

SiRT

**SERIOUS INCIDENT
RESPONSE TEAM**

Summary of Investigation

SiRT File # 2025-0119

Referral from

Department of Justice – Prince Edward Island

Re: Charlottetown Police Force

October 15, 2025

Erin E. Nauss
Director
May 5, 2026

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, on or off-duty, in Nova Scotia or New Brunswick.

The Nova Scotia *Police Act* permits the Minister of Justice, on the recommendation of the SiRT Director, to enter into agreements with another province of Canada to allow SiRT to provide case-specific independent oversight assistance or investigate on an ad-hoc basis. The Prince Edward Island *Police Act* permits the Minister of Justice and Public Safety and Attorney General to enter into agreements with another province in Canada for the purpose of ensuring that an investigative body conducts investigations of serious incidents.

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: Due to the death of the Affected Party, Prince Edward Island requested an independent investigation. On the SiRT Director’s recommendation, the Nova Scotia Minister of Justice entered an agreement with PEI for SiRT to conduct an ad-hoc investigation into this incident.

Timeline & any delays: The SiRT investigation started on October 15, 2025, and concluded on February 16, 2026.

Terminology: This summary uses the following language for clarity and/or in accordance with the PEI *Police Act* and its regulations, 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 a member of a police service or auxiliary constable who is a witness to, was present at or has material information related to a serious incident.

“Subject Officer/SO”: means the member of a police service or chief 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. Charlottetown Police Service File
2. Witness Officer Statements (3)
3. Civilian Witness Statement (2)
4. Body Worn Camera Footage
5. Video Footage of Police Station and Hospital
6. Police Radio Communications
7. NSMES Autopsy Report
8. CEW/Taser Data

INCIDENT SUMMARY

Overview

Director’s note: Three (3) Subject Officers were identified in this investigation. These officers were involved with a struggle with the AP and two of them transported the AP to hospital. Subject Officers are not required by law to provide their notes, reports or a statement to SiRT. In this case the SOs declined to provide a statement and their notes. The timeline of the incident was determined primarily through video footage and statements of witness officers and civilian witnesses. One of the SOs had a body-worn camera, and this footage was collected as part of the investigation.

On October 11, 2025, at approximately 8:45 am, the Affected Party (“AP”) attended the Charlottetown Police Station, as he understood the police were looking for him. Members of the Charlottetown Police Service (“CPS”) had grounds to arrest the AP for theft.

When the AP arrived at the police station, Subject Officer #1 (“SO1”) arrested him and tried to obtain fingerprints. During the interaction the AP’s behaviour became increasingly erratic and he was acting paranoid, to the point where SO1 said he would transport the AP to hospital so he could obtain medical assistance for his mental health. During the fingerprinting process, the AP was removed from the room due to his behaviour. A struggle ensued between the AP and three Subject Officers as they placed him in handcuffs and into the back of a police vehicle.

On the way to the hospital, the officers noted the AP was in distress. They pulled over and repositioned him and called police dispatch to advise the hospital to have someone ready to assist when they arrived. When they arrived at the hospital, the AP was blue and not breathing. Medical staff brought back his heartbeat and the AP remained in hospital until his death on October 15, 2025.

Police Station

The CPS police file indicates that the AP arrived at the station on the morning of October 11, 2025, as he was aware police were looking for him. As part of the SiRT investigation, video footage of the police station was obtained which showed the initial interactions of the officers with the AP.

The AP was admitted into the main lobby of the police station by dispatch and brought to an interview room where he is dealt with by Subject Officer #1 (SO1). SO1 arrests him for theft and reads the AP his rights. During this process, the AP at first appears to understand and is calm, listening and conversing with SO1. After approximately three (3) minutes in the interview room, the AP starts to squint his eyes and ask for water. He starts breathing loudly. SO1 leaves the room for a moment, and the AP asks him to keep the door open. At 8:55 am the AP is observed looking under the table of the interview room and around the benches. SO1 returns and asks the AP if he is okay and he says yes. Over the next few minutes SO1 explains the reason for the AP's arrest and the AP continues to look around the room and under the table and appears to be squinting while looking at the wall. SO1 asks him what he is looking for and the AP says his back is hurting or sweating. SO1 continues to ask him questions about the theft offence and the AP continues to communicate. When the interview concludes, SO1 advises the AP they will fingerprint him and then take him to hospital.

The AP exits the interview room, is very polite and follows SO1's instructions. Approximately thirteen (13) minutes later, the AP enters the fingerprinting room and is visibly in distress. *(Director's note: there was no record or evidence available to SiRT outlining what occurred in the thirteen minutes between leaving the interview room and entering the fingerprinting room).* He is seen looking around, standing up and moving, talking and pointing to the hallway. The AP appears to be focussed on the empty hallway. SO1 checks the hallway for the AP and opens a door across the hall that the AP was focussing on, to show him what was behind it. The AP continues to appear agitated and moves his chair so he can look directly into the hall. SO1 eventually closes the door in the fingerprinting room, and the AP continues to look around the room and shifts his focus to another area. He continues to look distressed and is unable to remain still. There is no audio on the video footage for the fingerprinting room, but SO1 talks to the AP, and it appears he is trying to alleviate some of the AP's concerns but is unsuccessful. At approximately 9:20 am, the

AP stands up and walks out of the fingerprinting room. SO1 follows him out of the room, holding his arm and guiding him.

The next available footage is from the Body Worn Camera of SO1, which starts with the AP and SO1 involved in an altercation. Later in the BWC footage, SO1 explains to SO2 that he was printing off a new form to deal with the AP's fingerprints. He explained that when he came back a door was bent and a camera was off the wall. When the door was opened, the AP tried to run past SO1. SO1 tried to get him under control but had to take him to the ground.

At the beginning of SO1's BWC footage, the AP is on the ground and Subject Officers #1-3 can be heard repeatedly telling the AP to roll over or he will get tased. The AP says he will but continues to struggle with the officers. SO3 deploys a Conducted Energy Weapon ("CEW/Taser"), into the AP's leg while he is laying on his back. The officers continue to tell the AP to roll over. The AP does not roll over and they move him onto his stomach. Once on his stomach, the SOs issue commands for the AP to put his hands behind his back. He does not comply and a struggle continues until the AP is in handcuffs. During the struggle the AP is yelling "no, don't do it... Don't do that". The SOs quickly search the AP. Once handcuffed, the AP continues talking, but it is difficult to hear what he is saying. One of the officers asks him what he is on, and he is very agitated and distressed. SO1 states "well, he destroyed the camera again". The AP is brought to his feet, and they start moving toward the exit to get to the police vehicle. SO1 tells the AP to walk and the AP says, "don't put me in there". The AP is placed in the back of the vehicle, but his feet are hanging out of the door, and he kicks them toward the officer. The AP gets out of the vehicle, and the officers try to get him back in. The AP continues talking and says, "don't kill me.". The AP has some blood on his face and is very out of breath. Officers continue to command the AP to get into the vehicle. He does not comply and they lift him into the vehicle. Once he is in the vehicle the officers speak about how he must be on something, and that he just "switched" during the interaction. Before leaving the police station, the AP is heard on the BWC talking in the back of the vehicle, but it is hard to make out what he is saying. He mumbles and then quiets down.

SiRT obtained a download of records from SO3's CEW. Data generated confirms it was deployed during the altercation at 9:25 am. The report indicates the trigger was pulled and the CEW was active for 5 seconds, with the electrical current being effective for less than 2 seconds. It appears the CEW was held to the AP's body rather than being fully discharged. BWC footage shows the CEW being placed against the AP's leg. This accounts for the lack of probes found at the scene and the absence of probe puncture wounds on the AP.

Three witness officers observed the interaction at the police station between the SOs and the AP. Witness Officer #1 (WO1) was in a police car with Witness Officer #2 (WO2) when she heard a

call over police radio from SO1 seeking assistance. They returned to the police station and entered through the back door. She could hear the AP as they entered and observed the three SOs trying to gain control of him. She recalled the AP appeared to be “dead weight”. The SOs eventually got the AP up and were able to move him outside to get to the police vehicle. The AP’s feet were dragging as they were moving him. When they went outside, Witness Officer #3 (“WO3”) arrived and they decided to use his vehicle for transport to hospital. As the officers placed the AP into the police car the AP continued to resist. WO1 did not recall seeing anything unusual about the AP’s appearance.

WO2’s account was similar to WO1. When they arrived at the police station, he noticed the AP was actively resistant. The SOs were trying to apply handcuffs, but the AP was moving around and not following commands. The SOs were eventually able to apply handcuffs and stood the AP up. They then escorted him to a police vehicle. As they started to walk the AP outside, he continued to resist and tried to hook his legs on corners of the wall. The SOs turned him backwards to get him outside. WO3 arrived with his police vehicle, and it was decided they would use that vehicle to transport since it was ready to go. The AP was not compliant in getting in the vehicle. WO2 assisted by pulling him into the police vehicle. He stated the AP was speaking erratically. When they got the AP into the car, he was in a fetal position with his legs bent, facing the front seat. WO2 stated during his interaction with the AP he noticed the AP’s eyes were wide, like he was seeing something shocking and his mouth was dry. The AP continued to speak erratically. Based on his observations and experience, he believed the AP was dealing with an addiction.

WO3 was on an unrelated call when he heard over the police radio that the AP turned himself into the police station. He then heard SO1 call for a backup unit to assist him. Once WO3 finished his call, he returned to the police station. He pulled into the back area and saw the SOs, the AP, and WO1 and WO2 leaving through the back door. The AP was in handcuffs and resisting the officers. WO3 stated the SOs were able to escort the AP as gently as they could. SO1 asked WO3 if they could use his car for transport, so they switched keys, and WO3 stood by to see if they needed assistance to get the AP into the vehicle, as the AP was resisting. At one point the AP raised a leg, and WO3 stated he grabbed the leg to make sure the AP did not kick another officer. The AP fell and WO3 picked him up in a controlled manner to bring him to his feet and get him into the car, with assistance from WO2. The AP was placed in the car in the “recovery position”, meaning he was on his side. They closed the doors and SO1 and SO2 left with the AP. During his interaction with the AP, he recalled him saying “don’t kill me”. WO3 observed a little bit of blood on the AP’s face but did not observe any cuts or lacerations.

Transport to Hospital

SO1 and SO2 transported the AP to hospital. SiRT obtained information about this transport from the Body Worn Camera (BWC) of SO1 and through radio transmissions.

The BWC footage shows SO1 driving the police vehicle with SO2 in the passenger seat. When they first get into the police vehicle, SO1 takes a few minutes to write notes before departing. The AP can be heard talking in the back of the vehicle. At 9:32 am, SO1 starts driving and tells SO2 that the AP was stating he was seeing people. SO1 stated he was printing off a new form to deal with the AP's fingerprints. He said that when he came back a door was bent and a camera was off the wall. When the door was opened, the AP tried to run past him and SO1 tried to get him under control, but he had to take him down, which is when the other SOs assisted.

At 9:34am, SO2 says "are you okay there [name of AP]?". The AP doesn't respond, but SO1 says he can hear him breathing. SO1 then radios dispatch advising they are bringing the AP to hospital for mental health issues and that the AP is extremely uncooperative. SO1 asked dispatch to notify the hospital they are coming. At 9:37:28 am, SO2 calls out to the AP again and he doesn't respond. At 9:37:57 am, they pull over to check on the AP. SO1 and SO2 get out of the vehicle and reposition the AP. At 9:38:50 am, SO1 radios dispatch to advise they are resuming transport and asks, "can you have a team lead meet us in the bay, please?". He then reiterates "we are going to need them to meet us in the bay. Can you let them know we are going to be there in 30 seconds?". At 9:39:30 am, SO2 says "I don't know if he is overdosing or what." At 9:40:10 am, they arrive in the ambulance secure bay of the hospital. The BWC footage ends.

The radio transmissions confirm dispatch was notified of the AP's transport to hospital. Dispatch connected with a nurse at the hospital emergency department to advise the officers requested someone to meet them in the ambulance bay. The nurse asks who is coming, and dispatch provides the AP's name. The nurse says she knows him well. Dispatch advises the officers will be there in "2 seconds". The nurse says she will let the nurses know and then go meet them in the bay.

Arrival at Hospital

Video footage of the hospital was obtained as part of the SiRT investigation. This footage shows the police vehicle pull into the ambulance bay at 9:40:14 am. SO1 and SO2 exit the vehicle. SO2 checks on the AP and SO1 goes into the hospital. At 9:41:17 am, SO1 speaks with 2 paramedics, and 1 paramedic follows him into the ambulance bay. At 9:42:12 am, the paramedic reaches the police vehicle where the AP is located. At 9:42:57 am, a nurse (Civilian Witness #1/"CW1") enters the bay area with a vital cart (mobile medical workstation) and goes to the AP. At 9:43:20 am, SO1 runs into the hospital and appears to call for someone and immediately returns to the

ambulance bay. At 9:43:44 am, other medical staff arrive in the bay area to assist. Medical equipment and a stretcher are brought in. At 9:44:55 am the AP is removed from the police car, placed on the stretcher and someone is doing CPR while he is being moved into the hospital.

Civilian Witness #1 (“CW1”) was a registered nurse working in the Emergency Room when the AP arrived. On December 23, 2025, she provided a statement to the SiRT investigator. A copy of her Nursing Progress Notes was also provided. She stated on that day she was the Charge Nurse for the Emergency Room. As charge nurse, you carry a cell phone so officers or dispatch can call you to let you know a patient is coming. She recalled receiving a call around 9:00 am from police dispatch that police were enroute with an agitated patient and they were bringing them in under the *Mental Health Act*. It was determined they would need a safe and secure room, so she started getting one prepared. A few minutes later she received a second call from dispatch requesting she meet them in back. She had asked the dispatcher if anything had changed, but the dispatcher did not know and stated the police just requested someone to meet them. Shortly after she heard a bell from the ambulance bay door, which means a car has entered the bay. She made her way over a few minutes later, as she was dealing with another patient.

When she arrived, she saw the AP, who she recognized, and observed a student or newer paramedic with him. She was on the rear driver’s side door and asked the paramedic if the AP had a pulse, but he was slow to respond, so she got into the vehicle and noticed the AP was blue and checked for a pulse. When she initially saw the AP, she thought he was deceased. The AP was on his side, so she lifted him up to reposition him. She immediately started CPR in the back of the vehicle and asked the officers to get help from inside the hospital. She stated the AP’s eyes were wide open and bloodshot. Additional medical help arrived and lifesaving measures began. She stated the police officers did not recognize the AP was in cardiac arrest. She also stated that the police failed to communicate the urgency of the situation when they requested that someone meet them in the ambulance bay area. She felt the lack of appropriate information relayed impacted the care provided to the AP. In her notes, she stated the officers advised her afterwards that the AP went from an agitated state to quiet and his breathing changed. They had to pull over and place him in the recovery position en route. CW1’s notes state “This information was not relayed to me as the team leader. This directly impacted this patient’s care, the patient had a very delayed response, I was the single responder providing hands only CPR for over a minute without any assistance”.

Civilian Witness #2 (“CW2”) was the Emergency Room Doctor working the day the AP was brought in. He provided a statement to the SiRT investigator on December 23, 2025. He recalled the police vehicle coming into the ambulance bay, as he was in the nursing station and saw it happen on the security monitors. He said the police officers appeared to be trying to get someone out of the back of the vehicle, then they took off toward the emergency room. A few minutes later

a code blue was activated (Code Blue: indicates a patient is not breathing) and CW2 ran toward the ambulance bay. When he arrived nurses were already working on the AP. CW2 spoke with the police officers who advised him the AP presented himself at the police station and while being processed became increasingly paranoid and agitated. Police told him they made the decision to bring him to hospital and during transport, his condition deteriorated. CW2 stated there was some delay between the AP's arrival at hospital and the code blue being activated.

The AP was admitted to hospital that day and died in hospital on October 15, 2025.

Autopsy Report

On October 17, 2025, an autopsy of the AP was conducted by the Nova Scotia Medial Examiner Service (NSMES). The NSMES pathologist recommended that the PEI Coroner rule the cause of death as cocaine toxicity and the manner of death as accidental. (*Director's Note: The PEI Coroner will make this determination and determine if an inquest will be held. The PEI Coroner's Act governs whether an inquest under that Act is required. At the time of releasing this report, the PEI Coroner's Office had not made any final decisions on this file.*)

The autopsy revealed there were no significant injuries to the AP. A bag of a white substance, believed to be cocaine, was found inside the AP during the autopsy. The bag was removed and appeared to be ruptured. A toxicology report later determined that there were high levels of cocaine in the AP's body at the time of death.

There is no evidence to suggest that the officers or the medical team were aware the AP had a bag of cocaine in his body prior to his death.

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.

Duty of persons to provide necessities

215 (1) Every one is under a legal duty

(a) as a parent, foster parent, guardian or head of a family, to provide necessities of life for a child under the age of sixteen years;

(b) to provide necessities of life to their spouse or common-law partner; and

(c) to provide necessities of life to a person under his charge if that person

(i) is unable, by reason of detention, age, illness, mental disorder or other cause, to withdraw himself from that charge, and

(ii) is unable to provide himself with necessities of life.

Offence

(2) Every person commits an offence who, being under a legal duty within the meaning of subsection (1), fails without lawful excuse to perform that duty, if

(a) with respect to a duty imposed by paragraph (1)(a) or (b),

(i) the person to whom the duty is owed is in destitute or necessitous circumstances, or

(ii) the failure to perform the duty endangers the life of the person to whom the duty is owed, or causes or is likely to cause the health of that person to be endangered permanently;
or

(b) with respect to a duty imposed by paragraph (1)(c), the failure to perform the duty endangers the life of the person to whom the duty is owed or causes or is likely to cause the health of that person to be injured permanently.

Criminal negligence

219 (1) Every one is criminally negligent who

(a) in doing anything, or

(b) in omitting to do anything that it is his duty to do,

shows wanton or reckless disregard for the lives or safety of other persons.

Definition of duty

(2) For the purposes of this section, duty means a duty imposed by law.

Causing death by criminal negligence

220 Every person who by criminal negligence causes death to another person is guilty of an indictable offence and liable

(a) where a firearm is used in the commission of the offence, to imprisonment for life and to a minimum punishment of imprisonment for a term of four years; and

(b) in any other case, to imprisonment for life.

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.

Application of Force

I must assess whether the force used by the SOs was reasonable in the circumstances. Section 25 of the *Criminal Code* permits a police officer, acting on reasonable grounds, to use as much force as is necessary to enforce or administer the law, provided the force is not excessive based on all the circumstances. The force used must be considered in relation to the circumstances, and it is not required that a person weigh the force with precision. The important considerations are reasonableness, necessity, and proportionality. 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 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...

The SOs had the AP lawfully in custody as he was arrestable for a theft offence. While processing him they believed that he was experiencing a mental health crisis that required him to be brought to hospital. This belief was reasonable as the AP was displaying signs of paranoia, making it difficult for SO1 to fingerprint him. According to SO1's comments on BWC footage, the AP became aggressive, damaging a door and breaking a camera. The SOs had to gain control of the AP to handcuff and get him into a police vehicle. During this process, the AP was resistant and not complying with officer commands to roll over and put his hands behind his back. A CEW was deployed into the AP's leg. The AP continued to be non-compliant as the SOs were walking him toward the police vehicle and trying to get him in. The physical force and use of the CEW was reasonable in these circumstances, as the AP's behaviour required force to get him under control and to the hospital. It is also important to note that this force did not result in any injury to the AP. Apart from a small amount of blood observed on the AP's face, the witness officers stated they did not observe any injuries on the AP following the altercation. The autopsy report also found no physical injuries. These findings support the conclusion that the force used by the SOs was not excessive.

Failure to Provide Necessaries of Life/Criminal Negligence

While being transported to hospital, the AP became unresponsive and eventually stopped breathing. Section 215 of the *Criminal Code* establishes that a person who has the charge of another person has a legal duty to provide that person with the necessaries of life. This includes those in police custody. Caselaw has established that a failure to provide medical treatment can amount to "necessitous circumstances" and lead to criminal liability. The offence is established, in part, on conduct that amounts to a marked departure from the level of care that a reasonable person would have exercised in the circumstances. A police officer's subjective belief that a person did not require medical attention is not a lawful excuse; however, the standard to be applied is that of a reasonable person in the shoes of the officer.

For criminal negligence, a person is criminally negligent when an act, or omission of an act, shows wanton or reckless disregard for the lives or safety of other persons. There must be a marked and substantial departure from what a reasonably prudent person would do in the circumstances. For criminal negligence causing death, the act or omission must have caused the death.

The SOs were aware that the AP needed medical attention for his mental health. CW1 stated when she first saw the AP he was not breathing and was blue. It is not clear when the AP stopped

breathing, but he did become unresponsive during the police transport. Prior to leaving the police station, there was no indication the AP was suffering any physical medical emergency. He was talking and breathing and continued to do so when he was placed in the back of the car. When the SOs became aware there was a change in the AP's physical condition, they pulled over to check and reposition him and then continued to drive to the hospital. The hospital was a short distance away, and they advised dispatch they needed someone to meet them in the ambulance bay. They arrived at the hospital approximately two minutes later. CW1 indicated there was a lack of communication between the SOs and the emergency department, which impacted the care of the AP. It was not communicated that the AP's health status had changed from a mental health call to him being unresponsive.

When I consider the actions of the officers I cannot conclude they were criminal. The AP was being transported to hospital due to a medical mental health concern. SO1 and SO2 continued to check on the AP during transport. When they noticed a physical change in the AP, they repositioned him and notified the hospital they needed someone to meet them. They noted the physical change in the AP while they were minutes away from the hospital and continued to bring him there. When they arrived and no medical staff were in the bay area, SO1 went inside to get someone. The officers provided a level of care that a reasonable person would have exercised in the circumstances. Additionally, I cannot conclude the officers had a wanton or reckless disregard for the safety or life of the AP. The perceived breakdown in communication between the police and the hospital staff about the change in the AP's condition is regrettable, however this conduct does not amount to criminal liability on behalf of the SOs.

I have also considered the results of the NSMES autopsy which indicated the AP died from cocaine toxicity. There is no indication from the video footage or witness interviews that officers were aware the AP had concealed drugs in his body, and it would not be reasonable for them to know this was the case.

CONCLUSION

My review of the evidence indicates there are no reasonable grounds to believe the Subject Officers committed a criminal offence related to this tragic situation. The SiRT team sends condolences to those impacted.