

# SiRT

SERIOUS INCIDENT  
RESPONSE TEAM

Summary of Investigation  
SiRT File # 2020-012  
Referral from  
Halifax Regional Police  
March 30, 2020

Felix Cacchione  
Director  
November 10, 2020

Halifax Regional Police (HRP) referred to this file to SiRT at 2 a.m. on March 30, 2020. The referral involved the police responding to a call of a young man, the Affected Party (AP), who suffered knife wounds and had died at the hospital. SiRT began an investigation that day and concluded it on August 20, 2020.

The following evidence, obtained during the investigation, was reviewed in its entirety and considered in the preparation of this report: a Subject Officer's (SO2) notes and his subject behaviour-officer response (SBOR) report, notes and supplementary reports of eight witness officers (WOs), the statement of a civilian witness (CW) the AP's wife, the report prepared and photographs taken by a Forensic Investigation Section officer (FIS), the call history and police radio transmissions, Nova Scotia usage guidelines for Conducted Energy Weapon (CEW) and (CEW) reports, autopsy photographs, the autopsy report and certificate of death prepared by the Medical Examiner. SO1 did not provide his notes and report, as is his legislated right to not do so under SiRT Regulation 6(5).

**Facts:**

At 12:04 a.m. on March 30, 2020 the AP's wife called HRP and reported that her husband was attempting to kill himself with a knife. Three minutes later the two SOs and two WOs entered the residence and were directed to the bedroom by the AP's wife. One officer remained with the AP's wife in another part of the residence while the other three entered the bedroom. There they found the AP on the bed with a large chef's knife in his hand cutting his throat. The laceration to the larynx was so deep that it exposed his trachea. A considerable amount of blood, estimated by the paramedics to be approximately 2L, was on the floor near the AP causing it to be very slippery. The AP moved from sitting on the bed to kneeling on the floor.

SO1 identified himself as the police and ordered the AP to drop the knife several times. The AP did not drop the knife when ordered to do so but rather continued to harm himself by stabbing his chest. The chest wound penetrated both the chest cavity and the left lung causing air and blood to accumulate in the chest cavity.

SO1 utilized a CEW, provided to him by a WO, to stop the AP from continuing to harm himself. This caused the AP to drop the knife and fall over onto his back. The officers then noticed a large cut to his throat and a stab wound to his chest. The AP was having difficulty breathing and grabbing at his throat. The officers rolled the AP onto his side causing a large amount of blood to drain from the wound to his throat. This eased the AP's breathing and appeared to provide him with a renewed energy.

The AP began grasping at the stab wound in his neck, putting his hand into the chest wound and then pulling at it. The AP actively resisted when the officers tried to stop him. The AP kicked at SO2 causing him to fall backward. The AP continued to resist and cause himself more harm by pulling at his injuries. SO2 then used his CEW which subdued the AP and allowed SO1 and a WO to put handcuffs on him. The AP struggled with paramedics who were attempting to treat

his injuries at the scene and again with SO1 and SO2 in the ambulance when they were asked by paramedics to move the AP's handcuffed hands to a different location.

The AP was transported to the hospital where he died while being treated for his injuries in the trauma room. The multiple sharp force injuries to the larynx and chest were sufficient to cause the AP's death and the manner of death was ruled a suicide as determined by the Medical Examiner.

**Legal issue:**

Whether the utilization of CEWs by SO1 and SO2 to subdue the AP were lawful?

CEWs are an approved, less lethal intermediate weapon. The primary purpose for using a CEW is to save human lives and reduce injury to individuals, police officers and the general public. The use of a CEW must be objectively reasonable when viewed in the light of the totality of circumstances. The Nova Scotia guidelines on CEWs require that CEWs only be used if the officer believes that the behaviour of the subject is consistent with aggressive or violent resistance or presents an active threat that may cause bodily harm or serious injury to the peace officer involved, to the subject or member of the public. When presented with a subject displaying indications of mental illness an officer must reasonably believe that no other force option, including de-escalation and/or crisis intervention technique has been, or will be, effective in eliminating the risk of bodily harm or serious injury.

**Conclusion:**

SO1 and SO2 were, upon their arrival, presented with the AP who was in possession of a deadly weapon which he refused to discard when ordered to do so. The AP had and was continuing to inflict serious bodily harm to himself. The weapon was dislodged from the AP only after he was struck by a CEW. Despite no longer having a weapon, the AP continued to harm himself by using his hands to grasp and pull at the open wounds in his throat and chest. Efforts made to save the AP's life from self inflicted knife wounds were futile.

The actions of SO1 and SO2 did not in any way harm or cause the AP's death. Accordingly, no criminal charges are warranted against either officer.