

ARREST / NOTICE TO APPEAR

21GT-19

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

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 21-000046	
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	If Weapon Seized		Multiple Clearance Indicator 3
Location of Arrest (Including Name of Business) 1319 N FEDERAL HWY DELRAY BEACH, FL			Location of Offense (Business Name, Address) 1319 N FEDERAL HWY, DELRAY BEACH, FL 33483			
Date of Arrest 01/02/2021	Time of Arrest 01:52	Booking Date 01/02/2021	Booking Time 02:02	Jail Date 01/02/2021	Jail Time 04:52	Location of Vehicle 1319 N FEDERAL HWY
Name (Last, First, Middle) WYNN, DAVID ELLIOTT ANIKEN Alias:						
Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Other/Asian <input type="checkbox"/> Other W M Sex: M Date of Birth: 11/05/1966 Height: 6'00 Weight: 200 Eye Color: BROWN Hair Color: BROWN Complexion: LIGHT Build: LARGE						
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						
Local Address (Street, Apt. Number) 3579 S FEDERAL HWY F, BOYNTON BEACH, FL 33435			Phone (561) 460-2777		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number) 3579 S FEDERAL HWY F, BOYNTON BEACH, FL 33435			Phone (561) 460-2777		Address Source FL DL	
Business Address (Name, Street) OPEN CASE			Phone (561) 336-0141		Occupation	
DL Number, State W500165664050 / FL		Sec. No. Number		DHS Number		Citizenship US
Co-Defendant Name (Last, First, Middle) (NO BOND)						
Co-Defendant Name (Last, First, Middle)						
Parent <input type="checkbox"/> Other: <input type="checkbox"/> Name (Last, First, Middle) OR						
Address (Street, Apt. Number) OR						
Notified by: (Name) OR						
Released To: (Name) Relationship OR						
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.						
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Drug Activity: S. Sell, R. Smuggle, K. Distribute, M. Manufacture/Produce/Cultivate, Z. Other N. N/A, B. Buy, D. Deliver, E. Use P. Possess, T. Traffic						
Drug 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						
Charge Description: DRIVING WHILE UNDER INFLUENCE Statute Violation Number: 316.193(1)(A) Violation of ORD #: Boat						
Charge Description: REFUSAL TO SUBMIT TO BAL TEST Statute Violation Number: 316.1939(1)(B) Violation of ORD #: Boat						
Charge Description: VIOLATION OF DL REGISTRATION-BUSINESS PURPOSES Statute Violation Number: 322.16(5) Violation of ORD #: Boat						
Health / Apparent Physical Condition of Defendant						
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						
Transported By: JAN 2 AM 6:00						
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time: 01/28/2021 08:30:00						
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 _____						
HOLD for Other Agency						
Signature of Arresting Officer: WINDSOR, NICHOLAS LD. # 1029						
Name Verification (Printed by Arrestee) _____ (PRINT)						
Intake Deputy: SPANN GICU LD. # _____ Pouch # _____						
Transporting Officer: WINDSOR LD. # 1029 Agency: DBPD						
Witness here if subject signed with an "X".						

JAN 03 2021

0519326

1802

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2nd DAY OF January 20 21 AT 0152 AM PM
SUBJECT: Wynn, David Elliott Aniken CASE NUMBER: DBPD #21-000046
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: Windsor #1029

PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 01/02/21 at 0152hrs I was stopped (facing south) in my marked Delray Beach Police patrol vehicle at the intersection of NE 5th Ave. and NE 1st St. I observed a white 2017 Maserati (FL Tag #WDEV) travel east through the intersection with the driver window rolled down. I had a clear view of the white male driver who I recognized as David Elliott Aniken Wynn from a previous DUI arrest I made on 10/28/20 (refer to DBPD case #20-014138). I followed the Maserati and ran a check on the license plate and Wynn's FL DL. The record check revealed Wynn's driving privilege was suspended as of 10/28/20. I activated my emergency lights on my patrol vehicle at the intersection of NE 6th Ave. and George Bush Blvd. The Maserati failed to pull over and continued traveling north. I activated my emergency siren and the Maserati still continued to travel north. The Maserati stopped in front of 1319 N. Federal Hwy. I met with Wynn who was sitting in the driver seat and Wynn provided his FL DL along with a Temporary Driving Permit for Business Purposes Only issued by DHSMV. Wynn was the only person inside the vehicle and the vehicle engine was running. The vehicle key fob was sitting in the center console of the Maserati.

OBSERVATION OF DRIVER:

I smelled a strong odor of an unknown alcoholic beverage coming from Wynn. Wynn's eyes were red and had a glassy appearance. Wynn's eyelid were droopy and he appeared to be drowsy. Wynn's speech was slurred while he was speaking. Wynn had a slow dexterity while moving. After exiting the Maserati, Wynn was unsteady on his feet while walking. Wynn swayed while standing still.

DRIVER'S STATEMENTS:

Wynn stated he was at a business dinner at El Camino (15 NE 2nd Ave, Delray Beach, FL 33444) and left the restaurant around 2130hrs. Wynn stated he continued his business meeting in the nearby park for 1 1/2 to 2 hours. Wynn did not explain what he was doing from 2330hrs up to the traffic stop. Wynn denied consuming any alcoholic beverages prior to driving. Wynn stated he had been working 15hrs a day and was tired. I questioned Wynn about the odor of an unknown alcoholic beverage and Wynn did not give an explanation for the odor.

ODORS:

Wynn had a strong odor of an unknown alcoholic beverage coming from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred and Thick

ATTITUDE: Polite and Cooperative

CLOTHING: Black Shirt, Blue Shorts and Blue Shoes

MEDICAL/OTHER: None Stated

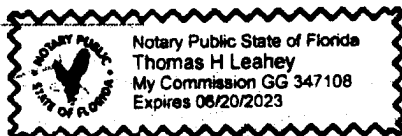
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of January 20 21 by Ofc. Windsor #1029

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

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



SUBJECT: Wynn, David Elliott Aniken

CASE NUMBER DBPD #21-000046

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Wynn did not keep his head still during the HGN/VGN roadside. Wynn stopped following the stimulus light with his eyes without being instructed to do so.

WALK & TURN:

Wynn did not remain in the instructional phase position as instructed. Wynn lost his balance while briefly standing in the instructional phase position. Wynn used his arms for balance. Wynn did not touch heel to toe on several steps. Wynn did not count out loud as instructed and i had to instruct him to do so a second time. Wynn lost his balance several times and restarted the series of steps each time even though he was instructed to continue where he stopped at.

ONE LEG STAND:

Wynn swayed while standing still. Wynn hopped up and down during the roadside. Wynn did not count as instructed. Wynn used his arms for balance and put his foot down on the ground several times during the roadside. Wynn did not look at his raised foot while counting.

FINGER TO NOSE:

Wynn swayed while standing still. Wynn did not keep his head tilted back for the entire roadside. Wynn did not touch the tip of his nose on one attempt. Wynn did not bring his finger back down to his side after touching his nose as I instructed. I had to instruct Wynn each time to lower his arm back down to his side.

ROMBERG ALPHABET:

Wynn swayed while standing still. Wynn recited the alphabet very fast and not as I instructed him to do so. Wynn did not recite the letter "J".

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

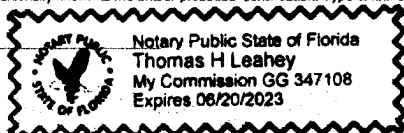
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of January, 2021 by Ofc. Windsor #1029

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

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





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

PBSO CASE # 21-021423 PBSO ZONE 6-51

AGENCY CASE # 21-000046 CRASH CASE # N/A

TIME OF STOP/CRASH 0152 DATE 01/02/21 DAY SATURDAY

SUBJECT'S NAME WYNN, DAVID ELLIOTT ANIKEN RACE W SEX M

HGT 6'00" WGT 185 DOB 11/05/66

LOCATION NE 6TH AVE/GEORGE BUSH BLVD DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

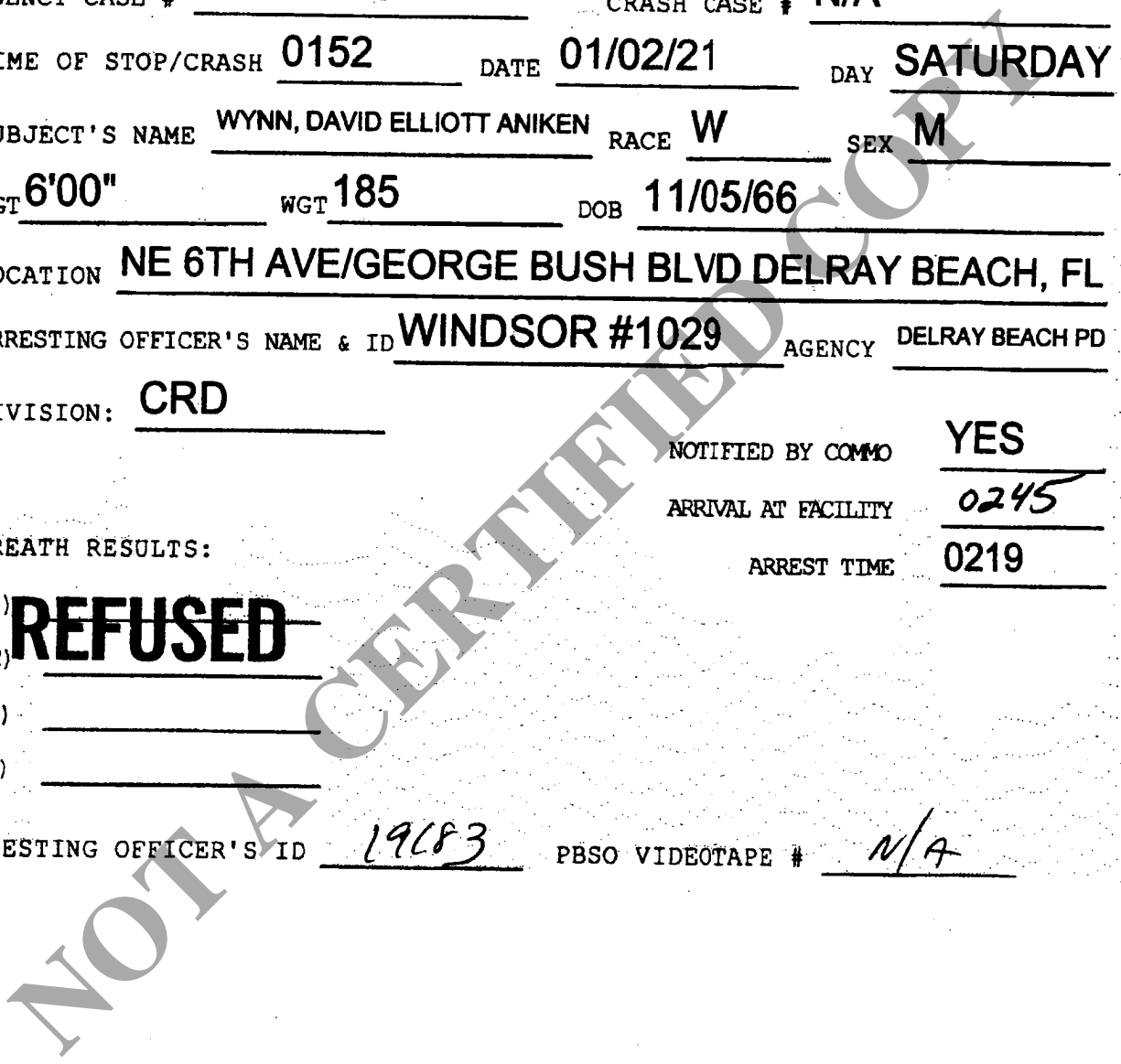
ARRIVAL AT FACILITY 0245

ARREST TIME 0219

BREATH RESULTS:

- 1) **REFUSED**
- 2) _____
- 3) _____
- 4) _____

TESTING OFFICER'S ID 19683 PBSO VIDEOTAPE # N/A



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

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

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

or affirm that on or about the 2nd day of January, 20 21, at 0219 P.M. A.M.

DRIVER David Elliott Aniken Wynn
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME


DL# W500165664050, state of Florida, was placed under lawful arrest for

the offense of Driving Under the Influence by Ofc. Windsor #1029 and
(Name of Arresting Officer)

issued Citation # A1UR82E

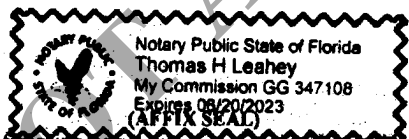
That on or about the 2nd day of January, 20 21, at 0318 P.M. A.M.
in Palm Beach County.

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

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before

me this 2nd day of January, 20 21

by Ofc N Windsor #1029

who is personally known to me or who has produced
None as identification

Notary Public T Leahey

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.

SUBJECT: _____ 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: _____



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

REVIEW COMPLETED BY

Booking Number: 202100098	Date: 01/03/2020
	Specialist Name/ID: AM/31562