

0458313

2020CT000483 AMB

P# 114

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant
2 N.T.A 4 Request for Capias

1

JUVENILE

OBTS Number	Agency Name Riviera Beach Police Department		Agency Report Number (N.T.A's only) 8-1-20-00324	1 Arrest 3 Request for Warrant 2 N.T.A 4 Request for Capias	1	JUVENILE
Agency ORI Number 0500700	Charge Type Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized	Multiple Clearance Indicator	1	
Location of Arrest (Including Name of Business) 100 E BLUE HERON BLVD, RIVIERA BEACH		Location of Offense (Business Name, Address) 100 E BLUE HERON BLVD, RIVIERA BEACH, FL 33404				
Date of Arrest 01/13/2020	Time of Arrest 01:32	Booking Date 01/13/2020	Booking Time 01:42	Jail Date	Jail Time	Location of Vehicle SHEEHAN'S TOWING
Name (Last, First, Middle) VILLAVICENCIO, CHRISTOPHER A						
Alias:						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 03/22/1983	Height 5'10	Weight 225	Eye Color BROWN	Hair Color BROWN
Complexion LIGHT		Build MEDIUM		Marital Status M		Religion CATHOLIC
Local Address (Street, Apt. Number) 9088 CARMA DR, BOYNTON BEACH, FL 33472		City BOYNTON BEACH		State FL		Zip 33472
Permanent Address (Street, Apt. Number) 9088 CARMA DR, BOYNTON BEACH, FL 33472		City BOYNTON BEACH		State FL		Zip 33472
Business Address (Name, Street)		City		State		Zip
D/L Number, State V412101831020		Sec. Sec. Number		INS Number		Place of Birth (City, State) KENDALL, FL, United
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 5 Juvenile <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor	
Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian <input type="checkbox"/>		Name (Last, First, Middle)				Residence Phone
Address (Street, Apt. Number)		City	State	Zip	Business Phone	
Notified by (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To (Name)		Relationship	Date	Time		
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.				School Attended	Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			Value of Property	
Drug Activity N N/A P Possess		Seiz B Buy T Traffic	R. Seizure E Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other
Drug Type N N/A A Amphetamine		D. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Opior	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown 2. Other	
Charge Description DUI		Statute Violation Number 316.193(1)			Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit	Offense # 20-00324	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description		Statute Violation Number			Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description		Statute Violation Number			Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant						
Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain						
Check which applies <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY Received By
Transported By CALDERON, U		Date Transported 01/13/2020	Time Transported 01:36	Other JAN 13 AM 4:12		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) North County PALM BEACH GARD		No Photo Available
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Court Date and Time 02/13/2020 08:30:00		
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
HOLD for Other Agency		Signature of Arresting Officer		I Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Sacial		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		(PRINT)		
Intake Deputy SMAN		ID # 8101	Punch #	Name of Arresting Officer (Print) CALDERON, U		ID # 6799
Transporting Officer CALDERON, U		ID # 6799	Agency RBP	PAGE		

SCANNED

JAN 13 2020

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 N.T.A. 4 Request for Capias

1 JUVENILE

DBTS Number	Agency ORI Number FL FLO500700		Agency Name Riviera Beach Police Department	Agency Report Number 8 4 20-00324
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Charge Type: Check as many as apply	<input type="checkbox"/> 1 Felony	<input type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 5 Ordinance	Special Notes
	<input type="checkbox"/> 2 Traffic Felony	<input checked="" type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 6 Other	

Name (Last, First, Middle) VILLAVICENCIO, CHRISTOPHER A	Alias	Race W	Sex M	Date of Birth 03/22/1983
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Charge Description 316.193 DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 13 day of January, 2020 at 02:21 (Specifically include facts constituting cause for arrest.)

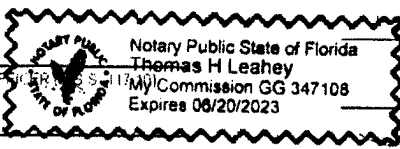
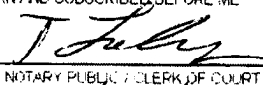
The following investigation was captured on Body Worn Camera (BWC)

On Monday, January 13, 2020 at approximately 0013hrs, Officer Topping (ID#6427) observed a disabled vehicle in the 100 block of E Blue Heron Blvd. Officer Topping advised that he observed a white male wearing all black in the driver seat of the vehicle and the vehicle running. Officer Topping also stated that he observed damage to the front passenger side wheel.

Officer Calderon made contact with the driver who was later identified as Christopher Villavicencio (DOB 3/22/83). Villavicencio initially stated that he hit "something" but was unable to articulate what his vehicle struck, or where the incident occurred. Officer Bennett (ID #6797) drove to the intersection of E Blue Heron Blvd and Lake shore Dr and observed debris in the roadway and skid marks stretching from the northwest corner of the intersection to the vehicle. It should be noted that both the skid marks and the debris were directly next to a curb located in the northwest corner of the intersection. While speaking with Villavicencio, Officer Calderon noticed that Villavicencio appeared to be confused and disoriented. Officer Calderon noticed that Villavicencio's eyes were watery (glassy), which led Officer Calderon to suspect that Villavicencio may have been intoxicated.

Officer Calderon asked Villavicencio if he would be willing to submit to field sobriety exercises. Villavicencio agreed to attempt the exercises. Officer Calderon observed the following while conducting the exercises:

During the horizontal nystagmus, Villavicencio was unable to maintain balance without assistance. Villavicencio lacked smooth pursuit on both the left and right eye. During the walk and turn test, Villavicencio would not listen to Officer Calderon's directions and exhibited a sarcastic and indifferent attitude. Villavicencio was unable to maintain his balance and could not complete the exercise.

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
 NOTARY PUBLIC / CLERK OF COURT / OFFICER <u>01/13/20</u> DATE		<u>CALDERON, ULISES (6799)</u> NAME OF OFFICER (PLEASE PRINT) <u>01/13/2020</u> DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

1

JUVENILE

OBTS Number		
Agency ORI Number FL FL0500700	Agency Name Riviera Beach Police Department	Agency Report Number 8 4 20-00324
Charge Type: Check as many as apply	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	Special Notes

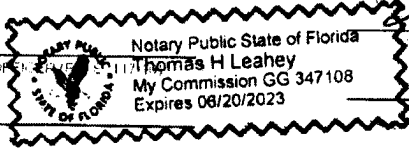
Name (Last, First, Middle) VILLAVICENCIO, CHRISTOPHER A	Alias	Race W	Sex M	Date of Birth 03/22/1983
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During the one leg stand, Villavicencio was unable to maintain balance. When he lifted his leg up, Villavicencio immediately lost balance and began to fall over.

Villavicencio was placed under arrest for DUI and transported to the BAT and later to Palm Beach County Jail. While at the BAT Center, Villavicencio refused to submit to any testing or answer any questions.

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

SWORN AND SUBSCRIBED BEFORE ME		
<i>[Signature]</i>		<i>[Signature]</i>
01/13/20		CALDERON, ULISES (6799)
DATE		NAME OF OFFICER (PLEASE PRINT)
		01/13/2020
		DATE

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF JANUARY 2020, AT 0013 AM PM

SUBJECT: Villavicencio Christopher A CASE NUMBER: 20-00324

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Calderon, U

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Observed driver in driver side of vehicle with keys in the ignition and engine running.

OBSERVATION OF DRIVER:

Driver did not comprehend questions that were being asked by officers. Driver advised that he had two (2) beers earlier in the day and later recanted stating that he did not have any drinks. Driver had slurred speech and watery (glassy) eyes.

DRIVER'S STATEMENTS:

Driver stated that he had two beers earlier in the day, later recanting stating he did not have anything to drink.

ODORS:

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: Confused, disoriented, argumentative

CLOTHING: Black t-shirt, black shorts, black shoes

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

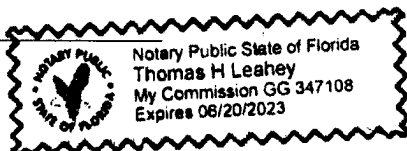
Calderon, U mlc 6799

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of January 2020 by Calderon, U

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

J. Lehey
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Driver was unable to stand in place to complete the exercise.

WALK & TURN:

Driver attempted to perform the exercise but was unable to maintain balance. Driver was unable place heel to toe without falling over.

ONE LEG STAND:

Driver attempted to perform the exercise but was unable to maintain balance. Driver lifted one leg but immediately began to fall over.

ROMBERG ALPHABET:

Not attempted.

ROMBERG ALPHABET:

Not attempted.

BREATH TEST RESULTS: 1) Refused 2) 3) 4)

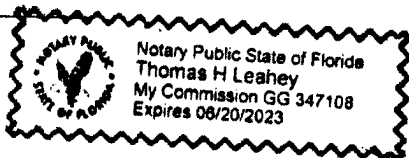
STATE OF FLORIDA
COUNTY OF PALM BEACH

Calderon, U 2020 6 29 9
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of January 2020 by Calderon, U

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 20-00324

ARRESTING OFFICER: Calderon, U

ADDRESS: 600 W Blue Heron Blvd

PHONE NUMBERS (HOME): 561-845-4123 (WORK) _____

CAN TESTIFY TO: Field sobriety, arrest and transport

NAME: Topping, C

ADDRESS: 600 W BLUE HERON BLVD

PHONE NUMBERS (HOME) 561-845-4123 (WORK) _____

CAN TESTIFY TO: Arrest and transport

NAME: Bennett, J

ADDRESS 600 W BLUE HERON BLVD

PHONE NUMBERS (HOME) 561-845-4123 (WORK) _____

CAN TESTIFY TO: Point of impact of vehicle

NAME: Reid, F

ADDRESS 600 W BLUE HERON BLVD

PHONE NUMBERS (HOME) 561-845-4123 (WORK) 0

CAN TESTIFY TO: Field sobriety

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: RBPD

SUBJECT: VILLAVICE NCIO, CHRISTOPHER CASE NUMBER: 20-025501

DATE: 01/13/2020 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 01:25 ENDING TIME: 01:29

BREATH TESTS RESULTS: 1) R TIME 01:28 (A.M./P.M.) 2) N/A TIME --- A.M./P.M.
3) Y/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: P. POUND # 24637

MAINTENANCE TECHNICIAN: J. KARLECKE # 6427

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLACK SHORTS, BLACK T-SHIRT, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY + RIDDLETT

COMMENTS: ARRIVED AT CENTER A/D BEGAN THE 20
MINUTE OBSERVATION PERIOD AT 01:00 HRS.

A. REFUSED TO TAKE TEST.

A/D. READ I/L

A. STATED HE UNDERSTOOD I/L AND WOULD REFUSE
TEST AGAIN.

A/D. READ RIGHTS

A. STATED HE UNDERSTOOD RIGHTS.

A/D. ATTEMPTED Q&A

A. REFUSED QUESTIONS.

REFUSED

REFUSED

SUBJECT: VILLAVICENCIO, CHRISTOPHER CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____ *READ ON CAMERA*

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____ *READ ON CAMERA*

SUBJECT: VILLAVILENCIO, CHRISTOPHER A CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Calderon,U, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Riviera Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 13 day of January, 20 20, at 0031 P.M. A.M.

DRIVER Christopher A Villavicencio
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# V412101831020, state of FLORIDA, was placed under lawful arrest for
the offense of DUI by Calderon,U and
(Name of Arresting Officer)
issued Citation # ACNGF6E

That on or about the 13 day of January, 20 20, at 0100 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level
and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such
test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or
for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to
submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing
to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for
refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he
or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's
License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has
previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver
refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 13 day of January, 20 20,
by Calderon,U,

who is personally known to me or who has produced
personally known as identification
Notary Public T. Leaney

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer
Title
Date

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020001327	Date: 01/13/2020
	Specialist Name/ID: T Howard/7185

