



**IN THE MATTER OF AN IN-CUSTODY DEATH OF A MALE INVOLVING  
OFFICERS OF THE CALGARY POLICE SERVICE ON APRIL 6, 2020**

**DECISION OF THE EXECUTIVE DIRECTOR OF THE ALBERTA SERIOUS  
INCIDENT RESPONSE TEAM**

**Executive Director:**

**Michael Ewenson**

**ASIRT File Number:**

**2020-0021(S)**

**Date of Release:**

**July 7, 2023**

## **Introduction**

On April 6, 2020, pursuant to section 46.1 of the *Police Act*, the Alberta Serious Incident Response Team (ASIRT) was directed to investigate the circumstances surrounding the death of a male individual, hereinafter referred to as the affected person (AP), while in the custody of the Calgary Police Service (CPS).

As with other decisions involving ASIRT the focus is to determine whether grounds exist to lay a *Criminal Code* charge. Questions such as whether the death of the affected person could have been prevented through changes in policy, training or resourcing are not within ASIRT's mandate, and are issues commonly examined through another external process, such as a Fatality Inquiry.

## **ASIRT's Investigation**

ASIRT's investigation was comprehensive and thorough, conducted using current investigative protocols, and in accordance with the principles of Major Case Management. ASIRT interviewed all relevant civilian and police witnesses, obtained and reviewed all available relevant video evidence and considered the findings of the medical examiner.

## **Overview of the Circumstances Surrounding the Death of the Affected Person**

On April 6, 2020, civilian witness #1 (CW1), the mother of AP called 9-1-1 requesting medical assistance for him. She relayed that AP was outside their residence, he was schizophrenic and was having a psychotic episode, believing he was on fire.

A two person paramedic team responded to the residence (civilian witnesses #2 & #3 – CW2 and CW3), but waited for officers from the CPS to arrive to back them up due to safety concerns. Subject officer #1 (SO1) was the first officer to arrive to assist EMS. The three of them approached the residence and found AP prone at the top of a set of patio stairs. SO1 and CW2 assisted AP to his feet. They tried to speak with AP, but he took an apparent aggressive posture and lunged forward. Using AP's forward momentum, SO1 took AP to the ground. SO1 laid on AP for a relatively short period of time, in a semi-prone position, until subject officer #2 (SO2) arrived.

SO2 assisted in getting AP's arms behind his back by using his baton to pry AP's hand out from underneath his body. AP was then handcuffed. CW3 noted that AP had

vomited, so they moved him out of the vomit and placed him in the recovery position. AP was still breathing at this time. CW3 decided that AP should be taken to the ambulance for further assessment and care. AP was subsequently carried to a stretcher and placed on it. After being placed on the stretcher and placed inside the ambulance it was noted that AP was unresponsive and not breathing. EMS began resuscitation efforts. Another ambulance had already been requested to attend to assist. Two additional paramedics subsequently arrived and entered the ambulance with the first set of paramedics. Resuscitation efforts continued throughout. AP was transported to hospital by one of the ambulances, where he was pronounced deceased.

An autopsy was conducted on AP, and the medical examiner determined the immediate cause of death to be excited delirium, with schizophrenia; struggle during police restraint as significant conditions contributing to death but not causally related. Since the issuance of the autopsy report, excited delirium as a stand alone cause of death has been questioned by some in the medical field. The medical examiner who conducted this autopsy was subsequently consulted about his report, and he advised that his findings during the autopsy remain the same, but he would now describe the immediate cause of death to be complications of schizophrenia; struggle during police restraint.

## **Interviews**

### **Civilian Witnesses**

*CW1 was interviewed and provided the following information*

She is AP's mother, and stated that the AP was diagnosed with schizophrenia when he was 17 or 18 years old. As a result of his illness, he suffered from delusional thoughts at times. In the middle to late March of 2020, she called 9-1-1 requesting medical assistance as AP believed he was on fire – similar to the event on April 6. For the March event AP was admitted for psychological treatment and had only been discharged the week prior. During his stay in hospital, AP was also treated for pneumonia.

On April 6, 2020, she was awoken by noises caused by AP. She came out of her room and found AP to be running water over his hands, telling her that he was on fire. She believed that AP may have poured hot water onto his hands, or placed his hands over a boiling kettle and the steam burned his hands. AP then ran outside to lay in the snow in an effort to put out the perceived fire.

She called 9-1-1 requesting an ambulance given AP's actions. She noted that police attended with the ambulance as well. She observed that the paramedics did not bring the stretcher to their suite to carry AP away like they did the last time in March.

She was present when SO1 took AP down to the ground and the subsequent handcuffing by SO2. She commented that the baton was used to pry one of AP's arms out from underneath his body. She did not feel the officers used excessive force.

*CW2 was interviewed and provided the following information*

She was partnered with CW3 and attended a psychiatric call for service. They requested back-up from the CPS. They arrived at the scene followed shortly by the first police officer [SO1]. The three of them walked into an open area where the patient [AP] was face down on the cement. He was moving around on the ground, but he was not communicating with them. His mother [CW1] stated that he was having some sort of psychosis.

They decided to try and get AP to the ambulance since he was out in the cold weather. The three of them tried to stand him up. AP was not resisting, but he was not cooperating. They finally were able to get him standing, and he quickly lunged forward or tried to run away from them. Both she and CW3 then let go of AP and SO1 grabbed him and took him to the ground. She did not see any injuries from the takedown and it did not cause her any concerns; it appeared reasonable. SO1 held AP on the ground with one knee on his back.

Once AP was on the ground she went back to the ambulance to get a medical bag as they were thinking of sedating him. When she was back at the ambulance the second officer [SO2] arrived. She went back to the scene and AP was still on the ground. She noticed that there was a bit of vomit on the ground near AP and he was in the recovery position.

She left to go get the stretcher ready at the ambulance. CW3 and the officers used a tarp with handles to carry AP down the stairs to the stretcher just outside the ambulance.

Once in the ambulance they were doing an assessment of AP and observed that he was not breathing and possibly in cardiac arrest. One of the officers removed the handcuffs, and the paramedics began chest compressions (CPR). Two other paramedics arrived and they assisted with the assessment of AP.

They contacted the on-line medical control and were told to continue with their assessments and transport him to hospital. The other two paramedics remained with them in the ambulance when they transported AP to the hospital.

*CW3 was interviewed and provided the following information*

She was partnered with CW2 and they were dispatched to a call from a mother reporting that her son was in the snow believing he was on fire. He had a history of schizophrenia. She decided to ask for attendance from the CPS given previous experience in needing assistance from police on similar calls. When they arrived, the mother [CW1] was there and told them that her son [AP] was up the steps and down a walkway. She could not see AP from where they were. A CPS officer (SO1) arrived, and the three of them walked up the stairs.

They found AP face down on the ground. He was not interacting or responding to requests to sit up. They decided to try and assist him to a standing position. CW2 was on one side and SO1 was on the other. She was standing in front of AP to his right. The two of them managed to get AP to sort of stand up. He was not fully erect, he had partially bent knees. Suddenly, AP lunged or flailed in her direction. It was not directly at her, but it was too close for her comfort and caused her to step back. CW2 also backed up from AP, and SO1 then took AP to the ground. SO1 did so by just using the momentum of AP's lunge forward to smoothly take him to the ground.

She asked CW2 to go get the medical bag as she was going to sedate AP, if necessary. She asked EMS dispatch to send another unit urgently to assist them. SO1 was holding AP on the ground in a controlled manner. AP was not actively fighting, but he was yelling. SO1 was on top of him controlling his upper body and arms. CW2 returned and SO2 arrived where she was about the same time. CW3 drew up the sedation, as SO2 assisted SO1 in handcuffing AP. AP stopped flailing, so she decided not to administer the sedation. She did not believe there was any excessive use of force, and it was appropriate for the situation.

She sent CW2 to get an electronic tablet. When she returned with it, it appeared that AP's level of consciousness had changed, so she asked CW2 to go get the transport tarp. About this time, AP began to vomit. They moved AP from the vomit and the officers placed him in the recovery position. AP was still breathing at this time.

Once CW2 returned with the tarp, AP was rolled onto it and carried to the stretcher at the back of the ambulance. After AP was placed on the stretcher, she noticed that he was unresponsive. They put him in the ambulance and asked that the handcuffs be removed. She checked AP for a pulse, but did not find one. She advised EMS dispatch that they were dealing with a cardiac arrest. The second ambulance arrived at that time and those paramedics joined them in the ambulance with AP. They worked on AP for 20 minutes

as per their procedures and then called the on-line medical control where they were directed to transport AP to hospital. Upon arriving at the hospital they handed off control of AP to hospital staff.

*CW4 was interviewed and provided the following information*

She was awoken to a male grunting and screaming. She looked out a window and saw this man [AP] dressed in sweat pants, a long sleeved shirt but no shoes. AP repeatedly ran back and forth from his patio to the snow, kneeling down and then lying in the snow. She observed a lady [CW1] who appeared to know this man, making efforts to calm him down.

She noticed that an ambulance and a police car had arrived at the complex. The male was kneeling on the ground in the snow when the police officer [SO1] approached him. She overheard the woman tell the paramedics that the male had recently been discharged from hospital with pneumonia.

Her next observation was the officer lying on top of the male who was prone on the sidewalk. She moved to a different window and observed a second police officer [SO2] was assisting the first officer. The male was face down and motionless. He was not moaning or groaning any longer.

*CW5 was interviewed and provided the following information*

He was awoken to a person shouting in the courtyard. He looked out a window and saw two female paramedics [CW2 & CW3] with a male police officer [SO1] dealing with a male [AP]. One of the paramedics and the officer tried to help the male onto his feet from a kneeling position. Nothing seemed aggressive from anyone present, so he went back to bed.

A few minutes later he heard indiscernible shouting. He looked out his window and observed a male officer lying on the male who was prone on the ground. The male was continuously yelling a single word that he could not make out. The officer on top appeared to be trying to handcuff this male.

He observed one of the paramedics take out what appeared to be a syringe, in what CW5 believed was an effort to sedate the male because of his behavior. He then went back to bed and saw nothing further.

### *Comment*

ASIRT investigators spoke with five civilian witnesses that were near where this event occurred. While they did observe/hear certain aspects of the interaction between SO1 and AP, there was nothing in their respective statements that added to the investigation. This is the same for the two paramedics that arrived to assist CW2 & CW3. They only assisted with resuscitation efforts and the transport of AP to hospital. Witness officers were also interviewed, but none of them were actually present during the interactions of the subject officers and AP. As such, a summary of all of these statements are not reported here, as to do so would unnecessarily lengthen this report, without adding any value to it. This said, all of this information is in ASIRT's investigative file.

### Subject Officers

As is their right, neither subject officer chose to provide a statement to ASIRT.

### **Video Evidence**

Both subject officers were wearing body worn cameras (BWC). However, SO2 did not activate his, so there is no video from him.

SO1's BWC shows that upon his arrival at the apartment complex he met with the two paramedics. They walk together into the complex, and quickly arrive where CW1 and AP are. AP is lying on the ground at the top of a set of stairs that lead up from an apartment. SO1 tries to engage with AP by asking him how he is doing, and why he is lying in the snow. CW1 responds with "he thinks he's on fire". SO1 says you're not on fire, and asks CW1 when he last took his medication. CW1 advises that he is always on them. She then says he was just in hospital with pneumonia and this triggers his psychotic episodes.

One of the paramedics then starts to interact with AP, and says that he needs to stand up. She starts to try and assist AP in standing. SO1 then takes a hold of AP's right arm and assists in getting AP to his feet. As AP gets to his feet, it appears as though he either steps or stumbles forward toward the other paramedic. SO1 then is on the ground with AP apparently under him to some degree. The BWC becomes blurry as it appears the camera is very close to something. SO1 can be heard telling AP to relax as they are there to help him. You can hear AP breathing heavily and SO1 telling him to relax.



SO1 must readjust his body positioning as the camera all of a sudden becomes clear, and you can see the two paramedics looking down towards him. There appears to be a knee of SO1 in the video, which suggests he is partially lying alongside or on AP. AP can be heard to be breathing deeply, and from time to time sounding like he is saying/yelling "ow". SO1 appears to be repositioning himself as the camera moves a bit and you can hear SO1 asking AP to move his arm from underneath him. Based on the movements and comments, it appears SO1 is trying to handcuff AP. AP then starts to yell more consistently with something like "yeah". SO2 is seen arriving and SO1 tells him that he is trying to grab his arm. SO2 is then telling AP to let go of his arm. CW1 then can be seen to lean over the group of three on the ground and tell AP that "they are here to help you."

SO1 then moves such that he appears to be on his feet and then you can see handcuffs being applied to AP to the rear. As soon as he is handcuffed, SO1 tells SO2 that they will put AP on his side so the paramedics can assess him. CW3 moves closer to AP and comments that he is vomiting. She says they should get a stretcher. She asks the officers to move AP as he is vomiting. The officers move AP over a bit, while still on his left side. CW3 is asking AP to open his eyes. There is then a discussion between CW1 and SO1 about how to possibly get a stretcher to where they are at.

SO1 then relays to SO2 what happened when he first arrived. He states that they got AP to his feet, and a paramedic went to look at him, AP swung back an arm towards a paramedic and pulled away, so he took him to the ground. SO1 then tries to speak with AP telling them that they are just trying to help him, and would he talk with him. SO1 is then speaking with CW1 who had been standing around throughout, and was asking her more details of AP's recent attendance at the hospital. They then talk about trying to get AP to walk with them to the ambulance. They attempt to get him to stand. They raise him to his feet, but he is either not able or willing to stand. As such, you can hear one of the paramedics say that they will get their tarp to carry him to the ambulance/stretcher. SO1 says that while they are doing that they will put AP back in the recovery position.

SO1 then goes and talks with CW1 about whether AP has exhibited any signs of Covid given his recent stay at the hospital. CW2 then arrives with the carrying tarp. The officers assist with placing AP on the tarp on his back. SO1 makes a comment that AP is still breathing as he can see bubbles. CW3 says "yeah, I saw that too." The two subject officers then assist CW3 carry AP on the tarp to where the ambulance is. A stretcher is already outside of the ambulance and he is placed onto it. AP is then loaded into the ambulance.

The paramedics then start to assess AP, and are asking him to open his eyes. SO1 asks if AP is breathing, and one of the paramedics says, "I don't know." And rolls AP onto his



side and asks for the handcuffs to be taken off. SO1 proceeds to remove the handcuffs. One of the paramedics says, "He might be coding." Followed shortly thereafter by one of them saying, "I think he is coding." They then cut off AP's shirt. Shortly afterwards another two paramedics arrive and enter the ambulance. SO1 exits the ambulance where you can see SO2 standing with CW1. SO1 makes his way back into the ambulance, and you can see that CPR is being performed on AP. This continues for a lengthy period of time.

SO1 makes a cellular phone call, and it appears from the conversation he is updating his supervisor/sergeant. SO1 states that he arrived and the paramedics were already there, so he walked with them, and they came across AP on the ground thinking he was on fire. He was snarling and growling. They managed to stand him up and he swung back at the paramedics, so he took AP to the ground. He was just holding him there and he was resisting throughout. Once SO2 arrived they got him handcuffed. He was on his side and started throwing up. They transported him to the ambulance, and once there he went non-responsive and they started to work on him. There must have been a question from the sergeant as SO1 said "Yeah it was a hands on take-down. Then I was in like a half prone on top of him. My chest on his back just holding down until SO2 got there. He was trying to get up and fight the whole time. So, likely excited delirium. He was nonverbal, snarling and growling at us. No taser, just hand to hand take down. SO2 had to use his baton to get his right arm out to cuff him; but no strike, no taser, no contact strikes." SO1 then tells SO2 to stay with CW1. SO1 then reenters the ambulance and CPR can be observed still being performed on AP.

A CPS Sergeant arrives on scene and SO1 repeats the occurrence again and says he was on top of AP's upper back trying to get an arm out. AP went unresponsive in the ambulance. SO1 goes back into the ambulance and CPR is still being performed.

It appears that the paramedics are trying to contact the hospital to discuss the efforts to resuscitate AP. A decision is made to transport AP to the hospital. When the ambulance departs, SO1 follows it to the hospital and accompanies AP and the paramedics into the hospital. He waits outside the treatment room. SO1's video then ends.

### *Autopsy Report*

As previously noted, an autopsy was conducted on AP, and the medical examiner determined the immediate cause of death to be excited delirium, with schizophrenia; struggle during police restraint as significant conditions contributing to death but not

causally related. The medical examiner who conducted this autopsy was subsequently consulted about his report, and advised that his findings during the autopsy remain the same, but he would now describe the immediate cause of death to be complications of schizophrenia; struggle during police restraint.

The report also contained the following information:

At examination there are superficial injuries including several bruises (contusions) and scrapes (abrasions) to the arms and legs. There were several areas of deep bruising to the scalp and upper back. There were thermal injuries to the right hand. A layered examination of the neck showed several areas of bruising to the muscles of the neck, but there were no injuries to the bones or cartilaginous structures of the neck. The heart was enlarged with thickening of the main pumping chambers of the heart (cardiomegaly with left ventricular hypertrophy) and there was chronic inflammation (chronic interstitial nephritis) and scarring of the kidneys. There were injuries to chest wall and heart consistent with those sustained during resuscitation efforts. There were petechial hemorrhages of the face and eyes.

The struggle with police would have furthered the metabolic derangements experienced by the decedent and is therefore considered a contributory factor. The possibility of an asphyxial component (inability for the body to breathe air into the lungs) was considered. From the witness statements and police video, it is unclear whether pressure was applied to the upper back of the decedent.

There were injuries to the upper back at autopsy, as well as to the muscles of the neck, however it cannot be definitively determined whether these were sustained during the police restraint. Additionally, the decedent appeared to be responsive and vocalizing while the police officer restrained the decedent, and it is when the decedent was placed into the recovery position or shortly thereafter that he appeared to become unresponsive. Therefore asphyxia is not felt to have directly caused or contributed to the death.

## **Conclusion**

ASIRT was directed to investigate the death of the AP as it occurred in circumstances involving him being in the custody of the CPS, at the time he went into medical distress, and ultimately passed away.

In this case, the only physical contact by police on AP, was in taking him to the ground, and prying his arm out from underneath him. No other "force" was applied to AP, and

the finding of the medical examiner confirms that while AP's death was untimely and tragic, there are no reasonable grounds, nor reasonable suspicion, to believe that any officers committed an offence(s).

ASIRT's investigation having been completed and our mandate fulfilled, I have concluded our file. As previously noted, a Fatality Inquiry may very well be ordered, but that is for the appropriate agency to decide.

*Original Signed*

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**Michael Ewenson**  
**Executive Director**

**July 7, 2023**

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**Date of Release**