

The following incident summaries are representative of the time and the effort invested by the police to professionally resolve critical incidents. When information is reported that a person is a risk to themselves or others, and the subjects fail to cooperate with the police upon contact to verify their well-being, the police are mandated to ensure the safety of the public including the persons believed to be in crisis. Initial reported information must be assessed and validated. Lawful purpose for police attendance must be established. Specialty resources including mental health professionals are utilized as required, to provide the best options or tactics to safely resolve the incident for all parties, or until a determination is made that the subject is not an imminent threat to themselves or others.

Situation #1

At 1725 hours, EPS responded to a 3rd party report of a suicidal adult who had made suicidal statements. Members approached the residence and attempted to communicate with the subject without success. Investigations revealed that the subject was on judicial conditions as a result of domestic violence including no contact with his spouse or the location.

Phone contact was established but the subject refused to come out. Members located the spouse prior to their return to the residence. It was confirmed that the subject was alone inside the residence and was arrestable for breaching conditions plus there was significant concern of harming self or others. Some form of drug impairment was apparent.

By 2043 hours, negotiations were not progressing. The subject became agitated. A full critical incident response resulted with a mission to have the subject come out in order to ensure welfare and deal with the criminal elements. Several negotiation strategies were implemented in consultation with the mental health professional on scene. At 0045 hours, the subject finally came out without any force being required.

Situation #2

At 1652 hours, police attended a location to apprehend an adult subject on a Form 8 Mental Health Order. Service had been attempted two days earlier, but the attempt was aborted when the subject would not let them into the residence. On this date, police were permitted entry into the residence, but the subject had barricaded the door to the basement. Information surfaced that the subject had unlawfully confined their spouse the preceding weekend. Verbal contact through a door was made with the subject; however, the subject refused to exit. A Police and Crisis Team responded. They had history of the subject and had been trying to connect with him for two weeks to no avail. They were concerned for the subject's well-being for allegedly not taking medication to control a bi-polar disorder the past six weeks. A condition of not taking medication was an escalation in aggression and manic behavior. The crisis worker formed an opinion that the subject's condition would only worsen and make future attempts to apprehend more volatile. It was believed that the subject was alone in the basement. Upon consultation with a critical incident commander, the mental health professional and negotiators, it was deemed necessary to apprehend the subject this date to prevent self-harm or harm to others. The incident commander controlled the police tactics that followed.

Negotiators in consultation with the mental health professional continued negotiation strategies to no avail. Tactical utilized technology to try and observe and stimulate the subject to negotiate. Tactical attempted to speak to the subject through the basement door. The subject sounded agitated and refused to come out. The subject proceeded to poke a hole in the basement door. That was followed up with the subject shooting long nails from the basement up through the floor. Significant grinding, sawing and banging were heard. Several more nails were fired out of the basement. The subject stated that if the police were not going away, "we're about to play a game."

The necessity for our continued attendance at the residence was revisited by the incident commander including a Police and Crisis Team, negotiators and investigative feedback about threats made to the spouse. There was significant concern for the subject not tending to his own well-being and his risk to other family members. The subject also had a medical condition requiring medication that he allegedly was not taking. A medical doctor was interviewed and expressed concern for the subject's medical well-being from not taking medicine for a prolonged period; to a point where the subject may have a stroke. He allegedly had another appointment in two days, but from past behavior, there was no belief that he would attend. He had been apprehended by police twice in the past for mental health. He had spoken of his dislike for police in the past.

Throughout the next few hours, many tactics were employed without success to stimulate the subject to speak with negotiators. The subject actively responded to all attempts by further barricading or making attempts to disable specialty equipment. It was apparent that the subject's behavior was not improving, and he was not inclined or capable of negotiating. Further mental health opinions were that the subject was displaying some psychosis, could be very unpredictable and a danger to others. The incident commander determined that it was in the best interests of the subject and the public that the subject immediately be apprehended. The commander approved a chemical agent deployment to influence the subject to come out. At 0227 hours, a chemical agent was deployed and immediately had the desired effect. The subject removed his barricade, exited the basement, was apprehended and provided immediate medical attention. No physical force was required.

Situation #3

At 0652 hours, police attended a location in relation to a complaint where a person was unlawfully confined, robbed and assaulted at gunpoint. By 0940 hours a suspect location was identified. Four of five occupants exited the suspect location as requested. The remaining suspect advised she would not come out, would shoot it out with police and wanted to die. She had a long history of incarceration, drug dependency and mental health. She was adamant that she did not want to go back to jail and spoke of abuse that she had experienced in a male institution. A witness reported that she had taken ketamine and cocaine earlier in the day and had more accessible.

Attachment 4

A critical incident commander was contacted and took command of the event. Negotiations were occurring, but were not progressing. The subject was adamant she would force suicide by cop. The Mental Health Professional strongly believed the event may end in suicide or forced confrontation. Over the course of the next several hours, many negotiation techniques and some tactical options working in parallel were utilized. Minimal progress was thought being made, when the negotiator spontaneously advised of a slight change in behavior. Another negotiator strategy was promptly implemented and resulted in the subject coming out. She had advised she would put the gun down, put on her shoes and came out after approximately 9 hours of negotiation.