SiRT | SERIOUS INCIDENT RESPONSE TEAM

Summary of Investigation

SiRT File # 2025-0019

Referral from

Halifax Regional Police

February 22, 2025

Erin E. Nauss
Director
October 1, 2025

SiRT MANDATE

The Serious Incident Response Team ("SiRT") has a mandate to investigate 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 and New Brunswick. This mandate encompasses incidents that occur on or off-duty, to avoid the real or perceived bias of police investigating police.

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 will issue a public summary of the investigation which outlines the reasons for that decision, which must include the information set out by regulation. Public summaries are drafted with the goal of adequate information to allow the public to understand the Director's rationale and conclusions.

Mandate invoked: This investigation was authorized under Section 26I of *Police Act* due to the death of the Affected Party.

Timeline & Delays: SiRT commenced its investigation on February 22, 2025. The investigation concluded on July 25, 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 or has material information relating to a serious incident.

- "**Witness Officer/WO**" means any police officer who is a witness to or has material information relating to a serious incident.

- "**Subject Officer/SO**" means a 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. Police Incident Reports
2. Subject Officer #1 Notes, Reports and Statement
3. Subject Officer #2 Notes and Reports
4. Witness Officer Notes, Reports and Statements (8)
5. Civilian Witness Statements (16)
6. Police Radio Transmissions
7. 911 call recordings
8. Autopsy Report
9. NSH Hospital Records
10. EHS Records
11. CEW Download Analysis
12. Photographs
13. Civilian Cell Phone Video Footage
14. CCTV video from building

INTRODUCTION

SiRT's mandate is narrow and specific to the assessment of the facts and the law to determine whether criminal charges are warranted against a police officer involved in a serious incident. Questions of a public interest surrounding health care and emergency health services systems and the way those services are delivered are important issues. However, suggestions or recommendations related to these topics are outside the scope of SiRT's mandate, this investigation, and this summary report. I have drawn concerns noted in this investigation to the attention of the Ministers of Justice, Health & Wellness and the Office of Addictions and Mental Health for their consideration.

INVESTIGATION SUMMARY

Introduction

On February 22, 2025, Civilian Witness #1 (CW1) called Halifax Regional Police (HRP) for the fourth time in three days, advising that her son, the Affected Party (AP), was released from hospital within the last hour and was experiencing psychosis. Between February 20 and February 22, 2025, police were called and responded to four calls related to mental health concerns with the AP, a 25-year-old male.

On the morning of February 22, 2025, police attended the AP's residence for the third time since February 20, 2025, and he agreed to voluntarily go to the hospital with EHS. Medical records show that the AP was at the hospital for over seven hours and eventually left on his own. He was triaged at approximately 9:54am. He had an initial assessment, was registered at 10:03am, and taken to a

room at 2:10pm. He saw a physician at 2:15pm. Physician notes state that on-call psychiatric staff should be called in. At approximately 7:46pm, the hospital discovered that the AP had left without being seen by psychiatric staff and contacted a family member.

At that point, the AP was home with his brother and his brother's girlfriend. They called CW1, who contacted police at 7:32pm regarding the AP's deteriorating mental health after leaving the hospital. Police called for medical assistance from EHS on their way to the AP's condo. Police arrived and attempted to engage with the AP. He could not be reasoned with . He threw items at the officers, they determined he should be arrested, under the *Involuntary Psychiatric Treatment Act*, and a struggle ensued. Police called multiple times for medical assistance from EHS during the interaction, but there was a delay in response. Subject Officer #1 (SO1) deployed a Conducted Energy Weapon (CEW/Taser) to gain control of the AP and officers put him in handcuffs at his wrists and then ankles. While police were waiting for EHS, the AP went into medical distress. Police performed CPR until firefighters and EHS arrived. The AP had gone into cardiac arrest. Life saving measures were unsuccessful and the AP died at the scene.

Chronology

February 20, 2025

At approximately 3:50pm CW1 called 911. She stated that her son was in a psychosis and was disconnected from reality. He had packed a bag and thought someone wanted to kill him. CW1 advised the 911 operator that the AP was not violent, and that she has usually called the Mental Health Crisis line but was calling 911 for the police as she felt the response needed to be quicker today.

Another resident of the building also called 911, reporting the AP had knocked on her door and stated he was seeking asylum. She stated that he had just driven away.

Witness Officer #1 (WO1) responded to the call and was able to track the AP's cell phone and determine where he was headed. After discussion with WO1, CW1 determined the AP was on his way to a safe location with family and police involvement was no longer required.

February 21, 2025

At approximately 6:46pm, CW1 called 911 to request a wellness check for her son. She stated his behaviour for the last five days warranted the call. She stated that he was locked in his room, was hearing voices and had talked about suicide. CW1 stressed that he is not violent towards others. CW1 was at the AP's condo with two other people, but the AP would not let them into the room. Two officers attended, and they determined that they did not have grounds to arrest the AP under the *Involuntary Psychiatric Treatment Act*. They spoke with the AP and he agreed to contact the

Mental Health Mobile Crisis Team (MHMCT). Officers provided him with contact information for the MHMCT.

February 22, 2025

At approximately 6:05am, CW1 called 911 and reported that her son was having a mental break. She stated that police attended earlier that night and he was not in a state to mandate him to go to the hospital at that time. She stated that her other son who was at the residence contacted her to advise that police should attend right away. Police had told her the night before that if the AP's condition changed to call immediately. CW1 stated that the AP had no access to weapons and was not violent but was talking about harming himself. Two different officers attended and requested EHS to transport the AP to the hospital. The AP went with EHS voluntarily.

SiRT obtained a Production Order for hospital records from Nova Scotia Health for February 22, 2025. The records show that the AP was triaged and had an initial assessment but left on his own before being treated. The records show the AP was triaged in Emergency at 9:54am, was registered at 10:03am, and taken to a room at 2:10pm. He saw a physician at 2:15pm. Physician notes state that on-call psychiatric staff should be called in. The notes state the diagnosis as "Situational Crisis, Psychosis @ 14:30".

Hospital Progress Notes show that at 7:46pm a Psychiatric nurse went to the hallway to bring the AP in for assessment; however, he was not in the hallway. She notified a physician and contacted the AP's next of kin, to inform them the AP was not at the hospital and to ask him to come back. The family member advised the nurse the AP was at home and was angry and agitated, and that police had been contacted to bring him back to the hospital.

Hospital records also contain a late entry by a physician, which was authored at 11:42pm. It states that the patient was turned over to them at 6:00pm but they did not assess the AP.

CW1 made a 911 call at 7:32pm to report that her son was released from hospital in the last hour and was in a state of psychosis. She explained that two other people were at the condo with the AP, including her other son, Civilian Witness #2 ("CW2") and that he was getting worse. CW1 stated that the AP was becoming aggressive. She stated she did not want CW2 to get hurt by the AP. She stated she was scared for CW2. When the 911 operator asked if he had been physical with the other people in the condo, CW1 stated that he had been physical with CW2, and that CW2 was scared. She stated the AP has driven off before and could get in a car accident.

Subject Officers ("SOs")

Two officers were identified as Subject Officers in this SiRT investigation. Subject Officers are not required by law to provide their notes and reports to SiRT or to provide an interview.

Although not legally required, Subject Officer #1 (SO1) provided his police notes and reports and was interviewed by SiRT on April 25, 2025. He stated that on February 22, 2025 as soon as his shift started, he was dispatched with Subject Officer #2 (SO2) to a 911 call about a male in psychosis who was just released from hospital. They were advised he was screaming and fighting with people in the condo, and they were not sure if it was physical. SO1 stated that on their way to the scene, SO2 called for EHS to attend as the call related to mental health. EHS said they were staging. When asked by the SiRT investigator what "staging" means to him, SO1 stated that he understood this meant EHS was on the scene, outside waiting for police to go in, or around the corner because it is not safe for them to go in. SO1 stated EHS do not have items or training to protect themselves, so police often attend to protect them. He stated that since this incident, he has inquired what "staging" actually means, and from what he has heard they may not even be dispatched to a call. (*Director's note: inquiries were made about the definition of "staging" and a determinative answer was not received*).

On the way to the call, SO1 stated they were notified that the 911 caller (CW1) was saying that although she was not at the condo, she learned the AP was getting worse, was homicidal and wanted to strangle CW2. When the SOs arrived at the building, they met with CW2 and his girlfriend, Civilian Witness #3 (CW3). SO1 stated that CW2 and CW3 looked petrified—very scared and concerned. CW2 told them the AP stated he was going to strangle him and also hurt himself. SO1 stated the CW2 was very concerned that the hospital had released the AP in that state.

CW2 let the officers into the locked condo. SO1 could hear the AP screaming. The officers said his name and asked him to come see them. The AP came out of his room into the hallway. The SO stated he seemed very agitated and was asking for help to get something out of his body and believed he had a "bug" (chip or electronic device) inside him. The SO stated that he tried to speak to the AP to deescalate him. He explained that in many cases he can just talk to people and get them deescalated. The SO stated he told the AP that they were just going to talk to him and were there to help him. The AP was in boxer shorts, so he asked him to get dressed and they could have a chat. The SO stated that they moved to the bedroom, talking to the AP, and things seemed to be deescalating. He stated that he voiced this on his police radio and said to just get EHS there. The SO stated that things turned, the AP became agitated, and it looked like he was trying to get a "bug" out of his body. The SO stated that he knew the AP needed medical attention but they will

often have to wait long periods for EHS to arrive. The AP made some racist comments towards SO2, but they continued to try to talk to him. SO1 stated the AP made unintelligible comments and then threw two accordion file folders at them.

SO1 stated the officers decided to arrest the AP at this point. When they tried to take him into custody, a struggle ensued. SO1 described the AP as being very strong and impossible to control, despite his small stature. He radioed for assistance. SO1 stated he was being thrown around the room. He remembered hitting a computer desk, and the AP and a computer fell on him. He stated he thought of his training and 'excited delirium[1],' and how people in that state are impossible to control. The SO stated that when they were on the ground the AP pushed them away and kicked them in the chest. SO1 stated the AP was not listening to commands to stop resisting. SO1 stated he remembered thinking, "we don't want to hurt this guy", and that it was like he was not hearing what they were saying. SO1 stated he put a right handcuff on and the AP muscled out of it, and he was concerned about it being used as a weapon. He asked SO2 to hold onto the handcuff and not to let go. SO1 stated he felt they were not going to be successful with the level of force they were using. He was equipped with a Conducted Energy Weapon (CEW/Taser), but due to the size of the room and proximity of the AP and SO2, he could not use it initially. SO1 stated once they had the AP on his stomach he continued to be non-compliant, and he was able to discharge the CEW. SO1 explained there are two darts and the goal is to get one above and one below the belt. He shot two darts into the top left of the AP's back. SO1 stated this was not effective and the AP was kicking and actively resisting them. He stated he realized the CEW was not working so he threw it away. SO1 stated in his interview "that was the highest non-lethal force that I felt was acceptable at that time in terms of the tools on my belt."

SO1 stated he was eventually able to use a technique to move the AP's arms, put him on the bed and get him into handcuffs. It had been a struggle and SO1 was sweating.

The AP had his knees on the floor and his torso on the bed in what SO1 described as a sort of "praying position". He was squirming and kicking. SO1 stated they had hands on his biceps and did not want to put weight on him. SO1 stated that this was what he thought was the best position to keep the AP in to be safe. Other officers arrived and assisted them in applying handcuffs as leg shackles as the AP continued to kick. He recalled Witness Officer #2 (WO2) placing his foot on the AP's leg as he was kicking. SO1 said he just wanted EHS to arrive so they could safely assist

[1] (Director's note: The term "excited delirium" is often used by law enforcement and first responders. It has been subject to much debate in the medical community and it has been recommended that the term "autonomic hyperarousal state" is a more inclusive term. The signs and symptoms associated with "autonomic hyperarousal state" have been said to include, but not limited to, agitation, aggressive/combative behaviour, paranoia, excessive sweating, increased strength and numbness to pain).

or sedate him and help them get him to hospital safely. SO1 described waiting for EHS to arrive as "It felt like an eternity". The AP continued to struggle, and SO1 stated they kept telling him to stop and that it was going to be ok. The resisting eventually stopped.

SO1 then noticed vomit on the bed, and the AP began to have trouble breathing, and his lips were turning purple. SO1 stated that other officers were in attendance now so they brought the AP to the ground and began CPR and removed his handcuffs. The AP continued to vomit and SO1 continued with CPR until EHS and firefighters arrived. When asked by the SiRT investigator, SO1 responded that it would not have been possible or safe for officers to transport the AP to hospital. He recalled CW2 stating that he had recorded the interaction, asking why they had assaulted his brother and concerned about computer equipment that was impacted during the struggle.

When asked about the Mental Health Mobile Crisis Team (MHMCT), he explained that they do not actively patrol, but that they can refer someone to them to be followed up on or connect someone to call them if they were safe to stay on their own, which was not the case here. HRP completes an "EDP" form which can trigger the MHMCT to follow up. *(Director's note: EDP is a section on HRP forms, "Emotionally Disturbed Person" which is to be completed by officers.)*

SO1 later learned that lifesaving measures had been terminated, which he stated was upsetting as that is not how he had planned it to go. In his interview with SiRT he stated that his main goal was to get the AP to the hospital.

Although not required by law, Subject Officer #2 (SO2) provided his police notes and reports to SiRT. He did not consent to providing a statement.

SO2's report aligns with SO1's account of being dispatched to the call for a male experiencing psychosis who had threatened to harm himself or strangle his brother. SO2 queried the AP on the way to the scene and saw the call history. They met with CW2 and CW3 in the lobby, who explained the AP had been released from hospital in the last hour, was in a psychosis and was aggressive towards them. They appeared to be highly stressed.

SO2's report states that when they arrived in the condo, SO2 could see the AP was confused, speaking quickly, and not making sense. SO2 told the AP they were there to help. The SOs stood at the doorway to the AP's room and he made some racist comments aimed at SO2. SO2's report states the AP got aggressive and threw books and a folder at the officers. It states the AP took a fighting stance. SO2 told him he was under arrest under the *Involuntary Psychiatric Treatment Act* and placed both of his hands on the AP's left hand to put him in handcuffs, and SO1 went to the other side. SO2's report states the AP immediately went physical, was assaultive with the officers

and did not respond to commands to stop. The report states he dragged officers on the ground and threw a computer desk and computer on the floor. SO2 yelled on radio for help from other units.

SO2's report aligns with SO1's account of trying to handcuff the AP. It states that they were on the floor and the AP had a handcuff on one hand. The report states he was concerned for his safety, was losing his breath and sweating. He was fearful the AP might strike him with the loose handcuff. The AP used both legs and kicked SO2 in the chest. SO2's report states: "At this point, [SO2] believed [the AP] went into excited delirium[1] state as [the AP] was showing symptoms such aggressive and violence with unexpected physical strength behavior towards [SO2] even though he was slim medium and about [SO2's] weight or less."

The officers were eventually successful in securing the handcuffs. At that point, SO2 realized that SO1's CEW had been deployed. They moved the AP to a sitting position, but he was still kicking his legs. The report states they placed him against the bed, with his stomach on the bed and legs on the floor. He continued to kick. SO2's report notes that he held the AP's arm. CW2 came in and recorded the officers and AP, and CW2 told the AP to cooperate with police. Other officers arrived and secured the AP's legs with handcuffs. The AP was still moving his body and could breathe. SO2's report states the AP calmed down and was placed in the recovery position on the floor. He then saw the AP go unconscious and "was losing his breath."

Witness Officers ("WOs")

Eight witness officers provided their notes and reports and were interviewed by SiRT as part of the investigation. Relevant accounts have been summarized for the purposes of this report.

WO1 had dealt with the AP when he responded to the call on February 20, 2025. On the evening of February 22, 2025, he heard the discussions and requests by SO1, SO2, and other officers for EHS over police radio. He located an EHS supervisor in a vehicle parked by the Armdale Rotary and requested assistance. Shortly thereafter, WO1 attended the scene.

On February 22, 2025, WO2 and WO3 were on their way to a call when they heard SO1 ask over police radio for more officers. WO2 stated that SO1 sounded panicked or distressed, so he asked dispatch to reassign them to assist. En route, they heard on police radio that a CEW had been deployed and that the suspect was in custody. When they arrived on scene, both WO2 and WO3 observed the AP in handcuffs, on his knees, with his torso on a bed. They observed SO1 and SO2 each holding one of his arms. Both witness officers stated that they observed the AP kicking, screaming, and thrashing. WO2 stated that he placed a hand on the AP's back and asked him to calm down. He noted two darts from the CEW in close proximity on the AP's upper left back.

WO2 put his left foot on the AP's right calf to try to stop him from kicking or getting up. WO2 stated that he understood EHS was on the way, and he felt that they needed them.

WO3 stated that CW2 was not happy with how WO2 was holding the AP's leg and started questioning and arguing with the officers. WO3 stated he escorted CW2 out of the room. When he came back in, he checked with dispatch to ensure EHS was contacted and on their way. He stated that in his mind, it was a matter of them waiting for EHS due to the state of the AP. WO3 stated the AP's behaviour and screaming was not making sense, and to him appeared consistent with someone having a significant mental health episode or having consumed drugs, to the point of excited delirium[1].

Witness Officer #4 (WO4) arrived on scene. He was the senior officer on shift that night, and when he arrived, he noted that it appeared there had been a struggle. Both SO's looked disheveled, and the bedroom was in quite a disarray, with a computer monitor, books, and binders on the floor. He stated he approached the AP, put one hand on each shoulder and said, "you're alright man, just relax, just relax, we got EHS coming." SO1 radioed asking for EHS and WO4 called two minutes later asking for an ETA. He stated they said there was no unit assigned. WO4 stated he continued to try to talk to the AP saying, "you'll be alright, take deep breaths". WO4 recommended they secure the AP's feet. They were waiting for shackles to arrive, so WO3 and WO4 secured two sets of handcuffs to the AP's ankles to control his feet.

A number of other officers arrived on scene, and since it appeared the situation was controlled, WO2 and WO3 were dispatched to other calls. Both officers stated that they had no concerns leaving at that time, and it did not appear that the AP was in any form of physical medical distress.

WO4 stated that the officers were asking for an ETA for EHS every two to three minutes. He stated that SO1 then said to him that it did not look like the AP was breathing. His lips were turning blue and purple. Witness Officer #5 (WO5) suggested they move him to the floor, so they moved him to the floor into the recovery position. WO4 delivered sternum rubs and CPR along with SO1 and WO5.

Witness Officer #6 (WO6) was the Watch Commander that evening. She stated that once she arrived, she was yelling on the radio for EHS. WO4 stated he heard WO1 on the radio state that he had found an EHS supervisor at the rotary who was on his way. WO4 stated that when the EHS supervisor, CW4 arrived, he asked if he could help. CW4 asked him to take his keys and get supplies from his vehicle. WO4 met an ambulance crew who had this equipment. He briefed them on what he knew.

Multiple witness officers were asked what they understood "staging" to mean when they are told that EHS is staging. They all understood that it meant they were parked somewhere close, waiting for police to tell them it is safe to come in. Officers stated they learned after the incident it could mean they are still not assigned.

Civilian Witnesses

A number of civilian witnesses were interviewed related to their response in a professional capacity.

CW4 was interviewed by SiRT on February 27, 2025. He was flagged down by WO1 near the Armdale Rotary and was the first paramedic to arrive on scene. He is a critical care paramedic, which he explained is the highest of the three levels of paramedics employed by EHS. CW4 stated that an HRP member approached him and asked if he had a call to a particular address. He was not aware so said he would look, and the officer told him that police were looking for EHS to attend to someone who had been tased. The officer returned to his vehicle and came back and said that he should attend with lights and sirens.

CW4 stated he had not been dispatched but proceeded to the address and did not know what may be required—he assumed it was to remove the CEW prongs. When he arrived, he observed officers performing CPR on the AP. He stated the AP was handcuffed at the wrists and ankles, wires at his ankles, and had a large amount of vomit around his mouth. He immediately radioed for help and continued resuscitation efforts along with firefighters who had also arrived. An ambulance and the EHS Watch Commander subsequently arrived.

When asked about the EHS systems, CW4 explained that he works as a single response unit and has the flexibility to attend calls as dispatched or as he determines. He noted that there is a new dispatch system with an AI component. He stated the communication between the EHS and police dispatch system can be problematic as they are not located together due to one being a provincial system and the other municipal.

Civilian Witnesses #5 and #6 (CW5 and CW6) were the next paramedics to arrive, and they came by ambulance. They were on the Halifax-Dartmouth bridge when they were dispatched and made their way to the scene. CW5 explained that since January, paramedics no longer have the ability to see the queue or pending calls or position.

Civilian Witness #7 (CW7) was the EHS Watch Commander on the night of February 22, 2025. He provided a statement to SiRT on February 27th, 2025. He was the last paramedic to arrive, and he observed his team performing CPR on his arrival. The handcuffs were in the process of being

removed from the AP's wrists and ankles. He did not see any probes or wires indicative of being tasered. During resuscitation CW7 heard the AP had been at the hospital earlier. He contacted a charge nurse at the Emergency Department to inquire if there was any record of the AP being there, and she stated that he had been in earlier in the day but left against medical advice without being assessed by the mental health team.

Three firefighters from Halifax Fire responded after the AP went into cardiac arrest. SiRT interviewed each of them and they recounted the medical interventions applied and their observations from the scene.

AP's Family

The AP's family was fully cooperative with SiRT's investigation. Five family members provided statements to SiRT. The AP's family took numerous steps in the period leading up to this tragic incident to seek help for the AP. In addition to calling police and seeking medical attention, CW1 contacted the Mental Health Mobile Crisis Team (MHMCT) multiple times to seek assistance and wellness checks. For example, when CW1 called the MHMCT on February 21, 2025, she stated that she was advised the team was short-staffed and would not be able to see the AP until February 23 or 24 at the earliest. She was provided with the phone number for HRP if the matter was urgent.

CW1 stated that police notified her on February 22, 2025 that the AP had voluntarily agreed to go to the hospital with EHS. CW1 and the AP's father each separately called the hospital several times in the afternoon to determine if he had been seen by a doctor.

CW2, the AP's brother, was at the condo with the AP when police attended on the morning of February 22, 2025. He had contacted his mother that morning about the AP's behaviour. CW2 stated the police were patient with the AP and he voluntarily attended the hospital. He was gone all day and returned at approximately 6:00pm. He seemed fine, but his behaviour changed and he appeared to be in a state of psychosis. CW2 called his mother, who indicated she would call the police. CW2 and his girlfriend, CW3, went to the lobby to wait for the police. He stated they explained that he had been to the hospital, and that this had happened a few times before and the AP was not aggressive.

CW2 stated that when he let police into the condo the AP was clearly in a psychosis. He stated the police officers made a sarcastic and aggressive comment with an expletive about the situation. They told CW2 and CW3 to wait outside, but when they heard banging, they entered the condo and the AP's bedroom. He stated that police had dragged the AP off his bed and began flailing him around the room, causing items to fall and break. He stated the AP was screaming and panicking. CW2 stated the officers threw the AP into the corner of the room and had him face

down with their knees on his back. He stated they had one handcuff on his wrist, and an officer tased the AP while the other officer secured the other handcuff. CW2 stated the officers were not communicating and just assaulted the AP. He stated they put the AP on his bed face down with a knee on his back. CW2 stated he then began filming on his cell phone.

CW2 stated that two additional officers arrived and yelled at the AP to calm down, and asked CW2 if he had a problem. He stated one of the officers pushed him out of the room because he verbally reacted to an officer standing on the AP's ankle. He stated the AP was panicking and making noises. He was prevented from entering the bedroom. CW2 stated more officers, firefighters, and paramedics arrived. He heard someone say "CPR." He stated that an officer approached him and demanded that he give him his phone. CW2 stated he refused and another officer pulled him away.

CW3 stated that when the AP returned from the hospital, he told them that he had been seen by doctors and given medication. Shortly after, he started yelling. She called CW1. She stated that when they met officers in the lobby and explained the situation, they seemed receptive, and her and CW2 made it clear that it was a mental health call and he was not aggressive. They stayed outside the condo but went in when they heard banging. CW2 told her to go meet additional officers who were coming. She waited outside the condo and then went inside. She heard people saying "CPR." CW3 stated one of the officers became aggressive with CW2 and asked for his phone. Another officer pulled him away.

Video Evidence

CW2 captured some of the interaction between police and the AP on cell phone video and provided these to SiRT.

One of the videos shows two officers struggling with the AP, who is making grunting and yelling sounds. The video shows SO1 straddle the AP on a bed, and SO2 beside him. They appear to be trying to secure handcuffs. SO1 then moves off to the side of the AP once he is in handcuffs and keeps one leg between the AP's legs. CW2 states "this is someone with mental health." CW2 can be heard asking about the damage to items in the room, and one of the officers states "he assaulted us". CW2 tells the AP "you gotta stop…just take it easy. They are trying to help you man." You can hear the AP continue to grunt loudly. He moves his upper body and legs. CW2 states "You got to stop [AP's name]. You got to stop man." SO1 says "Take deep breaths, we are not putting any weight on you…Take deep breaths…You are good.". CW2 says "Take it easy [AP's name]."

Another video clip shows mainly the floor and the AP's legs. You can see him moving his legs, and you can hear him making struggling noises. A male voice can be heard saying "stop resisting,

calm down." SO1 is heard asking for shackles. The AP can be seen moving his head from side to side. CW2 states "I'm sorry guys…holy [expletive]."

Another video shows the legs and feet of multiple officers in the bedroom, and part of the AP's legs. He continues to yell and grunt. He kicks his leg and you can see an officer put his foot on the AP's calf. CW2 states "what are you doing man?" and is then told to leave the room by an officer. The bedroom door closes.

You can hear reference to police officers stating that EHS is required multiple times in the videos.

EHS Records

As part of the investigation, SiRT obtained a Production Order for relevant EHS records including audio recordings.

HRP made an initial request for EHS at 7:41pm. Police were informed that EHS would be "staging." Records show that when police informed EHS they could enter to assist, they were informed no ambulance was assigned to the call. Repeated requests for EHS by HRP were met with the same response. WO1 located an EHS supervisor, Civilian Witness #4 (CW4), who was parked nearby at the Armdale Rotary at 8:14pm and appraised him of the situation. CW4 proceeded to the scene and arrived at 8:20pm. Upon his arrival he confirmed there was a cardiac arrest, at which point an ambulance was re-directed to travel to the scene. An ambulance arrived at 8:24pm.

Autopsy Report

The autopsy was performed by the Nova Scotia Medical Examiner Service on February 23, 2025. A Cardiac Pathology Consultation also took place. The Medical Examiner's report dated June 4, 2025, failed to identify the exact mechanism of death. It found the cause of death to be complications of a physical altercation during an acute psychotic episode and the manner of death to be homicide.

Across Canada, coroners and medical examiners are required to categorize deaths according to what is called the cause of death and the manner of death, both of which are reflected on the death certificate. The "manner of death" means the mode or method of death and can be deemed: natural, homicide, suicide, accident or undetermined. This is not a determination of criminality and does not have the same meaning as criminal or culpable homicide.

The Autopsy Report notes that several mechanisms of death could be possible. It found that given the time between the discharge of the conducted energy weapon and death, direct effects of

electricity were not a consideration. It was also noted that "It is not possible to examine any specific element of the altercation, such as the use of the conducted energy weapon, prone restraint, or the physiology associated with his psychotic episode and assign any level of significance to that element in isolation*."*

Possible mechanisms noted in the report include: an arrythmia secondary to agitation, altercation, and pain; the non-specific and unknown neuropsychiatric mechanisms associated with the so called "excited delirium"/ "autonomic hyperarousal state;" or some combination of these elements.

The report concludes that the AP died during, and as a result of, a physical altercation while experiencing an acute psychotic episode.

CEW Analysis

The SiRT investigator attended the scene on February 22, 2025, secured the CEW involved in this incident, and downloaded the CEW information immediately after he departed. The investigation revealed that the CEW was tested in June 2023 according to policy and was tested by SO1 as required by HRP policy. SiRT sent the CEW to an independent expert, who confirmed the CEW was functioning in accordance with the manufacturer's specifications. A pulse graph summary shows the CEW's trigger was pulled two times. The CEW download indicated there was a "critical error" on the CEW. SiRT sought clarification from the CEW manufacturer, and this was explained as referring to the battery health of the CEW in January, 2025. The manufacturer stated this had no effect on the February 22, 2025, incident.

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.

When not protected
(3) Subject to subsections (4) and (5), a person is not justified for the purposes of subsection (1) in using force that is intended or is likely to cause death or grievous bodily harm unless the person believes on reasonable grounds that it is necessary for the self-preservation of the person or the preservation of any one under that person's protection from death or grievous bodily harm.

When protected
(4) A peace officer, and every person lawfully assisting the peace officer, is justified in using force that is intended or is likely to cause death or grievous bodily harm to a person to be arrested, if
(a) the peace officer is proceeding lawfully to arrest, with or without warrant, the person to be arrested;
(b) the offence for which the person is to be arrested is one for which that person may be arrested without warrant;
(c) the person to be arrested takes flight to avoid arrest;
(d) the peace officer or other person using the force believes on reasonable grounds that the force is necessary for the purpose of protecting the peace officer, the person lawfully assisting the peace officer or any other person from imminent or future death or grievous bodily harm; and
(e) the flight cannot be prevented by reasonable means in a less violent manner.

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.

Police have a duty to preserve peace, prevent crime and protect life and property. 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.

For Section 25 of the *Criminal Code* to apply, the officers must be required or authorized by law to do anything related to the administration or enforcement of the law. On the date of the incident, the Subject Officers had a duty to attend the call to protect the safety of others and the AP. The evidence shows there was clear legal authority to arrest the AP under Section 14 of the Nova Scotia *Involuntary Psychiatric Treatment Act* (commonly referred to as "IPTA"). The IPTA legislation requires police to have reasonable and probable grounds to believe that the person "apparently has a mental disorder" and "will not consent to undergo medical examination." There must be reasonable and probable grounds for police to believe that the person, is a threat to themselves or others, is likely to suffer serious physical impairment of serious mental deterioration, or both, or is committing or about to commit a criminal offence.

When police officers use force in the administration or enforcement of the law, their legal constraints are articulated in the *Criminal Code*. The officers must use only as much force as necessary. The force used must consider the circumstances in which the force is used, and it is not required that a person weigh the force used with precision. Police forces have developed tools to assist officers in assessing risks and determining what type of intervention is consistent with the law. HRP follows the National Use of Force Framework. It is not law but developed to help officers properly apply the law. The National Use of Force Framework instructs police officers to assess the situation, subject behaviour, situational and tactical considerations when determining what type of force to use. The situation and the subject behaviour required police to respond, and it is clear that the decision to use physical force was based on their perception and tactical considerations.

When police were initially dispatched, they had received information about a male in psychosis who was threatening to harm himself and CW2. At least one of the officers was aware of the call history involving the AP over the last two days. They called for EHS on their way to the call, and understood that they would be staging, which officers understood to mean an ambulance would be positioned nearby to respond when it was safe to do so. When they arrived, they were met by CW2 and CW3 who were scared and concerned. Once at the unit, they attempted to

speak to the AP, who was clearly suffering from a mental health incident. Using communication to deescalate the situation was not successful. The AP could not be reasoned with and threw items at the officers. The SOs determined that an arrest under the IPTA was warranted. The AP did not cooperate and a struggle ensued. Based on the actions of the AP, using physical force was not unreasonable in the circumstances. The SOs were required to safely gain control of the AP to effect his arrest and prevent him causing harm to himself or others. Officers described the AP as displaying excessive strength for a person of his stature. SO1 attempted to secure handcuffs, but the AP wiggled out and had the handcuff in his hand. Both SOs were concerned the handcuff could be used as a weapon. SO1 discharged his CEW to try and control the AP; however, it had minimal effect in deescalating the situation. SO1 noted that this was the highest level of force he felt was appropriate in the circumstances.

After significant struggle, physical tactics permitted the SOs to secure handcuffs and place the AP on his knees with his torso on the bed. The AP continued to be assaultive towards the officers by kicking and thrashing. Two sets of handcuffs were secured to his ankles, and a witness officer put a foot on the AP's leg. Once he was secured, he went into medical distress.

I am satisfied that the use of physical force by the SOs and the discharge of the CEW by SO1 was reasonable force in the circumstances. The fact the AP had thrown items at them and was struggling and thrashing when he had access to a handcuff made it reasonable for the SOs to protect themselves, the others in the apartment, and the AP from imminent harm. When physical tactics were not successful, a CEW was discharged. I am satisfied that the safeguards afforded in Section 25 of the *Criminal Code* are applicable.

CONCLUSION

After a careful review of the evidence and the law, I have determined that there are no reasonable grounds to lay a charge against either of the SOs. This is a tragic situation and SiRT sends its condolences to the AP's family and loved ones.