

20MM-9245

ADMINISTRATIVE	OBTS Number	Arrest / Notice to Appear Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1 <input type="checkbox"/> Juvenile		
	Agency ORI Number FL 052700	Agency Name PALM SPRINGS POLICE DEPARTMENT		Agency Report Number 82-2020-29574				
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		
	Location of Arrest (Including Business Name) 357 Greenbrier Dr, Palm Springs, FL 33461		Location of Offense (Business Name, Address) 357 Greenbrier Dr, Palm Springs, FL 33461					
Date of Arrest 11/28/20	Time of Arrest 01:31	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
DEFENDANT	Name (Last, First, Middle) Morales Leon, Eudelvis							Aliases
	Race: W - White I - American Indian B - Black O - Oriental/Asian		Sex W	Date of Birth 03/24/1987	Height 509	Weight 220	Eye Color brown	Hair Color brown
	Complexion light		Build medium					
	Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description) Left Arm, Chest			Marital Status Single	Religion N/A	Indication Of	Alcohol Influence Drug Influence	YES NO
	Local Address (Street, Apt, Number) (City) (State) (Zip) 357 Greenbrier Dr, Palm Springs, FL 33461			Phone 561-786-1940	Residence Type: 1 City 3 Florida 2 County 4 Out of State 4			
	Permanent Address (Street, Apt, Number) (City) (State) (Zip) 357 Greenbrier Dr, Palm Springs, FL 33461			Phone	Address Source Verbal			
	Business Address (Street, Apt, Number) (City) (State) (Zip)			Phone	Occupation			
	D/L Number, State M642-200-87-104-0		INS Number		Place of Birth (City, State) Santa Clara, Cuba		Citizenship U.S	
	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	
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> Legal Custodian			Name (Last, First, Middle)			Residence Phone	
	Local Address (Street, Apt, Number) (City) (State) (Zip)			Business Phone				
	Notified by: (Name)			Date	Time	Disposition: 1. Juvenile Dept. 2. Juvenile Release 3. PARS/DYS 3		
	Released To: (Name)			Relationship	Date	Time	VICTIM NOTIFICATION REQUIRED	
	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. <input type="checkbox"/> Yes by: (name) <input type="checkbox"/> No:						School Attended	Grade
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property	
	Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture Z. Other N. N/A B. Buy D. Deliver Produce/ Cultivate			Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown C. Cocaine M. Marijuana Equipment A. Amphetamine E. Heroin O. Opium/deriv S. Synthetic				
	Charge Description Domestic Battery		Counts 1	Domestic Violence Yes	Statute Violation Number 784.03 (1A1)		Violation of ORD #	
	Drug Activity N/A	Drug Type N/A	Amount / Unit N/A	Offense Number 2020-29574		Warrant / Capias Number N/A		Bond N/A
	Charge Description Simple Battery		Counts 1	Domestic Violence No	Statute Violation Number 784.03 (1A1)		Violation of ORD #	
Drug Activity N/A	Drug Type N/A	Amount / Unit N/A	Offense Number 2020-29574		Warrant / Capias Number N/A		Bond	
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense Number		Warrant / Capias Number		Bond	
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court			Location (Court, Room Number, Address) CJC - 3228 Gun Club Rd. WPB, FL 33406					
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side.			Court Date and Time Month: _____ Day: _____ Year: _____ Time: _____ <input 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		
HOLD for other agency Name:			Signature of Arresting Officer			Name Verification (Printed by Arrestee) (PRINT)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of arresting Officer (Print) Ofc. Dejesus			ID.# 178		
Applicant Deputy NONAL 7220		ID.#	Pouch #	Transporting Officer Ofc. Dejesus	ID.# 178	Agency PSPD	Page 1 of 1	

J# 0519895

PH 1274

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NOV 29 2020

NOV 28 AM 5:03

PALM SPRINGS POLICE DEPARTMENT
DOMESTIC VIOLENCE
PROBABLE CAUSE AFFIDAVIT
PALM BEACH COUNTY

ON THE 28 DAY OF November 2020, AT 0102 AM / PM
SUBJECT: Morales Leon, Eudelvis DOB: 03/24/1987 CASE NUMBER: 20-29574
CHARGE DESCRIPTION: Domestic Simple Battery STATUTE NUMBER: 784.03 (1) a (1)
VICTIM: Rivera, Aurelki DOB: 2/13/1983 RACE: W SEX: F
LOCAL ADDRESS: 357 Greenbriar Dr. Palm Springs FL, 33461

PERSONAL CONTACT

NARRATIVE:

Victim# 2: Felix Manuel Hernandez
Charge #2: Simple Battery

On 11/28/2020 I was dispatched to a delayed domestic incident at 357 Greenbriar Dr. Palm Springs FL 33461. Upon arrival, I made contact with Eudelvis Leon Morales who stated that he was asleep in his home and when he woke up he found his live in girlfriend, Aurelki Rivera, and her cousin, Felix Manuel Hernandez, doing what appeared to be drugs on the table. Morales stated that he got into a physical altercation with Hernandez. Morales also stated that during the altercation he fell into the pool and then left the home to call the police. Morales sustained a small laceration on his right elbow which was photographed and entered into the report.

Contact was then made with Aurelki Rivera who stated that Morales had been drinking and fell asleep in their bedroom. Rivera stated that she and her cousin, Hernandez, were in the living room when Morales woke up and became physically aggressive with her by punching her in the head and then grabbing her forcefully and shoving her against the wall. Rivera stated that at that point Hernandez intervened in her defense resulting in a physical altercation between Morales and Hernandez. Rivera stated that during the altercation Hernandez sustained multiple lacerations to his left shoulder, face, lower torso and left arm.

Upon inspection, I was able to see a laceration on Rivera's top left forehead along with bruising on both arms. I was also able to see the lacerations on Hernandez's left shoulder, lower torso, and left arm. Pictures were taken and uploaded for review.

When asked, Rivera did state that she has 2 daughters, Rachel Abelo DOB: 11/11/09 and Arianny Padjet DOB: 08/08/04 who do live with her but were not home during the altercation.

Based upon the totality of the circumstances, Morales did actually and intentionally touch or strike another person against the will of the other and intentionally cause bodily harm to another person.

Morales was arrested handcuffed in the rear, checked for tightness and double locked for safety. Morales is being charged with Domestic Simple Battery and Simple Battery. He was transported to CJ for booking. Rivera and Hernandez provided sworn victim statements and Rivera was issues a Domestic Packet.

DEFENDANT'S STATEMENTS: (Written / Taped / Oral)

Eudelvis Leon Morales who stated that he was asleep in his home and when he woke up, he found his girlfriend, Aurelki Rivera, and her cousin, Felix Manuel Hernandez, doing what appeared to be drugs on the table. Morales stated that he got into a physical altercation with Hernandez. Morales also stated that during the altercation he fell into the pool and then left the home to call the police.

VICTIM'S STATEMENTS: (Written / Taped / Oral)

Aurelki Rivera stated that Morales, her boyfriend, had been drinking and fell asleep in their bedroom. Rivera stated that her and her cousin, Hernandez were in the living room when Morales woke up and became physically aggressive with her by punching her in the head and then grabbing her forcefully and shoving her against the wall. Rivera then stated that at that point, her cousin Hernandez, intervened in her defense resulting in a physical altercation between Morales and Hernandez. Rivera stated that during the altercation Hernandez sustained multiple lacerations to his left shoulder, face, lower torso and left arm.

OBSERVATIONS OF VICTIM (PHYSICAL AND EMOTIONAL)

Upon observation, Rivera appeared extremely distraught, shaking and crying. A laceration was also observed on the top left corner of her forehead along with multiple bruising on both arms that coincide with her allegations. Lacerations were also noticed on Hernandez on his right cheek, left shoulder, lower torso and left arm.

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RELATIONSHIP BETWEEN VICTIM AND SUSPECT: BOYFRIEND/GIRLFRIEND living together

PHOTOGRAPHS:
SCENE: YES NO
VICTIM: YES NO

911 CALL: YES NO CALLER: Eudelvis Leon Morales

WEAPON USED: YES NO TYPE: _____

WITNESSES: YES NO (IF YES, ATTACH WITNESS LIST)

INJURIES: YES NO

MEDICAL TREATMENT: YES NO

AT: SCENE: YES NO PARAMEDICS: N/A
AT: HOSPITAL: YES NO PHYSICIAN(S): N/A
HOSPITAL: N/A

ARE THERE CHILDREN LIVING IN THE HOME: YES NO
NAME(S) & DOB: Abelo, Rachel DOB: 11/11/2009
Padjet, Arianny DOB: 08/08/2004

WAS ACT COMMITTED IN FRONT OF MINOR(S): YES NO
NAME(S) & DOB: _____

H.R.S. NOTIFIED: YES NO

VICTIM PREGNANT: YES NO

VIOLATION OF RESTRAINING ORDER: YES NO CASE NUMBER: 20-29574

PRIOR HISTORY OF DOMESTIC VIOLENCE: YES NO

ALCOHOL OR DRUGS INVOLVED: YES NO

VICTIM CONTACT INFORMATION

PHONE: Hm: _____ Wk: _____ Employer: _____

RELATIVE: Name: Hernandez, Felix m Phone: 786-234-7966

Address: 3452 SW 25th St Miami Fl 33133

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, Ofc. De Jesus #178 (print name) 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 28th day of November, 2020

NOTARY / CLERK OF COURT / OFFICER (F.S.11710)

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VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated 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 #: 2020-29574 Agency: PSPD
Offense: Domestic Simple battery
Suspect/Offender: Morales Leon, Eudelvis
D.O.B. 03/24/1987 Race: White Sex: Male

2. Warrant #(s): _____

3.a. Victim's name: Rivera, Aurelki D.O.B. _____ Race: W Sex: F
Address: 357 Greenbriar Dr. P
City: Palm Springs State: FL Zip: 33461
Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: Feliz Manuel Hernandez
Address: 3452 S.W 25th St.
City: Miami State: FL Zip: 33133
Home #: 786 2347966 Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: _____ I.D.# _____ Date: _____

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#:

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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"/>	119.071 (2)(j)1	Other: Address, telephone numbers and personal assets of domestic violence and other specified crime victims	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020027861	Date: 11/29/2020
	Specialist Name/ID: LaToya Rouse #6673

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