



**IN THE MATTER OF THE DEATH OF A MALE ON MARCH 27, 2018
AFTER BEING APPREHENDED BY MEMBERS OF THE RCMP
IN CASTLEGAR, BRITISH COLUMBIA**

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

Chief Civilian Director:	Ronald J. MacDonald, Q.C.
General Counsel:	Clinton J. Sadlemyer, Q.C.
IIO File Number:	2018-040
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Facts

On March 27, 2018, a 74 year old male, the Affected Person (AP), attended the Castlegar and District Recreation Centre (CDRC) where he fell in the changing room, striking his head. An ambulance was called and the AP was transported to a health centre. Police responded to a subsequent call from the medical facility regarding AP's behaviour as AP was intoxicated, and took him into custody. While in police custody, AP again fell to the floor. Shortly after the fall in cells, AP was transferred to hospital by ambulance where his condition deteriorated and he subsequently died. Due to his death occurring shortly after being in the custody of police, the Independent Investigations Office (IIO) was notified of this incident by the RCMP and commenced its investigation. The details of the incident and the IIO's investigation are provided below.

Evidence collected during the investigation included the following:

- 1) CCTV footage from the CDRC and the RCMP detachment cells;
- 2) Statements from involved officers;
- 3) Medical evidence; and
- 4) Civilian witnesses.

On March 27, 2018 at 4:53 p.m., AP entered CDRC and can be seen on CCTV footage to approach a seated male who was holding a mobile phone. AP displayed no sign of distress or unsteadiness on his feet and sat, without difficulty, next to the male. AP then started to talk on his mobile phone before speaking to the male. AP appeared to walk without problems and stopped at the counter. He turned away from the counter and placed something into his wallet before walking into the corridor to the pool changing area. At one point he did hesitate and his manner of walking appeared lethargic. AP then disappeared from CCTV and entered the changing room.

While in the changing room AP fell and sustained a cut to his head. Paramedics were called and he was transported to a medical centre.

A witness at the CDRC who attended to AP, noted "*blood coming from the back of (AP's) head,*" and "*he smelled strongly of alcohol.*" Another witness also corroborated seeing blood on the back of AP's head. These details were recorded in the incident log held at the CDRC.

Officer 1 was dispatched to the medical centre in response to a 911 call from the medical staff concerning AP being uncooperative. On arrival, Officer 1 was informed by medical staff that AP was intoxicated, had fallen at the CDRC and struck his head, and would not let medical staff provide medical treatment to him. It was requested that AP be removed from the medical centre.

Officer 1 spoke with AP and noticed dried blood and a small cut to the back of his head, about 5mm in length. Officer 1 assessed AP, during which AP was not sure of his home

address. Officer 1 believed AP was a risk to himself and would be safer being monitored in the cells and arrested AP for being intoxicated in public.

AP entered the booking area of the Castlegar RCMP detachment at 7:22 p.m. and was placed in cells. He could be seen on CCTV footage appearing restless but not agitated. At 7:34 p.m., Officer 1 got a first aid kit from the cupboard and applied a dressing to AP's left arm. AP was responsive and compliant.

At 7:46 p.m., AP stood up and walked towards Officer 1 without difficulty and raised both arms into the air before placing them onto the desk to be searched. A dark patch was visible on the back of the AP's head.

AP told Officer 1 that he had "two or three" drinks of rum. AP was unsteady on his feet and stumbled backwards towards the cell door before walking slowly and unsurely towards the mattress which was positioned against the back wall inside the cell.

Officer 1 told a guard, *"I don't think he's capable of caring for himself, so I brought him here. Leave him in for about eight hours for him to dry out. I'd like to check on him in a little bit."*

AP can be seen on video moving, standing, sitting, and at one point he lost his balance, fell backwards and struck the back of his head against the cell wall. His head rebounded off the wall and he rolled forward before placing his right hand on his head at the area where he hit it. AP then leaned to his left and lay on the mattress but was still holding the back of his head.

Having seen AP fall, Officer 2 and the guard checked on AP and spoke with him. AP appeared to respond and stood up. A large dark area was visible on the back of his head. The previous wound to his head had been re-opened as a result of his fall, and dark patches (blood) were clearly visible on the mattress where the AP's head had laid. AP stood upright, lost his balance and fell backward; there was no movement of his feet to try to steady himself. AP's head made hard contact with the wall next to the cell door, accompanied by a heavy 'thud'. Officer 2 was present at the entrance to the cell and at that point entered the cell to check on AP and, with the Officer 2's assistance, AP sat up. About four minutes later, Emergency Health Services arrived at 8:43 p.m. to assess AP. During the assessment the AP was very vocal but due to the echo in the cell it is inaudible. He was then released from police custody and transported to hospital with the ambulance crew.

As AP was leaving the detachment Officer 1 said to him, *"Take care of yourself. Don't drink so much next time,"* to which AP replied, *"I did, I never did."*

At the hospital, AP was taken to the ICU and then to Kelowna as he was assessed as having a fractured skull and an inoperable brain bleed. On April 4, 2018 at 8:56 a.m. the IIO was advised that AP was deceased. An autopsy revealed traumatic brain injuries,

skull fractures and lacerations. AP also had a blood alcohol count that was three times the legal driving limit.

Relevant Legal Issues and Conclusion

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

More specifically, the issue to be considered in this case is whether the officers provided the necessary level of care while AP was in their custody.

In this case, police were called because AP was intoxicated in a public place and was a danger to himself. He was taken into custody so that he could be monitored until he became sober and was to be released without any charges, as noted in police records.

CCTV footage, corroborated with medical evidence, indicates that AP was intoxicated and injured himself by falling and hitting his head numerous times. AP appeared to be cooperative with police orders, and there is no evidence to suggest that officers used any force on AP at any point in their interactions with him.

AP was in cells on March 27, 2018 from 7:22 p.m. until 8:43 p.m. when paramedics arrived. He died in hospital eight days later.

Police action in apprehending AP was necessary. While AP was in custody, the officers acted as required by their duties and in accordance with the law. They monitored his behaviour properly, and when they saw him strike his head they tended to him and then called for medical assistance. The evidence collected does not provide grounds to consider any charges against any officer. Furthermore, it does not appear there was any causal connection between AP's death and any action or inaction on the part of the police.

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.



Clinton J. Sadlemyer, Q.C.
General Counsel

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Chief Civilian Director

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