



**IN THE MATTER OF THE DEATH OF A MAN
IN AN INCIDENT INVOLVING MEMBERS OF THE RCMP
IN PRINCE GEORGE, BRITISH COLUMBIA
ON AUGUST 24, 2025**

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

Chief Civilian Director:

Jessica Berglund

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INTRODUCTION

On the morning of August 24, 2025, members of the Prince George RCMP attended a residence in response to a neighbour's noise complaint. Upon arrival, officers determined that the noise was coming from the Affected Person ("AP"), who was in his bedroom. The AP was experiencing the effects of what was later determined to be a toxic drug overdose and was also suffering from self-inflicted wounds that were bleeding. Police forced the bedroom door partially open and started to talk with the AP, and were then confronted by the AP holding a broken table leg with a metal bracket still attached to the end. As officers stepped back, the AP pushed the door closed. After attempting to communicate with the AP through the closed door for approximately 40 minutes, police again entered the bedroom and found the AP unresponsive. Despite life-saving efforts by officers and paramedics, the AP was subsequently declared deceased.

The Independent Investigations Office ("IIO") was not initially notified by police, due to the fact that the AP's injuries were self-inflicted. The IIO received a notification from a family member on September 22, 2025, conducted an initial review and commenced an investigation. The narrative that follows is based on evidence collected and analyzed during the investigation, including the following:

- statements of three civilian witnesses, three paramedics and six witness police officers;
- police Computer-Aided Dispatch ("CAD") and Police Records Information Management Environment ("PRIME") records;
- audio recordings of 911 calls and police radio transmissions;
- video recordings from police officer body-worn cameras;
- scene photos and videos;
- Emergency Health Services and fire department records;
- RCMP policies and notes; and
- autopsy and toxicology reports.

The IIO does not require officers whose actions are the subject of an investigation to provide an account. In this case, the three subject officers have declined to participate in IIO interviews, but investigators have been able to review PRIME reports that were prepared before the investigation commenced.

NARRATIVE

At 4:54 a.m. on August 24, 2025, Civilian Witness 1 ("CW1") called 911 to report the sounds of someone "screaming and smashing stuff" in a neighbouring home. The first officers to respond were Witness Officer 1 ("WO1"), Subject Officer 1 ("SO1") and Subject Officer 2 ("SO2"). Once the officers had located which residence the sounds were coming from, they went to the front door and were let inside by the residents. The actions of police inside the home were recorded on video by the officers' body-worn cameras.

SO1 and SO2 went to the AP's bedroom door. The AP could be heard gasping inside, and blood was visible from under the door. The officers knocked on the door, announcing that they were police, but there was no audible response. The door was locked from the inside.

After additional attempts by police to get the AP to open the door, he could be heard to say, "I'm dying", and said he could not open it. SO1 told him, "You don't open the door, we're gonna kick it in." SO1 then kicked the door open, and it apparently hit the AP, who was lying on the floor inside. The officers could now see that there was a lot of blood on the AP's body, and WO1 immediately radioed for an ambulance to "start rolling."

As SO2 leaned into the room and illuminated it with a flashlight, the AP rapidly picked up an object that was on the floor beneath his left arm and held it up in both hands in the direction of the officer. The object can be clearly seen for several seconds on police body-worn camera video. It appears to be a dark brown wooden dowel or stick slightly longer than the AP's forearm. A flat silver metal plate or bracket extending sideways several centimetres is attached to one end.

SO2 jumped backwards, and the AP closed the door, apparently with his foot. SO1 advised the other officers that the AP had produced a weapon, and referred to it as an axe. Civilian Witness 2 ("CW2"), who had seen into the bedroom while the door was open, told IIO investigators that the AP had been holding a broken table leg in both hands, "I guess exactly how you hold an axe, probably. I mean, that's why they assumed it was an axe."

Meanwhile, sounds of thrashing around and moaning could be heard from the bedroom. Officers continued to call out to the AP to "drop the axe" and come out so they could get him an ambulance. They updated the ambulance call, asking for an Advanced Life Support unit to attend, as they guessed the AP was under the influence of drugs. WO1 later told IIO investigators that it appeared unsafe for officers to enter the room, as they would be confronting a person armed with a weapon in a dark, confined space.

Several other officers arrived over the following minutes. At 5:19 a.m., Witness Officer 2 (“WO2”) climbed a ladder and attempted to see inside the bedroom through the broken window, but was unable to see the AP. He reported seeing blood all over the bedroom walls. After approximately 5:20 a.m., no further sounds were heard from the AP.

Police were again trying to force the bedroom door open, but found it blocked. They called for a drone to be inserted through the window to view the interior of the room. In radio discussions, officers expressed concerns that the incident was getting “a little long in the tooth now,” and that the AP may have become unresponsive and needed help.

Subject Officer 3 (“SO3”), a supervisor, told the officers not to try to enter the room, because of the concern that the AP was armed with a weapon, and told them to wait for a view inside the room via the drone’s camera.

At 5:35 a.m., the requested drone was brought to the scene. Unfortunately, after several minutes during which officers tried to get the drone operational, they discovered that it had a dead battery. Officers at the scene were also told that Emergency Response Team members were not immediately available. At approximately 5:46 a.m., SO3 decided that police would breach the bedroom door. They were able to force the door open far enough to enter and pull the AP, who was unresponsive, out onto a patio. Officers began performing CPR and paramedics were called to attend as quickly as possible.

The AP’s autopsy report listed as cause of death: “mixed drug toxicity (cocaine, quetiapine and diphenhydramine).” It noted multiple sharp force injuries to the AP’s head and limbs, which “did not cause or contribute” to the AP’s death, and “no significant internal injuries.”

IIO investigators asked the pathologist to give an opinion about whether the AP’s death might have been prevented if medical interventions had been provided earlier. His response was as follows:

The combination of cocaine, quetiapine, and diphenhydramine can increase the risk of cardiac toxicity. Any of these drugs (and especially in combination) can be toxic (poisonous) to cardiomyocytes (heart muscle cells), potentially resulting in abnormal electrical activity of the cells, and thus increasing the risk of an abnormal heart rhythm, which can result in the heart not beating properly (or not beating at all), loss of blood pressure, and death.

The death might have been preventable if he did not use cocaine and was not in a state of agitation.

If an automated external defibrillator was available on site (or if paramedics were on the scene immediately), it is possible (but not

certain) that any abnormal heart rhythm might have been corrected, and he possibly (but not certain) could have been successfully resuscitated. However, survival rates (being discharged alive and well from hospital) are extremely low (approximately 10%) for people who suffer a cardiac event in the community.

Prompt medical intervention may have changed the outcome, but we cannot be certain. I cannot comment on the first aid training of police. If the police had access to an automated external defibrillator, it might have changed the outcome, but we cannot be certain. If he had been assessed by paramedics in the field or by physicians in a hospital, it is possible that the chances of survival may have been better, but we cannot be certain.

The more time that elapses from a cardiac event prior to medical intervention, the worse the outcome, but it is difficult to quantitate.

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 goal 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 may have committed an offence in connection with the incident. In such a case, the *Police Act* gives the CCD authority to refer the file to the BC Prosecution Service ("BCPS") for consideration of charges.

This case did not involve the use of force by police, or any other action by an officer that may have directly caused the AP's death. Any police culpability could only flow from inaction causing a delay in the provision of medical attention. The basis for any potential offence would be negligence on the part of an officer or officers amounting to a marked and substantial departure from the expected standard of care.

It may be that it would have been possible for police to force their way into the bedroom, overpower the AP and extricate him into the care of paramedics. Police are not required, however, to take risks such as those that would have been involved. Entering the bedroom in the first instance would have involved going “hands on” in what the video shows was a dark, restricted space, with a person in crisis, armed with an object perceived by the officers to be a weapon. Taking time to try and reason with the AP and have him open the door and come out voluntarily was not an unreasonable alternative approach. None of the officers can be said to have acted negligently in these circumstances.

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 the BCPS for consideration of charges.

Although this matter will not be referred to BCPS for charges, I have a concern that police may have misinterpreted the IIO’s investigative jurisdiction in this case. The *Police Act* states that the IIO must be notified immediately of any incident “where it appears that a person may have died or suffered serious harm as a result of the actions of an officer or detention guard, whether on or off duty.” The legislation does not require suspicion of criminality on the part of any officer, or even evidence of use of force. Police presence and some degree of involvement during an incident resulting in death or serious harm requires notification to the IIO. Police failure to notify in this case caused material evidence to be lost (the item held by the AP, described by police as an axe but more likely a table leg). Inability of IIO investigators to examine the scene shortly after an incident and to seize, examine and document all relevant evidence compromises the investigation and the reliability of its conclusions.

Having said that, it is important to point out the significant additional evidence provided by police body-worn camera video recordings. In many or even most cases, such objective evidence is a very useful supplement to the recollections of civilian witnesses and involved officers. It is particularly valuable where, as here, physical evidence has been lost and is no longer available for examination.



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