

US23822 21CT9412 SB pch #2843

ARREST / NOTICE TO APPEAR

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

Agency ORI Number 0502000 Agency Name Lantana Police Department Agency Report Number (N.T.A.'s only) 6, 4 21-002495

Charge Type: Check as many 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other If Weapon Seized Enter Type None/not Applicable Multiple Clearance Indicator 1

Location of Arrest (Including Name of Business) 1589 W. LANTANA RD LANTANA, FL 33462 Location of Offense (Business Name, Address) W LANTANA RD/N 8TH STREET, LANTANA, FL 33462

Date of Arrest 06/07/2021 Time of Arrest 12:40 Booking Date 06/07/2021 Booking Time 12:50 Jail Date Jail Time Location of Vehicle

Name (Last, First, Middle) KOPRA, ILKKA JUHANI Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White 1 - American Indian W B C M Sex M Date of Birth 07/20/1961 Height 5'11 Weight 190 Eye Color BROWN Hair Color BROWN Complexion LIGHT Build Medium

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone 250 BRADLEY PLACE 208, PALM BEACH, FL 33480 (561) 701-6877

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone 250 BRADLEY PLACE 208, PALM BEACH, FL 33480 (561) 701-6877

Business Address (Name, Street) (City) (State) (Zip) Phone RETIRED, FL-DL Occupation RETIRED

D/L Number, State K160410612600 / FL Soc. Sec. Number INS Number Place of Birth (City, State) Finland, Finland Citizenship FD

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Other: Name (Last, First, Middle) 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 defendant and/or 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? Description of Property Value of Property

Drug Activity S. Sell R. Struggle K. Disperse/Distribute M. Manufacture/Produce/Cultivate Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/Equipment U. Unknown/Other

Charge Description DUI-PROPERTY DAMAGE/PERSONAL INJURY Statute Violation Number 316.193(3)(C) Violation of ORD # 316.193(3)(C)

Charge Description CRASH-LEAVE SCENE W/OUT GIVING INFORMATION (NO INJ) (SPECIFY) Statute Violation Number 316.061(1) Violation of ORD # 316.061(1)

Charge Description Statute Violation Number Violation of ORD #

Health / Apparent Physical Condition of Defendant Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail PROPERTY - Received By Released By Released To

Transported By Date Transported Time Transported Other

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) 200 W Atlantic Ave, DELRAY BEACH Court Date and Time 07/12/2021 08:30

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED AND 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 Name of Arresting Officer (Print) I.D. # VARGAS, CHRISTIAN 887

Intake Date I.D. # Patch # Transporting Officer I.D. # Agency C. VARGAS 887 LPD

Name Verification (Printed and Addressed) (PRINT) Witness here if subject signed with a "W".

PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 07TH DAY OF JUNE 20 21, AT 1240 AM / PM
SUBJECT: ILKKA J. KOPRA CASE NUMBER: 21-002495
AGENCY: LANTANA PD ARRESTING OFFICER: C. VARGAS #887

PERSONAL CONTACT

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

Subject was involved in a Hit & Run of a Palm Tran Bus. Subject was followed by witness who then called Lantana PD. Contact was made with Defendant Ilkka Kopra 7/20/61 (Identified by his FL D/L). Kopra was in the driver's seat of his 2019 Silver Chevrolet Camaro FL Tag #y08RHU. Kopra exited his vehicle (from driver's seat) that was parked 0.5 miles west of the crash in a shopping center. Kopra confessed to being in a "small crash." He then stated that he did not know that he needed to stop after the accident.

OBSERVATION OF DRIVER:

The defendant had trouble getting out of his vehicle. The defendant had trouble standing up. Once standing the defendant would sway side to side and slur his speech. The defendant was also observed with having glassy eyes and had a strong unknown alcoholic smell emitting from his person. The defendant also had empty beer bottles behind the front passenger seat of his vehicle.

DRIVER'S STATEMENTS:

The defendant stated that he was in a crash and stated that he didn't know that he had to stop. The subject also stated that he had drank two beers within the last three hours.

ODORS:

The defendant had a strong unknown alcoholic smell emitting from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Groggy, confused

CLOTHING: Messy, pants falling

MEDICAL / OTHER:

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 7 day of June 20 21 by Ofc. C Vargas #887

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

Beverly Sue Owen
BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

SCANNED
JUN 08 2021

SUBJECT: ILKKA J. KOPRA CASE NUMBER: 21-002495

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:

Failed to keep head still after being instructed several times. Swayed while listening to instructions. unable to keep feet together while standing.

WALK & TURN:

- Unable to stand or walk at heel to toe. Feet will not stay together.
- Unable to maintain a straight line.
- Defendant would lose balance while walking.
- Did not follow instructions correctly

ONE LEG STAND:

- Unable to maintain balance.
- Unable to raise foot 6 inches of the ground.
- Defendant would sway during instructions and tasks.
- Did not follow instructions correctly

FINGER TO NOSE :

- Unable to keep feet together and swayed during instructions.
- Failed to touch nose. Defendant touched eye with lt hand and touched eyebrows with rt.
- Failed to returned fingers to the down position.
- Did not follow instructions correctly

ROMBERG / ALPHABET:

Not observed

BREATH TEST RESULTS : .124 & .128

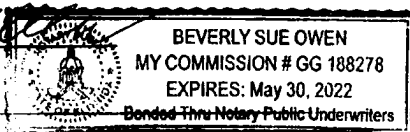
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 7th day of June 2021 by Ofc. C Vargas #887

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)



SCANNED
JUN 08 2021

TESTING FACILITY TASK REPORT

AGENCY: LANTANA P.D.

SUBJECT: KOPRA, ILKKA JUHANI

CASE NUMBER: 21073529

DATE: Jun 7, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1328

ENDING TIME: 1349

BREATH TESTS RESULTS: 1) .124 TIME 1333 A.M. ☐ P.M. ☒ 2) .128 TIME 1356 A.M. ☐ P.M. ☒
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: FINNISH ACCENT

ATTITUDE: VERY FRIENDLY, CO-OPERATIVE

CLOTHING: FLIP FLOPS, BLUE SHORTS, NAVY BLUE POLO SHIRT

MEDICAL CONDITIONS: DIABETES 2, HIGH BLOOD PRESSURE

MEDICATIONS: MEDS FOR DIABETES AND HIGH BLOOD PRESSURE (DIDN'T KNOW NAMES)

OTHER:

CAME OUT OF HOSPITAL (GOOD SAM) LAST WEEK FROM UNEXPECTED FALL. SAID HE WAS COLOR BLIND.
WAS IN AN ACCIDENT.

COMMENTS:

DEFENDANT AND OFFICER VARGAS #887 OF LANTANA P.D. ARRIVED AT 1255 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT AGREED. NO PROBLEM WITH TEST, TECH EXPLAINED RESULTS. A/O READ C/W AND EXPLAINED, DEFENDANT UNDERSTOOD, AND ANSWERED Q & A. ADMITTED DRINKING STARTING AT 6 A.M., AND ENDING AT 9 A.M. COULDN'T FEEL EFFECTS BUT KNEW HE WAS UNDER INFLUENCE.

SCANNED
JUN 08 2021

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

PBSO CASE # 21073529 PBSO ZONE 1-32

AGENCY CASE # 21-002495 CRASH CASE # 21-002493

TIME OF STOP/CRASH 1043hrs DATE 06/07/2021 DAY Monday

SUBJECT'S NAME ILKKA J. KOPRA RACE W SEX M

HGT 511 WGT 200 DOB 07/20/61

LOCATION W. LANTANA RD/ N 8TH STREET, LANTANA, FL 33462

ARRESTING OFFICER'S NAME & ID C. VARGAS #887 AGENCY LANTANA

DIVISION: PATROL

NOTIFIED BY COMMO 1245HRS

ARRIVAL AT FACILITY 1255HRS

ARREST TIME 1240HRS

BREATH RESULTS

1. 124

2. 128

3. /

4. /

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # W/A

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 06/07/2021

Date of Last Agency Inspection: 05/14/2021
Observation Period Began: 12:55
Subject's Name: ILKKA J KOPRA

DOB: 07/20/1961 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	13:30
Air Blank	0.000	13:31
Control Test	0.080	13:31
Air Blank	0.000	13:32
Subject Sample #1	0.124	13:33
Air Blank	0.000	13:34
Air Blank	0.000	13:35
Subject Sample #2	0.128	13:36
Air Blank	0.000	13:37
Control Test	0.079	13:38
Air Blank	0.000	13:38
Diagnostics Check	OK	13:38

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who ☒ is personally known to me or ☐ produced _____ as identification, and who after being placed under oath, states:

I SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 06/07/2021

Sworn to (or affirmed) before me this 7th day of June, 2021

Signature of Notary Public-State of Florida

ofc C. Vargas
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S. Personally appeared before me the undersigned authority, who ☒ is personally known to me or ☐ produced _____ as identification, and who after being placed under oath, states:

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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? Y

WHERE WERE YOU GOING? Public

WHAT STREET OR HIGHWAY WERE YOU ON? W. 1st St.

DIRECTION OF TRAVEL? W WHERE DID YOU START? Home

WHAT TIME DID YOU START? 10:00 WHAT TIME IS IT NOW? 11:00

WHAT IS TODAY'S DATE? 6/1/21 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego, CA

WHEN DID YOU LAST EAT? 8:00 WHAT DID YOU EAT? Breakfast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? With Officer

HOW MUCH DO YOU WEIGH? 175 lbs HAVE YOU BEEN DRINKING? Y WHAT? Beer

HOW MUCH? 3 WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:00 AND YOUR LAST DRINK? 9:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Drink

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? N ARE YOU UNDER THE INFLUENCE? Y

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? N HOW MUCH? 0

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Police WHEN DID YOU LAST WORK? —

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? N WHAT? —

ARE YOU SICK OR INJURED? N WHAT'S WRONG? —

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

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? —

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? N WHO? — WHY? —

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? N WHAT? — WHEN? —

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	<u>N</u>
DIABETES?	<u>Y</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

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

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

INTERVIEWER: _____

SUBJECT: _____ 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) _____

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) _____

WITNESS LIST

CASE NUMBER: 21-002495

ARRESTING OFFICER Ofc C. Vargas #887

ADDRESS 901 N. 8th Street Lantana, FL 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK) 561-540-5700

CAN TESTIFY TO: Facts

NAME: Ofc. E. Waldkoetter #865

ADDRESS 901 N. 8th Street Lantana, FL 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK)

CAN TESTIFY TO: Facts

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

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CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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

Booking Number: 2021013888

Date: 06/08/2021

Specialist Name/ID: T Howard/7185