INDEPENDENT
Investigations Office of BC

IN THE MATTER OF THE DEATH OF A MAN FOLLOWING AN INCIDENT INVOLVING MEMBERS OF THE RCMP IN LANGLEY, BRITISH COLUMBIA ON OCTOBER 1, 2025

DECISION OF THE CHIEF CIVILIAN DIRECTOR OF THE INDEPENDENT INVESTIGATIONS OFFICE

Chief Civilian Director:	Jessica Berglund
IIO File Number:	2025-229
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INTRODUCTION

Early on the morning of October 1, 2025, RCMP members responded to a report from a Langley apartment building that the Affected Person ("AP"), who lived in the building, was causing a disturbance by running up and down a hallway, trying other residents' doors. Responding officers found the AP in apparent medical distress and called for paramedics to assist. The AP then suffered cardiac arrest and was transported to hospital, where he was subsequently declared deceased.

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, including four paramedics, and three witness police officers;
- police Computer-Aided Dispatch ("CAD") and Police Records Information Management Environment ("PRIME") records;
- audio recordings of a 911 call and police radio transmissions;
- autopsy and toxicology reports.

The IIO does not require officers whose actions are the subject of an investigation to provide evidence. In this case, the three subject officers have all declined to give an account of the incident.

NARRATIVE

At 4:12 a.m. on October 1, 2025, Civilian Witness 1 ("CW1") called 911, saying that a man (the AP) was running up and down the hallway at her Langley condominium complex, trying to open apartment doors. CW1 said that this had been going on for about 15 minutes.

The first officers to arrive at the scene were Subject Officer 1 ("SO1") and Subject Officer 2 ("SO2"), closely followed by Subject Officer 3 ("SO3"). Shortly after their arrival, SO1 radioed that the officers had "a weird situation going on."

On recordings of police radio traffic, the AP can be heard yelling in the background as officers call for paramedics to attend for a patient possibly in "excited delirium." SO1 announces that SO2 is "de-escalating" the AP and that officers have got one handcuff on

but that the AP is "pulling away." SO1 then says that the AP is in handcuffs, but the ambulance is needed "code" (emergency lights and siren).

Civilian Witness 2 ("CW2"), who later told the IIO that the AP had been consuming cocaine before the incident, said she saw the first two officers pointing Conducted Energy Weapons ("CEWs" or "Tasers") at the AP in the hallway (there is no evidence that CEWs were used in this incident). CW2 said they were trying to calm the AP and telling him to lie down. When a third officer (SO3) arrived, CW2 said, he was able to push the AP against a wall and then down onto the floor, where two officers held him down by his shoulders while a third controlled his legs.

Witness Officer 1 ("WO1") told the IIO that when he arrived in the hallway, he saw the AP on the floor, already in handcuffs and being held by multiple officers and writhing and screaming. WO1 said he did not see any compression applied to the AP's upper body or neck, and did not see any officer strike him.

Witness Officer 2 ("WO2") recalled SO1 "just telling the gentleman, like, 'buddy, it's okay, stay calm, it's okay.' WO2 said that the AP appeared to be under the influence of drugs and was not responding normally. She described him as resisting police by trying to get up, but said that he appeared to be able to breathe, as he was screaming at the officers.

At 4:39 a.m., about 17 minutes after SO1's first radio call from the scene, SO2 radioed, "We need sedation. We'll have to hold him down while [the paramedics] sedate him."

Civilian Witness 3 ("CW3"), a paramedic, told the IIO that he saw the AP, in handcuffs, restrained on the floor by four police officers:

> *Right off the bat, as like paramedics, our biggest concern is, you know, like, is this patient able to breathe, how are they holding him down? They were doing an excellent job, they weren't on his back, they weren't putting pressure. I could see that he was breathing, patient was screaming, he was doing all this kind of stuff right off the bat, so I was happy with that.*

CW3 said he did not observe any significant injury on the AP, though there were minor abrasions on his feet and knees.

Civilian Witness 4 ("CW4"), a second paramedic, gave a similar account:

> *I was on the ground drawing up drugs, so I did, I took a look mainly at the trunk area to see if he was being held down there. It looked like they were holding his limbs. I didn't see anybody standing up above him, like, on top. It was more like they were down at ground level, restraining his limbs.*

WO1 told IIO investigators that after paramedics arrived, the AP appeared to become more calm. WO1 said that one of the paramedics (CW3) assessed the AP's condition and told the officers that the AP appeared to be going into cardiac arrest. CW3 later told the IIO that he had stepped aside to discuss a sedation plan with his colleagues when he noticed that the AP had stopped yelling. No sedatives had yet been administered. CW3 said he went to check on the AP and found he had no pulse.

The attending paramedics immediately commenced life-saving procedures and the AP was transported by ambulance. He was subsequently declared deceased at the hospital.

The postmortem report stated that the AP's death was caused by

> *Hypoxic-ischemic encephalopathy due to*
>
> *(a) Combination of acute cocaine intoxication, cardiomegaly, atherosclerotic cardiovascular disease, and pathophysiological stress of recent police incident and subsequent restraint.*
>
> *(b) Other significant conditions contributing to death: Obesity.*

No significant external injury was noted.

ANALYSIS

The Independent Investigations Office of British Columbia is mandated to investigate any incident that occurs in the province in which an Affected Person 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.

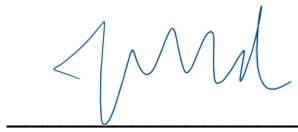
In most cases, those conclusions are presented in a public report such as this one, which completes the IIO's mandate by explaining to the public what happened in the incident and how the Affected Person came to suffer harm. Such reports are generally intended to enhance public confidence in the police 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 may have 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.

As noted above, the AP's autopsy report cited the stress of the incident and restraint by police as contributory factors in his death. The evidence demonstrates, however, that the AP's uncontrolled behaviour made it necessary for the responding officers to restrain him. There is no evidence that they used any unnecessary or excessive force in doing so, and medical attention was summoned for him as soon as it could reasonably be provided.

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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