

USE SEPARATE FORMS FOR EACH DEFENDANT AND FOR MULTIPLE OFFENSES OCCURRING AT DIFFERENT TIME, DATE OR LOCATION

ARREST AFFIDAVIT

FBI NO. _____ FDLE NO. _____

Fingerprinted By <input type="checkbox"/> Identification Only <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal		DEFENDANT NAME (LAST, FIRST, MIDDLE) Legleitner, Chase Andrew		ARR. AGENCY ORI. NO.	
BOOKING OFFICER 771594	JAIL NUMBER 877758	CHECK TRUE-NAME <input type="checkbox"/>	A.K.A.	FLO	OBTS NO. 4302036430
LOCAL CASE NO.	DATE OF BIRTH 9/22/89	PERMANENT ADDRESS (STREET NO. STREET NAME CITY) PHONE Willoughby Cove #105 Stuart FL 3499742			STATE FL
DEFENDANT REQUIRED TO APPEAR IN CIRCUIT COURT ON Demand	HEIGHT 5-11	WEIGHT 185	RACE O	EYE COLOR BLK <input type="checkbox"/> GRN <input type="checkbox"/> BRN <input type="checkbox"/> BLU <input type="checkbox"/> GRY <input type="checkbox"/>	HAIR COLOR BLK <input type="checkbox"/> BRN <input type="checkbox"/> GRN <input type="checkbox"/> WHI <input type="checkbox"/> RED <input type="checkbox"/> (UNK) <input type="checkbox"/>
AT _____ AM/PM	SOCIAL SECURITY NUMBER [REDACTED]		OCCUPATION OR EMPLOYER Welder		DISTINGUISHING MARKS tattoos
DEFENDANT REQUIRED TO APPEAR IN COUNTY COURT ON _____	ARREST DATE → 3/23/09	MILITARY TIME 2025	SECTOR 5	STREET 656 Monterey Rd.	CITY Stuart
AT _____ AM/PM	OFFENSE DATE → 3/18/09	MILITARY TIME 1	SECTOR 5	STREET MARTIN COUNTY	STATE FL
Weapons Seized/Type <input checked="" type="checkbox"/> 2 No		Residence Type <input checked="" type="checkbox"/> 2 County		Activity N N/A P Possess	

CHARGE STATUS <input type="checkbox"/> PC <input checked="" type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv <input type="checkbox"/> PU <input type="checkbox"/> CITATION	Indication of: Alcohol Influence Drug Influence	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	Citizenship U.S.	Activity N N/A A Amphetamine	B Barbituate C Cocaine E Heroin	H Hallucinogen M Marijuana O Opium/Deriv	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
CHARGE/STATUTE NO. 812.132(a)			IF DRUGS					

SEQ NO.	FEL	TRAF	MISD	ORD	OTHER	ACTIVITY	TYPE
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIRECT FILE CAPIAS 08-1627CFMF	N N
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ct-2 Robbery w/ a Deadly Weapon	FILED FOR RECORD
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CLERK COURT COPY	PRINCIPAL ARRESTING OFFICER / AGENCY (PRINT) DET. HEARN / MCSO	OFFICER ID NO. 71085	BONDSMEN / SURETY NAME	BOND AMOUNT \$20,000
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CO-DEFENDANT'S (LAST, FIRST, MIDDLE) / / /	VICTIM'S NAME State of Florida
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SUMMARY OF OFFENSES AND PROBABLE CAUSE AFFIDAVIT
 The above named defendant was arrested for the following reasons; **PROBABLE CAUSE**

Subject turned himself in on ABOVE DIRECT FILE CAPIAS. ARREST MADE AS A PART OF U.S. MARSHAL REGIONAL FUGITIVE TASK FORCE.

The preceding is true to the best of my present knowledge or belief.

Signature: **Det. J. Hearn** 33/1085 Sworn & Subscribed before me this **23** day of **MAR**, 20 **09**

NOTARY / ASA: **Ryan 1526**

My commission expires: **term**

Agency: **MCSO**

Bond - \$20,000.00

*Sequence number taken from fingerprint card containing this OBTS number for this arrest.