

IN THE MATTER OF SERIOUS HARM SUFFERED BY A MALE
WITH A POSSIBLE CONNECTION TO
THE ACTIONS OF MEMBERS OF THE RCMP IN
THE CITY OF SURREY, BRITISH COLUMBIA
ON AUGUST 18, 2019

DECISION OF THE CHIEF CIVILIAN DIRECTOR OF THE INDEPENDENT INVESTIGATIONS OFFICE

Chief Civilian Director:

Ronald J. MacDonald, Q.C.

IIO File Number:

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Introduction

On August 18, 2019, the Affected Person ('AP') was apprehended under the *Mental Health Act* and taken to hospital by members of the RCMP. AP was in physical and psychological distress after consuming a combination of intoxicating substances. His condition deteriorated after transportation to hospital, while being attended to by medical personnel. Because police officers were involved in the incident, the Independent Investigations Office ('IIO') was notified and commenced an investigation. The narrative that follows is based on evidence collected and analyzed during the investigation, including the following:

- statements of a civilian eyewitness and attending paramedics;
- police Computer-Aided Dispatch ('CAD') and Police Records Information Management Environment ('PRIME') records; and
- medical records.

Narrative

A civilian witness ('CW') told IIO investigators that during the night of August 17 to 18, 2019, he was in AP's company. CW said AP drank several shots of rum and smoked a drug called 'shatter'. After having left AP for about an hour, CW said, he returned to find AP in a delusional and paranoid state. AP, he said, was hiding under furniture and claiming that people were "after him." At a little after midnight on August 18, 2019, CW called the police.

When officers attended, said CW, they were "professional and caring" in their manner, and tried to persuade AP to come with them to hospital. At some point while CW was not in the room, he heard an officer shout "No!" and CW then saw that AP had been restrained in handcuffs.

AP was walked out to the police vehicle, and CW said the officers were still talking quietly to him, trying to keep him calm. AP was saying that "people were coming for him with lasers." The officers were able to place AP in the back of the police car, but he then began thrashing and kicking the door. CW said the officers removed AP from the vehicle, placed him on the ground and tied his legs. Despite AP's continuing resistance, said CW, the demeanour of both officers remained caring and professional.

Paramedics told the IIO that when they arrived they found AP lying on the grass, still conscious and alert, restrained by handcuffs and a strap around his legs. He was struggling and screaming that people "had lasers on him," and it was not possible to communicate with him. He was lifted onto a stretcher and secured. CW said that AP was struggling during this procedure, and it required both officers and paramedics to hold him

in place. A police officer went with him in the ambulance. AP was with paramedics from 1:14 until 1:50 a.m., when AP was handed over to the care of hospital staff.

Medical records obtained by the IIO indicate that AP had earlier been given a Prozac tablet, and had consumed "a quantity of polypharmacy drugs." High levels of amphetamines were found in his blood. No injuries were noted. While being triaged at the hospital, though, his condition worsened, with medical records describing his condition as "deteriorating." As of August 22, 2019, AP was still intubated and unconscious, but the IIO understands that he has since substantially recovered.

Legal Issues and Conclusion

The purpose of any IIO investigation is to determine whether there are reasonable grounds to believe that an officer, through an action or inaction, may have committed any offence in relation to an incident resulting in serious harm or death. More specifically, the issue to be considered in this case is whether any officer may have committed an offence in relation to their interaction with AP.

The evidence collected does not provide grounds to consider any charges against any officer. There is no suggestion, either from CW or from medical personnel, that the actions of the involved officers were anything but professional and caring, and also no suggestion that police actions caused or contributed in any way to AP's medical distress. Only minimal force was used to keep AP under control during his apprehension and transport to medical care, for his own safety and for the safety of others.

Accordingly, as the Chief Civilian Director of the IIO, I do not consider that there are reasonable grounds to believe 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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