

SIRT

Serious Incident Response Team

Investigation Summary:

Incident Type: In-Custody Death

SIRT File No.: 2025-13

Incident Date: May 6, 2025

Agency Involved: RCMP

Civilian Executive Director: Greg Gudelot

Date of Report: April 27, 2026

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Introduction

On Tuesday May 6, 2025, at approximately 7:13 p.m., the Saskatchewan Serious Incident Response Team (SIRT) received a notification from the Royal Canadian Mounted Police (RCMP) regarding an in-custody death at the Melfort RCMP detachment. SIRT's Civilian Executive Director accepted the notification as within SIRT's mandate and directed an investigation by SIRT.

On May 6 at approximately 9:48 a.m., members of the Melfort RCMP detachment responded to a disturbance call at a residential address in Melfort where they encountered a 44-year-old man—subsequently referred to as the affected person—who was acting erratically and had sustained an injury to his hand. The affected person was taken into custody pursuant to the provisions of *The Mental Health Services Act*. The affected person was transported to the Melfort RCMP detachment, where at 10:14 a.m., he was lodged in a cell, pending the arrival of EMS who had been contacted on the drive to the detachment.

At approximately 10:18 a.m., the affected person was assessed by EMS and following that examination was transported to hospital by EMS. The affected person was unrestrained during transport in the ambulance. The EMS vehicle transporting the affected person was accompanied to hospital by a member of the RCMP in an RCMP vehicle. The affected person arrived at hospital at approximately 10:28 a.m. While the affected person was being examined, a further disturbance occurred and he was taken back into custody by the accompanying RCMP member. During the process of taking the affected person back into custody, a physical altercation occurred. The affected person was handcuffed and transported back to the Melfort RCMP detachment, and at approximately 10:44 a.m., was once again placed in a cell.

The affected remained in custody at the Melfort RCMP detachment until approximately 5:09 p.m., when he was observed to have gone into medical distress. RCMP members entered the affected person's cell, commenced first aid, and contacted EMS. The affected person was moved into the cellblock hallway by RCMP members to allow for more room for first aid. At approximately 5:16 p.m., EMS arrived and assumed responsibility for the affected person's care before transporting him to hospital at 5:36 p.m. The affected person was treated at hospital, but despite resuscitation efforts, was pronounced deceased.

Timeline

SIRT was notified of the incident on May 6, 2025 at approximately 7:13 p.m. and a SIRT team consisting of the Civilian Executive Director and five SIRT investigators was deployed to Melfort to begin the investigation. On February 4, 2026, the completed investigation was submitted to the Civilian Executive Director for review.

The Investigation

SIRT's investigation was comprehensive and thorough, conducted using current investigative protocols, and in accordance with the principles of Major Case Management (MCM). During the course of the investigation, all relevant police and civilian witnesses were interviewed, and scene examinations were conducted at the affected person's cell at the Melfort RCMP detachment and of both RCMP vehicles used to transport the

affected person. All relevant audio, video, and documentary evidence was seized, along with several pieces of physical evidence obtained during the course of the investigation.

Six members of the RCMP were designated as Witness Officers pursuant to *The Police Regulations* and were interviewed during the course of SIRT's investigation. On the basis of their roles in the incident, including the initial apprehension of the affected person, two members of the RCMP were designated as Subject Officers in SIRT's investigation. Despite being under no legal obligation to do so, both Subject Officers provided statements to SIRT for use in the investigation.

Eleven civilian witnesses were identified and interviewed by SIRT during the investigation. Those witnesses consisted of the detachment's civilian guard staff, the EMS staff who responded to provide care and transportation to the affected person at two points during the incident, medical staff from the Melfort Hospital, and two members of the affected person's family.

Documentary evidence confirmed the timing of various events during the incident, including the timing and observations recorded during the regular checks of the affected person in his cell. The affected person's medical records were obtained both from the hospital and paramedics, as well as a data download from the AED device used while treating the affected person.

Extensive video footage was seized from the detachment's CCTV recording system, the in-car digital video systems in the RCMP vehicle, and from RCMP body-worn cameras. This footage captures nearly every aspect of the affected person's initial apprehension and time in RCMP custody and provides significant detail and certainty with regard to the affected person's movements and actions.

An autopsy was conducted, which determined that the affected person had died as a result of acute cocaine toxicity, with coronary artery atherosclerosis listed as a contributing cause of his death.

As the investigation proceeded, and as required by S.91.12(1) of *The Police Act, 1990*, a Community Liaison was appointed to assist the investigation. The liaison was provided with the opportunity to review the investigation in its entirety, and to make comments and recommendations as necessary.

Summary

On the morning of May 6, 2025, at approximately 9:48 a.m., two members of the Melfort RCMP detachment, both subsequently designated as Subject Officers in SIRT's investigation, were dispatched to a complaint of a possible break and enter at a residential address in Melfort. A neighbour had called 911 requesting that police be dispatched to the address as she heard a window being smashed and a male voice yelling to call 911 and asking for help. When members arrived at the residence, they were informed that a suspect had fled on foot and the first Subject Officer spoke to the occupant of the residence, the affected person, while the second Subject Officer searched the area. The first Subject Officer rapidly determined that that no break and enter had occurred and that the affected person was responsible for the damage to the property which he was renting. The affected person was observed to have a minor laceration to his hand and told the members that he had consumed cocaine. The affected person was noted to be breathing rapidly, sweating and

demonstrating behaviour described by the Subject Officer as manic. The affected person indicated that he had broken the window as he believed that the house was on fire and filling with smoke, and that other individuals had locked him in the residence and barricaded the door. Based on the affected person's behaviour, the first Subject Officer believed the affected person was suffering a mental health crisis and, believing that the affected person was a danger to himself and could not be left alone in the residence, made the decision to apprehend the affected person under the *Mental Health Services Act* so he could be taken to the hospital for assessment.

The affected person was handcuffed by the first Subject Officer and escorted to a nearby RCMP vehicle without incident or use of force. At approximately 9:57 a.m., the affected person was placed in the rear of a police vehicle for transport to the hospital. While in the back of the police truck, the affected person's behaviour deteriorated, and he repeatedly kicked the rear passenger door of the vehicle while yelling that the vehicle was full of smoke. While the Subject Officer stated that he had initially planned on taking the affected person directly to hospital in Melfort to be assessed, based on the affected person's deteriorating behaviour and his experience with Melfort Hospital's capacity to manage violent or unpredictable patients, he believed that medical staff would not treat the affected person due to his behaviour. Instead, the Subject Officer arranged to have paramedics attend the Melfort RCMP detachment to assess and treat the affected person in cells.

The affected person was transported to the Melfort RCMP detachment where he was booked into cells. The affected person was sweating and breathing heavily and remained agitated while being booked into cells, but no physical force was used by the officers and at approximately 10:14 a.m., the affected person walked into a cell under his own power. An ambulance arrived at the detachment approximately two minutes after the affected person was placed in the cell and at approximately 10:18 am, two paramedics entered the affected person's cell to assess and treat him. The affected person's behaviour remained erratic, and he refused to answer questions from the paramedics or let them assess him, with the affected person again stating that he believed the cell was on fire and filling up with smoke. The affected person did, however, agree to let the paramedics take him to Melfort Hospital. The affected person's property was returned to him, and at approximately 10:26 a.m., he walked out of the detachment on his own power and got into the ambulance. The first Subject Officer followed the ambulance to the hospital in his police vehicle.

The affected person arrived at Melfort Hospital at approximately 10:28 a.m., and was taken to an examination room where he was seen by a nurse. The nurse attempted to assess the affected person, but he refused to answer her questions or let her obtain his vital signs. The nurse told the affected person that if she could not assess him, then the doctor would not be able to treat him. The affected person's behaviour remained erratic, and he continued to refuse the nurse's attempts to assess him. The nurse eventually informed the Subject Officer that she could not examine the affected person based on his behaviour and at that point, the Subject Officer made the decision to take the affected person back to cells. The Subject Officer informed the affected person that he was going back to cells and reached in to grab his wrist, but the affected person resisted and pulled away. The Subject Officer and the affected person engaged in a brief physical struggle, eventually ending up on the floor of the hospital. During the struggle, the Subject Officer told the affected person that he would have to use a conducted energy weapon (CEW), commonly known as a taser, but no CEW was deployed during the incident. As the affected person locked his hands under his body while on the floor, the Subject Officer used his collapsible baton to pry the affected person's arm free, but the baton was not used to

strike the affected person. Ultimately, with the assistance of a paramedic, the Subject Officer was able to gain control and handcuff the affected person. The affected person was brought to his feet, caught his breath, and was then escorted out of the hospital under his own power and returned to the Melfort RCMP detachment without any further issues, returning to the detachment at approximately 10:42 a.m.

At approximately 10:44 a.m., the affected person was returned to the same cell that he originally occupied and briefly used the cell's toilet and sink before lying down on a mattress. As the affected person remained in custody, he was monitored by civilian guard staff at the detachment who maintained a log of their observations, which were also video monitored. Over the next few hours, the affected person moved about within the cell, alternating between sitting and lying on the mattress and drinking from the sink.

As the affected person remained in his cell and continued to be monitored by civilian guard staff, the two Subject Officers performed other policing duties, including both follow-up tasks related to the damage at the rental property and unrelated matters. At approximately 1:04 p.m., a civilian guard heard the affected person yell from his cell, asking to return to the doctor. The guard relayed the affected person's request to the two Subject Officers who were at that point working in the detachment and recorded the request in the guard log. One Subject Officer acknowledged the request but stated that as the affected person had been repeatedly doing and saying the same thing all morning and did not provide a rationale for his request, he believed that it could wait until the affected person was sober enough to return to the hospital. A review of the cell block video showed that, at no time did the affected person display any obvious signs that he was going into medical distress, and other than knocking on the cell door a short time prior to his request to the civilian guard, and his subsequent request to the guard, did not appear to be attempting to attract the attention of the RCMP members or guards.

At approximately 1:45 p.m., the affected person was provided with a blanket, which he retrieved and used to cover himself. Over the next several hours, the affected person continued to move and change positions while lying on the mattress, covered with the blanket. Guard checks continued throughout this time and noted the affected person as sleeping or sitting in his cell.

At approximately 5:09 pm, the first Subject Officer returned to the cell block with the affected person's medication and discovered that he was unresponsive when he attempted to speak with him. Based on a review of the cell block video, there was a period of approximately 11 minutes between the time of the affected person's last observable movements within the cell and the time he was discovered unresponsive and life saving measures were commenced. Following the discovery that the affected person was in distress, RCMP members commenced first aid and immediately contacted EMS.

RCMP members continued to provide first aid until the ambulance arrived at approximately 5:16 p.m., and assumed responsibility for the affected person's care, before transporting him to Melfort Hospital, departing the RCMP detachment at approximately 5:36 p.m. and arriving at approximately 5:38 p.m. At the hospital the affected person was treated by medical staff, but despite their resuscitation efforts, the affected person was pronounced deceased at approximately 6:08 p.m.

An autopsy conducted following the affected person's death determined that he had died from acute cocaine toxicity, with severe coronary artery atherosclerosis as a contributing cause of his death.

Analysis

Following an assessment of the evidence obtained during SIRT's investigation, there is no reasonable basis to suggest that any use of force by police, either during the affected person's apprehension pursuant *The Mental Health Services Act* or during his time in custody caused or contributed to his death. The autopsy result confirms that the cause of the affected person's death was acute cocaine toxicity, with coronary artery disease as a contributing factor, which accords with the substantial volume of video evidence documenting the absence of any meaningful use of force during the affected person's interactions with the RCMP.

Two members of the RCMP were designated as Subject Officers during the course of SIRT's investigation, based primarily on the role of those officers in the initial apprehension of the affected person, and their subsequent interactions with and responsibility for the affected person while he remained in custody. Pursuant to the *Criminal Code*, a police officer is under a legal duty to provide the necessities of life to an individual placed under their charge, and the failure to do so may constitute an offence when that failure endangers the life of that person. In order to constitute an offence, the conduct of the police officer must represent a marked departure from the standard expected of a reasonably prudent police officer considering all of the circumstances of the case, and the risk of harm to the individual must have been an objectively foreseeable consequence of any such failure.

The evidence gathered during this investigation, including the video footage, guard logs, and witness interviews confirms that the affected person was reasonably monitored during his time in custody by both civilian guard staff and RCMP members, with checks performed at regular and reasonable intervals. Upon the discovery that the affected person was unresponsive, care was immediately provided for the affected person, both by members of the RCMP and by paramedics who were contacted rapidly after the discovery of the affected person's condition. A review of the evidence surrounding the RCMP response following the discovery of the affected person's condition confirms that the care provided to him was both timely and reasonable and provides no basis to believe that any offence was committed in relation to that post-discovery response.

The comments made by the affected person to the civilian guard, wherein he requested to see a doctor during his detention, and the manner in which police responded to that request warrant a separate analysis, but, as stated above, that analysis must consider the totality of the circumstances of the incident and the information available at the time.

The assessment of both the conduct of police and the foreseeability of harm must take place in light of the understanding at the time of the affected person's condition, which in this case flowed directly from the reasons for his apprehension. The apprehension of the affected person, pursuant to *The Mental Health Services Act*, occurred on the basis that the affected person represented a danger to himself based on his behaviour and a potentially ongoing mental health crisis, rather than from a specific observation or awareness that he was in any ongoing or forthcoming medical distress. This understanding shaped the police response to the affected person's needs, and in all of the circumstances cannot be said to be unreasonable. Concern regarding the affected person's ability to cause harm to himself was, in this instance, reasonably mitigated in the short term by securing him in custody until a mental health evaluation could occur.

Similarly, the assessment of the conduct of police must be viewed in light of the totality of the circumstances. For this purpose, it is important to note that the response to the affected person's request cannot be fairly described as a failure to engage medical services for the affected person, but more accurately as the failure to resort to an *immediate* third attempt to engage medical services for the affected person following two prior unsuccessful attempts and in light of no observable change in condition or circumstance that would have put police on notice as to a materially different issue or increased urgency. Further, this assessment must reasonably account for the fact that both prior attempts to engage medical services for the affected person occurred immediately following a stated desire by the affected person to see a doctor but ended unsuccessfully after the affected person's inability or unwillingness to participate in an assessment by medical staff prevented such an assessment from occurring. That a third attempt to engage medical services would ultimately have occurred is reasonably established by the evidence and was, at that time, the central reason for the affected person's apprehension and continued detention. The question is thus best framed as whether the failure to immediately engage those services in these circumstances represents a marked departure from the expected standard.

An overall view of the affected person's time in custody and the police response to his medical needs does demonstrate a level of ongoing concern for his well-being. When, for example, the affected person stated during his detention that he was diabetic, he was immediately provided with juice in his cell. Further, the eventual discovery of the affected person in medical distress occurred during a proactive attempt to provide him with his prescribed medications that had been discovered by the property owner and turned over to police. This occurred independently of any request by the affected person. Accordingly, while the affected person's most recent request to see a doctor was not immediately acted upon, in totality, considering both prior attempts to obtain an assessment and the other actions by police as noted above, it cannot be said that the overall attitude towards the affected person's well-being and medical needs was one of indifference.

As noted above, during the course of SIRT's investigation, the medical staff who dealt with the affected person at hospital were interviewed in relation to the incident. During those interviews, staff commented that the affected person did not appear to require immediate medical attention or they would have requested that he remain at hospital. It was noted during an interview that the affected person, on his departure from hospital appeared to be in good health and was walking independently. It was further stated during an interview that, in general, the use of cocaine or a mental health episode do not typically constitute a medical emergency, which caused staff to be surprised when the affected person was returned to hospital later in the day in medical distress. These observations impact upon the question of the objective foreseeability of harm, as it is difficult to conclude that police must have objectively foreseen the likelihood of harm to the affected person when trained medical staff, with at least some opportunity to observe and interact with the affected person, did not.

When considering the overall approach to the care of the affected person, including the two prior attempts to obtain medical services for him, and the knowledge available at the time regarding the immediacy of his medical needs, it cannot be said that the conduct of police constituted a marked departure from the standard expected of a reasonably prudent police officer, or that if such a departure existed, it occurred when the likelihood of harm to the affected person was objectively foreseeable.

Following a review of the totality of the evidence in this case, and considering in particular the issues of the ongoing monitoring of the affected person while he remained in custody, the overall approach to the medical needs of the affected person, and the reaction of police once it was determined that the affected person was in medical distress, there are no grounds to believe any police officer committed any *Criminal Code* offence during the course of this incident and no charges will be laid.

Decision

There being no grounds to believe an offence was committed by any police officer, SIRT's involvement with this matter is concluded without referral to the Attorney General for Saskatchewan in accordance with S.91.08(10)(a) of *The Police Act, 1990*.

Original Signed

Greg Gudelot
Civilian Executive Director
Serious Incident Response Team (SIRT)

April 27, 2026

Date of Report