0518772 Comm 573 1640

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500800

Agency Name: West Palm Beach Police Department

Agency Report Number (N.T.A.'s only): 9 | 4 | 2020-0014667

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type: Hands/feet/teeth

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): GOOD SAM HOSPITAL

Location of Offense (Business Name, Address): 4712 GARDEN AVE 1, WEST PALM BEACH, FL 33405

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/27/2020	16:11					

DEFENDANT

Name (Last, First, Middle): KOVALESKI, ALEXIS R

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	03/20/1990	5'04	141	BLUE	BLOND OR	FAIR	Med

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: S

Religion: UNKNOWN

Indication of Alcohol Influence ☐ Yes ☒ No ☐ Unk. Drug Influence ☐ ☒ ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 4712 GARDEN AVE 1, WEST PALM BEACH, FL 33405

Phone:

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 4712 GARDEN AVE 1, WEST PALM BEACH, FL 33405

Phone:

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
P92040197953904 / NJ	[redacted]		PERTHAMBOY, NJ,	

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

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 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.

School Attended | Grade

☐ Yes, by: ☐ No:

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

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

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY- BATTERY (SIMPLE)	784.03(1A1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☐ 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)

Court Date and Time

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

2020 SEP 28 AM 5 2

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: Katst 2132

Name of Arresting Officer (Print): SMITH, KATHERINE | I.D. # 02132

Transporting Officer | I.D. # | Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

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

Smith 2132

DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT

Palm Beach County

ADMIN

Date / Time	Agency ORI Number	Agency Name	Agency Report Number
09/27/2020 16:11	FL 0500800	WEST PALM BEACH POLICE	9 | 4 | 2020-0014667

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
KOVALESKI, ALEXIS R			F	03/20/1990

CHRG

Charge Description: 784.03(1A1) BATTERY- BATTERY (SIMPLE)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
WELSH, ADAM M	W	M	12/21/1987

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
4712 GARDEN AVE, WEST PALM BEACH, FL 33405	(732) 664-3323	

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation

	Written	Taped	Oral
DEFENDANT'S STATEMENTS:	☐	☐	☐
VICTIM'S STATEMENTS:	☐	☒	☐

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **MINOR INJURIES**

ADDITIONAL INFORMATION

RELATIONSHIP BETWEEN VICTIM & SUSPECT: **COHABIT**

	YES	NO	
PHOTOGRAPHS: Scene:	☒	☐	
Victim:	☒	☐	
911 CALL:	☒	☐	CALLER: **ADAM WELSH**
WEAPON USED:	☒	☐	TYPE: **HANDS**
WITNESSES:	☐	☒	(If YES, attach witness list)
INJURIES:	☒	☐	
MEDICAL TREATMENT:	☒	☐	
AT: Scene:	☒	☐	PARAMEDICS: **RESCUE 2 RUN#19646**
Hospital:	☒	☐	PHYSICIAN(S) / HOSPITAL: **DR. GOLDSTONE/ GOOD SAM**
ACT COMMITTED IN PRESENCE OF MINOR(S):	☐	☒	NAMES/AGES:
H. R. S. NOTIFIED:	☐	☒	
VICTIM PREGNANT:	☐	☒	
VIOLATION OF RESTRAINING ORDER:	☐	☒	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE:	☐	☒	
ALCOHOL OR DRUGS INVOLVED:	☐	☒	

NARR

On Sunday, September 27, 2020 I responded to 4712 Garden Ave Apt 1 in reference to a domestic disturbance call. Upon arrival, I made contact with Adam Welsh (w/m 12-21-87) who had apparent contusions to his face and scratch marks on his face and neck. Welsh stated the following;

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.

0133 Katst 2182
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 27 day of September, 2020

HABERKORN, AUSTIN 0133
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

ADMIN

Date / Time		
09/27/2020 16:11		
Agency ORI Number	Agency Name	Agency Report Number
FL 0500800	WEST PALM BEACH POLICE	9 4 2020-0014667

NARRATIVE

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.

Kat St 2132
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 27 day of September, 2020

2133
HABERKORN, AUSTIN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

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.

1. Incident Report #: 20-14667 Agency: West Palm Beach
   Offense: Domestic Battery
   Suspect/Offender: Alexis Kovaleski
   D.O.B. 3-30-90 Race: W Sex: F

2. Warrant #(s) _____

3. Complete one (1) of the following:

   a. Victim's name: Adam Welsh
   Address: 4712 Garden Ave Apt 1
   City: WPB State: FL Zip: 33405
   Home #: _____ Work #: _____ Other: 772-664-3323

   b. Victim's next of kin:
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

   c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
   Name: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   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: _____

Officer's Name: Smith I.D.: 2132 Date: 9-17-20

WHITE - Rough Arrest and or Warrant YELLOW - C.I.D. PINK - Records

SUSPECT / OFFENDER: _____

COURT CASE / WARRANT # _____ (FOR WARRANTS USE ONLY)

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(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.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

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