



Rick Staly, Sheriff
FLAGLER COUNTY SHERIFF'S OFFICE

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

EVIDENCE/PROPERTY RECEIPT

| | | | | | |
|---|---|----------------------|---|----------------------------------|------------------------------|
| Time of Seizure | 20:00 | Incident Date | 3/25/2024 | Case # | 24-25353 |
| Date of Seizure | 3/25/2024 | ORI# | 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 174 Cypress Point Parkway Palm Coast | | | | REPORT HEADING Larceny | |
| OWNER/VICTIM WalMart | DOB: | Race/Sex | FULL ADDRESS 174 Cypress Point Parkway Palm Coast | PHONE # 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 |
| | | | | | <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. | | | 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. | | |
| Signature: _____ | | | Employee Signature: _____ ID # 861 | | |
| Print Name: _____ | | | Printed Name: DAS 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 | CLH | | |
| | | | | | |
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| | | | | | |

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