



Rick Staly, Sheriff
FLAGLER COUNTY SHERIFF'S OFFICE

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

EVIDENCE/PROPERTY RECEIPT

Time of Seizure	—	Incident Date		Case #	24-74132
Date of Seizure	10/29/24	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 Flagler County Sheriff's Office				REPORT HEADING Stolen Vehicle / 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
932.7	Ferrari Key	<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. 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: _____ ID # 932 Printed Name: K. Gordon

ITEM	DATE	RECEIVED FROM	DELIVERED TO	REASON
932.7	10/29/24	K. Gordon 932	evidence	evidence
932.7	10-28-24	Det Gordon 932	11-A	

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

Linked To: GO 238 and GO 490

FCSO Form #EVID-009 (3/19)