

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

ASA P. Tran

04/21/2017

0918hrs

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
2260873	Shaikem Mcgee			AGGRAVATED BATTERY

Date of offense 4/15/2017 Time 1330hrs Place CCDOC Division 9, 2834 W. 31st Street, Chicago IL 60608, Illinois

The facts briefly stated are as follows:

In summary; Offender/Inmate [REDACTED] knowingly resisted the performance of Sgt. [REDACTED] of an authorized act within his official capacity of Deputy Sheriff, knowing Sgt. [REDACTED] to be a peace officer engaged in the execution of his official duties. Offender/Inmate Shaikem Mcgee punched Sgt. [REDACTED] with a closed fist two times to the left side of his head causing pain, swelling and a concussion while on Tier 3E located inside CCDOC Division 9, 2834 W. 31st Street, Chicago IL 60608.

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

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

Sgt.	[REDACTED]	[REDACTED]	[REDACTED]
C/O	[REDACTED]	[REDACTED]	[REDACTED]
C/O	[REDACTED]	[REDACTED]	[REDACTED]

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

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