



**Report to the Minister of Justice  
and Solicitor General  
Public Fatality Inquiry**

*Fatality Inquiries Act*

WHEREAS a Public Inquiry was held at the Calgary Courts Centre  
in the City of Calgary, in the Province of Alberta,  
(City, Town or Village) (Name of City, Town, Village)  
on the 7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> day of DECEMBER, 2020, (and by adjournment  
year  
on the 19<sup>TH</sup> day of OCTOBER, 2021),  
year  
before The Honourable Judge S. L. Van de Veen, a Provincial Court Judge,  
into the death of Robert William Crowle 76  
(Name in Full) (Age)  
of 27 Sunmount Crescent S.E. Calgary, AB and the following findings were made:  
(Residence)

**Date and Time of Death:** October 11, 2016; time of death 11:37 AM

**Place:** 27 Sunmount Crescent S. E. Calgary, Alberta

**Medical Cause of Death:**

("cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization – *The Fatality Inquiries Act*, Section 1(d)).

Gunshot wound of the left shoulder

**Manner of Death:**

("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable – *The Fatality Inquiries Act*, Section 1(h)).

Homicide

**Circumstances under which Death occurred:**

See attached

**Recommendations for the prevention of similar deaths:**

DATED March 14, 2022

at Calgary, Alberta.

*Original Signed*

\_\_\_\_\_  
A Judge of the Provincial Court of Alberta

## ROBERT CROWLE FATALITY INQUIRY

### DESCRIPTION AND SCOPE OF THE INQUIRY

[1] On October 11, 2016, at approximately 11 o'clock AM, Robert Crowle was shot to death by a member of the Calgary Police Service. The police were initially called to his residence as a result of a 911 call by his grandson who had been attacked by Mr. Crowle with a hammer as he slept. Police found Mr. Crowle in the garage in the midst of an attempt to commit suicide through carbon monoxide poisoning. Mr. Crowle faced police in a disassociated state with a large knife in his hand and since it appeared he was advancing upon police with the knife in his hand he was shot and killed.

[2] Pursuant to Section 33(2)(a) of the *Fatality Inquiries Act*, (the Act) The Fatality Inquiry Review Board recommended that a public Fatality Inquiry be held to help clarify the circumstances surrounding Mr. Crowle's death and to restore public confidence in law enforcement. Notably, Section 33(3) of the Act makes this recommendation mandatory since the death of Mr. Crowle resulted from the use of force by a peace officer while on duty.

[3] The issues to be determined at the Inquiry are the use of lethal force by police and whether similar deaths can be prevented in the future.

### Witnesses

[4] The Inquiry heard evidence from twelve witnesses as follows:

- 1) Cst. Kevin Greene – Calgary Police Service – the officer who fired the fatal shot
- 2) Cst. Seymour – Calgary Police Service – the officer who confronted Mr. Crowle in the garage along with Cst. Greene
- 3) Cst. Gooderham – Calgary Police Service – an officer on scene

- 4) Cst. Shapansky – Calgary Police Service – an officer on scene
- 5) Sgt. Joe Hebert – Calgary Police Service – an officer on scene
- 6) Allan Brown – Alberta Serious Incident Response Team Primary Investigator – Gave evidence regarding the ASIRT investigation
- 7) Chris Lawrence – Use of Force Expert – Gave expert evidence regarding the use of force
- 8) Dr. Dennis Morrison – Associate Clinical Professor of Psychiatry, Cumming School of Medicine, University of Calgary – Gave expert evidence regarding the deceased’s possible mental deterioration and potential risk of violent behaviour
- 9) Sgt. Dennis Ruygrok – Field Training Unit – Use of Force Officer – Gave evidence regarding non-lethal use of force options available to the Calgary Police Service
- 10) Dr. Craig Chatterton – Chief Toxicologist – Office of the Chief Medical Examiner – Dr. Chatterton provided written explanation of the toxicology report regarding Mr. Crowle
- 11) Dr. Akmal Coetzee-Khan – Deputy Chief Medical Examiner – Office of the Chief Medical Examiner – provided written evidence regarding the number and type of wounds as well as whether or not the various stab/incised wounds have any role in the cause of death
- 12) Ms. Keri Rak – Business Strategist Calgary Police Service – Gave evidence regarding the Wittman Report and the Calgary Police Service progress on implementing its recommendations

### **Exhibits**

[5] A total of fourteen items were marked as exhibits. A list is attached as Appendix “A” to this report.

**CIRCUMSTANCES UNDER WHICH DEATH OCCURRED:**

[6] On October 11, 2016, at approximately 11 o'clock AM, Calgary Police Service received a 911 call from the residence of 27 Sunmount Crescent S. E. Calgary. It was the deceased's grandson, Connor Williams who made the call and he was initially screaming and so hysterical he could not be understood. He told the police his grandfather, the deceased, had attacked him with a hammer and tried to kill him. Several officers responded to the call and Constable Gooderham saw 20-year-old Connor run from the front door of the residence, screaming. He was covered in blood which was dripping from his legs and head. He appeared to have a major head wound which was bleeding profusely. He was distraught and made little sense initially, but it was later determined Connor had been asleep in his bed when his grandfather, the deceased, woke him by hitting him repeatedly on the head with a hammer and saying "I'm going to kill you". Connor began to fight for his life by grabbing a pocket knife which was on his dresser and stabbing his grandfather multiple times as his grandfather continued to strike him with the hammer.

[7] The autopsy of Mr. Crowle revealed numerous stab wounds to his neck, chest and back, confirming the statements made to police by Connor. The Alberta Serious Incident Response Team report indicates 32 stab wounds were found on the deceased's neck, chest and back. There was one additional large cut to the deceased's jaw from a table saw found running in the garage where the police encountered the deceased immediately prior to his death.

[8] Connor ran from his grandfather's attack to other areas of the house and outside the home itself, but Mr. Crowle followed him, continuing his attack with the hammer and repeating "I am going to kill you." At one point, Connor tried to hold the back door closed preventing the deceased from following him back inside, but the deceased broke through the door continuing his attack. The deceased was a large man and the attack upon his grandson was extensive. At one point, the grandson's

attempts to call 911 were prevented when the deceased hung up the phone. Eventually Connor was able to get to his room, call 911, and remain there until he was told by the 911 operator to go downstairs and outside to meet the police.

[9] The police did not know initially whether Connor was a victim or a suspect. Connor stated to the ASIRT investigators that he still carried the knife when he first encountered police and was told to drop it which he did. He was taken by ambulance to the Foothills Hospital for treatment of significant injuries. There are photographs in evidence displaying the significant wounds inflicted upon him throughout his grandfather's attack.

[10] As Connor was being dealt with at the front of the residence, Constables Seymour and Greene were directed to the back area, both arriving in separate police vehicles which allowed them to park at either end of the alley, blocking its use. Constable Greene looked over the backyard fence and saw the back door of the residence standing open. He saw "a lot of blood" on the walls around the stairs to the residence and a plan was being formulated in which police would enter the residence to locate any other victims, such as a wife or children. However, as Cst. Greene entered the backyard, he heard a loud sound coming from the garage. He describes it as "a horrible high pitched scream noise" which was continuous. As he looked into the garage window, he saw a car running with a hose attached to the exhaust and passenger window. He immediately thought of someone possibly inside the car attempting suicide by carbon monoxide poisoning. Cst. Seymour, on the other hand, also looked into the garage and saw someone standing in the garage.

[11] Both Constables Seymour and Greene proceeded toward the garage and Constable Greene forced the man door of the garage open by kicking it numerous times. As they both entered the garage, they went different directions, Constable Greene going to the right of the man door, toward the vehicle which was running within the garage, and Constable Seymour proceeding straight ahead as he entered

the man door, where he had seen someone standing. Cst. Seymour was surprised that Cst. Greene went immediately to the right because he believed they had both seen the deceased standing in the garage, since they had both looked through the windows. Cst. Seymour testified that he thought he heard Cst. Greene call out that someone was in the garage before they both entered the garage. It is clear from Cst. Greene's evidence, however, that he saw only the running car, not the deceased, prior to entering the garage. If he called out that someone was in the garage, it would have been in the context of someone associated to the running vehicle with the hose attached to its exhaust and passenger window.

[12] In any event, each officer focused on something different as they entered the garage and as a result, they went different directions. Constable Seymour saw the deceased initially standing at an angle, mostly with his back to the man door. As the deceased slowly turned, Constable Seymour saw blood on the front of the deceased's left shoulder and a long cut along the deceased's left jawbone. A table saw was running and it appeared the deceased had cut his jaw using this saw. As Cst. Seymour entered the garage the deceased continued to turn slowly toward him until he faced him. The deceased was a large man and held a large knife approximately 10 inches in length in his right hand. He stood only about 12 feet away from Cst. Seymour who yelled commands at the deceased telling him to drop the knife. As Cst. Seymour backed away from the deceased, he drew his handgun. However, he tripped over the entrance step to the garage as he walked backwards and fell.

[13] Constable Greene's attention upon entering the garage was on what appeared to be a suicide attempt. A vehicle was running and a hose was attached to the rear of the vehicle running down the passenger side of the vehicle. He ran to the passenger side and opened the door expecting to find someone inside. As he looked into the vehicle, he heard Constable Seymour yell "Drop it", causing him to look toward the man door where he saw Constable Seymour retreating backwards and then trip on the lip of the doorway, falling down. At the same time he saw the

deceased with a large knife facing Constable Seymour who had fallen. Constable Greene testified the deceased was only about 7 feet away from him. He yelled at the deceased to drop the knife. In Court Cst. Greene described the otherworldly vacant look in the deceased's eyes. Constable Greene saw his partner having fallen to the ground and believed himself in danger. He testified the deceased advanced toward him and that he was trapped with his back against the vehicle. He had no place to retreat and testified that as the deceased took a step toward him, he did not comply with the demand to drop the knife. He drew his weapon and fired a shot hitting the deceased. Constable Greene testified that the deceased did not immediately fall after being shot, and he, Cst. Greene, was about to take a second shot when the deceased fell backwards.

[14] Constable Seymour immediately rushed to the deceased and attempted to provide first aid. Constable Seymour carried a lifesaving kit, having had special training on this issue. CPR was initiated but the deceased was pronounced dead in the ambulance which was called to the scene.

[15] There is considerable evidence that the deceased was experiencing significant frustration concerning his grandson, Connor who, along with his mother, had come to live with the deceased and his wife approximately six months prior to his death. The Accused believed that Connor at the age of twenty was neither in school nor working and that he used marijuana extensively. An important incident took place on September 12<sup>th</sup>, 2016, about a month prior to the death. The deceased told his grandson he wanted him to move out, to which his grandson told him he was not going to move out since he had no place to go. The deceased "lost it and poked him" according to an account given by the deceased to a good friend. The deceased stated that Connor came back flailing at him like a madman and the deceased recorded that "my forehead was leaking extensively". The deceased maintained he was struck in the side of the head repeatedly and that sometime later he started to notice an inability to walk properly. His right leg dragged and did not co-ordinate with the



left. A note left by the deceased states that at one point he actually fell three times on his face in an attempt to walk 50 feet. The deceased also stated he was becoming incoherent and could not complete sentences or find the words he wanted. In another note left by the deceased dated September 14th he stated that he slept with a knife beside his bed being unsure what his grandson was capable of. Some days after the September 12 incident, the deceased went to the South Calgary Medical Centre and then was transferred to Foothills Hospital for treatment.

[16] It is clear from the evidence that the deceased intended to kill his grandson and then himself by carbon monoxide poisoning, as Cst. Greene suspected when he entered the garage. A significant note left behind by the deceased was entitled "Last Requests". It states he did not wish to have any "services", undoubtedly referring to funeral services, and he did not wish any announcement in the paper. It went on to state that he wished to be cremated as soon as practical and that he didn't care what was done with his ashes. The same note also stated there was approximately 7000 or 8000 dollars in the top right drawer in his room, in a black bag. He wished this money to be split between his wife and daughter, but not to be given to Connor. The deceased's name is at the bottom of this document.

[17] Another significant note left behind by the deceased reads as follows:

"I have reached the end point of my patience and go to sleep wondering why bother. What is the best way to check out? If I do what I want to do and just take him out, I will go to jail. However, if I do him first, then myself, it looks like the best possible action. I consider taking him out to be a public service. So is the answer is to hit him with a hammer then carbon monoxide myself. Hey! I can drink myself to sleep! The best way to go."

## **PERSONAL CIRCUMSTANCES OF THE DECEASED**

[18] From the outset of the Inquiry it was clear that the deceased, age 76 years old, had been a productive member of society, professionally respected by his peers prior to his retirement. He had been a teacher and a Vice Principal of a school in Calgary until his retirement, after which he continued to live a productive and decent life. Accordingly, the question of how the deceased could have turned from a productive citizen into not only a suicidal individual, but a murderous one as well was apparent.

[19] The evidence of the deceased's lengthy and productive life was best described in a letter written by his wife, Lorraine. The Inquiry offered his wife and family members an opportunity to testify but commission counsel were advised by them that the traumatic circumstances of Robert Crowle's death left the family unable to cope with the experience of testifying at the Inquiry. We have respected their wishes in this regard but the deceased's wife Lorraine's letter has been entered as an Exhibit in this Inquiry.

[20] Lorraine Crowle describes her husband of 52 years as a committed husband, father, grandfather and junior high school teacher. He became Vice Principal but continued classroom teaching where his students "liked and respected him". She relates an incident where decades later, a former student encountered her husband walking his dog and took the time to tell him he had himself become a high school science teacher because of the deceased's influence.

[21] After the deceased's retirement, he became a driver for both individuals and the U-Haul business, duties which took him across Canada and the United States. He did this for several years after his retirement and found it very satisfying. Mrs. Crowle describes her life with her husband as a life with "lots of love, laughter, arguments and tragedy". She mentions their son was killed by a drunk driver at the age of 19. She further states she and her husband worked through hard times together "and came out better in the end."

[22] Her letter states that about six months before her husband's passing, their daughter and her son moved in with them due to financial difficulties. After some time, her husband became frustrated that their personal routines were changed. She noted he began to have difficulty walking, remembering things and experienced personality changes. She does not mention whether this took place before or after the September 12<sup>th</sup> incident to which I have already referred. The deceased's wife states that the deceased's doctor told him certain changes were normal. There is some evidence from the deceased's daughter and wife that they believed the deceased was in the early stages of dementia, but the deceased refused to go to the doctor to investigate this. These views were expressed by them in the Alberta Serious Incident Response Team report and were not expanded upon in any other evidence before the Court.

[23] Mrs. Crowle states that on October 11, 2016, she left for work and the home was quiet. She had no idea that anything horrific would happen. She concludes her letter saying "Bob was a beautiful man and I am so confused and can't make sense out of how things changed so drastically opposite to the way we lived."

#### **Forensic Psychiatric Evidence**

[24] As a result of my concern to explain how an upstanding citizen for 76 years could suddenly become not only suicidal but murderous, I directed commission counsel to secure the evidence of a forensic psychiatrist and to provide him or her with the substantial Exhibits, transcripts and other evidence before the Inquiry. My purpose was to ensure the Inquiry addressed the obvious question of what caused such a drastic change in behavior on the part of "the beautiful man" described by his wife, a man who had led the wholesome and productive life described by the deceased's wife and evidenced by his professional career. In addition, I believed this understanding was important to determine whether the Inquiry ought to make any recommendations to prevent similar deaths occurring in future.

[25] My request for a forensic psychiatrist to testify caused delay in completing the evidence but on October 16, 2021 Doctor Dennis Morrison provided psychiatric evidence which has given the Inquiry insight into what appears to have been a significant mental health deterioration on the part of the deceased in the months prior to his death.

[26] Doctor Morrison's report states the deceased was likely depressed for some time prior to his grandson moving in with him and his wife, but it was after the grandson moved in that significant behavioral changes took place. The evidence is that when the grandson moved in, this prior depression progressed significantly to a major depressive episode. Doctor Morrison states that the brain injury suffered by the deceased on September 12, 2016 likely aggravated the existing depression and that aggressive homicidal behavior along with suicidal thought and behavior became present as a result of the compounding effect of the brain injury. In short, the events of October 11, 2016 were the result of a major depressive episode aggravated by a medical condition, *i.e.* the brain injury which took place September 12<sup>th</sup>, 2016 when the deceased and his grandson fought. The deceased does not fit the typical profile of an individual who deliberately chose to commit suicide at the hands of police.

### **Evidence of Mental Health Deterioration**

[27] The ASIRT Report includes an interview from a long-term friend of the deceased (who I will call Friend Number 1), who described him as a gentle individual who didn't look for trouble. He met with the deceased and some friends at Ikea every Wednesday morning and had known the deceased for some 20 years. He stated that the deceased had had trouble in his life for some time. Another friend, (who I will call Friend Number 2) noticed a deterioration in the deceased's physical condition over the past two years. The deceased had gained weight, moved slowly and displayed declining physical fitness. Friend Number 2 also described the deceased as a laid-back guy who Friend Number 2 had never seen lose his temper. Friend Number 2 knew the deceased professionally, having worked with him when

the deceased was Vice Principal at Nickle Junior High School, as well as becoming a social friend. Their relationship spanned 40 years. Friend Number 2 lived close to the deceased's home and there were frequent encounters socially as a result of dog walking.

[28] Both friends were told by the deceased of troubles in his home as a result of the grandson moving in. The complaints were similar and evidenced serious issues surrounding the grandson's life and use of marijuana. The deceased believed the grandson was turning his home into a dope house by selling marijuana from his home. There is no evidence as to whether this was true. Both friends noticed changes to the deceased's demeanor after the grandson moved in. These changes progressed after the brain injury incident of September 12, 2016, approximately a month prior to the deceased's death.

[29] The interview regarding Friend Number 1 conducted by ASIRT confirms the deceased's account of the incident of September 12<sup>th</sup>, 2016. Friend Number 1 was told by the deceased that on that date, after the grandson had refused to move out, the deceased struck him. The grandson fought back, punching his grandfather several times while holding him in a headlock. The grandson warned his grandfather not to try that again. The deceased confirmed to Friend Number 1 his difficulty walking and that he fell several times as he was walking a short distance. As a result, he drove to the medical clinic, was x-rayed and taken directly to the Foothills Hospital where they drained 200 millilitres of blood from his brain. He spent six days in hospital.

[30] The medical evidence refers to a left frontal lobe subdural hematoma which in layman's language, according to Dr. Morrison, is a bleeding of the brain. This injury could be from the fight alone or both the fight and the falls he experienced while walking. According to Doctor Morrison the deceased also experienced expressive aphasia or difficulty in speech for several weeks. Doctor Morrison

acknowledges that it is possible the brain injury alone could have caused the change in mood, personality and behaviour but says it is doubtful the brain injury itself would produce such determined homicidal and suicidal behaviour in a directed purposeful way. Here the deceased had a clear plan to kill his grandson with a hammer and then commit suicide in the garage through carbon monoxide poisoning. He took steps toward this plan by attempting to kill his grandson with a hammer and prepared the running vehicle in the garage observed by Cst. Seymour.

[31] There is evidence from Friend Number 1 and notes left by the deceased which clearly outline his plan to kill his grandson and then himself. He told Friend Number 1, when discussing the September 12<sup>th</sup> fight with his grandson that there would be one more fight, that he would have a hammer next time and that only “one of us is going to be left standing.” The deceased believed he had no reason to live, that he couldn’t live in his own home and that the dog and his grandson had more priority than he did in his own home.

[32] There are notes left by the deceased throughout September, 2016 evidencing several incidents involving his grandson’s behaviour and the degree of frustration this caused the deceased. The deceased believed his wife supported his grandson throughout. The deceased left a letter dated October 31, 2016 (the date is obviously in error since the deceased died on October 11, 2016). This typed letter begins by saying he doesn’t know where to begin but “this is the end.” He confirms that he and Lorraine had a good life but that something happened and “it just isn’t the same anymore.” He comments upon the issue with his grandson and his feelings that his wife supports their grandson. His depressive state appears to have caused or contributed to these beliefs. He makes it clear he intends to end his life and sets out his “last requests,” as earlier mentioned.

[33] From the whole of the evidence, it appears that a loving husband, father and grandfather experienced both depression and a traumatic brain injury which caused him to become both suicidal and murderous.

[34] Doctor Morrison's report states there were no mental health interventions in the deceased's history. He is of the view the statements made to friends and the aggressive behaviour he began to demonstrate were clear signals of the need for medical intervention, but when the deceased was admitted to hospital in September, there are missing medical records, including the notes of a social worker who saw the deceased, which prevent a full understanding of what was done, if anything, to address the deceased's mental state. It appears that since the deceased did not wish to press charges, the matter was simply dropped. There is some doubt concerning the deceased's willingness to seek help given the remarks of his wife and daughter that the deceased was in the early stages of dementia.

[35] When he testified in court, Doctor Morrison expressed the view that all physicians or medical personnel treating patients in hospital with psychiatric issues like those of Mr. Crowle ought to consult collateral resources such as family, rather than merely accepting the information provided by the patient as appears to have been done in this case. He also recognized that time constraints in busy hospitals may prevent this important source of information being explored. However, the Inquiry having the benefit of genius in hindsight, can see that there was significant violence visited upon the deceased when he was taken to hospital following the incident of September 12<sup>th</sup>, that he had initiated the fight with his grandson, and that he subsequently had a brain injury which likely resulted in significant changes to his personality, including aggression and mood disorders.

[36] Indeed, Doctor Morrison's report states that mood disorders, personality changes and aggressive disorders are all common occurrences arising from traumatic brain injuries which it appears the deceased suffered on September 12, 2016. In

addition, greater anxiety, memory impairment, greater irritability, greater impulsiveness, greater mood instability and more attempted suicides and completed suicides are associated with such brain trauma. It is the evidence of Dr. Morrison that the opportunity for mental health intervention when the deceased was in hospital in September was missed.

### **SUICIDE BY POLICE**

[37] The question of whether the deceased deliberately committed suicide at the hands of police was examined in the Inquiry. It is clear the deceased planned to kill his grandson with a hammer and then himself. He attempted to kill his grandson and then went to the garage where he had prepared to kill himself through carbon monoxide poisoning. He had set up the running vehicle with the hose attached to the tailpipe for this purpose. He also had cut his jaw with a table saw, prior to police arriving.

[38] Police happened upon this plan as it was well underway. They encountered him with a knife in his hand and with a very vacant look on his face like something out of a horror movie, according to Cst. Greene. He had just cut his jaw on a table saw and stood in a pool of blood. At the point the deceased turned toward Cst. Seymour and/or Greene, he appeared to be in a dissociative state, not comprehending what would happen. Doctor Morrison stated that at that point the deceased may have thought what the police would do would be a deliverance and an end.

[39] However, the evidence is clear the deceased's real purpose was the plan to kill both his grandson and himself, without thoughts of police involvement. The shot fired by Cst. Greene was fired as the deceased approached both his partner and himself, one of whom had fallen. He appeared to be in a dissociated state and had been stabbed 32 times when he attempted to kill his grandson. In addition, he had just inflicted a cut upon his own jaw. It may be he was not comprehending reality, in considerable pain, and likely unable to do more than let things take their



course once police interrupted his plan. In addition, there was little time for thoughts of any kind once police entered the garage. On the whole of the evidence, the circumstances do not support the deceased having an intention to commit suicide at the hands of police.

## **THE USE OF FORCE BY CALGARY POLICE SERVICE**

[40] The use of force by police is always an obvious area of inquiry in cases involving death at the hands of police and the subject was carefully considered in this Inquiry.

[41] This subject has been an ongoing area of concern for the Calgary Police Service, such that in May of 2017 the Honourable Neil Wittman, Q.C. was directed to conduct an independent review of the use of force in the Calgary Police Service. At that time, the then Chief of Police, Roger Chaffin, stated, “Regrettably the incidents of police involved shootings has increased in Calgary over the last two years, with six of fourteen total incidents resulting in fatalities.” As the Chief of Police I am compelled to ensure our members have the correct leadership, policy, procedures and equipment – as well as training - to ensure that we are policing the community in the safest, most contemporary way possible”.

[42] In April of 2018 the independent review, commonly referred to as The Wittman Report was completed and has been entered as an Exhibit in this Inquiry. The Report relates that over the six-year period from 2012 to 2017, the CPS received 3,170,918 calls for service and provided an officer to respond in 1,852,537 (58.4%) of these calls. During that same period there were 21 officer involved shootings, involving 22 affected persons. Eight of those affected persons (36%) were lethally wounded, 10 (46%) sustained non-lethal injuries and four (18%) sustained no injuries.

[43] The Report points out that the “monopoly enjoyed by police to employ non-negotiable coercive force where it’s use is unavoidably necessary”<sup>1</sup> is “constrained by public expectations and legal requirements”<sup>2</sup>. Justice Wittmann states in his report that the members of the Calgary Police Service have a “deep understanding” of the power and authority they are required to exercise, and that they have balanced this with the responsibility and duty to serve.<sup>3</sup>

[44] The Report contained 65 recommendations dealing with systemic matters driving the use of force, including training, education, and tactics or tools utilized by the police members. The Calgary Police Service created a specific planning team now called The Wittmann Portfolio Team with a mandate to assess, plan and prioritize the implementation of each of the recommendations. The evidence before me is that considerable ongoing work has been and continues to be carried out to accomplish the implementation of these recommendations.

[45] Of significant concern to this Inquiry is that Justice Wittmann found there remains an urgent need to explore and address the issue of police encounters with persons in crisis. Previous reports on the use of force by police carried out in other jurisdictions have stated the same urgency. One such report referenced by Justice Wittmann was completed in 2014 by The Honourable Frank Iacobucci for the Toronto Police Force. Justice Iacobucci stated that Toronto Police Service encounters with people in crisis are regrettably part of an international phenomenon that presents a fundamental challenge to modern society. He states in the summary of his report that police services across Canada, the United States, United Kingdom, Australia and New Zealand, for example, face similar challenges in seeking to

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<sup>1</sup> Bittner, E. (1970). *The Functions of the Police in Modern Society*. Chevy Chase, MD: Brandeis University and the National Institute of Mental Health, p.122.

<sup>2</sup> Cyr, K. (2016). *Police Use of Force: Assessing Necessity and Proportionality*. *Alberta Law Review*, 53(3), 663-679.

<sup>3</sup> Wittman Report page xxi – Use of Force in the Calgary Police Service

improve approaches to deal with the situations which now commonly arise in which police are confronted with mental health issues in the most dangerous circumstances, sometimes resulting in the use of lethal force.

[46] The Honourable Justice Iacobucci at page 62 of his report states the following:

“20. Above all, the person in crisis needs help. Whether it is by reason of mental illness, or a more transient mental or emotional crisis (possibly induced or exacerbated by drugs or alcohol), the person is in anguish. The person’s crisis may manifest itself in belligerent behaviour, making it more challenging to receive help. The person may also be experiencing delusions that make it difficult or impossible to understand what is real. The person’s need for help makes an encounter with the police in one sense desirable, because the police have the mandate to serve and protect those in need.

...

22. In some encounters, the problem arises because the person in crisis poses such an imminent and serious danger that it is essential that the police either immediately contain the person or immediately use force to subdue the person. When analyzing how to prevent deaths in such encounters, one must focus on how to prevent either the crisis itself or the encounter with police from occurring in the first place (which involves improving the mental health system, among other things).”

[47] From the evidence before me, it is clear Mr. Crowle’s changes in personality and behavior occurred as a result of serious mental health issues. The lack of medical reporting surrounding the brain injury which occurred a few weeks prior to his death prevent a specific understanding of what mental health intervention was possible at the time, or even if any such intervention was offered. From the evidence

before the Inquiry, it appears there was no follow up on the brain trauma, although such medical conditions often produce aggressive and suicidal behavior.

[48] The Toronto Police Service Report written by Justice Iacobucci went on to state that the use of lethal force by police evidences a huge issue that warrants further collaboration with the mental health system. His report concluded that the subject of police encounters with people in crisis cannot be appropriately dealt with in the absence of a consideration of the availability of access to mental health and other services that can play a role in the tragic outcomes for people in crisis in encounters with police. He points out that police officers, because of their 24/7 availability and experience in dealing with human conflict and disturbances, are inexorably drawn into mental and emotional fields involving individuals with personal crises. He concludes that there will not be great improvements in police encounters with people in crisis without the participation of agencies and institutions of municipal, provincial and federal governments. Indeed, the effective functioning of the mental health system is essential as a means of preventing people from finding themselves in crisis in the first place. He goes on to say that the basic and glaring fact is that the Toronto Police Service alone cannot provide a complete answer to lethal outcomes involving people in crisis in the absence of changes to the mental health system to remedy the fact that it is commonly the police service who are the first responders to such people. This reasoning clearly applies to Calgary as well.

[49] Justice Wittmann's Report states that the situation of police as first responders demonstrates the need "for a broader conversation about the glaring gaps within the mental health system and implications for the lives of all Calgarians." In addressing mental health aspects of police interactions, he relied upon the definition of a person in crisis outlined by Honourable Frank Iacobucci, who conducted the Toronto Review on this subject. At page four, Justice Iacobucci defined a person in crisis as:

“A member of the public whose behaviour brings them into contact with police either because of an apparent need for urgent care within the mental health system, or because they are otherwise experiencing a mental or emotional crisis involving behaviour that is sufficiently erratic, threatening or dangerous that the police are called in order to protect the person or those around them. The term ‘person in crisis’ includes those who are mentally ill as well as people who would be described by police as ‘emotionally disturbed’.”

[50] It seems likely that the medical personnel treating Mr. Crowle in September, when he arrived at hospital badly beaten by his grandson, did not have sufficient information to follow up the importance of the common changes which arise from the brain injury for which he was treated at that time. Doctor Morrison, as mentioned earlier, pointed out the urgency of medical personnel ensuring third party information when people arrive in hospital in situations like those of the deceased. He had been beaten badly enough for significant brain injury to have taken place, and the fact he didn’t want to press charges was an incomplete conclusion to the hospitalization of the deceased in September. The behaviour changes known to his friends and family appear in hindsight to have been of significance. On the whole of the evidence before the Inquiry, however, there is a lack in information concerning follow-ups or referrals for treatment arising from his hospital stay.

## **REVIEW OF THE USE OF FORCE BY THE CALGARY POLICE SERVICE IN THE DEATH OF ROBERT CROWLE**

[51] An independent evaluation of the use of force by the Calgary Police Service in the death of Mr. Crowle was carried out by Elgin Security Consultants Inc. and the report of Chris W. Lawrence, President, has been entered as an Exhibit in this Inquiry. Mr. Lawrence was a police officer from 1979 to 1995 after which he was an instructor in defensive tactics, officer safety, and firearms training at the Ontario Police College. From 2008 to 2011 he was seconded to the Canadian Police

Research Centre as a project manager with respect to less-lethal weapons, personal protective equipment and sudden in-custody deaths. He has evaluated approximately 300 use of force related events, primarily involving police officers in 27 different States or Provinces and has testified as an expert in various courts and tribunals. He acknowledges that the majority of his testimony has been in support of police actions, but in several of the matters in which he has provided opinions he did not support police actions. In two such incidents police officers were dismissed and in two such cases police officers were criminally convicted in relation to their actions. The Court has accepted his evidence as an expert in the area of the use of force and his report has been entered as an Exhibit in this Inquiry.

### **Use of Force in the Death of Robert Crowle**

[52] Mr. Lawrence reviewed the Inquiry evidence concerning the death of Mr. Crowle to determine whether police actions were reasonable and necessary as required by the *Criminal Code of Canada*. Sections 25 to 27 of the *Criminal Code of Canada* authorize the proportionate use of force necessary for police officers to carry out their duties, including action resulting in serious bodily harm or death. His review of the procedures and actions of police in the death of Mr. Crowle concluded the police actions were reasonable, prudent, and consistent with police training. The Elgin Security Consultants Inc. report is thorough and has provided the Court with important information.

[53] In addition to the circumstances I have already mentioned, this report provided the Inquiry with more detail of some significance. One vital piece of evidence arising from Mr. Lawrence's report and testimony is the close proximity between the deceased and Constables Greene and Seymour once they were in the garage immediately prior to the lethal use of force. Somewhere between seven to ten feet was likely the proximity between the deceased as he held the large knife and appeared to advance toward either Constable Seymour as he lay on the ground, or Constable Greene who stood by the running vehicle. The evidence is not clear

whether the deceased actually advanced toward either officer, or both, but the evidence supports the fact that he did. The officers gave evidence the deceased did in fact advance, but in such a volatile and dynamic situation, Mr. Lawrence states in his report that their perception of this occurring would not be unusual, whether accurate or not. There were two pools of blood of importance in determining this question. The first is the large pool of blood in front of the table saw where the deceased stood when police first saw him. This arose from his having just cut his jaw with the saw. This first pool of blood is located 3.69 meters, or approximately 12 feet, from the man door where Cst. Seymour tripped and fell. The second pool of blood is located where the deceased fell after being shot. This second pool of blood is located 2.97 meters, or approximately 9½ feet, from the man door where Cst. Seymour fell. The distance between the two pools of blood was .72 meters or approximately 2½ feet, which indicates the deceased advanced a short distance toward the police as the officers have testified.

[54] Another aspect of the evidence given by Mr. Lawrence concerns the options available to officers whenever force is required. The report sets out the variety of tools and tactics available to police officers beginning simply with their physical presence and communication where the power of words and directions suffice to change behavior. The evidence before the Inquiry is that de-escalation is part of the ongoing training of recruits and members of the CPS. From the evidence before me, there was no opportunity to de-escalate the situation. The deceased had already attacked his grandson trying to kill him and appeared in the process of carrying out his own suicide. His failure to drop the knife and then to advance upon police precluded an opportunity to de-escalate the situation.

[55] The report goes on to list the next most intensive use of force which involves physical control skills. These are hands-on physical interventions which can be hard or soft, depending upon the expected chance of injury to the subject and officer. Hard skills include strikes and kicks which can cause injury. Soft skills include

pressure points, joint locks and leverage techniques. Although injury can still occur as soft skills are used, the likelihood of injury is less compared to the more forceful hard skills. Given the presence of the knife, the close proximity of the deceased to the officers, one of whom had fallen, and the apparent dis-associated state of the deceased, physical control skills alone would not prevent injury to the officer at the hands of the deceased when he did not comply with the demand to drop the knife.

[56] The next level of force discussed by Mr. Lawrence is the use of Intermediate Weapons. These bridge the gap between physical control skills and lethal force. They include pepper spray, batons and conducted energy weapons such as Tasers. Mr. Lawrence testified that although these are considered by many to be of greater risk of injury to the suspect, they actually result in less frequent injuries to both public and police according to research into this area.

[57] Pepper spray is known to not always stop a suspect and conducted energy devices can only be used when there is “lethal overwatch”, meaning another officer with a drawn firearm and prepared to use lethal force if the conducted energy weapon fails to stop the suspect is present. In the Crowle case, this level of Intermediate Weapons was not possible given the deceased appeared to advance upon a fallen officer. In addition, both officers had different immediate purposes when they entered the garage. Cst. Seymour had seen the deceased prior to entering and went straight toward him. Cst. Greene had seen the running vehicle and went straight toward it, recognizing the potential that someone may be attempting suicide by carbon monoxide poisoning. Hence, there was no opportunity for a concerted two-man plan to deal with the deceased with intermediate weapons. The toxic air present in the garage from the running vehicle also must be considered. The officers entered knowing of the risk of carbon monoxide poisoning and time would have been of the essence from the point of view of the personal safety of both the police and the deceased.



[58] The next level of force described in the report is lethal force. This commonly involves pistols, shotguns and patrol carbines or rifles. It can also include intentional strikes to head and neck, spine or elsewhere that are likely to cause substantial injury or death. Baton use was excluded by the presence of the knife in Mr. Crowle's hand.

[59] Mr. Lawrence states that generally police officers are not trained to disarm a suspect wielding a knife unless there is no time to draw or deploy a weapon. Police officers are trained to draw their pistol when a subject is armed with a knife and provide the subject with an opportunity to comply with their demand to drop the weapon. Constable Seymour did so, demanding Mr. Crowle drop the knife, but the deceased did not comply, either because he determined he would not do so, or he was unable to form any appropriate judgment, given his disassociated state of mind.

[60] The report points out that wielding a knife (or edged weapon as the report refers to it) requires little skill or practice. Police body armor only protects the torso of the officer from ballistic injury. It may stop a knife attack of the torso, but not the officer's head, neck, arms, legs, or other parts of the body. Hence, it is unreasonable to expect officers to risk serious injury by attempting to disarm an individual such as the deceased who is carrying a knife and does not comply with the direction to drop it.

[61] With respect to the use of firearms, the report gives significant information about the training of officers and their accuracy rate. A question which often arises is whether the police officer could shoot a hand or leg to stop the threat or disarm an individual. The report states that often police officers only have a thirty per cent accuracy rate with respect to their competency in the use of a pistol. Although there are retraining requirements for the use of pistols, police fortunately are not often required to use them. For example, Cst. Greene testified he had never been required to use his pistol on duty in the eight years he had been with the Calgary Police

Service until the death of Mr. Crowle. He testified officers are required to retrain every six months concerning the use of pistols.

[62] Mr. Lawrence's report states that it takes about two seconds for an officer to draw and fire his or her weapon and a suspect could travel a range of between a few feet to 30 feet in that timeframe. This would depend upon the size of the person and other circumstances. Hence, officers are not trained to shoot a leg or a hand to stop the threat because the chances of stopping the threat given the inaccuracy of the shot by most police officers is low. In addition, the evidence is that in a dynamic situation like being threatened by a knife, there are physiological changes to human senses including a compromised sense of vision and motor skills. These physiological changes prevent accurate physical responses to the crisis by the officers involved. In the Crowle matter, Constable Seymour had drawn his weapon and demanded Mr. Crowle to drop the knife prior to falling backwards. Constable Greene perceived both his fallen partner and himself to be in immediate danger. Hence, physiological changes to the police officers' sensory perceptions along with the lack of pistol accuracy would not be reliable enough to accurately target an arm or a leg in the dynamic situation they faced. In addition, Cst. Greene's evidence is that even after he shot Mr. Crowle, the deceased did not immediately fall. Constable Greene was about to fire a second shot when, a few moments after the first shot was fired, the deceased fell and the threat Mr. Crowle presented was eliminated. Therefore, targeting an arm or a leg would not be a reliable action to immediately stop the threat the deceased presented.

[63] The report states that officers are trained to use lethal force in the circumstances presented by Cst. Seymour having fallen to the ground and Mr. Crowle advancing upon either officer. The decision for Constable Seymour to retreat from Mr. Crowle when he saw the knife is also reasonable, its purpose being to create distance between himself and the threat the deceased posed.

[64] Police training is that use of force must be necessary, reasonable and proportionate to the situation as understood by the officer applying the force and these prerequisites must be evaluated both subjectively and objectively. The report points out the officers took a personal risk entering a potentially toxic atmosphere to determine whether other victims were trapped inside the idling automobile. On the whole of the evidence, I am in agreement with the conclusions Mr. Lawrence states in his report. The police officers were faced with an imminent risk of death or bodily harm at the hands of the deceased and the use of lethal force was reasonable, prudent and proportionate to the situation they faced.

## **LESS LETHAL WEAPONS**

### **Less Lethal Weapons Policy – Calgary Police Service**

[65] The Calgary Police Service has developed a less lethal weapons policy which is in evidence before the Inquiry. Its mission statement reads as follows:

- “1. The Calgary Police Service (CPS) is committed to the sanctity and preservation of life, human rights, and the dignity of every individual.
2. Our mission is to manage high risk subject encounters with paramount regard to the public, officer, and subject safety.”

[66] The Calgary Police Service appears to recognize the need to utilize less lethal weapons whenever possible such as the conducted energy weapons mentioned by Mr. Lawrence in his report. On the whole of the evidence before me there is work being done to improve the effectiveness of these options as compared to the use of pistols, but as yet the technology available still requires a “cover officer” with lethal weaponry ready to use in order to ensure the threat is removed. Of note in this regard is the evidence of Cst. Greene who trains other officers in the use of tasers. He testified that it is not unusual for a taser to fail because its effectiveness depends upon two probes making contact with a body. If just one does so, the cartridge in

the connected energy weapon won't deploy and is therefore ineffective to stop the threat. Hence, lethal weapons like guns which officers are trained to aim at the center mass of an individual must be present and ready for use to ensure the less lethal weapon is effective in stopping the threat. The need for lethal weapons such as pistols is therefore likely to continue into the foreseeable future according to the evidence of Mr. Lawrence.

[67] The Less Lethal Weapon (LLW) Policy of the Calgary Police Service, s 6, prohibits their use in several respects. They cannot be used in a punitive or coercive manner, or on a handcuffed/secured prisoner, to apprehend a fleeing subject where there is no perceived risk to others, or at or from a moving vehicle. In addition, officers are restricted by s 7 of the policy from using a less lethal weapon when the subject is holding a weapon capable of causing grievous bodily harm or death unless two conditions are met:

- 1) there is a physical barrier between the officer and the subject,
- 2) another officer with lethal force covers the officer using the less lethal weapon.

[68] Therefore, this policy would have prevented Cst. Greene or Cst. Seymour from using a less lethal weapon.

[69] This Inquiry has attempted to determine what less lethal or non-lethal weapons systems were in place by the Calgary Police Service when the incident involving Mr. Crowle's death took place. In addition, I have asked for the evidence of what less lethal or non-lethal weapons have since become available and whether such weaponry can be expected to improve in the future. My request for this information was answered by a letter from Calgary Police Service which commission counsel has provided to counsel representing parties with status in the Inquiry. According to this letter, the most recent acquisition by CPS of an improved conductive energy weapon has been described as the ARWEN, or anti-riot weapon

enfield. This was not available at the time of Mr. Crowle's death. Information provided by Calgary Police Service to the Inquiry describes its use:

“Criteria: This weapon may be used when the subject can be lawfully arrested for a criminal offence; officers believe, giving consideration to the situational, environmental, subject behaviour and officer factors, there is a real likelihood of imminent grievous bodily harm or death to an officer or bystanders; and other use of force options would be otherwise ineffective or inappropriate given the circumstances. When the subject is holding a weapon capable of causing grievous bodily harm or death, the ARWEN should only be used when the officer has a physical barrier between her or himself and the subject, and the other officer using the ARWEN is covered by another officer with lethal force at the ready.”

The ARWEN is stored in a locked case in the trunk or in the patrol rifle rack if there is no patrol rifle present in the vehicle.”

[70] It is apparent the ARWEN, had it been available, would not have been appropriate to prevent Mr. Crowle's death for a number of reasons. Firstly, as stated earlier, there must be a cover officer with his gun ready to use. In the case of Mr. Crowle's death, there was no opportunity for the two-man approach envisioned by the Calgary Police policy governing the use of less lethal weapons. That's because Constable Seymour's attention was drawn to the deceased while Constable Greene's attention was drawn to the running vehicle in a different direction, given his concern of the possibility of someone being inside of the running vehicle in danger of carbon monoxide poisoning. In addition, the ARWEN would have been stored in a locked case in the trunk of a police vehicle or in the patrol rifle rack. There was no time for either Constable Greene or Seymour to retrieve such a weapon had it been available, and its size alone would likely render it impractical to use in a situation like that involving Mr. Crowle.

[71] Calgary Police evidence is that the Taser 7 was also explored in 2021 but was not pursued because of cost and the extensive training procedures which would be required to implement its use. Several instructors were trained on Taser 7 and these issues became apparent from feedback provided by these instructors. The practicality of training some 2000 Calgary Police Service officers, would be important with respect to Calgary Police Service pursuing any non-lethal weapon which becomes available in the future. No evidence was provided to the Inquiry concerning the benefits of Taser 7 nor any other drawbacks beyond training issues, but taser use is not without criticism as mentioned by Mr. Lawrence.

### **RECENT EMPHASIS UPON THE NEED FOR NON-LETHAL WEAPONS**

[72] The scope of this Inquiry is not broad enough to explore the research, development and implementation of non-lethal weapons currently underway, not only by the Calgary Police Service but other jurisdictions and stakeholders including governments and the military in North America. However, it is an important pursuit in order to prevent similar deaths in the future. The facts in this Inquiry are that Mr. Crowle was in crisis due to mental health issues and as a result of that, he became so dangerous police had no option available to them but the use of lethal force. How differently this could have turned out had an effective non-lethal force weapon been available to either Constable Seymour or Greene, a weapon reasonably priced, simple to use from a training aspect, and effective to immediately stop the threat Mr. Crowle presented.

[73] While the scope of this Inquiry is not broad enough to explore the current research, development and implementation of non-lethal weapons underway in various jurisdictions, a very rudimentary search of this subject reveals a strong and recent emphasis upon the need for police and other agencies to have the advantage of using reliable, cost-effective, non-lethal weapons that have simple training requirements instead of guns that kill. This is not only a police matter and police

cannot accomplish this on their own. It requires participation by all levels of government and industry as well as the academic and scientific communities in order to pursue the development of these options which are not currently in use or available on the scale required by police.

[74] A number of less lethal weapons currently in existence and which appear to have been developed since the death of Mr. Crowle, are identified by a 2015 publication by the Marshall Project entitled “Alternatives to Bullets,” which I have attached as Appendix B to this report. These alternatives deserve some study and consideration but all have both strengths and drawbacks, and none appear to entirely replace guns, though some of these alternatives may reduce the necessity for gun use in police encounters with people in crisis. I note, too, however, that some non-lethal weapons are reported to cause varying degrees of harm when used by police. I am mindful that availability of any of these alternatives depend upon resources provided to the police service and note that cost-effectiveness is a major consideration.

[75] It is apparent that there is currently considerable public concern about the lethal use of force by police against people in crisis such as Mr. Crowle, and others. There have even been calls to defund police because of such incidents. As a result of this increased public concern, there has been a significant expansion of industrial development of such devices in the United States and elsewhere in the world in recent years. For example, an article published in Investing News Network (INN) entitled “Investing in Less Lethal Security Solutions for Public Safety, An Industry Overview” states that the need for less lethal security in recent years is not isolated to one part of the world or one nation. Because of increases in worldwide violence and civil unrest, the adoption of less lethal technology by independent task forces and legislative initiatives such as the Council on Foreign Relations in the United States, has created a global investment climate for such products. The article states that global investment in less lethal weapons is expected to reach 11.9 billion by 2027. The article mentions the high-profile deaths of George Floyd and Brionna

Taylor in 2020 which sparked unprecedented strife and angry outcries for police reform. I am mindful the article emphasizes the use of less lethal weapons for purposes of crowd control, but it demonstrates the recent recognition of the need for better solutions than guns. This need has attracted significant attention in private companies involved in the production of weaponry and I have attached this article as Appendix C to my report. Rudimentary research on this subject appears to reveal that industries devoted to the development of such devices in the United States and elsewhere in the western world has significantly expanded in recent years. This expanded emphasis is primarily caused by large protesting groups worldwide and the need for police to restore order in the affected communities.

[76] Our rudimentary search has been unable to locate academic papers on this subject, but a number of news articles are worth mentioning for the purpose of demonstrating the complexity of this problem and that police cannot solve this problem alone. For example, an article published in July 2017 states that the Los Angeles Police Union has thrown its support behind the national push for federal funding and other resources to help officers better prepare for interactions with people who are mentally ill. The article cites the LA Police Protective League as being one of more than a dozen police unions nationwide including those in New York, San Jose and Chicago, calling on the federal government to pay for crisis intervention training, less lethal devices, and officers who team up with mental health professionals to respond to emergency calls. The article cites their agenda entitled “Compassionate and Accountable Responses for Everyone” and quotes one Jamie McBride, a Los Angeles police department union Executive Director saying, “our national mental health crisis is a social problem, not a police problem.” This article is attached to my report as Appendix D. I am mindful this is a newspaper article and it is not cited in my report for the purpose of establishing facts, but rather to demonstrate the depth and breadth of the complex problem of police encounters with people in crisis such as Mr. Crowle and that police cannot solve this problem



alone. The solution to these problems necessarily involves all stakeholders, including governments of all levels, police services, industry, the scientific community and the academic/technological community.

[77] Of some interest also is that as far back as 1995 the American Council On Foreign Relations commissioned an Independent Task Force which published a paper emphasizing the importance of non-lethal weapons and the creation of policy concerning them. This paper noted the slow advancements in this area and encouraged the Department of Defence in the United States to provide substantial new funds for research and development. It appears the need for non-lethal weaponry is not confined to police, but other stakeholders may include prison settings, mental health facilities and even the military. As I have mentioned, the scope of this Inquiry is not broad enough to detail current developments and research underway on this subject. However, I believe it is notable that while the Wittmann Report called for the obvious gaps in the mental health system to be addressed, the development and implementation of non-lethal weaponry is equally important.

[78] Accordingly, in my view, the use of non-lethal force by police upon people in crisis warrants extensive collaboration with the mental health system while at the same time it also warrants the involvement of all stakeholders into the research, development and implementation of non-lethal weaponry. To date such weapons are only safe if a covering officer ready to use lethal force is also present. Weapons such as the ARWEN, the latest such weapon mentioned by Calgary Police Service evidence, are large and do not lend themselves for use where time does not permit police planning for immediate use, as was the situation in the death of Mr. Crowle. As I have mentioned, in the case of Mr. Crowle's death, this two-man approach was not available given the dynamics of the situation. The need to improve the non-lethal solutions available to police dealing with dangerous people in crisis is apparent from the police encounter with Mr. Crowle.

## INQUIRY RECOMMENDATIONS

- 1) It is recommended that the Government of Alberta appoint a task force to address the glaring gaps in the mental health system noted by The Honourable Justice Wittmann and The Honourable Justice Iacobucci, which contribute to police commonly being first responders to people in crisis and emotionally disturbed individuals whose mental health issues have escalated to the point requiring police involvement. The complexity of this problem is considerable and as mentioned by Justice Iacobucci appears to be an aspect of modern society which several countries, as well as Canada, are grappling with. The only way to prevent dangerous encounters with police by persons in crisis and emotionally disturbed individuals is to prevent the crisis from occurring in the first place. This engages the challenge of an early intervention despite dealing with difficult people whose mental health issues fall short of incapacity, but nevertheless cause them to be unable to access the help they need. It involves not only police and mental health services, but also the scientific and academic communities in order to find solutions to the complex problem of police becoming first responders to people in crisis and emotionally disturbed individuals. A recommendation for Alberta Health Services to carry an independent study of this problem was made in the Inquiry Report into the death of David William McQueen dated March 11, 2020.

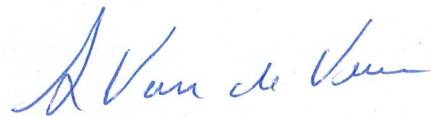
It appears that an important opportunity was lost when Mr. Crowle was hospitalized September 12, 2016. No collateral contacts appear to have been consulted even though he had been hospitalized with significant injuries causing a severe brain injury. Expert evidence

before the Inquiry is that hospital psychiatric staff dealing with patients like Mr. Crowle ought to consult third parties to secure the information they need to properly treat such patients. It appears matters were simply left without referrals or recommendations simply because he did not wish to press charges against his grandson who had inflicted the September injuries for which he was hospitalized. The evidence before the Inquiry is that the brain injury suffered by Mr. Crowle commonly results in aggressive and even suicidal behaviour and hospital records do not indicate whether follow-ups or referrals were either recommended or carried out.

- 2) It is recommended that the Government of Alberta appoint a task force comprised of the Calgary Police Service and other stakeholders to carry out the research, development and acquisition of non-lethal weapons that can be used by police officers who are called upon to deal with people in crisis or experiencing serious mental health issues resulting in behaviour that is imminently dangerous to others. It is recommended that stakeholders represented on the task force include representatives from industry, the scientific technological community, and all government agencies responsible for criminal law and its enforcement in the province of Alberta. Such research and development would be for non-lethal weapons which are reasonably priced, simple to use from a training aspect, and effective to immediately stop the threat people in crisis can present, while causing minimal or no harm. The urgency for this research and development is brought about by the current inability on the part of Alberta Health Services to close the gaps in mental health services which result in people in crisis becoming engaged in police encounters. Medical science is not an exact science, especially in the area of mental health issues and it may be that the gaps recognized by

the Wittmann Report cannot be closed in the foreseeable future given our current knowledge and resources. It therefore seems reasonable that an alternative of great importance would be the research, development and implementation of non-lethal weapons and that such weapons be made available to police to avoid death or injury of people in crisis whose dangerous behaviour causes police encounters.

All of which is respectfully submitted.



S. L. Van de Veen,  
A Judge of the provincial Court of Alberta

## APPENDIX A

### LIST OF EXHIBITS

Re: Fatality Inquiry into the death of Robert CROWLE

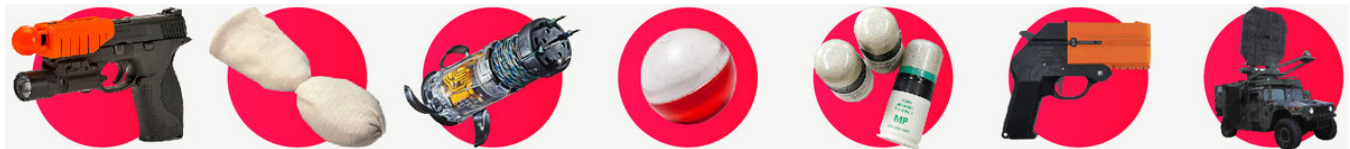
- F1. Black Binder labeled Robert Crowle - Public Fatality Inquiry Exhibit  
Binder (Witness Copy)
- F2. "CPS Responses to Wittmann Report"; Authors: Keri Rak and Sergeant  
Dan Guenette (Wittmann Portfolio Team)
- F3. Fatality Inquiry ESCI Draft Report prepared by Chris W. Lawrence (Elgin  
Security Consultants Inc.)
- F4. Curriculum Vitae of Dr. Akmal Coetzee-Khan
- F5. Police officer's notes (Sgt. Joe Hebert #3635 CPS/District 8-D);  
Notebook #42 - pages 170-173
- F6. Letter from Lorraine Crowle; dated December 5, 2020; not signed
- F7. Medical History Summary of Crowle, Robert William dated October  
30, 2020 Age 80.2 DOB 14-SEP-1940
- F8. Letter dated December 8, 2020 to Christine Nugent RE: Robert  
CROWLE - Public Fatality Inquiry. signed by Rob. W. Armstrong
- F9. Less Lethal Weapon System - Calgary Police Service
- F10. Curriculum Vitae of Chris Lawrence - December 5, 2019
- F11. CV Appendix of C. W. Lawrence – December 2020
- F12. cr. alberta justice and solicitor general - written response for fatality  
inquiry - letter to the honorable judge s. l. van de veen from akmal  
coetzee-khan deputy chief medical examiner - date signed 14 june, 2021
- F13. cr - dennis morrison professional corporation -confidential - subject :  
fatality inquiry - robert william crowle report dated 2021 April the 18th

F14. cr – Sergeant Dennis Ruygrok #4155 Calgary Police Service – Use of Force  
Biography

### FEATURE

# Alternatives to Bullets

*From liquids that smell like dead animals to high-temperature heat rays, the present and future of non-lethal weapons.*



By ELI HAGER

In the wake of recent high-profile police shootings, manufacturers of non-lethal weapons have seized on the opportunity to sell devices they say might have saved the lives of Michael Brown, Walter Scott, Tamir Rice, and many others. Companies with names like Micron Products, Alternative Ballistics, and Bruzer Less Lethal International are now a part of the decades-old field of less-lethal weapons — also called “compliance” or “pacification” devices — offering everything from bullets that don’t penetrate to devices that slow bullets down.

“I just looked out there and there wasn’t anything that really would have been practical and useful in a tense one-on-one situation like in Ferguson,” says Christian Ellis, the CEO of Alternative Ballistics, which tried to sell one such device to the Ferguson police department. “That’s why we got into this business.”

Police officers, for their part, already have less-lethal tools on their belts — nightsticks, pepper spray, and TASERS — and some feel that the additional options are not much more useful despite their variety and complexity. “It’s like comparing phone plans,” says Sid Heal, former commander in the L.A.P.D. and an expert on less-lethal force.

Whatever the future holds for these alternatives, police departments already have, in recent years, added a few gentler tools to their arsenals. Below, an inventory of some of those tools, as well as a look at what might flood the market soon.

## Bean Bags



A sock-shaped pouch filled with lead, silicone, or rubber balls, fired from a shotgun. The pouch expands in the air for wider impact.

**Approximate cost:** \$4.50 to \$6.50 per round.

**When it's most useful:** Anytime a person is "noncompliant" but far away and "not yet a direct threat," says Steve Ijames, the police chief in Republic, Mo. and an expert on less-lethal force.

**Effect on target:** Pain, muscle spasms, and temporary immobility, but no penetration of the skin.

**Why it's appealing:** It's inexpensive.

**Potential downsides:** Unless a shotgun containing bean bags is adequately marked in a different color (usually orange), it can easily be confused with a shotgun loaded with real shells, which police call "cross-contamination" and has repeatedly caused deaths, according to the National Institute of Justice. Even if the correct gun is used, there is a risk of serious or deadly injury if the bean bag is fired at the head — and it's difficult to avoid hitting the head, face, throat, or center of the chest "when a person is twisting or running around," says Heal.

**Where it's used:** Different versions of bean bags have existed for over three decades, and are perhaps the most widely-used non-lethal weapon outside of the TASER, pepper spray, and



nightstick. As the technology has evolved (from a flatter, squarer bag that was inaccurate as a projectile and sometimes failed to expand properly mid-air), it has become significantly less dangerous.

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## Blunt-Impact Projectiles



Plastic bullets (37 mm or 40 mm) capped with gel, silicone, or foam, fired from a single-shot gas launcher or giant revolver. The bullets are designed to flatten upon impact. They can also be filled with pepper spray or liquids that smell like fecal matter, rotten eggs, or dead animals, to further repel the suspect.

**Approximate cost:** \$350 to \$1200 for the gun, \$25 per round.

**When it's most useful:** Subduing a potentially violent suspect from a distance, and when the officer has time to get a large, specialized weapon out of the trunk.

**Effect on target:** Severe, blunt pain.

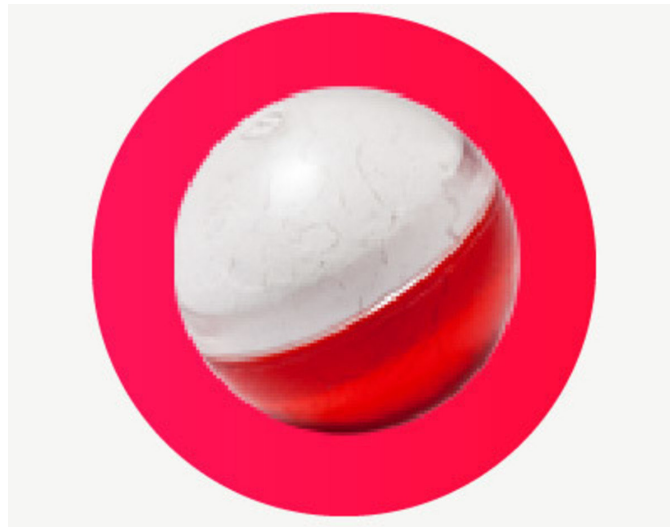
**Why it's appealing:** The projectiles have a soft, wide surface of impact and should not be able to pierce through skin or injure internal organs.

**Potential downsides:** Very expensive and only useful at long range; also liable to cause serious or deadly injury if fired at the head, neck, or chest.

**Where it's used:** The newest version has already been purchased by at least 16 law-enforcement agencies, including the SWAT teams in L.A. County and Sacramento.

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## Pepperballs



Small (.68-inch), round, plastic balls filled with synthetic capsaicin powder, the active ingredient in chili peppers. A paintball-style gun rapidly fires the balls, which explode after hitting any surface, releasing the powder.

**Approximate cost:** \$150 to \$300 for a paintball gun or \$250 to \$500 for a brand-name PepperBall gun; \$3 to \$5 per round.

**When it's most useful:** Indoors (including in jails and other correctional situations), when the officer can aim at walls and ceilings to release the pepper powder.

**Effect on target:** Puffy, watery, stinging eyes; runny nose; difficulty breathing; and coughing.

**Why it's appealing:** One of the few alternatives that doesn't need to make direct contact with the target — police can shoot it anywhere nearby, and the effect of the capsaicin powder will be the

same. However, cops' training and instincts often cause them to aim for "center mass," says Heal. According to Ijames, the pepperballs "beg a shot to the upper body, because the officer wants to make sure the suspect gets the worst of the pepper."

**Potential downsides:** The round shape of a pepperball is relatively unstable as it flies through the air, and because of "trajectory degradation," it is not nearly as accurate as a sleek, pointed bullet.

**Where it's used:** Most famously used in 1999 during the "Battle of Seattle" anti-WTO riots. In 2004, the Boston Police Department accidentally killed a 21-year-old college student who was celebrating the Red Sox's World Series victory — by firing a pepperball at her eye.

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## "The Alternative"



An orange metal attachment that an officer can quickly clip onto the barrel of his handgun before firing a shot. The clip-on "catches" the bullet — like an airbag — making it fly about one-fifth as fast.

**Approximate cost:** \$45 per unit.

**When it's most useful:** Anytime an officer needs to fire his regular service weapon but does not want the shot to be deadly, and has time to attach this device.

**Effect on target:** Instead of penetrating and potentially killing the suspect, the slowed-down bullet only knocks him down. “But it might break ribs and it feels like getting hit in the chest with a hammer,” says Ellis, the CEO of the company that manufactures the product.

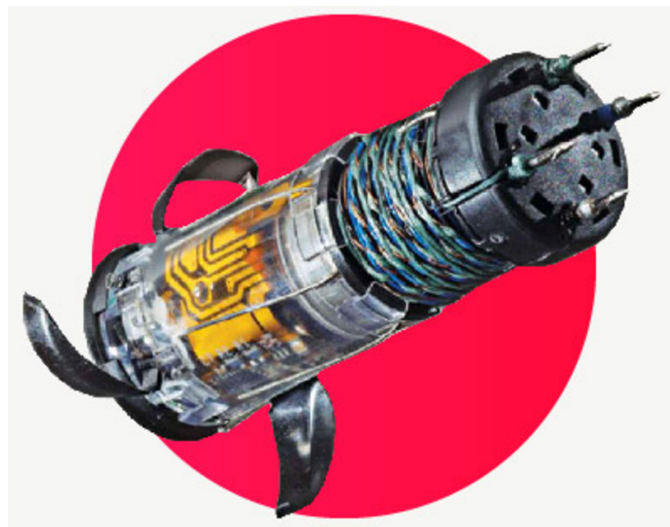
**Why it’s appealing:** The Alternative is a compact device that is relatively easy to incorporate into everyday use. The officer can take the clip-on from his belt and attach it to his handgun.

**Potential downsides:** According to Heal, one “weapons platform” should deliver only one type of force — either lethal or non-lethal. Combining the two on the same gun, he says, is inherently dangerous: What if the officer instinctively “double-taps” (pulls the trigger twice), as most police are trained to do? The result would be the firing of a lethal round right after the non-lethal one has already been discharged.

**Where it’s used:** A month after the shooting of Michael Brown, the assistant chief of Ferguson's police department took to Google, searching for a less-lethal option for cops. He came up with The Alternative, but after a group of experts sent a letter saying how dangerous they believed the device was, Ferguson has stopped considering it.

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## “The XREP”



Manufactured until 2012 by TASER International, the XREP is essentially a long-range, wireless version of the traditional TASER, firing plastic shells that each contain sharpened electrodes, a battery, a transmitter, and a microprocessor. When a shell hits the suspect, the electrodes are released and pierce through clothes and skin, releasing up to 50,000 volts of electricity for 20 seconds.

**Approximate cost:** Over \$1,000 for the launcher, \$100 per round.

**When it's most useful:** For incapacitating people from a distance.

**Effect on target:** Muscles contract uncontrollably, causing the person to freeze and fall to the ground. And if the person attempts to pull out the electrodes, a circuit is created, spreading the effect.

**Why it's appealing:** Like a TASER, the XREP can effectively subdue a person who is suicidal or under the influence of drugs, or otherwise has a high threshold for pain. And unlike a TASER, the XREP can be fired from a distance.

**Potential downsides:** The XREP's high cost is its main downside. But, like TASER products, it could be dangerous: According to a 2013 report by Amnesty International, the TASER has caused more than 500 deaths in the United States since 2001.

**Where it's been used:** TASER discontinued the XREP back in 2012, because it was expensive and "departments just weren't buying it," says TASER spokesperson Steve Tuttle. But several police departments around the country still have the XREP, and few use it occasionally. It was used in March by cops in Albuquerque, N.M., against a mentally-ill person.

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## **"ML-12" Less-Lethal Launcher**



A two-shot pistol that shoots most types of less-lethal ammunition (bean bags, pepper rounds, rubber balls, flares, etc.).

**When it's most useful:** Close or hand-to-hand confrontations, at traffic stops, in small rooms.

**Approximate cost:** \$549 for the launcher and holster, \$4 to \$7 per round.

**Effect on target:** Depends on the type of round.

**Why it's appealing:** This is a weapon that the officer can wear on his/her belt and have on hand in any situation.

**Potential downsides:** It only fires two shots, and two-thirds of use-of-force encounters require an officer to fire more than twice, according to the National Institute of Justice.

**Where it's used:** Tommy Teach, the founder of Bruzer Less Lethal International, the company that markets the ML-12, says it has been purchased by over a hundred "small, rural police departments — who prefer it to the TASER because of its lower cost."

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## “Active Denial System”



Designed by the military, the ADS, also known as the “pain ray,” is shaped like a satellite dish and shoots an invisible, 95 GHz wave of heat at the suspect — similar to the waves inside a microwave.

**How it would be used:** To stop, deter, and force the retreat of a person who is approaching too aggressively.

**Effect on target:** Heats the skin to 130° Fahrenheit in under two seconds, causing excruciating, quickly unbearable pain.

**Why it’s appealing:** The ADS has been thoroughly researched by the Department of Defense, and after 13,000 tests on human subjects, there have been only two serious injuries and no lasting side effects, according to the Pentagon.

**Potential downsides:** The ADS is very large; the existing model is designed to be mounted on top of a humvee or military-sized vehicle. Police would need a much smaller version with less range but greater portability (and one that doesn’t take half a day to boot up). The ACLU has also called the ADS a torture device.

**Status:** Available to the military in Afghanistan for deterring individuals who were getting too close to U.S. troops, the ADS was considered for use at the Pitchess Detention Center in Los Angeles County to disrupt assaults and fights. The National Institute of Justice has long considered developing a smaller, handheld version — to be used by law enforcement. ❗

## APPENDIX C

[SECURITY INVESTING](#)

# Investing in Less-lethal Security Solutions for Public Safety: An Industry Overview

[Investing News Network](#)

Sep. 27, 2021 05:00PM PST

[INNSPIRED](#)



Worldwide increases in violence and civil unrest demonstrate the need for less-lethal security solutions and governing safety measures that are not isolated to one part of the world or one nation.

**2020 saw an unprecedented level of civil unrest and mass demonstrations in the name of social justice and political corruption. Despite some attributing this year of tumultuous public protest to the increased stress and uncertainty brought on by the**



## **COVID-19 pandemic, a spike in violent demonstrations around the world is not a random occurrence.**

According to the Global Peace Index, peacefulness has [declined by 2.5 percent](#) since 2008, with 81 GPI countries recording a deterioration. Likewise, while 43 countries reported lower levels of terrorism in 2020, a staggering 97 countries stated an increase. In an attempt to tackle growing violence and the need for crowd control, government bodies, military organizations and public institutions are calling for non-lethal security solutions for public safety.

This increase in violence worldwide means that security solutions for public safety are a growing market that continues to attract increasing amounts of investment in less-lethal security. With the global less-lethal weapons market expected to reach [US\\$11.9 billion by 2027](#), investing in this line of security and public safety suggests significant upside potential for investors.

## **Defining less-lethal devices**

Less-lethal devices or security solutions refer to technology devices that are designed to be less likely to cause death when deployed against people. These less-lethal alternatives to more conventional weapons like firearms have two primary applications: crowd control and one-on-one-suspect apprehension.

For each of these situations, technology subcategories exist based on the technology modalities, such as chemical, kinetic and conducted energy. Again, these technologies can be separated into two dominant types, direct contact weapons, like batons or chemical agents and directed energy weapons like handheld Tasers or weaponized sound waves.

These technologies are designed to have impacts that are generally temporary in nature or reversible effects. When law enforcement or military forces need to quickly disperse large crowds or disable precision targets, less-lethal weaponry is often effectively deployed.

Tactical defense and security companies like Axon Enterprise (NASDAQ:[AXON](#)), [KWESST Micro Systems \(TSXV:KWE,OTCQB:KWEMF\)](#) and Byrna Technologies (NASDAQ:[BYRN](#)) demonstrate versatility in less-lethal weaponry and technology devices. The KWESST Micro System is bringing to market the world's first cartridge-based non-lethal firing system (named the Low Energy Cartridge "LEC" system ) with universal application across four market segments that currently use a variety of dated "less-lethal" solutions. Meanwhile, Wrap Technologies (NASDAQ:[WRAP](#)), created the less-lethal BolaWrap, an innovative new form of remote handcuffs that allow police officers to restrain individuals from a distance.

For police and military applications, employing these tools not only have real-life micro implications on the ground but more macroeconomic relevance as well.

# Worldwide investment in less-lethal weapons is growing

Violence continues to have a significant impact on economic performance around the globe. Rises in civil unrest and organizational infighting pose significant risks to political stability and industries at every level. Investing in the technologies to combat this violence is no longer investing in a small niche market.

Market research for the U.S. estimates the nation's less-lethal weapons market was over [US\\$2.2 billion](#) in 2020 alone. After years of highly publicized police shootings lining popular news headlines domestically and internationally, the political powerhouse continues to see rising levels in explosions of intense protest.

The high-profile deaths of George Floyd and Breonna Taylor in 2020 sparked unprecedented global strife and angry outcries for justice and police reform. Violent clashes between law enforcement and protesters for months demonstrated that despite significant investment into military spending, these less-lethal weapon projections come at no surprise.

Governments want to avoid unnecessary deaths. Public entities and activist organizations are pushing for less lethal tactics with the additional mounting pressure from onlookers from those in the international community.

These political protests have not been isolated to the U.S. Police shootings have become catalysts for heated demonstrations and escalated public violence worldwide. News media have depicted how violence at these levels can devastate entire cities and economic infrastructures. Applying less-lethal alternatives can be effective crowd control when force is necessary.

Following the U.S., China is forecasted to reach an estimated less-lethal weapon market size of [US\\$2.1 billion](#) in the year 2027, trailing a CAGR of 6.4 percent through 2027. Likewise, market research expects European markets, excluding Germany, will reach US\$2.1 billion in the same time frame.

## Shifts in less-lethal technology adoption

Independent task forces and legislative initiatives are making significant strides in legitimizing the use of less-lethal weapons and technology devices. [Recommendations](#) to administration according to the Council on Foreign Relations outline research and development on clear guidelines for weapon employment and leadership and coordination of this process among military services.

In violent situations, providing law enforcement and military personnel with the tools to protect not only the public but themselves is vital for any governing body. Competitors in the less-lethal weapons and defense space like AMTEC Less-Lethal Systems Inc. and KWESST Micro Systems Inc. are innovating new devices and effective security solutions for proactive public safety efforts.

The market for less-lethal products is a recurring multi-billion-dollar opportunity. Customers continue to seek better solutions as many legacy systems can be lethal, and frequently are unreliable. Thousands of fatalities have been recorded from existing cartridge-based systems, including conducted energy devices such as Taser. Other legacy products that are “less” lethal typically fire from air guns, which are inherently unreliable as they are affected by ambient temperature and involve high-maintenance including as a result of air seals and “O” rings drying out and bursting, causing catastrophic failures. Air-based systems also entail a long logistics tail of compressors, air tanks and spare parts.

KWESST’s LEC system solves these problems with the proven reliability of a cartridge-based system in a low-cost firing platform that fires only LEC cartridges. The firing platforms are offered in various patterns that replicate the look of a real firearm, or avoid the appearance of a firearm altogether, at the user’s choice. The proprietary LEC cartridge automatically stabilizes the projectile for accuracy and distance, with an energetic actuator that controls velocity and muzzle energy well below lethal levels, and with no need for gunpowder or conventional propellant. The system’s soft frangible projectiles come with various payloads, including coloured marking agent, inert powder or a safe but powerful irritant powder that temporarily incapacitates subjects.

These less-lethal security solutions bring law enforcement into the modern age. With a growing militarization of police forces, investing in these high-tech devices and tools can present a notable economic advantage and serve a great purpose for preventing and organizing the de-escalation of violence.

## Takeaway

2020 has shown that there is a rising demand for crowd control and other security solutions to ensure public safety. Worldwide increases in violence and civil unrest demonstrate this need for less-lethal weaponry and governing safety measures is not isolated to one part of the world or one nation. The growing less-lethal tactical weapons market presents investors with significant exposure to this expanding market and presents an upside potential that stands unprecedented in the coming years.

***This INNSpired article is sponsored by [KWESST Micro Systems \(TSXV:KWE,OTCQB:KWEMF\)](#). This INNSpired article provides information which was sourced by the Investing News Network (INN) and approved by [KWESST Micro Systems](#) in order to help investors learn more about the company. [KWESST Micro Systems](#) is a client of INN. The company’s campaign fees pay for INN to create and update this INNSpired article.***

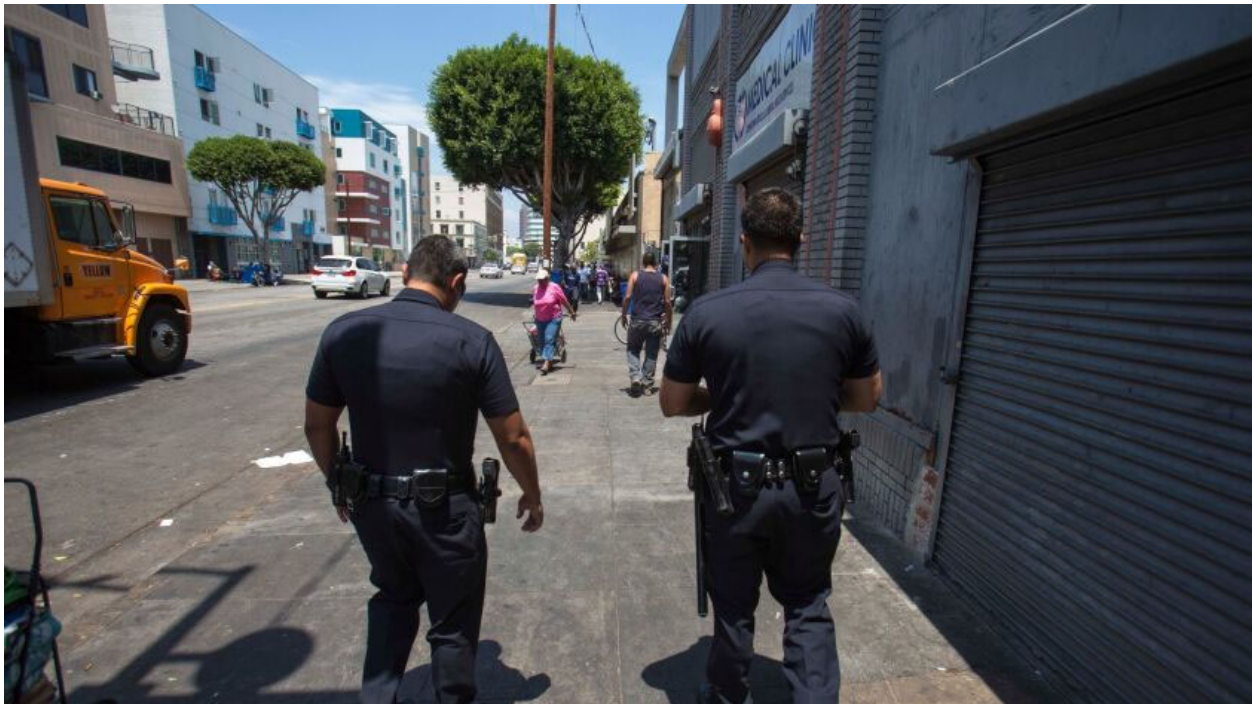
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## APPENDIX D

### CALIFORNIA

# LAPD union joins national push for feds to help prepare police for contacts with mentally ill



LAPD officers patrol skid row downtown.  
(Jabin Botsford / Los Angeles Times)

BY [KATE MATHER](#)

JULY 13, 2017 9:10 AM PT

Los Angeles' police union has thrown its support behind a national push for federal funding and other resources to help officers better prepare for interactions with people who are mentally ill.

The L.A. Police Protective League is one of more than a dozen police unions nationwide — including those in New York, San Jose and Chicago — calling on the federal government to pay for crisis-intervention training, less-lethal devices and officers who team up with mental health professionals to respond to emergency calls.

Their agenda, dubbed Compassionate and Accountable Responses for Everyone, was formally unveiled at a news conference Thursday morning in New York.

”Our national mental health crisis is a social problem, not a police problem,” said Jamie McBride, one of the LAPD union’s directors, on the steps of City Hall in Manhattan.

## ADVERTISEMENT

Teaching police how to appropriately respond to someone who has mental health issues is nothing new — agencies have offered such training for years. But those interactions have drawn renewed attention in recent years, particularly after several high-profile police shootings of people who were diagnosed with mental illnesses.

Mental health advocates and police said that officers are often first responders in situations involving people who could be better helped with treatment or other services. Officers frequently describe feeling pressured to act not just as a police officer, but also as a therapist or social worker when responding to such calls — a difficult task, they say, if the encounter is volatile.

“This is an issue that’s not going away. We have to deal with it,” McBride said in an interview. “Enough is enough.”

The coalition hopes that federal involvement will standardize mental health training for officers across the country and help departments create teams pairing police and mental health clinicians that respond to people who are in crisis. The unions are also calling to modify federal law that keeps certain medical information private, so that officers responding to a call would know if the subject had any prior mental health-related issues.

The unions have tied their effort to the case of a New York police sergeant [charged with second-degree murder](#) after fatally shooting a mentally ill woman who had a baseball bat, a case that one union leader from Oklahoma called a “political prosecution” at the news conference Thursday.

The ultimate goal, McBride said, is to ensure that police officers across the country have the appropriate tools in place.

“I think once anybody hears this, they’re going to look at this like this is a no-brainer,” McBride said of the overall agenda. “It’s something that’s needed. It’s not going to be the fix-all, but it’s going to be a step in the right direction.”

Louis Dekmar, the police chief in LaGrange, Ga., and first vice president of the International Assn. of Chiefs of Police, said the national policing group launched its own effort last year, trying to get agencies to pledge to craft policies and train officers to better handle situations involving mentally ill people. So far, he said, only 140 of about 18,000 agencies have signed on.

The challenge, he said, is a lack of resources.

“We’ve taken what should be a public health issue and we’ve turned it into a criminal issue,” he said. “And the sad commentary is, of the 900 and some fatal police shootings a year, about 25% are affected by mental illness.”

In Los Angeles, four of the 28 people struck by police gunfire in 2016 showed signs of mental illness, according to LAPD data. The previous year, nearly a third of the 38 people shot by police were perceived to be mentally ill.

LAPD officers receive 15 hours of training specific to mental health while in the academy, said Lt. Brian Bixler, who runs the department’s crisis response section. The department is in the process of providing 40 additional hours of training to officers — almost 1,350 have received it — with plans for an eight-hour refresher course at two-year intervals.

Training for police is key, said Laura Usher, a senior manager with the National Alliance on Mental Illness. Officers must recognize that people experiencing a mental health crisis may not respond to normal police commands, she said.

As a result, her organization partners with local agencies to teach strategies such as how to back away, lower your voice and build rapport with the person who needs help.

“There are cities and counties that are doing amazing work,” she said. “And then there are others that really have few resources and haven’t been able to take any steps.”

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[Kate Mather](#)

Kate Mather covered crime, policing and breaking news across Southern California before leaving The Times in 2018 to attend law school. A native of Lawrence, Kan., she studied journalism at USC before first joining The Times in 2011. Mather was part of the team of reporters that received a Pulitzer Prize for its coverage of the 2015 terrorist attack in San Bernardino, as well as the team that was a Pulitzer finalist for its reporting on a deadly 2014 rampage in Isla Vista, Calif.