

0499255

PUN 7 11

ARREST / NOTICE TO APPEAR

ADMINISTRATIVE	OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>	Agency Report Number (N T A's only) <b>5, 4   18-003238</b>	1 Arrest 2 N T A 3 Request for Warrant 4 Request for Capias	<b>1</b>	JUVENILE
	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	If Weapon Seized Enter Type <b>Blunt Object (other)</b>	Multiple Clearance Indicator		
LOCATION	Location of Arrest (Including Name of Business) <b>122 SOUNDINGS AVE, JUPITER, FL 33477</b>				Location of Offense (Business Name Address) <b>122 SOUNDINGS AVE, JUPITER, FL 33477</b>			
	Date of Arrest <b>06/22/2018</b>	Time of Arrest <b>22:44</b>	Booking Date <b>06/23/2018</b>	Booking Time <b>00:23</b>	Jail Date	Jail Time	Location of Vehicle	
DEFENDANT	Name (Last, First, Middle) <b>KOVALSHY, ELIZABETH</b>				Alias (Name, DOB, Soc Sec # Etc) Alias:			
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>01/02/1964</b>	Height <b>5'04</b>	Weight <b>128</b>	Eye Color <b>GREEN</b>	Hair Color <b>GRAY</b>	Complexion <b>FAIR</b>
RESIDENT	Scars, Marks, Tattoos, Unique Physical Features (Location Type, Description)				Martial Status <b>M</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	
	Local Address (Street Apt Number) (City) (State) (Zip) <b>9579 WESTOVER CLUB CR, WINDERMERE, FL 34786</b>				Phone <b>(407) 491-3837</b>			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>9579 WESTOVER CLUB CR, WINDERMERE, FL 34786</b>				Phone <b>(407) 491-3837</b>			
	Business Address (Name Street) (City) (State) (Zip)				Phone <b>DL</b>			
CO-DEFENDANT	D/L Number, State <b>K142220645020 / FL</b>		INS Number		Place of Birth (City, State) <b>WOBURN, MA, United</b>		Citizenship	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other Name (Last, First, Middle)				Residence Phone			
	<input type="checkbox"/> Legal Custodian				Business Phone			
CHARGE	Address (Street, Apt. Number) (City) (State) (Zip)				Notified by (Name) Date Time			
	Released To (Name) Relationship				Date Time			
CHARGE	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				School Attended Grade			
	<input type="checkbox"/> Yes by <input type="checkbox"/> No				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property			
CHARGE	Drug Activity: S Sell, B Buy, P Possess, R Smuggle, D Deliver, E Use, K Dispense/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 Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>				Statute Violation Number <b>784.03(1)(A)(1)</b>		Violation of ORD #	
CHARGE	Drug Activity: N				Counts: <b>1</b>		Domestic Violence: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
	Charge Description				Statute Violation Number		Violation of ORD #	
CHARGE	Drug Activity				Counts		Domestic Violence: <input type="checkbox"/> Y <input type="checkbox"/> N	
	Charge Description				Statute Violation Number		Violation of ORD #	
NOTICE TO APPEAR	Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Miscal, <input type="checkbox"/> Escape Risk, <input type="checkbox"/> Medication, <input type="checkbox"/> Deformities, <input type="checkbox"/> Injuries Explain			
	Check which applies: <input type="checkbox"/> Released O R, <input type="checkbox"/> Released to Parent/Guardian, <input type="checkbox"/> TOT County Jail, <input type="checkbox"/> Posted Bond, <input type="checkbox"/> South County Mental Health				PROPERTY - Recover of By		Released By	
NOTICE TO APPEAR	Transported By				Date Transported		Time Transported	
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court Room)		Court Date and Time	
NOTICE TO APPEAR	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		Name Verification (Printed by Arrestee)	
ADMINISTRATIVE	<input type="checkbox"/> Dangerous, <input type="checkbox"/> Suicidal		<input type="checkbox"/> Released Arrest, <input type="checkbox"/> Other		Name of Arresting Officer (PRINT) <b>FLESCH, JASON</b>		ID # <b>1183</b>	
	Transporting Officer <b>J. FLESCH</b>		ID # <b>348</b>		Agency <b>JUPITE</b>		PAGE <b>1 of 1</b>	

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  DEFENDANT

JUN JUN-23 2018

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>06/23/2018 00:22</b>	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   18-003238</b>
	Name (Last, First, Middle) <b>KOVALSHY, ELIZABETH</b>				Race <b>W</b>

D E F	Name (Last, First, Middle) <b>KOVALSHY, ELIZABETH</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/02/1964</b>
-------------	--	--	--	--	------------------	-----------------	------------------------------------

C H R G	Charge Description <b>SIMPLE BATTERY (DOMESTIC)</b>						
------------------	--	--	--	--	--	--	--

V I C T I M	Victim's Name (Last, First, Middle) <b>KOVALSKY, MICHAEL LEO 2</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/09/1962</b>
	Local Address (Street, Apt Number) <b>9579 WESTOVER CLUB CIR, WINDERMERE, FL 34786</b>			Phone <b>(407) 492-0671</b>	Address Source		
	Business Address (Name, Street) <b>9579 WESTOVER CLUB CIR, WINDERMERE, FL 34786</b>			Phone <b>(407) 492-0671</b>	Occupation		

D E F E N D A N T	Written	Taped	Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL) <b>NA</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
DEFENDANT'S STATEMENTS:				
VICTIM'S STATEMENTS:				

RELATIONSHIP BETWEEN VICTIM & SUSPECT  
**SPOUSE**

A D D I T I O N A L  I N F O R M A T I O N	PHOTOGRAPHS. Scene:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER: <b>SUSPECT</b>
	WEAPON USED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: <b>BLUNT OBJECTS</b>
	WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(If YES, attach witness list)
	INJURIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:
	H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:
	PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

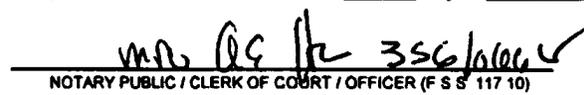
On 6/22/18 at approximately 2147 hours, I responded to 122 Soundings Ave, Jupiter, FL (Wyndham Grand Hotel) in reference to a domestic battery. Upon arrival, I made contact WF Eliabeth Kovalsky 1/2/64 who was standing at the front desk of the hotel in the lobby of the hotel. She was wearing an oversized white t-shirt that had blood stains on the front left chest and right rear shoulder. She had an abrasion under her left eye and a

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 23 day of June, 2018

  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

SCANNED

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N	Date / Time <b>06/23/2018 00:22</b>	Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   18-003238</b>
	N A R R A T I V E			

small cut in the center of her left hand. When asked what happened she stated the following:

She and her husband WM Michael L Kovalsky 7/9/62 were staying at the hotel in room 5042. They were on their way to Pompano to meet their son and stopped at the Wyndham for the evening. They have been having relational issues and were having conversations over alcoholic beverages tonight about said issues. While in the hotel room, Michael was sitting on the sofa and made a comment about a female he had been sleeping with that made Elizabeth angry. She then threw her Yeti cup at him and began to hit him on his legs with objects that were sitting on the coffee table in front of the sofa. The objects included a large clear acrylic coaster with sharp edges and a ceramic plate. She further stated he then pushed her off and hit her in the face causing the contusion under her left eye. At that point she decided to call the police. When asked about the blood on her shirt, she stated it could be her husband's and that he may have gotten cut during the altercation. The minor cut on her hand was inconsistent with the amount of blood on her shirt. Her statements were captured via body worn camera. Elizabeth declined medical treatment on scene. Photos were taken of her injuries and later submitted to Jupiter Police Evidence.

Contact was attempted with Michael in room 5042 however their son called and advised that Michael had left the premise. It was apparent that an altercation had occurred in the room. There was a Yeti tumbler lying on its side. Its liquid contents appeared to be thrown on the sofa. In addition there was a broken ceramic plate in the same location and a clear acrylic coaster with sharp edges. There was also blood drops on the carpet around the sofa and leading towards the bed that were not consistent with any injuries sustained by Elizabeth. Photos of the scene were taken and later submitted to Jupiter Police Evidence.

Contact was made with Michael via telephone and he stated the following: His wife had gotten angry with him tonight and threw her yeti cup at him and then began hitting him with a clear acrylic coaster with sharp edges. It caused injuries to his legs that were bleeding. In addition, she threw a ceramic plate at him that broke. She continued to get in his face, hitting his chest with her hands and yelling at him. At one point he tried to push her away and possibly struck her under her left eye. Michael was asked to meet with officers and refused. He stated that he works for Wyndham and did not want to make a scene at his place of employment which is why he left.

Based on the above statements, evidence, and investigation, I find probable caused exists to arrest Elizabeth Kovalsky because she did actually and intentionally touch or strike \*( Michael L Kovalsky) against the will of \*( Michael L Kovalsky) (or) did intentionally cause bodily harm to \*( Michael L Kovalsky) and \*( Michael L Kovalsky) was a family or household member of \*( Eliabeth Kovalsky), contrary to Florida Statute 784.03(1) and 741.283

Elizabeth was advised she was under arrest for the above charge. She was placed in handcuffs that were double locked and checked for spacing per department policy. She was transported to the Jupiter Police Station for further processing and later to PBCJ. Due to Micheal leaving the scene, I was unable to provide him with a Domestic Violence Victim's Rights brochure.

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 23 day of June, 2018

  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10)

SCANNED  
JUN 23 2018

# VICTIM NOTIFICATION FORM

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

- Homicide (Ch.782)
- Attempted Murder
- 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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- Dating Violence

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

1. Incident Report #: 18-003238 Agency: Jupiter Police Department  
Offense: Domestic Battery  
Suspect/Offender: Elizabeth Kovasky  
D.O.B. 1/2/64 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3a. Victim's Name: Michael L Kovasky D.O.B. 7/9/62 Race: W Sex: M  
Address: 9579 Westover Club Cr  
City: Windermere State: FL ZIP: 34786  
Home #: 407-492-0671 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

3b. Victim's Next of Kin, Friend or Neighbor: Michael L Kovasky III  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home #: 407-453-1793 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: \_\_\_\_\_

Officer's Name: \_\_\_\_\_ I.D. # \_\_\_\_\_ Date: JUN 23 2018

SCANNED



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

**REVIEW COMPLETED BY**

Booking Number: 2018020839	Date: 6/23/2018
	Specialist Name/ID: L.Rouse/ #6673

SCANNED  
JUN 23 2018