

**ACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>30-JUL-2015</b>		TIME <b>03:10:00</b>		2. ADDRESS OF OCCURRENCE <b>4842 S CALUMET AVE CHICAGO, IL 60615</b>			3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>0224</b>						
5. POSITION <b>9161</b>		6. LAST NAME <b>LINKER</b>		7. FIRST NAME <b>NICHOLAS J</b>		8. STAR NO. <b>12858</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE [REDACTED]	12. HT. <b>601</b>	13. WT. <b>220</b>	
14. DATE OF APPT. <b>26-SEP-2005</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>353 4863A</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
20. LAST NAME <b>CARROTHERS</b>			21. FIRST NAME <b>DARRELL</b>			22. M.I. <b>L</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>506</b>	27. WT. <b>145</b>
28. ADDRESS [REDACTED]			29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT, FIREARM - SEMI-AUTOMATIC) <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? <b>COOK COUNTY HOSPITAL - STROGER HOS</b>				34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****							37. CB NO. <b>19160462</b>		IR NO. [REDACTED]						

15 INFORMATION (Check all that apply)	PASSIVE REGISTER		ACTIVE REGISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>		
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>		
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____		
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____		OTHER _____				
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>								
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>								
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>								
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER _____								
OTHER _____										

38. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			40. ADDITIONAL INFORMATION <b>OFFENDERS WEAPON WAS A 40 CAL SMITH &amp; WESSON SEMI AUTO HANDGUN.</b>			
POSITION [REDACTED]		STAR NO. [REDACTED]	UNIT [REDACTED]			
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>CLEAR</b>
45. MAKE/MANUFACTURER <b>SMITH &amp; WESSON -J5-(BODYGUARD,CHIEF SPECIAL)</b>		46. MODEL <b>M &amp; P</b>	47. BARREL LENGTH <b>14.5</b>	48. CALIBER/GAUGE <b>223/5.56</b>		
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL No. (Include Letters) <b>SS01423</b>	51. CHICAGO GUN REG. NO. <b>SS01423</b>	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]	
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>	
58. TOTAL NO. OF SHOTS MEMBER FIRED <b>1</b>		59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input checked="" type="checkbox"/> 03 OTHER (Specify) <b>M4 RIFLE</b>	
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input checked="" type="checkbox"/> 03 OTHER (Specify) <b>BLUNG</b>		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>WOOD</b>			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.			
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			

70. EVENT NO. <b>1521101916</b>		71. RD. NO. <b>HY361194</b>	
72. INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <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. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			
73. REPORTING MEMBER (Print Name) <b>LINKER, NICHOLAS J</b>		STAR/EMPLOYEE NO. <b>12858</b>	SIGNATURE [REDACTED]
74. REVIEWING SUPERVISOR (Print Name) <b>VELEZ, CARLOS E</b>			
DATE REVIEWED <b>30-JUL-2015 12:00:43</b>		TIME <b>30-JUL-2015 12:00:43</b>	

SUBJECT  
INFORMATION

30. CHARGES PLACED

725 ILCS 5.0/110-3, 720 ILCS 5.0/12-3.3-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS  
5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-  
B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4

DNA

### 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 is presently being treated at the hospital for multiple gunshot wounds he sustained during this incident. He cannot be interviewed at this time.

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

Based on what is known at this time at this stage of the investigation, a preliminary determination has been made that the discharges by Police Officer Nicholas Linker are within department guidelines in that Officer Linker while responding to multiple gunfire during an HBT standoff observed an armed assailant crouched in a concrete basement stairwell occasionally pointing a loaded handgun at officers. Officer Linker fearing the officers would be shot fired his weapon at the armed assailant in order to end the threat to their lives.

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, 1076425 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**VELEZ, CARLOS E**

SIGNATURE



DATE COMPLETED TIME

**30-JUL-2015 12:11:48**

79. TOTAL TRR'S THIS EVENT No.

**3**