

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL
A.S.A Kelly Cunneen

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>2013163</u>	<u>Demoyne L BLAKEMORE</u>	<u>23</u>	<u>6/5/2016</u>	<u>Aggravated Battery/Peace Officer</u>

Date of offense 1/8/2017 Time 1930 hrs Place Division 11, 3015 S California Ave Chicago, IL 60608, Illinois

The facts briefly stated are as follows:

On 08 Jan 17 at the Department of Corrections Division 9, inmate/offender BLAKEMORE, Demoyne L while in the process of being handcuffed by C/O [REDACTED], inmate BLAKEMORE without provocation actively resisted restraint. Inmate BLAKEMORE pulled away from C/O [REDACTED] as he was attempting to secure the second handcuff to BLAKEMORE's wrist. C/O [REDACTED] along with C/O [REDACTED] and C/O [REDACTED] eventually restrained BLAKEMORE via handcuffing. During the handcuffing procedure a struggle ensued with BLAKEMORE deliberately headbutting C/O [REDACTED] C/O [REDACTED] was treated at Cermak Health Services and rushed to St Anthony's Hospital via ambulance for further medical evaluation. C/O [REDACTED] current status is Injured on Duty.

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

PROSECUTING WITNESS: Inv. D. Tate on behalf of 3015 S California Ave Chicago, IL 60608 (773) 674-6220

BOND: \$ Must be Set by ASST. STATE'S ATTY. _____ DATE _____

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