

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL
A.S.A. Laura Lopez

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: TBD

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
<u>1953369</u>	<u>Eugene SPENCER</u>	<u>25</u>	<u>2/22/2017</u>	<u>Aggravated Battery / to Peace Officer</u>

Date of offense 1/30/2017 Time 1534 hrs Place Div 9, 2834 W 31st St Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

ON 30 AUG 17 AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS IN DIVISION 10, INMATE / OFFENDER SPENCER, EUGENE #20131224147 WAS HOUSED ON TIER 3-D CELL 3387. C/O [REDACTED] ASSIGNED TO TIER 3-D WAS CONDUCTING A LOCK CHECK AT INMATE SPENCER'S CELL DOOR. INMATE SPENCER PUSHED OUT OF THE CELL WITH A CLEAR PLASTIC BOTTLE FILLED WITH SUSPECTED URINE AND FECES AND IT WAS AT THIS TIME INMATE SPENCER SPRAYED THE SUSPECTED URINE AND FECES IN THE FACE AND CHEST AREA OF C/O [REDACTED]. C/O [REDACTED] INITIATED OLEORESIN SPRAY TO PREVENT FUTHER BATTERY FROM SPENCER. SPENCER RETREATED BACK TO HIS CELL WITHOUT FURTHER INCIDENT.

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

PROSECUTING WITNESS: [REDACTED] on behalf of C/O [REDACTED] Chicago, IL 60608 [REDACTED]

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

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