



**IN THE MATTER OF THE DEATH OF AN INDIVIDUAL DURING AN  
ATTEMPTED APPREHENSION OF THEM INVOLVING THE ROYAL CANADIAN  
MOUNTED POLICE IN ST. PAUL, ALBERTA ON JULY 31, 2018**

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

**Executive Director:**

**Michael Ewenson**

**ASIRT File Number:**

**2018-37(N)**

**Date of Release:**

**May 3, 2022**

## **Introduction**

On July 31, 2018, the Alberta Serious Incident Response Team (ASIRT) was directed pursuant to s. 46.1 of the *Police Act*, to enter into an investigation into the circumstances surrounding the death of a male, hereinafter referred to as the affected person, during a critical incident involving contact with members of the Royal Canadian Mounted Police (RCMP) in St. Paul. Shortly after being taken to the ground after a physical struggle and being delivered at least one deployment from a Conducted Energy Weapon (CEW) the affected person went into medical distress and ultimately, did not survive. The cause of the medical distress was unknown although the incident had some of the hallmark indicators of Excited Delirium Syndrome. The CEW had been deployed by a single member in an attempt to resolve the incident using less than lethal force. Two members were identified to be Subject Officers: Subject Officer #1, and Subject Officer #2. Our investigation is now complete.

Our investigation was comprehensive and thorough, conducted using current investigative protocols and principles relating to Major Case Management (MCM). Evidence from a civilian witness, witness officers and the affected person's common-law spouse, CCTV from the business where the incident took place, the results from the Office of the Chief Medical Examiner (OCME) and an examination of the physical evidence provided more than sufficient context to determine whether the force used by the subject officers during this critical incident was reasonable.

When ASIRT investigates a critical incident, it seeks to answer whether the conduct of police caused or contributed to the serious injury or death and, if it did, whether the conduct was lawful. As will be discussed, the findings of the Office of the Chief Medical Examiner (OCME) are that cause of death was Excited Delirium Syndrome that occurred secondary to cocaine toxicity. This said, it is still necessary to examine the use of force by the subject officers prior to the affected person succumbing, to consider whether the conduct in question was lawful.

## **Circumstances Surrounding the Critical Incident**

On July 31, 2018, at approximately 1:49 a.m. the Royal Canadian Mounted Police (RCMP) Detachment in St. Paul, Alberta received a 911 call from a civilian witness. The caller was the night clerk at the Hampton Inn in St. Paul. The civilian witness reported one of their guests (subsequently determined to be the affected person) was damaging vehicles in the parking lot and breaking windows at the front of the hotel. She called back several minutes later and reported the guest was now in the lobby damaging property.

Two RCMP officers responded to the complaint, Subject Officers #1 and #2. Subject Officer #1 arrived first at approximately 2:00 a.m., while Subject Officer #2 arrived approximately one minute later. The subject officers found the affected person behind the counter in the lobby of the hotel. The affected person was wearing only a pair of shorts and nothing else.

Efforts to speak with the affected person were not successful. When the officers attempted to arrest him, he resisted, a physical altercation occurred, and the affected person retreated into a storage room in the office adjacent to the front counter of the hotel. During the altercation, Subject Officer #2 deployed a Conductive Energy Weapon (CEW).

The affected person emerged from the storeroom before additional officers arrived. A physical altercation occurred again with Subject Officer #1 in the office area, during which the affected person picked up a pair of scissors from the desk. Subject Officer #2 attempted to assist and deployed a second CEW cartridge, which did not incapacitate the affected person.

The affected person over powered the officers, pushing past Subject Officer #2 and chasing Subject Officer #1 from the office, swinging at and striking her several times. The affected person pinned Subject Officer #1 against the wall in a convenience store alcove beside the front counter. Subject Officer #1 was struck several times in the head, face, back and chest and was bleeding from her mouth.

Subject Officer #2 deployed a third CEW cartridge, successfully contacting the affected person, however having only minimal impact on him. Subject Officer #1 continued to fight with the affected person while Subject Officer #2 deployed the CEW in touch stun mode. The subject officers pushed the affected person into a corner and then to the ground, where he continued to resist. Subject Officer #2 reported the affected person grabbed the CEW during the altercation which resulted in the officer being shocked as well.

Several kicks and punches were deployed during the altercation and a lateral neck restraint was attempted while trying to gain control and bring the affected person to the ground.

After struggling while on the ground, the affected person stopped resisting. The subject officers held the affected person down until an additional officer, witness officer #1, arrived and handcuffs could be applied. Once restrained, the affected person was found to be in medical distress. First aid and CPR was initiated and continued until an ambulance arrived, and EMS personnel took over medical care of the affected person.

The affected person was taken to the nearby hospital in St. Paul, where he was pronounced deceased upon arrival.

### **Civilian Witnesses**

In her interview, Civilian Witness #1 who was working as the front desk clerk at the Hampton Inn on the evening of the incident stated, the guests (Civilian Witness #2 and the affected person) came in "around 11ish". Civilian Witness #2 did the check in, and the affected person was there too. There was no indication of drugs, they were pleasant and they were not talking strange. They paid and went up to their room.

At about 1:30 a.m. Civilian Witness #2 came down and asked if Civilian Witness #1 had seen the affected person. Civilian Witness #2 went outside and then came back in and went upstairs. She came down again and said we have to leave, he is acting really strange. Civilian Witness #2 told Civilian Witness #1 we don't have his meds and we have to get them.

Civilian Witness #1 stated Civilian Witness #2 went outside and she watched her go to her car. The affected person was sitting on top of a truck. He had taken off all his clothes except for his shorts. His other clothes were on the ground in front of the truck. He had something in his hands but Civilian Witness #1 could not see what it was because it was dark. Civilian Witness #2 came in and yelled at the male, "you have to get down, you can't act like that." He yelled back at her, but Civilian Witness #1 could not hear what he said. Civilian Witness #2 came into the hotel and asked to use the phone to call for help.

While Civilian Witness #2 was on the phone, Civilian Witness #1 heard windows breaking along the front of the hotel. Civilian Witness #1 called 911 while the affected person continued breaking windows. Civilian Witness #1 thought it was about 1:45 a.m. She stated Civilian Witness #2 went back up to their room.

Civilian Witness #1 stated when the affected person came in the front door, she went down the hall, away from the affected person. She heard him inside the hotel yelling. She stated when Civilian Witness #2 came back in the hotel, she had said the affected person was "hearing things, he's talking to people, he's hearing things". Civilian Witness #1 said when the affected person came in the lobby, she went out the back and called 911 a second time.

Civilian Witness #1 saw an officer wave her inside and saw an officer standing in the office door. The officer pointed at a door inside the office and said, "he's in there, what's in there?" Civilian Witness #1 stated she told the officer it was a small storage room with

no windows or other doors. She gave the officer the key for the storage room. She heard the officer ask to talk to Civilian Witness #2. The officer started asking her all sorts of questions. Civilian Witness #1 heard the man come out of the room. The officer told them to get out and she took Civilian Witness #2 out the back door.

When asked, Civilian Witness #1 stated when she had been asked to come back in by police, she could hear and partially see the man coming out of the storage room when she was standing by the office door. She heard the man yelling, she didn't know who he was yelling at and said he was angry. Civilian Witness #1 said that initially there were only two female officers at the scene. One had brown hair was a bit bigger and the other one was tiny. When he had come out the door of the office she could hear breaking glass. The male came out of the office door towards the front desk and one officer was standing nearer the front hotel doors. Civilian Witness #1 stated that when Civilian Witness #2 used the phone, she believed she had called the affected person's parents. Civilian Witness #1 overheard Civilian Witness #2 tell them, he's outside, he's acting strange, he doesn't have his meds, and he is acting schizophrenic. Civilian Witness #2 never told Civilian Witness #1 that he was schizophrenic but did say he was acting schizophrenic.

Civilian Witness #1 stated that when the affected person came out of the storeroom the officers were both in the office. She heard glass breaking in the office. Civilian Witness #2 told her that he had never been violent before.

Civilian Witness #1 said she saw the man had an antenna and thought that he had used it to break the windows. She had no warning about his behaviour, he seemed normal when they checked in. She never saw him leave to go outside because she was doing her night audit.

When asked to repeat what had happened in the office area, Civilian Witness #1 stated there was an officer standing in the office door threshold. She repeated the sequence of what happened, the officer asking what was in the smaller room inside the office area, how they could get in and she provided them a key. The other officer was standing next to the door inside the office. The officer told Civilian Witness #1 they had called for backup. Civilian Witness #2 had been standing back and the officer called her forward. Shortly after that the affected person came out of the storage room, the officers never used the key to get in the room. There had been nothing out of place in the little room before he went in there. Civilian Witness #1 knew that the front window of the office got broken.

In her interview Civilian Witness #2 stated, she had checked in to the hotel with the affected person. She said the affected person was getting anxious in the room and wanted

to sit in the car and have a smoke. He just wanted to sit in the car and she did not want to, so she left and went back to their room. Civilian Witness #2 then went back down to the affected person. He was sitting on the hood of a truck in the parking lot. Civilian Witness #2 stated she told him to get down but he did not want to. He told her that people were there to shoot him.

Civilian Witness #2 stated she called the affected person's dad and decided they would go to his parent's house. She went to their room to get their things to put in the car. The affected person started hitting the truck when she went up to their room. Civilian Witness #2 stated that when she came back to the lobby, the affected person started smashing the windows and the lady (Civilian Witness #1) called the police. Civilian Witness #2 stated she went back upstairs to call his dad again.

When asked, Civilian Witness #2 stated she told Civilian Witness #1 that the affected person had PTSD and they were leaving. When asked about any medication, Civilian Witness #2 said they had left everything in a hotel room in Edmonton. The affected person had just jumped up and said they had to get away. Civilian Witness #2 stated the affected person would calm down when they went for long car rides.

Civilian Witness #2 stated she had gone back up to the room but came down once the police arrived. An officer yelled at her and told her to go away. Civilian Witness #2 said she heard him in the room behind the desk (describing the office), then heard glass smashing again.

Civilian Witness #2 said she felt she could have talked the affected person down but they never asked her to come and talk to him, they just told her to go away, so she went back to their room again.

Civilian Witness #2 stated that when she went back down, the affected person was lying beside the food machines but was not moving.

Civilian Witness #2 said she did not see what had happened or what he had to break the windows. She stated she had no idea why he did that. Civilian Witness #2 said she and the affected person had been together for about 4 years, he had not been drinking any alcohol that night. She said he did not use any drugs that she knew of.

### **Cause of Death**

On April 08, 2019, Dr. Weinberg's final autopsy report was received by ASIRT. His findings are summarized as follows:

- The autopsy revealed the presence of multiple elements of injury, namely blunt force trauma as well as injuries relating to the use of the CEW; findings relating to the prolonged resuscitation efforts were also noted externally and internally. The blunt force injuries were mainly to his extremities; overall these injuries were superficial in nature and were not associated with significant internal trauma to the head, neck or torso that would account for the affected person's death,
- Four discrete paired sites of CEW injury were identified on the left side of the back and the right side of the abdomen were documented, however these injuries did not account for the affected person's death,
- None of the CEW injuries were close to the precordial region of the chest (region of the chest overlying the heart),
- The internal examination showed relatively advanced underlying heart disease (atherosclerotic coronary artery disease),
- Although video evidence indicated neck compression having occurred as part of this incident, the autopsy showed no major internal neck injury and a lack of petechiae in the eyes or on the face. Asphyxia was not felt to have played a causative or contributory role to death in the context of the overall case findings,
- Toxicology was performed on blood and body fluid collected during the autopsy. This testing showed cocaine use by the affected person prior to death, alcohol screening was negative. Presence of acetaminophen and codeine were also noted, neither of which were at levels that were causative or contributory to death in this case,
- Doctor WEINBERG reported that on based the circumstances, investigative information, history, and autopsy findings, the affected person died as a result of excited delirium syndrome that occurred secondary to cocaine toxicity. Struggle during attempted police restraint and atherosclerotic coronary artery disease were significant contributory conditions.

Of additional note, the medical examiner, as part of their autopsy report, stated as follows: "The individual (affected person) is clearly still moving at this time, and continues to make movements of his feet that are visible until 02:13:15. At this point one member is restraining the individual's lower extremities, while the other member is restraining more upper parts of his body (but it is not possible to tell precise positioning, nor the degree of force being utilized, due to the camera's angle)... Although video evidence clearly indicates neck compression having occurred as part of this incident, the

autopsy shows no major internal neck injury and a lack of petechiae in the eyes or on the face. The patient is also continuing to struggle after the neck compression, and there are no reports of him voicing difficulty breathing during the incident; rather, his eventually becoming unresponsive appears to occur relatively suddenly, as the struggle is winding down and the officers have finally gained some degree of control of the individual.

In view of all of these findings and the lack of clear evidence of prolonged and forceful compression of the patient's neck or chest region, asphyxia is not felt to have played a causative or contributory role to death in the context of the overall case findings."

## **Analysis**

### *The Use of Force*

Under s. 25 of the *Criminal Code*, a police officer, is justified in doing what he or she is authorized to do and to use as much force as is reasonably necessary where he or she has reasonable grounds to do so. Force intended to cause death or grievous bodily harm is justified if the officer believes, on reasonable grounds, that the force was necessary to prevent the death or grievous bodily harm of the officer and/or any other person.

### *Reasonably Necessary*

In this case, the subject officers were lawfully placed and acting in the execution of their duties. They had attended the Inn in response to 911 calls, that the affected person was causing damage to property. The subject officers arrived. Efforts to speak with the affected person were not successful. When the officers attempted to arrest him, he resisted, a physical altercation occurred, and the affected person retreated in to a storage room in the office adjacent to the front counter of the hotel. While contained in this room, the subject officers called for back-up. Prior to back-up arriving, the affected person exited the room and a physical altercation occurred again with Subject Officer #1 in the office area, during which the affected person picked up a pair of scissors from the desk. The affected person over powered the officers, pushing past Subject Officer #2 and chasing Subject Officer #1 from the office, swinging at and striking her several times. As was previously noted, Subject Officer #2 tried on four occasions to incapacitate the affected person by utilizing a CEW, a less lethal use of force option. Eventually, through physical use of force, as previously described, the subject officers were able to take the affected person to the ground, and hold him there until back-up arrived to assist in handcuffing the affected person.



The subject officers initially tried to resolve the situation (place the affected person under arrest) by speaking with him. However, he did not comply which, as described previously led to the physical altercation, during which one subject officer was assaulted. The physical force and the use of the CEW were both not intended to cause death or grievous bodily harm.

The evidence strongly supports the following conclusions:

- The subject officers were lawfully placed and in the lawful execution of their duties.
- The force used was reasonably necessary and proportionate.
- At the time, possessing scissors, and physically assaulting one subject officer, the affected person constituted a threat of death or grievous bodily harm to both subject officers.
- Emergency medical attention was commenced as soon as it was noticed the affected person was in distress.
- Everything that could reasonably have been done was done to attempt to resolve the situation without serious injury or death to the affected person. Unfortunately, Excited Delirium Syndrome as a result of cocaine toxicity was not something the subject officers could control.

## **Conclusion**

After a thorough, independent and objective investigation into the conduct of all involved officers, it is my opinion that they were clearly lawfully placed and acting properly in the execution of their duties. There is no evidence to support any inference that police engaged in any unlawful or unreasonable conduct that would give rise to an offence. The force used was necessary and reasonable in all the circumstances, notwithstanding the tragic outcome.

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

**Original Signed by Executive Director**

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

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**May 3, 2022**  
**Date of Release**