

# ***FINAL REPORT: IIU concludes investigation into man's death in police presence***

---

On June 23, 2022, the Winnipeg Police Service (WPS) notified the Independent Investigation Unit (IIU) of an incident where a male died in police presence at a residence located on Henrietta Street, in Winnipeg.

The written notification disclosed the following information (edited for clarity):

*“On Thursday, June 23rd, 2022, at approximately 12:31 a.m., East District General Patrol officers were dispatched to a residence on Henrietta Street in response to a report of a male subject threatening suicide. Police dispatch had received the call for service from the Crisis Response Centre (CRC) who had been contacted by an adult female who was present at the residence and was concerned for the wellbeing of the male subject.*

*Uniformed officers attended the scene and met with the male, who was armed with a knife. The officers attempted to deescalate the situation by undertaking negotiation efforts. The male then used the knife to inflict a severe injury to his throat, at which point attending officers attempted to restrain the male to prevent further injury. During this use of force encounter, a Taser was deployed.*

*Once officers were able to gain control of the male, emergency first aid efforts were initiated. East District General Patrol officers and Winnipeg Fire and Paramedic Service (WFPS) personnel also attended to assist officers with first aid measures.*

*The male was subsequently conveyed to Health Science Centre (HSC) in critical condition, where he was pronounced deceased at 1:45 a.m.”*

As this matter concerned the death of a person that may have resulted from the actions of a police officer(s), IIU assumed responsibility for this mandatory investigation in accordance with section 65(4) of The Police Services Act (PSA). IIU Investigators were assigned to this investigation.

Among the agency information obtained by IIU Investigators included:

- Call history;
- 911 telephone call history and audio;
- Audio of WPS radio transmissions;
- WPS officers' notes and narratives;
- Forensic Identification Service reports;
- photographs of scene and exhibits;

Due to the dearth of information at the outset of this investigation as to the level of involvement by any WPS officer, the civilian director deferred a decision to designate any of them as a

subject officer. The civilian director designated four WPS officers as witness officers (WO1 - 4). IIU Investigators met with and interviewed four civilian witnesses (CW1-4). IIU was advised that the final autopsy report and toxicology report respecting the deceased affected person (AP) would not be available until June or July 2023. However, IIU Investigators were able to consult with the provincial Chief Medical Examiner (CME) and the attending pathologist. Based on the information and medical opinions provided, the civilian director was satisfied that it would be sufficient to proceed with this final report on the conclusion of the investigation.

### **Facts and Circumstances**

AP had been acting in a weird and aberrant fashion for a day or two prior to the events on June 23. According to family members, AP was not sleeping, looked and acted “*panicked and weird*”, hallucinated and had disappeared for several hours. As this behaviour was viewed as out of the ordinary and concerning, police were contacted to attempt to locate AP. Police officers did successfully locate AP and brought him back to the residence on Henrietta Street. AP continued to display apparent and concerning behaviour to the extent that a family member suggested he be taken to an urgent care center for a check up. AP was taken to an urgent care center at approximately 7:00 p.m. and returned to the residence at approximately 10:30 p.m. AP again started to display aberrant behaviour, described as “*freaking out*” and appeared in the throws of a panic attack. A family member telephoned the Crisis Response Center (CRC) hoping that a crisis worker could provide guidance and assistance. When the call was placed, the telephone was handed to AP and he spoke with a crisis worker for a period of 4 minutes and 22 second. . When AP abruptly hung up the telephone, the crisis worker placed a 911 call to police at 12:27 a.m., now June 23, requesting assistance to deal with a suicidal AP. Two WPS officers attended the residence at 12:31 a.m. AP was initially standing outside and on seeing police arrive, immediately re-entered the residence. The police were granted entry and found AP in the kitchen area. AP had grabbed a knife (with a 4 and a half inch serrated blade). Police immediately and repeatedly called out to AP to “*drop the knife, we are here to help*”. The two WPS officers had drawn and armed themselves with conductive energy weapons (CEW). AP responded with rambling statements, including “*they are out to get me*”. One of the WPS officers made his way from the kitchen to the front area to check on the wellbeing of others in the residence. The remaining WPS officer continued to attempt to negotiate and talk with AP to get him to surrender his knife. Suddenly, AP used the knife to cut and stab himself on his own neck, resulting in a serious injury and blood to pour from the wounds. The WPS officer who originally left the area, had returned and discharged his CEW at AP twice in an effort to induce a neuromuscular incapacitation (to stop AP from further hurting himself). AP was taken to the ground, bleeding profusely from his injuries. WPS officers immediately began to provide first aid to AP (applying pressure to the wounds and performing CPR) while an ambulance was requested to attend. At 12:56 a.m., WFPS personnel attending, provided AP with medical attention, transferred him to an ambulance and made their way to HSC. AP was pronounced deceased at HSC. AP had sustained a catastrophic injury to his neck and suffered significant blood loss.

A preliminary pathology report confirmed that the cause of death resulted from AP sustaining a stab wound injury to the right side of his neck, consistent with self-inflicted injuries. The CME was consulted by IIU Investigators. The CME stated that AP had sustained and died from fatal sharp force injuries of the neck. The CME further advised that the CEW deployments had no role

or effect in causing or contributing to AP's death. The CME further advised that in his opinion no police action or inaction contributed in any degree to AP's death.

### **Conclusion**

The circumstances of this incident represents another tragic example of mental health issues and suicidal ideations in the face of police attendance. AP was suffering significant mental distress when police were called. AP had stated his intent to cause self-harm to a crisis center worker. AP had armed himself with a knife that could be used to achieve that result. The police attempts to communicate and gain AP's surrender were met with non-compliance by AP. The options available to police in these circumstances were not many. A CEW deployment was used to incapacitate AP but was insufficient as AP had already caused a catastrophic and, ultimately, fatal injury to himself.

Based on the circumstances and in consideration of the medical opinions provide, there is nothing to support a finding that there is any level of contribution by any police officer to the cause of AP's death, either by action or inaction. There are no grounds in this matter that would justify the designation of any of police officer as a subject officer.

As a result, there is no further need for IIU to continue with this investigation into this tragic matter and, accordingly, this matter is now closed.

### **Final report prepared by:**

Zane Tessler, civilian director  
Independent Investigation Unit  
December 14, 2022

Ref 2022-0032