



VERDICT AT INQUEST

File No.: 2010-0216-0048

An Inquest was held at the Burnaby Coroners Court, in the municipality of Burnaby in the Province of British Columbia, on the following dates October 11 - 12, 2011

before Madame Liana Wright, Presiding Coroner,

into the death of GILL Ropinder Singh 30 Male Female (Last Name, First Name Middle Name) (Age)

and the following findings were made:

Date and Time of Death: May 19, 2010 21:52 hrs

Place of Death: Royal Columbian Hospital New Westminister, BC (Location) (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death: a) Sequelae of cocaine-induced agitated delirium during restraint 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 Death: x Accidental Homicide Natural Suicide Undetermined

The above verdict certified by the Jury on the 12 day of October AD, 2011.

Liana Wright Presiding Coroner's Printed Name

Handwritten signature of Presiding Coroner

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

FILE NO.: 2010-0216-0048

GILL

SURNAME

Ropinder Singh

GIVEN NAMES

PARTIES INVOLVED IN THE INQUEST:

Presiding Coroner: Liana Wright
Inquest Counsel: Rodrick MacKenzie
Participant/ Counsel: Attorney General of Canada (RCMP)/ Helen Park

Court Recording Agency: Verbatim Words West Ltd.

The Sheriff took charge of the jury and recorded 2 exhibits as entered. Sixteen witnesses were duly sworn and testified.

PRESIDING CORONER'S SUMMARY:

The following is a brief summary of the circumstances of the death as presented to the jury at the inquest. The summary and my comments respecting the recommendations, if any, are only provided 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.

The jury heard that on the evening of May 16th, 2010, residents of a Surrey neighbourhood were alerted to the grinding of gears and the honking horn of a black Nissan 350Z automobile. Residents approached the vehicle and reported that the lone occupant and driver was yelling 'Help me, help me' and behaving bizarrely. A call was made to 911 and Surrey RCMP were dispatched. The first officer on scene heard the driver yelling inside the vehicle and he called dispatch for back-up. He approached the stationary vehicle cautiously, with his gun drawn. The vehicle surged forward into a chain link fence and then reversed. The officer reported he was fearful the driver was trying to run him over. The vehicle abruptly left the scene and fled north, ending up in a nearby cul-de-sac on a residential front lawn.

Two officers arrived and approached the vehicle. They could hear the driver, who was subsequently identified as Mr. Ropinder Singh Gill, age 30 years, yelling for help inside the vehicle. They attempted to open the car doors, but they were locked. Mr. Gill had moved onto the front passenger seat and appeared fearful. Mr. Gill was eventually able to unlock the doors to allow the police entry. The officers reported Mr. Gill was very diaphoretic (sweating) and distraught. They were unsure if Mr. Gill was suffering from a mental illness or some sort of alcohol or drug impairment. As Mr. Gill was pulled from the vehicle, he kicked and flailed at them. He was placed face down on the ground and officers were able to secure handcuffs on his wrists. Mr. Gill was reported to display 'super-human strength'. As the officers began to discuss their next course of action, Mr. Gill suddenly became quiet and the officers initially thought he had calmed down. One officer checked for a pulse at his neck, but did not feel one. He believed Mr. Gill was not breathing and attempted to feel for breath sounds. No breath sounds could be felt or heard. The officer called dispatch and asked them to summon paramedics as 'Code 3' which is indication of a patient requiring immediate, urgent attention. The officer commenced chest compressions. Other officers attended the scene. The fire department arrived on scene and took over airway management until the paramedics arrived minutes later. The Fire Captain asked the officers to uncuff Mr. Gill as they had been performing chest compressions while he was handcuffed behind his back. The Fire Captain reported that this was not an optimal position for compressions as a flat surface was required.

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Paramedics found Mr. Gill in cardiac arrest. An advanced life support paramedic was summoned and resuscitative efforts were performed. Mr. Gill was rushed to Royal Columbian Hospital and a pulse was re-established. He was seen by an Intensive Care physician the morning of May 17th, 2010. The doctor reported that when Mr. Gill's heart had stopped, his organs had suffered severe impairment. His liver and kidneys were failing. Given the damage to the brain, Mr. Gill's prognosis was extremely poor. The doctor reported that no trauma had been identified to the body. A urine drug screen had been positive for cocaine. Mr. Gill continued to deteriorate and was pronounced deceased on May 19th at 2152 hours.

An autopsy was performed which included the processing of antemortem blood specimens that were drawn on admission to hospital. The toxicologist reported that the metabolite of cocaine was quantitated in the blood sample at a level where in some persons it has been known to cause death, while in others it has not. The toxicologist determined though that cocaine intoxication was a factor in Mr. Gill's death.

The pathologist reported that no significant trauma, infection or natural disease was identified that would account for death. He reported that there was significant narrowing of the coronary arteries of 75-90%. This is an unusual finding in someone of Mr. Gill's age. The pathologist reported that the narrowing of the arteries would compromise blood flow to the heart and can lead to sudden death or collapse. The pathologist reported that given the description of Mr. Gill's behavior prior to his collapse, his previous history of cocaine use, the review of hospital records and the postmortem findings, he concluded that Mr. Gill had died from the Sequelae of Cocaine-Induced Agitated Delirium.

The pathologist reported that Agitated or Excited Delirium is usually manifested in a history of chronic stimulant use, often cocaine. The behaviours exhibited often attract the attention of police. Individuals need to be restrained and struggle and then suddenly become quiet and are found to have stopped breathing and to be pulseless. Although there is no clear understanding of why this happens, having paramedics available for quick medical intervention and support is recommended.

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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:

Commanding Officer E Division RCMP:

1. Protocol review on application of CPR involving restrained individuals.

The jury heard evidence that Mr. Gill had CPR performed while handcuffs were in place at his back. This is considered less ideal than lying on a flat surface.

2. Request RCMP to review / update policy / processes ensuring best possible access by EHS to and from incidents.

The jury heard evidence that paramedics had to request the removal of police vehicles blocking their exit from the scene in order for the ambulance to leave to take Mr. Gill to hospital.

3. Provide mandatory in-service training on signs, symptoms and best practices regarding agitated delirium.

Two of the attending police officers reported that they were unfamiliar with Excited/Agitated Delirium and did not recall having had any training on the subject prior to interacting with Mr. Gill.

Fire Chief, Surrey Fire Department:

4. Provide mandatory in-service training on signs, symptoms and best practices regarding agitated delirium.

The two firefighters who attended to Mr. Gill and appeared at Inquest reported they were not aware of Excited/Agitated Delirium and had not received any training on the subject.