

Orange County

Arrest Affidavit

Arrested At - Large JRA

Division #:

Court Case #:

Document Date:

Location of Defendant Vehicle: NONE	Date - Time Booked:	Agency Case Number: 2014-1887
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(OR): FL0481400	Agency Name: UCF POLICE DEPARTMENT	FCIC/NCIC Check: <input checked="" type="checkbox"/>	Date - Time of Arrest: 06/10/2014 09:12
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Address of Arrest: 3610 LIBRA DR Apt: ORLANDO, FL 32816

DEFENDANT	Adult <input checked="" type="checkbox"/> Juvenile <input type="checkbox"/>	Jacket Number:	Inmate Number:	Language: ENGLISH
NAME (L, F, M) GOODWIN, BRANDON DATRELLE	A.K.A.		Race: B Sex: M DOB: 10/02/1995 Age: 18	
Height: 6'00"	Weight: 170	Hair: BLK Eyes: BRO	POB City:	POB State: US

RES 4167 MENSA DR Apt: 121 Street#

City: ORLANDO State: FL Zip: 32816 Home Phone:

Scars/Tattoos: Ethnicity: NON HISPANIC

Driver's License/State ID No: 057581881 State: GA Year Expires: 2017 SSN #:

Business and Occupation: / Bus Phone:

Bus Street#: City: State: Zip:

Next of Kin Name: Phone:

Next of Kin Street: City: State: Zip:

AGGRAVATORS: Firearm Weapon Mask Vest Convicted Sex Batterer Hate Crime Special Victim Domestic Violence? N

OFFENSES: Felony Misd. ORD. Traffic Out of County Court Location: CIRCUIT State/County: /

#	GOC Code	Description	Bond Amt \$ / Status	FSS/ORD	FDLE Rec#	Drug Name	Citation Number
1	N	GRAND THEFT 3RD DEGREE (>\$300, <\$5,000)	812.014(2)(C)(1)-3	500 /			

 DCF Notified? N By Whom? On Probation? N Miranda Warning? N By Whom? Invoked? N

Sworn to and subscribed before me, this 13 day of June year 2014

Notary Public Law Enforcement or Correction

Personally Know Produced Identification

Type of Identification: _____

Notary Signature _____

NOTARY PUBLIC STATE OF FLORIDA

 I swear or affirm the above statements are correct and true _____ 407-823-5555
 Officer's Signature _____ Officer's Bus. Phone No. TIRADO, FREDDIE / 084
 Officer's Name / ID

Notice to Defendant Regarding Social Security Number: This Law Enforcement Agency has collected your social security number (SSN) as required by PSS 119.071. This agency will use it for the purpose of confirming your identity, and sharing it with other governmental agencies to identify records linked to that SSN. This collection and use of your SSN is required by this agency to fulfill its lawful duties and responsibilities.

Notary Name _____ Notary Commission # / Exp. Date _____

Orange County

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Defendant's Name: GOODWIN, BRANDON DATRELLE

Agency Case Number: 2014-1887

NARRATIVE: The undersigned has probable cause to believe the above-named defendant on the, 6 of June 2014 at 21:15 at 12791 EAST PLAZA DRIVE ORLANDO FL 32816 (Zone: 22) in Orange County did

violate F.S.S. 812.014(2)(C)(1)-3 Grand Theft by knowingly and unlawfully obtaining a bicycle belonging to [REDACTED] with the intent to permanently deprive [REDACTED] of their right to the property or any benefit from it.

On 06/06/2014 at approximately 2114 hours, UCFPD Officer Anthony Alonso responded to Knightro's restaurant (12791 East Plaza Dr, Orlando FL 32816) which is located on the campus of UCF, in reference to a reported bike theft.

Ofc. Alonso was advised by the UCFPD communications department that the stolen bicycle was a [REDACTED] belonging to [REDACTED]

Ofc. Alonso and several other UCFPD officers searched the area where the bicycle was last reported with negative results.

On 06/09/2014 I was reviewing surveillance video of the Tower III residential dormitory (4167 Mensa Lane Orlando FL 32816) exterior doors during the time frame when the bicycle was stolen.

I was able to locate video footage showing that on 06/06/2014 at approximately 2320 hours, a B/M (later identified as the suspect, Mr. Brandon D. Goodwin) enter the Tower III building with the stolen bicycle by using the exterior door adjacent to the Burger U restaurant.

Once Mr. Goodwin enters the first floor hallway, he turns left and heads to his apartment (121).

The following persons are residents of apartment 121:

- Room A - Matthew Williams
- Room C - Steven Haney
- Room D - Brandon Goodwin

A further review of the surveillance video showed Mr. Goodwin exiting his residence on 06/09/2014 at approximately 0949 hours with the stolen bicycle.

Sgt. Anthony Chronister, Ofc. Christopher Holt, Ofc. Ryan Stoner and I responded to the residence and made contact with one of Mr. Goodwin roommates, Mr. Steven Haney, who stated there was no one else in the residence.

Mr. Haney then gave permission for Ofc's Holt and Stoner to enter the apartment. Once they entered the apartment, they made contact with Mr. Williams's brother, who is staying with him in his room.

Both Mr. Haney and Mr. Williams brother gave consent for their rooms to be searched, which Ofc's Holt and Stoner did with negative results.

Once the search was completed we departed the area and after arriving back at the UCFPD, we were informed by the UCFPD communications department (who were monitoring the residence hallway) that Mr. Goodwin had arrived back at his residence.

Sgt. Chronister and I then returned to Mr. Goodwin's residence and after receiving permission to enter the residence by Mr. Goodwin, I identified Mr. Goodwin by his Georgia driver's license (GA # 057581881).

Mr. Goodwin then stated the following:

Sworn to and subscribed before me,
 this 13 day of June year 2014
 Notary Public Law Enforcement or Correction
 Personally Know Produced Identification
 Type of Identification: _____



I swear or affirm the above statements are correct and true _____ 407-823-5555
 Officer's Signature _____ Officer's Bus. Phone No.
 _____ TIRADO, FREDDIE / 084
 _____ Officer's Name / ID

Notice to Defendant Regarding Social Security Number: This Law Enforcement Agency has collected your social security number (SSN) as required by PSS 119.071. This agency will use it for the purpose of confirming your identity, and sharing it with other governmental agencies to identify records linked to that SSN. This collection and use of your SSN is required by this agency to fulfill its lawful duties and responsibilities.

Notary Signature _____ Notary Name _____ Notary Commission # / Exp. Date _____

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Defendant's Name: GOODWIN, BRANDON DATRELLE

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His bicycle had been previously stolen and he had taken the bicycle belonging to [redacted] earlier today from a bicycle rack next to the Knightros cafeteria which is located on the campus of UCF.

He also stated that after he took bicycle, he felt bad about it and left it by the Mathematical Sciences building (4393 Andromeda Loop N. Orlando FL 32816) which is also located on the campus of UCF.

Sgt. Chronister then made contact with UCFPD Sgt. Christopher Gavette who responded to the Mathematical Sciences building and was able to retrieve the stolen bicycle.

Mr. Goodwin was then advised that we had surveillance camera coverage showing the date when it was actually taken and he then responded that he might have taken the bicycle on Friday or Saturday.

Copies of the surveillance video footage showing Mr. Goodwin entering and exiting his residence with the stolen bicycle was submitted into evidence.

After advising Mr. Goodwin that At Large charges would be filed with the State Attorney's Office, we departed the residence.

Sworn to and subscribed before me, this 13 day of June year 2014. Notary Public, Law Enforcement or Correction, Personally Know, Produced Identification, Type of Identification:

I swear or affirm the above statements are correct and true. Officer's Signature: TIRADO, FREDDIE / 084. Officer's Bus. Phone No. 407-823-5555. Officer's Name / ID

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Notary Signature, NOTARY PUBLIC STATE OF FLORIDA, Notary Name, Notary Commission # / Exp. Date

Witness Form

Defendant Name: GOODWIN, BRANDON DATRELLE		Document ID:
Officer Name: TIRADO, FREDDIE	Officer ID: 084	Court Case #:
Agency Name: UCF Police Department	ORI: FL0481400	Agency Case #: 2014-1887

WITNESSES	V - Victim	R - Reporter	W - Witness
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V	NAME _____, STATE OF FLORIDA, (L, F, M):	Language: ENGLISH	Sex:	Race:	DOB:	Age:
	Resident Address:	Apt#:	City:	State: FL	Zip:	Home Phone:
	Business/School:					Officer ID:
Business/School Address:		Suite #:	City:	State: FL	Zip:	Bus. Phone:
Testimony:						

W	NAME TIRADO, DETECTIVE, FREDDIE (L, F, M):	Language: ENGLISH	Sex:	Race:	DOB:	Age:
	Resident Address: ON FILE	Apt#:	City:	State: FL	Zip:	Home Phone:
	Business/School:					Officer ID: 84
Business/School Address:		Suite #:	City:	State: FL	Zip:	Bus. Phone:
Testimony:						

W	NAME CHRONISTER, SGT., ANTHONY (L, F, M):	Language: ENGLISH	Sex:	Race:	DOB:	Age:
	Resident Address: ON FILE	Apt#:	City:	State: FL	Zip:	Home Phone:
	Business/School:					Officer ID: 33
Business/School Address:		Suite #:	City:	State: FL	Zip:	Bus. Phone:
Testimony:						