

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

STATE OF FLORIDA

COURT CASE NO.: 2021-100770-CFDL

Plaintiff,

OSP NO.: 2015-0398-ORL

v.

JAMES PARRISH,

Defendant.

_____ /

MOTION TO CONTINUE DOCKET SOUNDING

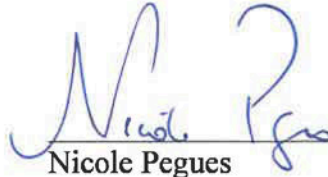
The State of Florida, by and through the undersigned Assistant Statewide Prosecutor, and files this Motion to Continue Docket Sounding, and as grounds therefore would show the following:

1. This case is currently set for Docket Sounding on Wednesday, September 14, 2022.
2. The State has received an Incident Report from the Volusia County Sheriff's Office stating that the defendant is deceased, see Exhibit A.
3. The state respectfully requests the defendant's Docket Soundings be continued to allow the State to obtain a copy of the death certificate.
4. 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

INCIDENT REPORT

Page 1 of 5 Pages

| | | | | | |
|---|--|--|--|--|--|
| <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 220017457 | |
| Agency ORI Number FL0640000 | | Zone # 22 | | Telephone Handled Call? (T.H.C.) 1. Yes 2. No 2 | |
| Reported: Day Date Time (mil.) Saturday 09-10-2022 0914 | | Time Dispatched (mil.) 0918 | | Time Arrived (mil.) 0947 | |
| Time Completed (mil.) | | Nature of Call (Report Type) DEAD Dead Person | | | |
| Incident Type: 1. Felony 2. Traffic Felony | | 3. Misdemeanor 4. Traffic Misdemeanor | | 5. Ordinance 9. Other | |
| Incident: Day From Saturday | | Date 09-10-2022 | | Time (mil.) 0914 | |
| TO | | Day | | Date | |
| Time (mil.) | | Occurred During: D - Day N - Night | | U - Unknown D | |
| Offense #1 | | Type | | Statute Violation Number 895.03 | |
| Description Racketeering Violation | | | | A - Attempted C - Committed C | |
| Offense #2 | | Type | | Statute Violation Number | |
| Description | | | | A - Attempted C - Committed | |
| Incident Location (Street, Apt. Number) 1906 HILL CREST OAK DR | | City DELAND | | Zip 32720 | |
| Business Name / Area Identifier | | # Prem. Entered | | Drug Related 0. N/A 1. Yes 2. No 2 | |
| Alcohol Related 0. N/A 1. Yes 2. No 2 | | Forced Entry 1. Yes 3. Attempted 2. No 2 | | Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied | |
| Arson-Attempted 1. Yes 2. No 2 | | | | | |
| Location Type | | 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 I-American Indian | |
| 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. Pass. Broken Bones | | 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns | | 09. Abrasions/Bruiases 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 1 O | | # 1 | |
| V. Type 1 | | Nature of Call (for Victim, if different from Incident) | | Name (Last/Business) (First) (Middle) R | |
| City DELAND | | State FL | | Zip 32720 | |
| Residence Phone | | Address (Street, Apt. Number) | | City DELAND | |
| State FL | | Zip 32720 | | Address Type O | |
| Business/School/Other Address (Street, Apt. Number) | | City DELAND | | State FL | |
| Zip 32720 | | Address Type O | | 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 | | V/W Code 1 O | | # 2 | |
| V. Type 1 | | Nature of Call (for Victim, if different from Incident) | | Name (Last/Business) (First) (Middle) | |
| City DELAND | | State FL | | Zip 32720 | |
| Residence Phone | | Address (Street, Apt. Number) | | City DELAND | |
| State FL | | Zip 32720 | | Address Type O | |
| Business/School/Other Address (Street, Apt. Number) | | City DELAND | | State FL | |
| Zip 32724 | | Address Type O | | 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 | | V/W Code 1 O | | # 3 | |
| V. Type 1 | | Nature of Call (for Victim, if different from Incident) | | Name (Last/Business) (First) (Middle) | |
| City DELAND | | State FL | | Zip 32720 | |
| Residence Phone | | Address (Street, Apt. Number) | | City DELAND | |
| State FL | | Zip 32720 | | Address Type O | |
| Business/School/Other Address (Street, Apt. Number) | | City DELAND | | State FL | |
| Zip 32724 | | Address Type O | | Business/School/Other Phone Phone Type | |
| Other Contact Info (Time Available, Interpreter, etc.) | | Synopsis of Involvement | | | |
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| Offense Indicator 1. #1 2. #2 3. Both | | V/W Code 1 O | | # 4 | |
| V. Type 1 | | Nature of Call (for Victim, if different from Incident) | | Name (Last/Business) (First) (Middle) | |
| City DELAND | | State FL | | Zip 32720 | |
| Residence Phone | | Address (Street, Apt. Number) | | City DELAND | |
| State FL | | Zip 32720 | | Address Type O | |
| Business/School/Other Address (Street, Apt. Number) | | City DELAND | | State FL | |
| Zip 32720 | | Address Type O | | 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 | | V/W Code 1 O | | # 5 | |
| V. Type 3 | | Nature of Call (for Victim, if different from Incident) | | Name (Last/Business) (First) (Middle) | |
| City DELAND | | State FL | | Zip 32720 | |
| Residence Phone | | Address (Street, Apt. Number) | | City DELAND | |
| State FL | | Zip 32720 | | Address Type O | |
| Business/School/Other Address (Street, Apt. Number) | | City DELAND | | State FL | |
| Zip 32720 | | Address Type O | | Business/School/Other Phone Phone Type | |
| Other Contact Info (Time Available, Interpreter, etc.) | | Synopsis of Involvement | | | |
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| V. Type 3 | | Nature of Call (for Victim, if different from Incident) | | Name (Last/Business) (First) (Middle) | |
| City DELAND | | State FL | | Zip 32720 | |
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| Zip 32720 | | Address Type O | | Business/School/Other Phone Phone Type | |
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| V. Type 3 | | Nature of Call (for Victim, if different from Incident) | | Name (Last/Business) (First) (Middle) | |
| City DELAND | | State FL | | Zip 32720 | |
| Residence Phone | | Address (Street, Apt. Number) | | City DELAND | |

INCIDENT REPORT (CONT.)

Page 2 of 5 Pages

SUBJECT / MISSING SECTION

SUBJECT / MISSING SECTION

NARRATIVE

ADMINISTRATIVE

| | | | | | | | | | | |
|--|--|--|------------------------|---|-------------------------------------|--|-----------------------|--|-------------|---|
| Offense Indicator 1. #1 2. #2 | Subject Code S-Suspect D-Defendant | V-Victim (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? | | Warrant From: |
| 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 | | 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. | | | | | | | | | | |

| | | | | | | | | | | |
|--|--|--|------------------------|---|-------------------------------------|--|-----------------------|--|-------------|---|
| Offense Indicator 1. #1 2. #2 | Subject Code S-Suspect D-Defendant | V-Victim (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? | | Warrant From: |
| 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 | | 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. | | | | | | | | | | |

1 *** BWC RECORDING ***

2

3 On 09/10/2022 at approximately 0947 hours, Deputies responded to 1906 Hillcrest Oak Dr, DeLand, in reference to a warrant attempt. The

4 warrant was for James Parrish (V1) on a bond revocation for the charge of racketeering. Deputies approached the residence from the southwest

5 side, and observed a pool with multiple people. Deputy Daniels approached the pool and observed a larger build Hispanic male wearing a white

6 shirt run from the back gate where the pool was located and run southbound from the residence. Simultaneously, Deputy Daniels observed two

7 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

8 due to the heavily wooded area.

9

10 Sergeant Johnson requested Air One for assistance who arrived on scene shortly after. Deputies stayed on scene holding a perimeter of the area,

| | | |
|---|---|---|
| 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 | Spoke With: | Date: Time: <input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <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 type="checkbox"/> Other Describe: |
| Officer Reporting - Printed | Officer Reporting - Signature | ID. Number Unit Date |
| Curtin Julia | | 9121 1B22 09-10-2022 |
| Officer Reviewing - Printed (If Applicable) | Officer Reviewing - Signature (If Applicable) | ID. Number Unit Date |

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

Page 3 of 5 Pages

| | | | | | | |
|-------------|-------------|---------------------|-------------------------------|----------------------|-------------|---------------|
| Report Date | Report Time | Orig. Reported Date | Nature of Call (for Incident) | Agency Report Number | 1. Original | 2. Supplement |
| 09-10-2022 | 0914 | 09-10-2022 | DEAD | 220017457 | | 1 |

EVENT

11 while Air One Bolo'd. Due to the heavily wooded area, Air one was unable to locate James or the juvenile males.

12 At approximately 1005 hours, Deputy Curtin observed a Gold Lexus bearing FL tag [REDACTED] leave the residence and appear to exit the
13 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
14 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
15 gold Lexus (bearing FL tag [REDACTED]), then left northbound on US Highway 17. At approximately 1019 hours, Deputy Curtin observed the gold
16 Lexus back in the driveway of the residence, on approach it was unoccupied but there were four juveniles near the entry way of the residence.
17 [REDACTED]
18 [REDACTED]
19 [REDACTED]

20
21 At approximately 1027 hours, Deputy Fernandez advised James had shot himself in the head, and NCNV was called at approximately 1050 hours
22 (see Deputy Fernandez' supplement for details).

23 At approximately 1057 hours, a gray Dodge truck bearing FL tag #KVIQ49, arrived on scene at 1906 Hillcrest Oak Dr, DeLand. Deputy Curtin
24 made contact with [REDACTED] (D5) who advised she was the mother of [REDACTED] further stated she did not reside at 1906
25 Hillcrest Oak Dr, DeLand and is the ex wife of James.
26

27 Director Carla Quann was notified of the involvement of juveniles at approximately 1154 hours. A copy of this report was faxed to DCF reference
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 Case Status: Active / TOT CID.
35

NARRATIVE / CONTINUATION

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 <input type="checkbox"/> CAC | Spoke With: | Date: Time: <input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <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 type="checkbox"/> Other Describe: |
| Officer Reporting - Printed Curtin, Julia | Officer Reporting - Signature | ID. Number 9121 |
| Officer Reviewing - Printed (If Applicable) | Officer Reviewing - Signature (If Applicable) | Unit 1B22 |
| | | Date 09-10-2022 |

VOLUSIA COUNTY SHERIFF'S OFFICE

PROPERTY REPORT

Page 4 of 5 Pages

| | | | | | | | | | | | | | | | | | | |
|-------------------|--|---------------------|--|--|---|------------------------------|---|--|---|--|--|--|---|--|---|--|-----------|--|
| THEFT EVNT | Report Date 09-10-2022 | Report Time 0914 | Original Incident Date 09-10-2022 | Nature of Call (for Incident) DEAD | Agency Report Number 220017457 | 1. Original 2. Supplement | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| CODES | Type Theft 01. Burglary | | Type Theft Codes 02. Robbery 03. Shoplifting | | 04. Pocket Picking 05. Purse Snatching | | 06. Embezzlement 07. From Coin Oper. Machine | | 08. From Public Access Bldg | | 09. From Vehicle 10. Extortion | | 11. By Computer 12. Fraud | | 13. Bicycle 14. Motor Vehicle Parts | | 99. Other | |
| | Person Code V-Victim S-Suspect D-Defendant W-Witness | | Person Involvement Code N-Next of Kin O-Other R-Reporting Party | | Status Code: 1. Evidence 2. Damaged Prop. 3. Arson/Burned 4. Photo & Release | | 5. Lost 6. Recovered 7. Recovered (Outside Agency Recovered) | | 8. Found 9. Found/Contraband 10. Prisoner's Pers. Prop. 11. Stolen | | 12. Stolen And Recovered 13. Disposal 14. Prop. Of Deceased 15. Return to Owner | | 16. Vehicle Inventory Prop. 17. Baker Act 18. Seized/Confiscated 19. Abandoned | | 20. Safekeeping 21. Digital Evidence | | | |
| DRUG CODES | Category Code B. Bicycle C. Camera/Photo Equipment D. Data Processing Equipment | | E-Equipment/Measuring Devices/Tools F-Furniture and Furnishings G-Games and Gambling Apparatus H-Household Appliance/Housewares | | I-Items of Identification J-Special Docs/Food Stamps/Tickets K-Keepsakes and Collectibles L. Livestock | | M. Musical Instrument O. Office Equipment P. Personal Accessories | | R-Radio/TV/Sound Devices S-Sports/Camping/Rec.Equip. T-Toxic Chemicals | | V.Viewing Equip (Binoculars) W.Well-drilling Equipment Y-All Other Items and Equipment (GUNS, DRUGS, JWLRY, Etc.) | | | | | | | |
| | Activity P. Possess S. Sell B. Buy T. Traffic R. Smuggle | | D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate | | Z. Other | | Type A. Amphetamine B. Barbiturates C. Cocaine E. Heroin H. Hallucinogen | | M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic | | U. Unknown Z. Other | | Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound | | 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Term 99. Other | | | |

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| PROPERTY | Leave Blank: | | Person Code # | | Pers. Invl. | | Item # | | Status | | Category | | Article | | Description | | | |
| | | | | | | | 1 | | 21 | | Y | | OTHER | | BWC RECORDING | | | |
| | Serial Number | | Owner Applied Number | | Value Recovered: | | Date Recovered: | | Forfeiture Y / N: | | F.W.T.C. (Y/N) | | Value | | | | | |
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| | If Article | | Qty. | | Brand | | Model | | Jewelry Type | | If Drug | | Activity | | Type | | Quantity | |
| PROPERTY | If Gun | | Make | | Model | | Caliber | | Type/Cat | | Action | | Finish | | Barrel Length | | Barrel Type | |
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| PROPERTY | If Gun | | Make | | Model | | Caliber | | Type/Cat | | Action | | Finish | | Barrel Length | | Barrel Type | |
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ADDITIONAL PERSONS REPORT

Page 4 of 5 Page:

| | | | | | | | | | | | | | | |
|----------------|---|----------------------------|---------------------|-------------------------------|---|-----------------------------------|---------------------------------|---------------------------------|-------------------------------------|------------------|--------------------------|--------------|---------|-----------|
| EVNT | Report Date | Report Time | Orig. Reported Date | Nature of Call (for Incident) | | Agency Report Number | | 1. Original | | 2. Supplement | | | | |
| | 09-10-2022 | 09:14 | 09-10-2022 | DEAD Dead Person | | 220017457 | | | | 1 | | | | |
| CODES | V/V Code | N-Next of Kin | Victim/Subject Type | | Address/Phone Type | | Race | Sex | Residence Type | | Residence Status | | | |
| | V-Victim | N-Next of Kin | 0. N/A | 4. Business | B. Business/Work | M. Message | P. Pager | N-N/A | I-American Indian | 0. N/A | 3. Florida | | | |
| VICTIM/WITNESS | W-Witness | O-Other | 1. Juvenile | 5. Government | C. Cell | N. Next of Kin | S. School | W-White | O-Oriental/Asian | 1. City | 4. Out-of-State | | | |
| | R-Reporting Person | | 2. L.E. Officer | 6. Church | H. Home | O. Other | V. Vacation | B-Black | U-Unknown | 2. County | | | | |
| VICTIM/WITNESS | Means of Attack | | Extent of Injury | | Domestic Violence | | Victim Relationship to Offender | | Z-Other | | | | | |
| | F-Firearm | O-Other Dangerous | 00. N/A | 03. Laceration | 06. Poss. Internal Injury | 09. Abrasions/Bruses | 1. Yes | S-Spouse | B-Sibling | | | | | |
| VICTIM/WITNESS | K-Knife/Cutting Inst. | H-Hands, Fists, Feet, Etc. | 01. Gunshot | 04. Unconscious | 07. Loss of Teeth | 10. No Visible Injury | 2. No | P-Parent | O-Other Family | | | | | |
| | | | 02. Stabbed | 05. Poss. Broken Bones | 08. Burns | 99. Other Serious Injury | | C-Child | H-Co-Habitant | | | | | |
| VICTIM/WITNESS | Offense Indicator | V/V Code | # | V. Type | Nature of Call (for Victim, if Different from Incident) | | Name (Last/Business) | | (First) | | (Middle) | | | |
| | 1. #1 | 3. Both | 1 | V | 1 | 3 | PARRISH | | JAMES | | E | | | |
| VICTIM/WITNESS | Address (Street, Apt. Number) | | | | City | State | Zip | Residence Phone | | | | | | |
| | 1906 HILL CREST OAK DR | | | | DELAND | FL | 32720 | | | | | | | |
| VICTIM/WITNESS | Other Address (Street, Apt. Number) | | | | City | State | Zip | Address Type | Other Phone | Phone Type | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Other Contact Info (Time Available, Interpreter, etc.) | | | | Synopsis of Involvement | | | | | | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | If Victim Type | Race | Sex | Date of Birth | Age | Ethnicity | Res. Type | Res. Status | Means of Attack | Extent of Injury | Domestic Violence | Relationship | | |
| | 1, 2, or 3 | H | M | 06-08-1974 | 48 | H | | | | | | | | |
| VICTIM/WITNESS | Offense Indicator | V/V Code | # | V. Type | Nature of Call (for Victim, if Different from Incident) | | Name (Last/Business) | | (First) | | (Middle) | | | |
| | 1. #1 | 3. Both | | | | | | | | | | | | |
| VICTIM/WITNESS | Address (Street, Apt. Number) | | | | City | State | Zip | Residence Phone | | | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Other Address (Street, Apt. Number) | | | | City | State | Zip | Address Type | Other Phone | Phone Type | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Other Contact Info (Time Available, Interpreter, etc.) | | | | Synopsis of Involvement | | | | | | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | If Victim Type | Race | Sex | Date of Birth | Age | Ethnicity | Res. Type | Res. Status | Means of Attack | Extent of Injury | Domestic Violence | Relationship | | |
| | 1, 2, or 3 | | | | | | | | | | | | | |
| VICTIM/WITNESS | Offense Indicator | V/V Code | # | V. Type | Nature of Call (for Victim, if Different from Incident) | | Name (Last/Business) | | (First) | | (Middle) | | | |
| | 1. #1 | 3. Both | | | | | | | | | | | | |
| VICTIM/WITNESS | Address (Street, Apt. Number) | | | | City | State | Zip | Residence Phone | | | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Other Address (Street, Apt. Number) | | | | City | State | Zip | Address Type | Other Phone | Phone Type | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Other Contact Info (Time Available, Interpreter, etc.) | | | | Synopsis of Involvement | | | | | | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | If Victim Type | Race | Sex | Date of Birth | Age | Ethnicity | Res. Type | Res. Status | Means of Attack | Extent of Injury | Domestic Violence | Relationship | | |
| | 1, 2, or 3 | | | | | | | | | | | | | |
| VICTIM/WITNESS | Offense Indicator | Subject Code | V-Victim | Code | # | Subj. Type | Name (Last) | | (First) | | (Middle) | Race | Sex | Ethnicity |
| | 1. #1 | 3. Both | S-Suspect | | | | | | | | | | | |
| VICTIM/WITNESS | 2. #2 | | D-Defendant | | | | | | | | | | | |
| | | | (Missing Person) | | | | | | | | | | | |
| VICTIM/WITNESS | Date of Birth | Age | To Age | Height | To Height | Weight | To Weight | Eye Color | Hair Color | Maiden Name | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Nickname / Street Name | | | | Place of Birth - City | County | State | Employer / School | Occupation | | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Last Known Address (Street, Apt. Number) | | | | City | State | Zip | Address Type | Phone | Phone Type | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Other Address (Street, Apt. Number) | | | | City | State | Zip | Address Type | Phone | Phone Type | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Driver's License State/Number | | | | Social Security Number | | | | Other ID Number | | | | ID Type | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Clothing (Describe) | | | | Scars/Marks/Tattoos (Type/Describe) | | | | Scars/Marks/Tattoos (Type/Describe) | | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Hair Length / Style | | Skin Color | Build | Facial Features | | Speech / Voice | Deformity | Glasses | | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | If Subject: | Demeanor | Mask | Weapon Type | | If Arrested: | | Subject Was Already in Custody? | | Warrant From: | | | | |
| | | | | | | | | 1. Yes | | 1. This Agency | | | | |
| VICTIM/WITNESS | Date of Last Contact | Date of Emancipation | Caution | Caution Reason | | Personal Habits (Drugs / Alcohol) | | | | | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | May Be With: | | Physical Condition: | | Mental Condition: | | Doctor Name: | | Dentist Name: | | | | | |
| | | | | | | | | | | | | | | |
| VICTIM/WITNESS | Incident Type | | 6. Disaster | | Foul Play Suspected? | | Missing Before? | | Fingerprints Available? | | Dental Record Available? | | | |
| | 1. Runaway | | Victim | | 1. Yes | | 1. Yes | | 1. Yes | | 1. Yes | | | |
| VICTIM/WITNESS | 2. Parents | | 7. Voluntary | | 2. No | | 2. No | | 2. No | | 2. No | | | |
| | 3. Involuntary | | Adult | | 3. Yes | | 3. Yes | | 3. Yes | | 3. Yes | | | |
| VICTIM/WITNESS | 4. Disabled | | 8. Unknown | | 4. No | | 4. No | | 4. No | | 4. No | | | |
| | 5. Endangered | | | | 5. Yes | | 5. Yes | | 5. Yes | | 5. Yes | | | |
| VICTIM/WITNESS | 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. | | | | | | | | | | | | | |
| ADMIN. | Officer Reporting - Printed | | | | Officer Reporting - Signature | | | | ID. Number | Unit | Date | | | |
| | Curtin, Julia | | | | | | | | 9121 | 1B22 | 09-10-2022 | | | |
| ADMIN. | Officer Reviewing - Printed (If Applicable) | | | | Officer Reviewing - Signature (If Applicable) | | | | ID. Number | Unit | Date | | | |
| | | | | | | | | | | | | | | |

VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

Page 1 of 1 Page:

| | | | | | | |
|-------------|-------------|---------------------|-------------------------------|----------------------|------------|--------------|
| Report Date | Report Time | Orig. Reported Date | Nature of Call (for Incident) | Agency Report Number | 1.Original | 2.Supplement |
| 09-10-2022 | 0914 | 09-10-2022 | WAR | 220017457 | | 2 |

1 BWC Recording

2
3 On 09/10/2022 at approximately 0953 hours, Deputy Fernandez responded to 1906 Hillcrest Oak Drive, Deland for an individual with a warrant.
4 Deputies on scene had seen the male, James Parrish (S1) flee from the home.

5
6 Deputy Fernandez responded to the 1900 block of South Farm Road, Deland to assist in locating the suspect. After arriving, Deputy Fernandez
7 contacted James' probation officer, Investigator Brown via telephone. Investigator Brown stated James was on an ankle monitor. It showed that
8 James was on the south side of South Farm Road in the 1900 block. Investigator Brown verified the ankle monitor location is extremely accurate
9 and it currently showed James was attempting to disconnect the monitor. Investigator Brown stated the monitor indicated James was about 20-30
10 yards in the wood line off the southwest corner of 1948 South Farm Road, Deland.

11
12 Deputy Fernandez responded to 1948 South Farm Road and held position at the southwest corner of the residence to wait for an additional unit.
13 Prior to Sergeant Johnson reaching the location, Deputy Fernandez observed movement in the wood line and entered. Deputy Fernandez
14 observed James emerge from behind the tree. As Deputy Fernandez challenged James to show his hands, James put a pistol under his chin and
15 immediately fired a round. After Sergeant Johnson and Deputy Cason arrived at the location, all three units approached James. James was
16 located with a large pool of blood around his head. A firearm was located approximately 5 yards south of James' body.

17
18 Deputy Daniels arrived and set up crime scene tape around the area.

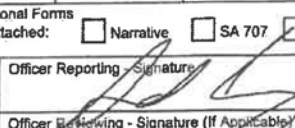
19
20 Volusia Fire Lieutenant Richardson arrived on scene and entered the crime scene. Lieutenant Richardson pronounced James deceased at 1050
21 hours.

22
23 Deputy Fernandez turned the scene over to Deputy Daniels and Investigator Rodriguez.

24
25 Case Status is unchanged by this supplement.

NARRATIVE / CONTINUATION

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 <input type="checkbox"/> CAC | Spoke With: | Date: Time: <input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <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 type="checkbox"/> Other Describe: |
| Officer Reporting - Printed Fernandez, Antonio | Officer Reporting - Signature  | ID. Number 9303 |
| Officer Reviewing - Printed (If Applicable) | Officer Reviewing - Signature (If Applicable) | Unit 1B24 |
| | | Date 09-10-2022 |