



Summary of Investigation

SiRT File # 2025-0036

Referral from

Fredericton Police Force

April 11, 2025

Erin E. Nauss
Director
October 27, 2025

TRIGGER WARNING

This summary contains content about suicide and mental health. If you or someone you know is in immediate danger, call 911. For less urgent situations, support for mental health, addiction and wellbeing is available for children, youth and adults, and information can be found at: <https://www.gnb.ca/en/topic/health-wellness/mental-health/suicide-prevention.html>

SiRT MANDATE

The Serious Incident Response Team (“SiRT”) has a mandate under the Nova Scotia *Police Act*, and through agreement, under the New Brunswick *Police Act*, to investigate or take other steps related to all matters that involve death, serious injury, sexual assault, intimate partner violence or other matters determined to be of a public interest to be investigated that may have arisen from the actions of any police officer in Nova Scotia or New Brunswick.

At the conclusion of every investigation, the SiRT Director must determine if criminal charges should result from the actions of the police officer. If no charges are warranted the Director issues a public summary of the investigation which outlines the reasons for that decision. The summary must include specific information set out by regulation. Public summaries are drafted with the goal of including adequate information to allow the public to understand the Director’s rationale and conclusions.

Mandate invoked: This investigation was authorized under Section 24.6 of the New Brunswick *Police Act* due to the serious injury to the Affected Party (“AP”).

Timeline & delays: The SiRT investigation started on April 11, 2025, and concluded on July 29, 2025.

Terminology: This summary uses the following language in accordance with regulations made under the *Police Act* and to protect the privacy of those involved:

“Affected Party/AP”: means the person who died or was seriously injured in relation to a serious incident.

“Civilian Witness/CW”: means any non-police individual who is a witness to, was present at or has material information related to a serious incident.

“Witness Officer/WO”: means any police officer who is a witness to, was present at or has material information related to a serious incident.

“Subject Officer/SO”: means the police officer who is the subject of an investigation or whose actions may have resulted in a serious incident

Evidence: The decision summarized in this report is based on evidence collected and analyzed during the investigation, including, but not limited to, the following:

1. Affected Party Statement
2. Affected Party's Medical Records
3. Witness Officer Statement and Reports (1)
4. Civilian Witness Statements (3)
5. Body Worn Camera Footage
6. Hospital Surveillance Video Footage
7. Fredericton Police Force Agency File

INCIDENT SUMMARY

Overview:

On April 4, 2025, officers with the Fredericton Police Force (“FPF”) were dispatched to the Affected Party’s (“AP”) residence to conduct a wellness check. While they were there, officers detained the AP under the New Brunswick *Mental Health Act* and transported her to hospital. The AP was handcuffed and not cooperative with the police when she arrived. Due to her behaviour, the AP was taken into a secure room at the hospital (Director’s note: the room is referred to by hospital staff as the “seclusion room” or “safe room”). While being escorted by an officer (the Subject Officer/ “SO”), the AP fell and hit her face on the concrete floor, sustaining a broken jaw. FPF contacted SiRT on April 11, 2025, when they became aware an injury was sustained during the incident

Initial Call:

On April 4, 2025, Fredericton Police Force (“FPF”) received a call from a Horizon Health Addiction Services employee, requesting they conduct a wellness check on the AP at her home. FPF were advised that the AP had contacted Horizon Heath saying she was involved in a domestic violence incident and feared for her safety. A wellness check was requested as the AP made suicidal statements. Three officers attended the AP’s residence. One of these officers has been designated the Subject Officer (“SO”) and the other has been designated a Witness Officer (“WO”).

Statement of the AP:

The AP provided a statement to the SiRT investigator on May 22, 2025. The AP stated that on April 4, 2025, she called the detox unit looking for a bed. She had a lengthy conversation with the unit and explained she did not need to attend a detox program, but rather, she was looking to leave an abusive situation in her home and needed a place to stay. She stated she was not using alcohol that day but had taken prescription medication. She stated she did not express any suicidal thoughts on this call. She said since she was taking medication, it is possible she doesn’t remember full conversations.

She recalled FPF officers arrived at her door to conduct a wellness check. She stated they entered her apartment for about 10 minutes before she was told she was a threat to herself, detained and taken to hospital. She was. She stated police asked if anyone else was in the apartment, and whether she had anything to drink. She stumbled with her words for a few minutes and there was confusion. The AP stated she asked the officers to leave the apartment, and they would not leave. She opened the door and aggressively said “get out”, which is when the officers detained her and placed her in handcuffs. She stated she wanted them to leave because she assumed her ex-husband had called the police to attend her place.

When the AP was in the police car, an officer explained to her why she was detained and being transported. She stated she asked to call a family member, but police did not allow her to make that call.

The AP stated that when she arrived at the hospital, she was told she had to go into a seclusion room. She told the SiRT investigator that she did not want to go into that room and be trapped for hours. She stated the lights are bright, which is triggering for her. She recalled being handcuffed, and two officers holding her by the shoulders (one on each side), guiding her into the room. The AP said she was scuffing her feet, trying to stop herself from going into the room. The AP said the officers “had enough” and they pushed her forward aggressively and she bellyflopped on the floor. When she hit the floor, she was face down and saw blood everywhere. She started screaming that the officers broke her face and was spitting her teeth out. The AP stated that a doctor and nurse arrived and took her into the emergency room, gave her medication, stitched her up and brought her for an X-ray. The AP stated the police officers stayed at the hospital with her until she was discharged, and during this time she was asking for a female officer. She stated that an officer was smirking at her and making comments such as “you shouldn’t be running your mouth”. The AP stated the doctor and the nurse who were on scene suggested she should make a report about the officer’s actions.

The AP said she received 6 stiches, had a broken jaw and 4 broken teeth. She said she saw a surgeon the following week and was told her jaw would never be aligned properly and she would have ongoing issues with her jaw. Medical records of the AP from April 4, 2025, were obtained. They indicate the AP sustained a laceration to the chin, which required suturing, and chipped teeth. The X-ray confirmed a temporomandibular joint (TMJ) fracture. The AP was discharged from hospital that day but referred to a maxillofacial surgeon.

Civilian Witnesses:

SiRT interviewed three civilian witnesses who observed the AP's interaction with the police at the hospital.

Civilian Witness #1 ("CW1") was the ER Nurse Supervisor on duty at the time of the incident and was working in the emergency department. She provided a statement to the SiRT investigator on June 4, 2025. She had received information that the AP was coming and was detained under the *Mental Health Act*. CW1 stated that upon arrival, the AP was accompanied by FPF officers. She was in handcuffs and in distress. CW1 explained that when they have patients who are very distressed, they let them stay in the quiet waiting room until they are calm, rather than go to the main triage area. If they are not calm, the decision is made, in collaboration with the police and the security team, to place the person into a locked seclusion room.

Upon the AP's arrival she was making several statements of self-harm and suicide. CW1 stated the AP was very vocal, and it sounded like an altercation was happening with police. A decision was made to bring the AP to the seclusion room. CW1 received a report on the AP from the police officers, after the AP was in the room and had sustained her injuries. It was learned that the AP had called her detox support worker with suicidal thoughts and police were called to check on her. The AP was transported to hospital because she was considered a harm to herself. Police told her the AP had stated she had a relapse and was intoxicated with alcohol.

CW1 triaged the AP in the seclusion room after she sustained the injury to her jaw. During triage, the AP told CW1 that while she was being brought into the seclusion room, she tripped and fell forward with her hands cuffed behind her back. When she fell forward, she was at the entrance of the seclusion room, advanced forward by police and dragged into the room.

CW1 was not physically present when the AP was brought into the seclusion room and only interacted with her after the fall. After the AP was triaged, she was seen by a physician. The ER doctor assessed the AP about 15 mins later in the seclusion room. They determined that she needed to be moved from the seclusion room to receive medical care. She had injuries to her face and was bleeding. Medications, sutures, and x-rays were ordered. CW1 stated the AP was returned to the quiet waiting room and was uncuffed but became agitated with the police again and was brought back to the seclusion room, before being turned over to the psychiatric nurse. It was determined the AP needed follow up care as a result of her injuries.

Civilian Witness #2 ("CW2") was the Emergency Room nurse who was on duty at the time of the incident. She stated she was working triage that day and had walked from the triage area to where

the team lead sits. There is a camera that shows the seclusion room. She heard a thud, and her eyes went to the camera and she noticed there were people in the seclusion room. CW2 said there was a lot of noise coming from the room, so she went in. When she arrived, she saw two officers and the AP who was on the floor, handcuffed. There was blood on the floor and the AP was erratic and screaming she had a broken jaw and teeth. The AP kept saying “my husband beat me up, I called 911, and now I have been assaulted by the Fredericton Police”. CW2 tried to assess the AP and talk with her, but the AP continued to be upset and state that the officers hurt her. CW2 asked the officers if they could sit her up so she could see the injuries and observe blood on the AP’s face. The AP continued to be upset with the officers and CW2 asked them to step out so she could assess the injuries. The AP had a laceration on her chin, which is where the bleeding was coming from. CW2 stated there were no major issues with the AP’s teeth, but she could only open her jaw so far (which was later confirmed to be broken). The AP agreed that CW2 could clean her, but she remained heightened and upset. CW2 then handed the AP over to another nurse (the psychiatric nurse) for care. CW2 said you could smell alcohol on the AP, and she was stumbling. It was the opinion of CW2 that the AP was intoxicated.

Civilian Witness #3 (CW3) was the security officer working on the date of the incident. He recalled FPF officers arriving with the AP. The AP was handcuffed and brought into the quiet waiting room. The AP was screaming and cursing so CW3 suggested she be brought into the seclusion room. The officers agreed and everyone started walking toward the room. CW3 unlocked the door and stepped inside. At that point the AP stated, “I am not going in there”. CW3 stated the AP had been walking along normally with the officer, but when the door was opened, she put her feet together and resisted entering the room. An officer was guiding her into the room. CW3 stated that when the AP slammed her feet to the floor, the officer lost control of her, and she went face first onto the floor. The AP was handcuffed, so had no control to break the fall. CW3 said the AP tripped herself and stated the SO did not push her. He also stated that if the other officer had been on the other side of the AP, the fall may not have happened.

CW3 recalled two police officers accompanying the AP, one had his hands on the AP, and the other was carrying her belongings. After the fall the officers pulled her across the floor to get her into the room. He didn’t think the officers realized how injured she was when this occurred. The AP’s handcuffs were removed, and she was given immediate treatment. She remained in the seclusion room until she was taken for X-rays. The police stayed while the AP had X-rays and left the hospital shortly after.

Officer Statements

Witness Officer #1 (“WO1) provided a statement to the SiRT investigator on July 7, 2025. He did not take any notes or write any reports regarding the incident. He confirmed he attended the AP’s apartment following a call from Horizon Health Addiction Services. He stated when they arrived the AP’s behaviour was very escalated, and she started to make suicidal statements. She wanted the officers to leave, but they could not leave her because they had fears for her safety, and they had to take her to hospital. The AP was detained under the *Mental Health Act*. WO1 stated he did not form an opinion on whether she was intoxicated. The SO transported the AP to the hospital, and WO1 followed them to the hospital in his police vehicle. The AP was handcuffed before being placed into the SO’s police vehicle. WO1 stated that when they arrived at the hospital, they took the AP to the quiet room. Hospital staff and security said she couldn’t stay there and asked the officers to put her into the seclusion room. The AP was escorted to the seclusion room. WO1 walked in front of the AP and the SO walked behind her. WO1 stated that when they arrived at the seclusion room, he stood off to the side and radioed dispatch to update them. The SO was trying to escort her into the room. WO1 stated the AP was actively resisting and pushing back trying to body check the SO and doing things with her feet (he was unsure if she was trying to kick). The SO was holding her by the arm, trying to escort her in, and the AP tripped. WO1 stated that her feet got caught up in one another and she started to fall into the seclusion room. As she was falling the SO had his left arm on her right arm and was trying to hold her up and prevent her from falling but was unable to do so. The AP fell and hit her face on the floor. WO1 ran into the room with the SO and saw blood. WO1 immediately removed her handcuffs and sat her up so she could receive medical attention. He couldn’t tell immediately what the injuries were. He saw blood on her face, but it wasn’t clear where it was coming from. WO1 did not see the SO push the AP, rather he stated he saw the SO trying to stop the AP from falling. He stated she was trying to go “dead weight” so they couldn’t get her into the room. WO1 and the SO stepped aside while the AP was receiving medical care. He stated they waited until they knew she was going to be okay with the medical staff and then left the hospital.

Another officer was present at the AP’s residence but was not a witness to the interaction that occurred in the seclusion room, which is why he was not interviewed. This officer did not have any notes or reports regarding the incident.

The SO did not provide his notes or reports to SiRT and did not consent to being interviewed. The SO is under no legal obligation to provide SiRT with a statement or his notes/reports for the purposes of the investigation.

Camera Footage

Body Worn Camera

Body Worn Camera (BWC) footage of the SO was provided to SiRT as part of the investigation. This footage captures the entire interaction with the AP from when police arrive at her apartment until the time the AP falls in the seclusion room. It also captures the police conversation with Horizon Health Addictions unit, where they relay the AP stated she didn't feel safe and wanted to stay at the detox unit. During that conversation it was reported that the AP had asked the detox unit to call 911 for her and it was difficult to make sense of what the AP was saying. Video shows three officers (the SO, WO1 and another officer) enter the apartment unit. The AP was very upset and uncooperative. She repeatedly asked the officers to leave her apartment and said she did not want to deal with male officers as she did not feel safe. The officers requested the Mobile Crisis Unit to attend. The AP made suicidal comments while the police were present, continued to yell at the officers, and attempted to barricade herself in a bedroom. Once the AP tried to barricade herself, the Mobile Crisis Unit was called off, and the AP was detained under the *Mental Health Act*. The AP was handcuffed and escorted out of the apartment building to the SO's police vehicle. While in the police vehicle, the AP was read her choice of language, right to counsel and police caution prior to being transported to hospital. When they arrived at the hospital, the officers brought her into the quiet waiting area. The AP was uncooperative, and the video shows a security guard (CW3) immediately asked the officers take the AP to the seclusion room. The officers followed CW3, with WO1 walking ahead of the SO and the AP. CW3 unlocked and opened the door. The door swung outward and CW3 and WO1 stepped aside to allow the SO to enter with the AP. The video footage captures the AP falling hard to the floor and a thud is heard as she falls. The video depicts a hard fall, there was blood on the floor and the AP said "please look at my jaw, you [expletive] broke it" The actions of the SO are not captured as the body camera is being worn by the SO. WO1 removes the handcuffs from the AP and CW2 (the emergency room nurse) is observed walking into the room. WO1 is heard telling a nurse that the SO was trying to get the AP into the room and the AP pushed back on him and put her feet up. The AP sits up as CW2 enters the room and assesses the AP to determine where the blood is coming from.

Hospital Video

As part of the investigation, SiRT obtained two surveillance footage videos from the hospital. The first video shows the AP being escorted from the quiet waiting area to the seclusion room. The security guard (WO3) is leading the officers, with WO1 following behind CW3, and the SO holding the AP's arm following behind WO1. The AP's hands are handcuffed behind her, and the SO has his left hand on the AP's right arm. The AP is observed walking normally toward the seclusion room. Once WO3 opens the door, the SO and the AP stop momentarily. The video shows the AP bracing her feet on the floor. She is seen lowering her body weight to the floor and putting

her feet sideways and close together. It appears she is trying to prevent herself from being put into the room. Once the door is completely open, the SO continues his movement forward, holding the AP. The AP then falls forward into the seclusion room.

The second video is from a camera in the seclusion room. The video shows the door open and the SO holding the AP as she is falling to the floor. The SO lifts the AP by the arm and pulls her to the middle of the room. Her feet drag along the floor and her face is lifted off the ground as she is moving. Once in the middle of the room, the AP is laying on her back with her face on the floor. The SO is observed holding the AP's shoulder. WO1 walks in behind them and unlocks the handcuffs. Medical staff are observed attending the room to check on the AP.

Upon review of both surveillance footage videos, the video does not capture any pushing or shoving movements by the SO.

RELEVANT LEGISLATION

Criminal Code:

Protection of persons acting under authority

25 (1) Every one who is required or authorized by law to do anything in the administration or enforcement of the law

- (a) as a private person,
- (b) as a peace officer or public officer,
- (c) in aid of a peace officer or public officer, or
- (d) by virtue of his office,

is, if he acts on reasonable grounds, justified in doing what he is required or authorized to do and in using as much force as is necessary for that purpose.

Excessive force

26 Every one who is authorized by law to use force is criminally responsible for any excess thereof according to the nature and quality of the act that constitutes the excess.

LEGAL ISSUES & ANALYSIS

I must now assess the evidence to determine whether there are reasonable and probable grounds to believe a criminal offence has been committed. Reasonable and probable grounds is a standard lower than a balance of probabilities or beyond a reasonable doubt, and more than reasonable suspicion.

Section 25 of the *Criminal Code* permits a peace officer, acting on reasonable grounds, to use as much force as is necessary to enforce or administer the law, provided that the force used is not excessive based on all the circumstances. The Supreme Court of Canada in *R v Nasogaluak* [2010] 1 S.C.R. 206, at paragraph 35 stated:

Police actions should not be judged against a standard of perfection. It must be remembered that the police engage in dangerous and demanding work and often have to react quickly to emergencies. Their actions should be judged in light of these exigent circumstances. As Anderson J.A. explained in *R. v. Bottrell* (1981), 60 C.C.C. (2d) 211 (B.C.C.A.):

In determining whether the amount of force used by the officer was necessary the jury must have regard to the circumstances as they existed at the time the force was used. They should have been directed that the appellant could not be expected to measure the force used with exactitude.

The officers were in the lawful execution of their duties when they detained the AP under the *Mental Health Act*. The officers had information that the AP had made suicidal comments, and they attended her apartment to conduct a wellness check. While at the apartment, the officers called the Mobile Crisis Unit to attend. However, before they arrived, the AP started to barricade herself in a room, which resulted in the officers detaining her and transporting her to hospital.

WO1 and the Civilian Witnesses state that when the AP arrived at the hospital she was in distress and was yelling in the waiting area, which is why the decision was made to move her to the seclusion room. This is confirmed by video footage, which also shows the AP being escorted to the seclusion room. Video footage shows the AP clearly resists entering the room, by bracing her feet to the floor. This is also consistent with statements of the WO, CWs, and the AP herself. As the SO moved the AP into the room, she fell to the floor and was then pulled into the middle of the room. The evidence does not suggest the SO pushed her or used excessive force. While it is unfortunate the incident occurred and the AP was injured, I cannot conclude the actions of the SO were criminal in nature.

CONCLUSION

My review of the evidence indicates there are no reasonable grounds to believe the Subject Officer committed a criminal offence.