



**Rick Staly, Sheriff**  
**FLAGLER COUNTY SHERIFF'S OFFICE**

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

**EVIDENCE/PROPERTY RECEIPT**

<b>Time of Seizure</b>	20:00	<b>Incident Date</b>	3/25/2024	<b>Case #</b>	24-25353
<b>Date of Seizure</b>	3/25/2024	<b>ORI#</b>	FL0180000		
<input checked="" type="checkbox"/> Evidence <input 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 _____ day of _____, 20____. Signature: _____ Print Name: _____					
ADDRESS WHERE PROPERTY WAS IMPOUNDED				REPORT HEADING	
174 Cypress Point Parkway Palm Coast				Larceny	
OWNER/VICTIM	DOB:	Race/Sex	FULL ADDRESS	PHONE #	
WalMart			174 Cypress Point Parkway Palm Coast	3864468486	
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
861.1	DVD Security Video	<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
		<input type="checkbox"/> Yes

<b>PROPERTY OWNER</b>	<b>EMPLOYEE</b>
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.	I hereby swear/affirm that the above list represents all property <input 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.
Signature: _____	Employee Signature: _____ ID # 861
Print Name: _____	Printed Name: DS Logsdon

ITEM	DATE	RECEIVED FROM	DELIVERED TO	REASON
861.1	3/26/2024	DS Logsdon	Evidence	Evidence
861.1	3-28-24	DOSS EVA LOCKER	CH	

Distribution: Depends on application. Replaces FCSO Form INVS-140.  
Linked To: GO 238 and GO 490  
FCSO Form #EVID-009 (02/24)