26MM2641AMB

J# 05607494

P4 3082

ARREST / NOTICE TO APPEAR

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

JUVENILE: 1 N

ADMINISTRATION

OBTS Number:

Agency ORI Number: 0500200
Agency Name: Boca Raton Police Department
Agency Report Number (N.T.A.'s only): 3 2 2026-003546

Charge Type (Check as many as apply): 1 Felony; 2 Traffic Felony; 3 Misdemeanor; 4 Traffic Misdemeanor; 5 Ordinance; 6 Other
If Weapon Served, Enter Type: UNARMED
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 344 PLAZA REAL, BOCA RATON, FL 33432
Location of Offense (Business Name / Address): 409 PLAZA REAL, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Bail Date	Bail Time	Disposition of Vehicle
04/02/2026	22:34	04/02/2026	22:52	04/02/2026	22:49	N/A

DEFENDANT

Name (Last, First, Middle): SANTAYANA, KURT
Alias Name, DOB, Soc. Sec. #, Etc.: AKA:

Race (A-White, B-Black, I-American Indian, O-Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	05/05/1961	5'09	175	BROWN	BROWN	LIGHT	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):
Marital Status: M
Religion: CATHOLIC
Indication of Alcohol Influence: Yes ☒ No ☐ Unk ☐ Drug Influence: Yes ☐ No ☒ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 518 BENNETT STREET, LUZERNE, PA 18709
Phone: (570) 760-5573
Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 4

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 518 BENNETT STREET, LUZERNE, PA 18709
Phone: (570) 760-5573
Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip): SELF EMP,
Phone:
Occupation: Realtor

D.L. Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
19271550 / PA	[redacted]		KINGSTOWN, PA,	US

CO-DEFENDANT

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

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

CIVIL

☐ Parent ☐ Other ☐ Legal Custodian
Name (Last, First, Middle):
Residence Phone:
Address (Street, Apt. Number) (City) (State) (Zip): (1) NO BOND
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 parent(s).
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by ☐ No

School Attended: Grade:

Property Crime? ☐ Yes ☒ No
Description of Property: N/A
Value of Property:

CODE

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

Drug Type: N-N/A, A-Amphetamine, B-Barbiturate, C-Cocaine, 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) Domestic	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: GOOD
Any Knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain: N/A

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

PROPERTY - Received By: DELGADO
Released By: DELGADO
Released To: PBCJ

Transported By: DELGADO
Date Transported: 04/02/2026
Time Transported: 22:49
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): 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 WILFULLY 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.

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian): Date Signed:

ADMIN

HOLD for Other Agency: N/A
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer:
Name of Arresting Officer (Print): DELGADO, B. ID #: 885

Intake Deputy: ID #: Pouch #:

Transporting Officer: DELGADO ID #: 885 Agency: BRPD

Name / Verification (Printed by Arrestee) (PRINT):

Witness Refusal signed with an "X":

PAGE 1 OF 1

SCANNED

APR 03 2026

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

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CONFIDENTIAL VICTIM INFORMATION PER MARSY'S LAW

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number			
Agency ORI Number	Agency Name	Agency Report Number	
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2	2026-003546

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SANTAYANA, KURT		W	M	05/05/1961

CHARGES

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

VICTIM

Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth
SANTAYANA, MANUEL				W	M	07/18/1955
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone		Address Source
791 NORTH ST, LUZERNE, PA 18709				(646) 275-7545		NCIC
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone		Occupation
RETIRED						

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ 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 2 day of April, 2026 at 22:13 (Specifically include facts constituting cause for arrest.)

On 04/02/2026 at 2213 hours I responded to 433 Plaza Real in reference to a fight. The complainant advised two males and a female were involved in a physical altercation at the bar.

Upon arrival, I observed two males and a female matching the description walking eastbound away from the establishment. I stopped the individuals and separated all parties.

I spoke with a male later identified as Kurt Santayana who advised he was with his brother and wife at the bar when an argument ensued. Santayana advised his brother called him a "faggot" which he did not like, so Santayana stated he pushed his brother.

I spoke with the brother; [redacted] who advised he and his brother were arguing about finances. I asked Manuel if his brother had pushed him to which he stated, "I would agree with that." Manuel would repeatedly state that his brother did nothing wrong but did acknowledge he was pushed.

I spoke to a witness, who was also bartending at the establishment. The witness, Hailey Fanelli advised she observed two males arguing and heard a male repeatedly calling another a "faggot." Fanelli then observed a male push another which caused the two to start fighting before being separated by management.

Based on the above stated, probable cause was established to charge Kurt Santayana with (1) count of Simple Battery (Domestic) pursuant to FSS 784.03(1A1).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

04/02/2026
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

DELGADO, BRIAN (885)
NAME OF OFFICER (PLEASE PRINT)

04/02/2026
DATE

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

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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense
- 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#: 26-3546 Agency: Boca Raton
   Offense: Domestic Violence
   Suspect/Offender: Kurt Santagata
   D.O.B. 5/5/61 Race: W Sex: M

2. Warrant#(s): _____

3.a. Victim's name: Nicole Santagata D.O.B. 7/18/75 Race: W Sex: M
   Address: 791 North ST
   City: Lantana State: FL Zip: 33409
   Home#: 646-371-7543 Work#: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home#: _____ 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: Pursuant to F.S.119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: [signature] Sign on behalf of

Printed name of person waiving notification: Ofc. Torrellas on behalf of

Officer's Name: Torrellas I.D.# 852 Date: 1/12/26

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

SUSPECT/OFFENDER: _____ COURT CASE/WARRANT#: _____

(FOR WARRANTS USE ONLY)

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 110 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2026008734	**Date:** 4/3/2026
	Specialist Name/ID#: Angela Pinkney/7796