

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 18-DEC-2017	TIME 1850	ADDRESS OF OCCURRENCE 3605 S PRAIRIE AVE CHICAGO, IL 60653	LOCATION CODE 304	BEAT/OCCUR. 0212	VIDEO RECORDED INCIDENT <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO				
	BUSINESS NAME	<input checked="" type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)	ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER OFF DUTY <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE	STREET						
	EVENT NO. 12641	RD NO. JA554518	IR NO. 2243558	CB NO. 19578305	CHARGE 720 ILCS 5.0/24-3.1-A-2 - UUW - UNLAWFUL POSSESS HANDGUN	INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
LIGHTING <input checked="" type="checkbox"/> DUSK <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> VAN/BUS <input checked="" type="checkbox"/> OTHER: OFF DUTY	MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR				
<b>INVOLVED MEMBER</b>	RANK 9161	LAST NAME WILLIAMS	FIRST NAME CORY	EMPLOYEE NO.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 1	AGE 43	HT. 511	WT. 205	
	DATE OF APPT. 02-AUG-1999	UNIT & BEAT OF ASSIGN. 011	DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	<input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Other (Explain)		
<b>SUBJECT INFORMATION</b>	LAST NAME HENDRICKS		FIRST NAME CARLOS	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. 07-JAN-1999	HT. 507	WT. 130	
	ADDRESS 3812 S MICHIGAN AVE CHICAGO, IL 60653		TELEPHONE NO. 7734597993	CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	<input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol		<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder <input type="checkbox"/> OTHER (Specify)			
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Subject Alleged Injury		<input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal			
<b>SUBJECT'S ACTIONS</b> (Check all that apply)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE)		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:			
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE		<input type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE			
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> CHEMICAL WEAPON <input checked="" type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)			
<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE				
<input type="checkbox"/> FLED		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> VEHICLE <input type="checkbox"/> SHOTGUN				
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> WRESTLE/GRAPPLE		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN				
<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)				<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:				
						WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input checked="" type="checkbox"/> Member at Gunpoint				
						<input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon				
						<input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member				
SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, IDENTIFY MANNER OF ATTACK		MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Struck/Blunt Force (including Attempt)		
								<input type="checkbox"/> Stabbed/Cut (including Attempt) <input type="checkbox"/> Other (including Verbal Threats)		
TYPE OF ACTIVITY? <input checked="" type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Disturbance - Domestic <input checked="" type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input checked="" type="checkbox"/> Other - Describe in Narrative		<input type="checkbox"/> Pursuing/Arresting Subject		<input type="checkbox"/> Processing/Transporting/Guarding Arrestee		
						Charge: _____		Charge: _____		
						IUCR CODE: _____		IUCR CODE: _____		
<b>MEMBER'S RESPONSE</b> (Check all that apply)	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Defense of Department Member		<input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject		<input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional			
	<b>FORCE MITIGATION EFFORTS</b>					<b>CONTROL TACTICS</b>				
	<input type="checkbox"/> MEMBER PRESENCE		<input type="checkbox"/> ZONE OF SAFETY		<input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK		<input type="checkbox"/> TACTICAL POSITIONING		<input type="checkbox"/> NONE	
<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES		<input type="checkbox"/> SPECIALIZED UNITS		<input type="checkbox"/> ADDITIONAL UNIT MEMBERS		<input type="checkbox"/> ESCORT HOLDS		<input type="checkbox"/> CONTROL INSTRUMENT		
						<input type="checkbox"/> WRISTLOCK		<input type="checkbox"/> PRESSURE SENSITIVE AREAS		
						<input type="checkbox"/> ARMBAR		<input checked="" type="checkbox"/> OTHER WEAPON DISCHARGE		
<b>RESPONSE WITHOUT WEAPONS</b>					<b>RESPONSE WITH WEAPONS</b>					
<input type="checkbox"/> OPEN HAND STRIKE		<input type="checkbox"/> KICKS		<input checked="" type="checkbox"/> OTHER		<input type="checkbox"/> OC/CHEMICAL WEAPON		<input type="checkbox"/> TASER		
<input type="checkbox"/> TAKE DOWN		<input checked="" type="checkbox"/> HELD OFFENDER DOWN AFTER HE ATTEMPTED TO RUN		<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*		<input type="checkbox"/> CANINE		<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)		
<input type="checkbox"/> ELBOW STRIKE				<input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> BATON/EXPANDABLE BATON		<input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL		
<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH								<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN		
<input type="checkbox"/> KNEE STRIKE								<input type="checkbox"/> OTHER		
<b>WEAPON DISCHARGE</b>	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		WEAPON TYPE: <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE		WEAPON SERIAL NO. AAZC912		WEAPON CERT. NO. R040005S			
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON					
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN					
	<b>TASER DISCHARGE ONLY</b>		TASER DART ID NO.		PROPERTY INVENTORY NO.		PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
	<b>FIREARM DISCHARGE ONLY</b>		WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		TOTAL NO. OF SHOTS MEMBER FIRED 1		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER GLOCK GMBH	
								MODEL 42		
								DID MEMBER FIRE AT A VEHICLE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		

**NOTIFICATIONS AND NARRATIVE**

NOTIFICATIONS (ALL INCIDENTS):  IMMEDIATE SUPERVISOR  DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE):  OEMC  CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name) WILLIAMS, CORRY	STAR/EMPLOYEE NO. 17104	SIGNATURE [REDACTED]
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**REVIEWING SUPERVISOR**

TYPE OF SUBJECT INJURY  None / None Apparent  Minor Swelling  Minor Contusion  Minor Laceration/Abrasion  Complaint of Substantial Pain  Significant Contusion  Laceration Requiring Sutures  Broken/Fractured Bone(s)  Gun Shot  Fatal  Other (Explain) HOW WAS INJURY SUSTAINED?  Intentional Act by Member  Unintentional Act by Member  Intentional Act by Self  Unintentional Act by Self  Intentional Act by Other  Unintentional Act by Other

<b>WITNESSES</b>	<input checked="" type="checkbox"/> UNK	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL		TELEPHONE NO.		WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)		
	WITNESS STATEMENT						

**REVIEWING SUPERVISOR: COMMENTS**  
 IN SUMMARY SGT MADIA #2657 RESPONDED TO THE 3605 S. PRAIRIE OBSERVED THAT ABOVE OFFENDER HAD SUSTAINED A GUN SHOT WOUND, WAS IN CUSTODY AND OBSERVED/RECOVERED A 22 CALIBER REVOLVER FROM SCENE. WHILE ON SCENE MEDICAL ATTENTION WAS GIVEN TO ABOVE OFFENDER WHO WAS THEN TRANSPORTED TO NORTHWESTERN HOSPITAL BY CFD AMBULANCE 4. SGT MADIA #2657 WHILE ON SCENE ENSURED THAT EVIDENCE TECHNICIAN WAS ORDERED AND SCENE WAS PROTECTED. SGT MADIA #2657 CONFIRMED OFFICER'S FIREARM WAS REGISTERED. U 17-025 NUMBER OBTAINED. SGT MADIA #2657 WAS UNAWARE ANY WITNESSES AT TIME OF SHOOTING.

ATTACHMENTS:  CASE REPORT  ARREST REPORT  SUPPLEMENTARY REPORT  INVENTORY  IOD REPORT  TASER DOWNLOAD  OTHER

**REVIEWING SUPERVISOR:**  
 I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.  LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED. 1087873

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print) MADIA, DAVID	STAR NO. 2657	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 19-DEC-2017 0213
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DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:  
 1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.  
 2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:  
 A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,  
 B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND  
 C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

# TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

<b>INCIDENT INFORMATION</b>	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	18-DEC-2017	1850	3605 S PRAIRIE AVE CHICAGO, IL 60653	12641	JA554518	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	WILLIAMS	CORRY	[REDACTED]	19578305	720 ILCS 5.0/24-3.1-A-2 - UUW - UNLAWFUL POSSESS HANDGUN	
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
HENDRICKS	CARLOS			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	07-JAN-1999

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

The offender underwent surgery at Northwestern Hospital

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

U#17-025 The actual shooting incident was not recorded by BWC. Appropriate BWC's worn by responding units were viewed by the reporting Deputy Chief and the involved member. No ICC system as the member was off duty and in his person vehicle. At this stage of the investigation no witnesses have been located or come forward who observed the shooting incident. The member had pulled over and was inside his vehicle when he was approached by two offenders. The above listed offender, Carlos Hendricks was armed with a H & R .22 caliber revolver and pointed said handgun at the victim officer. Offender Hendricks then threatened to kill the member unless he exited the vehicle. The member, in defense of his life, discharged his weapon one time, striking the offender in the abdomen. Offender Hendricks dropped his handgun and attempted to flee but was stopped by the member. The second offender/accomplice fled on foot NB. Offender Hendricks's weapon was recovered at the scene. Medical attention was requested via OEMC by responding units. Offender transported to Northwestern Hospital by Ambulance #4. COPA personnel on scene.

## LT OR ABOVE/INCIDENT COMMANDER:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.	BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:	<input type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: 1087873		<input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
		<input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED?  NO  YES, DESCRIBE BELOW:  OTHER:

- |  |   |
|--|---|
| <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR | <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN |
| <input type="checkbox"/> REVIEW STREAMING VIDEO                | <input type="checkbox"/> STRESS REDUCTION SEMINAR       |
| <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES          |   |

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
O DONNELL, JAMES C	13	[REDACTED]	19-Dec-2017