



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

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

**EVIDENCE/PROPERTY RECEIPT**

Time of Seizure		Incident Date	8/27/2024	Case #	29-74132
Date of Seizure	8/27/2024	ORI#	FL0180000		
<input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Safe Keeping <input type="checkbox"/> Found Property <input type="checkbox"/> Forfeiture <input type="checkbox"/> Baker Act <input type="checkbox"/> Risk Protection Order <input type="checkbox"/> Destroy <input type="checkbox"/> Return To Owner					
<input type="checkbox"/> Photographed & Returned: Sworn and subscribed this _____ day of _____, 20____. Signature: _____ Print Name: _____					
ADDRESS WHERE PROPERTY WAS IMPOUNDED				REPORT HEADING	
9 ROYAL PALM LANE, PALM COAST, FLORIDA. 32164				BOLLO	
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
339.1	BLACK IPHONE WITH BLACK/BROWN CASE	<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: <u>Jonas Gomez</u></p>	<p>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.</p> <p>Employee Signature: _____ ID # <u>339</u></p> <p>Printed Name: <u>ARTHUR ERIC ARNOLD</u></p>

ITEM	DATE	RECEIVED FROM	DELIVERED TO	REASON
339.1	8/27/2024	SETH GREEN 287	ERANDSON 339/1	EVIDENCE
339.1	8/27/2024	ERANDSON 339	MOY 409	EVIDENCE
339.1	8/27/2024	DET. M. MOY #409	DET. L. L. L. #628	RETURN TO OWNER

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

Linked To: GO 238 and GO 490

FCSO Form #EVID-009 (02/24)