



**IN THE MATTER OF THE DEATH OF A MAN  
AFTER HIS ARREST BY MEMBERS OF THE RCMP  
IN BURNABY, BRITISH COLUMBIA  
ON JULY 4, 2025**

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

Chief Civilian Director: Jessica Berglund

IIO File Number: 2025-164

Date of Release: April 28, 2026

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## INTRODUCTION

On the afternoon of July 4, 2025, the Affected Person (“AP”) was seen to leave his home behaving in an unpredictable and aggressive manner. When he briefly entered a neighbour’s house after kicking down the front door, and then damaged vehicles on another neighbour’s driveway, police were called. As the first responding RCMP members arrived, the AP went towards them, but then collapsed onto the ground. The two subject officers turned the AP face-down and handcuffed him. Very quickly, though, he was observed to be in medical distress, so was uncuffed and rolled onto his back for CPR to be provided. The AP was assisted by paramedics and was taken to hospital, but passed away the following day.

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 from the AP’s family, and from 13 civilian witnesses (including six first responders) 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;
- security system video recordings from four residential locations;
- two civilian cell phone video recordings;
- scene examination;
- medical evidence; and
- autopsy report.

The IIO does not require officers whose actions are the subject of an investigation to provide evidence. In this case, neither subject officer has given an account.

## **NARRATIVE**

At about 2:00 or 3:00 p.m. on July 4, 2025, upstairs tenants in a house in Burnaby heard banging sounds coming from a downstairs suite occupied by the Affected Person (“AP”). Civilian Witness 1 (“CW1”), one of the upstairs tenants, later told the IIO that he heard the AP “running around” downstairs and then heard the front door open. CW1 said he looked out through a window and saw the AP run out of the house, glancing around and appearing “worried and scared.” CW1 said he noticed the AP was not wearing shoes. He said he saw the AP move away down the street. Civilian Witness 2 (“CW2”), who was passing by on the street at the time, told investigators that she saw the AP come out of the house, yelling and “grunting,” and then go back inside, slamming the door.

Later, CW1 and the other upstairs resident, Civilian Witness 3 (“CW3”) heard a loud bang from downstairs, and went down to investigate. CW1 said he saw the AP come out of his suite with what appeared to be white powder in his nostrils. CW1 said he assumed it was cocaine, though he had never known the AP to use that substance.

CW3 began recording on his cell phone. The recording, obtained by IIO investigators, includes audio of loud crashing sounds. The AP can then be seen leaving through the front door wearing sweatpants and with bare feet.

At about 4:26 p.m., the AP left the residence again and ran off along the street, this time in the opposite direction. He can be seen in security camera video obtained by the IIO, running past in the middle of the road. He is seen to stop, turn and look behind him, but no one appears to be following him.

The AP went to the front door of a home, and can be seen on doorbell camera video from that location, gasping and swearing. He is heard talking to himself about someone and “his buddies” who the AP says are going to “kill” the AP. The AP then kicks the front door several times, and breaks it from its hinges. The door falls inside the house and the AP enters. The resident of the home can be heard telling the AP to “go away” as he walks around inside, and he then leaves, stepping over the broken door. The AP is still talking to himself in a frightened manner and waving his arms.

The AP ran away along the street and entered the driveway of the residence of Civilian Witness 4 (“CW4”). CW4 later told the IIO that the AP appeared to be in “great distress ... hyperventilating ... wide-eyed,” and with a white substance around his mouth. He said the AP was saying, “They’re shooting at me, they’re shooting at me.”

CW4 called 911 and, while still on the phone with the 911 call-taker, tried to comfort the AP, following him as the AP continued to walk around in the street. He told the call-taker that the AP appeared to be having “a panic attack or a mental breakdown.” The audio recording of CW4’s call shows he was constantly trying to calm and soothe the AP, but without success. As he moved around erratically, the AP at one point tried to gain entry into a vehicle, went to his own home’s front door, and then returned to CW4’s property. The AP pushed over CW4’s motorcycle and kicked and punched his truck, then started pulling at the door of a parked trailer, trying to get inside.

The two subject officers arrived at the scene, and CW4 is heard on the audio recording telling the AP, “Help is on the way, you’re gonna be okay.” Subject Officer 1 (“SO1”) can be seen on video pointing at something along CW4’s driveway as the AP, taking off his shirt, approaches the officer. As SO1 steps back quickly towards the street, the AP collapses, falling onto his back. CW4 described the fall in these words: “[The AP] ran towards the end of the driveway ... he kind of face-planted just between the truck and the bushes.” CW4 said the officers told the AP he was under arrest for mischief, “and then they were trying to get his hands to his back, I grabbed his legs and kind of pulled them across one another.” CW4 said that the AP was “not excessively resisting, but was just making it a little bit difficult.”

Because of distance and obstructions, the video does not clearly show the actions of the officers after this, but the two subject officers can be seen to approach the AP and turn him over to apply handcuffs. The AP appears to struggle against them.

Witness Officer 1 (“WO1”) arrived shortly after the two subject officers. WO1 told IIO investigators that he only had to assist the other officers “very little.” He said the AP was “making it difficult” for the officers to get him into handcuffs, but was not actually fighting them. CW4 was assisting by controlling the AP’s legs.

Civilian Witness 5 (“CW5”), interviewed later by IIO investigators, said that once the AP was handcuffed, one officer knelt beside him. CW5 said the officer was kneeling on the ground, not on the AP’s body.

CW4, who told investigators that he felt very sympathetic to the AP’s “mental distress” during the interaction, summed up the subject officers’ actions in these words:

*They tried to contain someone that was acting erratically and violently, so I think their use of force was not excessive whatsoever. They didn’t tackle him. He fell to the ground. The officer walked to him and tried to handcuff him. [SO2] had his knee on [the AP’s] upper back or shoulder, mid back, he didn’t have his whole weight, he was not leaning forward,*

*he was leaning back, just ensuring that he was not standing back up or moving aggressively. I had my hands on his ankles. There was barely any resistance.*

Civilian Witness 6 (“CW6”), a Registered Psychiatric Nurse, was riding in SO1’s police vehicle as part of a Mobile Integrated Crisis Response Unit. She remained in the car until the AP was restrained. CW6 told investigators that as she approached the AP, she saw that he appeared scared, and was mumbling something and kicking his feet. She said the officers appeared to be trying to comfort the AP and calm him.

CW6 said that the AP’s condition then deteriorated rapidly. She said he became quiet, his breathing slowing. She said his eyes lost focus and “white foam” or saliva started coming from his mouth. She detected a pulse and tried to rouse the AP using sternum rubs. Meanwhile, the attending officers radioed reports of the AP’s condition and administered Naloxone. The AP was uncuffed and turned onto his back. CW6, by now, could no longer detect a pulse, and began chest compressions.

Within seconds, paramedics arrived, quickly followed by an Advanced Life Support unit. At 5:13 p.m., the AP’s pulse had been restored, and he was transported by ambulance to Burnaby General Hospital. His condition continued to worsen during the night, and on the afternoon of July 5, the decision was made to discontinue life-sustaining treatments.

A toxicological report following analysis of the AP’s blood reported a level of cocaine and its metabolites overlapping with levels associated with fatalities. The AP’s autopsy report stated the cause of death to be “the combined effects of blunt force trauma of the torso and upper extremities; congenital cardiac disease and cocaine intoxication.” Asked by IIO investigators for further details, the pathologist stated that “in general, CPR tends to cause blunt force trauma and break ribs, especially to be effective.” The pathologist explained further that the external injuries suffered by the AP were consistent with “restraint of the arms, placing the decedent on his front side, restricting movement, and CPR.” The pathologist stated that the AP would not necessarily have survived if no force had been applied to him: congenital conditions of the sort from which the AP was suffering, either separately or combined with a high level of cocaine in the body, “can have a fatal effect at any time.”

## **ANALYSIS**

The Independent Investigations Office of British Columbia is mandated to investigate any incident that occurs in the province in which an Affected Person (“AP”) has died or suffered serious physical harm and there appears to be a connection to the actions (or

sometimes inaction) of police. The goal is to provide assurance to the public that when the investigation is complete, they can trust the IIO's conclusions, because the investigation was conducted by an independent, unbiased, civilian-led agency.

In most cases, those conclusions are presented in a public report such as this one, which completes the IIO's mandate by explaining to the public what happened in the incident and how the Affected Person came to suffer harm. Such reports are generally intended to enhance public confidence in the police and in the justice system as a whole through a transparent and impartial evaluation of the incident and the police role in it.

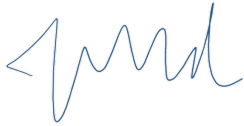
In a smaller number of cases, the evidence gathered may give the Chief Civilian Director ("CCD") reasonable grounds to believe that an officer has committed an offence in connection with the incident. In such a case, the *Police Act* gives the CCD authority to refer the file to the BC Prosecution Service ("BCPS") for consideration of charges.

In a case such as this one, involving the use of force by officers, the IIO investigators collect evidence with respect to potential justifications for that use of force. The CCD then analyzes this evidence using legal tests such as necessity, proportionality and reasonableness to reach conclusions as to whether officers' actions were lawful, or whether an officer may have committed the offence of assault.

The expression "use of force" can describe a wide range of actions on the part of a police officer. In this case, there is no evidence from any witness, civilian or police, that the subject officers did any physical act with respect to the AP beyond turning him face-down to place him in handcuffs, apparently against some level of resistance, and then turning him back in order for chest compressions to be applied. Witness statements and video recordings show that further force was then used by medical personnel (over whom the IIO does not have jurisdiction) in the form of attempts at life-saving CPR. None of those actions could be considered unjustified or unnecessary. The AP had demonstrated by his behaviour, summarized above, that there was an immediate need to take him into custody for his own safety and the safety of others.

It appears that the cause of the AP's collapse as he moved towards the arriving officers was the result of a combination of cocaine consumption, excitement and exertion, and underlying medical complications. No action of any officer, up to that point, could be said to have caused or contributed to the AP's collapse or to his unfortunate subsequent death. The pathology evidence does not clearly establish, either, that the limited force used to complete the AP's necessary and justifiable handcuffing contributed significantly to his death. Officers at the scene, and CW6, the nurse who arrived with SO1, reacted quickly and professionally to the AP's deteriorating condition as soon as it became apparent.

Accordingly, as 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 the matter will not be referred to the BCPS for consideration of charges.



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Jessica Berglund  
Chief Civilian Director

April 28, 2026  
Date of Release