

# VOLUSIA COUNTY SHERIFF'S OFFICE

## INCIDENT REPORT

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		Agency Report Number <b>160032035</b>	
Agency ORI Number <b>FL0640000</b>				Zone # <b>33</b>	Telephone Handled Call? (T.H.C.) 1. Yes 2. No <b>2</b>
Reported: Day <b>Tuesday</b>	Date <b>12-20-2016</b>	Time (mil.) <b>0500</b>	Time Dispatched (mil.) <b>0155</b>	Time Arrived (mil.) <b>0230</b>	Time Completed (mil.) <b>0500</b>
Nature of Call (Report Type) <b>DEAD Dead Person</b>					
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other	
Incident: Day From <b>Tuesday</b>		Date <b>12-20-2016</b>		Time (mil.) <b>0100</b>	
TO Day <b>Tuesday</b>		Date <b>12-20-2016</b>		Time (mil.) <b>0500</b>	
Occurred During: D - Day N - Night		U - Unknown <b>N</b>			
Offense #1 <b>9</b>		Type <b>77777777</b>		Statute Violation Number <b>DEATH REPORT</b>	
#2		Statute Violation Number		Description A - Attempted C - Committed <b>C</b>	
Incident Location (Street, Apt. Number) <b>1600 Red John Dr</b>					
City <b>DAYTONA BEACH</b>			Zip <b>32124</b>		
Business Name / Area Identifier <b>Volusia County Branch Jail</b>		# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No <b>0</b>	Alcohol Related 0. N/A 1. Yes 2. No <b>0</b>	Forced Entry 1. Yes 2. No 3. Attempted
Arson-Inhabited 1. Occupied 2. Unoccupied		3. Abandoned		Arson-Attempted 1. Yes 2. No	
Location Type <b>99</b>	Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other				
V/W Code V-Victim W-Witness R-Reporting Person		N-Next of Kin O-Other		Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	
4. Business 5. Government 6. Church 9. Other		Address/Phone Type B. Business/Work C. Cell H. Home		M. Message N. Next of Kin O. Other	
P. Pager S. School V. Vacation		Race W-White B-Black I-American Indian		O-Oriental/Asian U-Unknown	
Sex M-Male F-Female U-Unknown		Residence Type 0. N/A 1. City 2. County		3. Florida 4. Out-of-State	
Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident		Means of Attack F-Firearm K-Knife/Cutting Inst.		O-Other Dangerous H-Hands, Fists, Feet, Etc.	
Extent of Injury 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones		06. Poss. Internal Injury 07. Loss of Teeth 08. Burns	
09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse P-Parent C-Child	
B-Sibling O-Other Family H-Co-Habitant		Z-Other			
Offense Indicator 1. #1 2. #2 3. Both		V/W Code <b>1</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>Loncala</b>
Name (Last/Business) <b>Thomas</b>		(First) <b>Joseph</b>		(Middle)	
Address (Street, Apt. Number) <b>144 S Ridgewood Ave</b>					
City <b>ORMOND BEACH FL</b>			State <b>FL</b>		
Zip <b>32174</b>		Residence Phone			
Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type					
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement <b>Deceased subject</b>					
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03-19-1964</b>	Age <b>52</b>	Ethnicity <b>N</b>
Res. Type <b>2</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both					
V/W Code <b>1</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident) <b>Richardson</b>		
Name (Last/Business) <b>Randy</b>		(First)		(Middle)	
Address (Street, Apt. Number) <b>1300 Red John Dr</b>					
City <b>DAYTONA BEACH FL</b>			State <b>FL</b>		
Zip <b>32124</b>		Residence Phone			
Business/School/Other Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type					
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement <b>Correctional Officer who found the deceased</b>					
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>M</b>	Date of Birth [REDACTED]	Age <b>27</b>	Ethnicity <b>N</b>
Res. Type <b>2</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both					
Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type					
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement					
If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity
Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both					
Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type					
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement					
If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity
Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1 2. #2 3. Both					
Address (Street, Apt. Number) City State Zip Address Type Business/School/Other Phone Phone Type					
Other Contact Info (Time Available, Interpreter, etc.) Synopsis of Involvement					
If Victim Type 1, 2, or 3	Race	Sex	Date of Birth	Age	Ethnicity
Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION

Form section for Subject/Missing information including fields for Offense Indicator, Subject Code, Name, Date of Birth, Address, and various physical and behavioral characteristics.

SUBJECT / MISSING SECTION

Form section for Subject/Missing information, identical to the first section, including fields for Offense Indicator, Subject Code, Name, Date of Birth, Address, and various physical and behavioral characteristics.

NARRATIVE

1 On 12/20/2016 at approximately 0230 hours Deputy Walsh arrived at 1300 Red John Dr in reference to a suicide attempt. Deputy Walsh observed
2 Thomas Loncala (V-1) laying outside of cell 3C-16 on his back not breathing and clearly deceased. Loncala was wearing orange pants, orange
3 t-shirt and white socks. Loncala had blood underneath his right arm where medics started an IV, a neck brace, AID pads on his chest and a plastic
4 tube in his mouth. There was a blue in color sheet approximately three feet away from Loncala's head.
5
6 Deputy Walsh made contact with correctional Officer Randy Richardson (O-1) who stated on 12/20/2016 at approximately 0100 hours, he last saw
7 Loncala alive in his cell which he does not share with any other inmates. Richardson stated at that time he informed Loncala that he was going to
8 be transported to prison and to start packing up his belongings. Richardson stated he returned to Loncala's cell at approximately 0145 hours to
9 conduct a security round and get Loncala ready to be transported. Richardson stated as he walked up the stairs to Loncala's cell he saw Loncala
10 in a seated position hanging by the neck from a bed sheet that was tied to a shelf on the right side of cell located near the toilet. Richardson stated

ADMINISTRATIVE

Administrative section including Final Case Status, DCF Hotline, Connecting Report Number, Officer Reporting/Reviewing signatures, and dates.


# VOLUSIA COUNTY SHERIFF'S OFFICE

## NARRATIVE / SUPPLEMENT

<b>EVNT</b>	Report Date 12-20-2016	Report Time 0500	Orig. Reported Date 12-20-2016	Nature of Call (for Incident) <b>DEAD</b>	Agency Report Number 160032035	1.Original 2.Supplement	1
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11 he immediately called for assistance and pulled Loncala off of the shelf he had the sheet tied too. Richardson stated Loncala was not breathing or  
 12 responsive so he began chest compressions. Richardson completed a written statement which was turned in with this report.  
 13  
 14 Fire rescue and Evac responded to the scene and attempted to revive Loncala but they were unsuccessful. Loncala was pronounced dead by  
 15 Doctor Chan at 0212 hours on 12/20/2016.  
 16  
 17 Deputy Walsh advised Sgt Peck of the incident and he had VCSO Dispatch notify Major Case. Investigators Amrhine/Wheeler/Ray responded to  
 18 the scene. Deputy Walsh completed a crime scene log which was turned over to Major case along with this case.  
 19  
 20 Case status: Turned over to Major case

NARRATIVE / CONTINUATION

<b>ADMINISTRATIVE</b>	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
Connecting Report Number	Agency	Additional Forms Attached: <input type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>STATEMENT</u>			
Officer Reporting - Printed <b>Walsh, Brian</b>	Officer Reporting - Signature 		ID. Number <b>8605</b>	Unit <b>1A32</b>	Date <b>12-20-2016</b>
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date