



**IN THE MATTER OF AN IN-CUSTODY DEATH OF A MALE INVOLVING  
OFFICERS OF THE EDMONTON POLICE SERVICE IN EDMONTON, ALBERTA  
ON NOVEMBER 15, 2019**

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

**Executive Director:**

**Michael Ewenson**

**ASIRT File Number:**

**2019-60(N)**

**Date of Release:**

**November 25, 2022**

## **Introduction**

On November 15, 2019, pursuant to section 46.1 of the *Police Act*, the Alberta Serious Incident Response Team (ASIRT) was directed to investigate the circumstances surrounding a serious incident involving the grave medical condition of a male individual, hereinafter referred to as the affected person (AP) while in the custody of the Edmonton Police Service (EPS). AP had gone into medical distress after his arrest on November 14, 2019, and ultimately died on November 16, 2019.

## **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 November 14, 2019, the Edmonton Police Service (EPS) received a report that University of Alberta (U of A) campus security had arrested AP. AP was reported to have been a habitual trespasser and was once again found to be on U of A property trespassing. AP was reported as being intoxicated and passed out on the premises. AP also had outstanding warrants and appeared to be in breach of a bail condition.

An EPS officer attended the U of A, and took over the arrest of AP for trespassing, the warrants and breaching a release condition. A search of AP by the officer revealed a near-empty bottle of Listerine. The officer took custody of AP without issue and transported him to Southwest Division to prepare the necessary paperwork to lodge AP in the EPS Detainee Management Unit (DMU) for a bail hearing.

Once at Southwest Division, EMS was requested, and attended to check on AP. EMS cleared AP as being fit for incarceration. He was placed in the Division holding cells awaiting processing of his warrants and new charges.

AP was subsequently driven to DMU. Upon arriving at DMU, AP went through the booking-in process. This included a medical assessment of AP by the on-duty DMU paramedic. AP was described by the DMU paramedic as appearing highly intoxicated but fit for incarceration. AP was thereafter placed in a holding cell, while waiting for his bail hearing.

There were periodic interactions with AP by DMU staff over the next number of hours, and there was no indication in any of these that AP was in need of medical attention. Mid evening, AP was brought to the hearing room for his bail hearing. AP did not speak to bail at that time, so he was returned to his cell to await transport to the Edmonton Remand Centre (ERC). AP's fingerprints were taken without incident.

Shortly after midnight, AP was transported to the ERC by way of a prisoner transport van. While being transported to the van from his holding cell, AP was not able to walk on his own. He had to be supported and his feet dragged behind him. Upon arriving at ERC, officers removed AP from the van. As AP exited the van, he fell onto his side, possibly striking his head. An ERC guard thereafter pulled AP down the hall into a vacant holding cell.

AP was noted by ERC medical staff to appear to be suffering from some sort of medical condition. EMS was called and attended, transporting AP to the hospital. At the hospital doctors were able to subsequently determine that AP had suffered a bleed in his brain. Late in the afternoon on November 16, 2019, AP passed way from the bleed in his brain.

### **Interviews**

*WO1 was interviewed by ASIRT and provided the following information*

On November 14, 2019, he responded to a call for service at the U of A Student Union Building. Campus security had a male (AP), who was found intoxicated and trespassing on the premises. When WO1 arrived, he was advised by campus peace officers that they had found AP intoxicated and sleeping inside the Student Union Building. AP was now in the back seat of the peace officer's vehicle.

WO1 spoke with AP, who displayed signs of being highly intoxicated. WO1 conducted computer checks and determined AP was wanted on outstanding warrants and was bound by release conditions not to be intoxicated in a public place. WO1 assisted AP exit the campus security vehicle and escort him to his police vehicle. AP was wearing pants and shoes, but he had no shirt on. AP was in possession of a backpack. The backpack contained a near empty bottle of Listerine and a shirt. AP had difficulty walking on his own, so WO1 supported AP by holding his arm. AP was then placed in the rear of the police vehicle without incident for transport to Southwest Division to complete the paperwork necessary to lodge AP in DMU.

During the drive to Southwest Division, AP complained to WO1 of pain in his neck, and stated it was broken. WO1 thereupon requested an ambulance attend Southwest Division to assess AP on their arrival there.

Upon arriving at Southwest Division, WO1 was met by EMS paramedics. AP was escorted to an empty cell and the paramedics conducted a medical exam of AP. They advised WO1 that AP was fit for incarceration. WO1 provided AP with a shirt to wear while in the holding cell. WO1 completed the arrest processing documents, and had no further involvement with AP.

*WO2 was interviewed by ASIRT and provided the following information*

WO2 was assigned to DMU, and one of his responsibilities was to transport prisoners from EPS divisional stations to DMU in Headquarters. On November 14, 2019, he attended Southwest Division in a police transport van to pick up AP and take him to DMU. WO2 opened the door to the holding cell AP was in and called his name. AP immediately responded by lifting his head. WO2 advised AP to stand up because he was going to be transported to DMU for a bail hearing. AP stood up on his own and put his shoes on. WO2 advised investigators that he regularly interacts with prisoners who are in various states of intoxication. In his opinion, AP was displaying signs of someone who was highly intoxicated on drugs.

After being cleared for transport to DMU by a Sergeant, WO2 escorted AP to his police transport van and placed him inside. AP was the sole prisoner in the vehicle. WO2 drove straight from Southwest to DMU without incident. Once at DMU, WO2 parked the van in the sally port and opened the door to let AP out. AP exited the van and walked on his own to see the DMU paramedic for pre-entry medical screening. WO2 had no further contact with AP. AP was seen and medically screened by CW3, and he cleared AP for incarceration in DMU awaiting his bail hearing. AP was placed in a holding cell with one other prisoner.

*WO3 was interviewed by ASIRT and provided the following information*

WO3 was the Sergeant working in DMU on November 14, 2019. She was working the late afternoon-night shift from 4:30 p.m. to 4:30 a.m. It was busy in DMU, with over a dozen prisoners in cells. When she started her shift, she was advised by WO2 that AP appeared to be suffering from drug withdrawal and was making noise in his cell, and that he had been sharing a cell with another male. The other male had been moved prior to her starting as this other male had been involved in a verbal altercation with AP. AP was now in a cell alone.

WO3 was aware that AP had been seen by EMS at Southwest Division, and then by the DMU paramedic, and he had been cleared for incarceration both times. WO3 observed AP through video monitors and prisoner checks. AP was making noise, was moving around his cell and was taking clothes off and putting them back on.

Shortly after 9:00 p.m. she and a Community Peace Officer (CPO) working in DMU attended AP's cell to escort him to his bail hearing. WO3 opened the cell door and observed AP lying on the floor. WO3 and the CPO assisted AP to his feet where he was handcuffed behind his back. WO3 and the CPO escorted AP from his cell to the bail hearing room. WO3 stated that during the escort AP was passively resisting by pulling himself towards the wall. WO3 stated that aside from both her and the CPO supporting AP upright, no force was applied to him. Once inside the bail hearing room, AP was provided a chair to sit in due to his poor balance. AP did not speak to bail and was therefore remanded into custody, and he was escorted back to his cell.

WO3 stated that AP was breathing fine, and in her opinion, he was suffering from drug withdrawal. A few hours later WO3 received all the paperwork necessary for AP's remand. Thereafter, AP along with other detainees were transported to the ERC by WO4.

*WO4 was interviewed by ASIRT and provided the following information*

He was working within DMU at the material time. In the early morning hours of November 15, 2019, he was tasked with transporting eight prisoners to the ERC. WO4 was advised by a CPO (Civilian Witness #4 – CW4) that AP should be kept separate due to his intoxicated state.

WO4 attended AP's cell and observed CW4 and another CPO assist AP to his feet and handcuff him in the front. CW4 and the other CPO supported AP as they escorted him from the cell to the prisoner transport van. While they were escorting him, AP appeared to WO4 as though he was being uncooperative and refusing to walk on his own. WO4 followed behind the three, carrying AP's shoes and shirt. WO4 along with WO5 assisted in loading AP into the transport van. AP was placed into a holding cell by himself. WO4 and WO5 then departed DMU for the ERC.

Upon arriving at the ERC, all of the female detainees were offloaded first. AP required assistance to sit up and get out of the van. As he was exiting the van, he fell and landed on his shoulder. ERC guards escorted AP to a vacant cell to be medically assessed before entering the facility. The ERC nurse (CW5) assessed AP, and informed WO4 that AP would not be accepted due to his intoxicated state, and he would need to go to the hospital first to be medically cleared. EMS was called and attended ERC. AP was given

Narcan by EMS in case AP was having a medical issue related to opioid use. He was then transported to the hospital. WO4 attended the hospital with AP. He was subsequently relieved by two other officers. WO4 was later advised by these officers that AP's condition had deteriorated. WO4 then informed his Staff Sergeant about AP's condition. He had no further involvement in this matter.

*WO5 was interviewed by ASIRT and provided the following information*

On November 14, 2019, he was working a night shift and was requested to attend DMU to assist with the transport of a number of prisoners to the ERC. At DMU, he assisted loading the transport van with prisoners. The last prisoner to be loaded was AP. He had been escorted to the van by CPOs. WO5 observed that AP was not following their directions, and not walking. The CPOs had to lift AP into the transport van, as he would not enter on his own. Once AP was secured in the transport van, he and WO4 left DMU for the ERC.

At the ERC, after AP exited the van he started walking but then fell forward and landed on his shoulder. WO5 stayed at the police van, while AP was taken into the facility by ERC guards. He had no further interaction with AP.

*CW1 and CW2 were interviewed by ASIRT and provided the following information*

The EMS personnel that attended Southwest Division to first check on AP were CW1 and CW2. The two EMS attendants advised that they were working together and attended Southwest Division on a report that a person who had been arrested was complaining of a broken neck. They arrived at Southwest Division before the EPS member (WO1) and the prisoner (AP) had arrived. They waited in the cell bay area.

WO1 and AP arrived, and AP was brought into a vacant cell. AP was unable to walk to the cell without assistance. CW1 and CW2 went into the cell area where AP was. CW1 entered the cell to assess AP. AP did not present as someone with a broken neck. During the assessment of AP, he raised his voice at CW1, and he was very fidgety and would not sit still. CW1 described AP as being intoxicated and having an odor of alcohol on his breath. She conducted a head to toe assessment of AP, which included an assessment of his neck. The EMS attendants asked AP if he wanted to go to the hospital, but he refused and stated he wanted to go to sleep. CW2 had AP sign an electronic medical release advising he refused transport to the hospital.

*CW3 was interviewed by ASIRT and provided the following information*

CW3 was working in DMU on November 14, 2019, as an advanced care paramedic. At approximately 2:00 p.m. an EPS officer brought AP to DMU for lodging. CW3 relayed that AP was unsteady on his feet but was able to walk on his own with minimal assistance. During his medical assessment of AP he asked the following questions, and received the corresponding answers:

- What is your name? A) (Correctly provides his name)
- Do you have any allergies? A) No;
- Do you have an injury? A) No;
- Did you see the ambulance earlier? A) Yes;
- Are you on any medication? A) No;
- Have you taken any illicit drugs? A) No;
- Have you had any alcohol? A) No;
- Questions about medical history (e.g. seizures, diabetes) A) AP replied he had none.

CW3 checked AP's temperature, blood pressure and pupils which were all normal. CW3 described AP as displaying symptoms of someone that was highly intoxicated, but beyond that he was not concerned for AP's wellbeing. CW3 cleared AP for incarceration within DMU.

*In addition to a report he had written, CW4 was interviewed by ASIRT and the following information was learned*

CW4 is a CPO within DMU and has been so for eight years. At the start of his night shift on November 14, 2019, he was advised that AP was being kept alone in a cell due to his grossly intoxicated state and having had an altercation with a previous cell mate. CW4 conducted regular prisoner checks and noted AP to be sleeping in various positions, breathing normally.

At approximately 7:45 p.m., CW4 received a call from duty counsel requesting to speak with AP. CW4 opened AP's cell door and asked if he wanted to speak with duty counsel. AP raised his head, looked at CW4 and stated "no". At approximately 9:10 p.m. he observed WO3 and a CPO escorting AP out of the bail hearing room. It appeared to him that AP was passively resisting the escort. CW4 followed close behind for support, if needed, but he never had to intervene. AP was returned to his cell without issue.

Sometime later, CW4 assisted another CPO obtain a fingerprint from AP. AP was lying on the cell floor shirtless with his arms tucked under his body. CW4 took control of an arm and the other CPO was able to obtain the fingerprint from AP. At approximately 1:00

a.m. CW4 assisted a different CPO escort AP from his cell to the prisoner transport van. AP refused to walk on his own and appeared to be attempting to make himself deadweight. AP had to be forced into the back of the van as he would not enter on his own.

CW4 stated he had dealt with AP several times previous to this, over the years, when AP has been in EPS custody. CW4 stated AP had a significant mental and physical decline over the years. CW4 stated that AP's condition on November 14 was consistent with other times he had been in custody. AP regularly came into DMU and just wanted to sleep.

Civilian Witnesses #5 to #7 (CW5-CW7) worked at the ERC on the date in question. CW5 and CW6 were guards working in the area where the prisoners were being dropped off. CW7 is a registered nurse and was working in the same area as CW5 and CW6. As is their right, none of these witnesses chose to speak with investigators. This said, ASIRT was provided a copy of their respective incident reports for this matter.

#### *Incident Report of CW5*

CW5 is a guard at the ERC. EPS members dropped off a number of prisoners. He was advised that one of the prisoners, AP, may have mental health issues. AP was drooling and would not follow directions given to him.

CW5 directed AP to walk to a specified holding cell. AP stood up and stumbled over his own feet and fell to the ground, hitting his shoulder. CW5 escorted AP to a different open cell. As CW5 was trying to remove the handcuffs from AP, he bit CW5's right hand. CW5 pushed AP's head away from his hands, and then escorted AP to a secure isolation cell.

AP was assessed by a paramedic who determined he was in a condition other than normal, and he would not be accepted into the ERC. An ambulance was called, and upon arrival, AP was administered two doses of Narcan. AP was subsequently transported to the hospital.

#### *Incident Report of CW6*

CW6 is a guard at the ERC. Officers from the EPS arrived at the ERC to drop off some prisoners. He was advised that they had an uncooperative individual in the van, AP. AP was given verbal commands to exit the police van. As AP stood up, he fell forward landing on his shoulder. AP was taken to a holding cell.

CW5 attempted to remove the handcuffs from AP. CW6 heard CW5 state, "stop biting me". CW6 observed CW5 then push AP's body away from him. CW6 and CW5 then escorted AP to another holding tank. AP was then medically assessed by a paramedic on



duty along with the charge nurse, CW7. It was determined that AP would not be accepted into the ERC.

#### *Incident Report of CW7*

CW7 is a nurse working at the ERC. AP was brought to the ERC by officers with the EPS. AP appeared to be incoherent, unable to walk and combative. The transporting officers were not aware of any medical concerns with AP and stated he was not in this condition previously. Based on AP's deterioration, CW7 decided AP required further assessment and medical attention. AP was thereafter transported to the hospital.

#### *Video evidence*

Video evidence was available from U of A, Southwest Division, DMU and the ERC. All of the video was reviewed by ASIRT investigators. None of the video has audio. Given the large amount of video, only the pertinent aspects will be covered in this report. This is not to say that other aspects captured by the videos would not be relevant to another proceeding, such as a Fatality Inquiry, but they are not relevant to ASIRT's mandate.

#### *University of Alberta - Student Union's Building*

- Just after 3:00 a.m. AP is observed walking on his own through a hallway in a jacket, pants and shoes while carrying a backpack,
- AP can be seen passing through a seating area on foot and appears to reach out with his left hand to steady himself on three separate occasions as he walks through the screen,
- Around 6:45 a.m. AP is observed being escorted by two University of Alberta security guards through a seating area, and AP is no longer wearing a shirt. AP is handcuffed behind the back and a male officer is holding his right arm while a female security guard is holding his left. It appears as though AP is able to walk on his own,
- AP appears to bend forward at the waist and briefly try to lunge ahead of the escorting security guards, causing them to secure their grips on his arms and pull him back closer toward them,
- AP is observed being escorted down a hallway by the male and female security guards. The security guards are holding him by each arm and AP appears to be walking on his own and cooperative.

Only the few brief clips of AP were recorded on the U of A video. During the clips available, AP is able to walk on his own and no application of force is applied. AP does not fall or appear to strike his head at any time.

### *University of Alberta - University of Alberta Campus Security Vehicle*

- Shortly after 7:00 a.m. the door of the campus security vehicle opens and AP sits on the seat. AP is shirtless, and buckled in by Campus Security, and his pockets are searched. His hands are in handcuffs behind his back and they remain that way the entire time he is in the vehicle,
- AP leans forward at the waist and appears to rest the top of his head on the divider separating the front and back seats of the vehicle while moaning/yelling. AP then pulls his head back and deliberately strikes the top of his head on the divider. A few moments later AP strikes the top of his head a second, lighter time. AP is reportedly yelling and asking to go to the hospital while this is occurring. The vehicle is not in motion when this occurs, and no injuries to the head of AP are observed,
- The security vehicle with AP inside moves to a different position at the U of A campus,
- AP is reportedly advised that he has been issued a summons for trespassing, as well as an updated trespass notice,
- Around 8:30 a.m. AP is removed from the rear of campus security vehicle by an EPS officer.

### *Southwest Division*

At approximately 8:39 a.m. WO1 and AP arrive at Southwest Division in the sally port. WO1 removes AP from the police vehicle. AP is wearing only pants. He does not have a shirt or shoes on. WO1 is holding AP by the right arm behind his back, as he is leading him. WO1 leads AP into a holding cell. A CPO is also present. AP sits on the bench, and then lays on one side but with his legs still in a seated position. WO1 takes the handcuffs off of AP and then he exits the cell.

At approximately 8:44 a.m. an EMS paramedic enters the cell and can be seen assessing AP. She applies monitoring equipment (blood pressure cuff and finger clip) to AP's right arm and hand. AP remained seated on the bench while this was occurring but was swaying about constantly. The paramedic visually and physically examined the back of AP's neck/head. Shortly thereafter, the other paramedic enters the cell with an electronic tablet. This paramedic assists AP in touching the screen, apparently signing the device with his finger. At approximately 9:00 a.m. the paramedics leave the cell. AP proceeded to lay on the bench, moving about from time to time. At approximately 10:16 a.m. AP sat

up and then laid the opposite way on the bench, before subsequently turning onto his right side in a fetal position facing the wall.

At approximately 10:50 a.m. AP rolled off the bench and onto the cell floor. It is not clear whether his head hit the floor when he landed on the floor. AP remained laying on either side or his back on the floor. AP thereafter is seen to be moving on his hands and knees. It appears that AP holds or touches the back of his head a number of times during this extended time period.

At approximately 1:14 p.m. AP crawls to the toilet, and kneels over it. He dips his hands into the water and wipes the back of his head. AP removes his pullover and places it on the floor, and lays his head on it. At approximately 1:20 p.m. the cell door opens and AP's shoes are placed in the cell. AP sits up and puts his pullover back on. AP stands up, and is unsteady on his feet, but he does manage to put on his shoes by sliding his feet into them. WO1 and a CPO interact verbally with AP, and then handcuffs are placed on AP to the front. AP then walks out of the cell being escorted by WO2. AP is unsteady while walking.

A sergeant is doing paperwork as AP approaches him to be discharged from the Divisional holding station for transport to DMU. AP leans against the wall near the Sergeant and appears to slide down the wall on his back, to sit on the floor. AP is subsequently assisted to his feet and escorted out of the booking area.

A police van was in the sally port. AP was escorted by WO2 to the van, where AP entered the passenger compartment, and the door was closed. AP was helped by WO2 as he stepped into the van.

#### *DMU*

At approximately 1:59 p.m. AP can be seen stepping out of the transport van, and his handcuffs are removed by WO2. AP appeared to walk on his own to the medic table but was unsteady in his balance. He took a seat in a chair at the table.

At approximately 2:04 p.m. AP walked into the booking area and was apparently directed to a search position against a wall. AP placed his hands up against the wall, where he was searched by a CPO. AP kicked off his shoes. Following the search, AP put his shoes back on. AP was noticeably unsteady on his feet but managed to walk unaided towards the cells.

At approximately 2:06 p.m. AP entered the cell he was assigned to and laid down on the floor on his right side. A second person in the cell that was laying on the bench in the same cell sat up momentarily before laying back down.

At approximately 2:45 p.m. AP moved onto his hands and knees for approximately 20 seconds. He had been fidgeting/moving repeatedly while lying on the floor. AP appeared to be holding the back of his head. AP continued to move and fidget about while staying on the floor.

At approximately 4:06 p.m. the other male prisoner in the cell with AP got off the bench and walked directly to AP. He stood over AP, gesturing with one hand and saying something to him. The other prisoner then returned to the bench and sat down. He then stood up again and apparently addressed someone outside the cell door. Shortly thereafter, the cell is opened and the other prisoner left the cell. AP was now alone in the cell, remaining on the floor.

Thereafter, AP is observed moving within the cell, remaining on the floor. He removes items of clothing (shoes and jacket) appearing to make a sort of pillow out of them for his head. At approximately 6:44 p.m. AP moved onto the bench and laid down facing the rear wall. At approximately 6:53 p.m. AP rolled off the bench but did not appear to hit his head. AP then just laid on the floor.

AP struggled to stand up and get to his feet. He held onto a wall to maintain his balance, but bumped into the wall, hitting his head. At approximately 7:09 p.m. AP stood by the sink in the cell for about two minutes. He swayed to his left and fell to the floor, possibly striking his head against the cell door. AP remained on the floor.

At approximately 9:04 p.m. a female CPO and WO3 open the door to the cell AP is in. The CPO has a set of handcuffs. There is a male CPO in the hallway outside the cell. AP is having difficulty standing. The male CPO reaches into the cell to assist in handcuffing AP. He eventually enters the cell and holds AP's left arm while the other CPO applies the handcuffs. AP is then led down the hall away from this camera view.

At approximately 9:05 p.m. a different camera shows AP being led down a hallway handcuffed behind his back. He is being escorted by a CPO holding his right arm, and WO3 holding his left arm. AP is escorted into the bail hearing room. AP appears unable to stand on his own, so a chair was brought into the room which he then sat in.

At approximately 9:09 p.m. AP is escorted out of the bail hearing room, back to his holding cell. Once again, AP required assistance in the escort as he appeared unsteady

on his feet. Back at his cell, AP was placed kneeling on the floor as the handcuffs were removed. He was left alone in the cell.

At approximately 9:45 p.m. AP was fingerprinted in the cell. AP remained on the floor during the process, and after it was completed.

On November 15, 2019, at approximately 12:58 a.m. two CPO's enter AP's cell and applied handcuffs to him to the front. WO4 retrieved AP's jacket from the floor while the CPO's escort AP from the cell.

While being escorted, it appears that AP is unable to stand or walk. His feet and legs appear to be only partially supporting his bodyweight, while he was led down the hallway. AP was moved through the hallway towards the booking area. Based on facial expressions, it appears AP was in some form of pain/distress. A female CPO is seen holding AP's left arm, while a male CPO is holding his right arm. AP is dragged through the arrest booking area. He is not really taking steps, as his feet are noted to be together. AP was supported by the two CPO's.

WO4 appears in the booking area doorway and appears to take a hold of AP's head by his hair while the CPO's escorted/carried AP. AP's feet were dragging while he appeared to try and walk. AP was pushed into the rear of the police transport van, and his legs were pushed the rest of the way in to allow the door to be closed.

#### *ERC*

At approximately 1:25 a.m. the EPS transport van enters the vehicle bay at the admitting area of the ERC. Shortly thereafter, AP exited the rear holding area of the van. AP fell from a standing position onto his left side, possibly striking the left side of his head when he fell to the ground. An ERC guard takes a hold of AP's handcuffed hands and drags him on his backside/back out of the bay area into a hallway where cells are. A guard sits AP up and then pushes AP back. A second guard takes hold of AP's other hand and he is dragged by the two guards down the hallway.

At approximately 1:30 a.m. AP is dragged into a small holding cell on his back by an ERC guard. AP is checked by medical staff again.

At approximately 1:42 a.m. AP is assisted to a standing position by an ERC guard and walked out of the cell. He is then walked into a larger cell, assisted by two ERC guards, where he is placed on the ground. ERC medical staff appear to interact with AP, and at one point three ERC staff are required to hold AP down while the medical staff interact with him. EMS arrived at the ERC and treat AP in the cell.

At approximately 2:07 a.m. AP was removed from the holding cell and placed on a stretcher and was loaded into the ambulance. At approximately 2:24 a.m. the ambulance left the ERC with AP for the hospital.

### *Autopsy Report*

An autopsy was conducted on AP. ASIRT received a copy of the autopsy report from the Office of the Chief Medical Examiner (OCME). The pathologist's finding for the immediate cause of AP's death was Sequelae of Cerebellar Hemorrhage. The report also stated, in part:

It is my opinion that the decedent, AP, died as a result of the sequelae of a cerebellar hemorrhage (a cerebellar stroke). There are no indications at autopsy that the hemorrhage was as a result of trauma. It should be noted that when admitted to the Royal Alexandra Hospital, the decedent had a very high blood pressure and blood samples taken shortly after admission, showed the presence of the stimulant drug methamphetamine present in his blood. Methamphetamine can cause elevated blood pressure and one of the consequences of elevated blood pressure is a bleeding type stroke in the brain. The location of the bleeding type stroke in this case is consistent with an area commonly involved with hemorrhagic type strokes of the brain due to elevated blood pressure. It should also be noted that the decedent had previous surgery for a benign cavernous hemangioma in this similar location at age 7 years old. As noted in the comment in the neuropathology report it is possible that the acute hemorrhage could be associated to one degree or another with that previous hemorrhage, surgery site.

In the detailed timeline prepared by the Alberta Serious Incident Response Team and reviewed by myself, it is noted that are (sic) multiple occasions AP was unsteady on his feet, appeared to lose his balance, or fell. There are also instances where he was holding the back of his head. Individuals in the early stages of a cerebellar hemorrhage can have problems with balance as the cerebellum is the part of the brain that is involved in balance. In addition, individuals having a cerebellar hemorrhage can also experience headache. The problems with balance and difficulty walking can also mimic intoxication.

### **Conclusion**

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

In this case, it is clear that there was only minimal physical contact by police officers on AP. This occurred in the process of placing handcuffs on him, and when he was placed

into the police van for transport to the ERC. No other “force” was used by a police officer prior to AP going into medical distress.

When AP was noticed to be in medical distress at the ERC, emergency medical aid was sought for AP. While AP was transported to hospital alive, his condition deteriorated, and he sadly passed away a day later.

As previously noted, the OCME reported the immediate cause of AP’s death to be as a result of the sequelae of a cerebellar hemorrhage (a cerebellar stroke).

AP was medically assessed at both Southwest Division and again when he attended DMU. Both times, he was cleared for incarceration. AP was monitored throughout his time in custody with the EPS. There was interaction with AP throughout his time in custody, with nothing causing any of the participants to believe that AP was suffering from anything but intoxication. We now know that this was not the case. However, at the time, and with the transfer of custody and care from the original arresting officer to the transport officer, then to DMU staff, and then to other transport officers, no one officer had continuity over AP and would not have been fully aware of AP’s physical state throughout and the apparent degradation thereof with the passage of time.

Given the foregoing, while AP’s death was untimely and tragic, there are no reasonable grounds, nor reasonable suspicion, to believe that any officer(s) committed an offence(s).

ASIRT’s investigation having been completed and our mandate fulfilled, I have concluded our file.

*Original signed*

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

**November 25, 2022**

**Date of Release**