



**IN THE MATTER OF THE INJURY OF A FEMALE  
WHILE BEING ARRESTED BY MEMBERS OF THE  
RCMP IN COBBLE HILL, BRITISH COLUMBIA  
ON FEBRUARY 11, 2022**

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

Chief Civilian Director:

Ronald J. MacDonald, KC

IIO File Number:

2022-025

Date of Release:

February 16, 2023

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## **Introduction**

In the evening hours of February 11, 2022, the Subject Officer ('SO') conducted a traffic stop after witnessing a vehicle cross the centre line of the road twice. The Affected Person ('AP'), who was driving the vehicle, failed a breath test for impairment. An interaction occurred between AP and SO, and AP suffered a number of injuries.

Because the injuries occurred in connection with the actions of police officers, 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:

- statement of a civilian witness;
- statement of AP;
- statements of one witness police officer;
- CCTV video and logs from RCMP cell block;
- photos of police vehicle;
- police Computer-Aided Dispatch ('CAD');
- Police Records Information Management Environment ('PRIME') records;
- police radio to radio transmissions and 9-1-1 calls;
- medical records; and
- records from BC Emergency Health Services.

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**

On February 11, 2022 at 10:53 p.m., the Subject Officer ('SO') conducted a traffic stop of a vehicle after it had allegedly crossed the centre line twice.

The area of the traffic stop was not lit, it was late, and the road was dark. There were no other drivers or houses nearby. After engaging in a brief conversation with the Affected Person ('AP'), SO demanded that she take a breath test for impairment, which was obtained by an Approved Screening Device (ASD). AP failed the test, and the SO began to arrest AP for impaired driving, grabbing her arm.

According to AP, she was intoxicated that evening and "*got scared*" when SO grabbed her arm during the arrest process. AP said that she pulled away, and that SO said "*don't do this*" as she did so. AP said that she did not understand what she was being arrested for, and had a "*trauma response*" to the arrest. She was panicked and triggered by SO's arrest, as she had been a victim of abuse in the past.

At 11:07 p.m., SO asked for back up, and one minute later asked for another officer to “*step it up*”, meaning that the call was a higher priority.

AP described that she continued to pull away from SO, because the handcuffs SO was attempting to apply were sharp and hurting her.

AP said that she ended up on the ground and “*I don’t remember how honestly...I don’t know if I tripped or if he tripped me... I wish I could remember*”. AP said that SO folded her legs forward and sat on her. AP admitted that she was “*kicking at him, he was hurting me*”.

Witness Officer 1 (‘WO1’) arrived and described seeing AP with her hands in handcuffs towards the front of her body. WO1 said that she was wailing and screaming and was on her knees sitting upwards. WO1 suggested that the officers should bring AP to the ground, and he said that they placed AP on her stomach gently and in a controlled manner. He described AP was kicking, flailing and rolling around as the officers were trying to control her. WO1 told her that she was under arrest and to stop fighting.

WO1 and SO moved AP to her side and removed one handcuff in an attempt to change her handcuffing position to the rear, rather than the front. WO1 described that he had trouble securing her arms in cuffs because she was kicking and flailing at the officers, fighting being put in handcuffs.

WO1 described SO telling AP that she would be pepper sprayed if she did not stop fighting. AP also said this, and that she challenged SO to “*do it, do it*” when this happened. WO1 said that AP relented for a moment, and WO1 was able to secure her right arm in a handcuff towards the back of her body.

WO1 said that it took both officers to pick AP up once she was handcuffed, and they “*almost had to half drag her to the car*” because she was dead weight and not complying. Eventually AP stood up and was instructed by the officers to sit in the back seat of the vehicle. WO1 said that she then half-entered the vehicle, and pushed off the seat and tried to exit the vehicle. She eventually entered the backseat of the vehicle.

Civilian Witness 1 (‘CW1’) was a passenger in the vehicle. He did not see much of the interaction between AP and SO because he remained in the vehicle during most of the traffic stop. CW1 briefly got out of the vehicle and saw the officers dragging AP on the ground to the police vehicle. CW1 also said he saw SO kneel on AP’s knees and punch AP ten times.

Once inside the police vehicle, AP said that she noticed that she was bleeding and described that she began to “*freak*” and “*lose it*”. AP said that she hit her head repeatedly

on the silent patrolman [the plexiglass between the front and back seats in the police car], to try to gain the officer's attention and show him the blood. AP said she was trying to get a reaction from the officer.

Later, WO1 said that SO told him that AP was behaving fine when she initially exited the vehicle but "*lost it*" when she blew a fail on the ASD. SO told WO1 that he had difficulty controlling AP, and that he handcuffed her in the front instead of the back, because that is all he could do at the time.

AP alleged that SO had his knee on her neck and that she "*blacked out*", but WO1 did not see that occur and did not believe it could have, given SO's position when he arrived.

At 11:41 p.m., AP was transported to RCMP cells. She declined medical attention at first, but then was later taken to hospital related to her mental health. AP had two stitches administered to her head while she was in the hospital.

Two days later, AP returned to the RCMP detachment to advise that she had suffered a torn meniscus in her knee from the incident. Her medical records show that she bruised the end of her femur at the knee, which resulted in a locked left knee that could not fully extend.

## **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.

The issue to be considered in this case is whether the officer may have used excessive force or otherwise acted improperly in his interactions with AP.

The officer acted lawfully, in execution of his duty, when he arrested AP following a traffic stop where AP was found to be driving while impaired.

Initially, AP was compliant while interacting with SO. However, this changed suddenly when she was told that she was under arrest. As SO attempted to handcuff AP, the situation escalated, and AP became non-compliant and violent. AP even described herself this way, saying that she became scared and pulled away initially, and then later that she kicked at the officer.

Officers are trained to place people into handcuffs for safety purposes when they arrest them. SO was dealing with a female who was not complying with his attempt to handcuff her. This placed SO in a difficult position, as he could not just let AP walk away from the arrest. He needed to arrest and remove her, so she was not able to drive anymore. Given

the circumstances of the arrest and AP's demeanour, it certainly made sense to place her in handcuffs.

AP and CW1 make a number of allegations related to SO's use of force. AP said that SO placed a knee on AP's neck while CW1 said that SO punched AP in the head ten times. There is contradicting information from WO1 about this. AP, by her own account, was intoxicated and this brings the reliability of her evidence into question somewhat.

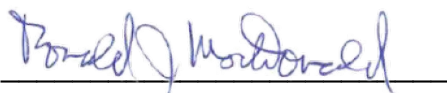
The medical records received support that AP had an open wound to the sculp. However, it is also clear from the evidence that AP was hitting her own head many times on the silent patrolman. The medical records do not provide evidence to indicate how the injuries to her head were caused, but are certainly consistent with what she admits were her own actions inside the backseat of the patrol vehicle.

Based on the situation, it cannot be said that SO's actions were unreasonable generally. It was late at night, on a dark street, and the officer was faced with a female who was resisting being arrested. To add to the risk, there was an unknown male in the car and it was a dark street with no one else around. His radio call for backup to "*step it up*" evidences SO's concern with the risky situation he was in.

Some early de-escalation attempts may have assisted SO to deal with AP's heightened reaction to being arrested. However, SO was not aware of AP's previous trauma history and could not be expected to understand it fully prior to dealing with her on this occasion.

Under the law, SO's actions do not have to be perfect. Instead, the level of force applied must be reasonable, necessary and proportionate to the situation the officer found himself in. Although perhaps not perfect, SO's actions were reasonable and necessary to get AP in handcuffs and into the police car for transport in this situation.

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, KC  
Chief Civilian Director

February 16, 2023  
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