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25 mm 9995MB

P#3081

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N																																
Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-25 -084937</b>																																					
Charge Type: Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" 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			Multiple Clearance Indicator																																					
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address) <b>1475 W Gateway Blvd, Boynton Beach, FL 33426</b>																																					
Date of Arrest <b>11/15/2025</b>	Time of Arrest <b>04:20</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle																																				
Name (Last, First, Middle) <b>Hackner, Cole</b>																																										
Alias (Name, DOB, Soc. Sec. #, Etc)																																										
W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/22/2004</b>	Height <b>5'7"</b>	Weight <b>160</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Complexion <b>Fair</b>	Build <b>Small</b>																																
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>Single</b>	Religion <b>Catholic</b>	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>																																		
Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Residence Type 1. City 3. Florida 2. County 4. Out of State		2																																		
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source <b>Verbal</b>																																				
Business Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Occupation <b>Finance</b>																																				
DL Number, State <b>H256116040620, FL</b>		Soc. Sec. Number		INS Number		Place of Birth <b>Bronx, New York</b>		Citizenship <b>US</b>																																		
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																																			
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<input type="checkbox"/> Parent Name (Last) First: Middle: Residence Phone <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <b>VICTIM NOTIFICATION REQUIRED</b> Address (Street, Apt. Number) (City) (State) (Zip) Business Phone Notified by: (Name) Date Time Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated Released To: (Name) Relationship Date Time 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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason) School Attended Grade Property Crime? Description of Property Value of Property Yes <input type="checkbox"/> No <input type="checkbox"/>																																										
<table border="1"> <tr> <th>Drug Activity</th> <th>S. Sell</th> <th>R. Smuggle</th> <th>K. Dispense/Distribute</th> <th>M. Manufacture/Produce/Cultivate</th> <th>Z. Other</th> <th>Drug Type</th> <th>B. Barbituate</th> <th>H. Hallucinogen</th> <th>P. Paraphernalia/Equipment</th> <th>U. Unknown</th> </tr> <tr> <td>N. N/A</td> <td>B. Buy</td> <td>D. Deliver</td> <td></td> <td></td> <td></td> <td>N. N/A</td> <td>C. Cocaine</td> <td>M. Marijuana</td> <td>S. Synthetic</td> <td>Z. Other</td> </tr> <tr> <td>P. Possess</td> <td>T. Traffic</td> <td>E. Use</td> <td></td> <td></td> <td></td> <td>A. Amphetamine</td> <td>E. Heroin</td> <td>O. Opium/Deriv.</td> <td></td> <td></td> </tr> </table>										Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbituate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown	N. N/A	B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other	P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv.		
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Charge Description <b>Simple Battery (Domestic)</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number <b>784.03(1A2)</b>	Violation of ORD# <b>NONE</b>																																					
Drug Activity		Drug Type	Amount/Unit	Offense # <b>25-084937</b>	Warrant/Capias Number		Bond <b>1000</b>																																			
Charge Description <b>Concealed Weapon</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>790.01(2)</b>	Violation of ORD#																																					
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NOTICE TO APPEAR <input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Instruction No. 2 Mandatory Appearance in Court You need not appear in Court but must comply with instruction on reverse side. Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b> Court Date and Time Month <b>December</b> Day <b>3rd</b> Year <b>2025</b> Time <b>09:30</b> <input checked="" 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 _____ Signature of Arresting Officer <b>M. Hernandez</b> I.D.# <b>1152</b> Name Verification (Printed by Arrestee) (PRINT) _____ Name of Arresting Officer (Print) I.D.# <b>M. Hernandez</b> <b>1152</b> Intake Deputy I.D.# Pouch# <b>DWR. ROIV 2501</b> _____ Transporting Officer I.D.# Agency <b>M. Hernandez</b> <b>1152</b> <b>BBPD</b> Witness here is a _____ <b>NOV 15 AM 6:25</b> Signed with an "X". Page <b>1 OF 1</b>																																										



**DOMESTIC VIOLENCE PROBABLE CAUSE AFFIDAVIT  
PALM BEACH COUNTY**



On the 15th day of November 2025 at 0348 hours

Subject: Hackner, Cole DOB: 02/22/2004 Case #: 34-25 -084937

Charge Description: Simple Battery (Domestic) Concealed Weapon

Charge Description: \_\_\_\_\_ Statute #: 784.03(1A2), 790.01(2)

Victim: Malin, Neena DOB: [REDACTED] Race: White Sex: Female

Local Address: [REDACTED]

Personal Contact: [REDACTED]

Defendant's Statement: Oral Victim's Statement: Oral

Observation Of Victim (Physical and Emotional): \_\_\_\_\_

Hurt and distraught

Relationship Between Victim and Suspect: \_\_\_\_\_

Girlfriend and boyfriend

Narrative: \_\_\_\_\_

On 11/15/25, at approximately 0348 hours, I responded to 1475 W Gateway Blvd, Boynton Beach, Palm Beach County, FL 33426 (Hamton Inn), in reference to a male grabbing a female in the hotel lobby.

Upon arrival, I spoke to the caller and front desk clerk, Jeymy Hernandez. Hernandez then provided a sworn recorded statement which is as follows: Hernandez advised that while away from the front desk, she heard what sounded like a male and female arguing. Upon Hernandez coming back to the front desk, she saw a white male in a black shirt and gray shorts with curly brown hair grabbing a white female by the arms while yelling at her. Hernandez stated that the white female, wearing all black and with long blonde hair had told her to call the police. Hernandez advised that as she called the police the two then left the hotel lobby.

The male and female were gone on arrival. Myself and a fellow officer then traveled across the parking lot to another hotel by the name of Townplace Suites. At this hotel, we observed a male and female matching the exact description given by Hernandez.

A fellow officer spoke with the female who identified herself as Neena Malin. Malin stated that the male was her long term boyfriend, Cole Hackner. Malin advised that Hackner had not gotten physical with her and that the two only argued. Malin was observed to have numerous marks, indentations from her jewelry being pressed on her skin, and bruises along the length of both of her arms consistent with Hernandez' statement. Malin stated that the marks were from her clothing.

I then spoke with the male who identified himself as Cole Hackner. Hackner originally refused to provide a statement but later after being arrested provided a sworn recorded statement which is as follows: Hackner advised that he and Malin had been on a date in Delray when she had been disrespectful by being on her phone while at dinner. Hackner advised that this caused an argument to start which then turned physical when Malin grabbed him by the wrists when leaving the restaurant. Hackner stated that he never retaliated against Malin. I observed a small scratch on Hackner's left wrist.

Based on the above stated facts, Probable Cause exists to charge and arrest Hackner for Simple Battery (Domestic) Pursuant to F.S.S 784.03(1A2) due to a witness and physical evidence. A search incident to arrest of Hackner yielded mettalic knuckles within his left pocket. Hackner was additionally charged with possession of a Concealed Weapon Pursuant to F.S.S. 709.01(2). Hackner was transported to BBPD Booking for processing and later transferred over to the care, custody, and control of the PBCJ.

Photographs: Scene:  Yes  No  
 Victim:  Yes  No  
 911 Call:  Yes  No Caller: Hernandez, Jeymy  
 Tape Requested:  Yes  No  
 Weapon Used:  Yes  No Type: \_\_\_\_\_  
 Witnesses:  Yes  No  
 Injuries:  Yes  No  
 Medical Treatment:  Yes  No  
 At Scene  Yes  No Paramedics: \_\_\_\_\_  
 At Hospital  Yes  No Physician(s): \_\_\_\_\_  
 Hospital: \_\_\_\_\_

Act Committed In Presence Of Minor(s):  Yes  No  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 F.D.C.F. Notified:  Yes  No Victim Pregnant:  Yes  No  
 Violation Of Restraining Order:  Yes  No Case #: \_\_\_\_\_  
 Prior History Of Domestic Violence:  Yes  No  
 Alcohol Or Drugs Involved:  Yes  No  Unknown

**Victim Contact Information:**

Phone Home: [REDACTED] Work: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Relative Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: [REDACTED]  
 City/State: [REDACTED]

State Of Florida  
 County Of Palm Beach

Appeared before me, M. Hernandez, (print name) personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature] 1152  
 Signature Of Arresting Officer

Sworn to and subscribed to me before this 15<sup>th</sup> day of November

[Signature]  
 Notary/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)
- Attempted Murder
- Stalking (S.784.084)

- Sexual Offense(Ch.794)
- Attempted Sexual Offense

**-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 dwelling)

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

1. Incident Report# 34 - 25 - 084937 Agency: Boynton Beach Police Department  
 Offense: Simple Battery (Domestic) Concealed Weapon  
 Offense: \_\_\_\_\_  
 Suspect/Offender: Hackner, Cole  
 D.O.B.: 02/22/2004 Race: W Sex: M

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

3. Complete one (1) of the following:

a. Victim's Name: Malin, Neena



b. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Other: \_\_\_\_\_

c. Victim's designated contact other than next of kin: (for example friend or neighbor):

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ 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 Victim: \_\_\_\_\_  
 Printed name of Victim: Malin, Neena  
 Officers Name: M. Hernandez I.D.#: 1152 Date: 11/15/25

SUSPECT/OFFENDER:

Hackner, Cole

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



# Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	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)	
	<input type="checkbox"/>	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	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	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	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2025030645	Date: 11/16/2025
	Specialist Name/ID#: Joseph Kovach/44820