



**IN THE MATTER OF THE INJURY OF A MAN
WHILE IN THE CUSTODY OF THE RCMP
IN QUESNEL, BRITISH COLUMBIA
ON SEPTEMBER 8, 2024**

**DECISION OF THE CHIEF CIVILIAN DIRECTOR
OF THE INDEPENDENT INVESTIGATIONS OFFICE**

Chief Civilian Director:

Jessica Berglund

IIO File Number:

2025-051

Date of Release:

October 27, 2025

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INTRODUCTION

On February 13, 2025, the Independent Investigations Office (“IIO”) received an emailed notification about an incident that had occurred on September 8, 2024. The email alleged the Affected Person (“AP”) had suffered a serious injury to his jaw while in the custody of the RCMP in Quesnel on that date.

The IIO commenced an investigation. The narrative that follows is based on evidence collected and analyzed during the investigation, including the following:

- statements of the AP, two civilian witnesses, one paramedic, two jail guards, and three witness police officers;
- police Computer-Aided Dispatch (“CAD”) and Police Records Information Management Environment (“PRIME”) records;
- video recordings from the Quesnel RCMP detachment;
- audio recordings from the police non-emergency telephone line and police radio communications;
- RCMP cell block records; and
- medical evidence.

The IIO does not require officers whose actions are the subject of an investigation to provide evidence. In this case, the subject officer declined to give any account to IIO investigators. The investigators were, however, able to access a written report prepared by the subject officer at a time prior to commencement of the investigation. That report, together with objective video evidence, assisted significantly in understanding the reasons for the officer’s actions.

NARRATIVE

At 2:31 p.m. on September 8, 2024, Civilian Witness 1 (“CW1”) called Quesnel RCMP’s non-emergency line to request a wellbeing check on the Affected Person (“AP”), who CW1 said was suffering from alcohol and drug-induced psychosis.

Witness Officer 1 (“WO1”) responded to the call and was permitted by the AP to enter his apartment. WO1 told IIO investigators the AP appeared “extremely intoxicated” and was exhibiting signs of paranoia and hostility toward members of his family. WO1 said he decided the AP was arrestable for mischief. As the AP was calm and non-confrontational with the officer, WO1 decided not to place him in handcuffs. As WO1 walked the AP down

the hallway, though, WO1 said that the AP suddenly turned and pushed WO1 in the chest, trying to get past him and return to his apartment. WO1 said he wrapped both arms around the AP and took him down onto the floor, face-down.

The Subject Officer ("SO") arrived to assist, and the AP was walked outside between the two officers. WO1 asked for paramedics to attend to check the AP, who was sitting sideways on the back seat of a police vehicle with his legs extended out through the open door. His hands were cuffed behind him.

The paramedic who went to assess the AP later told the IIO that as he was attempting to place a blood oxygen monitor on the AP's finger, the AP suddenly turned and brought his knee up towards the paramedic's groin, striking him in the thigh. In response, the officers told the AP he was under arrest for assault. As the AP was now refusing further assessment, they secured him in the rear of the police vehicle. The paramedic told IIO investigators the AP appeared to be uninjured: "Visually nothing traumatic was observed or voiced by the male."

WO1 transported the AP to the police detachment and was taken to a "drunk tank" cell by WO1 and the SO, now also assisted by Witness Officer 2 ("WO2").

The interactions between the AP and the police in the detachment were recorded on video. In the cell, the AP appeared at first to be compliant. He knelt for a pat-down search of his upper body and was then laid face-down on the floor while the officers continued the search and removed his handcuffs. At one point, though, he twists his upper body up onto his left side and appears to reach up towards the duty belt of the SO, who is crouching beside him. The SO can be seen to deliver a punch towards the lower left side of the AP's face, but it is not clear where the punch lands. It also appears that the SO drops his knee onto the AP's head.

WO1 described the AP as:

...definitely resisting...fighting for position. He's definitely trying to gain some advantage, he's not compliant at this stage, he's not doing what he's asked, his hands are not staying where they would have been asked. ... the behaviour changed.

The second handcuff came off. There was a brief moment where [the AP] was still, like he wasn't fighting or turning or anything like that, and then he attempted to turn and face the other officer. And it was after, after that, that I learned he was grabbing at his belt or his taser or one of his intervention options.

WO2 said that he was passing the handcuffs out through the cell door to a jail guard when he heard a “commotion” behind him, and after the AP was quickly brought under control, heard the SO say, “If you do that again, I’m going to tase you.”

In the SO’s written report, he states,

Once the handcuffs were removed, [the AP] rolled to his side and grabbed my leg, thereby displaying assaultive behaviour by putting his hands on me. I saw him bring his knees toward his chest, and in my mind based on my experience in ground fighting, the only reason he would do that would be to gain the ability to kick me or [WO1]. Then [the AP] simultaneously grabbed my leg. Fearing that I would be kicked in the head, I quickly formed a closed fist and delivered a strike to [the AP’s] face. If [the AP] were to kick me, I could have lost my balance and fallen on the floor, likely getting injured if I struck my head on the concrete. If I were to get injured, it would increase the difficulty of [WO1] and [WO2] being able to gain control. After the strike, [the AP] appeared stunned for a second and his legs relaxed, I attempted to gain control of [the AP’s] leg arm when he grabbed my right leg near my duty belt. [the AP’s] hand was close to my pistol magazine pouches and my conducted energy weapon on my belt, and as I am a left handed shot, my conducted energy weapon is on my right hip, where most people would think that my pistol would be. This caused me concern and based on [the AP’s] quick movement to his back, bringing his legs up to deliver a strike while at the same time grabbing my leg made me believe that he possibly had experience in ground fighting, and while being under the influence of cocaine, this made me fear that he would attempt to grab a tool or weapon off of my duty belt in an attempt to use it as a means of escape and/or assault myself or [WO1 or WO2]. I have been in fights on the ground with people under the influence of drugs and they have all been very difficult to control, even with multiple officers given their strength and being goal oriented. Grabbing a police officer’s leg, and attempting to grab their duty belt is not normal behaviour. The only logical explanation for a person to grab a police officer’s duty belt during a fight is an attempt to disarm them of a weapon.

With all of this in mind, my risk assessment was high and I knew that I needed to gain immediate control of the situation to prevent any injury to myself or the other two members. I immediately delivered a knee strike using my right knee to the head of [the AP]. This intervention was immediately effective as [the AP] stopped resisting and moving his limbs around. I was able to maneuver Subject 1 back onto his front and place him in a hold until it was safe for myself and the other two members to exit the cell.

No post intervention care was required. There were no visible injuries as a result of my intervention.

Cell records indicated the AP was to be held until sober. At 6:00 p.m., when Witness Officer 3 (“WO3”) came on duty, he conducted a cell check and was told there were no issues with the AP and he had not complained of any injury or need for medical attention. When he checked on the AP later, at 11:30 p.m., WO3 said, he judged him sober enough to look after himself, so could be released. WO3 said he offered to give the AP a ride home, but the AP refused. WO3 said he also offered to call the AP’s family so they could pick him up but said this was also declined. WO3 said the AP told him he had his cell phone, so would call his family himself once he was released. The AP was released without charge, as a matter of police discretion. WO3 said he noticed one side of the AP’s face appeared swollen but said the AP did not complain about it or request medical attention.

The AP was recorded on detachment video, shortly after his release, standing and looking at his cell phone before walking away. He made a call to a family member, Civilian Witness 2 (“CW2”), and arranged to meet near the detachment, but when she came there with CW1, the AP had left to walk home. When they located him, he had walked most of the 1.1 km to his apartment building.

Four days later, on September 12, 2024, the AP went to a hospital reporting pain and difficulty moving his jaw. He was found to have a broken jaw (a “right body angle fracture of the mandible”). The injury resulted in a series of surgical procedures and ongoing physical limitation.

In an interview with IIO investigators, the AP said he had only a vague memory of the incident that led to his injury but did recall he was taken onto the floor in the hallway of his apartment building. He also acknowledged having struck a paramedic with his knee (he said he thought everyone was against him and that the paramedic was going to “do something” to him). He had no significant memory of being placed in the cell but did recall he was told at one point to stop resisting. He said he did not remember being struck in the face, though he recalled having a sore jaw when he was released from custody. He said he did not think it was serious and did not mention it to police.

The AP acknowledged, at the time of the incident, he was a frequent cocaine user. He said a short time before the incident, he had bought cocaine from someone who was not his usual supplier, and the drug had an unusual effect on him. He said the drug “disturbed my mind in a way where I thought something was going to happen” and someone close to him was going to die.

ANALYSIS

The Independent Investigations Office of British Columbia is mandated to investigate any incident that occurs in the province in which an Affected Person has died or suffered serious physical harm and there appears to be a connection to the actions (or sometimes inaction) of police. The aim is to provide assurance to the public that when the investigation is complete, they can trust the IIO's conclusions, because the investigation was conducted by an independent, unbiased, civilian-led agency.

In most cases, those conclusions are presented in a public report such as this one, which completes the IIO's mandate by explaining to the public what happened in the incident and how the Affected Person came to suffer harm. Such reports are generally intended to enhance public confidence in the police and in the justice system as a whole through a transparent and impartial evaluation of the incident and the police role in it.

In a smaller number of cases, the evidence gathered may give the Chief Civilian Director ("CCD") reasonable grounds to believe that an officer has committed an offence in connection with the incident. In such a case, the *Police Act* gives the CCD authority to refer the file to Crown counsel for consideration of charges.

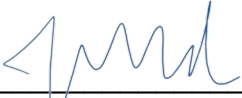
In a case such as this one, involving the use of force by an officer, the IIO investigators collect evidence with respect to potential justifications for that use of force. The CCD then analyzes this evidence using legal tests such as necessity, proportionality and reasonableness to reach conclusions as to whether the officer's actions were lawful, or whether the officer may have committed the offence of assault.

Unfortunately, as mentioned above, the AP could not recall what happened in the police cell, so evaluation of the incident must rely on the accounts of the involved officers and the video recording. While the witness officers were not able to provide a clear description of the interaction, the SO gives a detailed account in his written report, and it is consistent with the objective evidence of the video. Whether the AP was actually attempting to take possession of one or more of the tools and weapons on the SO's duty belt, the action he clearly took in grabbing upwards on the officer's leg gave a reasonable basis for the SO to identify a real risk to his safety. The force used by the SO in response appears to have injured the AP more than either he or the officers realized at the time, but in the circumstances, it was necessary, relatively limited and not excessive. It is significant that once the AP was controlled, no further force was applied by any of the three officers.

There is no evidence the AP complained to police of having been injured, so no reason to conclude he was denied necessary medical care or otherwise mistreated. Having declined an offer of assistance getting home upon release, the AP was able to call a

family member for a ride, chose instead to walk, and was almost home before meeting CW1 and CW2.

Accordingly, as Chief Civilian Director of the IIO, I do not consider that there are reasonable grounds to believe that an officer may have committed an offence under any enactment and the matter will not be referred to Crown counsel for consideration of charges.



Jessica Berglund
Chief Civilian Director

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