



# Rick Staly, Sheriff FLAGLER COUNTY SHERIFF'S OFFICE

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

## EVIDENCE/PROPERTY RECEIPT

Time of Seizure	1630	Incident Date	05/11/2023	Case #	2023-00044592
Date of Seizure	05/11/2023	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  
Aviation Drive and SR 100 E, Palm Coast, FL, 32164

REPORT HEADING  
Assault/Battery

OWNER/VICTIM	DOB:	Race/Sex	FULL ADDRESS	PHONE #
Bree Gadoury	01/05/1981	W/F	43A Seaton Valley Path, Palm Coast, FL	
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
964.1	Black handled screwdriver	<input type="checkbox"/> Yes
964.2	Black backpack with clothes / w laptop	<input type="checkbox"/> Yes
964.12	Black bag with clothes	<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: <u>C. Punskey</u> ID # <u>964</u> Printed Name: <u>C. Punskey</u>

ITEM	DATE	RECEIVED FROM	DELIVERED TO	REASON
964.1-964.12	05/11/2023	Bree Gadoury	D/S Punskey	Evidence
964.1-964.12	05/11/2023	D/S Punskey	Evidence	Evidence
964.1/2	5-12-23	Pu Desseyd locker	Knife 01-B	
			SAFEKEEP 4-B	

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

Linked To: GO 238 and GO 490

FCSO Form #EVID-009 (3/19)