REPORT TO THE POLICE SERVICE BOARD



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Date of Report: 4/15/2025

Type of Report: Public

Title: Report on SIU Case 24-OCD-482

Recommendation

That the Board receives this report as it relates to SIU Case 24-OCD-482.

Background/History

In the early morning of November 12, 2024, the DRPS received a 911 call from the complainant, who indicated they had driven the Affected Person to Lakeridge Health Oshawa after they had self-harmed. The Affected Person was now on the open rooftop parking level (seventh floor) and threatening to commit suicide by jumping.

DRPS officers, in the company of several hospital security staff, were the first on scene, arriving at about 3:44 a.m. By this time, the Affected Person was standing on the ledge of the concrete perimeter wall around the rooftop. The officers approached the Affected Person in the northwest corner of the rooftop and asked them to come down to safety. The Affected Person remained on the wall.

The SO and another officer arrived at about 3:45 a.m. and took the lead in communicating with the Affected Person. Over the course of the next 45 minutes or so, the SO attempted to convince the Affected Person to come down off the ledge. The Affected Person shared with the officer their feelings of hopelessness. The SO provided appropriate reassurance and support, also sharing their own life story to build trust with the Affected Person. Despite those efforts, the Affected Person refused to step back onto the rooftop. At about 4:33 a.m., they walked off the ledge and fell to the ground below. During the interaction, officers remained at a distance of two to three meters from the Affected Person.

Officers and paramedics immediately provided emergency care to the Affected Person. However, he was subsequently pronounced deceased at the scene. DRPS contacted the SIU at 4:43 am; the SIU subsequently invoked its mandate and attended the scene shortly after.

Investigation

SIU Director Martino's decision, dated March 7, 2025, summarized the investigation and result below, Director Martino reported the following:

"The Complainant died on November 12, 2024, the result of a fall from height. As DRPS officers were engaging with the Complainant at the time, the SIU was notified of the incident and initiated an investigation. The SO was identified as the subject official. The investigation is now concluded. On my assessment of the evidence, there are no reasonable grounds to believe that the SO committed a criminal offence in connection with the Complainant's death.

The offence that arises for consideration is criminal negligence causing death contrary to section 220 of the Criminal Code. The offence is reserved for serious cases of neglect that demonstrate a wanton or reckless disregard for the lives or safety of other persons. It is predicated, in part, on conduct that amounts to a marked and substantial departure from the level of care that a reasonable person would have exercised in the circumstances. In the instant case, the question is whether there was a want of care on the part of the SO, sufficiently egregious to attract criminal sanction, that caused or contributed to the Complainant's death. In my view, there was not.

The SO and the other officers who responded to the parking garage rooftop were pursuing their lawful duties through the course of events that culminated in the Complainant's death. An officer's foremost obligation being the preservation of life, they were within their rights in attending at the scene to do what they reasonably could to prevent harm coming to the Complainant.

I am also satisfied that the SO comported herself with due care and regard for the Complainant's wellbeing throughout their time. From a distance of two to three metres, so as not to provoke him, the officer spoke to the Complainant with compassion and reassurance. She did what she could to win his trust and convince him to return to safety, engaging him on what he liked and sharing some of her own life story. While the Complainant was receptive to the SO, he could not be dissuaded. Without any warning, the Complainant walked off the ledge leaving the SO and the other officers no chance of physically intervening to prevent that happening. On this record, while the officers were unable to prevent the Complainant's tragic death, it was not from any want of reasonable efforts on their part.

For the foregoing reasons, there is no basis for proceeding with criminal charges in this case. The file is closed."

<u>Professional Standards Unit – Section 81 Investigation</u>

The Professional Standards Unit conducted an investigation pursuant to Section 81(1) of the CSPA. The investigation reviewed the following applicable DRPS Directives and Policies;

Authority	Number or Section	Description	Compliance		Requires Amendment	
			Yes	No	Yes	No
Directive	AO-09-010	DRPS Code of Professional Conduct	X			X
Directive	AO-05-001	Special Investigations Unit	X			X
Directive	LE-17-010	Persons in Crisis and Attempted Suicide	X			X

The results of the Professional Standards Unit investigation are as follows:

Conduct: No conduct issues were identified.

Policy: All policies were adhered to.

Service: No service issues were identified.

Conclusion

SIU Director Martino's decision, dated March 7, 2025, concluded the following:

"The Complainant died on November 12, 2024, the result of a fall from height. As DRPS officers were engaging with the Complainant at the time, the SIU was notified of the incident and initiated an investigation. The SO was identified as the subject official. The investigation is now concluded. On my assessment of the evidence, there are no reasonable grounds to believe that the SO committed a criminal offence in connection with the Complainant's death."

No further action is required.

Report Approval Details

Document Title:	Report on SIU Investigation File 24-OCD-482.docx
Attachments:	- DR-24-482-Durham-CD-Amended.pdf
Final Approval Date:	Apr 7, 2025

This report and all of its attachments were approved and signed as outlined below:

Chris Kirkpatrick

Peter MOREIRA