



**IN THE MATTER OF THE DEATH OF A MALE
FOLLOWING AN INTERACTION WITH
VANCOUVER POLICE IN THE
THE CITY OF VANCOUVER, BRITISH COLUMBIA
ON JULY 29, 2018**

**DECISION OF THE CHIEF CIVILIAN DIRECTOR
OF THE INDEPENDENT INVESTIGATIONS OFFICE**

Chief Civilian Director:

Ronald J. MacDonald, Q.C.

IIO File Number:

2018 - 088

Date of Release:

November 23, 2018

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Facts

On July 29, 2018, at approximately 11:15 a.m., police were responding to reports of a suspicious male, the Affected Person (AP), in Vancouver. Officers attended and apprehended AP without the use of force. Whilst detained on the street, AP exhibited signs of drug use and suffered a medical episode. Emergency Health Services (EHS) were called to take AP to hospital. AP subsequently died in hospital on July 30, 2018.

The Independent Investigations Office (IIO) was notified by the Vancouver Police Department at 2:38 p.m. on July 29, 2018. The IIO commenced its investigation due to AP going into medical distress while in the custody of police.

Evidence collected during the investigation included the following:

- 1) Statements of Civilian Witnesses;
- 2) Statements of Officers;
- 3) Records of police communications;
- 4) Emergency Health Services (EHS) records; and
- 5) Medical records.

Pursuant to section 17.4 of the Memorandum of Understanding between the IIO and BC Police Agencies, and consistent with the Canadian Charter of Rights and Freedoms, officers who are the subject of an investigation are not compelled to provide a statement, nor submit their notes, reports and data. In this case the Officers 1 and 2 did not provide a statement, notes, reports or data.

On July 29, 2018 Vancouver Police Department officers were responding to a male who was acting erratically. Officers arrived and apprehended AP, who was the subject of an arrest warrant. While in handcuffs, AP went unconscious and EHS were called.

IIO investigators spoke with two civilian witnesses who were present throughout police interaction with AP. Civilian Witness 1 (CW1) said police attended and verbally challenged AP and that AP turned as instructed by police and was handcuffed in a standing position without incident. CW1 said an officer then put AP down on the grass at which point AP appeared to be convulsing.

Civilian Witness 2 (CW2) observed AP approach a vehicle entering the area and attempt to open the rear door. The female driver was honking her horn for attention. CW2 observed AP's behaviour as appearing to be under the influence of drugs. CW2 added that when police arrived, AP was arrested without incident and that the three officers dealing with AP were calm throughout telling AP to calm down. CW2 stated that officers did not use any force beyond holding AP in place to search him. CW2 was approximately 10-12 feet away as he witnessed police interaction with AP.

The pathologist determined there was no apparent connection between the officers' actions and AP's death. It was also noted there were no indications of physical trauma. Medical records indicated AP had taken amphetamines.

Relevant Legal Issues and Conclusion

The purpose of any IIO investigation is to determine whether an officer, through an action or inaction, may have committed any offence in relation to the incident that led to the injury to AP or his death.

More specifically, the issue to be considered in this case is whether any officer may have used unreasonable force in detaining AP.

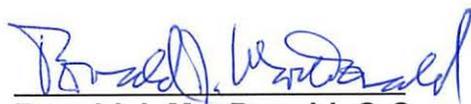
Independent witnesses to the police interaction with AP corroborate each other that police actions were calm, controlled and that no force was used in detaining AP, who appeared at the time to be intoxicated and acting in an irrational manner.

EHS were called to attend and removed AP to hospital direct from the scene and without AP entering any police vehicle or facility.

The pathologist determined there was no apparent police connection to AP's death and there were no indications of physical trauma.

There is no evidence to support that police actions caused or contributed to the death of AP who went into medical emergency shortly after contact was made by officers. In fact, the evidence demonstrates the officers acted appropriately and in accordance with their duties throughout. All medical evidence indicates a strong likelihood of medical emergency due to adverse reaction to drug use prior to police contact.

Accordingly, as the Chief Civilian Director of the IIO, I do not consider that an officer may have committed an offence under any enactment and therefore the matter will not be referred to Crown counsel for consideration of charges.



Ronald J. MacDonald, Q.C.
Chief Civilian Director

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