

SIRT

Serious Incident Response Team

Investigation Summary:

Incident Type: In-Custody Death

SIRT File No.: 2024-07

Incident Date: May 5, 2024

Agency Involved: RCMP

Civilian Executive Director: Greg Gudelot

Date of Report: April 30, 2025

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Introduction

On Sunday May 5, 2024, at approximately 1:20 p.m., the Saskatchewan Serious Incident Response Team (SIRT) received a notification from the Royal Canadian Mounted Police (RCMP) regarding a death following an interaction with members of the Swift Current RCMP Detachment.

On May 5, 2024 at approximately 11:06 a.m., the Swift Current RCMP received a request from an individual to conduct a wellness check on a family member. At approximately 11:15 a.m., the subject of the report, a 55-year-old female, subsequently referred to as the affected person, was located at a local hotel, but refused assistance from both police and EMS. Ultimately, the affected person was taken into custody without incident under *The Mental Health Services Act*, and placed directly into the waiting ambulance. While en route to Cypress Regional Hospital, the affected person went into medical distress and became unresponsive. The affected person was admitted to hospital, but at 12:26 p.m., was pronounced deceased.

SIRT's Civilian Executive Director accepted the notification as within SIRT's mandate and directed an investigation by SIRT.

Timeline

SIRT was notified of the incident on May 5, 2024, at approximately 1:20 p.m., and a SIRT team consisting of the Civilian Executive Director and four SIRT Investigators was deployed to Swift Current to begin the investigation. On February 5, 2025, the completed investigation was submitted to the Civilian Executive Director for review.

The Investigation

SIRT's investigation was comprehensive and thorough, conducted using current investigative protocols, and in accordance with the principles of Major Case Management (MCM). During the course of the investigation, all relevant police and civilian witnesses were interviewed, and all relevant audio, video, and documentary evidence was seized.

Pursuant to the provisions of *The Police Regulations*, the two members of the RCMP who dealt with the affected person were designated and interviewed during SIRT's investigation, with one designated as a Witness Officer and one as a Subject Officer. In addition to the involved police officers, one RCMP civilian staff member was interviewed, as well as the two EMS personnel present during the incident. Three members of the affected person's family, two of whom were present during the incident, were also interviewed during the course of SIRT's investigation.

Video footage of the incident was obtained from the in-car digital video (ICDV) system of one of the responding police vehicles. This video provided comprehensive footage of several aspects of the affected person's encounter with police.

An autopsy was conducted on May 7, 2024, which determined that the affected person had died as a result of cardiorespiratory arrest, with contributing factors including several chronic and acute medical conditions, combined drug toxicity, and the stress of police detention.

Summary

On May 5, 2024, at approximately 11:06 a.m., a member of the affected person's family attended the Swift Current RCMP Detachment to request a welfare check on the affected person. The family member indicated that she had received information that morning from another relative indicating that the affected person was upset and in pain. As the affected person's family had been unsuccessful in attempting to convince her to attend to the hospital voluntarily, the family member requested police attend the hotel where the affected person was located to conduct a welfare check. The statement provided to the RCMP civilian staff member indicated that the affected may have been in the midst of a breakdown, with a history of substance abuse and previous talk of self-harm.

The task of conducting the welfare check was dispatched to two members of the RCMP, designated in the investigation as described above, who reviewed the statement provided by the family member and conducted database checks of previous occurrences involving the affected person. The members arrived at the hotel where the affected person was located. While there was initially no answer to their knock, members could hear movement within the room, and after a period of time the affected person answered the door.

The affected person was seated on a chair just inside the door of the hotel room. The Subject Officer observed sores on the affected person's feet, and the affected person informed him that she had fallen several weeks prior, and that her back and ribs hurt. After some discussion, the affected person agreed to go to the hospital and an ambulance was called.

At approximately 11:40 a.m., two EMS personnel arrived at the room and spoke with the affected person while the Subject Officer and Witness Officer remained. Once EMS entered the room, the affected person's level of cooperation changed. While the EMS personnel were able to complete some checks on the affected person, she refused to allow others, became uncooperative, spoke of suicide, and stated that she wished she had died during an earlier incident with EMS. While at this point the Subject Officer believed he had formed grounds to take the affected person into custody under *The Mental Health Services Act*, he stated that he preferred the affected person attend for treatment voluntarily. When the affected person swatted at the Subject Officer as he attempted to prevent her from lighting a cigarette during the examination, he placed her under arrest pursuant to *The Mental Health Services Act*.

The affected person was handcuffed behind her back without any resistance or use of force and was escorted out of the room to the ambulance parked outside. As the Subject Officer was escorting the affected person to the ambulance she kicked backwards, striking the Subject Officer in the shin, but the Subject Officer did not react, and no force was used.

As the affected person was unable to enter the ambulance on her own, she was placed on a stretcher and lifted into the ambulance. Once the affected person was inside the ambulance, at approximately 11:55 a.m., the ambulance departed from the hotel for Cypress Regional Hospital. While the ambulance was en route,

the affected person, still on the stretcher, but seated in an upright position, stated that one of the handcuffs was too tight, and requested that it be loosened. The Subject Officer asked the affected person to lean forward so that he could adjust the handcuff, and as the affected person leaned forward, she was observed to go limp and went into medical distress.

The Subject Officer removed the handcuffs from the affected person to assist in providing medical assistance, and EMS staff began providing care for the affected person. The ambulance arrived at Cypress Regional Hospital at approximately 11:58 a.m., and responsibility for the affected person's care was transferred to hospital staff. At approximately 12:26 p.m., the affected person was pronounced deceased by a doctor.

Analysis

The evidence gathered during the course of SIRT's investigation conclusively establishes that the arrest of the affected person pursuant to *The Mental Health Services Act* was conducted without any use of force by police, and that the affected person has been placed into the care of EMS personnel prior to the onset of her ultimately fatal medical distress.

While the autopsy examination concluded the cause of the affected person's death was cardiorespiratory arrest, as noted above, one of a number of contributing factors was noted to be the stress, both psychological and physiological, brought on by the affected person's detention by police. In light of this finding, it is worth noting that any arrest, even one conducted without any use of force by police, may be stressful to the subject of the arrest by its very nature. It is further worth noting that prior to placing the affected person under arrest, the Subject Officer attempted to convince the affected person to attend for medical treatment voluntarily.

When the Subject Officer eventually placed the affected person under arrest pursuant to *The Mental Health Services Act*, he did so with the benefit of both prior information regarding the affected person, as well as his own observations of the affected person during the incident. This information included a statement provided to RCMP by the affected person's family member indicating concerns regarding both substance abuse and self-harm, as well as police records of previous overdose occurrences and other behavioral concerns related to the affected person. This pre-existing information was bolstered by observations the Subject Officer made during the incident, which included statements of self-harm. These statements were also made in the presence of police and EMS. The combined information obtained both from the pre-existing information regarding the affected person as well as the observations of the Subject Officer made during the incident provided ample grounds for the Subject Officer to lawfully place the affected person under arrest pursuant to *The Mental Health Services Act*.

While the stress of being arrested, along with numerous chronic and acute medical issues, may have played some role in the timing of the onset of the affected person's medical distress, as described above, that arrest was both based on reasonable grounds, and was reasonably conducted.

Following a review of the totality of the evidence in this case, there are no grounds to believe that the Subject Officer committed any *Criminal Code* offence during the course of this incident and no charges will be laid.

Decision

There being no grounds to believe an offence was committed by any police officer, SIRT's involvement with this matter is concluded without referral to the Attorney General for Saskatchewan in accordance with S.91.08(10)(a) of *The Police Act, 1990*.

Original Signed

Greg Gudelot
Civilian Executive Director
Serious Incident Response Team (SIRT)

April 30, 2025

Date of Report