

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

A.S.A. Bob Kunkel

Enter each continuance here. In cases of multiple defendants indicate which defendants, if any, did not join in the continuance. Also indicate dates of all demands for trial, and by whom demands were made.

COURT: _____

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1489152	Andrea BROWN	26	3/31/2017	AGGRAVATED BATTERY/ to P.O

Date of offense 1/4/2017 Time 0830 hrs Place CCDOC Division 8 2700 S California Ave Chicago,IL 60608 , Illinois

The facts briefly stated are as follows:

ON 04 JAN 17 AT THE COOK COUNTY DEPARTMENT OF CORRECTION IN DIVISION 8/CERMAK, INMATE / OFFENDER BROWN,ANDREA #20140917247 COMMITTED THE OFFENSE OF AGGRAVATED BATTERY TO A PEACE OFFICER. INMATE BROWN A PATIENT AT CERMAK HEALTH SERVICE EXIT THE RADIOLOGY ROOM AND CHARGED OVER TO C/O _____ DESK AREA AND SPAT IN HER FACE. THE SPIT MADE DIRECT CONTACT WITH HER RIGHT EYE. INMATE BROWN WAS IMMEDIATELY RESTRAINED VIA HANDCUFFS BY C/O _____ WITHOUT FURTHER INCIDENT. -NOTHING FURTHER-

WITNESSES: SPELL OUT FIRST AND LAST NAME; FIRST NAME FIRST
ALSO FURNISH ADDRESS AND PHONE NUMBER OF EACH WITNESS

PROSECUTING WITNESS: Inv. for C/O _____ Chicago, IL 60608

BOND: \$ _____ ASST. STATE'S ATTY. _____ DATE _____

(Do Not Write In This Space---For State's Atty. Use Only)