

WARRANT OF ARREST—MISDEMEANOR (STATE)

COMMONWEALTH OF VIRGINIA Va. Code § 19.2-71, -72

Charlottesville
CITY OR COUNTY

General District Court Criminal Traffic
 Juvenile and Domestic Relations District Court

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on or about 08/12/2017 did unlawfully in violation of Section

18.2-57, Code of Virginia:
assault and batter Taylor Paige Lorenz.

I, the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

Lorenz, Taylor Paige, Complainant.

Execution by summons permitted at officer's discretion. not permitted.

08/12/2017 03:19 PM

DATE AND TIME ISSUED

Cheryl Thompson CLERK MAGISTRATE JUDGE

CCRE May be Required

CASE NO. C17-6055

ACCUSED:
Smith, Jacob Leigh

LAST NAME, FIRST NAME, MIDDLE NAME

Louisa, VA 23093

ADDRESS/LOCATION

To be completed upon service as Summons

Mailing address Same as above

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
W	M	03	26	1996	6'	03"	180	BRO	BRO

SSN

DL#

STATE

Commercial Driver's License

CLASS 1 MISDEMEANOR

- EXECUTED by arresting the Accused named above on this day:
- EXECUTED by summoning the Accused named above on this day:
- For legal entities other than individuals, service pursuant to Va. Code § 19.2-76.

AUGUST 12, 3:29 PM

DATE AND TIME OF SERVICE

S/A BE-MCCRAW, ARRESTING OFFICER

4124 VSP CHARLOTTESVILLE

BADGE NO., AGENCY AND JURISDICTION

for _____ SHERIFF

Attorney for the Accused:

Short Offense Description (not a legal definition):
ASSAULT AND BATTER

Offense Tracking Number:

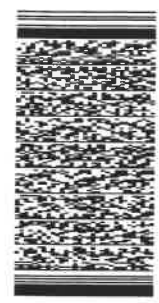
540GM1700006386

FOR ADMINISTRATIVE USE ONLY

Virginia Crime Code:

ASL-1313-M1

S
M
8/18/17
Hearing Date/Time
10:00am



STATE

COMMITMENT ORDER

Commonwealth of Virginia

ACCUSED: Smith, Jacob Leigh
NAME (LAST, FIRST, MIDDLE)

Jurisdiction: Charlottesville

ADDRESS: 18634 Louisa Road

- General District Court (Traffic)
- General District Court (Criminal)
- General District Court (Civil)
- Juvenile & Domestic Relations District Court
- Circuit Court

SSN: [REDACTED] DOB: 03/26/1996

SEX: STATUS: CHARGED UNDER:

Male Female Adult Juvenile State Local Ordinance

CHARGE(S):

Offense Tracking Number	Offense Date	Virginia Crime Code (For Administrative Use Only)	Code Section	Case Number
540GM1700006386	08-12-17	ASL-1313-M1 ASSAULT AND BATTER	18.2-57	

Addendum listing additional charges is attached and incorporated.

BAIL: \$ 1,000.00 Secured Unsecured Recognizance

Held without bail No additional bail required

Release by Judicial Officer to custody of responsible person or when accused is no longer intoxicated

Accused may may not depart the Commonwealth of Virginia. Other conditions of bail on page two.

If **NOT** released on bail,
Court appearance location, date and time:
 GENERAL DISTRICT J&DR CIRCUIT
Charlottesville
Aug 14, 2017 10:00 AM

If **released** on bail,
Hearing date and time:
Aug 18, 2017 10:00 AM

Since accused is unable or unwilling to participate in a bail hearing, I order accused to be returned to Judicial Officer for bail determination.

Currently serving sentence

Charges pending in Court

Place held in custody (if other than facility serving this jurisdiction):
NAME OF FACILITY

TO THE SHERIFF, JAIL OFFICER OR CORRECTIVE ke custody of and convey the accused to the Court, unless otherwise released.

08/12/2017 03:47 PM

DATE AND TIME

Cheryl A. Thompson

MAGISTRATE CLERK JUDGE Cheryl Thompson

Received: 8/12/17 *KLK*
DATE AND TIME

By: *[Signature]*

CRIMINAL COMPLAINT

Commonwealth of Virginia

RULES 3A:3 AND 7C:3

Charlottesville

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

8/12/17

in the [] City [] County [] Town

DATE OFFENSE OCCURRED

of

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

This man came up and started yelling at me to stop recording. I showed him my press credentials (I'm a reporter) and he started screaming at me. Then he came up behind me, punched me in the face. I fell forward. He knocked the phone from my hand and threw me to the ground. I called for police to help. People were injured, but I still don't want him to get away with pushing me then leaving. He kept threatening me saying he would "beat my ass". Then he said his "bitch" would beat my ass. I was so scared. This man is dangerous.

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.

Lorenz, Taylor, Paige

NAME OF COMPLAINANT (LAST, FIRST, MIDDLE) (PRINT CLEARLY)

[Signature]

SIGNATURE OF COMPLAINANT

Subscribed and sworn to before me this day.

8/12/17

DATE AND TIME

[Signature]

[] CLERK [] MAGISTRATE [] JUDGE

CRIMINAL COMPLAINT

ACCUSED: Name, Description, Address/Location

Smith Jacob Leigh

LAST NAME, FIRST NAME, MIDDLE NAME

[Redacted]

LOUISA, VA 23093

COMPLETE DATA BELOW IF KNOWN

Table with columns: RACE, SEX, BORN (MO, DAY, YR), HT. (FT, IN), WGT, EYES, HAIR. Values: W, M, 3, 26, 46, 6, 3, 180, BL, BR.

SSN [Redacted]

- [] 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

RECOGNIZANCE

Va. Code §§ 9.1-185, 9.1-185.8, 19.2-123, 19.2-143, 19.2-258

Aug 18, 2017 10:00 AM

HEARING DATE AND TIME

Charlottesville GEN DIST - CRIMINAL

606 East Market Street, Charlottesville, VA 22901

COURT - CITY OR COUNTY

COURT - STREET ADDRESS

[x] Commonwealth of Virginia v. Smith, Jacob Leigh

DEFENDANT - NAME (LAST, FIRST, MIDDLE)

[]



DEFENDANT - RESIDENTIAL ADDRESS AND TELEPHONE NUMBER

Mailing address: [x] Same as above OR []

I certify that this document contains my current mailing address.

CHARGES(s):

Offense Tracking Number	Virginia Crime Code (For Administrative Use Only)	Code Section	Case Number
540GM1700006386	ASL-1313-M1 ASSAULT AND BATTER	18.2-57	

[] Addendum listing additional charges is attached and incorporated.

I, THE DEFENDANT, as a condition of my release from custody, by signing this form, promise to appear in court on the date and time noted above. If this date, time or place is changed for any reason by any court or judge, I also promise to appear as so directed. I understand that I [] may [x] may not leave the Commonwealth of Virginia until my case, and any appeals in my case, are finished. I further agree to keep the peace and be of good behavior and agree to the conditions listed below.

No contact with Taylor Lorenz.



I, THE DEFENDANT, UNDERSTAND THAT: (1) If I fail to obey the conditions, I may be ARRESTED and, bail may be revoked; (2) if I fail to appear, the court may try and convict me in my absence; (3) if I fail to appear in the Circuit Court on a misdemeanor charge, I give up my right to a jury trial; (4) failure to appear is a separate crime; (5) I must promptly notify the court of any change in my mailing address or where I live while this case is pending.

[Signature]

SIGNATURE OF DEFENDANT

08/12/2017

DATE