

WARRANT OF ARREST - FELONY

COPY

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

Hampton

CITY OR COUNTY

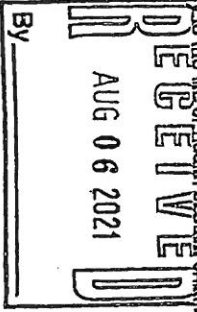
[] General District Court [] Criminal [] Traffic
[x] Juvenile and Domestic Relations District Court

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 12/15/2020 did unlawfully and feloniously in violation of Section

18.2-371.1

while being a parent, guardian, or a person responsible for the care of a [REDACTED] a child under 18 years of age, cause or permit serious injury to the life or health of such child by a willful act, omission, or refusal to provide necessary care.



13:01 12/23/2020 00:37

CPL CALLOWAY E. A. HPD

Complainant

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

CCRE/Fingerprinting Required

07/22/2021 10:32 AM

DATE AND TIME ISSUED

[] CLERK [x] MAGISTRATE [] JUDGE

Thomas F. Christman, Jr.

FORM DC-312 MASTER, PAGE ONE OF TWO 0021

CASH NO.

239427

JA 063231-01-00

ACCUSED:

HENRY, BRANDON J.

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS/LOCATION

Hampton, VA 23666

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BOUN	HT.	WT.	EYES	HAIR
W	M	05/28/1998	6' 01"	167	BRO	BRO

DL# [REDACTED] STATE VA
T68156819

[] Commercial Driver's License

[] Commercial Motor Vehicle [] Hazardous Materials

CLASS 4 FELONY

EXECUTED by arresting the Accused named above on this day 8/5/21 1045hrs.

DATE AND TIME OF SERVICE

Det. Suder Arresting Officer

003 GL80-034

BADGE NO., AGENCY AND JURISDICTION

for DW Wanda J. SHERIFF

Attorney for the Accused:

Short Offense Description (not a legal definition):
ABUSE/NEGLECT CHILD: CAUSE SERIOUS INJURY

Offense Tracking Number:

650JM2100009344

121-1249

FOR ADMINISTRATIVE USE ONLY
Virginia Crime Code: FAM-3806-F4

FELONY

CRIMINAL COMPLAINT

RULES 3A.3 AND 7C.3

Commonwealth of Virginia

Hampton

CITY OR COUNTY

[] General District Court
[x] 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

12/15/2020

DATE OFFENSE OCCURRED

in the [x] City [] County [] Town

of Hampton

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

On 12/18/20 Officer Florival received a complaint regarding an assault of a 3 month old juvenile, A.R.. The officer was advised that A.R. was in the care of the babysitter, [REDACTED]. Upon further investigation, contact was made with [REDACTED] regarding her care of the baby. She advised investigators that when the baby was in her care on 12/17/20, the baby was very fussy. When he would eat, he would then projectile vomit. [REDACTED] stated she immediately called the accused to have him take the baby to the hospital. The accused responded and took the A.R. to the doctors. When speaking to the caretaker's husband, he advised that the accused admitted to losing control and slamming the baby down when the baby was continuously crying at the accused's home. This statement was made on 12/16/21 to [REDACTED]. The paternal grandmother of A.R., [REDACTED] were interviewed by investigators. She advised on 12/15/20 the accused contacted her in reference to the baby being inconsolable. [REDACTED] advised that she could hear A.R. crying in the background during the phone call. The accused transported A.R. to her home. She advised that A.R. slept for several hours when arriving. Children's Hospital at the King's Daughters (CHKD) evaluated A.R.. Once evaluated, it was discovered that he was suffering from bleeding on the brain.

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 upon my request.

Calloway E.A. 633

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

Subscribed and sworn to before me this day.

7/21/21 - 10:57 AM
DATE AND TIME

SIGNATURE OF COMPLAINANT

[] CLERK [x] MAGISTRATE [] JUDGE

CRIMINAL COMPLAINT

ACCUSED: Name, Description, Address/Location

Henry, Brandon Jared

LAST NAME, FIRST NAME, MIDDLE NAME

Hampton, VA 23666

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN	HT.	WGT.	EYES	HAIR
W	M	MO. 05 DAY 28 YE. 98	FT. 6 IN. 01	167	bro	bro

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

Based on the evaluation, CHKD reported that there was no medical reasoning for the bleeding on the brain. The remaining explanation for the bleeding on the brain would be that of an assault of A.R. Based on the evaluation, the assault causing the bleeding took place 3-7 prior to the evaluation. The symptoms exhibited by A.R. matches with the timeline presented by the caretaker and grandmother of the victim. Based on the statement of the father of throwing the child down, the symptoms of inconsolable crying and projectile vomiting and the evaluation done by CHKD, I am seeking warrants for felony child abuse . 18.2-371 -CA

366. 20-1218-027