



Rick Staly, Sheriff
FLAGLER COUNTY SHERIFF'S OFFICE

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

EVIDENCE/PROPERTY RECEIPT

Time of Seizure	2pm	Incident Date	3/25/2024	Case #	2024 - 25353
Date of Seizure	4/29/2024	ORI#	FL0180000		

☒ Evidence ☐ Found Property ☐ Destroy ☐ Safe Keeping ☐ Return To Owner ☐ Baker Act ☐ Risk Protection Order

☐ Photographed & Returned: Sworn and subscribed this _____ day of _____, 20____. Signature: _____ Print Name: _____

ADDRESS WHERE PROPERTY WAS IMPOUNDED
FCIF, 1002 Justice Lane, Bunnell, FL 32110

REPORT HEADING
Larceny

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 #

Amber McCann 1/14/1994 W/F 353 Miller Rd, Sanford, FL 32773 (407) 902-3750

Item #	DESCRIPTION OF ITEM (Type, Make, Model, Color, Serial #, Marks, etc.)	Recovered Stolen
720.1	DNA buccal sample from Amber Delaney McCann	<input type="checkbox"/> Yes
	W/F, DOB: 1/14/1994	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<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: Det. S. Scalia ID # 720 Printed Name: Det. Sarah Scalia

ITEM	DATE	RECEIVED FROM	DELIVERED TO	REASON
720.1	4/29/24	Amber McCann	Det. Scalia 720	Evidence
720.1	4/29/24	Det. Scalia 720	Evidence	Evidence
720.1	4-30-24	Ops EVO Locker	Brianna 03A	

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

Linked To: GO 238 and GO 490

FCSO Form #EVID-009 (3/19)

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