



# Daytona Beach Police Department NEWS RELEASE

129 Valor Blvd, Daytona Beach, Fl. 32114-8169

Phones (386) 671-5100 PIO 671-5123 Media Line 671-5112 Fax 671-3351

Anonymous Text or Web Tips [www.dbpd.us](http://www.dbpd.us) Text DBTIPS to CRIMES (274637)

Crimestoppers of Volusia County 1-888-277- TIPS (8477)

**Re: Body Found in Water**

**Location: Main Street Bridge**

**Date of Incident: November 23, 2016**

**Time: 12:35**

**Police Report Number:**

**A man fishing up on the bridge (Main Street Bridge), observed a man underneath the bridge lying against the wall.**

**The man was deceased and no signs of trauma were observed.**

**The victim is identified as Ronald Masulis W/M DOB 04/01/70.**

**This is an ongoing investigation.**

Persons with information may text "CRIMES" (274637) with a cell phone or log on to [www.dbpd.us](http://www.dbpd.us) and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS." Tipsters remain anonymous.

# DAYTONA BEACH POLICE DEPARTMENT

## INCIDENT REPORT

EVENT DATA	<input type="checkbox"/> Juvenile <input type="checkbox"/> Hate Crime <input type="checkbox"/> Gang <input type="checkbox"/> Elderly Abuse / Exploitation <input type="checkbox"/> Domestic Violence      VOR _____ <input type="checkbox"/> Endangered / Other _____		Agency Report Number <b>160024372</b>								
	Agency ORI Number <b>FL0640100</b>		Zone # <b>DB53</b>	Telephone Handled 1. Yes Call? (T.H.C.) 2. No <b>2</b>							
	Reported: Day <b>Wednesday</b>	Date <b>11-23-2016</b>	Time (mil.) <b>1235</b>	Time Dispatched (mil.) <b>1238</b>	Time Arrived (mil.) <b>1240</b>	Time Completed (mil.)	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>11-22-2016</b>	Time (mil.) <b>2400</b>	TO	Day <b>Wednesday</b>	Date <b>11-23-2016</b>	Time (mil.) <b>1300</b>	Occurred During: D - Day N - Night
Offense #1	Type	Statute Violation Number <b>77777777</b>	Description <b>Death Investigation</b>				A - Attempted C - Committed				
Offense #2	Type	Statute Violation Number	Description				A - Attempted C - Committed				
Incident Location (Street, Apt. Number) <b>3 Main St Bridge</b>			City <b>DAYTONA BEACH</b>			Zip <b>32114</b>					
Business Name / Area Identifier		# 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 3. Attempted 2. No	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied	Arson-Attempted 1. Yes 2. No <b>2</b>				
Location Type <b>28</b>	Location Type Codes 01. Residence-Single    05. Convenience Store    09. Supermarket    13. Bank/Financial Inst.    17. Gov't/Public Bldg.    21. Airport    25. Parking Lot/Garage    29. Motor Vehicle 02. Apartment/Condo    06. Gas Station    10. Dept/Discount Store    14. Commercial/Office Bldg.    18. School/University    22. Bus/Rail Terminal    26. Highway/Roadway    30. Other Mobile 03. Residence/Other    07. Liquor Sales    11. Specialty Store    15. Industrial/Mfg.    19. Jail/Prison    23. Construction Site    27. Park/Woodlands/Field    88. Unknown 04. Hotel/Motel    08. Bar/Nightclub    12. Drug Store/Hospital    16. Storage    20. Religious Bldg.    24. Other Structure    28. Lake/Waterway    99. Other										
V/W Code V-Victim    N-Next of Kin W-Witness    O-Other R-Reporting Person	Victim/Subject Type 0. N/A 1. Juvenile    5. Government 2. L.E. Officer    6. Church 3. Adult    9. Other		Address/Phone Type B. Business/Work    M. Message    P. Pager C. Cell    N. Next of Kin    S. School H. Home    O. Other    V. Vacation		Race W-White    O-Oriental/Asian B-Black    U-Unknown I-American Indian	Sex M-Male F-Female U-Unknown	Residence Type 0. NA    3. Florida 1. City    4. Out-of-State 2. County	Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident			
Means of Attack F-Firearm    O-Other Dangerous K-Knife/Cutting Inst.    H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A    03. Laceration    06. Poss. Internal Injury    09. Abrasions/Bruises 01. Gunshot    04. Unconscious    07. Loss of Teeth    10. No Visible Injury 02. Stabbed    05. Poss. Broken Bones    08. Burns    99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse    B-Sibling    Z-Other P-Parent    O-Other Family C-Child    H-Co-Habitant					
Offense Indicator 1. #1    3. Both 2. #2		V/W Code <b>R</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident)		Name (Last/Business) <b>Baldwin</b>		(First) <b>Cowboi</b>	(Middle)	
Address (Street, Apt. Number) <b>1485 Lagoni Circle</b>			City <b>HOLLY HILL</b>		State <b>FL</b>	Zip <b>32117</b>	Residence Phone <b>(386) 275-8160</b>				
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>Reporting Party</b>							
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07-06-1991</b>	Age <b>25</b>	Ethnicity <b>U</b>	Res. Type <b>2</b>	Res. Status <b>1</b>	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1    3. Both 2. #2		V/W Code <b>V</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident)		Name (Last/Business) <b>Masulis</b>		(First) <b>Ronald</b>	(Middle) <b>Joseph</b>	
Address (Street, Apt. Number) <b>230 Fitzwatertown</b>			City <b>Willow Grove</b>		State <b>PA</b>	Zip <b>19090</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>Person found dead</b>							
If Victim Type 1, 2, or 3	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04-01-1970</b>	Age	Ethnicity <b>U</b>	Res. Type <b>4</b>	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1    3. Both 2. #2		V/W Code <b>O</b>	# <b>1</b>	V. Type <b>3</b>	Nature of Call (for Victim, if different from Incident)		Name (Last/Business) <b>Hartsfield</b>		(First) <b>Ray</b>	(Middle)	
Address (Street, Apt. Number) <b>Daytona Beach Fire Department</b>			City <b>DAYTONA BEACH</b>		State <b>FL</b>	Zip <b>32114</b>	Address Type <b>B</b>	Business/School/Other Phone		Phone Type	
Other Contact Info (Time Available, Interpreter, etc.)				Synopsis of Involvement <b>DBFD</b>							
If Victim Type 1, 2, or 3	Race <b>B</b>	Sex <b>M</b>	Date of Birth	Age	Ethnicity <b>N</b>	Res. Type	Res. Status	Means of Attack	Extent of Injury	Domestic Violence	Relationship
Offense Indicator 1. #1    3. Both 2. #2		V/W Code	#	V. Type	Nature of Call (for Victim, if different from Incident)		Name (Last/Business)		(First)	(Middle)	
Address (Street, Apt. Number)			City		State	Zip	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							
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    3. Both 2. #2		V/W Code	#	V. Type	Nature of Call (for Victim, if different from Incident)		Name (Last/Business)		(First)	(Middle)	
Address (Street, Apt. Number)			City		State	Zip	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							
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	Offense Indicator 1. #1    3. Both 2. #2	Subject Code S-Suspect    V-Victim D-Defendant    (Missing Person)	Code #	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity		
	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
	Nickname / Street Name			Place of Birth - City		County	State	Employer/Other/School		Occupation		
	Last Known Address (Street, Apt. Number)					City	State	Zip	Address Type	Phone	Phone Type	
	Other Address (Street, Apt. Number)					City	State	Zip	Address Type	Phone	Phone Type	
	Driver's License State/Number			Social Security Number			Other ID Number			ID Type		
	Clothing (Describe)					Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			
	Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity		Glasses		
	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:			Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency	
	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:				
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												

SUBJECT / MISSING SECTION	Offense Indicator 1. #1    3. Both 2. #2	Subject Code S-Suspect    V-Victim D-Defendant    (Missing Person)	Code #	Subj. Type	Name (Last)	(First)	(Middle)	Race	Sex	Ethnicity		
	Date of Birth	Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name		
	Nickname / Street Name			Place of Birth - City		County	State	Employer/Other/School		Occupation		
	Last Known Address (Street, Apt. Number)					City	State	Zip	Address Type	Phone	Phone Type	
	Other Address (Street, Apt. Number)					City	State	Zip	Address Type	Phone	Phone Type	
	Driver's License State/Number			Social Security Number			Other ID Number			ID Type		
	Clothing (Describe)					Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)			
	Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity		Glasses		
	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:			Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency	
	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
May Be With:		Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:				
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												

**NARRATIVE**

1 On 11-23-2016 at 1238 hours I was dispatched to Main Street Bridge in reference to a male face down in the water. Upon arrival, I begin  
 2 searching for a person in the water face down under the Main Street Bridge. While searching the Main Street Bridge, Officer M. Lee found a male  
 3 wearing blue jeans and a blue sweater face down under the water unresponsive. The victim, Later identified as Ronald Masulis, was laying face  
 4 down on the water with his head pointing south west and his feet pointing north east against a concrete column. He had on a blue sweater, and  
 5 blue jeans. He had on black boots that appeared to be partially untied. Officer N. Sault made contact with the reporting party who stated that he  
 6 was fishing the on the north side of Main Street Bridge when he saw "legs sticking out and noticed someone was face down in the water" and  
 7 immediately called 911. On scene, Daytona Beach Safety Patrol Officer, Tingler and Officer Mchigeny pulled the victim out of the water and was  
 8 pronounced dead by DBFD - Lt. R. Hartsfield at 1307 hours. There were no signs of foul play. Sgt. Brown, Sgt. Oteri, Lt. M. Garvin, and Capt. J.  
 9 Krossschell all responded to the scene. CID and the medical examiner was notified and on scene. Crime Scene Officer J. Bissa also responded on  
 10 scene. When the victim was pulled out of the water he had on a silver necklace, and an ear ring on his left ear. Detective L. Deschamps and

ADMINISTRATIVE	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:	By:	
	<input type="checkbox"/> CAC	Spoke With:	<input type="checkbox"/> FCIC / NCIC Cancel					
	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>Death Investigation</u>					
Officer Reporting - Printed <b>Colyer, Shakayia</b>			Officer Reporting - Signature			ID. Number <b>D23973</b>	Unit <b>3B77</b>	Date <b>11-23-2016</b>
Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date

# DAYTONA BEACH POLICE DEPARTMENT

## NARRATIVE / SUPPLEMENT

EVNT	Report Date 11-23-2016	Report Time 1235	Orig. Reported Date 11-23-2016	Nature of Call (for Incident) <b>DEAD</b>	Agency Report Number 160024372	1.Original 2.Supplement   1
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11 Detective D. Dinardi retrieved his personal items from his pockets. (See their supplement for items recovered). The RP provided Officer N. Sault a  
 12 sworn statement. This incident was captured on my department issued camera.

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 <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____	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>Death Investigation</u>				
	Officer Reporting - Printed <b>Colyer, Shakayia</b>	Officer Reporting - Signature		ID. Number <b>D23973</b>	Unit <b>3B77</b>	Date <b>11-23-2016</b>
	Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date