

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
2232985	Marquist Buckner	19	8/13/2016	Aggravated Battery
2251878	Tacorey Killebrew	26	8/1/2016	Aggravated Battery

Date of offense 6/20/2016 Time 2030 hrs Place 2834 W 31st St, Chicago Ill 60608, Illinois

The facts briefly stated are as follows:

ON 20 JUN 16, AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS, DIVISION 9, C/O [REDACTED]  
 C/O [REDACTED] WERE FEEDING THE INMATES ON TIER 1F. UPON REACHING THE CELL #1030 OF INMATE/OFFENDER  
 KILLEBREW, TACOREY AND CELL # 1032 OF INMATE/OFFENDER BUCKNER, MARQUIST, KILLEBREW AND  
 BUCKNER ALMOST SIMULTANEOUSLY THREW A MIXTURE OF FECES/URINE FROM CUPS, STRIKING C/O [REDACTED]  
 C/O [REDACTED] C/O [REDACTED] C/O [REDACTED] AND C/O [REDACTED] ABOUT THE HEAD AND BODY.

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

PROSECUTING WITNESS: Inv. Madrid #350 for [REDACTED] Chicago, Ill 60608 [REDACTED]

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

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