



Rick Staly, Sheriff
FLAGLER COUNTY SHERIFF'S OFFICE

"An honor to serve, a duty to protect."

EVIDENCE/PROPERTY RECEIPT

Time of Seizure	1719	Incident Date	3/25/24	Case #	24-25353
Date of Seizure	3/25/24	ORI#	FL0180000		
<input checked="" type="checkbox"/> Evidence <input checked="" type="checkbox"/> Safe Keeping <input type="checkbox"/> Found Property <input type="checkbox"/> Forfeiture <input type="checkbox"/> Baker Act <input type="checkbox"/> Risk Protection Order <input type="checkbox"/> Destroy <input type="checkbox"/> Return To Owner					
<input type="checkbox"/> Photographed & Returned: Sworn and subscribed this 25 day of May 2024 Signature: _____ Print Name: _____					
ADDRESS WHERE PROPERTY WAS IMPOUNDED				REPORT HEADING	
174 Cypress Point Pkwy Palm Coast, Walmart				Larceny Shoplifting	
OWNER/VICTIM	DOB:	Race/Sex	FULL ADDRESS	PHONE #	
DEFENDANT/SUSPECT	DOB:	Race/Sex	FULL ADDRESS	PHONE #	
CO-DEFENDANT	DOB:	Race/Sex	FULL ADDRESS	PHONE #	
CO-DEFENDANT	DOB:	Race/Sex	FULL ADDRESS	PHONE #	

Item #	DESCRIPTION OF ITEM (Type, Make, Model, Color, Serial #, Marks, etc.)	Recovered Stolen
1075.1	Hel-tec .380 black Pistol SN L7M27	<input type="checkbox"/> Yes
1075.2	6 .380 Rounds	<input type="checkbox"/> Yes
1075.3	Misc. Black handgun / Accessory Case	<input type="checkbox"/> Yes
1075.4	Brown Plastic. Bombster	<input type="checkbox"/> Yes
1075.5	Multiple Glass Pipes	<input type="checkbox"/> Yes
1075.6	11 grams marijuana	<input type="checkbox"/> Yes
1075.7	Gold grinder	<input type="checkbox"/> Yes
1075.8	2 yellow Rectangular Pills - R039	<input type="checkbox"/> Yes

PROPERTY OWNER	EMPLOYEE
I hereby acknowledge that the above list represents all property taken from my possession or returned to me and that I have received a copy of the report number. All items received for safekeeping or found must be claimed within 90 days or it will be disposed of in accordance with Florida Statutes 960.001(1) (h), 705.104 and 705.105. Signature: _____ Print Name: _____	I hereby swear/affirm that the above list represents all property <input checked="" type="checkbox"/> impounded, <input type="checkbox"/> returned or <input type="checkbox"/> photographed by me in the official performance of duty as an employee of the FCSO. Employee Signature: _____ ID # 1075 Printed Name: O. Schrager

ITEM	DATE	RECEIVED FROM	DELIVERED TO	REASON
1075.1-5	3/25/24	D/S Schrager	Evidence	Evidence / Safekeeping
1075.15, 17, 19	3/26/24	OPS EVID LOCKER	CSI Deidler 1169	Processing
1075.15, 17, 19	03.26.24	dweidler 1169	Evidence	

Distribution: Depends on application. Replaces FCSO Form INVS-140.

Linked To: GO 238 and GO 490

FCSO Form #EVID-009 (02/24)





