

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL
A.S.A. Mitrovic, D.

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: CCB

| I.R. NUMBER | DEFENDANTS | AGE | DATE OF ARREST | CHARGE |
|----------------|---------------------------|-----------|------------------|---------------------------|
| <u>2232985</u> | <u>Marquist D BUCKNER</u> | <u>20</u> | <u>11/1/2016</u> | <u>Aggravated Battery</u> |
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Date of offense 6/18/2016 Time 0545 hrs Place 2834 W. 31st Street Division 09 Tier 1F, Illinois

The facts briefly stated are as follows:

In committing a battery, in violation of Section 12-3 of Act 5 of Chapter 720 of the Illinois Compiled Statutes, Correctional Officer [redacted] along with Correctional Officer [redacted] were on tier 1F passing out the food trays. Upon arrival to BUCKNER'S cell, C/O [redacted] opened the chuckhole (food port) to BUCKNER'S cell to pass him his food. At this time BUCKNER threw feces/urine through the chuckhole striking C/O [redacted] on the chest area, torso and front of pants and C/O [redacted] was struck on the front of both pant legs.

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

PROSECUTING WITNESS: Investigator [redacted] 2834 W. 31st Street Chicago, Illinois 60608 [redacted]

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

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