



VERDICT AT CORONER'S INQUEST

File No.: 2010:022:0053

An Inquest was held at Coroner's Courtroom, in the municipality of Burnaby

in the Province of British Columbia, on the following dates February 20-21, 2012

before Marj Paonessa, Presiding Coroner,

into the death of KOONER Bikermanjit Singh 39 Male Female
(Last Name, First Name) (Age)

and the following findings were made:

Date and Time of Death: June 22, 2010 at approximately 2344 hours

Place of Death: Surrey Memorial Hospital Surrey, BC
(Location) (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death: a) 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: Accidental Homicide Natural Suicide Undetermined

The above verdict certified by the Jury on the 21st day of February AD, 2012.

MARJ PAONESSA

Presiding Coroner's Printed Name

Handwritten signature of Marj Paonessa

Presiding Coroner's Signature



## VERDICT AT CORONER'S INQUEST

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

FILE No: 2010-022-0053

KOONER

SURNAME

BIKERMANJIT SINGH

GIVEN NAMES

#### PARTIES INVOLVED IN THE INQUEST

Presiding Coroner: Marj Paonessa  
Court Reporting Agency: Verbatim Words West Ltd.  
Participant/Counsel: Attorney General for Canada representing the RCMP - Helen Park  
Mrs. Sukhjinder Kooner – Danny Markovitz

The Sheriff took charge of the jury and recorded one exhibit. Thirteen witnesses were duly sworn 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. This summary of the evidence 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.*

The jury heard evidence that Mr. Kooner was a 39 year old Surrey resident with a history of binge crack cocaine and alcohol use. Mr. Kooner sought medical treatment for his addictions over the years and had not suffered a relapse in the past several months.

Mr. Kooner's spouse gave evidence that he had left the family home on Sunday, June 20, 2010, and she suspected he was on a drug and alcohol binge. Over the course of the next two days, she communicated with him by phone and text requesting that he return home. Mr. Kooner responded by text on Tuesday, June 22<sup>nd</sup> that he was on his way and he arrived home at approximately 2000 hours.

Mr. Kooner subsequently contacted a close friend to come and pick him up. The friend arrived at the residence at 2130 hours. He noted that Mr. Kooner was acting very anxiously and that he was sweating profusely. They drove to a local coffee shop where Mr. Kooner began to speak about being followed and that someone was trying to kill him. He also admitted that he had been using cocaine again. The two men left the coffee shop and were driving along 160<sup>th</sup> Street near 88<sup>th</sup> Avenue. Mr. Kooner was in the passenger seat. He suddenly threw his coffee into the back of the van and then jumped out of the vehicle. He repeatedly stated he was scared and began to run in and out of traffic and attempted to open doors of vehicles waiting at the traffic light. The friend immediately pulled over and tried to assist Mr. Kooner off the road. Witnesses began called 911 to report two men causing a disturbance on the road.

The first police officer on scene described Mr. Kooner as sweating profusely and asking for help. He suspected that he was intoxicated and he and the friend were able to assist Mr. Kooner to a seated position on the grass between the roadway and the sidewalk. He reported that Mr. Kooner was not actively fighting but would not follow voice commands and resisted their efforts to gain control of him. A second officer attended and Mr. Kooner was handcuffed behind his back with some difficulty.



## VERDICT AT CORONER'S INQUEST

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

FILE NO: 2010-022-0053

KOONER

SURNAME

BIKERMANJIT SINGH

GIVEN NAMES

He was placed on his side in a recovery position and one of the officers requested through their dispatch that an ambulance crew to attend and assess Mr. Kooner's medical status. Shortly thereafter, the officers noticed that he had stopped resisting and became unresponsive. The ambulance was requested to attend 'Code 3' (with lights and sirens). Resuscitative efforts were initiated and continued upon arrival of the ambulance crew who were a few minutes away. Mr. Kooner was transferred to Surrey Memorial Hospital where he was pronounced dead shortly after arrival.

The pathologist testified that there was no evidence of natural disease process or traumatic injuries present that would have caused or contributed to death. Toxicology testing confirmed the presence of cocaine and its metabolite in Mr. Kooner's system. The jury heard evidence about the effects of cocaine and the signs and symptoms of the phenomenon known as cocaine-induced agitated delirium.

After deliberations, the jury classified the death of Mr. Kooner as accidental and put forward the following recommendations.

Marj Paonessa  
Presiding Coroner



## VERDICT AT CORONER'S INQUEST

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

FILE NO: 2010-022-0053

KOONER

SURNAME

BIKERMANJIT SINGH

GIVEN NAMES

*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: Commanding Officer "E" Division 5255 Heather Street Vancouver, BC V5Z 1K6	Honourable Shirley Bond Minister of Justice PO Box 9044 Stn Prov Govt Victoria, BC V8W 9E2
--	--

1. It is recommended that initial training for all law enforcement and other first responders include a more comprehensive and in depth course in the recognition of agitated delirium. It is also recommended that the training be refreshed yearly thereafter. Training to include the following:
  - More interactive scenarios, to give practical hands on experience
  - Highlighting the need to call medical first responders as early as possible at a Code 3.
2. Further, it is recommended that the Province of British Columbia commission a project to investigate and collect studies as such exist to better understand and identify agitated delirium, how to treat it and create policies and procedures to assist law enforcement and other first responders to prevent further tragedies.

*Presiding Coroner's Comments: All four RCMP officers testified that they received basic training in the form of a video as part of their recruit training in Regina. More indepth refresher training is provided when officers have three years of service. Only one of the three officers had enough service to have received the refresher training.*