CANADA
Province of Alberta

Report to the Minister of Justice and Attorney General
Public Fatality Inquiry

Fatality Inquiries Act

WHEREAS a Public Inquiry was held at the Court House

in the City (City, Town or Village) of Red Deer (Name of City, Town, Village), in the Province of Alberta,

on the 8th, 9th, 10th and 11th day of December, 2008 (year), (and by adjournment

on the 17th day of December, 2008 (Year),

before M.R. Bast, a Provincial Court Judge,

into the death of Jason Wayne DOAN (Name in Full) 28 (Age)

of Red Deer, Alberta (Residence) and the following findings were made:

Date and Time of Death: August 30th, 2006 at 4:10 p.m.

Place: Red Deer Regional Hospital Centre, Red Deer, 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)).

(a) Immediate Cause of Death: Complications of Hypoxic/Ischemic Encephalopathy

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)).

Undeterminable (see attached)

Circumstances under which Death occurred:

See Attached

Recommendations for the prevention of similar deaths:

No recommendations are made in this case, since DOAN's manner of death cannot conclusively be attributed to excited delirium.

DATED April 1, 2009,

at Red Deer, Alberta.

Original signed by

M.R. Bast
A Judge of the Provincial Court of Alberta

BACKGROUND REGARDING JASON WAYNE DOAN

1. In August, 2006, Jason Wayne Doan (DOAN) was 28 years old, unemployed and of no fixed address. He was lonely and under significant stress because of his inability to find work, the conflict and desired litigation involving his three year old daughter, and his financial hardship which was keeping him from achieving his immediate goals. He stayed in the home of his sister, Surya Doan for approximately two to three weeks around the end of July and the beginning of August, 2006. During that time he talked about the war in Iraq and he told his sister of his desire to live in the woods where he could protect himself and avoid the risks that terrorists posed in congested urban areas. He was drinking more alcohol than usual, with a pattern of drinking all night long and then sleeping until noon the following day. On one occasion around the 1st of August, the police kept him in cells overnight until he sobered up because he was too drunk to be left alone in his sister's home. On the evening of August 8th, 2006, he stayed with a friend and it was reported that he consumed approximately fifteen (15) bottles of beer.

2. It is unknown where Jason Doan stayed on the night of August 9th, 2006. However, some months later, on December 24, 2006, a number of his belongings (backpack, hockey bag containing personal items, vitamins and items with his name on them) were found frozen into the ground in a wooded area about ¼ miles west of Heritage Ranch along the south bank of the Red Deer River.

3. Jason Doan had no known history of being under the care of any Psychiatrist or Psychologist, and there was no evidence of him ever being diagnosed with a psychiatric illness.

CIRCUMSTANCES UNDER WHICH DEATH OCCURRED

4. Sometime before noon on August 10, 2006, Jason Doan (DOAN) drew the attention of a group of female golfers playing on the 16th hole of the Red Deer Golf & Country Club (RDGCC). They observed him come out of a thicket of trees yelling profanities and "mumbo-jumbo", and then run across the fairway carrying something in his hand. He then disappeared into another thicket of trees on the other side of the fairway.

5. Just after noon, his yelling and violent behavior brought him to the attention of many people in the residential neighborhood of Oriole Park, which is near RDGCC. There were many sightings of DOAN as he made his way through Oriole Park. By 12:19 p.m. Red Deer City RCMP had received seven 911 calls regarding a male causing damage to vehicles. Three uniformed R.C.M.P. officers responded to these complaints in three separate cars. The civilians who observed DOAN as he proceeded through the neighborhood described him as scruffy and soaking wet. Observers assumed DOAN was on drugs because of his bizarre behavior, such as: arguing with himself; his extreme agitation; and, his yelling and screaming of gibberish and threats. Some examples of the things that he was yelling are: "I'll kill you", "Come on guys, come and get me", "It's my fucking dog" and "Shut up, I'm going to kill you". He was seen hitting parked

vehicles and smashing their windows with a large patio umbrella, rocks, a pitch fork and later its handle, which was also identified as a stick.

6. Tony Makowski (MAKOWSKI), who lived on Overdown Drive, was in his yard working when he heard screaming. He looked up and saw DOAN "hollering" and "banging stuff". DOAN had a rock in one hand and a shovel handle in his other hand. He heard DOAN say "The cops are coming, and I'll take them down with me". When MAKOWSKI confronted DOAN, DOAN told MAKOWSKI "Get back in the fucking cage you little mouse, or I'll kill you too", and then DOAN hit MAKOWSKI's truck with the handle he was carrying. Then DOAN threw the rock through MAKOWSKI's sister's car window and said "I'll kill who ever gets in my way". MAKOWSKI noted DOAN's clothes were wet and smelled like river water. MAKOWSKI got in his truck to follow DOAN and he tried to keep DOAN in sight. When MAKOWSKI saw a police officer arrive on the scene in a marked R.C.M.P. police car, MAKOWSKI pointed out DOAN's location to the police officer.

7. The first uniformed R.C.M.P. officer to arrive in Oriole Park was Cst. Kosack (KOSACK). He saw DOAN crossing the street with something in his hand and he saw MAKOWSKI point to DOAN. KOSACK got out of his police car and yelled "stop police". At that point DOAN started to run between houses towards the back alley. KOSACK pursued DOAN on foot. At one point DOAN knocked KOSACK to the ground by hitting him on the head with the stick he was carrying, and then DOAN fled. KOSACK got up and resumed his pursuit, running after DOAN and closing the distance between them.

8. At KOSACK's request, MAKOWSKI used his truck to redirect DOAN onto the lawn of #1 Ovington. Just as KOSACK was about to lunge at DOAN, DOAN swung his stick at KOSACK striking him on the arm. KOSACK tackled DOAN to the ground. He and DOAN rolled on the ground exchanging strikes, until KOSACK got DOAN onto his stomach. DOAN thrashed his head and used his arms, which were under him, to push up against KOSACK and buck like a bronco. MAKOWKSI, at KOSACK's request, assisted by sitting on DOAN's buttocks, but when DOAN began bending his knees to kick MAKOWSKI in the back, MAKOWSKI moved and positioned himself lower on DOAN's legs.

9. DOAN displayed enormous strength, stamina and endurance and appeared to be impervious to all of the pain compliance techniques used on him by the police in their attempt to subdue him. When Cst. Kiziak (KIZIAK) arrived at the scene on the run, she observed KOSACK struggling with DOAN on the ground. She kicked DOAN one time in his left torso area, with no visible effect on DOAN. KOSACK struck DOAN in the cheek/facial area with multiple punches that had no effect on DOAN. KIZIAK struck DOAN with a baton, in closed mode, and that didn't have any effect on DOAN either.

10. Finally KOSACK, with the help of KIZIAK, got one handcuff on DOAN. KOSACK was tiring, but DOAN continued to buck with his remaining hand which was still underneath him and DOAN didn't show any sign of tiring or slowing down. Then Cst. Vedder (VEDDER) arrived and told DOAN he would use the taser on him if he didn't comply with officer demands. When DOAN didn't comply, VEDDER deployed the taser on DOAN's lower back three times. The first and second taser deployments had no visible effect on DOAN, and he continued to struggle

with KOSACK, KIZIAK and MAKOWSKI. After VEDDER deployed the taser for the third time, DOAN's resistance eased off but DOAN didn't stop struggling or go limp instantaneously. There was still some struggle in him, and it took about 15 seconds for his struggling to end. When DOAN said "Please help me" to KIZIAK, she told him to stop fighting, and at that point KOSACK and KIZIAK were able to get the second handcuff on DOAN.

11. Cst. Vedder, who was trained in the use of the taser, used the taser on DOAN in touch-stun mode. The taser itself was set up to discharge 1500V for each 5 second cycle. It is clear from the downloadable discharge information contained on the device's memory chip that on August 10th the taser was discharged 3 times on DOAN, with 14 seconds between the 1st and 2nd discharge, and 23 seconds between the 2nd and 3rd discharge. It is not possible to determine if DOAN experienced the full 5 second 1500V discharge on each taser application to his back, because it is impossible to know with certainty whether the trigger was pulled (commencing its cycle) before or after the taser's placement on his back. Likewise it is impossible to know whether the taser was removed from his back before the end of any of the 5 second cycles.

12. Once both handcuffs were on DOAN, KOSACK fell onto his knees beside DOAN. DOAN was rolled on his back fairly quickly and at that point KIZIAK noted that DOAN was turning blue. KIZIAK called dispatch for an ambulance and KOSACK ran to his car to get a C.P.R. mask. When KOSACK returned from his car DOAN was in the recovery position on his side and handcuffed in front. Cst. McKeown did chest compressions on DOAN and KOSACK did respirations. They performed continuous C.P.R on DOAN until paramedics arrived and took over.

13. An ambulance and pump truck were dispatched to the scene in Oriole Park in response to KIZIAK's call. Paramedic Everette Waddy (WADDY), a City of Red Deer firefighter/paramedic, was in the ambulance which arrived first, and he attended to DOAN at the scene. WADDY observed DOAN's clothing to be wet, and DOAN to be cyanotic (blue skin color around the lips and eyes). While WADDY intubated DOAN (inserted an airway), another firefighter/paramedic continued to perform chest compressions on DOAN. At that point DOAN was acystolic (he had no heart beat). WADDY administered 1 mg of epinephrine and 1 mg of atropine, because his training told him that since there was no alterable heartbeat which could be shocked back into rhythm, the only treatment possible was to give DOAN medications to get his heart started again. Thirty to sixty seconds after WADDY administered the medications, DOAN's heart began a regular beat of more than 100 beats per minute, he had a strong pulse, discernable blood pressure, and his skin became pink and warm. DOAN was then transported to the hospital.

14. It took E.M.S four minutes from dispatch to arrive at the scene, they were at the scene for nine minutes and it took them four minutes to get to the hospital. It is unknown how long DOAN was without a pulse, but WADDY estimated that it might have been approximately five minutes based on the times from his watch that he wrote in his notes.

15. The emergency department of Red Deer Regional Hospital had received word that a critical, post cardiac arrest patient was in route to the hospital, and as such

the multi-disciplinary resuscitation team had a few minutes to prepare the room for DOAN's arrival. Paramedics gave the resuscitation team basic information about DOAN and the incident.

16. Dr. Thomas first saw DOAN at 12:50 p.m. He did a full physical examination of DOAN, noting bruising on DOAN's arms, a bruise on his lower back and two other marks on his lower back which he thought may have come from the taser. Dr. Thomas did not note any other signs of trauma. He ordered lab work, a chest x-ray, and a CT scan of DOAN's head. DOAN left emergency for the CT scan at 13:20 and returned at 13:50. Because DOAN had not regained consciousness or started breathing on his own by the time he got back from having the CT scan, Dr. Thomas called for Dr. Javaheri, a critical care physician, who arrived at DOAN's bedside at 14:20. Dr. Thomas did not observe any seizures during his initial examination of DOAN, but once DOAN came back from having the CT scan at 13:50, DOAN was noted to be biting and there were fine movements in his hands. Dr. Thomas prescribed medication to address these seizures.

17. While in emergency, the medical team inserted a catheter into DOAN and noted blood in his urine, which could have been caused by trauma to the kidney or the insertion of the catheter. The results of the CT scan showed no skull fracture, broken neck or obvious sign of bleeding in DOAN's head. His chest x-ray was normal, and the toxicology screens (blood and urine) were negative for drugs and alcohol. In emergency, DOAN was stable but unresponsive.

18. Dr. Javaheri examined DOAN in emergency and admitted him to the Intensive Care Unit (ICU) of the hospital. While DOAN was in ICU, Dr. Javaheri observed seizure activity in all of DOAN's limbs and he prescribed further medication to treat the underlying cause of the seizures and to stop the seizures.

19. Between August 10th and 13th DOAN was noted to have a kidney issue resulting from a skeletal muscle enzyme presence in circulation. DOAN was given medication to address this kidney issue, and it was resolved before August 17th when Dr. Donnelly took over DOAN's care.

20. On August 14th, DOAN had another CT scan. Clear signs of his anoxic brain injury presented themselves in the form of increasing intracranial pressure which the radiologist noted as diffuse, severe cerebral edema. Calgary neurologist, Dr. Toth was consulted. He confirmed to Dr. Javaheri that surgery was not an option, and he had no recommendations to decrease the intracranial pressure other than the supportive treatment that Dr. Javaheri was already providing to DOAN.

21. When Internal Medicine specialist, Dr. Donnelly took over DOAN's care on August 17th, DOAN had not made any neurological recovery and he was still on a respirator. While previous CT scans had shown massive edema or brain swelling, the newest CT scan showed the cerebral edema was decreasing. However, DOAN's primary problem remained his neurological condition caused by lack of oxygen to the brain. While in hospital, DOAN had developed secondary complications, such as pneumonia, but that had improved.

22. On August 30th Dr. Donnelly prescribed a broad spectrum antibiotic for DOAN because he had a high fever. DOAN also had a high heart rate, problems with oxygenation and his blood pressure had dropped. DOAN was given fluid to bring his blood pressure back up, but nothing more could be done to keep his blood pressure up.

DATE AND TIME OF DEATH

23. On August 30th, 2006, at approximately 4:08 p.m., DOAN's heart stopped as a result of low blood pressure and his poor general condition. He was 28 years old at the time of his death.

MEDICAL CAUSE OF DEATH

24. Dr. Javaheri and Dr. Donnelly gave evidence that DOAN's anoxic cardiac arrest caused oxygen deprivation to the cells of DOAN's body, with his brain cells being especially sensitive to this lack of oxygen. Dr. Javaheri gave evidence that when a brain cell dies, the cell wall is damaged and fluid leaks out causing intracranial edema or swelling. In DOAN's case, because there was no evidence of skull fracture or severe trauma to his head, there is no reason to doubt that the cranial edema (swelling) was caused by the cardiac arrest.

25. Dr. Javaheri gave evidence that the seizures observed in DOAN in the emergency room and ICU on August 10th were early evidence of the severity of his anoxic brain injury. The clear signs of DOAN's anoxic brain injury took about 48 hours to evolve and present themselves in the form of increasing intracranial pressure. This was confirmed by the CT scan. The increasing intracranial edema was an expected result of DOAN's anoxic brain injury.

26. It was the evidence of Dr. Javaheri that the seizures which he observed in DOAN likely caused significant skeletal muscle damage on a cellular level, which allowed a skeletal muscle enzyme to leak into his circulation. Dr. Javaheri prescribed medication to address the resulting kidney issue, and Dr. Donnelly gave evidence that this kidney issue was resolved before she took over DOAN's care on August 17th.

27. Dr. Donnelly gave evidence that:

    (a) While DOAN was in ICU between August 10th and August 30th, his primary problem remained his neurological condition caused by lack of oxygen to his brain as a result of his cardiac arrest. Although subsequent CT scans showed the intracranial edema was decreasing, DOAN did not make any neurological recovery.

    (b) The secondary problems that DOAN developed in ICU, such as the kidney issue and pneumonia, were identified, treated and either resolved or improved.

(c) On August 30th, 2006, DOAN's heart stopped as a result of low blood pressure and his poor general condition, all of which arose as a result of his anoxic brain injury caused by his out-of-hospital cardiac arrest.

28. Dr. Andrews was the Medical Examiner who performed DOAN's autopsy. He was informed that DOAN was acting bizarre, he was combative with police and in the course of restraining him the police tasered DOAN three times and kicked him once in the back. Dr. Andrews was further informed that once DOAN was restrained on the ground, he was noted to stop breathing and turn blue and the police administered C.P.R. Upon arrival, emergency paramedics found DOAN without a heart rate.

29. During the autopsy, Dr. Andrews identified three pairs of skin burns which he said could have been caused by the three taser deployments. He observed no physical evidence of the kick which DOAN had received to his back. He observed evidence of hemorrhagic necrosis in the brain and necrosis in the kidney, both of which he believed were evidence of the damage caused by decreased oxygen flow as a result of the cardiac arrest.

30. Dr. Andrews noted a thickening in DOAN's heart which he stated was evidence of a chronic hypertensive cardiovascular disease that is very unusual in a man of DOAN's age. He also noted that DOAN's liver was larger than normal, and there was evidence that he had had pneumonia. Dr. Andrews provided his opinion that oxygen deprivation due to the cardiac arrest was the cause of the damage he observed in DOAN's brain and organs, and the immediate medical cause of DOAN's death. Dr. Andrews provided his further opinion that based upon the circumstances that preceded DOAN's cardiac arrest, DOAN was in a state of excited delirium which ended in cardiac arrest.

MANNER OF DEATH

31. The question to be answered in this case, in determining "Manner of Death", is: What caused DOAN's cardiac arrest? Based upon the evidence presented during the course of the Fatality Inquiry, the more specific question is whether his cardiac arrest was:
    (a) caused by his chronic hypertensive cardio vascular disease; or
    (b) caused by the 3 taser deployments that were applied by Cst. Vedder; or
    (c) the end result of him being in a state of excited delirium;

(a) Chronic Hypertensive Cardio Vascular Disease

32. Dr. Andrews gave evidence that DOAN's chronic hypertensive cardio vascular disease was unusual in someone his age and would not be apparent or visible to the man on the street. Dr. Andrews provided the opinion that this heart disease put DOAN at greater risk of abnormal heart rhythms. In this case, with DOAN's heart beat and blood pressure expected to increase greatly during the chase and struggle, it would put DOAN at higher risk for cardiac arrest if he found himself in a state of excited delirium.

(b) The Taser

33. The medical evidence presented indicated that when the heart stops it takes 10-15 seconds to lose consciousness, and 1.5 to 2 minutes before irreversible brain damage occurs. Dr. Andrews provided the opinion that the causal link between the three applications of the taser and DOAN's cardiac arrest is not established in this case and further that the taser didn't affect DOAN's heart for the following reasons:
    (a) Heart arrhythmia would have occurred within seconds of the taser application and DOAN continued to struggle for a period of time even after the third taser deployment; and
    (b) Cardiac arrest, or the flat-line condition that the paramedics found DOAN in, is different from the ventricular fibrillation which would be expected when there is an electrical discharge into the body.

34. Dr. Andrews provided the further opinion that the taser deployment did not cause DOAN's kidney issue, for the following reasons:
    (a) The taser burns he noted were superficial, and in an area of DOAN's back which was lower than where his kidney was located;
    (b) The skin insulates the organs from the electrical impact of the taser, and would have protected the kidney from damage from the taser; and
    (c) The kidney damage that he observed in DOAN was consistent with oxygen deprivation and not electrical (taser) discharge.

(c) Excited Delirium

35. Dr. Andrews gave evidence that excited delirium is often identified in circumstances where sudden unexpected death occurs with no obvious cause. In cases of excited delirium, death is preceded by bizarre and agitated behavior, often involving the breaking of glass, and it is often reported that pepper spray and tasers have no effect on the victim. Essentially the body ramps up, overcharges, and then the heart stops. Excited delirium can be triggered by drugs, alcohol, and psychiatric disorders.

36. Dr. Christine Hall, an expert on excited delirium, gave evidence that excited delirium is not a recognized medical diagnosis. It is a state or condition that a person is found in. Excited delirium, as its name suggests, is a form of delirium. A person in the state of excited delirium exhibits impaired sensing (irrational thought processes) and impaired cognition (misperception of reality).

37. Dr. Hall identified a number of underlying medical diagnoses which can lead to excited delirium, including:
    (a) drug related delirium;
    (b) psychiatric illnesses with paranoia or psychoses such as schizophrenia, bipolar disorder and depression;
    (c) metabolic issues such as alcohol withdrawal (delirium tremens);
    (d) infections which cause inflammation in the brain, such as encephalitis;
    (e) bleeding in the brain

38. Dr. Hall agreed that stress could potentially bring on a state of excited delirium, but in her opinion an underlying psychiatric condition or mental illness would also have to be present, with the person presenting in the state of excited delirium getting there as a result of a psychotic break.

39. Dr. Hall listed a number of manifestations presented by persons in the state of excited delirium. She said that cases of persons in the state of excited delirium are remarkably similar, and in each case many of these manifestations, but not necessarily all, are present. The manifestations she listed are:
    (a) sudden onset
    (b) extreme agitation
    (c) incoherence, with no response to police presence
    (d) violent
    (e) combative
    (f) high body temperature, rapid heart rate, high blood pressure
    (g) profusely sweaty
    (h) naked or partially clothed
    (i) attraction to glass, like mirrors and windows
    (j) impervious to pain
    (k) strength out of keeping with their size and physique
    (l) “islands of clarity” where the delirious person makes a very coherent comment in the midst of gibberish, but the coherent moment is fleeting

40. Dr. Hall went on to say that there is no hope of treating someone presenting with excited delirium until they are controlled, which is particularly problematic because excited delirium is a medical emergency. Medical response professionals generally won’t provide treatment until the police, who have the required training, gain control of the person. Unfortunately, the first real symptom of the impending death is death itself.

41. It is clear from the evidence of Dr. Andrews that while DOAN’s hypertensive cardio vascular heart disease put him at greater risk for cardiac arrest, it did not cause it, nor did the electrical discharge from the three deployments of the taser.

42. The most likely cause of DOAN’s cardiac arrest is excited delirium, as identified by Dr. Andrews in the Medical Examiner’s Medical Certificate of Death, based upon DOAN displaying many of the manifestations identified with excited delirium. However, since no underlying medical diagnosis could be identified as being the actual trigger that put DOAN into the state of excited delirium, it cannot be said with certainty that DOAN’s cardiac arrest was the end result of him being in the state of excited delirium. The best that can be said is that two of the identified underlying medical diagnoses, psychiatric illness or alcohol withdrawal (delirium tremens), may have been responsible for the manifestations exhibited by DOAN. However, there was no evidence that DOAN had ever been diagnosed with a psychiatric illness and the details of any prolonged alcohol consumption or dependence were not available. Further, these diagnoses were impossible to make after his admission to hospital, since he never regained consciousness. As such, the cause of DOAN’s cardiac arrest and the manner of his death remain undeterminable.

RECOMMENDATIONS

43. No recommendations are made in this case, since DOAN's manner of death cannot conclusively be attributed to excited delirium.