

**ARREST / NOTICE TO APPEAR**

1. Arrest (No Warrant) 3. Request for Warrant  
 2. N.T.A. 4. Request for Capias  
 5. Juvenile Referral

1 JUVENILE

Agency OR# Number: **0500200** Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **200FL6133** 3, 2 **2020-008418**

Charge Type:  1 Felony  1 Misdemeanor  5 Ordinance  6 Other  
 2 Traffic Felony  4 Traffic Misdemeanor  Other

Location of Arrest (Including Name of Business): **431 PLAZA REAL** Location of Offense (Business Name, Address): **431 PLAZA REAL, BOCA RATON, FL 33432**

Date of Arrest: **07/24/2020** Time of Arrest: **21:09** Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle:

Name (Last, First, Middle): **REISMAN, BRIAN** Alias: Alias (Name, DOB, Soc. Sec. #, Etc.):  
 Race: **W - White** Sex: **M** Date of Birth: **03/12/1982** Height: **6'02** Weight: **210** Eye Color: **BLUE** Hair Color: **BROWN** Complexion: **Light** Build: **Medium**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **TATT R CHEST / NAME** Marital Status: **M** Religion: Indication of Alcohol Influence:  Yes  No  Chk   
 Indication of Drug Influence:  Yes  No  Chk

Local Address (Street, Apt. Number) (City) (State) (Zip): **8631 NW 56TH ST, CORAL SPRINGS, FL 33067** Phone: Residence Type: **1 City 2 Florida 3 County 4 Out of State** **13**  
 Permanent Address (Street, Apt. Number) (City) (State) (Zip): **8631 NW 56TH ST, CORAL SPRINGS, FL 33067** Phone: Address Source: **FLDL**  
 Business Address (Name, Street) (City) (State) (Zip): **YRC,** Phone: Occupation: **Logistics**

D.I. Number, State: **R255076820920 / FL** Soc. Sec. Number: [Redacted] INS Number: Place of Birth (City, State): **NEW YORK CITY, NY,** Citizenship: **US**

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

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Parent  Other: Name (Last, First, Middle): **L. NOWE** Residence Phone:  Parent  Other  
 Legal Custodian: Address (Street, Apt. Number) (City) (State) (Zip): **1. NOWE** Business Phone:

Notified by: (Name) Date Time: **2. OH** Relationship: **OH** Date Time: **OH**

Released To: (Name) Date Time: **OH** Relationship: **OH** Date Time: **OH**

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 Address: **DUE TO OPEN CASE** Grade: **201905694**

Property Crime?  Yes  No Description of Property: Value of Property:

Drug Activity: S. Sell R. Smuggle K. Disperse/Distribute M. Manufacture/Produce/Cultivate Z. Other  
 N. N/A B. Buy D. Deliver E. Use A. Amphetamine Drug Type: N. N/A B. Barbiturate H. Hallucinogen P. Parnphernalia U. Unknown  
 P. Possess T. Traffic C. Cocaine M. Marijuana O. Opium/Deriv S. Synthetic Z. Other

Charge Description: **ASSAULT/BATTERY ON ELDERLY Person 65 or older** Statute Violation Number: **784.08(2C)** Violation of ORD #:  
 Drug Activity: Drug Type: Amount / Unit: Offense #: Counts: Domestic Violence: Warrant / Capias Number: Bond:

Charge Description: **DISORDERLY INTOXICATION** Statute Violation Number: **856.011(1)** Violation of ORD #:  
 Drug Activity: Drug Type: Amount / Unit: Offense #: Counts: Domestic Violence: Warrant / Capias Number: Bond:

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 Drug Activity: Drug Type: Amount / Unit: Offense #: Counts: Domestic Violence: Warrant / Capias Number: Bond:

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  PROPERTY - Received By: Released By: Released To:  
 Posted Bond  South County Mental Health

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): **South County 200 W Atlantic Ave Delray Beach, FL 33444**  
 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian): Date Signed: **No Photo Available**

HOLD for Other Agency: Signature of Arresting Officer: **819** Name Verification (Printed by Arrestee): **JUL 25 AM 12:49**  
 Dangerous  Resisted Arrest Name of Arresting Officer (Print): **CASAS, S.** I.D.#: **819** (PRINT):  
 Suicidal  Other Transporting Officer: **COON 794 BRB** Agency: **BRB** I.D.#: **BRB** PAGE: **1 OF 1**

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

**COON 794**

**SCANNED**  
**JUL 25 2020**

0512613 365

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2020-008418</b>	
Charge Type: Check as many as apply.				Special Notes:		
<input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						

Name (Last, First, Middle) <b>REISMAN, BRIAN ROBERT</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/12/1982</b>
Charge Description <b>784.08(2C) ASSAULT/BATTERY ON ELDERL</b>		Charge Description <b>856.011(1) DISORDERLY INTOXICATION</b>				

Victim's Name (Last, First, Middle) <b>VIOLA, SALVATORE</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/30/1954</b>
Local Address (Street, Apt. Number) <b>1401 S FEDERAL HWY 214, BOCA RATON, FL 33432</b>		Phone		Address Source		
Business Address (Name, Street)		Phone		Occupation		

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law

The Person taken into custody ...

committed the below acts in my presence.       was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.       was found to have committed the below acts, resulting from my (described) investigation.

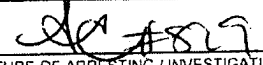
On the 24 day of July, 2020 at 23:14 (Specifically include facts constituting cause for arrest)

On 7/24/20 at approximately 2047 hours, I responded to Mizner Park located at 431 Plaza Real in Boca Raton in reference to several calls of a disturbance involving an intoxicated subject later identified as Brian Reisman via FL DL.

Upon arrival, I made contact with Ofc. Rafalko (ID779) who advised that he was notified by the victim, Salvatore Viola, that Reisman battered him by rubbing his head and arm with his hand.

I then made contact with the victim, Salvatore Viola, who advised that he and his wife were seated near the center fountain area in the public median of Mizner Park when he was approached Reisman. Viola stated that Reisman was not a known subject to him and he appeared to be intoxicated. Viola advised that Reisman began yelling at him and asking him if he was a Trump supporter. According to Viola, Reisman then battered him as he rubbed his head then touched his right upper arm with his hand. Viola advised that he told Reisman not to touch him and Reisman then touched him again stating that he had COVID-19. It should be noted Viola advised he was concerned for his safety following Reisman's statements as he is a diabetic and is above the age of 65, making him vulnerable to COVID-19.

I made contact with Viola's wife, Mary Ann Gualtieri, who was also present during the incident. Gualtieri advised that her and Viola were seated near the fountain when Reisman approached her and Viola. Gualtieri stated that Reisman began arguing about political views then touched Viola's head. Gualtieri advised that Viola told Reisman not to touch him however, Reisman then touched him again stating he had COVID-19. Gualtieri stated that Reisman then walked towards his vehicle which was parked in the roadway and sat in the driver's seat. Gualtieri advised she followed Reisman to his vehicle and stood in front of the vehicle waiting for police because in fear that he would hurt someone, and she did not want Reisman to drive due to his level of intoxication. It should be noted Reisman then exited his vehicle and walked towards the median area again

SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 	
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F. 117.02) <b>BROWN, KEISHA L</b>		<b>CASAS, STEPHANIE (819)</b>	
DATE <b>07/24/2020</b>		NAME OF OFFICER (PLEASE PRINT) <b>07/24/2020</b>	
		DATE	

JUL 25 2020





**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: 2020017740	Date: 07/25/2020
	Specialist Name/ID: T Howard/7185

SCANNED  
JUL 25 2020