

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
2251878	Tacorey Killebrew	29	8/1/2016	Aggravated Battery X 2

Date of offense 6/17/2016 Time 1245 hrs Place CCDOC Division 9, 2834 W 31st St, Chicago Ill 60608, Illinois

The facts briefly stated are as follows:

ON 17 JUN 16, AT THE COOK COUNTY DEPARTMENT OF CORRECTIONS, DIVISION 9, C/O [REDACTED] AND C/O [REDACTED] ALONG WITH OTHER OFFICERS WERE HANDING OUT LUNCH TRAYS TO THE INMATES ON TIER 1F. UPON REACHING CELL 1030, WHICH HOUSES INMATE/OFFENDER KILLEBREW, TACOREY, C/O [REDACTED] OPENED THE "CHUCKHOLE" (OPENING ON A CELL DOOR). KILLEBREW THREW THE CONTENTS THAT BEING SUSPECT URINE/FECES FROM 2 SEPARATE MILK CARTONS AT THE OFFICERS. THE URINE/FECES STRUCK C/O [REDACTED] ON THE FACE, NECK, ARMS, LEGS AND CHEST AREA. THE URINE/FECES STRUCK C/O [REDACTED] ON THE LEFT SIDE OF THE BODY (ARM, FACE, NECK AND LEG AREA).

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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