



CORONER'S COURT OF BRITISH COLUMBIA
VERDICT AT CORONER'S INQUEST

We, the Jury, having been duly sworn and serving at the inquest, commencing on 11 September 2007 at
Vernon, British Columbia, and continued on the following dates 12 September 2007
into the death of LOUIS, Jay Douglas find he came to his death at approximately 0506 hours
on the 19 day of May AD, 2006 at or near Vernon, British Columbia

MEDICAL CAUSE OF DEATH

- (1) Immediate Cause of Death: a) Cocaine overdose
DUE TO OR AS A CONSEQUENCE OF
Antecedent Cause if any: b)
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 THE EVENT [X] ACCIDENTAL [ ] HOMICIDE [ ] NATURAL [ ] SUICIDE [ ] UNDETERMINED

The above verdict certified by the Jury on the 12th day of September AD, 2007.

BRUCE CHAMBERLAYNE
Presiding Coroner's Printed Name

[Handwritten Signature]
Presiding Coroner's Signature

TO BE COMPLETED BY PRESIDING CORONER

Age: 35 years Gender: [X] Male [ ] Female
Date of Birth: 24 February 1971 Native: [X] Yes [ ] No
Coroner's Case No.: 2006:0562:0037 Post Mortem: [X] Full [ ] External [ ] None
Police File No.: 2006-11334 Toxicology: [X] Yes [ ] No
Police Department: Vernon RCMP Identification Method: [X] Visual [ ] Other (specify below)
Court Reporter: D. Maxell/Vernon Court Reporters Identified by: Family member
Phone: 250-549-4155 Premise of Injury: Private residence
Premise of Death: Vernon Jubilee Hospital



CORONER'S COURT OF BRITISH COLUMBIA

held at Vernon, British Columbia

**VERDICT AT CORONER'S INQUEST**

FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE INQUEST

INTO THE DEATH OF

**LOUIS**

SURNAME

**JAY DOUGLAS**

GIVEN NAMES

**INTRODUCTION**

This inquest into the death of Jay Douglas Louis commenced 0930 hours on September 11, 2007, at Vernon Law Courts, 3001 – 27<sup>th</sup> Street, Vernon, BC, and continued on September 12, 2007. Dr. Syd Pilley was counsel to the coroner, Ms. Helen Roberts appeared on behalf of the Attorney General of Canada (representing the RCMP), Mr. Dan Carroll appeared on behalf of the Louis family and Mr. Tim Leadem appeared on behalf of the BC Ambulance Service. Deputy Sheriff Al McNeil took charge of the jury and recorded the following exhibits:

1. Family photo album
2. Map of area
3. Scale drawing of residence and yard
4. Photograph of knife
- \* 5. Final autopsy report
- \* 6. Provincial Toxicology Centre report
- # 7. Statement of Kennedy Louis
8. Vernon Jubilee Hospital Emergency record report
9. Registration of Death, Jay Douglas Louis

Note

- \* 5/6 Final autopsy report and Provincial Toxicology Centre report. Disposition order made by Presiding Coroner: for disclosure only with approval of Coroner Chamberlayne or Chief Coroner.
- # 7 Statement of Kennedy Louis. Following conclusion of Inquest, post hoc disposition order made by the Presiding Coroner: for disclosure only with approval of Coroner Chamberlayne or Chief Coroner.

The following witnesses testified:

1. Mrs. Pam Louis, mother
2. Mr. Chris Wilson, friend
3. Mr. Dave Lawrence, Okanagan Indian Band Fire Chief
4. Cst. Brian Brooks, Vernon RCMP
5. Cpl. Bob Dean, Vernon RCMP
6. Mr. Ralph Marchand, neighbour
7. Mr. Frank Bosk, BC Ambulance Service
8. Ms. Valerie Kozub, BC Ambulance Service
9. Dr. James Stephen, Pathologist, Royal Inland Hospital



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10. Dr. Walter Martz, Provincial Toxicology Centre
11. Dr. Christine Hall, 'Excited delirium' expert
12. Cpl. Sam Ghadban, Kelowna RCMP

**PRESIDING CORONER'S COMMENTS**

The following is a brief synopsis of the issues reviewed during the inquest. The purpose of these comments is to assist the reader to more fully understand the Verdict and Recommendations of the jury. It is not intended to be considered evidence nor is it intended in any way to replace the jury's verdict.

Mrs. Louis provided a background of her son's life, including photographs, to the jury. She reported that Mr. Louis had been dealing with personal issues and had been known to use cocaine.

Mr. Chris Wilson, a friend of Jay Louis, attended his residence on the evening of May 18, 2006 following a baseball game. They shared some beers together and he reported that Mr. Louis was fine and acting normally.

Mr. Dave Lawrence and members of the Okanagan Indian Band Volunteer Fire Department were dispatched to Mr. Louis' residence at 2340 hours on May 18, 2006. Mr. Louis reported that he thought his mobile home was on fire as he smelled smoke through the floor vents and that the floor felt hot. After a thorough examination of the residence, Mr. Lawrence could not locate any fire. He commented that there was a bonfire burning across the road and the smell of smoke was present. Mr. Lawrence stated that Mr. Louis was somewhat excited, which would be a normal reaction to a possible house fire. He did not observe any drug paraphernalia in the home.

Cst. Brian Brooks and Cpl. Bob Dean were dispatched to the Louis residence at approximately 0332 hours on May 19, 2006. It was reported to them that a gentleman was "out of control" and that a young child had been stabbed. Two BC Ambulances had also been dispatched to the residence at approximately 0340 hours following a 9-1-1 call from one of the Louis children. When they arrived at the residence Mr. Louis' 7 year old son, Trenton Louis, was in the driveway and had a small wound on his calf. Mr. Louis' 9 year old daughter, Kennedy Louis, was walking out of the gate of the residence speaking on a telephone. The children explained that their father was acting in a bizarre manner. Mr. Louis exited his residence onto the porch and was yelling incoherently and waving his arms in the air. Cpl. Dean took control of the children and Cst. Brooks approached Mr. Louis to assess the situation. He asked Mr. Louis to calm down but it appeared that Mr. Louis did not hear or recognize that he was a police officer. He observed that he had a bleeding wound on his right thigh and there was a lot of blood present on his pants and legs. Mr. Louis sat down on his porch and began to grab at his crotch and legs. The police officers placed Mr. Louis in a double handcuff in order to secure him from further harming himself and laid him prone on the porch deck.



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Mr. Louis did not present a threat at any time and both police officers reported that they had no reason to use force. There was very little resistance when Mr. Louis was handcuffed and he became calm once he was restrained. Cst. Brooks reported that his electrical conduction device (taser) fell out of his uniform while securing Mr. Louis. He observed the taser laser light, which is used for sighting the weapon, had accidentally turned on when the taser had fallen onto the porch deck. He turned the taser off and secured it in his uniform. There was no evidence of the taser being fired and Cst. Brooks reported that it was never fired. Follow-up testing of all Vernon RCMP detachment tasers revealed that none had been used on May 19, 2006.

While Cpl. Dean was transporting the two children to a family member's residence, Cst. Brooks observed there was a change in Mr. Louis' breathing. Cst. Brooks contacted Cpl. Dean to report his change in status and then tried to make an assessment of pulse and respiration. Mr. Louis was a heavy built individual and Cst. Brooks found it difficult to find a pulse or observe breathing. He was aware of a bleeding laceration to Mr. Louis' leg and believed he was in medical distress. He knew paramedics would be arriving on scene shortly as he could hear the emergency sirens. There was no first aid kit or respirator mask available to him as the police car was being used to transport the children. Police do not carry first aid equipment or a resuscitation mask on their equipment belt but leave a first aid kit in the police car. Cst. Brooks was trained in CPR, but as he was unsure if Mr. Louis had a heartbeat, he did not want to begin cardiac compressions. Also, Mr. Louis could not be moved into a supine position to administer CPR as his hands were handcuffed behind his back. Cst. Brooks made a risk assessment decision not to remove the handcuffs until his partner returned to the residence. When Cpl. Dean returned to the residence, approximately 6 minutes later, Mr. Louis' handcuffs were removed and he was placed in the recovery position. At this time, the first ambulance drove past the residence and traveled down Westside Road to the Little Kingdom Gas Station. There was some confusion as to the location of Mr. Louis' residence as ambulance personnel were dispatched to a residence behind Race Trac Gas on Westside Road, which had recently changed its name to Arrowhead Gas.

Cpl. Dean ensured his emergency lights were activated on the police car and notified RCMP dispatch to contact the ambulance crew to apprise them of the residence address. Cpl. Dean commented that he may have been able to contact the BC Ambulance crew directly if there was a common radio channel shared between the police and BC Ambulance Service. The second ambulance arrived on scene at approximately 0402 hours and the first ambulance, which had overshot the residence, arrived approximately two to three minutes later.

The jury heard from paramedics Mr. Frank Bosk and Ms. Valerie Kozub regarding their involvement with Mr. Louis. Mr. Louis was assessed as being pulseless and not breathing and CPR was initiated. Mr. Louis did not have any cardiac rhythm therefore no defibrillation was used. Injuries to his legs were also assessed and did not appear life threatening. Resuscitation protocols were maintained while Mr. Louis was transported to Vernon Jubilee Hospital. The paramedics were informed by the police that there may have been illicit drug use and

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Narcan (naloxone hydrochloride), an agent used to reverse the effects of narcotics, was administered en route to hospital. Resuscitation attempts were unsuccessful and the emergency room physician pronounced death at 0506 hours on May 19, 2006

A post mortem examination was conducted on May 25, 2006 at Royal Inland Hospital by Dr. James Stephen. Dr. Stephen did not identify any natural disease process that would have led to Mr. Louis' death. There were multiple stab wounds (23) noted on examination. In his opinion, the self-inflicted injuries were not life threatening. There was no evidence of taser injury present on the body. A taser injury is typically seen as a burn mark on the skin with two contact points. The double hand-cuff restraint method was not considered a contributing factor in his death. The cause of death was a cocaine overdose. The route of cocaine ingestion was not known. There was a small bag found in the gastric contents that was found to contain cocaine.

Dr. Walter Martz from the Provincial Toxicology Centre told the jury that post mortem samples of blood, urine and vitreous fluid were sent to the lab for drug and alcohol screening. The testing resulted in the detection of a lethal level of cocaine in Mr. Louis' system. Also present was a blood alcohol level of 0.03% which was not significant. Dr. Martz described the detection of 2.60 mg/L of cocaine and 8.50 mg/L of its metabolite benzoylecgonine, to be very high concentration. He testified that it was his opinion that this level was approximately 10 times the level that might be found in an individual ingesting a 'line' of cocaine (150 mg). He testified that cocaine is a very unpredictable drug and that fatalities have occurred at both low and high levels of concentration.

The jury heard a description of excited/agitated delirium from expert witness Dr. Christine Hall. Dr. Hall is an Emergency Room physician specialist and researcher in the area of sudden in-custody deaths. Dr. Hall described the common features of excited/agitated delirium and spoke about the challenges of medically treating individuals displaying these features. The jury heard that the prognosis for survival following a cardio-pulmonary arrest is often very grim. Dr. Hall could not comment specifically on Mr. Louis' circumstances, but it was her opinion that he displayed a number of the features commonly associated with excited/agitated delirium. ie. bizarre behaviour, yelling, agitation and apparently not recognizing first responders. Dr. Hall is involved in a number of education initiatives with the BC Ambulance Service and the Canadian Police Research Centre. She discussed the challenges that emergency personnel face when dealing with people displaying these symptoms, especially for those working in rural settings. The jury heard the need for emergency personnel to recognize the symptoms of excited/agitated delirium and the need to get individuals medical help in a timely way. First responders, especially in rural settings, have an increased challenge of accessing advanced medical care to assist individuals experiencing these symptoms.



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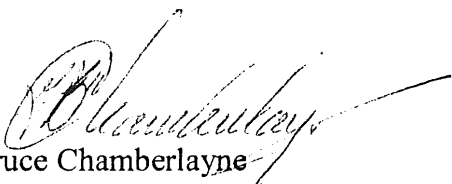
The jury heard that the RCMP has introduced formal training protocols for their members regarding basic first aid training. Officers are required to renew first responder first aid certification every three years. The jury heard that first aid kits are available in the police cars and resuscitation masks are kept in the glove box of police cars.

The jury heard from emergency personnel the challenges of locating residences in rural areas. Specifically, some residences on the Okanagan Indian Band reserve cannot be easily located as signage and house numbers are not always displayed. Cst. Brooks spoke about progress being made with mapping between the Band office and the Vernon RCMP detachment. A large map of the community is posted in the detachment. The jury heard discussion about the practical use of a global positioning system (GPS) with computer downloaded maps for emergency responders.

Cpl. Sam Ghadban of the Kelowna RCMP Major Crime Unit testified that he was the primary investigator assigned to this file. He told the jury that Mr. Louis was identified by his children and members of his family. He testified that no tasers carried by Vernon RCMP detachment officers were fired on May 19, 2006. The jury heard that a common communication channel between the police and BC Ambulance paramedics may be of benefit, however he cautioned that it may put officers at risk if radio channels need to be changed during a high risk situation. The jury heard that house numbers on residences and roadways and improved mapping would be a general benefit for emergency personnel. The jury also heard that the recognition of the features of 'excited delirium' would assist police officers in conducting their risk assessment of individuals.

After deliberation, the jury classified Mr. Louis' death as accidental and put forward the following recommendations.

Pursuant to Section 3(2)(d) 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:

  
Bruce Chamberlayne  
Presiding Coroner



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**RECOMMENDATIONS OF THE JURY**

**To: Inspector Steve McVarnock  
Vernon RCMP Detachment  
3402-30th Street  
Vernon  
V1T 5E5**

1. The RCMP ensure their personnel have first aid training/retraining every 3 years.
2. First Aid kits be in every RCMP vehicle on a call and be checked and filled at the commencement of each shift.
3. Every RCMP vehicle on a call contain a CPR mask.
4. RCMP have training/instruction in relation to how to deal with individuals who are exhibiting symptoms of "excited delirium", bi-polar disorder, or any disorder/spectrum similar to the above.
5. Have an RCMP officer specifically assigned to the Okanagan Indian Band reserve.
6. Police have access to 9-1-1 when necessary for medical guidance while waiting for ambulance service at a rural incident site.

**To: Chief Fabian Alexis  
Okanagan Indian Band  
12420 Westside Road  
Vernon  
V1H 2A4**

7. Ensure that all band residences have address numbers prominently displayed at their driveway entrances.
8. Okanagan Indian Band have a social services liaison on-call 24/7 to assist RCMP on their call outs where children are involved.



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**To: Assistant Commissioner A. MacIntyre  
RCMP HQ – E Division  
5255 Heather Street  
Vancouver  
V5Z 1K6**

**Mr. Fred Platteel  
Chief Executive Officer  
BC Ambulance Service  
2261 Keating Cross Road  
Saanichton  
V8M 2A5**

9. Establish effective emergency communication between RCMP and Ambulances where necessary for rural call-outs.

**To: Inspector Steve McVarnock  
Vernon RCMP Detachment  
3402-30th Street  
Vernon  
V1T 5E5**

**A/Unit Chief Bob Cail  
BC Ambulance Service  
3011-35TH Avenue  
Vernon  
V1T 2S9**

**Fire Chief Dave Lawrence  
Okanagan Indian Band  
11971 Westside Road  
Vernon  
V1H 2A6**

10. All emergency services – RCMP, Ambulance, Fire, have up to date current maps; specifically Okanagan Indian Band #1 and Westside Road.