

SIRT

Serious Incident Response Team

Investigation Summary:

Incident Type: In-Custody Death

SIRT File No.: 2025-11

Incident Date: April 28, 2025

Agency Involved: RCMP

Civilian Executive Director: Greg Gudelot

Date of Report: October 9, 2026

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Introduction

On Monday, April 28, 2025, at approximately 10:18 a.m., the Saskatchewan Serious Incident Response Team (SIRT) received a notification from the Royal Canadian Mounted Police (RCMP) regarding an in-custody death on the James Smith Cree Nation (JSCN). SIRT's Civilian Executive Director accepted the notification as within SIRT's mandate and directed an investigation by SIRT.

On April 28, 2025, at approximately 7:55 a.m., the Melfort RCMP received the first of several calls reporting that a male on the JSCN had discharged bear spray within an occupied residence. Three RCMP members as well as JSCN community peacekeepers responded and located a 29-year-old male, subsequently referred to as the affected person, within the residence. The RCMP members spoke with the affected person and attempted de-escalation tactics while the affected person remained inside the residence. A short time later, the affected person was informed that he would be taken into custody under *The Mental Health Services Act* and fled from the residence through the rear door. After a short foot pursuit, the affected person was taken into custody without the use of force and was handcuffed. Conducted energy weapons (CEW) were drawn during the pursuit but were not discharged during the encounter.

Shortly after being handcuffed, the affected person went into medical distress. RCMP members immediately contacted EMS for assistance and commenced first aid. While awaiting the arrival of EMS, RCMP and community peacekeepers from JSCN continued first aid, performing CPR and administering naloxone several times. At approximately 9:42 a.m., EMS arrived at the scene and assumed responsibility for affected person's care. Shortly thereafter, the affected person was pronounced deceased by EMS.

Timeline

SIRT was notified of the incident on April 28, 2025, at approximately 10:18 a.m., and a SIRT team consisting of the Civilian Executive Director and six SIRT investigators was deployed to Melfort and the JSCN to begin the investigation. On July 14, 2026, 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 a scene examination was conducted at the location of the incident. All relevant audio, video, and documentary evidence was seized, along with several pieces of physical evidence obtained during the course of the investigation.

Extensive video footage was seized from various sources during SIRT's investigation. This included body-worn camera (BWC) footage from the involved Subject Officers and Witness Officers, in-car digital video (ICDV) footage from the responding RCMP vehicles, and CCTV recordings from surveillance cameras operated by the JSCN. A video canvas was also conducted in the area near the incident scene. These various sources of video

provided comprehensive coverage of the entirety of the incident, from the first contact of police with the affected person until the time when he was ultimately pronounced deceased by EMS.

Three members of the RCMP were designated as Witness Officers pursuant to *The Police Regulations* and were interviewed during the course of SIRT's investigation. Each of the three Witness Officers arrived at the incident scene after the onset of the affected person's medical distress and while attempts to resuscitate him were ongoing. Three members of the RCMP were designated as Subject Officers in SIRT's investigation. Despite being under no legal obligation to do so, all three Subject Officers provided statements to SIRT for use in the investigation by participating in video recorded interviews.

Thirteen civilian witnesses were identified and interviewed by SIRT during the investigation. Those witnesses consisted of: the JSCN peacekeepers who had originally attended to the affected person's residence in response to the call for service and assisted in providing first aid to the affected person; community and family members who had observed various parts of the interaction between police and the affected person; and the EMS staff who responded to provide care for the affected person at the incident scene.

As one of the above-noted civilian witnesses described seeing one of the Subject Officers discharge a CEW during the incident, the CEWs carried by each of the Subject Officers were seized by SIRT investigators, with the onboard usage data later downloaded. A review of both the downloaded data and the comprehensive video evidence conclusively establishes that despite the statement of the civilian witness, no CEW was discharged at any point during the incident. An automated external defibrillator (AED) deployed during the incident was also seized and downloaded, with the downloaded data documenting the ongoing nature of the CPR provided to the affected person.

An autopsy examination was conducted, which determined that the affected person died as a result of positional asphyxia combined with acute methamphetamine and cocaine toxicity. The examination identified the absence of any life-threatening physical injuries which could have caused or contributed to the affected person's death. Toxicology results confirmed the presence of both methamphetamine and cocaine within the affected person's system, with the methamphetamine levels noted as within the range which could have caused or contributed to his death.

As the investigation proceeded, and as required by S.91.12(1) of *The Police Act, 1990*, a Community Liaison was appointed to assist the investigation. The liaison was provided with the opportunity to review the investigation in its entirety, and to make comments and recommendations as necessary.

Summary

On April 28, 2025, at approximately 7:55 a.m., the Melfort RCMP received a call from security personnel employed by JSCN. The caller relayed to police that JSCN community peacekeepers had received a call reporting that the affected person had sprayed a substance within a residence, and that the occupants of the residence were coughing and the affected person was agitated. The affected person was noted to be physically large in stature and was known to have mental health issues.

At approximately 8:00 a.m., the RCMP received a call directly from family members of the affected person, again stating that the affected person was agitated and had pepper sprayed their residence. The caller was coughing as a result of the spray and described the affected person as having been in and out of the home and using methamphetamine.

Five JSCN peacekeepers responded to the residence, but as a result of the affected person's physical size, mental health issues, and previous unpredictable behaviour, remained outside the residence and awaited the arrival of the RCMP. Three members of the Melfort RCMP detachment were dispatched in response to the call for service, travelling to the JSCN in two fully-marked police vehicles, and arriving at the residence at approximately 8:39 a.m. After speaking with the affected person's family, one member of the RCMP, later designated as a Subject Officer in SIRT's investigation, took the lead in speaking with the affected person, first through the open door of the residence and later after having entered the residence. The affected person was asked to exit the residence to speak with police, but was non-responsive to these requests, and at approximately 8:45 a.m., the Subject Officer stepped inside the entrance of the residence and continued speaking with the affected person. The Subject Officer, having dealt with the affected person previously, demonstrated familiarity with him and his history of mental health issues during the conversation, and specifically inquired as to whether he had taken his medication. While the Subject Officer remained calm during the conversation, the affected person was verbally confrontational and made a number of concerning statements that demonstrated he was experiencing a mental health crisis. At approximately 8:48 a.m., the Subject Officer climbed the stairs from the entrance of the residence towards the kitchen of the residence and continued speaking with the affected person. At approximately 8:50 a.m., the Subject Officer stepped from the stairs into the kitchen where the affected person was located. The Subject Officer continued speaking calmly with the affected person, who stated on two occasions that he would "fight to the death." At approximately 8:51 a.m., the affected person was informed that he was under arrest, and as the Subject Officer stepped forward towards the affected person, the affected person turned and ran, exiting the residence through the rear door from the kitchen.

The three Subject Officers pursued the affected person on foot while issuing verbal commands for the affected person to stop. After a short distance, still at approximately 8:51 a.m., the affected person stopped running and raised his hands. The affected person laid down on the ground as one of the Subject Officers held his wrist. While two of the Subject Officers had drawn their CEWs during the foot pursuit, neither device was discharged at any point during the incident. As the affected person was on the ground and handcuffs were being applied, he began shouting that he was having a heart attack and was going to die. The affected person shouted on several occasions for the Subject Officers to get off his back, but no Subject Officer was applying pressure to the affected person's back. One of the Subject Officers did have their knee on the affected person's left shoulder as he continued to struggle, and another maintained control of the affected person's upper right arm. At approximately 8:52 a.m., one of the three Subject Officers departed on foot to retrieve a police vehicle so that the affected person could be placed inside. The remaining two Subject Officers continued to maintain control of the affected person by applying pressure in the areas of his shoulders or upper arms, while the affected person continued to struggle. The Subject Officers spoke calmly with the affected person and encouraged him to remain calm, and to breathe, stating that they would take him to the hospital to be assessed. As the affected person continued to attempt to move, a Subject Officer continued to encourage him to take calming breaths and continued communicating with him, informing him that they were bringing a car for him.

At approximately 8:54 a.m., while still awaiting the arrival of the police vehicle, the affected person stopped verbally responding to the Subject Officer's questions and ceased struggling against his restraint. At approximately 8:55 a.m., one of the Subject Officers checked the affected person's pulse and then rolled him to his side while asking the affected person to sit up. The affected person did not respond verbally but could be heard making snoring noises. The Subject Officers continued to attempt to communicate with the affected person, asking him what he had taken and attempting to rouse him. The Subject Officers began to remove the affected person's handcuffs at approximately 8:57 a.m., and when the handcuffs were removed, again checked the affected person's pulse and then rolled the affected person onto his back.

After rolling the affected person onto his back and again checking for a pulse, one of the Subject Officers, who had been previously employed as a primary care paramedic, announced to the other Subject Officers that the affected person was unconscious and not breathing, and that she was starting chest compressions, commencing CPR at approximately 8:58 a.m.

The Subject Officer leading the affected person's care requested that one of the other Subject Officers speak with the JSCN peacekeepers to obtain an AED and to assist with chest compressions. At approximately 9:00 a.m., the first of several doses of naloxone was administered to the affected person, with no result. An AED was retrieved from the band hall a short time later and once connected displayed a reading stating that no shock was advised.

The three Subject Officers and the JSCN peacekeepers alternated performing CPR on the affected person continuously until the arrival of EMS at approximately 9:42 a.m., when EMS assumed responsibility for the affected person's care. After assessing the affected person, EMS pronounced him deceased at approximately 9:44 a.m.

Analysis

The analysis of the actions of police during the course of this incident is significantly aided by the volume of video and other evidence gathered during the investigation. A review of this evidence enables a high degree of certainty with regard to issues such as the level of force or the absence of any use of force at certain parts of the incident, and assists with reconciling certain contradictory or speculative statements, such as with the previously-noted suggestion that a CEW was deployed prior to the affected person's medical distress. A review of the completed investigation establishes that prior to the arrest of the affected person, the involved police officers engaged in a prolonged attempt to peacefully arrange for him to accompany them to receive mental health services which, on the basis of the affected person's statements, were unquestionably warranted. Only after failing to convince the affected person to willingly accompany them, and with lawful grounds to do so pursuant to *The Mental Health Services Act*, did the subject officers take action to arrest the affected person.

When the affected person turned and fled from this lawful arrest, the involved police officers pursued the affected person on foot, but when the affected person stopped and raised his hands, he was taken into custody with no meaningful use of force employed. Once the affected person was restrained, the level of

restraint remained responsive to the level of resistance offered by the affected person. While the comments by the affected person during his restraint warrant analysis, an examination of the available video demonstrates the actual physical placement of the involved officers at the time of those comments and confirms that, despite the perception of the affected person, no police officers were applying pressure to his back. Moreover, it is significant that during the affected person's restraint, the involved officers continued to engage in attempts to communicate with him and calm him, in order to enable changes to the nature of the ongoing restraint. The notable physical size of the affected person complicated the ability of the officers to meaningfully alter the level of restraint in the absence of demonstrable cooperation on the part of the affected person.

When the affected person was discovered to have gone into medical distress, the response by the involved police officers can be said to be both timely and appropriate, with care provided to the affected person rapidly following the discovery of his condition and continuing until the eventual attendance of EMS at the incident scene.

An assessment of any negligence-based *Criminal Code* offences would require that evidence establish that the involved police officers demonstrated a wanton or reckless disregard for the life or safety of the affected person. In this case, the evidence falls far short of demonstrating such a departure. Throughout the incident, the involved officers demonstrated prolonged attempts to engage peacefully with the affected person, speaking calmly with him and demonstrating both awareness and consideration of his ongoing mental health crisis. When the affected person was ultimately taken into custody, the arrest occurred without incident. The attempts by the involved officers to deal calmly with the affected person continued throughout his restraint, and when his medical distress was ultimately discovered, the involved police officers demonstrated significant concern for preserving his life and rapidly provided appropriate care. Accordingly, after considering the totality of the evidence and the applicable legal standards, there are no grounds to believe that any police 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)

October 9, 2026

Date of Report