



**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: _____					
ADDRESS WHERE PROPERTY WAS IMPOUNDED				REPORT HEADING	
				Assist Other Agency	
OWNER/VICTIM	DOB:	Race/Sex	FULL ADDRESS	PHONE #	
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
1095-7	Blue Ferrari VIN ZFF8QA8J0236507 Fl Tag CCC2	<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
<p>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.</p> <p>Signature: _____</p> <p>Print Name: _____</p>	<p>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.</p> <p>Employee Signature: <u>G. Massa</u> ID # <u>1095</u></p> <p>Printed Name: <u>Gabby Massa</u></p>

ITEM	DATE	RECEIVED FROM	DELIVERED TO	REASON
1095-7	8-28-24	G. Massa #1095	Evidence	Evidence
1095-7	8-29-24	C.S. Massa 1095	C.S. Garage	

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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