

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 Julia Ramirez

Date: 04 August 2016

Time: 1203 hrs

COURT: \_\_\_\_\_

I.R. NUMBER	DEFENDANTS	AGE	DATE OF ARREST	CHARGE
1256253	Ronald Posey	28	8/4/2016	Aggravated Battery

Date of offense 7/29/2016 Time 2117 Place 2834 W. 31st Street, Chicago, IL 60608, Illinois

**The facts briefly stated are as follows:**

Victim Officer [redacted] and Suspect Inmate Ronald POSEY was standing in the dayroom next to cell #3034. Ronald POSEY struck [redacted] in the face. Ronald POSEY continued to strike [redacted] in the face and head (9) additional times for a total of 10 blows to the face and head. [redacted] was rushed to Mount Sinai Hospital where he suffered Head trauma, Loss of consciousness, Lacerations to the upper lip and inside of his mouth, bruising to the right cheek, Left ear, and Left tricep, Pain in his elbow and right finger, along with pressure in his head whenever he bends over.

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

PROSECUTING WITNESS: Inv. [redacted] for [redacted] Chicago, IL 60608 [redacted]

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

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