

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: _____

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
2227474	Kimon Johnson	20	4/20/2017	Aggravated Battery
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of offense 1/22/2017 Time 1310 hrs Place 2950 S California, Chicago Ill 60608, Illinois

The facts briefly stated are as follows:

ON 22 JAN 17 AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS, DIVISION 10, TIER 3A, C/O [REDACTED], [REDACTED] # 17672 WAS HOLDING THE DOOR OPEN FOR AN INMATE WALKING INTO THE TIER. INMATE/OFFENDER JOHNSON, KIMON APPROACHED THE DOORWAY AND SQUIRTED A MIXTURE OF FECES/URINE FROM A BOTTLE, STRIKING C/O [REDACTED] THE LEFT SIDE OF THE FACE, ARM AND TORSO. NO FURTHER

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

PROSECUTING WITNESS: Inv. [REDACTED] [REDACTED] [REDACTED]

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

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