

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

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>1651689</u>	<u>Izaak T Channen</u>	<u>35</u>	<u>8/23/2016</u>	<u>AGGRAVATED BATTERY</u>

Date of offense 4/21/2016 Time 1206 hrs Place Division 08 RTU 2700 S. California 60608, Illinois

The facts briefly stated are as follows:

That Izaak CHANNEN without legal justification knowingly caused bodily harm to C/O [redacted] in that he threw urine on the chest and groin area of C/O [redacted] knowing C/O [redacted] to be a peace officer engaged in the execution of his official duties. C/O [redacted] twisted his back causing severe pain in an attempt to dodge the urine being thrown on him. C/O [redacted] was evaluated by Nurse Shearer, Nurse Shearer advised on duty supervisor to activate 911. C/O [redacted] was transported to Mt. Sinai Hospital for further medical evaluation.

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

PROSECUTING WITNESS: Investigator Trice on 2700 S. California Ave. 60608 Chicago, IL 773-674-0212

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

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