

BINDER MARGIN (DO NOT WRITE ABOVE THIS LINE)

ASSISTANT STATE'S ATTORNEY:

(For State's Attorney Use Only)

FELONY APPROVAL

A.S.A. R. Kunkel

04/06/2017

0742hrs

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
1491176	Ashley E Mitchell			AGGRAVATED BATTERY

Date of offense 3/31/2017 Time 1820hrs Place Dist. 4 Lock up, 1500 Maybrook Drive, Maywood IL 60155, Illinois

The facts briefly stated are as follows:

In Summary: Offender Ashley Mitchell while in the custody of the Cook County Sheriff committed the offense of Aggravated Battery to a Peace Officer while in the District 4 lock up. Offender Ashley refused to comply with CCDOC Transportation Officer [redacted] and Officer [redacted]. Offender Mitchell pulled away and flailed her arms and then tucked her arms into her mid section in an attempt to interfere with being handcuffed. D/S [redacted], D/S [redacted], D/S [redacted], D/Sgt [redacted] and D/Sgt [redacted] entered the bullpen to assist Officers [redacted] and [redacted] in securing Offender Mitchell. Offender Mitchell Spit onto the right eye of D/S [redacted] in the cell and while being escorted to the CCDOC van. Offender Mitchell Bit the right index finger of D/S [redacted] while he was covering Offender Mitchell's mouth to stop her from her continuously spitting on officers while being secured. Offender Mitchell spit onto the face of Officer [redacted] in the bullpen while he was attempting to handcuff her. D/S [redacted] and [redacted] were transported to Westlake Hospital via ambulance for further treatment.

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]

D/S [redacted] [redacted] [redacted]

D/S [redacted] [redacted] [redacted]

D/S [redacted] [redacted] [redacted]

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

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