



**IN THE MATTER OF THE DEATH OF A MALE  
WHILE BEING APPREHENDED BY MEMBERS OF THE RCMP  
IN THE CITY OF MAPLE RIDGE, BRITISH COLUMBIA  
ON AUGUST 11, 2019**

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

Chief Civilian Director:

Ronald J. MacDonald, Q.C.

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## INTRODUCTION

On August 11, 2019, police went to a home in Maple Ridge in response to a report of “a domestic in progress”. When they arrived they were told that nothing physical had occurred, but determined that there were grounds to apprehend the Affected Person under the *Mental Health Act*. AP would not come out of his bedroom, and there were concerns that he might respond violently when officers entered. After the bedroom door was opened, AP threw an object in the officers’ direction. A Conducted Energy Weapon (‘CEW’) was deployed but was not effective. AP then charged at officers with a knife in his hand, and was fatally shot by the Subject Officer (‘SO’). 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 (some for background information), two paramedics and three witness police officers;
- materials supplied by family members;
- police Computer-Aided Dispatch (‘CAD’) and Police Records Information Management Environment (‘PRIME’) records;
- 911 call and police radio transmission audio recordings;
- data downloads, including audio recordings, from police vehicles;
- physical, video and photographic examination of the scene;
- CEW technical records;
- ballistics report;
- BC Emergency Health Services (‘EHS’) records;
- autopsy records; and
- toxicology report.

The IIO does not compel officers who are the subject of an investigation to submit their notes, reports and data. In this case, SO did not provide any evidence to the IIO.

## NARRATIVE

At 1:09 p.m. on August 11, 2019, Maple Ridge RCMP received a 911 call from Civilian Witness 1 ('CW1'), reporting that AP, who was suffering from mental health issues, was not taking his medication. In the call, CW1 said that there had been no physical violence, but "[AP] want to hit me". CW1 later told IIO investigators that AP had been apprehended under the *Mental Health Act* on previous occasions, and said he had always been happy to go to hospital with police.

Although CW1 had told the 911 call-taker that there had been no actual violence, the dispatch message that attending officers received was classified as a "domestic in progress". Dispatch subsequently added, though, "nothing physical, no weapons, all parties separated". A further update confirmed that the caller just wanted AP taken to hospital because he was off his medication.

SO arrived at the home at 1:38 p.m. Witness Officer 1 ('WO1') was already present. The officers were told by Dispatch that AP was expected to be "surprised" by police attendance, but also "compliant and peaceful". They were aware that there was no apparent urgency, as the involved individuals were separated and AP was in his bedroom. CW1 told IIO investigators that when the officers arrived, she told them that she only wanted AP taken to the hospital, and that "he is now fine and he is peaceful and he is quiet in his room, sitting in the chair in his room". She also told them that AP did not speak English. CW1 said she then went to speak with AP, to let him know the police were there, but he told her "I don't want to go now". Because there appeared to be no risk of harm to anyone, she said, the police officers decided to call for an ambulance so that CW1 could take AP to the hospital herself. The officers stayed outside until the ambulance arrived.

WO1 told investigators that he was told by CW1 that AP had not recognized CW1 that morning, and had threatened her, so he decided to try to have AP come out of his room, "so that we could speak to him outside and find out more about what was going on". When WO1 and CW1 tried to communicate with AP through the bedroom door, though, WO1 said, AP responded "in quite an aggressive tone. He seemed very upset, very angry, and I immediately took note of that".

CW1 said that when the ambulance arrived, she went to AP's room again, opened the door and told him the police and ambulance were there to take him to the hospital, but he again refused. She said she suggested to the officers that the situation was not urgent, and that she would call them later if necessary. She also said she explained to them her "only concern" was that "if he doesn't take his medication, his confusion might get worse".

WO1 described making several attempts to communicate with AP through the bedroom door, using CW1 as an interpreter. WO1 said that AP “was very abrupt, angry, he was almost shouting at her”. When WO1 asked CW1 what AP was saying, she told him “Oh, he’s saying, you know, that he’s being attacked by lasers and radiation”. WO1 said he told CW1 that she should convince AP to go to hospital voluntarily, because otherwise, “we would have to step in”.

WO1 said that the officers stayed back out of sight while CW1 opened AP’s door to speak with him. He said that after looking into the room, CW1 told the officers “He’s holding something in his hand, I believe it’s a glass bottle or a jar ... I don’t want you guys to get hurt. He may throw that object at you”. WO1 said CW1 told them that AP had previously thrown rocks at neighbours when not on his medication. Concerned, WO1 said he asked whether AP had any weapons in the room, and was told by CW1, “Yeah, he has a – about a three inch knife that he, that he carries around”. In her IIO interview, CW1 did not acknowledge having told officers about AP’s knife, though WO1’s evidence on this point is corroborated by the statements of both paramedics. CW1 did not suggest that AP would use the knife in an aggressive manner, or that he ever had.

The attending paramedics told IIO investigators that the purpose of their attendance was to apprehend AP under the *Mental Health Act* with police assistance. They confirmed that the police officers tried communicating with AP, with the assistance of CW1, for approximately ten to fifteen minutes. Paramedic 1 said the officers were “basically taking their time, just sort of feeling out the situation”. Paramedic 2 described AP’s demeanour as sounding “angry” or “scared”.

WO1 said that after hearing from CW1 that AP was holding an object that he might throw at officers, and that he carried a knife, he and SO decided to request an officer to attend with a CEW (a ‘Taser’). CW1 told investigators that while WO1 was on the phone making that request, she called other family members who she thought might be able to persuade AP to go with police, and said she told WO1 that the family members would be there “in about ten to fifteen minutes”. She said she then went back to AP’s room to try again to persuade him to go with the officers, but still without success. She said she asked the officers to wait for the other family members to arrive, as she was worried that if they went into AP’s room he might throw something at them, and that he might be harmed. She did not tell IIO investigators about having had any specific concern that AP might use a knife against the officers.

Within a few minutes, WO2 and WO3 arrived at the home. WO3 was equipped with a CEW. WO2, the ranking officer at the scene, said he had been informed that the situation involved a ‘barricaded’ and suicidal male. When he arrived, he became aware that AP was not barricaded, but was simply in his room. No other police or paramedic witness

mentioned at any point that AP was suicidal, and there is no information to that effect in the 911 call history or police records. Asked about this, WO2 told IIO investigators:

*The only thing that was relayed to me was that yes, he's suicidal. Now, I didn't go into what makes him suicidal, why is he suicidal. They have come to that decision and so I was merely as a supervisor asking for clarification, is he – or yes, he's suicidal, okay.*

WO2 was not specific about which officer or officers gave him this information.

Paramedic 1 recalled seeing the police officers standing in the hallway with CW1, and hearing CW1 “saying over and over again, like, wait until a family member comes”. Paramedic 2 said he told CW1:

*Sorry dear, we can't leave. Like you know he's off his meds, like he's probably a danger to himself, this is like a mental health issue. We have to, we have to deal with this and get him to the hospital.*

WO2 decided that the officers would not wait for more family members to arrive, but would enter AP's room. WO3 told investigators that there was urgency because the officers could not see AP, and were concerned that he might harm himself. WO3 noted that multiple attempts to communicate with AP had been made without effect through CW1, and the officers did not think that persuasion by other family members would be any more successful. WO3 alluded to concerns, based on his experience, that an individual in AP's situation could become more “amped up” if police waited before intervening. Paramedic 2 told investigators that he agreed with the police decision. It would not have been a good idea, he said, to have a large number of relatives present for an arrest that might become violent and cause distress to family members: “Let's not have everybody and their dog watching us arrest him, possibly taser him, depending on how compliant he is”.

WO2 said the four officers went along the hallway to AP's door, and WO2 opened the door briefly. As he did so, he said, he saw AP standing in the middle of the room in an aggressive “bladed” stance (partly turned away in a side-on position), saw him bring his right hand up, and saw something in his hand. WO2 said he closed the door again quickly, and did not see what AP was holding. Before opening the door again, WO2 told WO3 to be ready with the CEW, and said that he instructed SO to take on the role of “lethal overwatch”. The deployment of an officer in that role is mandated by RCMP policy and training, as precautionary protection for the CEW operator in a physical confrontation in case the CEW is ineffective for some reason. The officer's responsibility is to be ready to resort to use of lethal force if necessary—the evidence suggests that SO did not draw his

firearm immediately, as none of the witness officers or paramedics mentioned seeing it drawn before SO's shots.

CW1 said that she again asked the officers to wait until other family members arrived, and was told "Okay, we don't need to wait for your sister, because we are not going to shoot your brother. We know how to handle people like your brother, okay?"

WO1 told investigators that the plan was for WO2 to open the bedroom door and try to have AP comply with directions to come out. WO3 was positioned opposite the door, and would deploy the CEW if AP displayed aggression. SO was covering the other officers with his firearm, and all officers were prepared to enter the room and go "hands-on" with AP if necessary. WO1 said that his risk assessment, which had started out quite low, had increased as the incident unfolded. He said he felt the CEW was the most appropriate force option in the circumstances. He was concerned that AP might use a weapon against officers, and the space was too confined for OC (pepper) spray, because of the likelihood that it would incapacitate the officers as well as the intended target. WO3 said he anticipated that AP had the potential "to hurt someone, whoever comes to the door", and that WO2, after briefly opening the bedroom door, had told the others that AP "has something in his hand". WO1 was positioned behind WO2 and SO, close to the doorway of the next room along the hallway from AP's bedroom.

IIO investigators heard varying accounts of what happened next.

## **Witness Evidence about the Physical Confrontation**

### ***Evidence of CW1***

In her IIO interview, CW1 said she was two to three feet behind WO1 who was, himself, several feet back along the hallway from the bedroom door. CW1 described seeing WO3 activate the laser sight on the CEW, and then saw WO2 open the door and step into the bedroom, asking "Are you okay?" She said she then saw a "bottle" thrown against the wall inside the bedroom and saw AP fall to the floor before the sound of two gunshots.

CW1 said that neither SO nor WO1 entered the room, although on another occasion she has said that there were three officers inside the room when the shots were fired.

In her IIO interview, CW1 said that the last time she saw AP, about 20 to 25 seconds before the shots, he "was not armed, he didn't have a knife in his hand last time I saw him. He was peacefully, he was not making a sound, and he was seated in the chair beside his bed". In a written statement, though, she said she saw two officers enter the bedroom and step close to AP as he sat peacefully in his chair. That account describes

an officer shooting AP with a CEW “in the chest area from about two feet away in face-to-face position, while [AP] was sitting in his chair quietly and peacefully”. CW1’s written statement went on to say that AP did not respond or react before he was shot, and to speculate that he had probably already fallen unconscious “due to cardiac arrest”.

As mentioned above, CW1 has denied telling the officers that AP had a knife, but her evidence on that point is contradicted by the accounts of both paramedics.

Given that CW1’s version of events is significantly inconsistent, is contradicted on a number of points by other witnesses and is seriously incompatible with the physical evidence, as set out below, it is difficult to conclude that it is reliable, except where it is corroborated by other evidence that is reliable.

### ***Evidence of Paramedic 1***

Paramedic 1 said that CW1 was with the two paramedics, just outside the hallway leading to AP’s bedroom, when police entered. She placed CW1 approximately fifteen feet from the bedroom door at the time. She described seeing WO2 open the door briefly and seeing it slam shut. She said she heard one of the officers say, “He’s holding the door from the other side”. Either one or two officers then forced the door open, she said, and “a big, heavy metal disk” flew out of the room and struck the opposite wall. A struggle then ensued in the doorway, and she heard an officer shout “Taser, Taser, Taser!” Asked if it seemed that AP was fighting with police, Paramedic 1 responded, “Oh yeah, yeah, yeah, a hundred per cent”. She estimated the struggle lasted about ten seconds before the CEW was deployed, and then continued as if the CEW had been ineffective. After another five to eight seconds, she said, she heard three gunshots in quick succession. CW1 started screaming, and the paramedics took her out of the house. They were then asked to go back into the house to attend to AP. Paramedic 1 said that she found AP in a kneeling position on the floor with his upper body “propped up on the boxes that were next to him”.

### ***Evidence of Paramedic 2***

Paramedic 2 stated that CW1 was in the kitchen beside the end of the hallway when the officers entered the bedroom. He confirmed that WO2’s first attempt to enter resulted in the door slamming shut, and said he thought that AP “was pushing back on it”. Paramedic 2 said that the officers then opened the door forcefully, and he heard the CEW deployment. He said he heard yelling and what sounded like a door slamming, and then, approximately ten seconds after the CEW deployment, the sound of three gunshots. Paramedic 2 said that when he went back into the house after taking CW1 outside, he found AP “kind of crouched down” in the bedroom.



Both paramedics stated that there was no possibility of resuscitation, as AP's blood loss at the scene was "not survivable".

Paramedic 2 said that after they exited the residence, an officer approached them with concerns that another officer may have been stabbed, and should be checked. They took off the officer's vest and examined him, but he was uninjured.

### ***Evidence of WO1***

WO1 described the officers' entry from his own perspective, behind WO2. He said he saw WO2 push the door open, and "everything from there happened quite fast". As soon as the door opened, he said, "a large object" was thrown out. Then he heard WO3 yell "Taser!" three times, and then words to the effect of "Knife, knife, back out!" WO1 said he started to back out, but saw AP "already coming towards us". He heard "two to three" gunshots and saw AP "slumped in kind of an awkward position". WO1 was still outside the room, and recalled SO backing away towards him with WO2. Asked where SO was located when the shots were fired, WO1 said he believed SO was close to or in the doorway at the time. WO1 said he believed it was WO2 who had called "Knife, knife!"

### ***Evidence of WO2***

WO2 said that when he opened the door, he stepped back to give WO3 a clear line of sight and movement into the room. The CEW was deployed but appeared to WO2, he said, to be ineffective:

*[AP] got up right away and came towards the members, but at this point [SO] is now in front – so [SO] comes around and he's in front of me. So I'm not even able to get through the door at this point, because I'm thinking usually after someone is tasered they go down, we're able to move in and facilitate an arrest. We didn't get that opportunity, he came towards the members.*

WO2 said he heard a second set of "pops" after the sound of the CEW discharge, but said he did not realize they were gunshots until he heard the call "shots fired". WO2 described AP as having been approximately in the middle of the room when the door opened, and denied there having been any pushing or shoving when he opened it.

### ***Evidence of WO3***

WO3 was situated directly across the hallway when WO2 opened the bedroom door, so could see into the room. Because WO2 had said that AP had something in his hand, WO3 shouted "Drop it, drop it, drop it!" and then, seeing AP "squaring at" him with his fists clenched and "something shiny" in one hand, WO2 "decided to deploy the Taser". He

initially believed the CEW had been effective, and moved forward into the room to allow the other members to enter. AP, he said, moved slowly to his right and fell slightly, leaning against a piece of furniture—WO3 was not certain what the object was. WO3 said he then heard SO yell “Knife, he has a knife!”, and saw the knife in AP’s hand, the blade two to three inches long. WO3 said that as he was trying to back out of the room, with other officers behind him, AP came fully to his feet and ran at WO3, stabbing with the knife:

*I don’t know if he was aiming toward my body armour or like the space between my duty belt and my body armour. But I would say he missed me from approximately two to – one to two inches, you know, to, you know, to, to stab me. I was able to avoid it by just, you know, putting my body like, you know, I can’t – I don’t know how to describe it. But just kind of flinching.*

WO3 said that AP then tried slicing at him with the knife, and WO3 pulled the trigger on the CEW again, trying to use another five second burst to incapacitate AP, but said that it did not appear to be effective, and AP did not drop the knife. He said he was then pushed to the side, heard gunshots and saw AP fall to the floor. WO3 immediately radioed for EHS to attend.

## **Physical Evidence**

### ***CW1’s Ability to See into the Bedroom***

During a scene ‘walk-through’ provided by CW1 to IIO investigators, CW1 placed herself in the position she said she was in at the time officers entered AP’s bedroom. From that position, the view into AP’s room is severely restricted, and would have been further obscured at the time by the bodies of four police officers.

Photo 1, below, shows the approximate view, based on the evidence of the paramedic witnesses, that CW1 would have had along the hallway, with AP’s bedroom door the farthest on the right. It should be noted that in her walk-through, CW1 placed her location at the time of police entry a little farther ahead and to the left, relative to the account provided by the paramedics, but the view from that location did not provide a significantly better view into the bedroom, both because of the similar perspective and because of the visual obstruction due to the presence in or around the bedroom doorway of the four officers.

*Photo 1: view of the hallway from the approximate location of CW1 and the two paramedics at the moment the officers entered the bedroom, the door to which is the last on the right at the far end of the hallway.*



***Barbell Weight Found in Hallway, with Matching Indentation in Wall***

A 2.5 kilogram circular barbell weight was found lying in the hallway outside AP's bedroom (see Photo 2, below), and the physical evidence indicated that it had struck and damaged the hallway wall opposite the AP's bedroom door, where IIO investigators noted the presence of a large semi-circular dent (see Photo 3, below) that matched the shape of the barbell weight (see Photo 4, below):

*Photo 2: weight disk (labelled 8) as it was found on the hallway floor.*



*Photo 3: indentation in hallway wall approximately opposite AP's bedroom door.*



*Photo 4: weight disk matched indentation in hallway wall.*



## ***Knife***

A paring knife with an approximately three-inch blade was located on the bedroom floor by the end of the bed. There were blood droplets on the blade and handle consistent with blood droplets on the floor around the knife, strongly suggesting that the knife was involved in or at least present at the time of the incident, and was not placed there afterwards (see Photos 7 and 8, below).

*Photo 7: floor of bedroom between door and armchair, showing knife (labelled 5) with drops of blood.*



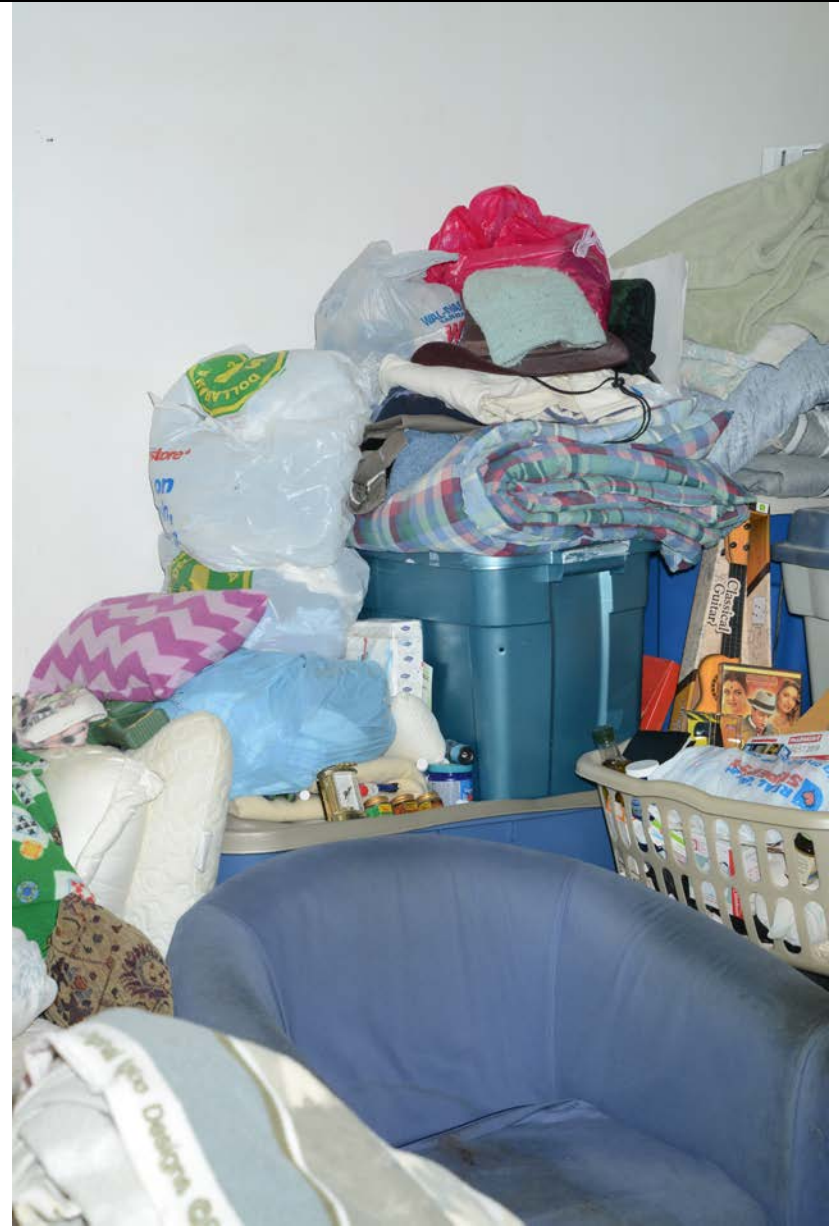
*Photo 8: close-up of knife located on floor of bedroom, with blood drops.*



## ***Bullet Hole***

On the far side of the bedroom from the door, there were large piles of personal items. In one pile IIO investigators found a bullet hole in a large plastic tub. Bullet fragments were found inside the tub.

*Photo 9: bullet hole in plastic tub in corner of bedroom opposite door.*



### ***Blood on Bedroom Floor***

There was a large quantity of AP's blood in the middle of the bedroom floor. No blood or bullet holes were found on the armchair in which AP was said by CW1 to have been sitting before the incident.

### ***CEW***

A review of the data logs for WO3's CEW indicated that at the time of the incident the device was activated for two five-second periods, but the deployment was not successful in achieving neuromuscular incapacitation. Examination of the device itself revealed only one of the two probes still attached to the filament wires that conduct electricity from the device to the probes. On the side of the bedroom opposite the door, investigators found a separated CEW probe embedded in the fabric of an item amongst a pile of clothing and other material.

### ***Evidence Regarding Number of Shots Fired***

SO's pistol was seized and examined. It was found to be standard-issue police 9 mm semi-automatic pistol with a fifteen-round capacity, and contained twelve live rounds. IIO forensic investigators located three expended cartridge cases in the bedroom, each determined to have been fired from SO's firearm.

Paramedic 1 described hearing three gunshots in quick succession about five to eight seconds after the CEW deployment. WO1 recalled hearing "two or three" shots after a shout of "Knife!", and unconnected civilian witnesses outside the residence said they heard either three or "two to three" sounds consistent with gunshots.

The evidence as a whole indicates that three rounds were fired by SO during the incident. The bullet hole evidence referred to above appears to indicate that one round missed AP, while two struck AP and caused wounds, as described below.

### ***Autopsy***

At autopsy, a single CEW barb was recovered from the front of AP's left shoulder.

Three gunshot wounds were also located:

- to the left cheek, wound path oriented from left to right, front to back and slightly downward, with no exit wound;

- to the right chest, wound path oriented from front to back with minimal horizontal or vertical deviation, and with no exit wound. The bullet had penetrated only very slightly and was found beneath the skin; and
- to the left side of the head, wound path oriented from left to right, back to front and downward, exit wound below the right side of the chin (the exiting projectile was very likely the bullet that caused the chest wound).

There was no evidence that any of the wounds were caused by a gunshot from close range. No other significant injury was found on AP's body.

### ***Toxicology***

The toxicology report prepared by the BC Provincial Toxicology Centre indicated that no alcohol or illicit drugs were detected in AP's body. The report also noted the presence of olanzapine at a concentration of 0.29 mg/L, and stated:

*Olanzapine concentration exceeds a typical therapeutic range. However, concentration may be affected by postmortem changes. In a study of 10 postmortem cases, where olanzapine was determined not to have contributed to death, the average olanzapine concentration was 0.26 mg/L.*

A review of police records show eleven events related to AP's address, prior to August 11, 2019. None of the officers directly involved in the incident of August 11, 2019, had any involvement in any of the earlier files. None of the prior files involved violence or threats on AP's part.

## **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 issues to be considered in this case are:

- whether any officer may have committed an offence by using unjustified, unnecessary or excessive force against AP; or
- whether it may have amounted to criminal negligence for the officers to enter AP's bedroom and by doing so provoke a confrontation with a deadly outcome.



## **Analysis of Witness Accounts**

### ***Reliability of CW1's Account***

It is difficult to place reliance on CW1's account of the officers' actions when they entered the bedroom. As set out above, she has said, essentially, that AP was simply sitting passively in his chair when he was tasered and then shot. It seems likely that what she was really recalling and describing was the position and attitude in which she saw AP when she last opened the bedroom door and spoke with him, a short time before the police entry.

An examination of the scene demonstrates that from where CW1 was located (based on her own evidence and that of the two paramedics), she could not have seen into the bedroom at the moment when the officers entered, and therefore could not have seen where AP was or what he was doing at that precise time. CW1 has, in fact, acknowledged on at least one occasion that she could not see AP at the time the shots were fired, as her view was blocked by the officers.

CW1 has denied that AP threw the barbell weight out through the bedroom door, saying that it was "planted" subsequently by police. Based on the evidence of the other witnesses, as well as the physical findings at the scene, AP did indeed throw a 2.5 kilogram weight disk at the officers when WO2 opened the door. The indentation in the wall opposite the doorway very closely matches the shape of the weight found nearby on the hallway floor. In addition, Paramedic 1 stated that she saw a "big heavy metal disk" fly from the room when the door was opened.

Finally, the evidence of CW1 that AP was sitting peacefully and that he was calmed down before police went into the bedroom is not consistent with the evidence of both the officers and the paramedics that AP sounded angry or upset in his exchanges with CW1, and that there was some form of struggle upon police entry into the room.

### ***Reliability of Police Account***

The evidence of the police does not appear to be contrived. Experience demonstrates that several people might observe the same incident—especially a stressful and rapidly evolving one such as occurred here—yet form different impressions. In this case, we see such expected and normal differences in the police evidence about the knife: two saw it, two did not; neither WO1 nor WO4 gave evidence about seeing AP use the knife. Contrived evidence designed to prove a point would more likely have resulted in all officers saying they saw AP with a knife. Given the speed of what happened, and their

positions in the hallway and bedroom, this is not unexpected. More importantly, it is inconsistent with the officers contriving their evidence.

The officers' evidence about AP's use of the knife is corroborated by their actions to check for possible wounds immediately after the incident, which tends to demonstrate genuine concern about possibly being wounded.

Their evidence about the throwing by AP of the weight is corroborated both by the evidence of Paramedic 1, and by the physical evidence, as discussed below.

## **Use of Force – Analysis of Physical Evidence**

In any case where critical conclusions are necessarily based mainly on police evidence, it is important to analyze the objective evidence very carefully and to compare it with the testimonial evidence. In this case the following is important:

### ***Physical Evidence Regarding the Failure of the CEW Deployment***

The physical evidence in this regard, as set out above, corroborates WO3's account that he was not able to incapacitate AP despite two attempts at activating the CEW. It is clear that only one of the two CEW probes made effective contact with AP's skin, so that despite two activations by WO3 there was no incapacitating effect on AP. Because of that, AP was able to continue aggressive behaviour against the officers.

### ***Physical Evidence Regarding the Knife***

The evidence of the police is that after the ineffective CEW deployment, AP moved toward them with a knife and tried to stab WO3. As mentioned above, WO3's description of just barely being able to avoid being stabbed is corroborated by the evidence that he was sufficiently concerned that he asked to be checked afterwards by a paramedic. This evidence about AP's use of the knife is consistent with him attempting to inflict injury that could result in grievous bodily harm or death. Clearly at least one other officer saw the weapon as well as WO3, given that a yell of "Knife!" was heard.

As set out above, the physical evidence with respect to blood patterns on the knife and on the surrounding area of the bedroom floor is consistent with the knife, at a minimum, being present at the time the incident occurred.

### ***Location of Pooled Blood***

As described earlier, the forensic examination of the room demonstrates that where AP was subsequently found to be slumped down on the floor, leaning against the bed,

suggests that this is where he was shot. A large amount of blood was found in that position. The blood evidence does not establish whether or not he was standing at the time, but the evidence discussed in the following section assists in that determination.

### ***Bullet Hole in Plastic Tub***

The bullet hole damage in a plastic storage tub toward the back of the room, described above, is consistent with a shot taken while AP was standing near the same position as the pooled blood on the floor. It is inconsistent with AP sitting in the chair in the bedroom, or kneeling on the floor in front of it, at the time he was shot.

Given the location of the bullet hole a considerable distance above floor level, and the significant blood loss suffered by AP, the scene evidence is not consistent with AP being on the chair or kneeling in front of it at the time of the shooting. Rather, it appears he was shot, standing, very near the spot where he was subsequently found to be slumped down by the paramedics, and where there was a significant amount of blood loss. That position is consistent with him having come toward the officers as they entered the room.

### ***Conclusion on the Use of Force***

I am aware that some members of AP's family have alleged that AP was not in possession of a knife at the time of the confrontation, that he was shot with the CEW while sitting placidly in his bedroom chair, and that he was then taken, helpless from the effects of the CEW, from the chair into a kneeling position on the floor and shot dead. It is also alleged that police officers have since lied about those events and have planted or otherwise tampered with evidence to cover up the alleged murder. Those allegations rest on statements by CW1 that, as I have attempted to explain in this report, I find to be inconsistent, contradicted by the other available evidence, and unreliable.

The officers involved in this incident were faced with the task of apprehending an apparently angry and uncooperative man who would not come out of a closed room, with information that he might throw objects at them and that he sometimes carried a knife. In those circumstances it was reasonable to bring in an officer with a CEW, an intermediate force option, to deal with the risk of bodily harm to an officer that any overt aggressive move on AP's part might cause. WO3's subsequent decision to deploy the CEW, in the circumstances demonstrated by the evidence in this case, was justified and not excessive.

The only reasonable conclusion from the evidence as a whole is that AP's resistance to police, which had started with him throwing a heavy weight at them, then escalated to an attack with a knife by AP against WO3 immediately after the CEW deployment. The

reasonable apprehension that AP was attempting to inflict grievous bodily harm or death on one or more of the officers justified SO's use of lethal force against him in response.

Therefore, there are no grounds to consider a referral to the Crown to consider charges in relation to either the deployment of the CEW or the shooting itself. WO3 was justified in deploying the CEW in response to the throwing of the weight by AP, and SO was justified in using lethal force subsequently, to prevent lethal injuries to himself or other officers from AP's attack with the knife.

## **The Decision to Enter the Bedroom**

The circumstances of this case call for further analysis, however. In particular, the decision to enter AP's room must be examined. If the police action could reasonably have been expected to provoke AP into using lethal force against the officers, leading almost inevitably to the need for SO to respond with lethal force himself, an entry at that point might well have constituted a criminally negligent act. While it was important to get AP to the hospital, if the attempt to do so could be expected to place his life at risk such action would have been inappropriate.

In this case, though, the police had a positive duty to assist paramedics in getting AP to hospital. Just prior to their entry into his bedroom, they faced the following circumstances:

- AP was suffering from paranoid delusions, given the comments he was making to CW1;
- health care personnel were on hand; however, the paramedics needed the assistance of the police, given that AP had threatened violence and was angry and upset;
- although CW1 suggested that AP had calmed down, and said that he had never been violent before, she also said that he had a jar or bottle in his hand that he might throw, and said he had thrown objects before, so it would not have been reasonable to leave the paramedics to deal with AP alone; and
- attempts at negotiation had been carried out, with the cooperation of CW1, but these had been unsuccessful, and there was no reason to expect that the participation of other family members would be rewarded with more success.

The four attending officers were all acting in lawful execution of their duty in attempting to apprehend AP under the *Mental Health Act*. The *Act* authorizes a police officer to use force to take a person to be examined by a physician if satisfied that the person appears

to have a mental disorder and is acting in a manner that is likely to endanger their own or another person's safety. That conclusion may be based on the officer's observations or on information received. It is not a requirement under the *Act* that the person be suicidal, and the officers had information that AP, a person with a mental disorder, had talked of wanting to hit CW1. By their own observations, he was now acting irrationally and speaking to her angrily and aggressively. CW1 had, in fact, called 911 with a specific request that AP be taken to the hospital. The paramedics' evidence establishes that they felt they had to do so, and it fell to the police officers to establish physical control over AP and restrain him sufficiently for the paramedics to do their job. The evidence from CW1, that the officers told her they "knew how to handle people like" AP, strongly suggests they did not expect to be met with such a level of resistance that the use of lethal force would become necessary, and that assessment is supported by the evidence available to the officers when they made the decision to go into the bedroom:

- AP had earlier indicated he wished to assault CW1, but had not committed any specific act of violence;
- on this occasion AP was expressing unwillingness to accompany the police or anyone else to the hospital, but he had previously cooperated with police and gone willingly to hospital; and
- although CW1 had mentioned that AP had access to a knife, she said it was only used for preparing or consuming food, and there was no suggestion he intended or was likely to use it as a weapon.

WO2's friendly inquiry of AP as he opened the bedroom door, asking AP if he was "okay", is strongly suggestive that the officers were not expecting to be met with the level of aggression that AP very quickly displayed.

In summary, the situation facing the police was that AP clearly needed mental wellness help, and it was their responsibility to try to get it for him. When he was uncooperative, which is not uncommon in such situations, the decision for the police was what steps to take next. One option was waiting for the arrival of other family members, which was said to be about fifteen minutes away, but which from the officers' perspective was undetermined. The presence of other family members might have helped, had no effect, or worsened the situation. While waiting, there was the unknown risk of what AP might do while left alone in the room. The officers had to be concerned about self-harm, given AP's state of delusion, even though there was no specific evidence on this point. In addition, the presence of others may well have made the situation more difficult. Thus, while it may be that waiting for other family members would not have been unreasonable, the decision to act without waiting for them was not unreasonable either.

The question of possible criminal negligence comes down to the level of risk anticipated upon entry into the room. While there was evidence about the presence of a knife, and AP seemed angry and perhaps aggressive, there was no suggestion the knife was present for anything other than an innocent purpose. While the fact that AP was upset and delusional did create risk, therefore justifying the presence of the CEW, it cannot be said that entry into the room was expected to result in AP commencing a potentially lethal attack against the police. On the contrary, he had been portrayed as a person who was normally cooperative with the police. Clearly this knife attack was unexpected and out of character.

Therefore, it cannot be said that when the police entered the room they expected to be attacked by a knife.

The evidence that WO2 started by asking AP if he was alright shows an attempt to deal calmly with AP, as does the fact that there is no evidence any gun was drawn when the door was opened. These facts do not suggest a situation where the officers expected a knife attack.

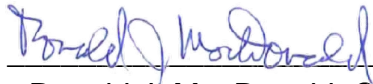
Had such an attack been expected, police should have considered other avenues that would have reduced or eliminated the need for the use of lethal force, including leaving AP in the room for a longer period—perhaps much longer. But this situation seemed to be a fairly normal one, where the use of four officers could have quite easily controlled AP and gotten him to the help he needed. The surprising attack changed matters very quickly.

It is important to judge situations such as these based on the information available to the police at the time, not on what is known now. In this case, the actions of the police to effect what seemed to be a relatively routine process were reasonable and appropriate. Their actions do not constitute any form of criminal negligence or other criminal act.

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.

This was a tragic situation, with a result that has been shocking and upsetting for those close to AP. They have suffered a tremendous loss, one they must deal with forever. Part of their reaction to the matter has been to publicly accuse the officers in this matter of numerous extremely serious offences, including the deliberate and planned killing of AP, the fabrication of evidence, and the staging of the scene. This report will not analyze the

perhaps understandable emotions that give rise to these allegations, other than to say that the evidence is entirely inconsistent with those positions.

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

September 24, 2020  
Date of Release