIE (name and title), who is personally known to me or has produced _____ as identification.

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

SERGEANT / 175
Title/Rank and CCN

PILEWSKI, FRANK
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))

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

COURT COPY

COMPLAINT AFFIDAVIT
 PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST FORM

BROWARD COUNTY
 ARREST # NIC

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Filing Agency WILTON MANORS PD	Offense Report 43-1603-002904	Local ID #	FDLE	FBI	SS #
Defendant's Last Name GOOD	First MARK A	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

Before me this date personally appeared OWENS, BONNIE (189) who being first duly sworn deposes and says that on 8 day of March, (year) 2016 at 2415 N DIXIE HWY, WILTON MANORS, FL 33305 (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows:

responded to the business at 1630 hours and met with the defendant. The victim was escorted to a room and advised to get undressed and lay on the massage table by the defendant. The victim completely disrobed and lay on the table. The defendant then walked in and covered her with a blanket and began the massage on her back area. The victim advised she had fallen asleep while this occurred.

The victim then advised that the defendant had her flip over to massage the front. The victim advised that the defendant appeared to become more sensual in nature with the defendant beginning to rub her more slowly. The victim advised that the defendant had placed his finger in the fold of her clitoris for a moment. Then again the victim stated that the defendant placed his finger in the fold of her clitoris and began rubbing for approximately 10-15 seconds. The victim stated that the defendant grabbed her hand and began placing her hand on her vagina at which time she stated NO and pulled away.

The victim advised she would press charges.

The defendant is charged with 2 counts of FSS 794.011-5b - Sexual Battery upon a person over the age of 18 without physical force.

I swear the above statement is correct and true to the best of my knowledge and belief.
Det. Bonnie Owens OWENS, BONNIE (189) Detective Bureau
 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 _____ day of _____, _____ (year), by DETECTIVE OWENS, BONNIE (name and title), who is personally known to me or has produced _____ as identification.

Frank Pilewski SERGEANT / 175
 Notary Public, Deputy Clerk of the Court, or Assistant State Attorney Title/Rank and CCN

PILEWSKI, FRANK
 Print, Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit
 Broward County
 State of Florida

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