

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

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.

(For State's Attorney Use Only)

FELONY APPROVAL

ASA: Kunkel
Date: 02/17/2017
Time: 7:16am

COURT: _____

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1991703	Randy Doby	22	2/17/2017	Aggravated Battery

Date of offense 12/2/2016 Time 6:45pm Place 2834 W. 31st St. Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

Correctional Officer [REDACTED] stated that he unlocked and opened the food port of the cell housing [REDACTED], an inmate of the Cook County Department of Corrections, to feed Doby his dinner. [REDACTED] stated that as Correctional Officer [REDACTED] approached Doby's cell with a dinner tray, Doby threw a milk carton containing an unknown liquid (suspect urine and feces) from the food port of his cell door. [REDACTED] stated that the liquid landed on [REDACTED]'s chest and [REDACTED]'s right leg and neck.

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

PROSECUTING WITNESS: [REDACTED] [REDACTED] Chicago, IL 60608 [REDACTED]

[REDACTED] [REDACTED] Chicago, IL 60608 [REDACTED]

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

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