

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
1924290	Sam Jones	21	8/30/2016	Aggravated Battery
1924290	Sam Jones	21	8/30/2016	Felony Resisting

Date of offense 7/4/2016 Time 1730 hrs Place CCDOC Division 8, 2700 S California Ave, Chicago Ill 60608, Illinois

The facts briefly stated are as follows:

ON 4 JUL 16 AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS, DIVISION 8, TIER 2 NORTH, WHILE IN THE DAYROOM, THE INMATE/OFFENDER JONES, SAM WAS ORDERED TO LOCK UP IN HIS CELL BY C/O [REDACTED], C/O [REDACTED] AND OTHER OFFICERS. JONES REFUSED MULTIPLE VERBAL ORDERS BY THE OFFICERS AND HAD TO BE TAKEN DOWN TO THE GROUND AND HANDCUFFED. AS JONES WAS BEING LIFTED FROM THE GROUND, JONES SPIT STRIKING C/O [REDACTED] ON THE FACE AND THEN KICKED C/O [REDACTED] ON THE RIGHT KNEE MULTIPLE TIMES. C/O [REDACTED] SUSTAINED A DEEP BONE CONTUSION TO HIS RIGHT LEG. SEVERAL OFFICERS HAD TO PHYSICALLY ESCORT JONES TO THE THERAPEUTIC ROOM. JONES WAS ORDERED TO A SECOND ROOM BY MEDICAL STAFF. C/O [REDACTED] ASSISTED IN CARRYING JONES, WHEN JONES DROPPED HIS WEIGHT CAUSING INJURY TO C/O [REDACTED] LOWER BACK.

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

PROSECUTING WITNESS: Inv. [REDACTED] for C/O 3026 S. California Chicago, Ill 60608 [REDACTED]

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

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