

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-FEB-2015		TIME 00:29:00		2. ADDRESS OF OCCURRENCE 1315 W 73RD ST CHICAGO, IL 60636			3. LOCATION CODE 304		4. BEAT/OCCUR 0734		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME PIPER	7. FIRST NAME LIONEL H	8. STAR NO. 14650	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE [REDACTED]	12. HT. 508	13. WT. 208		
	14. DATE OF APPT. 13-SEP-1999		15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 006 4270C		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
SUBJECT INFORMATION	20. LAST NAME ROBERTSON		21. FIRST NAME DARELL		22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 507	27. WT. 140	
	28. ADDRESS [REDACTED]			29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/OTHER (SPECIFY) VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST			34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		04 Not Hospitalized		05 Refused Medical Aid		
36. CHARGES PLACED			37. CB NO. 19061912		IR NO. [REDACTED]		DNA		DNA		
REASON FOR USE OF FORCE (Check all that apply)	38. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT/ASSAULT		ASSAILANT/BATTERY		ASSAILANT/DEADLY FORCE		
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		SUBJECT'S ACTIONS		
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		OTHER _____		FLED <input checked="" type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____	
IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		OTHER FIREARM/VEHICLE _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		ESCORT HOLDS <input checked="" type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		ARMSBAR <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	
CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>		OTHER _____		OPEN HAND STRIKE <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	
CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		ELBOW STRIKE <input type="checkbox"/>	
CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 49) <input type="checkbox"/>		OTHER _____		KNEE STRIKE <input type="checkbox"/>		KICKS <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>	
IMPACT MUNITION (Describe in Box 49) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			40. ADDITIONAL INFORMATION OFFICER OBSERVED THE OFFENDER ATTEMPT TO PULL A SEMI-AUTO HANDGUN FROM HIS INNER POCKET, IN FEAR OF HIS LIFE, OFFICER DISCHARGED HIS FIREARM. OFFENDER ALSO USED HIS VEHICLE IN AN ATTEMPT TO RUN DOWN OFFICERS.								
POSITION			STAR NO.			UNIT			41. WEAPON TYPE		
[REDACTED]			[REDACTED]			[REDACTED]			<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		
[REDACTED]			[REDACTED]			[REDACTED]			<input type="checkbox"/> 01 REVOLVER		
[REDACTED]			[REDACTED]			[REDACTED]			<input type="checkbox"/> 02 RIFLE		
[REDACTED]			[REDACTED]			[REDACTED]			<input type="checkbox"/> 03 SHOTGUN		
[REDACTED]			[REDACTED]			[REDACTED]			<input type="checkbox"/> 05 CHEMICAL WEAPON		
[REDACTED]			[REDACTED]			[REDACTED]			<input type="checkbox"/> 06 TASER (Probe Discharge)		
[REDACTED]			[REDACTED]			[REDACTED]			<input type="checkbox"/> 07 OTHER		
[REDACTED]			[REDACTED]			[REDACTED]			42. INCIDENT OCCURRED		
[REDACTED]			[REDACTED]			[REDACTED]			<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		
[REDACTED]			[REDACTED]			[REDACTED]			43. LIGHTING CONDITIONS		
[REDACTED]			[REDACTED]			[REDACTED]			<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk		
[REDACTED]			[REDACTED]			[REDACTED]			<input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		
[REDACTED]			[REDACTED]			[REDACTED]			44. WEATHER CONDITIONS CLEAR		
[REDACTED]			[REDACTED]			[REDACTED]			45. MAKE/MANUFACTURER SPRINGFIELD ARMOY M&A		
[REDACTED]			[REDACTED]			[REDACTED]			46. MODEL XD		
[REDACTED]			[REDACTED]			[REDACTED]			47. BARREL LENGTH 5		
[REDACTED]			[REDACTED]			[REDACTED]			48. CALIBER/GAUGE 40 S&W		
[REDACTED]			[REDACTED]			[REDACTED]			49. TASER PART ID NO.		
[REDACTED]			[REDACTED]			[REDACTED]			50. WEAPON SERIAL No. (Include Letters) US416863		
[REDACTED]			[REDACTED]			[REDACTED]			51. CHICAGO GUN REG. NO. R004422S		
[REDACTED]			[REDACTED]			[REDACTED]			52. FIREARM OWNER ID. NO. [REDACTED]		
[REDACTED]			[REDACTED]			[REDACTED]			53. HANDGUN CERTIFICATE NO.		
[REDACTED]			[REDACTED]			[REDACTED]			54. SPECIAL WEAPON CERTIFICATE NO.		
[REDACTED]			[REDACTED]			[REDACTED]			55. PROPERTY INVENTORY NO.		
[REDACTED]			[REDACTED]			[REDACTED]			56. TYPE OF AMMUNITION USED Department Issued		
[REDACTED]			[REDACTED]			[REDACTED]			57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		
[REDACTED]			[REDACTED]			[REDACTED]			58. TOTAL NO. OF SHOTS MEMBER FIRED 4		
[REDACTED]			[REDACTED]			[REDACTED]			59. WHO FIRED FIRST SHOT		
[REDACTED]			[REDACTED]			[REDACTED]			<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		
[REDACTED]			[REDACTED]			[REDACTED]			60. WAS FIREARM RELOADED DURING INCIDENT		
[REDACTED]			[REDACTED]			[REDACTED]			<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		
[REDACTED]			[REDACTED]			[REDACTED]			61. NO. OF CARTRIDGES / SHOT SHELLS RELOADED 0		
[REDACTED]			[REDACTED]			[REDACTED]			62. HOW WAS MEMBER'S HANDGUN WORN		
[REDACTED]			[REDACTED]			[REDACTED]			<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
[REDACTED]			[REDACTED]			[REDACTED]			63. HOW WAS MEMBER'S HANDGUN DRAWN		
[REDACTED]			[REDACTED]			[REDACTED]			<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		
[REDACTED]			[REDACTED]			[REDACTED]			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		
[REDACTED]			[REDACTED]			[REDACTED]			65. DID MEMBER USE SIGHTS		
[REDACTED]			[REDACTED]			[REDACTED]			<input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
[REDACTED]			[REDACTED]			[REDACTED]			66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DNA		
[REDACTED]			[REDACTED]			[REDACTED]			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		
[REDACTED]			[REDACTED]			[REDACTED]			<input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		
[REDACTED]			[REDACTED]			[REDACTED]			68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		
[REDACTED]			[REDACTED]			[REDACTED]			<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		
[REDACTED]			[REDACTED]			[REDACTED]			69. POSITION OF MEMBER DISCHARGING WEAPON		
[REDACTED]			[REDACTED]			[REDACTED]			<input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		
[REDACTED]			[REDACTED]			[REDACTED]			70. NOTIFICATIONS (OC OR TASER INCIDENT):		
[REDACTED]			[REDACTED]			[REDACTED]			<input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT/DIST. OF OCCUR. <input type="checkbox"/> CPIC		
[REDACTED]			[REDACTED]			[REDACTED]			71. NOTIFICATIONS (FIREARM INCIDENT):		
[REDACTED]			[REDACTED]			[REDACTED]			<input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		
[REDACTED]			Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
[REDACTED]			73. REPORTING MEMBER (Print Name) PIPER, LIONEL H			STAR/EMPLOYEE NO. 14650			SIGNATURE [REDACTED]		
[REDACTED]			[REDACTED]			[REDACTED]			[REDACTED]		
[REDACTED]			Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								
[REDACTED]			74. REVIEWING SUPERVISOR (Print Name) SLOYAN, GREGORY J			STAR NO. 823			SIGNATURE [REDACTED]		
[REDACTED]			[REDACTED]			[REDACTED]			DATE REVIEWED 14-FEB-2015 06:52:38		
[REDACTED]			[REDACTED]			[REDACTED]			TIME [REDACTED]		

71. EVENT NO. **1504500318**
71. RD. NO. **HY150990**

LOG# 1073787
Attachment 11

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR: 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject hospitalized and refused to provide a statement.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Lionel Piper #14650 acted in compliance with Department policy. Officer Piper observed the offender ROBERTSON, Darrell, IR#2017705, attempt to pull a semi-auto handgun from his inner pocket while driving his vehicle in the officers' direction. Upon observing this, Officer Piper fired his weapon in fear for his life and the lives of Officer Wenseslao Zavala #8928 and Officer Richard Antonsen #19692. Log Number 1073787 was issued for this incident. U#15-003.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1073787 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

14-FEB-2015 07:43:12

79. TOTAL TRR's THIS EVENT No.

3

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HY150990**

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) PIPER, LIONEL H		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 14650	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 1315 W 73RD ST	
DATE OF APPOINTMENT 13-SEP-1999	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 212	BEAT/CALL NO. 4270C	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 0734
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	DATE OF OCCURRENCE 14-FEB-2015
HEIGHT 508	WEIGHT 208	TIME 00:29:00	DAY OF WEEK SATURDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED 3	
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 2	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? 2 PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK	
TYPE OF ACTIVITY		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		TYPE OF WEAPON/THREAT	
		(Check all that apply): <input type="checkbox"/> A. FIREARM GALIBER <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input checked="" type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input checked="" type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) /ATTEMPT TO STRIKE POS WITH VEHICLE WHILE ARMED WITH HANDG	
TYPE OF INJURY TO OFFICER		OFFENDER INFORMATION	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB [REDACTED]	
LIGHTING CONDITIONS AT INCIDENT		CB NO. 19061912 IR NO.	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1	
TYPE OF WEAPON/THREAT		WEATHER CONDITIONS	
		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 20 °F	

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
PIPER, LIONEL H

STAR NO.
14650

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
ALEXANDER, DANA 531