



Rick Staly, Sheriff
FLAGLER COUNTY SHERIFF'S OFFICE

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

EVIDENCE/PROPERTY RECEIPT

Time of Seizure		Incident Date	08/27/2024	Case #	24-74132
Date of Seizure	10/18/2024	ORI#	FL0180000		
<input checked="" 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: _____					
ADDRESS WHERE PROPERTY WAS IMPOUNDED CSI Garage 61 Sheriff EW Johnston Drive, Bunnell, FL				REPORT HEADING	
OWNER/VICTIM	DOB:	Race/Sex	FULL ADDRESS	PHONE #	
DEPENDANT/SUSPECT	DOB:	Race/Sex	FULL ADDRESS	PHONE #	
CO-DEPENDANT	DOB:	Race/Sex	FULL ADDRESS	PHONE #	
CO-DEPENDANT	DOB:	Race/Sex	FULL ADDRESS	PHONE #	

Item #	DESCRIPTION OF ITEM (Type, Make, Model, Color, Serial #, Marks, etc.)	Recovered Stolen
1095.7	Swab of interior passenger side door handle	<input type="checkbox"/> Yes
1095.8	Swab of glove compartment handle	<input type="checkbox"/> Yes
1095.9	Swab of interior driver side door hand	<input type="checkbox"/> Yes
1095.10	Swab of shifter	<input type="checkbox"/> Yes
1095.11	Swab of steering wheel	<input type="checkbox"/> Yes
1095.12	Swab of sunvisor mirror on passenger side	<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 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>G. Massa</u> ID # 1095 Printed Name: Gabriella Massa

ITEM	DATE	RECEIVED FROM	DELIVERED TO	REASON
1095.1-1095.6 gm	10/18/2024	G Massa #1095	Evidence Locker #6	Evidence
1095.7-12	10-21-24	OPS EVA LOCKER	ADMAA 15A	

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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