IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT IN AND FOR VOLUSIA COUNTY, FLORIDA

CT	A	LL	OF	FT	O	D	IDA	ı
21	(1)		VI.	PL	v	10	IJ	7

COURT CASE NO.: 2021-100770-CFDL

Plaintiff,

OSP NO.:

2015-0398-ORL

JAMES PARRISH,

v.

Defendant.

MOTION TO CONTINUE DOCKET SOUNDING

The State of Florida, by and through the undersigned Assistant Statewide Prosecutor, and files this Motion to Continue Docket Sounding, and as grounds therefore would show the following:

- This case is currently set for Docket Sounding on Wednesday, September 14, 2022.
- The State has received an Incident Report from the Volusia County Sheriff's Office stating that the defendant is deceased, see Exhibit A.
- The state respectfully requests the defendant's Docket Soundings be continued to allow the State to obtain a copy of the death certificate.
- The State certifies that this motion is made in good faith and not for the purpose of delay.

WHEREFORE, the State respectfully requests that this Honorable Court continue the Docket Sounding of this matter.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing has been furnished by electronic delivery to Aaron Delgado, Esquire, 227 Seabreeze Boulevard, Daytona Beach, Florida 32118, on this 13th day of September, 2022.

Nicole Pegues

Assistant Statewide Prosecutor Florida Bar Number 191851 135 West Central Boulevard Suite 1000

Orlando, Florida 32801 (407)245-0893

Nicole.phillips@myfloridalegal.com

VOLUSIA COUNTY SHERIFF'S OFFICE

-	Juvenile Hate Crime	alien	INCIDENT RI	EPORT		Pag port Number	e oi	Page		
	Gang Elderly Abuse / Explora				2200174 Zone #		andled 1. \	res ,		
	Endangered / Other	Agency ORI Number	r		22	Call? (T.H.C.		No 2		
	Reported: Day Date Time (mil.)	Time Dispatched (mil.)	ne Arrived (mil.) Time C	,	Nature of Call (Report		e)			
	Saldiday	094	Time (mil.)	Day	DEAD Dead I	Person Time (mil.)	ccurred During:			
	Incident Type: 3. Misdemeanor 5. Ordinance 1. Felony 4. Traffic 9. Other	From Saturday 09-10-2		то				D		
٥	2. Traffic Felony Misdemeanor Offense Type Statute Violation Number	Saturday 103-10-2	Description	,	•					
TAC	#1 1 895.03 Statute Violation Number		Racketeering Violatio	n			A - Attempte	ed		
Ę	#2					Žip.	C - Committe	ad		
EVENT	Incident Location (Street, Apt. Number)		City	ND		32720				
Ĺ	1906 HILL CREST OAK DR Business Name / Area Identifier #Pre	ern. Entered Drug Related	Alcohol Related 0. N/A 1. Yes	Forced Entry 1, Yes 3, Attempte	Arson-inha		1.Y	'es		
		2. No 2	2 2. No 2	2. No	2 2, Unoccu	pled				
	Location Type Location Type Codes 01.Residence-Single 05.Convenience		13.Bank/Financial Inst.	17.Gov't/Public fi 18.School/Unive						
	02.Apartment/Condo 05.Gas Station 03.Residence/Other 07.Liquor Sales	10.Depl/Discount Store 11.Specialty Store	15.Industrial/M/g.	19. Jail/Prison 20 Religious Bld	23.Constructio	n Site 27.Park/Wood	dlands/Field 88			
_	O1 D4 Hotel/Motel O8 Sar/Nightchill V/W Code Victim/Subject Type	Address/Phone Type	16.Storage	Race	Sex	Residence Type	Residence	Status		
	V-Victim N-Next of Kin 0. N/A 4. Busines		A. Message P. Pager I. Next of Kin S. School	W-White O-Orienta B-Black U-Unknow	0.00	1. City 4. Out-of-	State 1. Full Yes			
S	W-Witness O-Other		O. Other V. Vacation	I-American Indian	U-Unknown	2. County	3, Non-Re	replace		
CODES	Means of Altack Exte	ent of Injury N/A 03.Laceralion	06.Poss. Internal Injur	v 09.Abrasions/Bru	ises Domestic	\$-Spouse	B-Sibling	Z-Othe:		
Ö	K-Knife/Cutting Inst. H-Hands, Fists, Feet, Etc. 01.6	Sunshot 04.Unconscious	07.Loss of Teeth	10.No Visible Inju 99.Other Serious	ry 2. No	P-Parent C-Child		nt		
-	Offense Indicator V/W Code # V. Type	and the special contract of the second		Name (Last/Eusiness		First)		,		
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MIT	Business/School/Other Address (Street, Apt. Number)	City DELAND	State FL	Zip 32720	Address Ty	pe Business/School	OKOBICI I HOME	Filono Type		
Ž	Other Contact Info (Time Available, Interpreter, etc.)	DELAND	Synopsis of involvement							
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SS	1, 2, or 3	th Age Ethnicit Nature of Cali (for Victim, if di	Synopsis of Involvement Ty Res. Type Interest from Incident) City DELAN State ynopsis of Involvement	Name (Lect/Rusinass) State D FL Zip	Zip 3272(Address Typ	Resid	Other Phone	(Middle)		

INCIDENT REPORT (CONT.) __Pages Subj. Type Name (Last) (Middle) Ethnicity Offense Indicator Subject Code Code S-Suspect 3. Both 1.#1 #2 D-Defendant (Missing Person) To Weight Eye Color Hair Color Place of Birth - City Employer/Other/School Nickname / Street Name Last Known Address (Street, Apt. Number) CIN Zip Address Type Phone Type Phone Type State Zip Other Address (Street, Apt. Number) City ID Type SECTION Driver's License State/Number Social Security Number Other ID Number Scars/Marks/Tattoos (Type/Describe) Scars/Marks/Tattoos (Type/Describe) Clothing (Describe) Facial Featu Speech/Voice Deformity Hair Length /Style SSING Warrant From: 1. This Agency 2. Other Agency Subject Was in Custody? Mask Weapon Type If Arrested: If Subject ⋝ Personal Habits (Drugs / Alcohol) Date of Emancipation Dentist Name May Be With: Mental Condition: Physical Condition: MISSING B Dental Record Photo Available? Incident Type Foul Play Fingerprints Missing Before? S Available? 1. Runaway Suspected? 6 Disaster Victim 2. Parents 1. Yes 1. Yes 1. Yes 3. Involuntary 7. Voluntary 1. Yes 1. Yes 2. No 2. No 2. No 2. No 4. Disabled Adult 2. No ш 8. Unknov 8. Unk 5, Endengered (Signature) certify that I have reported the above person as a missing (Printed) person; and this agency has my permission to enter this person in a statewide alert. Ethnicity (First) (Middle) Sex Subject Code Subj. Type Offense Indicator S-Suspect 3. Both (Missing Person **D-Defendant** Eye Color Hair Color To Weight Age State Employer/Other/School Occupation Place of Birth - City County Nickname / Street Name Zio Address Type Phone Type Last Known Address (Street, Apt. Number) City State Žip Address Type Phone Phone Type Other Address (Street, Apt. Number) Other ID Number ID Type SECTION Driver's License State/Number Social Security Number Scars/Marks/Tattoos (Type/Describe) Scars/Marks/Tettoos (Type/Describe) Clothing (Describe) Glasses Bulld Skin Facial Features Hair Length /Style SUBJECT / MISSING Warrant From: 1. This Agency 2. Other Agency Subject Was Already In Custody? 1. Yes Demeanor Mask Weapon Type If Subject: Personal Habits (Drugs / Alcohol) Date of Last Contact Date of Emancipation Caution Caution Reason Mental Condition: Dentist Name: May Be With: Physical Condition Doctor Name: MISSING Photo Available? Foul Play Dental Record incident Type Missing Before? Fingerprints Available? 6. Disaster Suspected? 1. Runaway Victim 1. Yes 1. Yes 1. Yes 1. Yes 1. Yes 3 Involuntary 7. Voluntary 2. No 2. No 2. No Щ Endangered 8. Unknown 8. Unknow (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. 1 *** BWC RECORDING *** 2 On 09/10/2022 at approximately 0947 hours, Deputies responded to 1906 Hillcrest Oak Dr, DeLand, in reference to a warrant attempt. The 3 warrant was for James Parrish (V1) on a bond revocation for the charge of racketeering. Deputies approached the residence from the southwest NARRATIVE 4 side, and observed a pool with multiple people. Deputy Daniels approached the pool and observed a larger build Hispanic male wearing a white 5 shirt run from the back gate where the pool was located and run southbound from the residence. Simultaneously, Deputy Daniels observed two 6 black juvenile males, one wearing a back pack run out of the gate in the same direction into the woods. Deputies lost visual of all three persons 7 8 due to the heavily wooded area. 9 Sergeant Johnson requested Air One for assistance who arrived on scene shortly after. Deputies stayed on scene holding a perimeter of the area, 10 Final Case Final Case Triad SA Referral Victim Advocate 1.Arrest/Adult 5.Closed 6.Unfounded 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv Status Status Codes: **ADMINISTRATIVE** FCIC / NCIC Entry T.T. BOLO Date By: DCF Hotilne Date: Time: FCIC / NCIC Cancel CAC Spoke With: Connecting Report Number SA 707 Persons Property Veh,/Tow Sheet Other Describe: Attache Narrative Date Unit Officer Reporting - Printed afrting -ID. Number 1B22 09-10-2022 9121 ID. Number Unit Date Officer Reviewing - Signature (If Applicable) Officer Reviewing - Printed (If Applicable)

VOLUSIA COUNTY SHERIFF'S OFFICE NARRATIVE / SUPPLEMENT Page 1.Original Agency Report Number Nature of Call (for Incident) Orig. Reported Date Report Time Report Date 2.Supplement 220017457 DEAD 09-10-2022 0914 09-10-2022 while Air One Bolo'd. Due to the heavily wooded area, Air one was unable to locate James or the juvenile males. 11 leave the residence and appear to exit the 12 At approximately 1005 hours, Deputy Curtin observed a Gold Lexus bearing FL tag neighborhood. At approximately 1017 hours, dispatch was notified by a caller that there were three black males that ran out of the woods to the 13 Sunoco gas station (4521 Hwy 17, DeLeon Springs). At which point a white female driver and another black male pulled into the gas station in a 14 , then left northbound on US Highway 17. At approximately 1019 hours, Deputy Curtin observed the gold 15 gold Lexus (bearing FL tags but there were four juveniles near the entry way of the residence. 16 Lexus back in the driveway of the residence, on approach it w 17 18 19 At approximately 1027 hours, Deputy Fernandez advised James had shot himself in the head, and NCNV was called at approximately 1050 hours 20 21 (see Deputy Fernandez' supplement for details). 22 23 24 At approximately 1057 hours, a gray Dodge truck bearing FL tag #KVIQ49, arrived on scene at 1906 Hillcrest Oak Dr. DeLand. Deputy Curtin further stated she did not reside at 1906 made contact with D5) who advised she was the mother of 25 Hillcrest Oak Dr, DeLand and is the ex wife of James. 26 Director Carla Quann was notified of the involvement of juveniles at approximately 1154 hours. A copy of this report was faxed to DCF reference 27 28 the involvement of juveniles. 29 30 Sergeant Johnson requested CID who later arrived on scene and assumed the investigation. 31 32 Deputy Curtin had no further involvement in this case. 33 34 NARRATIVE / CONTINUATION Case Status: Active / TOT CID. SA Referra Triad Final Case Final Case 5.Closed 6.Unfounded Victim Advocate 4.Exceptional/Juv 3.Exceptionsl/Adult Status Codes: 1.Arrest/Adult 2.Arrest/Juv. Status: **ADMINISTRATIVE** T.T. BOLO Date FCIC / NCIC Entry DCF Hotline Date FCIC / NCIC Cancel Spoke With: Additional Forms SA 707 Persons Property Ven./Tow Sheet Other Narrative

porting - Signature

Officer Reviewing - Signature (If Applicable)

Officer Reporting - Printed

Officer Reviewing - Printed (If Applicable)

Curtin Julia

Date

Date

09-10-2022

Unit

1B22

Unit

ID. Number

ID. Number

9121

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

_of _5_ Page 4 Original Incident Date Nature of Call (for Incident) Agency Report Number 1.Original EVNT Report Date Report Time 2.Supplement DEAD 220017457 09-10-2022 09-10-2022 0914 Type Theft Codes THEFT Type Theft 11, By Computer 13. Bicycle 99.Other 09. From Vehicle 06. Embezzlement 08. From Public 00. N/A 02. Robbery 04. Pocket Picking 14. Motor Vehicle Parts 01. Burglan Shopliftin 05. Purse Snatching 07, From Coin Oper Machin Access Bida 10 Extertion 12. Fraud Status Code: Person Code Person Involvement Code 16. Vehicle Inventory Prop. 20. Safekeeping 12.Stolen And Recovered 8.Found N-Next of Kin 1. Evidence V-Victim 1. Finder 5.Lost 21.Digital Evidence 9.Found/Contraband 13.Disposal 17.Baker Act S-Suspect O-Other 2 Owner 2. Damaged Prop. 6.Recovered 14.Prop. Of Deceased 18.Seized/Confiscated R-Reporting Party 3. Suspect 3. Arson/Burned 7.Recovered (Outside 10 Prisoner's Pers Prop. **D-Defendant** 15.Return to Owner 19.Abandoned W-Witness 4. Other 4.Photo & Release Agency Recovered) 11.Stolen Category Code V.Viewing Equip (Binoculars) E-Equipment/Measuring Devices/Tools I-Items of Identification R-Radio/TV/Sound Devices W.Wall-drilling Equipment F-Furniture and Furnishings J-Special Docs/Food Stamps/Tickets M. Musical Instrument B. Bicycle Y-All Other Items and Equipment K-Keepsakes and Collectibles O. Office Equipment S-Sports/Camping/Rec.Equip. C Camera/Photo Equipment G-Games and Gambling Apparatus (GUNS, DRUGS, JWLRY, Etc.) P, Personal Accessories T-Toxic Chemicals H-Household Appliance/Housewares L. Livestock **D-Data Processing Equipment** Unit Туре Activity 6. Ton DRUG M. Marijuana U. Unknown 1. Gram P. Possess D. Deliver Z. Other A. Amphetamine 7. Liter 2. Milligram S. Sell E. Use B. Barbiturates O. Oplum/Derivative Z. Other 8. Militer P. Paraphemalia/ 3. Kilogram K. Dispense/Distribute C. Cocaine B. Buy E. Heroin Equipment 4. Ounce 9 Dase Unit/Term M. Manufacture/Produce/ T. Traffic 5. Pound 99.Other H. Hallucine Category Description Pers. Invt. **BWC RECORDING** OTHER F.W.T.C. (Y/N) Value Owner Applied Number Value Recovered: Date Recovered: Forfelture Y / N: Serial Number \$ Quantity Unit Estimated Street Value Activity Jewelry Type Туре Qty. Brand Model If Article Barrel Type Barrel Length Calibe Type/Cat Action Finish ff Gun Leave Blank: Person Code Pers. Invl. Category PROPERTY Value Recovered: Date Recovered: Forfeiture Y / N: F.W.T.C. (Y/N) Value Owner Applied Number Serial Number Activity Type Quantity Estimated Street Value Qty. Brand Model Jewelry Type If Drug If Article Barrel Type Action Finish Barrel Length Make Calibe Type/Cat If Gun Leave Blank. Pers. Invl. Status Person Code PROPERTY Owner Applied Number Value Recovered: Date Recovered; Forfelture Y / N: F.W.T.C. (Y/N) Value Serial Number \$ Estimated Street Value Quantity Activity Type Qty. Brand Model Jewelry Type If Drug If Article Type/Cat Finish Barrel Length Barrel Type Calibe Make Model If Gun Leave Blank; Person Code Pers. Invi. Status Calegory Article PROPERTY Value Recovered: Date Recovered: Forfeiture Y / N: F.W.T.C. (Y/N) Value Owner Applied Number Serial Number Estimated Street Value Quantity Unit Brand Model Jewelry Type Activity Type Qty. If Drug If Article Type/Cat Finish Barrel Length Barrel Type Model Calibe Action Make If Gun Received by (Signature): Received by (Printed): Released by (Signature): Released by (Printed): Date: Reason for Change: Leave Blank: Released by (Printed): Received by (Printed): Received by (Signature): Time Released by (Signature): Date: Reason for Change: Leave Blank: CUSTODY Received by (Printed): Received by (Signature): Date: Time: Released by (Printed): Released by (Signature): Reason for Change: Leave Blank: 5 Received by (Printed): Received by (Signature): Released by (Printed): Date Time Released by (Signature): CHAIN Item # Leave Blank: Reason for Change: Received by (Printed): Received by (Signature): Released by (Printed): Date: Time: Released by (Signature): Leave Blank Reason for Change: Received by (Printed): Received by (Signature): Released by (Printed): Date: Time: Released by (Signature): Reason for Change: Leave Blank: ID. Number Officer Reporting - Printed Officer Res Unit 09-10-2022 9121 1B22 Curtin Julia Date Officer Reviewing - Printed (If Applicable) If Applicable) ID. Number Unit

ACFORM COOKLE SHIFTING COLLINE

ADDITIONAL PERSONS REPORT

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-	- N	09-10-2022	- 1	0914		09-1	0-2022		DEAD Dead Person									220017457 2,Supplement					
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		V-Victim	N-Next		0. N/A 1. Juvenile		Busines Government			iness/Work		essage	P. Pager		I-N/A		erican Indian	M-Male F-Female		N/A 3.	, Florida , Out-of-St		Full Year Part Year
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IIS	н	air Length / Style			Skin Color		Bulld		racia	a restures		1		Бросс	1		,	1	1				
2	_	/ /		/ Mask		West	pon Type				-							Subject W				/arrant Fi	
5	Ħ	Subject: Deme	· ·/	IWASK	.	TTGG	pon . , po	1		1		1		1			If Arrested:	in Custod		Yes		This Age Other Ag	
Ӵ		Date of Last C		Da	te of Emanc	ipatio	n	Cautio	n .	Caution Res	son					TF	Personal Habi	ts (Drugs / A	lcohol)				
5		5010 01 2501 0	011401													1							
(C)		May Be With:			Physic	al Co	ndition:			Me	ental Co	ondition;			Do	ctor Na	ame:			Dentist I	Name:		
																					-	-	
	MISSIM	Incident	Туре						Play	•	N	fissing Befo	ore?		Fingerp			Photo Ava	flable?		Dental Availab		
	V	1. Runav 2. Parent		4	Disaster Victim				pected	,								1. Yes			1. Yes		
	Ž	3. Involu	ntary	7	7. Voluntary		1	1. Y		1		. Yes . No	- 1		1. Yes 2. No		1	2. No		Ĩ	2. No		1
	L	4. Disable 5. Endan			Adult 8. Unknown				nknown			Unknown											
		I.						(Pr	inted)							_ (Si	ignature) ce	rtify that I ha	ve report	ed the at	bove perso	n as a m	issing
		person; and thi	s agenr	v has mv be	emission to	enter	this perso			alert.						100							
_	Off	ficer Reporting - P		, , ,						eporting - Si	gnajue	1					ID. Number		Unit			Date	
Z		rtin, Julia						100	/		-		, ,				9121		1822			09-10-2	2022
		ficer Reviewing - F	rinted (I	f Applicable	e)			1	Officer R	teviewing - S	ignetur	e (TApplica	able)				ID. Number		Unit			Date	

VOLUSIA COUNTY SHERIFF'S OFFICE

				NAI	RRATIVE	SOFFEE	41	Page	1of
Rep	ort Dale	Report Time	Orig. Reported Date	Nature of Call (for In	cident)	Agency Report Numb	per		1.Original 2.Supplement
Rep 09-	10-2022	0914	09-10-2022	WAR		220017457	_		2.50ррынын
1 2 3 4	On 09	Recording 10/2022 at approximes on scene had see	nately 0953 hours on the male, Jame	s, Deputy Ferna es Parrish (S1)	ndez responded flee from the ho	d to 1906 Hillcrest me.	t Oak Drive, Dela	nd for an individua	l with a warran
5 6 7 8 9	Deputy contact James	Fernandez respond ted James' probation was on the south sic currently showed Jam in the wood line off th	led to the 1900 b officer, Investigate of South Farm	lock of South Fa ator Brown via to Road in the 19 ng to disconnec	arm Road, Dela elephone, Inves 00 block, Inves t the monitor, Ir	nd to assist in loc tigator Brown sta tigator Brown veri evestigator Brown	fied the ankle mo	nitor location is ex	tremely accura
11 12 13 14 15 16	Deputy Prior to observ	Fernandez respond Sergeant Johnson red James emerge fro iately fired a round. A with a large pool of	ed to 1948 South reaching the loca om behind the tre	n Farm Road an tion, Deputy Fe ee. As Deputy Fe hnson and Dep	d held position mandez observ ernandez challe utv Cason arrive	at the southwest of the	ne wood line and how his hands, Ja , all three units ap	ames put a pistol upproached James.	inder his chin a
17 18 19		Daniels arrived and Fire Lieutenant Rich				scene Lieutenar	nt Richardson pro	nounced James d	eceased at 105
20 21 22	hours.						n monarason pro		
23 24		Fernandez turned th			and Investigato	r Rodriguez.			
25	Case S	tatus is unchanged b	y this supplemen	11.					
		ž.							
Final C		Final Case Status Codes: 1.Arrest/Ad	lult 2.Arrest/Juv.	3.Exceptional/Adult	4.Exceptional/Juv.	5.Closed 6.Unfounder	d Victim A	dvocate Triad	SA Referral
_	F Hotline	Suelta With.		Date:	Time:	FCIC / NCIC Entry	T.T. BOLO	Date:	Ву:
	ting Report	Spoke With: Number Agency	Attac	nal Forms ched: Narrative	7	Persons Property	Veh./Tow Sheet		Dete
Officer	Reporting - F	Printed		Officer Reporting Sign	ature		ID. Number	Unit	Date
				//	1 (1		9303	1B24	09-10-2022