



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

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

**EVIDENCE/PROPERTY RECEIPT**

<b>Time of Seizure</b>		<b>Incident Date</b>	8-27-24	<b>Case #</b>	24-74132
<b>Date of Seizure</b>	8-27-24	<b>ORI#</b>	FL0180000		
<input type="checkbox"/> Evidence <input type="checkbox"/> Found Property <input type="checkbox"/> Destroy <input type="checkbox"/> Safe Keeping <input type="checkbox"/> Return To Owner <input type="checkbox"/> Baker Act <input type="checkbox"/> Risk Protection Order					
<input type="checkbox"/> Photographed & Returned: Sworn and subscribed this _____ day of _____, 20____. Signature: _____ Print Name: _____					
<b>ADDRESS WHERE PROPERTY WAS IMPOUNDED</b> 9 Royal Palm Ln. Palm Coast, 32164				<b>REPORT HEADING</b> Assist other Agency	
<b>OWNER/VICTIM</b>	<b>DOB:</b>	<b>Race/Sex</b>	<b>FULL ADDRESS</b>	<b>PHONE #</b>	
<b>DEFENDANT/SUSPECT</b>	<b>DOB:</b>	<b>Race/Sex</b>	<b>FULL ADDRESS</b>	<b>PHONE #</b>	
<b>CO-DEFENDANT</b>	<b>DOB:</b>	<b>Race/Sex</b>	<b>FULL ADDRESS</b>	<b>PHONE #</b>	
<b>CO-DEFENDANT</b>	<b>DOB:</b>	<b>Race/Sex</b>	<b>FULL ADDRESS</b>	<b>PHONE #</b>	
<b>Item #</b>	<b>DESCRIPTION OF ITEM</b> (Type, Make, Model, Color, Serial #, Marks, etc.)				<b>Recovered Stolen</b>
1095.1	Sig Sauer 1911 Firearm w/magazine & holster SN: 20H26590				<input type="checkbox"/> Yes
1095.2	Black "Crossman" Leman 1000				<input type="checkbox"/> Yes
1095.3	Swab exterior Passenger door handle				<input type="checkbox"/> Yes
1095.4	Swab exterior driver's door handle				<input type="checkbox"/> Yes
1095.5	Red Ferrari Vehicle cover				<input type="checkbox"/> Yes
1095.6	Black phone				<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: <u>G. Massa</u> ID # 1095		
Print Name: _____			Printed Name: <u>Gubby Massa</u>		
<b>ITEM</b>	<b>DATE</b>	<b>RECEIVED FROM</b>	<b>DELIVERED TO</b>	<b>REASON</b>	
1095.1-5	8-28-24	Scene	Evidence	Evidence	
1095.6	8-28-24	G. Massa H1095	Digital Forensic	evidence	
1095.1/2/3/4/5	8-28-24	Cox Massa 1095	H60 / A3 / Biorabisa / Funk 10		

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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