

<b>Flagler County Sheriff's Office</b> <b>P.O. Box 879 - Bunnell, FL 32110</b>		<b>Vehicle Disposition Report</b>				Case # <b>24-74132</b>		Date <b>8/27/24</b> Time <b>20:40</b>			
<b>Vehicle Disposition</b>	Crash <input type="checkbox"/> DUI <input type="checkbox"/> Stolen <input checked="" type="checkbox"/> Abandoned <input checked="" type="checkbox"/> Felonious Use <input type="checkbox"/> Arrested <input type="checkbox"/> Other <input type="checkbox"/> (Specify):										
Exact Location Vehicle Removed From: <div style="font-size: 1.2em; margin-left: 40px;">a Royal Palm Ln, Palm Coast FL, 32164</div>											
<b>Tow Service Information</b>	Requested Method: <input checked="" type="checkbox"/> Rotation <input type="checkbox"/> Owner's Request			Tow Service: <input type="checkbox"/> John's <input type="checkbox"/> Saxon's <input checked="" type="checkbox"/> Roger's <input type="checkbox"/> Other (Specify):			Tow Service to: <input type="checkbox"/> John's <input type="checkbox"/> Saxon's <input type="checkbox"/> Roger's <input type="checkbox"/> Other (Specify): <b>FLSO Evidence</b>				
	Is there a hold on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, state reason for hold:			FCIC/NCIC Check: <input type="checkbox"/> Yes <input type="checkbox"/> No		Stolen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Requirements for release / special instructions / additional comments:											
<b>Motor Vehicle</b>	Year	Make	Model	Color	Doors	License	State	VIN #	VIN / Tag / Reg Match <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Odometer Reading:	
	2018	Ferrari	488 Spider	Blue	2	LLL	FL	2FF80AMAGJ0256507			
<b>Trailer</b>	Year	Make	Model	Color	Doors	License	State	VIN #	VIN / Tag / Reg Match <input type="checkbox"/> Yes <input type="checkbox"/> No	# Axles <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Vehicle Operator</b>	Name <input type="checkbox"/> Unknown <b>Johnathan Costa</b>			Address			City		State	Zip	Phone
	Name <input type="checkbox"/> Same As Operator <b>Anthony Lombardi</b>			Address			City		State	Zip	Phone
<b>Vehicle Owner</b>	Name <input type="checkbox"/> Same As Operator <b>Anthony Lombardi</b>			Address			City		State	Zip	Phone
	Name <input checked="" type="checkbox"/> Same As Operator <b>Anthony Lombardi</b>			Address			City		State	Zip	Phone
<b>Vehicle Condition/ Damage Section</b>	Front End and Hood: Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Totaled <input type="checkbox"/>						Passenger Side: Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Totaled <input type="checkbox"/>				
	Roof: Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Totaled <input type="checkbox"/>						Rear End and Lid: Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Totaled <input type="checkbox"/>				
	Driver Side: Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Totaled <input type="checkbox"/>						Interior: Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Totaled <input type="checkbox"/>				
	Additional Damage/Condition/Comments: <div style="font-size: 1.2em; margin-left: 40px;">2 scratches on the hood, nothing inside vehicle.</div>										
<b>Vehicle Contents Section</b>	Contents of Vehicle: Radio <input type="checkbox"/> Tape Deck <input type="checkbox"/> Spare Tire <input type="checkbox"/> Cell Phone <input type="checkbox"/> Cassettes <input type="checkbox"/> C.D.'s <input type="checkbox"/> Radar Detector <input type="checkbox"/> Sun Glasses <input type="checkbox"/> Child Restraint <input type="checkbox"/> Clothing <input type="checkbox"/> Shoes <input type="checkbox"/> Sneakers <input type="checkbox"/> Boots <input type="checkbox"/> T.V. <input type="checkbox"/> Portable Stereo <input type="checkbox"/>										
<b>Red Tag Section</b>	Original Officer:			Agency: F.C.S.O. <input type="checkbox"/> F.H.P. <input type="checkbox"/> Other <input type="checkbox"/> (Specify)			Original Case #:		Date Tagged:	Time Tagged:	
Narrative/Additional Comments:											
Report completed by: Rank-Signature-I.D.# <div style="font-size: 1.2em; margin-left: 40px;">Deputy house Blehne 1201</div>						Date: <b>8/27/24</b>		Print: Rank- Name-I.D.#		Supv. App. (if req.)	
Tow Service Driver: Signature: <i>[Signature]</i>						Date: <b>8-27-24</b>		Print: Name <b>Johnathan Sarmiento</b>		<input type="checkbox"/> Stand alone report <input type="checkbox"/> Non-stand alone report	