



VERDICT AT INQUEST

File No.: 2010: 0568:0092

An Inquest was held at Penticton Court Services, in the municipality of Penticton

in the Province of British Columbia, on the following dates January 16-17, 2012

before Mark Coleman, Presiding Coroner,

into the death of AMYOTTE, Gordon Brent 39 Male Female
(Last Name, First Name Middle Name) (Age)

and the following findings were made:

Date and Time of Death: May 28, 2010 at 1411 hours

Place of Death: Penticton Regional Hospital, 550 Carmi Ave Penticton, British Columbia
(Location) (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death: a) Cardiorespiratory arrest

DUE TO OR AS A CONSEQUENCE OF

Antecedent Cause if any:

b) Combined drug overdose in a patient with symptoms and signs of excited delirium

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 17 day of January AD, 2012.

Mark Coleman

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.:2010:0568: 0092

AMYOTTE

SURNAME

Gordon Brent

GIVEN NAMES

PARTIES INVOLVED IN THE INQUEST:

Presiding Coroner: Mark Coleman

Coroner Counsel: Rodrick MacKenzie

Court Reporting/Recording Agency: Joann Watson / Verbatim Words

Participants/Counsel: Attorney General & RCMP / David Kwan

The Sheriff took charge of the jury and recorded 1 exhibit. 11 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 the afternoon of May 28, 2010, emergency personnel were called to the 400 block of Martin Street in Penticton in response to complaints that a person, later identified as Gordon Brent Amyotte, was acting erratically. Witnesses who observed Mr. Amyotte prior to the arrival of emergency personnel described that he was stumbling and was seen to fall to the ground more than once. He crossed a street without any apparent awareness of the passing vehicles. He was then observed to strike his head on walls, windows and cement pillars.

Paramedics arrived and found Mr. Amyotte lying on the ground. Mr. Amyotte was found to be alert but only partially responsive. During the paramedics' assessment of Mr. Amyotte, one of the paramedics noticed an uncapped syringe in one of his hands. This observation changed the situation as there was a concern for the safety of the paramedics. One of the paramedics placed a booted foot on Mr. Amyotte's hand in order to immobilize the hand and prevent any injury from the syringe. By this point in time two RCMP officers had arrived on scene.

The RCMP officers assisted in removing the syringe from Mr. Amyotte's hand and he was searched for any other syringes or weapons. It was around this time that Mr. Amyotte became extremely agitated. Civilian witnesses, police and paramedics all described Mr. Amyotte as actively resisting attempts to physically control him.

A decision was made to arrest Mr. Amyotte for causing a disturbance. A measure of force was applied by police in order to handcuff Mr. Amyotte. The force that was applied included holding Mr. Amyotte's legs down, placing a knee on his back and moving his arms into a position that would allow handcuffs to be put on. Witnesses confirmed that the police officers did not strike Mr. Amyotte, nor did they use any weapons or tools, other than handcuffs. The police officers described having difficulty getting Mr. Amyotte to roll from his side into a prone position. There was also difficulty in accessing one of his arms in order to put on the handcuffs.

Once Mr. Amyotte had been handcuffed one of the paramedics was able to perform a further assessment. She found that Mr. Amyotte's pulse was slow and weak. He was also found to have low blood sugar, although the

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result of this test was considered unreliable pending a second test. The paramedic who had assessed Mr. Amyotte determined that he should be transported to hospital and she began preparing for the transport. It was then that Mr. Amyotte was observed to be unresponsive and cyanotic. A third police officer who had arrived on scene had been holding on to Mr. Amyotte's hands to stabilize Mr. Amyotte as he appeared to be attempting to roll over. Mr. Amyotte was still alert at this time and was noted to be tensing his muscles and clenching his hands into fists. The officer holding onto Mr. Amyotte's hands described him as suddenly going limp.

When Mr. Amyotte became unresponsive, his handcuffs were removed and he was rolled onto his back. He was found to still have a pulse but was not breathing. A bag valve mask was used to get air into Mr. Amyotte's lungs and he was placed into the back of the ambulance. During transport to hospital, Mr. Amyotte went into full cardiac arrest. CPR was performed by the attending paramedic with the assistance of a police officer who was also travelling in the ambulance. Upon arrival at the hospital, resuscitation efforts were continued by hospital staff but were unsuccessful.

An autopsy was performed and did not identify any injury or natural disease that would have caused death. Toxicological analysis revealed lethal levels of methamphetamine along with the presence of cocaine, methadone and morphine. The pathologist found the underlying cause of death to be a combined drug overdose. The pathologist also indicated that the behaviour of Mr. Amyotte, as described by witnesses, in conjunction with the elevated body temperature identified in hospital were consistent with someone exhibiting symptoms and signs of excited delirium.