



VERDICT AT INQUEST

File No.: 2009:0730:0032

An Inquest was held at The Supreme Court, in the municipality of Terrace

in the Province of British Columbia, on the following dates September 12 to September 16, 2011

before Mr. Shane DeMeyer, Presiding Coroner,

into the death of Jackson Rodney Shayne 35 Male Female (Last Name, First Name, Middle Name) (Age)

and the following findings were made:

Date and Time of Death: September 26, 2009 12:00 noon

Place of Death: Wrinch Memorial Hospital Hazelton, British Columbia (Location) (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death: a) Gunshot Wound to the Chest

DUE TO OR AS A CONSEQUENCE OF

Antecedent Cause if any: b) Police Action (RCMP/ERT)

DUE TO OR AS A CONSEQUENCE OF

Giving rise to the immediate cause (a) above, stating underlying cause last. c)

(2) Other Significant Conditions Contributing to Death:

Classification of Death: Accidental Homicide Natural Suicide Undetermined

The above verdict certified by the Jury on the 16th day of September AD, 2011

Shane DeMeyer

Presiding Coroner's Printed Name

Presiding Coroner's Signature



VERDICT AT INQUEST

FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE INQUEST INTO THE DEATH OF

FILE No.: 2009:0730:0032

JACKSON

Rodney Shayne

PARTIES INVOLVED IN THE INQUEST:

Presiding Coroner: Shane DeMeyer

Coroner Counsel: Rodrick MacKenzie

Court Reporting/Recording Agency: Verbatim Words West

Participants/Counsel: Jackson Family/A. Cameron Ward.
Attorney General of Canada/ Andrew Kemp

The Sheriff took charge of the jury and recorded 17 exhibits. 27 witnesses were duly sworn in and testified.

PRESIDING CORONER'S COMMENTS:

The following is a brief summary of the circumstances of the death as set out in the evidence presented to the jury at the inquest. The following summary of the evidence as presented at the inquest is to assist the reader to more fully understand the Verdict and Recommendations of the jury. This summary is not intended to be considered evidence nor is it intended in any way to replace the jury's verdict.

On September 12, 2009 the Royal Canadian Mounted Police (RCMP) Detachment in Hazelton received a tip that Rodney Shayne Jackson was residing with his dog in a fishing village in Kisgegas. This village was north of New Hazelton in an area known to be frequented by bears. Mr. Jackson had a warrant for his arrest due to five outstanding charges for which he had failed to appear in court to address. The most recent charges were from an incident that took place in November of 2008. The local Detachment had attempted on previous occasions to apprehend Mr. Jackson, but he had eluded them by running away whenever pursued.

On September 23, 2009, the Hazelton RCMP Detachment requested the assistance of the North Coast Emergency Response Team (ERT) to exercise an arrest warrant on Mr. Jackson. Two days later an ERT tactical plan was developed. As both the Team Leader and the backup Team Leader of ERT were unavailable for this action, the plan was developed by a regular member of the team and subsequently signed off by the Incident Commander of the North Coast ERT. The Incident Commander who gave approval to the plan had not received ERT training himself prior to this incident. That evening a Briefing on the plan was given to the members of ERT who were to participate in the attempted arrest of Mr. Jackson.

At 0600 hours on the morning of September 26, 2009, the ERT members met at a staging area sixty kilometres north of New Hazelton. At approximately 0740 hours they were transported in two teams (Alpha and Bravo) 800 metres south of the Kisgegas fishing village by a member of the Department of

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Fisheries and Oceans. Included with Alpha Team was a police dog and handler. The two groups travelled slowly beside the road (Alpha Team) and in the forest to the left of the road (Bravo Team), until they approached the cabin where it was reported Mr. Jackson had been staying.

During the ERT approach, two dogs that had been outside the cabin became agitated and started barking and approaching the ERT members. As one dog approached the hiding spot of a Bravo Team member, Mr. Jackson exited the cabin and started moving towards the hiding spot with a rifle in his hand. Testimony from members of the ERT was that commands to drop the rifle were issued and that Mr. Jackson did not seem to comply immediately. As he was moving towards the hiding place of the Bravo team member, a member of the Alpha Team shot several times striking Mr. Jackson in the chest and causing him to collapse on the ground.

Members of the ERT started to administer first aid and an ambulance was requested to attend. Previous arrangements had been made to have an air ambulance on call in case of injuries during this action. However, the members learned that the estimated time of arrival for the air ambulance was approximately ninety minutes. A decision was made to call for a ground ambulance that they would meet on the road back to New Hazelton. Members of ERT transported Mr. Jackson in a RCMP vehicle where they continued first aid while driving back towards New Hazelton.

The RCMP vehicle met the approaching ambulance around the Sedish Creek crossing and Mr. Jackson was given into the care of the paramedics who transported him to Wrinch Memorial Hospital in New Hazelton. Mr. Jackson arrived at the hospital at approximately 1123 hours and was placed in the Emergency Room for life saving measures. These attempts were unsuccessful and Mr. Jackson was declared deceased at 1200 hours on September 26th, 2009.

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Pursuant to Section 38 of the Coroners Act, the following recommendations are forwarded to the Chief Coroner of the Province of British Columbia for distribution to the appropriate agency:

JURY RECOMMENDATIONS:

To: Royal Canadian Mounted Police

1. We recommend to the RCMP that all police vehicles be equipped with a standardized comprehensive first aid kit.

Coroner's Comments: the Jury heard evidence that the RCMP vehicle used to transport Mr. Jackson after the shooting lacked basic medical supplies including a breathing mask.

2. We recommend to the RCMP that all Incident Commanders of "ERT" be fully trained in "ERT" tactics.

Coroner's Comments: The Jury heard evidence that the Incident Commander who approved the tactical plan did not have the ERT training that would assist in understanding the plan.

3. We recommend to the RCMP that each "ERT" member be fully trained in team leadership skills.

Coroner's Comments: The Jury heard testimony that the two trained leaders of the ERT group were unavailable so an untrained member developed the tactical plan and acted as the lead during the action.

4. We recommend to the RCMP that the RCMP utilize communication systems that work effectively in remote areas.

Coroner's Comments: The Jury heard testimony that the ERT communication systems worked sporadically as the members were approaching the cabin where Mr. Jackson was staying.

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5. We recommend that the RCMP adhere to covenants made between the RCMP and the First Nations in the Public Safety Cooperation Protocol dated April 25, 2008.

Coroner's Comments: The Jury heard testimony that the RCMP violated the terms of the Public Safety Cooperation Protocol when they attempted to apprehend Mr. Jackson on First Nations territory without involving the local First Nations government.

6. We recommend to the RCMP that consideration be made to utilize the Aboriginal Conflict Management Team and/or the Crisis Negotiator Team whenever planning an "ERT" action in an aboriginal community.

Coroner's Comments: The Jury heard testimony that the ERT Tactical Plan did not include a negotiator despite knowing that Mr. Jackson would be hiding in a secure building (cabin) and armed with a rifle because of bears in the area.

7. We recommend to the RCMP that detachments with relationships with aboriginal communities ensure a liaison officer presents regular reports to the governing bodies of their respective bands.

Coroner's Comments: The Jury heard testimony that the RCMP Detachment in Hazelton had a working relationship with the Gitanmaax Band of which Mr. Jackson was a member. However, testimony indicated that the community was not consulted on how to have Mr. Jackson attend court to answer to the charges that had been made against him.

8. We recommend to the RCMP that they ensure mental health services are available for all "ERT" members to utilize when involved in a police action.

Coroner's Comments: The Jury heard testimony that the RCMP members of the "ERT" did not receive any professional mental health debriefing/counselling following the fatal shooting of Mr. Jackson.

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To: Crown Council, Attorney General

9. We recommend to Crown Council that protocol be established whereby public safety statements be collected from every member of the "ERT" involved in an incident resulting in death and that such statements cannot be used against a member in a trial.

Coroner's Comments: The Jury heard testimony that under the CANADIAN CHARTER OF RIGHTS AND FREEDOMS peace officers, as with the public at large, are not required to give statements following a shooting. However, they also heard testimony that statements immediately following an incident provide the best recollection of the event.

To: Province of British Columbia

10. We recommend to the Government of British Columbia that the Independent Investigation Office should be implemented in an expeditious manner.

Coroner's Comments: The Jury heard testimony that Bill 12 had been passed in British Columbia allowing the creation of an independent investigative body to investigate all incidents where a peace officer may have been involved in the death or serious harm of another individual.

11. We recommend to the Government of British Columbia that once an investigation into a police involved death has been completed that it be reviewed by an independent body to ensure the integrity of the investigation.

Coroner's Comments: The Jury heard testimony that it would be of benefit to the new Independent Investigations Office to have an independent prosecutor review all files (including those where no fault is found) to help support the Office in its decisions.

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To: British Columbia Ambulance Service

12. We recommend that the British Columbia Ambulance Service provide rural/remote communities with vehicles capable of off-road driving.

Coroner's Comments: The Jury heard testimony that a ground ambulance was not staged near the site of the incident as it was believed the dirt road would be impassable by a standard ambulance.

13. We recommend to the British Columbia Ambulance Service that policies be reviewed to ensure air ambulances are available in a timely manner to support police action where the possibility of danger exists.

Coroner's Comments: The Jury heard testimony that the Air Ambulance was staged in Prince Rupert due to operational concerns for the British Columbia Ambulance Service. This location meant the helicopter would not arrive at the site of the incident for approximately ninety minutes. This long delay in treatment necessitated the transport of Mr. Jackson by RCMP members in one of their vehicles until they met a ground ambulance along the road who then transported the rest of the way to the hospital.