



**IN THE MATTER OF THE DEATH OF JAMES WILLIAM WILLIAMS
AFTER BEING RELEASED FROM CUSTODY
BY MEMBERS OF THE RCMP
IN THE CITY OF DUNCAN, BRITISH COLUMBIA
ON JULY 16, 2020**

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

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

IIO File Number: 2020-170

Date of Release: April 27, 2021

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INTRODUCTION

IIO PUBLIC REPORTS GENERALLY REFER ANONYMOUSLY TO A PERSON WHO HAS SUFFERED DEATH OR SERIOUS HARM IN A CASE THAT THE IIO HAS INVESTIGATED, AS THE 'AFFECTED PERSON'. IN THIS CASE, MR. WILLIAMS' FAMILY HAVE REQUESTED THAT HE BE IDENTIFIED BY HIS FULL NAME, AND THE IIO HAS AGREED TO COMPLY WITH THAT REQUEST.

Just before 4:30 p.m. on July 15, 2020, James William Williams was arrested by a Duncan RCMP member for being intoxicated in public. Mr. Williams spent approximately nine hours in police custody, and then walked home in the early morning hours of July 16, 2020. That afternoon at about 3:30 p.m., he was found deceased in his room. 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 four civilian witnesses and three witness police officers;
- police officer notes;
- police Computer-Aided Dispatch ('CAD') and Police Records Information Management Environment ('PRIME') records;
- police radio transmission recordings;
- RCMP custody records;
- RCMP jail cell guard training records;
- RCMP policies;
- scene photographs;
- video from a police vehicle and from the RCMP detachment;
- video from commercial premises;
- video from the shelter where Mr. Williams was living;
- records from the Warmland Shelter and the sobering centre; and
- autopsy and toxicology reports.

NARRATIVE

The IIO investigates the death of a person whenever there is understood to have been an interaction between the person and police shortly before the death, regardless of whether there appears to be a causal connection between the death and any police action. In this case, Mr. Williams was taken into custody by police on the day before he died, and released the following morning, so in addition to reviewing the other evidence listed above, IIO investigators interviewed RCMP members with evidence to give about Mr. Williams' arrest and about his subsequent release.

The arresting officer, Witness Officer 1 ('WO1') told investigators that at about 4:30 p.m. on July 15, 2020, on patrol in Duncan in his police vehicle, he saw a male (Mr. Williams) lying on his back over the concrete base of a business sign in a commercial parking lot at the corner of Alexander Street and Highway 1. WO1 said, "I felt I was required to check on his well-being". WO1 went to Mr. Williams and roused him. He was able to obtain Mr. Williams' name, he said, and noted that Mr. Williams' speech was slurred and that there was an odour of liquor on Mr. Williams' breath. WO1 said Mr. Williams admitted to having drunk six beers. Although Mr. Williams was calm and cooperative, WO1 said, he judged that Mr. Williams was significantly intoxicated and decided to take him to cells:

I stood him up on his feet to kind of check his balance, and that sort of thing, and I felt that he was not in a position to care for himself. So he was intoxicated to the point of obviously not being able to care for himself, but I also felt that he was not in a position to be brought to the sobering centre. He was too intoxicated for the sobering centre, but not intoxicated to the point he required medical attention. So I felt that the cells was the safest and best place for him.

WO1 explained that the sobering centre would not accept someone at Mr. Williams' level of intoxication, because Mr. Williams would not have been able to dress or undress himself:

The deal there is that as long as they're able to put pajamas on or dress themselves then they can stay at the sobering centre.

Asked about options other than custody, between the sobering centre and the hospital, WO1 said:

For me, depending on who I'm dealing with, if it's somebody who has a home to go to, then that would be an option. In this case, [Mr. Williams] mentioned that he's lived on the street and lives at the Warmland Shelter, so no family to basically monitor him if he did go home to the shelter. Who's going to be there to monitor him? Whereas in cells there's a guard that's going to monitor him.

WO1 stated that he did not know whether Mr. Williams had his own room at the Shelter, or just a mattress on the floor in the common area, but believed that either way there would not be sufficient monitoring of Mr. Williams.

WO1 helped Mr. Williams to the police vehicle and placed him in the back seat. He said that subsequently, at the detachment, he found a half-full 'mickey' of vodka in the sleeve of Mr. Williams' jacket. He told investigators that he did not handcuff Mr. Williams, because he was very cooperative, and a background check run by WO1 showed no significant history and no arrest warrants. Once in the vehicle and on the way to the

detachment, WO1 said Mr. Williams' demeanour was "sleepy". WO1 said that Mr. Williams did not complain of any injury or medical condition, and when asked whether he was taking medications, did not name any. Asked by investigators specifically whether Mr. Williams had complained at any point about any pain in his chest or ribs, WO1 said he had not.

Shortly before WO1 stopped to check on Mr. Williams, Civilian Witness 1 ('CW1') had seen Mr. Williams "passed out" in a parking lot as she was driving past the corner of Alexander Street and Highway 1. CW1 told IIO investigators that she did not stop because she saw another civilian vehicle apparently stopping to check on Mr. Williams. CW1 provided a general description of the vehicle she saw stopping, and investigators attempted to identify and locate the vehicle in hopes of interviewing its driver, but were unable to.

As WO1 was dealing with Mr. Williams, another police vehicle passed through the intersection. WO2 told the IIO that he recalled seeing WO1 dealing with Mr. Williams as he drove past. He said his impression was that Mr. Williams was "fairly intoxicated" because of his posture, looking down, slouched over, arms rested on his knees with his hands hanging loose, and not focussing on WO1. WO2 said that WO1 was writing in his notebook, and appeared calm. WO2 said he had no concerns about the situation, so did not feel it necessary to stop and assist.

Radio recordings, PRIME entries and video recordings confirm WO1's account of the interaction. WO1 can be heard asking for a check on Mr. Williams and being told that Mr. Williams had experienced prior incidents of public intoxication. At 4:29 p.m., the in-car camera in WO1's police vehicle recorded Mr. Williams slowly entering the back seat. It can be seen that he is not handcuffed. At 4:38 p.m., the dash camera in the vehicle shows WO1 driving into the secure vehicle bay at the RCMP detachment. Detachment Closed-Circuit Television ('CCTV') equipment recording both video and audio shows WO1 opening the back door of the vehicle, calling Mr. Williams by his first name and saying, "Come on out pal". WO1 then supports Mr. Williams by his arm as he walks him into the building.

CCTV in the detachment booking area shows Mr. Williams being booked in by WO1, assisted by the desk sergeant and a civilian guard. Mr. Williams is asked COVID-19 screening questions and his temperature is taken. WO1 asks Mr. Williams, "Are you taking any medications?" Mr. Williams' mumbled response is not intelligible on the recording, but WO1 can be heard to say, "No. Okay". Mr. Williams is asked if he has any injuries, and he responds, "No." Mr. Williams is seated during most of the process, but he sways noticeably when he stands, and the officers assist him. He is handled appropriately

throughout. Mr. Williams can be seen to walk into a cell and the door is closed behind him.

The Prisoner Report for Mr. Williams states that he is of no fixed address, that he was arrested for “liquor intox” and that he would not be charged with any offence. WO1 noted on the form that Mr. Williams was “located past out [sic] leaning backwards over cement barrier. Unable to stand up w/o help. A/C/W DIPP RWS [arrested, chartered and warned for being drunk in a public place, to be released when sober]”. Mr. Williams’ condition is listed as Balance – Falling; Speech – Slurred; State of Mind – Placid; Consciousness – Alert. There is a note beside WO1’s initials: “Too intox to Care for Self”.

IIO investigators interviewed the civilian guards on duty at the material times and fully reviewed cell video for the period during which Mr. Williams was in custody. Mr. Williams was constantly monitored by video and door checks during his stay, and at one point was asked to move to a different position in the cell so that he was more observable via the in-cell camera. Mr. Williams complied peacefully. At no point did Mr. Williams fall, suffer any injury or show any sign of medical distress. At 9:32 p.m., Mr. Williams asked the guard when he could go home, and was told that it would be another three to three and a half hours. Mr. Williams did not get upset, but sat back down to wait. CW2, the guard who interacted with Mr. Williams at this time, told investigators that Mr. Williams was a “model prisoner”.

CW2 said that intoxicated persons are generally held for eight hours to sober up. Just before the expiry of Mr. Williams’ eight hours, CW2 said, Mr. Williams tapped on the cell door and said he wanted to get out. CW2 said that when he was told that he would be released soon, Mr. Williams said “I’m doing fine, I got chest pains”, and CW2 told him to let the police officers know, “when you go”. At 1:23 a.m. on July 16, the cell log notes that Mr. Williams is “walking, complaining of chest pains”.

At 1:30 a.m., WO3 can be seen on detachment video bringing Mr. Williams from his cell. WO3 asks Mr. Williams how he is doing, and if he has a place to go. Mr. Williams says he has an apartment at the Warmland Shelter. As Mr. Williams is putting on his clothes and shoes, he asks WO3 where he was picked up. When WO3 gives Mr. Williams the location of his arrest, Mr. Williams says, “I could have just gone home”, and WO3 replies, “You were passed out, but yeah, probably”. Mr. Williams asks WO3 for a number to call a taxi, but WO3 says, “Er, I don’t know if there’s any taxi open” (IIO investigators have confirmed that no taxi company in Duncan was open past 1:00 a.m., because of COVID-19 restrictions). The video shows Mr. Williams as apparently sober, well-spoken and steady on his feet.

CCTV video and audio recordings show that CW2 was present the whole time Mr. Williams was with WO3 until WO3 walked Mr. Williams out of the detachment, and did not relay Mr. Williams' earlier complaint about chest pain to any officer present. Nor did Mr. Williams repeat his complaint in the presence of any officer. WO3 walked Mr. Williams out to the street, recorded on CCTV video the entire time, until they parted and Mr. Williams left to walk home. Nothing of concern occurred at any point.

Interviewed by IIO investigators, WO3 recalled being asked to release a detainee (Mr. Williams) from cells. He understood that Mr. Williams had been brought in for being intoxicated in public. He said he woke Mr. Williams up and recalled that Mr. Williams was slow to come out of the cell, and slow to put on his pants and shoes, acting like a person with a hangover. Asked by investigators whether police will normally offer a detainee a ride home, WO3 said no, as everything is within walking distance in a small town like Duncan. He recalled that Mr. Williams told him he lived at the Warmland Shelter, and said it would be about a fifteen minute walk from the Detachment to the Shelter, and he had no concerns about Mr. Williams walking there. In fact, he said, it was "common" for detainees to be released from the Detachment to walk there.

WO3 said that Mr. Williams did not mention needing medical attention or being in pain. Neither did the guard or the watch sergeant, he said. WO3 said he was "fairly sure" he had never met Mr. Williams before, and described him as quiet and polite, and not drunk any more.

WO3 was asked by investigators whether, in hindsight, he felt there was anything he could have done differently on the night in question, and after some thought said that he did not.

At about 2:00 a.m., Mr. Williams was captured by a CCTV camera located at commercial premises, walking south on Canada Avenue, several minutes walk from the RCMP detachment and heading towards the Warmlands Shelter, about one kilometre farther east. At 2:08 a.m., he was recorded on video entering the Shelter. He went straight to his room. He left again at 5:54 a.m. to go to the laundry room, and all his movements in the common areas other than the laundry room itself were recorded on video with nothing untoward occurring. CW3, a staff member, recalled Mr. Williams as appearing hungover, but added that Mr. Williams said he was feeling good. Mr. Williams was back in his room at 6:00 a.m.

No one entered or left the room until approximately 3:30 p.m., when a shelter worker, CW4, knocked at his door looking for the laundry room key. When there was no answer, CW4 used her master key to enter the room, and found Mr. Williams lying on the floor, deceased. CW4 said that she noted that Mr. Williams' neck was warm to the touch, but

his hands were cold and curled, with rigour already setting in. Staff immediately called 911, and paramedics and RCMP members attended.

An autopsy was conducted on July 20, 2020. The Post-Mortem Examination Report lists the cause of death as “(a) subdural and subarachnoid hemorrhage; and (b) blunt head trauma”, with no other significant contributory conditions. A “single small bruise” was noted on the back of Mr. Williams’ head, “with no associated skull fracture”:

The underlying brain showed mild swelling and there was a collection of blood under the covering of the brain on the right side (subdural hemorrhage) measuring 120 ml. A bleed was also present on the surface of the brain on the right side (subarachnoid hemorrhage). There was no evident macroscopic (naked eye) bruising of the brain surface.

The report estimates that the bruise on the back of Mr. Williams’ head occurred within approximately seven days prior to his death. The subdural hemorrhage was consistent with an older bleed having occurred about four to five days before death and a recent re-bleed occurring within approximately seven hours before death.

The autopsy report also states:

The bruise to the scalp at the back of the head would be in keeping with blunt trauma to the head such as could be explained by a blow against a hard surface from e.g. a backwards fall. This impact could be sufficient to explain the development of the subdural and subarachnoid hemorrhage seen at autopsy. A re-bleed of an older subdural hemorrhage can occur with minimal/trivial trauma to the head potentially without signs of impact to the head due to the fragility of the blood vessels within this region. High blood pressure and chronic alcohol misuse may increase the susceptibility of an individual to develop intracranial bleeds.

There was also evidence of a number of other serious health conditions. Mr. Williams was noted to have sought medical treatment on previous occasions for chest pain and to have been diagnosed variously as suffering from “gastrointestinal spasm”, high blood pressure, diaphragmatic hernia (a hole in the diaphragm) and hyponatremia (insufficient sodium in the blood). Significantly, there was evidence in the brain of previous strokes, and some hardening and narrowing of arteries supplying both the heart and the brain:

A CT scan of the brain on March 1, 2020 revealed changes in the left basal ganglia and right thalamus believed to likely be lacunar infarcts [a type of stroke], the scan also showed potential small vessel ischemic disease.

Bruises were found on Mr. Williams' torso and left leg. There was bruising over the eighth, ninth and tenth ribs on the right side, with no associated fracture. There were fractures of the fourth and fifth ribs on the right side with "minimal to no associated bruising". There was no bleeding into the chest cavity and no injury to the right lung. The report states:

The bruising over the ribs and rib fractures could reasonably have been caused by resuscitation efforts. In the absence of resuscitation efforts, these injuries could be explained by a terminal fall [there is no evidence that any resuscitation measures were attempted, as Mr. Williams had evidently been deceased for some time when discovered by Shelter staff].

A "terminal fall" refers to a fall that occurs with the collapse of the subject just prior to death.

The toxicology report notes nothing contributory to death.

The report does not provide any opinion with respect to the time of death, which evidently occurred between the time Mr. Williams last entered his room at 6:00 a.m. and the time he was discovered deceased at approximately 3:30 p.m.

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.

It is clear from the evidence that Mr. Williams was significantly intoxicated when he came to the attention of WO1. The evidence of both CW1 and WO2 corroborates WO1's observations in that regard, and Mr. Williams acknowledged having drunk six beers and had a half-consumed bottle of vodka on his person. It is also clear that WO1 carefully evaluated his options for dealing with Mr. Williams, having found him passed out in a parking lot in that condition:

- If Mr. Williams appeared to be in medical distress, he could be taken to the hospital, but that did not appear to be the case. Mr. Williams was specifically asked about any medical concerns or injuries, and answered in the negative.
- The sobering centre was considered as a destination, but on WO1's evidence Mr. Williams would not have been able to simply go there to 'sleep it off' because he was not in a condition to look after himself sufficiently.

- Similarly, simply letting Mr. Williams walk home to the Shelter was an option, but WO1 knew that Mr. Williams would not be carefully monitored there, whether he was in a private room or on a mattress on the floor of the common area.
- Finally, WO1 knew that Mr. Williams would be safely monitored in a cell at the detachment, and quite reasonably chose that option as a place for Mr. Williams to sober up under the watchful eye of video cameras and guards.

All the available evidence is consistent with WO1 having taken a careful approach in dealing with Mr. Williams, and there is no evidence that the interaction was anything but entirely appropriate. The evidence shows that no force was used against Mr. Williams by WO1. The established fact that WO1 transported Mr. Williams without handcuffs is strongly indicative of a peaceful and non-confrontational arrest, which was carried out essentially for Mr. Williams' own good.

Mr. Williams is recorded on video without interruption from the moment he enters the back of WO1's police vehicle to the moment he parts company with WO3 to walk home from the police detachment. Those video recordings show nothing of any concern with respect to Mr. Williams' handling and treatment by officers or civilian guards, and nothing suggestive of a cause for a head injury, or any other harm.

Even though there is evidence that he complained about chest pain to a guard shortly before release, there is no evidence that he said anything about that to an officer. While the guard should have ensured that the complaint was passed on to WO3 at the time of release, there is no evidence that Mr. Williams was suffering from any associated medical condition, and no evidence that the chest pain of which he complained played any role in his death. As set out above, Mr. Williams' history suggests that he suffered chronically from chest pains caused by non-life-threatening conditions.

There was nothing in his apparent condition at the time of his release that could reasonably have caused concern to any officer. Mr. Williams appeared to be sober and alert, and quite capable of walking the relatively short distance to the Shelter, which he in fact did. It should be borne in mind, in this regard, that Mr. Williams was specifically asking to be released in the middle of the night, so clearly had no concerns about his ability to get home.

The findings at autopsy focus on cerebral hemorrhage as the cause of death and, as set out above, underline how vulnerable Mr. Williams was at the time to suffering a re-bleed from a previous partially healed hemorrhage. It seems likely, given that Mr. Williams was found initially passed out on his back on a concrete slab, that the bruise on the back of his scalp and the underlying hemorrhage may well have been the result of a fall while

intoxicated, compounded by a number of pre-existing conditions as set out in the Post-Mortem Report. There is no evidence whatsoever that the brain injury was caused by any police officer or jail guard. On the contrary, the evidence establishes that no injury to Mr. Williams, of any sort, occurred during his time in police custody.

The fact that on video Mr. Williams appeared intoxicated when brought to police cells, and sober when he was released, would seem to confirm that his condition on arrest was caused by alcohol use, and not the brain bleed that impacted him many hours later.

Both WO1 and WO3 were questioned by IIO investigators about any past history with Mr. Williams, and it does not appear there was any. This is unsurprising, since police records indicate that Mr. Williams was not frequently involved with the police.

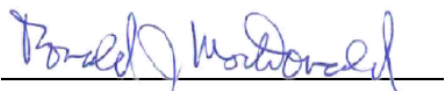
In summary:

(a) almost the entire time that Mr. Williams spent in police custody was captured on video; that and other evidence demonstrates that Mr. Williams did not suffer any injury during contact with any police officer;

(b) it was quite reasonable for police to release Mr. Williams to allow him to walk back to the Shelter as he appeared sober and able to care for himself; he in fact did just that, and walked to the Shelter on his own, making his way to his room, also taking the time to use the laundry facilities; and

(c) unfortunately, his medical condition later caused him to collapse in his room where he was found deceased.

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

April 27, 2021
Date of Release