Ministry of Public Safety and Solicitor General
Coroners Service
Province of British Columbia

File Number: 2017-1003-0124

VERDICT AT CORONERS INQUEST

FINDINGS AND RECOMMENDATIONS AS A RESULT OF THE CORONER'S INQUEST PURSUANT TO SECTION 38 OF THE CORONERS ACT, [SBC 2007] C 15, INTO THE DEATH OF

PRINCE	AARON LEE
SURNAME	GIVEN NAMES

An Inquest was held at the Nanaimo Law Courts, in the municipality of Nanaimo

in the Province of British Columbia, on the following dates: November 7, 2023 to November 10, 2023

before: Carolyn Maxwell, Presiding Coroner.

into the death of Prince, Aaron Lee (Last Name) (First Name) (Middle Name) 35 (Age) [x] Male [ ] Female

The following findings were made:

Date and Time of Death: Oct 12, 2017 (Date) 0703 (time)

Place of Death: 39000 Block of Inland Island Highway (Location) Qualicum Beach, British Columbia (Municipality/Province)

Medical Cause of Death:

(1) Immediate Cause of Death: a) Multiple gunshot wounds to chest and abdomen

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 [x] Homicide [ ] Natural [ ] Suicide [ ] Undetermined

The above verdict certified by the Jury on the 10th day of November AD, 2023

Carolyn Maxwell
Presiding Coroner's Printed Name

C Maxwell
Presiding Coroner's Signature

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PARTIES INVOLVED IN THE INQUEST:

Presiding Coroner:	Carolyn Maxwell
Inquest Counsel:	Christopher Godwin
Court Reporting/Recording Agency:	Verbatim Words West Ltd.
Participants/Counsel:	Ryan Grist & Victoria Young, counsel for the Attorney General of Canada, representing the interests of the RCMP

The Sheriff took charge of the jury and recorded **14** exhibits. **18** 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 is to assist in understanding, but does not replace, the jury verdict and recommendations. This summary is not evidence.

Aaron Lee Prince was a 35-year-old male who grew up in the Port Alberni and Parksville areas. He spent time working in construction and at a mine in Fort McMurray and resided with various family members over the years. A family member described Mr. Prince as a happy kid who, throughout his life, made friends wherever he went. Mr. Prince did not have a history of seeing his family physician for mental health concerns, but the physician was aware of his alcohol and cocaine use.

On October 9, 2017, Mr. Prince's partner called police to say that Mr. Prince was hearing and seeing strange things. Police picked up Mr. Prince and took him to Nanaimo Regional General Hospital (NRGH) for assessment. NRGH has a Psychiatric Emergency Services department, and the normal process when a patient is brought in for mental health concerns is for the patient to be assessed by nurses, who are specially trained in psychiatric disorders, and then a doctor would come down to complete a further assessment. If necessary, a patient could stay overnight, and a psychiatrist could be called in to see them the next day.

The emergency room doctor who saw Mr. Prince at NRGH on October 9, 2017, testified at the inquest that Mr. Prince showed no signs of being a danger to himself or to others on that day, therefore the doctor had no grounds to keep him in the hospital. A drug screen done at the hospital was positive for cocaine and the doctor explained during his testimony that psychosis brought on by drug use usually dissipates once the drug is out of a person's system, therefore the person is unlikely to be a risk to themselves or others once the effects of the drug are gone. After assessing Mr. Prince in the hospital, the doctor testified that he confirmed with Mr. Prince that he had someone who could come and pick him up and that he was not planning to return home, as that appeared to be a source of some stress. It appeared to the doctor that Mr. Prince's sister was to pick him up.

On October 11, 2017, Mr. Prince called a friend (Friend A) and asked if he could come over. Friend A said yes, and Mr. Prince arrived at the home at approximately 1900 hours. Upon his arrival, Friend A noticed that Mr. Prince looked anxious and "out of sorts", not making eye contact.

Mr. Prince was disengaged and frequently looking at his phone. He then told Friend A that he thought his partner was cheating on him. Mr. Prince showed Friend A a pornographic video on his phone that he said was his partner, but Friend A could clearly see that it was not Mr. Prince's partner in the video.

Friend A offered to let Mr. Prince spend the night and set up a bed for him in his rec room. Mr. Prince asked if they could cover the window of the rec room, as there was no curtain on it. At the time, Friend A did not find the request odd, but in hindsight, wondered if this request was due to paranoia.

While Mr. Prince was at Friend A's home, he received a phone call from another friend (Friend B) who had heard that Mr. Prince was having trouble with his partner and was checking in to see if he was okay.

Friend B arrived at approximately 2300 hours at Friend A's home and drove Mr. Prince back to his (Friend B's) home, arriving at approximately 0030 hours on October 12, 2017. Friend B had to work later that morning so he showed Mr. Prince where he could sleep and then went to bed.

At approximately 0130 hours, Mr. Prince woke Friend B up and said that he needed to go to the hospital but couldn't explain why. Friend B's wife noted that Mr. Prince was asking about the symptoms of chlorophyll poisoning and saying his "guts hurt". Friend B's wife took Mr. Prince's blood pressure in an effort to reassure him that he was ok and to calm him down. Mr. Prince did not appear to be in physical distress at this time. Friend B thought that Mr. Prince might be feeling anxious, because Mr. Prince had previously told him that he experiences anxiety, so he suggested that Mr. Prince have a shower, have a glass of water or get some fresh air to calm down. Friend B went back to sleep.

At approximately 0500 hours, Mr. Prince again woke Friend B up and at that time was saying things that did not seem to make sense, referring to seeing people in trees and red dresses. Mr. Prince appeared more agitated than he was earlier, and Friend B was concerned for both Mr. Prince and Friend B's family, because he had an infant in the house.

Friend B decided to take Mr. Prince to the hospital, got out of bed and was getting dressed and looking for his keys when Mr. Prince stabbed himself in the chest, with a knife that Friend B had not seen previously. Friend B tried to get Mr. Prince to the car but Mr. Prince was resisting going out the door, saying "I won't let them take me." Friend B continued to work on getting Mr. Prince out the door and to the car while at the same time calling 911.

Around 0600 hours, Friend B was able to get Mr. Prince in the car and discussed with the 911 call taker the best place for an ambulance to meet them. They agreed on an emergency access road just off the Inland Island Highway, south of Qualicum Beach.

The 911 call was played for the jury and Friend B can be heard becoming increasingly stressed and Mr. Prince can be heard in the background telling Friend B to tell 911 that he was stabbed in the heart.

As soon as Friend B reached the access point and pulled over and stopped the car, Mr. Prince exited the vehicle and ran across the highway. Friend B followed Mr. Prince and tried to get him back to the side of the road to keep him from being hit by passing vehicles. Mr. Prince was yelling obscenities and would not respond to or acknowledge his name.

Friend B remained on the phone with 911 and advised the call taker that he believed the knife Mr. Prince used to stab himself was in the vehicle. 911 dispatch then contacted RCMP to attend the scene to ensure it was secure before paramedics could enter.

An ambulance arrived at the scene at 0611 hours and parked a short distance away to wait for police to arrive and secure the scene. One of the first responding officers (Officer 1) was just coming on shift and was alerted by dispatch to a report of a male on the highway who had stabbed himself in the chest.

Officer 1 requested an additional officer to attend the scene with him. A second officer (Officer 2) heard the call and advised that he would attend the scene as well. As the two officers were on their way to the scene, in separate vehicles, dispatch advised them that the male (Mr. Prince) was now running down the highway and that a second person (Friend B), was with him.

As the officers were approaching the scene, they were advised by 911 that Friend B stated Mr. Prince was calming down. The officers were communicating with each other by radio as they approached the scene and mutually agreed to turn off their lights and sirens so as not to agitate or scare Mr. Prince.

Both Officer 1 and Officer 2 testified that Officer 1 arrived at the scene in a marked police car and Officer 2 arrived in an unmarked police car and that they approached Mr. Prince together, with Officer 2 taking the lead in speaking to him.

Both Officer 1 and Officer 2 testified that, when they approached the scene, Mr. Prince was staring at the ground and appeared calm. Officer 1 testified that Mr. Prince was also mumbling and did not respond when they tried to speak to him. Both officers testified that Officer 2 advised Mr. Prince that an ambulance was just up the road waiting to come and assist but that they needed to put handcuffs on him before the paramedics could approach.

Both officers testified that Officer 2 placed a handcuff on Mr. Prince's left wrist. Officer 1 also testified that he attempted to get Mr. Prince's right arm behind his back to handcuff his wrists together, however, Mr. Prince's stocky build prevented him from being able to do this.

Testimony by both officers stated that, when the handcuff was secured to his wrist, Mr. Prince began struggling with the officers and they attempted to get him on to the ground to gain control of him. Mr. Prince began to swing his handcuffed arm around, with Officer 2 holding the other end of the handcuff.

Officer 2 provided testimony that, in the struggle, he fell 5-10 feet down the embankment next to where he and Mr. Prince were located. When he got up, he saw Officer 1 on his back on the ground with Mr. Prince on top of him, punching him in and about the face and head. He testified that he used his baton to strike Mr. Prince, in an attempt to get him off Officer 1, and that this had no effect.

Officer 1 testified that, during his struggle with Mr. Prince, he felt Mr. Prince grabbing at the strap on top of his gun holster. He shouted out "he's trying to get my gun" to warn Officer 2. Officer 1 testified that he thought that he might lose consciousness as he was starting to see flashes of light from the blows Mr. Prince was inflicting on his head.

Officer 2 provided testimony that he fired two warning shots into the ground away from where Mr. Prince and Officer 1 were struggling. Officer 1 testified that he attempted to use his taser on Mr. Prince when they were struggling on the ground, but he was too close to deploy it properly and there was no effect. Officer 2 testified that, after he fired the warning shots, Mr. Prince stood up and looked at him. Officer 2 then used pepper spray on Mr. Prince but this had no effect. Mr. Prince advanced on Officer 2 and began struggling with him. During this struggle, Officer 2 testified that he fired his gun at Mr. Prince. Officer 1 testified that, at this same time, he got up from the ground and saw Mr. Prince struggling with Officer 2 and also fired his weapon at Mr. Prince. Each officer testified that they believed they fired one round, however, autopsy findings showed that multiple rounds were fired.

Officer 1 called the incident in on his radio and ambulance paramedics attended. Resuscitation attempts were made but no signs of life were regained, and Mr. Prince's death was confirmed at 0703 hours.

An autopsy, conducted by a forensic pathologist on October 17, 2017, found the cause of death to be multiple gunshot wounds to the chest and abdomen. The autopsy found five bullets inside Mr. Prince: two entered through the front and three entered through the back.

Toxicology testing found blood levels of cocaine/benzoylecgonine in a range where non-lethal concentrations overlap with those found in fatal overdoses.

The forensic toxicologist explained that cocaine has a quick onset and quick elimination from the body. He could not say how long before the incident Mr. Prince may have taken cocaine as it is unknown how much was taken, therefore how long it would last in Mr. Prince's system cannot be determined. He explained that it is difficult to ascribe certain behaviors to cocaine use as it can depend on the individual and the amount taken. However, short-term use can cause agitation, impulsivity and risk-taking. Long-term use can reconfigure how the brain works and can lead to violent behavior, hallucinations, delusions and paranoia. He also noted that it is possible for cocaine use to trigger an underlying mental health condition.

The Independent Investigations Office (IIO) conducted an investigation. Their investigation confirmed that the officers were involved in a struggle and that they attempted less-lethal means of ending the struggle prior to using lethal force. Examination of the scene by IIO investigators found police issued items (flashlight, gloves, etc.) strewn about the area where the struggle with Mr. Prince took place, confirming that a significant struggle took place.

A use of force expert provided details regarding the theory of use of force by police officers. He provided information about the Incident Management/Intervention Model used by police to assess and manage risk in all encounters with the public. He provided detail on the different types of behaviour an officer may encounter from a subject and various intervention options available to them. The expert stated that studies have shown that tasers have been shown to be highly effective intermediate weapons and that not all officers are trained in their use. He also noted that improved outcomes have been seen in situations where mental health clinicians are on scene with police officers.

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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:

To: The Chief Coroner of British Columbia

1. Recommendation that inquests be held in a timely manner/as soon as possible following a death.

   Presiding Coroner Comment: *Multiple witnesses indicating they were unable to recall certain details, or they had to refer to their notes/original statements to answer a question, due to the time that had elapsed since the event.*

To: RCMP 'E' Division and
BC Emergency Health Services

2. Recommendation that improved communication and clarity be established around criteria for restraint use for persons at risk for harm to self or others, in order to transport to an appropriate facility.

   Presiding Coroner Comment: *RCMP 'E' Division is to take the lead on this recommendation. Officers on scene testified that their understanding was that paramedics would not enter a scene until the subject was handcuffed, for safety. Paramedics then testified that they had no requirement for the subject to be handcuffed, and that they trusted the police on scene to tell them when the scene was safe to enter.*

To: Ministry of Health and
Ministry of Public Safety and Solicitor General

3. Recommendation to expand inclusion of a mental health clinician on RCMP mental health calls province wide.

   Presiding Coroner Comment: *The Ministry of Health is to take the lead on this recommendation. A Use of Force Expert testified that some police departments (Vancouver and Victoria) have successful programs in place where mental health clinicians work alongside police attending scenes. This expert also noted that having a mental health clinician attend with police has been proven to improve outcomes in similar types of situations.*

To: RCMP 'E' Division

4. Recommendation to encourage increased use of tasers as a non-lethal alternative to other methods or tools for control of a person.

   Presiding Coroner Comment: *A Use of Force Expert testified that tasers have been shown to be a highly effective intermediate weapon but that not all officers are trained on the use of tasers. One officer at the scene attempted taser use on Mr. Prince but was too close for it to be effective.*

5. Recommendation for RCMP to receive annual crisis intervention and de-escalation training.

   Presiding Coroner Comment: *A Use of Force Expert testified that the RCMP are currently mandated to receive crisis intervention and de-escalation training every three years whereas some municipal forces are requiring training every year.*

To: Ministry of Health and
The College of Physicians and Surgeons of British Columbia

6. Recommendation for all physicians in BC, particularly those in institutional settings, such as emergency rooms, to have enhanced training in sensitivity to, and treatment of, the symptoms of various mental illnesses in patients.

   Presiding Coroner Comment: *The Ministry of Health is to take the lead on this recommendation. The emergency room physician who saw Mr. Prince 2 days prior to his death had assessed Mr. Prince as not having psychosis or suicidal ideation and as being no risk to himself or others and subsequently discharged Mr. Prince after a few hours. Information from Mr. Prince's girlfriend (relayed through police) was that he was showing signs of psychosis and distress.*

To: BC Emergency Health Services

7. Recommendation for the 911 call takers to request a caller to stop their vehicle instead of allowing the caller to continue to travel while in distress or in potential harm's way.

   Presiding Coroner Comment: *The jury heard the recording of Friend B's 911 call and in the first 2 minutes of that recording it was evident that Friend B was in distress, which could have resulted in a distracted and unsafe driving environment.*