

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
1304575	Terrion Butler	29	8/13/2016	Aggravated Battery
1634532	Wendell Haywood	23	8/13/2016	Aggravated Battery

Date of offense 12/26/2015 Time 0140 hrs Place CCDOC Division 9, 2834 W 31st St, Chicago Ill 60608, Illinois

The facts briefly stated are as follows:

ON 26 DEC 15 AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS, DIVISION 9, TIER 1F, VICTIM/C/O [REDACTED] AND C/O [REDACTED] WALKED ON THE TIER AFTER DISCOVERING THAT INMATE/OFFENDER BUTLER, TERRION WAS IN POSSESSION OF A PLASTIC BOTTLE FILLED WITH SUSPECT FECES/URINE. C/O [REDACTED] AND [REDACTED] WENT INTO SHOWER AREA AND BUTLER DISPOSED OF THE CONTENTS WITHOUT INCIDENT. INMATE/OFFENDER HAYWOOD, WENDELL AND C/O [REDACTED] ENGAGED IN A VERBAL ARGUMENT IN DAYROOM. C/O [REDACTED] AND C/O [REDACTED] STARTED WALKING OUT OF THE TIER WHEN HAYWOOD BEGAN PUNCHING C/O [REDACTED] IN THE FACE AREA MULTIPLE TIMES. C/O [REDACTED] STEPPED IN BETWEEN C/O [REDACTED] AND HAYWOOD. BUTLER THEN BEGAN PUNCHING C/O [REDACTED] IN THE FACE AREA. C/O [REDACTED] STEPPED IN BETWEEN C/O [REDACTED] AND BUTLER. SEVERAL OFFICERS ARRIVED AND INMATES WERE SECURED. C/O [REDACTED] SUSTAINED BRUISING TO NECK AREA AND LEFT EYE, PAIN TO RIGHT SIDE OF FACE AND TENDON DAMAGE TO RIGHT HAND.

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

PROSECUTING WITNESS: Inv. [REDACTED] or C/O 3026 S. California Chicago, Ill 60608 773-674-4771

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

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