

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

ASA Scott

08 Feb 17 @ 1315 hrs.

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
1634532	Wendell Haywood	24	2/8/2017	Aggravated Battery

Date of offense 2/4/2017 Time 1830 hrs Place CCDOC Division 9 2834 W. 31st. Street Chicago, Illinois, 60608 , Illinois

The facts briefly stated are as follows:

On 04 Feb 17 at the Cook County Department Of Corrections, Division 9, offender/inmate Haywood, Wendell was escorted from tier 1F to the holding area. While in the holding area, offender/inmate Haywood, Wendell was escorted to the body scanner and scanned for suspicion of having a sharp metal object (suspect shank) on his person. Offender/inmate Haywood, Wendell was then escorted from the body scanner and placed up against the wall, in which time offender/inmate Haywood, Wendell was physically searched. C/O [REDACTED] recovered a sharp metal object approximately 3 inches in length from the right shower shoe of offender/inmate Haywood, Wendell. Offender/inmate Haywood, Wendell handcuffs was removed from the rear to the front for the purpose of going through the body scanner a second time. While being escorted back to the body scanner, offender/inmate Haywood, Wendell used the handcuffs that he was wearing and struck C/O [REDACTED] in the chin. C/O [REDACTED] sustained an open lacerations on his chin and was transported via Ambulance to Mt. Sinai Hospital where he received 8 stitches. Nothing further.

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, Illinois 60608 [REDACTED]

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

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