

0531940

50.2021-CT-003809-ASB

1795

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-20-012891					
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					If Weapon Seized Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 2400 High Ridge Rd. Boynton Beach FL 33426					Location of Offense (Business Name, Address) 2400 High Ridge Rd. Boynton Beach FL 33426					
Date of Arrest 03/11/2021		Time of Arrest 0307	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Becks towing			
Name (Last, First, Middle) Willhite, Darrin, Eric					Alias (Name, DOB, Soc. Sec. #, Etc)					
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 11/20/1973	Height 603	Weight 225	Eye Color blue	Hair Color grey	Complexion light	Build med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status single		Religion none		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) (City) (State) (Zip) 1690 Renaissance Commons Blvd. Boynton Beach FL 33426					Phone (561)317-3691		Residence Type 1. City 3. Florida 1 2. County 4. Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Address Source FL DL			
Business Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Occupation Bartender			
DL Number, State W430165734200		Soc. Sec. Number		INS Number		Place of Birth moline, IL		Citizenship Citizen		
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		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	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 Dept. and Released		2. TOT HRS/DYS	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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property					Value of Property				
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 316.191.1		Warrant/Capias Number		Violation of ORD#		
Drug Activity	Drug Type	Amount/Unit	Offense # 20-012891	Statute Violation Number		Warrant/Capias Number		Violation of ORD#		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number		Warrant/Capias Number		Violation of ORD#		
Drug Activity	Drug Type	Amount/Unit	Offense #	Statute Violation Number		Warrant/Capias Number		Violation of ORD#		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number		Warrant/Capias Number		Violation of ORD#		
Drug Activity	Drug Type	Amount/Unit	Offense #	Statute Violation Number		Warrant/Capias Number		Violation of ORD#		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number		Warrant/Capias Number		Violation of ORD#		
Drug Activity	Drug Type	Amount/Unit	Offense #	Statute Violation Number		Warrant/Capias Number		Violation of ORD#		
<input 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 instruction on reverse side.					Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444					
					Court Date and Time Month April Day 1st Year 2021 Time 0900		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
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.										
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed			Name Verification (Printed by Arrestee)		
HOLD for other Agency Name					Signature of Arresting Officer J. Festa			I.D. # 1102		
<input checked="" type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Subdual <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other					Name of Arresting Officer (Print) J. Festa			I.D. # 1102		
Intake Detail					Pouch #			Agency BBPD		
					Transporting Officer J. Festa			I.D. # 1102		
					Witness here is subject Signed with an "X"			Page 1 of 1		

NOTICE TO APPEAR
 APR 11 7:00 AM
 SOUTH COUNTY COURTHOUSE
 200 WEST ATLANTIC AVE
 DELRAY BEACH, FL 33444

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11th DAY OF March 2021 AT 0243 A.M P.M.

CASE #: 21-043829 DEFENDANT: Willhite, Darrin, E

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On March, 11th, at 0243 hours, Officer Wertman conducted a traffic stop on a 2017 Grey Honda Accord (displaying FL tag GENR99). The driver later identified as W/M Darrin Willhite turned north onto Highridge rd from the east bound straightaway lane of W. Gateway Blvd. and continued to travel south in the northbound lanes. Officer Wertman made contact with the driver and sole occupant of the vehicle who was identified by his Florida driver license as Darrin Willhite, FL.# W430-165-73-420-0.

I arrived shortly thereafter and made contact with Officer Wertman who informed me of his observations. He further advised his initial contact with Kahn, he smelled a distinct odor of an alcoholic beverage emanating from the vehicle and Kahns person while he was speaking to Kahn, suspecting Kahn was driving under the influence of an unknown alcoholic beverage.

I then met with Willhite who was sitting in the driver seat of the vehicle with the engine running. While speaking to Willhite I could smell the distinct odor of an alcoholic beverage emanating from the vehicle which became stronger as Willhite spoke to me. Willhite has a slow a slurred speech as well as his eyes were glassy and blood shot. I informed Willhite that I could smell an alcoholic beverage from him and he told me he was coming from a friends house. I then requested that Willhitte exit the vehicle, which he did. Upon doing so, I requested that Willhite submit to a series of road side sobriety task to determine if he was safe to drive or if he was impaired. During my conversation with Willhite prior to starting the tasks, Willhite stated he had approximately 6 shots of tequilla.

Below are the results of the road side sobriety tasks after they were explained, demonstrated and made sure that Willhite understood. This investigation was captured on my BWC.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|--|
| <input type="checkbox"/> Left eye does not follow smoothly | <input checked="" type="checkbox"/> Right eye does not follow smoothly |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees | <input checked="" type="checkbox"/> Right eye prior to 45 degrees |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input checked="" type="checkbox"/> Vertical Nystagmus in left eye | <input checked="" type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

During the instructional phase, he was not able to keep his balance and started before telling him to do so. During the beginning portion of the WNT, Wilhite stopped, stepping off the line and uses his arms for balance, higher than 6 inches. On his first portion of the WNT (1-9 steps), Willhite failed to touch heel to toe, and was unsteady while walking, Willhite turned improperly. On his turn, willhite stumbled, staggers, and not the way demonstrated. On the return for the second set of steps (1-9 steps), Willhite missed heel to toe.

ONE LEG STAND:

Willhite used his arms for balance. Willhite Put his foot down. Willhite once more put his foot down and did not pick it back up.

FINGER TO NOSE:

Willhite did not bring his arms down to his side.

ROMBERG/ALPHABET:

Willhite lost balance at approximately the 15 sec. mark.

SUMMARY-

Based on my observations of the tasks performed by Willhite, I placed Willhite under arrest for suspicion of DUI pursuant to FSS 316.193.1. I transported Willhite to the Palm Beach County Sheriffs Office BAT.

While at PBSO, the twenty minute observation was conducted. I read Kahn his implied consent and requested a sample of his breath to determine its alcohol content which he refused I then informed Willhite of his Taylor Warnings and once more requested a sample of his breath to determine its alchol content which he again refused.

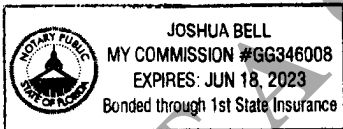
Willhite was also read his Miranda warning and declined to answer questions. Willhite was charged with DUI under FSS 316.193. He was issued a citation for the traffic infraction in which Ofc. Wertman observed and a citation for DUI.

The following instrument was sworn to before me this 3 day of March 2021

By: Ofc. Festa 1102

Joshua Bell
Notary/Police Officer (F.S.S. 117.10)

[Signature]
Signature of Arresting Officer



CASE #: 21-043829

DEFENDANT: Willhite, Darrin, E

Arresting Officer: Ofc. Festa 1102

Address: 2100 High Ridge Rd. Boynton Beach FL 33426

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: Ofc. G. Wertman

Address: 2100 High Ridge Rd. Boynton Beach FL 33426

Phone Numbers: Home: _____ Work: (561)742-6100

Can testify to: Initial traffic stop and DUI investigation

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: _____

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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: _____



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 21-043829 PBSO ZONE 6-12

AGENCY CASE # 21-012819 CRASH CASE # N/A

TIME OF STOP/CRASH 0243 DATE 03/11/2021 DAY THURSDAY

SUBJECT'S NAME WILLHITE, DARRIN E RACE W SEX M

HGT 6'3 WGT 225 DOB 11/20/1973

LOCATION 2400 HIGH RIDGE RD BOYNTON BEACH FLORIDA 33426

ARRESTING OFFICER'S NAME & ID FESTA #1102 AGENCY BBPD

DIVISION: ROAD PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0326

Arrest Time 0307

BREATH RESULTS:

1. REFUSED
2. REFUSED
3. REFUSED
4. REFUSED

TESTING OFFICER'S ID BELL 8656

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

REFUSED

BREATH TESTS RESULTS

- 1) TIME A.M. P.M.
- 2) TIME A.M. P.M.
- 3) TIME A.M. P.M.
- 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

EYES: BLOODSHOT

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0326 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C AND REFUSED TO TAKE BREATH TEST AT 0352 HOURS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

REFUSED

SUBJECT: Willhite, Darrin E

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: W 11h to, Danna E 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: CVE. Festa # 1102



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"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(l)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021006008	Date: 3/11/2021
	Specialist Name/ID: M. Tooks #8557