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DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

A	09/27/2020 16:11 Palm Beach County										
M	gency ORI Number Agency Name Agency Name Agency Name										
N	FL 0500800 WEST PALM BEACH POLICE 9 4 2020-0014667					,					
D	Name (Last, First, Middle)				Allas				Race	Sex	Date of Birth
F	KOVALESKI, ALEXIS R	<u> </u>						·		F	03/20/1990
CHRG	Charge Description 784.03(1A1) BATTERY-	RATTE	DV (C	TMDI	E)						
H	Victim's Name (Last, First, Middle)	DATIL	K1 (3	IMPL	<u> </u>	 -			Race	Sex	Date of Birth
V	WELSH, ADAM M								w	М	12/21/1987
c	Local Address (Street, Apt. Number)		(City)		(State) (Zip)		Phon	10	.1		dress Source
Ţ	4712 GARDEN AVE, WES Business Address (Name, Street)		M BE	ACH, I				<mark>732) 66</mark> 4	-332		
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	VICTIM'S STATEMENTS:		X		MINOR INJURIES						
	RELATIONSHIP BETWEEN VICTIM & SUSPECT				<u> </u>			_	-	<u>J</u> .	
	COHABIT								,		
			YES	NO				-			
	PHOTOGRAPHS: S	cene:	X								
ارا	V	ictim:	X					7			
6	911 (CALL:	X		CALLER: ADAM WELSH		7				
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	ALCOHOL OR DRUGS INVOL			X							
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R	scratch marks on his fa	ce and	neck	. We	lsh stated the following:	, "110 1140	. ap	Parciic (u	3±0113	s to his race and
R										_	
	STATE OF FLORIDA										
COUNTY OF PALM BEACH											
	Appeared before me,		person	ally kno	wn to me, who, being first duly swo	rn, says that	the	facts above	e, base	d upo	n my
	investigation, are true.		}								
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	Sworn to and subscribed to bef		hio	77	und Comboundary	2020					
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DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Date / Time 09/27/2020 16:11

Palm Beach County Narrative Continuation

FL 0500800

WEST PALM BEACH POLICE

Agency Name

9 4 2020-0014667

Agency Report Number

Welsh came home from the gym and went to his back pack to take his prescription Oxycodone 15mg medication. When he picked up the bottle the bottle was completely emptied. Welsh questioned his girlfriend of 4 years Alexis Kovaleski (w/f 3-20-90) about the missing medication. According to Welsh there were 3 to 4 pills left. Welsh got upset because he felt Kovaleski was lying to him about stealing his medication right to his face. Welsh began to pack his stuff up and told Kovaleski he was going to leave due to her lying about the medication. This caused Kovaleski to become physical with Welsh striking him in the face multiple times with an open and closed fist.

Welsh stated, Kovaleski picked up a vacuum and struck Welsh in the back with the vacuum. Welsh had a fresh black eye to his right eye and had scratch marks on his face and neck. Welsh attempting to stop Kovaleski from attacking him bear hugged Kovaleski and wrapped his arm around hers.

Kovaleski has what appears to be defensive scratch marks to her neck. Welsh said, at some point the physical altercation stopped and Kovaleski went into the guest room. Welsh could hear Kovaleski speaking to her mom on the phone saying Welsh attacked her. At this point Welsh didn't know what else to do but to call the police.

Welsh and Kovaleski have only lived in West Palm Beach for the past 6 months. They are both from New Jersey and have been in an exclusive romantic relationship for the past 4 years.

I then spoke to Kovaleski about the incident that took place. Kovaleski stated, her and Welsh both left the apartment at the same time today and both arrived home at the same time today. Kovaleski said Welsh went to the gym and when he arrived home he began to accuse Kovaleski of stealing the medication. According to Kovaleski the medication was hers but the empty pill bottle that was provided to me was prescribed to Welsh.

Kovaleski said, Welsh was yelling at her and pointing his finger in her face when she struck Welsh in the face. At this point she said Welsh threw her to the ground and dropped his knee into her stomach. Kovaleski recently had her Gallbladder removed and still has the scars and marks on her stomach from her surgery. Kovaleski requested the medics per her mother's advice that was on the phone and was transported to Good Sam Hospital by Rescue 2 (run#19646).

Due to Kovaleski admitting to me that she struck Welsh first, Welsh's injuries and Kovaleski appearing to only have defensive injuries I believe Kovaleski to be the primary aggressor in this incident.

I find Probable Cause to arrest Alexis Kovaleski per F.S.S 784.03(1A1) Domestic Simple Battery.

Kovaleski was medically cleared by Dr. Goldstone. He advised she had no injuries to her stomach.

Kovaleski was handcuffed in the front per my discretion due to her recent surgery to her stomach. The handcuffs were checked for fit and double locked. Kovaleski was transported to the Palm Beach County Jail for housing.

BWC was activated

STATE OF FLORIDA COUNTY OF PALM BEACH
Appeared before me, personally known to me, who, being first duly sworn, says that the facts above, based upon my
investigation, are true.
SIGNATURE OF ARRESTING OFFICER
Sworn to and subscribed to before me this
HABERKORN, AUSTIN

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SUSPECT / OFFENDER:

COURT CASE / WARRANT # (FOR WARRANTS USE ONLY)

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes.

- **Homicide** (Ch. 782)

- Sexual Offense (Ch. 794)

- Attempted Murder

- Attempted Sexual Offense

- Stalking (S. 784.048)
- Domestic Violence (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

Offense: Derrestic Battery Suspect/Offender: Alexis Kovalesk. D.O.B. 3.70-90 Race: (1) Sex: 2. Warrant #(s) 3. Complete one (1) of the following: a. Victim's name: Acam Welsh Address: 4712 Garden Ave Act City: UPB State: To Zip: 33405"	1.	Incident Report #: Zo-1	4667 Ager	ncy: Luest ?	Alm Britch
Suspect/Offender: Alexis (Lova esk. D.O.B. 270-40 Race: (1) Sex: 2. Warrant #(s) 3. Complete one (1) of the following: a. Victim's name: Alexis (Delsh Address: 4712 Garden Ave Address: 4712 Garden Ave Address: Work #: Other: 712-614-33233 b. Victim's next of kin: Address: City: State: Zip: Home #: Work #: Other: City: State: Zip: Home #: Other: City: State: Zip: Home #: Work #: Other: City: State: Zip: Home #: Other: City: State: Zip: Home #: Other: City: State: Zip: Home #: Other: City: State: City: State: Zip: Home #: Other: City: State: City: State: City: State: City: State: City: State: City: State: Zip: Home #: Other: City: State: City: Sta		Offense: Domestic Ba	Hery		
2. Warrant #(s) 3. Complete one (1) of the following: a. Victim's name: Acc Delsh Address: 4712 Garden Ave City: Delsh State: To Zip: 53425* City: Delsh State: To Zip: 53425* b. Victim's next of kin: Address: City: State: Zip: Home #: Work #: Other: City: State: Zip: Home #: Address: City: State: Zip: Home #: Other: City: State: Zip: Lip: State: Zip: Lip: State: Zip: Lip: State: Zip: Lip:		Suspect/Offender:/\\	xis / Kovaleski		
3. Complete one (1) of the following: a. Victim's name: Aca		D.O.B. 3-70-90 F	Race: (,)	_ Sex:	
a. Victim's name: Acc Delsh Address: 4712 Garden Ave Act City: Dels State: T: Zip: 33425* Home #: Work #: Other: 752-664-3323 b. Victim's next of kin: Address: City: State: Zip: Delsh Home #: Work #: Other: c. Victim's designated contact other than next of kin (for example: a friend or neighbor): Name: Address: City: State: Zip: Other: Home #: Work #: Other: 4. Relevant identification or case numbers assigned to the case (please specify). WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT / OFFENDER. Signature of person waiving notification: Printed name of person waiving notification:	2.	Warrant #(s))
Address: 4717 GATACH AVE City: UVS State: TE Zip: 58495" Home #: Work #: Other: 7322 GLY - 33223 b. Victim's next of kin: Address: City: State: Zip: Other: Home #: Work #: Other: C. Victim's designated contact other than next of kin (for example: a friend or neighbor): Name: Address: City: State: Zip: Other: Address: City: State: Zip: Other: Home #: Work #: Other: 4. Relevant identification or case numbers assigned to the case (please specify). WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT / OFFENDER. Signature of person waiving notification: Printed name of person waiving notification Printed name of person waiving notification Printed name of person waiv	3.	Complete one (1) of the fo	ollowing:		
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b. Victim's next of kin: Address: City: State: Work #: Other: c. Victim's designated contact other than next of kin (for example: a friend or neighbor): Name: Address: City: State: Zip: Address: City: Work #: Other: 4. Relevant identification or case numbers assigned to the case (please specify). WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT / OFFENDER. Signature of person waiving notification: Printed name of person waiving notification:			State:		Zip: 33405"
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neighbor): Name: Address: City: State: Work #: Other: 4. Relevant identification or case numbers assigned to the case (please specify). WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT / OFFENDER. Signature of person waiving notification: Printed name of person waiving notification:		Home #:			
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	Signat	ure of person waiving notif	ication:		
Officer's Name:	Printed	I name of person waiving n	otification:		
	Office	r's Name:		I.D.: 2132	Date: 9-27-20



Palm Beach County Sheriff's Office - Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2020022870	Date: 09/28/2020
	Specialist Name/ID: AM/31562