FL. Const. Art.1 § 16(b)

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO: 5 0 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 I-I 25080194 ( )

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

If Weapon Seized — Enter Type

Multiple Clearance Indicator: 0 1

Location of Arrest (including Name of Business) [redacted]

Location of Offense (Business Name, Address) [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/19/2025	0900					[redacted]

DEFENDANT

Name (Last, First, Middle): **Taylor, Makaylee, Lynn**

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	9/15/2004	5'05	150	BROWN	BROWN	LIGHT	MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **FLOWERS AND BUTTER FLY # 777 BACK # 777**

Marital Status: | Religion: PROTESTANTISM | Indication of: Alcohol Influence Y N Unk; Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted] | Mobile Phone: [redacted]

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): , | Phone: ( )

Address Source: TAYLOR LYNN

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( )

Occupation: PRIVATE BABY SITTER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
T460552048350, FL	[redacted]		PORT SAINT LUCIE,FL	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) | Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone ( )

VICTIM NOTIFICATION REQUIRED

Notified by: (Name) | Date | Time | Juvenile Disposition 1. Handled within Dept. 2. Turned over to Dept. of Juvenile Justice 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

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 (561) 355-6511) informed of any change of address.
☐ Yes, by: (Name) ☐ No (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
SIMPLE BATTERY DOMESTIC	1	☒ Y ☐ N	784.03(1A1	) NONE

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			25080194		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N	)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N	)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N	)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
					JUL 19 PM 12:28

NOTICE TO APPEAR

Location (Court, Room Number, Address): **Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600**

Court Date and Time

Month Day Year Time A.M. ☐ 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

RETURN PBSO - GUN CLUB 25 JUL 20 AM 8:38

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above.
I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Intake Deputy I.D. # Pouch

Signature of Arresting Officer: x Wise, Terry N. Digitally signed by Wise, Terry N. Date: 2025.07.19 10:20:46 -04'00'

Name of Arresting Officer (Print): D/S WISE, T I.D. # 7237

Transcribing Officer: D/S WISE, T I.D. # Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE ___ OF ___

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number: | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile: N

ADMIN

Agency OR Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 25080194

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Taylor, Makaylee, Lynn		W	F	9/15/2004

CHARGES

Charge Description: SIMPLE BATTERY DOMESTIC 784.03(1A1

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Rudin, Xander, Donovan Daniel	H	M	[redacted]

Local Address (Street, Apt Number) [redacted] (City) (State) (Zip) | Phone [redacted] | Address Source

Business Address (Name, Street) (City) (State) (Zip) | Phone ( ) | Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law. The Person taken into custody

☐ committed the below acts in my presence

☐ was observed by _____ who told me 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 19 day of JULY 20 25 at 0930 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

☒ Probable Cause Only
FL Const. Art. I § 16(b)

On July 19, 2025, at approximately 8:50 am, I, Deputy Wise, ID 7237, responded to a call regarding a domestic dispute at [redacted] in unincorporated [redacted]

Upon arrival, I met the complainant, identified as Makaylee Taylor, born on September 15, 2004, outside the residence. She reported an altercation with her boyfriend, Xander Rudin, over alleged messages found on his phone. Makaylee stated that she had gone through Xander's phone, which she had given him, and found messages from other girls. She then smashed the phone, which made Xander angry.

According to Makaylee, Xander started hitting her, threw a shoe at her sister, broke the closet door, and damaged her computer. Makaylee mentioned that she and Xander had been living together for six months, with the last two months at their current residence. She also noted that her sister was present to take her to work as her car was in the shop.

I observed that Makaylee had makeup smeared on her shirt and the back of the door, which she claimed was from being pushed into the door by Xander. She also mentioned that Xander had anger issues and advised caution.

I then proceeded to speak with Xander, who was still inside the house. Xander confirmed that an altercation had occurred, stating that Makaylee had thrown his phone and then attacked him with her nails. He admitted to pushing her into the door and breaking her laptop in response. Xander had multiple scratches on his arms, neck, and chest, which he claimed were from Makaylee's nails.

He also mentioned that he had thrown a shoe, which broke a glass item in the room. Both parties provided conflicting accounts of the events, with Makaylee claiming self-defense and Xander stating that he was attacked first.

I documented the physical evidence, including the broken door, the shattered mirror, and the makeup on the door. Based on the evidence and statements provided, I determined that Makaylee was the primary aggressor in this incident.

I informed her that she would be charged with simple battery domestic. I advised Makaylee to remove her earrings and other personal items, which were handed over to her sister.

I also ensured that her phone was charged and turned off before transporting her to the station.

784.03 Battery; felony battery.—(1)(a) The offense of battery occurs when a person:1. Actually and intentionally touches or strikes another person against the will.

Under Florida State statute 784.03, domestic battery simple, Michaela was arrested and transported to Palm Beach County jail without further incident.

This conclusion was based on the evidence on the scene and the injuries to her boyfriend, Xander's back, arms, neck, and lower back. Points of interest: Michaela maintains her innocence, stating she was defending herself. In conclusion, based on the nature of the dispute and the Preponderance of Evidence. I found the facts LED to Michaela being the primary aggressor, period.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Wise, Terry N
(Signature of Arresting/Investigating Officer)

Digitally signed by Wise, Terry N.
Date: 2025.07.19 11:17:34 -04'00'

D/S WISE, T

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of JULY 20 25 by D/S WISE, T

(Print name of Arresting/Investigating Officer) Who is personally known to me and/or produced identification. Type of identification produced: PERSONALLY KNOWN

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

#445544

PAGE ____ OF ____

PBSO #0004 REV. 12/12

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Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Taylor, Makaylee, Lynn DOB: 9/15/2004 Case #: 25080194

Victim: Rudin, Xander, Donovan Daniel DOB: [redacted] Race: H Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No Caller: _____

Weapon Used: ☐ Yes ☒ No Type: _____

Witness: ☒ Yes ☐ No Name: BRIANNA TAYLOR FAMILY [redacted]

Victim Pregnant: ☐ Yes ☒ No If yes, ___ weeks _____ months

Injuries: ☒ Yes ☐ No Description: SCRATCHES ON BACK/NECK SHOULDER

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: _____

At Hospital: ☐ Yes ☒ No Hospital: _____ Physician: _____

Are Children Living in Home? ☐ Yes ☒ No DCF Notified? ☐ Yes ☒ No

Name: _____ DOB: __/__/____

Name: _____ DOB: __/__/____

Name: _____ DOB: __/__/____

Injunction ☐ Yes ☒ No Case #: _____

No Contact Order ☐ Yes ☒ No Case #: _____

Alcohol or Drugs ☐ Yes ☒ No ☐ Unknown

Prior History of Domestic/Dating Violence ☐ Yes ☒ No

Defendant's Statements ☒ Yes ☐ No If yes, ☐ written ☒ recorded ☐ oral

First words Defendant said when you responded to scene: _____

Victim's Statements ☒ Yes ☐ No If yes, ☐ written ☒ recorded ☐ oral

First words Victim said when you responded to scene: HE WAS ATTACKED BY SUSPECT WHILE IN BED(GIRLFRIEND)

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

☐ Yes ☒ No If yes, name: _____ phone (___)___ -_____

Observations of Victim (Physical & Emotional): EMOTIONAL

☐ Upset ☐ Crying ☐ Fearful ☐ Hysterical ☐ Afraid ☒ Calm ☐ Nervous

☐ Complained of pain ☐ Other _____

Victim Contact Information:

Local Address: [redacted]

Phone: Home [redacted] Work (___)___ -_____ Cell (___)___ -_____

Employer: _____

Name of Relative: PAUL RUDIN Phone [redacted]

Address: [redacted]

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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)
- **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 #: **25080194** Agency: _____
   Offense: **SIMPLE BATTERY DOMESTIC**
   Suspect/Offender: Name (Last) **Taylor** (First) **Makaylee** (Middle) **Lynn**
   D.O.B. **9/15/2004** Race: **W** Sex: **F**

2. Warrant #(s): _____
   Name (Last, First)

3.a. Victim's name: **Rudin, Xander, Donovan Daniel** D.O.B. [redacted] Race: **H** Sex: **M**
   Address: [redacted]
   City: [redacted]
   Home #: ([redacted] Work #: () Other: _____

b. Victim's next of kin, friend or neighbor:
   Address: [redacted]
   City: [redacted]
   Home #: [redacted] 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: **Rudin, Xander, Donovan Daniel**

Deputy's Name: **D/S WISE, T** I.D. # **7237** Date: **07/19/2025**

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

PBSO #0029A REV 05/11

SUSPECT/OFFENDER **Taylor, Makaylee, Lynn** 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 99 of the CRTM for additional information)	1-6
	☐	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	1-6
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐	119.071 (2)(J)	The Victim's address in a Domestic Violence action on petitioner's request.	

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REVIEW COMPLETED BY

Booking Number: 2025019128	**Date:** 7/20/2025
	Specialist Name/ID#: MTooks #8557