

19CT14697

ARREST / NOTICE TO APPEAR

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

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4, 0 19-012606</b>				
D E F E N D A N T	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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		Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator <b>1</b>				
	Location of Arrest (Including Name of Business) <b>1 SE 3RD AVE</b>				Location of Offense (Duesant Name, Address) <b>1 SE 3RD AVE, DELRAY BEACH, FL 33483</b>						
	Date of Arrest <b>08/10/2019</b>	Time of Arrest <b>04:51</b>	Booking Date <b>08/10/2019</b>	Booking Time <b>05:01</b>	Jail Date <b>08/10/2019</b>	Jail Time <b>05:00</b>	Location of Vehicle <b>1 SE 3RD AVE DELRAY</b>				
Name (Last, First, Middle) <b>VALENZUELA ODDONE, FABRIZIO ANDRES</b>		Alias		Alias (Name, DOB, Soc. Sec. #, etc.)							
Race W - White B - Black		Sex <b>M</b>	Date of Birth <b>12/11/1996</b>	Height <b>5'06</b>	Weight <b>130</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>THIN</b>		
Local Address (Street, Apt. Number) <b>6109 BOCA COLONY DR 1311, BOCA RATON, FL 33433</b>		(City)	(State)	(Zip)	Phone <b>(561) 460-9916</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>					
Permanent Address (Street, Apt. Number) <b>6109 BOCA COLONY DR 1311, BOCA RATON, FL 33433</b>		(City)	(State)	(Zip)	Phone <b>(561) 460-9916</b>	Address Source <b>FL/DL</b>					
Business Address (Name, Street) <b>SUN PASS</b>		(City)	(State)	(Zip)	Phone	Occupation <b>Image Verificat</b>					
DL Number, State <b>V452241964510 / FL</b>		Sec. Sec. Number	INS Number		Place of Birth (City, State) <b>ASUNCION</b>		Citizenship				
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					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Name (Last, First, Middle)		Residence Phone		Business Phone							
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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							
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No.		Property Crimes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Struggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamines	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogens M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>DRIVING WHILE UNDER INFLUENCE</b>		Statute Violation Number <b>316.193(1)</b>		Violation of ORD #							
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
	<b>N</b>			<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
					<input type="checkbox"/> Y <input type="checkbox"/> N						
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformation <input type="checkbox"/> Injuries							
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		Date Transported	Time Transported	Other		Released To					
<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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time <b>09/09/2019 08:30:00</b>		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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed							
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>RICHARDSON, DALLAS</b>		I.D. # <b>1185</b>					
Instance Deputy		I.D. #	Pouch #	Transporting Officer <b>RICHARDSON</b>		I.D. # <b>1185</b>					
				Agency <b>DBPD</b>		PAGE <b>1 OF 1</b>					

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS P.T.O. DEFENDANT

SCAN AUG

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF August 2019, AT 0405 hours (AM) PM  
SUBJECT: Valenzuela Fabrizio CASE NUMBER: 19-012606  
AGENCY: DELRAY BEACH ARRESTING OFFICER: RICHARDSON #1185

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
On 08/10/19 at approximately 0345 hours I observed a white Hyundai Santa Fe driven by Fabrizio Valenzuela traveling northbound on SE 5TH Ave which is a one way southbound street. Valenzuela made a U-Turn in the middle of the roadway after he observed my marked patrol vehicle. I made contact with Valenzuela at approximately 0330 hours who was asleep on a outside table at 432 E Atlantic Ave( Cut 432 restaurant). After awaking him he stumbled and nearly fell into the curb. Valenzuela was unable to stand or state where he was at this time. At Valenzuela request I assisted him with finding a Lyft to transport him home to Boca Raton FL. After the Lyft driver arrived to transport him home, he entered the Lyft vehicle and he later exited the vehicle and got into the passenger side of the Hyundai Santa Fe bearing FL Tag (JRFQ07). Valenzuela then entered the driver side and began traveling northbound in southbound lanes of traffic on SE 5TH Ave. I then initiated a traffic stop on said vehicle as it proceeded to SE 3rd Ave in which the vehicle came to its final rest on SE 1ST ST. Valenzuela was the only occupant of the vehicle at the time of contact.

### OBSERVATION OF DRIVER:

The defendant appeared to be impaired. The defendant had red glassy eyes, very slurred and mumbled speech, slow blinking, slow dexterity and I could smell the odor of an unknown alcoholic beverage coming from his breath. The defendant was unable to preform some exercises that was asked due to what he described as minor knee pain. The defendant had a distinct sway as he stood still. The defendant often would forget simple instructions that I would explain to him more than once. The defendant also began some exercises prior to me give all instruction or during my instructions. The defendant had different mood swings while I was in contact with him.

### DRIVER'S STATEMENTS:

The defendant stated that he had a few drinks with his friends while on Atlantic Blvd in Delray Beach FL earlier in the night..

### ODORS:

DEFENDANT HAD THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HIS BREATH.

## GENERAL OBSERVATIONS

SPEECH: SLOW, SLURRED, MUMBLED

ATTITUDE: POLITE, UPSET, ANGRY, CRYING

CLOTHING: PINK SHIRT, BLUE JEANS, WHITE SHOES

### MEDICAL PROBLEMS:

KNEE INJURY (DID NOT COMPLAIN OF THIS DURING MY INVESTIGATION)

MEDICATIONS: NONE

### OTHER:

BREATH TESTING REQUEST IS VIDEO RECORDED, IN CAR VIDEO AND BODY CAMERA VIDEO.

NOT A  
SCANNED  
AUG 11 2019

SUBJECT: Valenzuela, Fabrizio CASE NUMBER: 19-012606

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION
- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? \_\_\_\_\_

**WALK AND TURN:**

The defendant was unsteady on his feet and could not stand in position when instructed to do so. The defendant became very upset during this task because he could not use his arms to balance. Defendant stepped off the line on step 2 and 4 and again on 7 and 8 down. Defendant then stepped off the line on step 2,4,5,6, and 8. Defendant was also unable to count while during this exercise. Defendant was unsteady and unbalanced throughout this exercise.

CAN NOT DO, WHY? \_\_\_\_\_

**ONE LEG STAND:**

Defendant was unable to count 1001 1002 1003 like wise until 1008. He was unable to keep his arms down beside his side without putting them out to attempt to balance. SEE BWC.

CAN NOT DO, WHY? \_\_\_\_\_

**FINGER TO NOSE:**

Defendant was unsteady and unbalanced and fear of injury all road side tasks was stopped. See BWC

CAN NOT DO, WHY? UNABLE TO PERFORM

**ROMBERG/ALPHABET:**

Defendant was unable to start at the letter D and stop at the letter M without singing the alphabet and without starting at A and ending at Z. SEE BWC.

CAN NOT DO, WHY? REFUSED TO PERFORM

**BREATH TEST RESULTS:** 0.160 and 0.147

STATE OF FLORIDA  
COUNTY OF PALM BEACH  
THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS 08/10/19 (DATE)

BY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ARRESTING OFFICER



NOTARY PUBLIC STATE OF FLORIDA  
Samantha Painter (F.S. 117.10)  
My Commission GG 233762  
Expires 10/28/2022



**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2019026146	<b>Date:</b> 08/11/2019
	<b>Specialist Name/ID:</b> AM/31562