



**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>	08/27/2024	<b>Case #</b>	24-74132
<b>Date of Seizure</b>	10/18/2024	<b>ORI#</b>	FL0180000		

Evidence  Found Property  Destroy  Safe Keeping  Return To Owner  Baker Act  Risk Protection Order

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 #
DEFENDANT/SUSPECT	DOB:	Race/Sex	FULL ADDRESS	PHONE #
CO-DEFENDANT	DOB:	Race/Sex	FULL ADDRESS	PHONE #
CO-DEFENDANT	DOB:	Race/Sex	FULL ADDRESS	PHONE #

gm 10/18/24  
 gm 10/18/24

Item #	DESCRIPTION OF ITEM (Type, Make, Model, Color, Serial #, Marks, etc.)	Recovered Stolen
1095-13	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

1095-8-13  
 1095-7-12  
 gm 10/10/24

**PROPERTY OWNER**

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: \_\_\_\_\_

**EMPLOYEE**

I hereby swear/affirm that the above list represents all property  impounded,  returned or  photographed by me in the official performance of duty as an employee of the FCSO.

Employee Signature: G. Massa ID # 1095  
 Printed Name: Gabriella Massa

ITEM	DATE	RECEIVED FROM	DELIVERED TO	REASON
<del>1095-1095-8</del> gm	10/18/2024	G Massa #1095	Evidence Locker #6	Evidence
	10/18/24			