



PUBLIC REPORT OF THE

CHIEF CIVILIAN DIRECTOR

Regarding the February 13, 2014 death
of an adult male while in the custody of the
Vancouver Police Department

IIO 2014-000025

INTRODUCTION

The Independent Investigations Office (IIO) is responsible for conducting investigations into all officer-related incidents which result in death or “serious harm” (as defined in Part 11 of the *Police Act*) within the province of British Columbia. As the Chief Civilian Director (CCD) of the IIO, I am required to review all investigations upon their conclusion, in order to determine whether I “consider that an officer may have committed an offence under any enactment, including an enactment of Canada or another province.” (See s.38.11 of the *Police Act*). If I conclude that an officer may have committed an offence, I am required to report the matter to Crown Counsel. If I do not make a report to Crown Counsel, I am permitted by s.38.121 of the *Police Act* to publicly report the reasoning underlying my decision.

In my public report, I may include a summary of circumstances that led to the IIO asserting jurisdiction; a description of the resources that the IIO deployed; a statement indicating that the IIO, after concluding the investigation, has reported the matter to Crown Counsel; or a summary of the results of the investigation if the matter has not been reported to Crown Counsel.

This is a public report related to the investigation into the death of an adult male that occurred on February 13, 2014, in Vancouver. The affected person sustained serious injuries while in the custody of the Vancouver Police Department (VPD) on February 8, 2014, and died as a result of those injuries five days later.

Pursuant to s.38.11 of the *Police Act*, RSBC 1996 Chapter 367, I have reviewed the concluded investigation. I do not consider that any officer may have committed an offence under any enactment and will not be making a report to Crown Counsel.

In my public report, I am only permitted to disclose personal information about an officer, an affected person, a witness, or any other person who may have been involved if the public interest in disclosure outweighs the privacy interests of the person. Prior to disclosing any personal information, I am required, if practicable, to notify the person to whom the information relates, and further, notify and consider any comments provided by the Information and Privacy Commissioner (s.38.121(5) of the *Police Act*).

In this case, I have considered the advice provided by the Information and Privacy Commissioner. I will not be disclosing names of any persons involved.

The affected person was 43 years old when he died.

NOTIFICATION AND JURISDICTION DECISION

On February 8, 2014, three police officers arrested the affected person for allegedly breaching bail conditions. The affected person subsequently hanged himself in the back of police prisoner transport wagon while being transported to the Vancouver Jail by a fourth officer. Resuscitative efforts were made by medical staff at the jail and paramedics transported the affected person to hospital, where he was admitted. He died as a result of his injuries on February 13, 2014.

The IIO was notified immediately after the incident on February 8, 2014. Jurisdiction was sustained because the affected person sustained the injuries that eventually caused his death while he was in the custody of police.

EVIDENCE

IIO investigators obtained dispatch records, video evidence, mobile data terminal records, radio transmissions, GPS data from the police wagon, jail booking records, PRIME data and medical records. Police and civilian witnesses also provided information pertinent to the IIO investigation.

GENERAL TIMELINE

The following sequence was established by reviewing video evidence, GPS data and radio transmissions:

3:54 p.m.:	The affected person is arrested
4:31 p.m.:	The affected person is placed in the police wagon
4:40 p.m.:	The police wagon arrives at sally port of Vancouver Jail
4:44:22 p.m.:	Subject Officer 4 takes prisoner 1 outside door of wagon
4:46 p.m.:	Subject Officer 4 takes prisoner 1 up ramp
4:46:40 p.m.:	Subject Officer 4 opens the back door of the wagon and observes the affected person hanging from the door
4:47:04 p.m.:	Correctional Officers assist
4:48:03 p.m.:	Subject Officer 4 cuts the ligature
4:48:51 p.m.:	Jail employees arrive in the sally port
4:50:02 p.m.:	Nurse arrives in the sally port and tends to the affected person
4:51:42 p.m.:	Subject Officer 4 removes the handcuffs from the affected person
4:55:11 p.m.:	Paramedics arrive
5:26:50 p.m.:	The affected person is placed into the ambulance
5:34 p.m.:	Ambulance arrives at hospital

SUBJECT OFFICERS

Subject Officer 1 provided the IIO with a voluntary written statement dated February 23, 2014.

In his statement, Subject Officer 1 indicated he was working alone when he was sent to an apartment building for a report that the complainant wanted the affected person removed from his residence. While en route, Subject Officer 1 learned via police radio that the affected person had court-ordered conditions not to consume alcohol or attend a one block radius of the building from which the call originated. Subject Officer 2 and Subject Officer 3 also responded to the call.

Subject Officer 1 arrived a few minutes after Subject Officer 3, whom he met in the lobby. Subject Officer 3 was speaking to Civilian Witness 1, who confirmed that he had called police to request that the affected person be removed from his residence.

Subject Officer 1 and Subject Officer 3 entered Civilian Witness 1's apartment and announced their presence. They located the affected person seated in a chair in the living room.

Subject Officer 1 handcuffed the affected person without incident and informed him that he was under arrest for breaching bail conditions. Subject Officer 1 searched the affected person and found nothing in his possession.

According to Subject Officer 1's statement, the affected person appeared intoxicated and somewhat confused; however he was compliant and non-violent. The affected person gave Subject Officer 1 no indication that he was in emotional distress, and no force was used at any time during the arrest.

Subject Officer 1 assisted Subject Officer 2 in walking the affected person downstairs to the street. Subject Officer 3 followed behind, and once they were outside, Subject Officer 1 left the affected person in the company of Subject Officer 3.

On March 2, 2014, Subject Officer 1 supplemented his written statement at the request of IIO investigators and reported that the affected person was handcuffed behind his back when he was arrested and was still handcuffed behind his back when Subject Officer 1 left the scene of the arrest.

Subject Officer 2 provided the IIO with a voluntary written statement dated March 3, 2014.

In her statement, Subject Officer 2 indicated that at 3:44 p.m. on the day of the incident, she was dispatched to the original complaint from Civilian Witness 1. She arrived at the apartment building at 3:54 p.m. and entered the apartment, where she found Subject Officer 1 and Subject Officer 3 had already taken the affected person into custody. Subject Officer 2 read the affected person his rights and he indicated that he had a lawyer he wished to speak with.

Subject Officer 2 conducted a search of the affected person and found no items in his possession. She observed that the affected person was able to walk without assistance and carry on a normal conversation. He was not violent or aggressive and was compliant with her direction.

Subject Officer 3 stood outside with the affected person awaiting the police wagon, while Subject Officer 2 attended her police vehicle to complete the necessary documentation. After several minutes, Subject Officer 2 came back to Subject Officer 3 and the affected person, who by this time had moved inside the lobby of the building to wait. Subject Officer 2 did not believe the affected person was suffering from any mental health concerns, nor did she believe he had any intention to harm himself.

At approximately 4:28 p.m., the police wagon arrived on scene. At that time, Subject Officer 2 left in her police vehicle and travelled to her office in order to prepare her report.

At 4:50 p.m., Subject Officer 2 heard over the police radio that Subject Officer 4 had called for paramedics at the jail, due to a suicide attempt. Subject Officer 2 attended the jail at 5:10 p.m., and was instructed by a supervisor to accompany the affected person in the ambulance should he be transported to hospital.

Moments later, Subject Officer 2 entered the rear of the ambulance in the sally port at the Vancouver Jail. The affected person was brought into the ambulance with three other paramedics and one firefighter at 5:24 p.m. The ambulance left the Vancouver Jail with lights and sirens en route to hospital.

The ambulance arrived at the hospital at 5:34 p.m. The affected person had a pulse but was not breathing and medical personnel were still attempting to revive him. Subject Officer 2 was relieved at the hospital approximately one hour later.

Subject Officer 3 provided the IIO with a voluntary written statement dated February 9, 2014.

Subject Officer 3 is a police supervisor. In his statement, Subject Officer 3 indicated that he responded to a call of an agitated male breaching bail conditions not to attend the location from which the call originated.

Subject Officer 3 met the complainant, Civilian Witness 1, in the lobby of the apartment building. Civilian Witness 1 advised that his former roommate, the affected person, was in the suite and agitated. There was no mention of suicidal ideation on the part of the affected person.

The police dispatcher confirmed that a court order was in effect and that if present, the affected person would be in breach of that order. Subject Officer 1 then arrived on scene and they proceeded to Civilian Witness 1's apartment.

Subject Officer 3 and Subject Officer 1 entered the suite and announced their presence. They immediately verbally engaged the affected person, who was in the living room. The affected person stood up under the direction of Subject Officer 1 and was compliant and co-operative while he was handcuffed behind his back.

Subject Officer 2 then arrived in the apartment. They requested a police wagon and all four of them proceeded to the front of the building to facilitate the affected person's transfer to the Vancouver Jail. Subject Officer 2 then began writing the report in her police vehicle and Subject Officer 3 stayed with the affected person.

The police wagon arrived on scene and Subject Officer 3 passed the affected person over to Subject Officer 4, the wagon driver. The affected person was in handcuffs and continued to be pleasant. Subject Officer 3 observed Subject Officer 4 initiate his secondary search with Subject Officer 2 assisting. Subject Officer 3 then left the scene.

Subject Officer 3 described the affected person as pleasant and jovial during the time they were awaiting the wagon. There was no indication in the affected person's history that was broadcast over the radio that gave Subject Officer 3 any concern that he was at risk for self-harm.

On March 2, 2014, Subject Officer 3 supplemented his written statement at the request of IIO investigators and reported that the affected person "was cuffed behind his back for my entire dealings with him. That is when [Subject Officer 1] was there and when I turned him over to [Subject Officer 4]" (the driver of the police wagon).

Subject Officer 4 provided the IIO with a voluntary written statement dated February 28, 2014.

In his statement, Subject Officer 4 indicated that he was driving a police wagon when he was advised to attend an apartment building to transport a male to jail. There was one other male in the wagon at the time, in the right side door compartment. Subject Officer 4 indicated he had checked the compartments of the wagon to ensure no items had been left behind by previous occupants, per VPD policy.

When Subject Officer 4 arrived at the apartment building, the affected person was in the care and control of Subject Officer 3, handcuffed behind his back. Subject Officer 4 was advised the affected person had been arrested for breaching bail conditions and that he was to be transported to Vancouver Jail. Subject Officer 4 thoroughly searched the affected person and lodged him into the right rear, empty compartment of the wagon. Subject Officer 4 indicated that the affected person had both hands handcuffed behind his back.

Subject Officer 4 left the apartment building at approximately 4:31 p.m., and arrived at the Vancouver Jail nine minutes later. He entered the building to speak with the booking officer and returned a few minutes later to initiate the processing of both prisoners into the jail. He first unloaded the other occupant of the wagon, as he had been in the wagon the longest.

At approximately 4:46 p.m., Subject Officer 4 returned to the wagon and opened the back door, to remove the affected person. He observed the affected person to be sitting in the well in front of the seat, with his back leaning against the rear door.

Subject Officer 4 indicated that he was stunned when he noticed the affected person's neck was connected to the wire mesh covering the inside of the door by a black shoelace. Subject Officer 4 observed that the affected person's hands were in front of him, with handcuffs applied.

Subject Officer 4 called out to the affected person and found him unresponsive. Subject Officer 4 immediately grabbed him by his waist and lifted him to release the shoelace around his neck. He attempted to reach for his pocketknife to cut the shoelace, but was unable to access it while holding the affected person.

Subject Officer 4 called out to two nearby Correctional Officers for assistance. He continued to hold the affected person by his waist while the two Correctional Officers came to his aid. Together, they were able to lift the affected person and cut the shoelace from the door. The affected person was placed on the ground in a recovery position. Subject Officer 4 immediately requested emergency paramedics by police radio.

Subject Officer 4 indicated that the jail nurse quickly responded and administered first aid until the arrival of paramedics. He removed the handcuffs from the affected person in order to facilitate resuscitative efforts.

CORRECTIONAL OFFICERS

IIO investigators interviewed two Correctional Officers who assisted Subject Officer 4.

Correctional Officer 1 stated that he was in the Vancouver Jail sally port with Correctional Officer 2. A police wagon driven by Subject Officer 4 parked next to their wagon. Correctional Officer 1 and his partner checked in with jail staff, as did the VPD officer, and all three returned to their vehicles. Correctional Officer 1 and his partner were unloading materials from their wagon when Correctional Officer 1 heard Subject Officer 4 say, "Emergency!" and call for their help.

Correctional Officer 1 and his partner ran over and saw the affected person hanging from the inside of the wagon's rear door. A dark shoelace was wrapped around the affected person's neck and woven in and out of the white screen covering the door's window.

Correctional Officer 1 lifted the affected person and yelled at his partner to undo the knot; however, Correctional Officer 2 was unable to undo the knot or break it. Subject Officer 4 also helped lift the man, and used his pocketknife to cut the lace. It took two to three minutes to remove the affected person from the wagon, and the three men placed him on the ground in a recovery position.

When the affected person was on the ground, he was warm and had a faint pulse, and his eyes were open. The affected person had no boots on and Correctional Officer 1 placed a boot from the floor of the van underneath his head. Correctional Officer 1 thought the shoelace came from the boots, but was not sure. He remembered the affected person's hands being in the front of his body, but could not recall if there were handcuffs.

Correctional Officer 1 stated that the nurse arrived and began performing chest compressions.

Correctional Officer 2 stated that he and his partner, Correctional Officer 1, attended the Vancouver Jail to pick up inmates for transfer. When Correctional Officer 2 and his partner arrived in the sally port area, a police van pulled in and parked behind them. Correctional Officer 2 heard Subject Officer 4 from the other vehicle yell "Emergency, help, help!" Correctional Officer 2 ran to help, and when he came around the corner he saw the affected person hanging from the door of the van and Subject Officer 4 trying to hold him up.

Correctional Officer 2 immediately tried to untie the shoelace from around the affected person's neck, but found it was too tight. When he attempted to cut the affected person down, he noticed the shoelace was wrapped once around his neck and that it was black in color. Correctional Officer 2 described the lace as woven through the metal mesh that was placed over the window in the van. He stated he believed it was a shoelace because he also noted a shoe on the ground without a lace.

Correctional Officer 2 stated that Subject Officer 4 used a pocketknife to cut the affected person down. Once he was on the ground, he was placed in the recovery position and Correctional Officer 1 checked for a pulse. As this was being done, another police officer came outside and saw what was happening so he quickly ran back inside to get a nurse.

Correctional Officer 2 stated that once the nurse arrived she took over the first aid and someone called an ambulance.

VANCOUVER JAIL NURSE

IIO investigators interviewed the Registered Nurse who was on duty at the Vancouver Jail at the time of the incident.

The nurse stated that she was told there was an urgent incident in the sally port. She entered the sally port and saw the police wagon. The rear of the wagon was open, and the affected person was on the ground, unconscious. There were several uniformed officers nearby.

The nurse stated that she observed indented ligature marks at the front of the affected person's neck, and discoloration to his face. She stated that she observed no signs of life and she instructed someone to call an ambulance.

The nurse recalled the affected person being handcuffed, and that someone removed the handcuffs. Once the handcuffs were removed, she rolled the affected person over and began chest compressions. A second jail nurse arrived and someone brought an AED and an oxygen tank, but given paramedics were arriving, she told the person not to open the gear.

The nurse recognized the affected person immediately, as he had been in the jail in the past and done something similar a month earlier. In that incident, the affected person had tied a string around his neck and was taken to hospital.

While at the rear of the wagon, the nurse noticed one of the affected person's boots was off his foot. She also saw a matching boot on the ground with a missing shoelace, and a black shoelace on the bumper of the wagon.

CIVILIAN WITNESSES

Civilian Witness 1 is the complainant who originally called police for assistance.

Civilian Witness 1 stated that the affected person arrived at his residence at about 3:00 p.m. even though he was on bail conditions not to attend it. Civilian Witness 1 stated that the affected person was quite agitated about his bail conditions preventing him from entering the building. Civilian Witness 1 said that because the affected person was agitated, he felt quite frightened, so he went to the lobby and called police to have the affected person removed from the building.

Civilian Witness 1 stated that police arrived approximately five minutes later, and went to his apartment while he waited outside. Civilian Witness 1 said that after about two or three minutes, Subject Officer 3 came out of the apartment and told him that the affected person wanted to talk to him. Subject Officer 3 took him back into the apartment and the affected person was sitting in a chair with his hands handcuffed behind his back. Civilian Witness 1 said that the affected person was taken out of the apartment with his hands handcuffed behind his back and described him as looking peaceful.

Civilian Witness 1 said the police did ask if the affected person had any mental health issues, and he told them that he had and that he had been taking steps about it over the past six months, but he did not explain to the police in detail as he assumed they would have something on their records. Civilian Witness 1 stated that when they were in the lobby waiting for the wagon, the affected person was calm and the police were respectful towards him.

Civilian Witness 2 lives near the apartment at which the affected person was arrested.

Civilian Witness 2 stated that on the day in question, he was on the balcony of his residence, facing north onto the street. He had a clear view of the police wagon. Civilian Witness 2 stated, "I [saw] the cop car come, I [saw] the paddy wagon come. I [saw] him go in the side of the paddy wagon." He stated that he first saw the affected person when he was walking out of the building, accompanied by one police officer, who placed him into the wagon via a side or a rear door.

When asked whether the affected person was handcuffed when he entered the wagon, Civilian Witness 2 stated, "I can't say specifically that I'm 100% sure but I don't believe that he had handcuffs on him."

Civilian Witness 3 also lives near the apartment at which the affected person was arrested.

Civilian Witness 3 stated that he entered and exited his apartment numerous times on the day of the incident. He initially saw one uniformed male police officer talking to the affected person in the lobby. When he left the building and returned a short time later, there was a second male officer in the lobby. The police officers and the affected person were calm and talking, and the affected person was leaning against the wall with hands crossed. Civilian Witness 3 did not recall seeing handcuffs.

Civilian Witness 3 left through the lobby again and saw the officers and the affected person outside. Civilian Witness 3 was near the building door and had a clear view of the right side of the police wagon. He stated that the affected person "was in an upright position" entering the wagon and he did not think the affected person was wearing handcuffs at the time.

Civilian Witness 4 also lives near the apartment at which the affected person was arrested.

Civilian Witness 4 stated that on the day of the incident, she noticed a police wagon in front of the east side of the apartment building. Civilian Witness 4 saw two uniformed police officers walk out of the building. When they reached the sidewalk, she saw that the affected person, who was a friend of hers, was with them. According to Civilian Witness 4, the two officers escorted the affected person to the rear of the police wagon, one officer opened the door and "he just got in". Civilian Witness 4 stated that at the time, she mentioned to a visiting friend that it didn't look like the police had handcuffed the affected person. The wagon left approximately three minutes later.

MEDICAL REPORTS

The affected person was admitted to hospital via ambulance immediately following the incident. He was subsequently diagnosed with an anoxic brain injury. He died at 11:34 a.m. on February 13, 2014.

No autopsy was conducted by the coroner. A toxicology report showed an antemortem (before death) blood-alcohol level of .18%, consistent with intoxication.

GPS DATA

GPS data was obtained from the mobile data terminal associated with the police wagon. The GPS data showed that the wagon was stationary at the location of the affected person's arrest at 4:24 p.m. The wagon became mobile at 4:31 p.m. and arrived at the jail at 4:40 p.m. The wagon took a direct route to the jail. It travelled a total of 3.6 kilometers without any significant stops or detours.

VIDEO EVIDENCE

Video surveillance at the Vancouver Jail showed the police wagon arriving at the jail at 4:40 p.m. The video evidence corroborated Subject Officer 4's activities as represented in his statement.

At 4:47 p.m., Subject Officer 4 could be seen opening the exterior rear doors of the wagon and then the interior right compartment door. The affected person could be seen hanging from the inner door of the right compartment. The video shows Subject Officer 4 attempting to support the affected person's weight. Two Correctional Officers can be seen running to assist Subject Officer 4.

At 4:48 p.m. Subject Officer 4 can be seen taking a knife that he had in his possession and cutting a shoe lace which was attached to the mesh lattice of the inner door and which ran around the affected person's neck. The affected person was subsequently placed on the ground. The affected person's hands could be seen to be handcuffed with his hands in front of his body. The nurse attended to the affected person at 4:50 p.m., and paramedics arrived five minutes thereafter.

POLICE RECORDS

A check of Computer Aided Dispatch (CAD) records confirmed that there were no other cautions to indicate that the affected person was potentially at risk for self-harm. A review of the VPD PRIME database indicated that there was no request to document the affected person as being suicidal.

A PRIME entry for January 7, 2014 does record that police arrested the affected person for another matter. After the arrest, the affected person reportedly struck his head against a wall to injure himself. The report states, "While walking [the affected person] to the police wagon he pretended he couldn't walk and collapsed onto the ground." Although handcuffed behind his back, during the ride in the police wagon he managed to move those handcuffs to his front. "When jail staff had opened the rear wagon door, [the affected person] ... was trying to choke himself with the rope from his sweater hood."

EXAMINATION OF POLICE WAGON

IIO investigators ensured that the police wagon was searched and photographed. The police wagon has two prisoner transportation compartments accessed by the rear doors and one accessed by a sliding door on the right side of the wagon. The affected person was being transported in the rear compartment on the right side of the vehicle.

The van contains a step to assist with entry to the rear compartments. The distance from the ground to the top of the step was 42 cm. The distance from the step to the floor of the wagon was measured at approximately 22 cm.

There is no visibility into any of the compartments from the driver's compartment of the police wagon.

VPD POLICY AND TRAINING

IIO investigators reviewed VPD policy regarding the handcuffing and transportation of prisoners. VPD policy calls for the application of handcuffs on prisoners “where the lawful authority exists.” No written policy could be located which would have required that a prisoner be handcuffed behind the back in order to be transported in the police wagon. The VPD non-commissioned officer in charge of officer safety advised that officers have discretion as to whether handcuffs should be placed in front of, or behind the body.

ISSUES

The general issue in any IIO investigation is whether a person suffered death or serious harm as a result of the actions of an officer, and if so, how and why. If I consider that an officer may have committed an offence, then I must forward a report to Crown Counsel. The legal issue to be considered in this case is whether the involved officers were in any way criminally culpable for failing to protect the affected person from harm while he was in their custody.

There is no evidence that any force was used against the affected person at the time of his arrest. As such, the only theory of criminal culpability that would be relevant to this case would be that of criminal negligence. Criminal negligence is defined by section 219 of the *Criminal Code*: “Everyone is criminally negligent who (a) in doing anything, or (b) in omitting to do anything that it is his duty to do, shows a wanton or reckless disregard for the lives or safety of other persons.”

ANALYSIS

The available evidence reveals no motive for police to harm the affected person or any action taken without due regard for his welfare or safety.

Civilian witnesses corroborate the police witnesses that the affected person was placed into the police wagon without any use of force. GPS data established that the wagon made no significant stops on the way to the Vancouver Jail. Video of the sally port shows that police took immediate action to assist the affected person when it was discovered that he had hanged himself.

Even if police did nothing to cause the affected person’s death, they may be held liable if they acted negligently. To attract criminal liability, the evidence must show that they acted with wanton and reckless disregard for the affected person’s life or safety.

The incident in January foreshadowed how the affected person died. Civilian Witness 1 was aware of the prior incident, but did not mention it to the attending police officers.

Any determination as to whether the officers who arrested the affected person in January should have identified him as a suicide risk falls outside the realm of criminal negligence as there is no reason to believe that those officers failed to take such an action out of a wanton or reckless disregard for his life or safety.

Some civilian witnesses thought that police failed to handcuff the affected person before placing him in the wagon. The sally port video shows that they were mistaken. The officers who arrested and transported the affected person told IIO investigators that the affected person was handcuffed behind his back. The sally port video shows his hands cuffed in front of him when Subject Officer 4 cut the laces and brought him down.

I believe that the officers correctly described the handcuffing for two reasons. Civilian Witness 1, who had the best opportunity to observe, also described the officers handcuffing the affected person behind the back. Furthermore, about one month earlier, other officers reported arresting the affected person, handcuffing him behind his back, and later finding that he had moved the handcuffs to his front.

The affected person's demeanour also dispelled any fears that he might harm himself in transit. Civilian Witness 1 and the arresting officers described the affected person speaking amiably with the police after his arrest, and cooperating with them. This stands in stark contrast to the January arrest, wherein the affected person was described as violent and aggressive to those around him. Even if the Subject Officers had known of the January incident, the affected person's behaviour on February 8 would have given them reason to discount any concerns about a possible suicide attempt.

On February 8, the officers had reasons to believe that the affected person had neither the ability (because of his handcuffs) nor the desire (by reason of his demeanour) to harm himself. Even if the officers had handcuffed the affected person with his hands in front of his body, they would not have violated any policy and they would have had no reason, based on the behaviour described by all persons involved, to be concerned that the affected person would be suicidal.

The failure of any employee to identify the affected person as potentially suicidal in the Computer Aided Dispatch system, even if assumed to be negligent, could not be considered to be an act taken with wanton or reckless disregard for the safety of the affected person.

DECISION

Based on the evidence obtained during the course of this investigation, I do not consider that any police officer may have committed an offence in relation to the affected person's death. As such, the IIO file will not be referred to Crown Counsel for consideration of possible charges.

It is the role of the Office of the Police Complaint Commissioner and the VPD to examine the conduct of all involved members in the execution of their duties against applicable training, policies, procedures and guidelines and where applicable, take remedial action. This examination would be expected to include any omissions that may have taken place with respect to the failure to document the affected person as a suicide risk based on his conduct at the time of his earlier arrest. These issues fall outside the mandate of the IIO.

Prepared for release 30th day of May, 2014 by

Richard A. Rosenthal
Chief Civilian Director
Independent Investigations Office of BC