VOLUSIA COUNTY SHERIFF'S OFFICE

	Juvenile				INCIL	DENT R	EPORT		Page 1 of 4 Pages									
	Gang								Agency Report Number 160032035									
	Domestic Vic	Age	Agency ORI Number Zone #															
	Endangered					640000					33		2. No	2				
	Reported: Day	Date I	Time (n		Dispatched	(mil.)		Arrived (mi		completed (mil.)		f Call (Report						
	Tuesday Incident Type:	12-20-20 3. Misdem		Ordinance	Incident: Da	v Da	0230	Tir	0500 me (mil.)	Day	DEAD Date	Dead I	Persor Time (i	nil) ı Or	curred Di	uring:		
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늘	#2	Statu	ile violation nu	ilbei				Description	וונ							Attempted Committee	.	
VĒ,	Incident Location	(Street, Apt. N	umber)						City					Zip				
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				#116111.1). N/A 1.	Yes		A 1. Yes		Attempted	1. Occupi	ed 3	. Abandoned		1. Ye		
	Volusia Count Location Type	Location Type	Codes				110 0			•		2. Unoccu	ıpıea			2. No		
		01.Residence 02.Apartment		Convenience Sto Gas Station		permarket pt/Discoun			:/Financial Inst. mercial/Office B			21.Airport 22.Bus/Rail Te	erminal	25.Parking Lo 26.Highway/R			Motor Vehicle Other Mobile	
	99	03.Residence		iquor Sales Bar/Nightclub	11.Spe	ecialty Sto	re		strial/Mfg.	19.Jail/	Prison Prison	23.Construction		27.Park/Wood	llands/Field 88.Unknown			
	V/W Code		Victim/Subject	Туре	_	ss/Phone		TO:OIOIF	TOIG.	Race	Olous Dioo.	Sex	_	lence Type	R	Residence		
		-Next of Kin -Other	0. N/A 1. Juvenile	 Business Government 	nt B. Bus	siness/Wo II		Message Next of Kin	P. Pager S. School	1	O-Oriental/Asian U-Unknown	M-Male F-Female	0. NA 1. Cit			0. N/A 1. Full Year		
ES	R-Reporting Per		 L.E. Officer Adult 	6. Church9. Other	H. Ho			Other	V. Vacation			U-Unknown			2	Par. Year Non-Resident		
CODES	Means of Attack F-Firearm	O Othor	Dangerous	Extent of 00.N/A	of Injury	Laceration		06.0	oss. Internal Inju	. 00 Abro	sions/Bruises	Domestic	Violence	Victim S-Spouse		ionship to Offender		
	K-Knife/Cutting			tc. 01.Gun	shot 04.l	Unconscio	us	07.Lc	oss of Teeth	10.No V	isible Injury/	1. Ye:		P-Parent	nt O-Other Family			
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INCIDENT REPORT (CONT.) Page 2 of 4 Pages																						
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	2. #2 Date of Birth		D-Defenda Age		ssing Person Height		To Height Weight		t	To Wei	To Weight Eye Color			Hair Color			Maiden Name					
										Le												
	INIC	kname / Street Name				Place of E	sirtn - (City	ty County State Employer/Other/School							Occupation						
	Las	st Known Address (Stree	et, Apt. Num	iber)				City			State		Zip			Addres	s Type	Phone	Э			Phone Type
	Oth	ner Address (Street, Apt	. Number)					City			State		Zip			Addres	s Type	Phone	9			Phone Type
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SUBJECT / MISSING	If S	Demeano	r Mask	k	Weapon Typ	oe ,			/		/			/	If Arrest		ubject Wa		dy . Yes		arrant Front Front Ager Other Ager	om:
Ĭ		Date of Last Contact	 	ate of Emanc	ipation	/ Cauti	on	/ Caution	Reason	/		/			Personal I			2.	. No	2. (Other Age	ency
S		May Be With:		Physic	al Condition:				Menta	l Condit	on:			Doctor N	lame:				Dentist Na	ıme:		
BJE	Š	I '					1 DI															
S	SSING	Incident Type 1. Runaway 2. Parents		6. Disaster Victim			ul Play spected	?		Missi	ng Before?			Fingerprints Available?		P	hoto Avail	lable?		Dental Availab		
	Σ			7. Voluntary Adult	1		Yes No			1. Yes 2. No	3	1		1. Yes 2. No	1		. Yes . No		ı	1. Yes 2. No		1
		5. Endangered		8. Unknown			Unknow	'n		8. Un	known											
		I,person; and this ager	ncv has my r	permission to	enter this pe		Printed)	de alert.						(Signature	e) certify	that I hav	e repoi	rted the abo	ve perso	n as a m	issing
	Offe	ense Indicator	Subject Co S-Suspect	ode		Со		# Subj. 7	Гуре N	lame (L	ast)			(First)			(Midd	dle)	Race	Sex	Ethi	nicity
	2. #		D-Defenda Age		ssing Person Height		Height	Weigh	t .	To Wei	ght Eye	Color			Hair Color			Maio	den Name			
	Nic	kname / Street Name			 	Place of E	Birth - (City	Cou	unty	St	ate	I Em	ployer/Other/S	School				Occupat	on		
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_	Oth	ner Address (Street, Apt	. Number)					City			State		Zip			Addres	s Type	Phone	Э			Phone Type
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SUBJECT		May Be With:		Physic	al Condition:		Mental Condition: Doctor Name:						lame:	Dentist Name:								
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s	ဟ	1. Runaway 2. Parents		6. Disaster Victim			spected	?		IVIIOOII	ig Deloie.			Available?		'	noto / tvan	idbio:		Availab		
	F	4. Disabled		7. Voluntary Adult		2.	Yes No		l	1. Yes 2. No		- 1		1. Yes 2. No	1		. Yes . No		1	1. Yes 2. No		1
		5. Endangered		8. Unknown		8.	Unknow	'n		8. Un	nown											
		person; and this ag	ency has r	my permissi	on to enter		Printed) son in a		de alert.					(Signature	e) certif	y that I h	ave re	ported the	above p	erson a	s a missing
	1	On 12/20/201	6 at app	oroximate	ely 0230	hours	Depu	ıty Wal	lsh arı													
	2	Thomas Lond t-shirt and wh																				
	4	tube in his mo							_								,					
NARRATIVE	5 6	Deputy Walsh	n made (contact w	ith corre	ctiona	al Offic	cer Ra	ndv R	ichar	dson (O	-1) w	/ho st	tated on 1	12/20/2	2016 a	at appr	oxima	ately 01	00 ho	urs. he	e last saw
ARF	7	Loncala alive	in his ce	ell which	he does	not sh	nare v	vith an	y othe	er inm	ates. Ri	char	dson	stated at	that tir	ne he	inform	ned L	oncala	that h	e was	going to
z	8	be transporte conduct a sec																				
	10	in a seated po	osition h																			
ш		al Case Final Status: Status	Case s Codes:	1.Arrest/Adu	ılt 2.Arr	est/Juv.	3.Exc	ceptional/A	Adult	4.Exce	otional/Juv.	5.C	losed	6.Unfounde	ed		Victim Ad	vocate	Т	riad	S	A Referral
ADMINISTRATIVE	F	DCF Hotline CAC Spoke	- 10/22					Date:		Time	ə:	F	1	NCIC Entry		T.T. E	BOLO		Date	:	By	:
STR	Co	nnecting Report Number	e With: r Ager	псу			ional For		Varrative		SA 707	Pers		Property		/Tow Sh	neet 🔽	Other	Describe:	STAT	I FMFN ¹	г
E	Off	icer Reporting - Printed				^		ا لـــا المرسوع وهما	-		2	7, 619	.J.10 [r roperty	ID. Nu			Unit	DOGGING.	UIAI	Date	·
AD	Wa	ılsh, Brian					1	h	1		1				8605			1A32			12-20-2	2016
	Officer Reviewing - Printed (If Applicable)							Officer Reviewing - Signature (If Applicable)							ID. Nur	nber	D. Number Unit Date					

VOLUSIA COUNTY SHERIFF'S OFFICE

					NARR	ATIVE / S	UPPLEMENT	•			Page3	of4	_Pages
	Report Date	Report Time	Orig. Reported Da	- 1	ature of Call (for Incident	t)	Agency Report Number					1.Original	1
<u>Ш</u>		0500 diately called for a		pulled								2.Supplement not breathi	
	13 14 Fire reso	Fire rescue and Evac responded to the scene and attempted to revive Loncala but they were unsuccessful. Loncala was pronounced dead by Doctor Chan at 0212 hours on 12/20/2016.											
	18 the scen 19	Valsh advised Sgt e. Deputy Walsh c utus: Turned over to	completed a cr	icident ime sc	ent and he had VCSO Dispatch notify Major Case. Investigators Amrhine/W scene log which was turned over to Major case along with this case.							y responde	∍d to
NARRAIIVE / CONTINUATION	Final Case Status:	Final Case Status Codes: 1.Arrest	t/Adult 2.Arrest	/Juv. 3	J.Exceptional/Adult 4	3.Exceptional/Juv.	5.Closed 6.Unfounded	1	☐ Victim Ad	vocate	Triad	SA Refc	erral
IVE	DCF Hotline	1.7(1100)	2.741630		Date:	Time:	FCIC / NCIC Entry		T.T. BOLO		Date:	By:	
KA IIVE	CAC	Spoke With:		Additiona		11110.	FCIC / NCIC Cancel				Date.	2,.	
2	Connecting Report	Number Agency		Additional Attach		SA 707	Persons Property	Veh./To	ow Sheet 🔀	Other Des	cribe: STAT	EMENT	
ADMIL	Officer Reporting - I	Printed		. Of	ficer Reporting - Signate			ID. Numbe	er	Unit		Date	
¥	Walsh, Brian Officer Reviewing -	Printed (If Applicable)		S f	ficer Reviewing - Signate	ure (If Applicable)		8605 ID. Numbe	er	1A32 Unit		12-20-2016 Date	
		,,			3 - 3	,							