BRITISH COLUMBIA

Ministry of Justice

VERDICT AT INQUEST

File No.: 2011:0278:0206

An Inquest was held at Burnaby Coroners Court, in the municipality of Burnaby

in the Province of British Columbia, on the following dates March 31 to April 3, 2014

before Liana Wright, Presiding Coroner,

into the death of VANDENBERG Kyle Martin 28 ☒ Male ☐ Female
(Last Name, First Name, Middle Name) (Age)

and the following findings were made:

Date and Time of Death: July 16, 2011

Place of Death: Vancouver General Hospital (Location) Vancouver, B.C. (Municipality/Province)

Medical Cause of Death

(1) Immediate Cause of Death: a) Incisions of neck

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 3rd day of April AD, 2014.

Liana Wright
Presiding Coroner's Printed Name

Presiding Coroner's Signature

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VERDICT AT INQUEST

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

FILE NO.: 2011:0278:0206

VANDENBERG	Kyle Martin
Surname	Given Names

PARTIES INVOLVED IN THE INQUEST:

Presiding Coroner: Liana Wright

Coroner Counsel: Christopher Godwin

Court Reporting/Recording Agency: Verbatim Words

Participants/Counsel: Bronson Toy, David Pillay, Adam Howden-Duke

The Sheriff took charge of the jury and recorded 2 exhibits. 22 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 May 23, 2011, Vancouver Police Car 87 (a patrol team comprised of one police officer and one psychiatric nurse) were contacted by the sister of Kyle Martin VANDENBERG. Kyle's sister had become concerned about her brother's mental health. In a visit to his apartment, where he lived alone, she observed broken glass strewn on the hallway floor, which he explained was a method to slow down any intruders coming for him through the door. The apartment appeared 'trashed' and knives could be seen placed around the room. He was described as agitated with a vacant stare and not his normal self. Cardboard had been placed on light sockets and cards were placed over electrical outlets. He told his sister and her friend that he was being spied on. Mr. Vandenberg was demonstrating clear signs of paranoia and delusions.

Car 87 attended Mr. Vandenberg's apartment to meet him and determine whether he was in need of psychiatric help. A police negotiator was called in to speak with Kyle hoping that a peaceful resolution could be reached with Kyle agreeing to allow police to take him to the hospital. Kyle was holding a knife and would only speak minimally to the negotiator through his front door which was opened only several inches. Kyle was indeed paranoid and fearful that others and the police were trying to capture him and torture him. After four hours of negotiations with little to no progress, ERT (Emergency Response Team) members who had been staged at various places around and in the building, burst into his apartment through the open door when Kyle told the negotiator he had to go use the bathroom.

Kyle was found with a knife in his hand and before it could be removed, he managed to make cuts to his throat. He was taken by ambulance to Vancouver Hospital for psychiatric evaluation. The lacerations

VANDENBERG (Surname) **Kyle Martin** (Given Names)

were determined to be superficial and not life-threatening. He was diagnosed with a psychotic disorder and kept as an involuntary patient in the psychiatric ward. He spent approximately three weeks in hospital before being discharged. He had been taking medications and was instructed to remain on his psychiatric medications. He was also referred to a mental health program (EPIP) for follow-up treatment. Mr. Vandenberg did not continue to take his medications and refused to attend the mental health program as an outpatient. Although staff did try to have Mr. Vandenberg understand the need for compliance and attendance to the program, he refused and would not cooperate.

Mr. Vandenberg continued to live alone in his apartment. His sister would see him occasionally and tried to keep contact with him by phone and text messages. On July 16, 2011, she received angry responses to her text messages that gave her cause to be concerned that his mental health had deteriorated once again. She called Car 87 for assistance. Vancouver police, having attended his home earlier in May, held a planning meeting to discuss their best approach. The Inspector on duty, ERT members, mental health professionals, negotiators and Car 87 all met to discuss the best plan to apprehend Kyle for a psychiatric assessment. They decided that since the four hour negotiations during the May 23 incident did not result in Kyle surrendering himself to police and going with them cooperatively to the hospital, that a different approach was needed. They knew that Kyle was agitated, paranoid, fearful that police were wanting to torture or harm him, was not taking his medications nor was he following a mental health program. Mr. Vandenberg was known to have knives in his apartment and has used a knife to self-harm in the May 23rd incident. Given all of these factors, they decided that the best way to apprehend Mr. Vandenberg would be by a tactical response. Mr. Vandenberg could be seen by one of the ERT members to be sitting on his living room couch. No knife was observed. Police deployed a flash-bang device meant to serve as a distraction while other ERT members broke down the front door for entry. Officers pushed through the front door down the hallway and spotted Mr. Vandenberg standing up from the couch. An ERT member deployed a few rounds from an Arwen gun, a less-lethal weapon, striking Mr. Vandenberg three times. Mr. Vandenberg quickly began cutting his throat with a long, serrated twin-tip knife he held in his hand. Police tried quickly to remove the weapon from him. They immediately began to apply pressure to the catastrophic wound and massive hemorrhaging that appeared to be coming from his carotid artery. The paramedics, who had been waiting in the stairwell were quickly summoned to the apartment suite. They quickly prepared Mr. Vandenberg for transport to Vancouver Hospital. During the trip down in the elevator Mr. Vandenberg appeared to lose consciousness. Paramedics began chest compressions which continued all the way to the Vancouver Hospital ER.

The jury heard that Mr. Vandenberg's injuries were too catastrophic and he could not be resuscitated. His death was pronounced at 2237 hours

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Surname	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: Vancouver Coastal Health Authority

1.We recommend that provision should be made to ensure that involuntarily admitted patients having suffered a psychotic crisis meet and confer with a social worker prior to discharge. The patient should, where feasible, be placed into a transition type of home before being fully discharged, especially if they are living alone.

TO: Chief Constable, Vancouver Police Department

2.Consultations between police and on-call psychologists should be recorded by both parties.

Coroner's Comments: The jury heard that consultations between police and the on-call psychologists are not always documented and that they should be audio-recorded.