

CRIMINAL COMPLAINT

Commonwealth of Virginia

RULES 3A:3 AND 7C:3

Virginia Beach
CITY OR COUNTY

☒ General District Court
☐ Juvenile and Domestic Relations District Court

Under penalty of perjury, I, the undersigned Complainant swear or affirm that I have reason to believe that the Accused committed a criminal offense, on or about

10/21/2022 in the ☒ City ☐ County ☐ Town
DATE OFFENSE OCCURRED
of Virginia Beach

I base my belief on the following facts: (Print ALL information clearly.)

I was assaulted on Friday October 21st at approximately 4:00pm Sherri (my old husband's) son (Michael) attacked me when I was trying to ask a question. He punched me in the face with his right fist on the front steps of apartment B at 805 Parks Ave. I fell to the ground hitting my right side of my head on a propane tank. He continued to hit me when I was on the ground and I was covering my face. Sherri said "Stop it Michael, Stop it Michael" that's when he stopped and I was able to get up. I ran to the end of the driveway and his friend who I've never met pepper sprayed me. I then ran to the middle of the street and immediately called police. I didn't touch anyone.

(continued on pg. 2)

The statements above are true and accurate to the best of my knowledge and belief.

In making this complaint, I have read and fully understand the following:

- By swearing to these facts, I agree to appear in court and testify if a warrant or summons is issued.
- The charge in this warrant cannot be dismissed except by the court, even at my request.

Nash, Charles, Irving III
NAME OF COMPLAINANT (LAST, FIRST, MIDDLE)
(PRINT CLEARLY)

Charles Nash
SIGNATURE OF COMPLAINANT

Subscribed and sworn to before me this day.

11/30/22 12:30pm
DATE AND TIME

[Signature]
[] CLERK [X] MAGISTRATE [] JUDGE NRH

CRIMINAL COMPLAINT

ACCUSED: Name, Description, Address/Location

Jeter, Michael, Thomas
LAST NAME, FIRST NAME, MIDDLE NAME

White Male 5'9", long hair glasses

[Redacted Address]

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
WM		10	09	91	5	11	180	B	BL

SSN

- [] Complainant is not a law-enforcement officer or animal control officer. Authorization prior to issuance of felony arrest warrant given by
- [] Commonwealth's attorney
 - [] Law-enforcement agency having jurisdiction over alleged offense

NAME OF PERSON AUTHORIZING ISSUANCE OF WARRANT

DATE AND TIME AUTHORIZATION GIVEN