



**IN THE MATTER OF THE DEATH OF A FEMALE
FOLLOWING AN INTERACTION WITH MEMBERS OF THE RCMP
IN PORT ALBERNI, BRITISH COLUMBIA
ON APRIL 20, 2020**

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

Chief Civilian Director:	Ronald J. MacDonald, Q.C.
IIO File Number:	2020-070
<u>Date of Release:</u>	June 20, 2022

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INTRODUCTION

On the afternoon of April 20, 2020, Port Alberni RCMP received a 911 call requesting a wellness check on the Affected Person ('AP') at her home. There were concerns that AP had been taking drugs and was intoxicated and paranoid. Three officers responded and spoke with AP, who advised them that she was alright and just needed to take a nap. An ambulance had been dispatched, but was cancelled. Shortly after the officers left, AP was found unresponsive on the floor, and was subsequently declared deceased despite resuscitation attempts.

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 six civilian witnesses, two paramedics and one witness police officer;
- police Computer-Aided Dispatch ('CAD') and Police Records Information Management Environment ('PRIME') records;
- audio recordings of 911 calls and police radio transmissions;
- data from AP's cell phone;
- scene photographs;
- Emergency Health Services records;
- autopsy and toxicology reports; and
- responses to technical questions submitted by the IIO to three medical experts.

The IIO does not compel officers who are the subject of an investigation to submit their notes, reports and data. In this case, the two Subject Officers permitted access to their notes and written PRIME reports.

NARRATIVE

911 Call – Civilian Witnesses 1 and 2

Civilian Witness 1 ('CW1') told IIO investigators that at about 5:50 p.m. on April 20, 2020, AP came to her door in a panicked and paranoid state. AP said that someone had been in her house and had torn it apart, and that she thought her boyfriend and children had been murdered. AP also claimed that she had been stabbed in the back of her leg (CW1 said that AP lifted the back of her dress to show the stab wound, but CW1 could not see any injury).

CW1's partner CW2 also witnessed AP's attendance at their home. She said that AP's feet were bare and AP claimed they were bleeding, but CW2 saw no sign of that. CW2 told investigators it appeared to her that AP was "on something".

CW1 said she called 911, and an officer spoke with AP for several minutes before dispatching other members for a wellness check at AP's home. The recording of the 911 call discloses claims by AP about murder, poisoning and identity theft. The dispatcher asked AP if she had been drinking or doing drugs, and she replied that she had been drinking all day. She did not mention taking drugs. When asked by the dispatcher about AP's use of drugs, CW1 said that there was "a history of it".

Police Attendance

Witness Officer

The Witness Officer ('WO') told IIO investigators that she was more an "observer" during police attendance at AP's home (WO was a recently graduated RCMP recruit and was with her trainer, Subject Officer 2). WO said that Subject Officer 1 ('SO1') took the lead in dealing with AP, with SO2 and WO acting as back-up.

Police records show the officers arrived at 6:20 p.m. The primary reason for their attendance was concern for the whereabouts of AP's children. They quickly determined that the children were not missing or murdered, but were with AP's boyfriend, CW3. Asked about drugs, AP told the officers that while she had taken drugs in the past, she had only taken a sleeping pill that day. AP said she was tired, did not need a doctor or an ambulance, and just wanted some water and to sleep. WO described AP's demeanour as excited and jittery. She said AP was speaking very quickly, and alternated between sitting, standing and pacing. WO's notes of the incident mention AP to be "acting very erratic", and say that AP "wouldn't stop pacing" despite saying she wanted to sleep.

Subject Officer 1

In his written PRIME report, SO1 states that AP spoke very quickly, and appeared confused as to where her children were. He said that AP stated she had not been using drugs, but had had a few drinks, and had taken a prescribed medication called Seroquel. SO1 goes on to write that AP appeared to calm down once she learned that her children were safe.

Subject Officer 2

SO2 writes in her report of the incident that AP initially appeared "frantic", telling the officers that she had woken up to find her children missing. Like SO1, SO2 recorded AP's assertion that while she had had "a few drinks", she did not do drugs. AP told the officers

that she had taken Seroquel, not a sleeping pill, and just wanted to let it “kick in”, lie down and relax.

Request for Emergency Health Services ('EHS')

At 6:38 p.m., SO2 asked Dispatch to send an ambulance to their location. She is recorded stating, “We just have a female who is super erratic and possibly MHA [*Mental Health Act*] and we suspect high on narcotics here ... she said she’s taken some sleeping pills as well”. SO2 told investigators that AP corrected her, “I said Seroquel! Not sleeping pill!”

At 6:54 p.m., SO1 cancelled the request for EHS and told Dispatch the officers would be clearing from the scene. When WO asked SO2 why the ambulance was being cancelled, SO2 said that there were no longer any concerns for AP’s wellbeing, that she was safe inside her home and just appeared to be tired. In her PRIME statement, SO2 writes that the decision to cancel EHS was discussed with SO1, and the two officers agreed that it was appropriate as AP had refused to see paramedics; that she presented as “calm, cooperative and coherent”; and that EHS resources were in short supply due to COVID. In his written report, SO1 also noted that AP had calmed down once she was sure her children were safe with CW3, and just wanted to lie down for a nap.

SO2’s PRIME report describes two conversations between herself and SO1 at the scene, in which they discussed whether they had grounds to apprehend AP. They decided that they did not, she wrote, as AP had not committed any offence, was not acting in a manner likely to endanger herself or others and was not apparently suffering from an undiagnosed mental disorder.

SO2 told investigators that as she was preparing to leave, she saw the ambulance approaching. She told SO1, and the officers then advised Dispatch that they would wait to speak with the paramedics. However, they then saw the ambulance turn around, apparently advised by Dispatch that it was no longer needed.

Between 6:58 and 6:59 p.m., all three officers left the scene.

Sudden Death - Civilian Witness 3

AP’s boyfriend, CW3, told IIO investigators that AP had a long history of abuse of both cocaine and prescription drugs, and of leaving home for several days on drug binges. He said that drugs would make AP psychotic, violent and irrational.

He said that in the early morning hours of April 20, 2020, after being away for two days and three nights, AP had returned home apparently under the influence of drugs. CW3 took the children away from the home during the day, and returned home later to check

on AP, entering through the back door. He told investigators this had been at about 3:00 p.m., but it appears to have been closer to 7:00 p.m. based on the times of surrounding events. He said he found AP face down on the living room floor, her head near the front door. He said he tried a couple of rescue breaths, but her chest did not rise. He went and summoned a male friend, CW4, who called 911 at 7:07 p.m. CW3 performed CPR on AP until paramedics arrived.

On the recording of the 911 call, the Dispatcher is told that AP had been found on the floor, not breathing, blue and bleeding from her mouth. CW3 can be heard, distraught as he performs CPR, telling AP to “wake up”.

Paramedics

Attending paramedics later told IIO investigators that they had arrived to find AP lying with her head close to the front door, so that they could not open the door without striking her head and had to ask CW3 to move AP. Scene photographs confirm the location where AP was found. The first responders attempted CPR and administered several doses of Narcan/Naloxone. At 7:37 p.m., on the advice of a physician, resuscitation attempts were discontinued and AP was declared deceased.

Medical Evidence

The autopsy report indicated the cause of death as “cocaine and quetiapine toxicity”. There was no evidence of any contributory trauma or natural disease.

The toxicology report noted the following:

- that AP’s blood contained levels of cocaine and benzoylecgonine (a metabolite of cocaine) in a range where non-lethal outcomes overlapped with fatal overdoses;
- that the prescription drug quetiapine (Seroquel) was present at a potentially toxic level; and
- that the combination of cocaine and quetiapine can increase the risk of cardiac toxicity.

Over the course of a lengthy investigation, the IIO has consulted with medical experts, including an expert toxicologist, regarding the circumstances of AP’s death. Investigators were told that it was not possible to calculate with any precision how long before AP’s death the drugs had been consumed, but the experts confirmed that the combination could lead to fatal cardiac arrhythmias. The toxicologist also stated (and the other experts confirmed) that, whereas administration of Narcan/Naloxone can be effective in counteracting the effects of opioid toxicity, there was no similar treatment for this combination of drugs: “Therapy is supportive only”.

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(s) may have been negligent in their handling of the wellness check on AP.

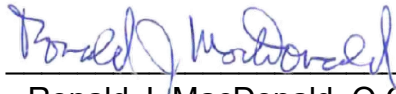
It is worth keeping in mind that the primary reason for police attendance at AP's home was a concern that her children might be missing or in some sort of danger. That concern was soon assuaged, police having been informed that the children were safe with CW3. The officers were then left with a rather intoxicated individual who had somewhat calmed down and who was refusing any further assistance. They spent a significant amount of time with her making sure there was nothing more she needed from them.

For some, looking at the outcome of this event, that AP appears to have succumbed to the impact of drugs in her system shortly after police left the scene, it might lead to a conclusion that police were wrong to call off the paramedics who were close to arriving. That is an understandable reaction to these facts. However, the actions of the police must not be judged only with the benefit of hindsight, but rather must be judged based on the facts that were known to police at the time.

In this case, when police left AP's home, they had no grounds to arrest AP as she had committed no offence. They also had no grounds to apprehend her under the *Mental Health Act*, as at that point she did not meet the requirements for apprehension, because she did not appear to be suffering from a mental disorder nor was she acting in a manner that was a danger to herself or others. Lastly, even though she soon went into medical distress, the police had no grounds to suspect that was about to occur.

In order to be criminally responsible for failing to act, the officers in this matter would have to have acted in a way that was a marked and substantial departure from the norm. Their decision falls far short of that, and indeed, based on what was known to them at the time, the decision to cancel the EHS attendance seems reasonable, regardless of whether the ambulance was already close to arriving. The fact that, shortly after the officers left, AP evidently suffered a serious cardiac event caused by abuse of drugs is not the result of any unreasonable action by police.

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

June 20, 2022

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