Nishnawbe Aski Police Service
Professional Standards Bureau – GHQ
973 Balmoral Street, Thunder Bay, ON, P7B 0E2

MEMORANDUM

DATE:	July 16, 2025
TO:	Nishnawbe Aski Police Service Board
FROM:	Nishnawbe Aski Police Service Professional Standards Bureau
SUBJECT:	Section 81 Report Required under the *Community Safety and Policing Act*, SIU File #25-OCI-014
	For information purposes

Under subsection 81(1) of the *Community Safety and Policing Act*, if the SIU Director causes an incident to be investigated under Section 15 of the *Special Investigations Unit Act*, the Chief of Police shall investigate; the members conduct in relation to the incident, the policing provided by the member in relation to the incident; and the procedures established by the Chief of Police as they related to the incident.

In accordance with Ontario Regulation 90/24 *General Matters Under the Authority of the Minister*, made under the *Community Safety and Policing Act*, the Chief of Police is required to report on an investigation completed as per subsection 81(1) and shall give the report to the Police Service Board.

Incident Summary

On January 13, 2025, Nishnawbe Aski Police Service (NAPS) Officers of the Mishkeegogamang Detachment received information from the Communications Centre regarding a domestic dispute.

Officers attended and observed the victim to have an extremely swollen cheek and orbital bone with red bruising around their neck. The victim advised that their male partner became enraged for no reason and started punching the victim in the face and strangling them. The victim went to the nursing station for medical attention.

Officers attended the residence where the incident occurred and advised the male of their grounds for arrest.

At the NAPS detachment in Mishkeegogamang, the male was displaying manic behavior – he would be calm and then transitioned to kicking and screaming. The male began tampering with the cell camera, so he was moved cells where the camera was more difficult to tamper with. The male began making suicidal utterances.

Officers had concern for the male's safety due to attempts at hanging his clothing from the ceiling and suicidal utterances. Officers provided the accused with a suicide prevention gown.

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Very shortly after, the male began chewing, ripping and pulling threads from the gown. The male was warned by officers not to rip, chew, cut or remove threads from the gown. The male threatened officers and disregarded officers' warnings.

The safety concerns continued to rise and officers were required to enter the cell. The male immediately stood up and was confrontational with officers. The male attempted to run out of the cell and approach officers. Officers pushed the male back into the cell to which the male again tried to run out and was pushed back a second time. Officers used the opportunity to close the cell door at which time the male stood up and ran towards the door and stuck his hand into the inner hinge of the door where officers could not see it.

Officers immediately made attempts to bandage and wrap the injury with paper towel and bandages. The male was taken to the nursing station where he was treated for a laceration across his ring and pinky finger, and possibly a fracture or broken bone as per the physician.

On January 14, 2025, NAPS contacted the SIU to notify of the in-custody injury. SIU initiated an investigation and identified Subject and Witness Officials.

On January 15, 2025, the SIU requested records from NAPS to begin their investigation.

On May 8, 2025, the SIU notified NAPS that the investigation by SIU was completed and there were no reasonable grounds to proceed with criminal charges against the Subject Officials.

Section 81 Review – Conclusion

After reviewing the incident, it was determined that there were no concerns of misconduct or policy/procedure breaches. The officers immediately came to the aid of the male when the injury was noted, regardless of how the male was acting towards them, and took him to the nursing station for medical treatment. Upon making suicidal utterances, officers tended to the situation to mitigate any potential for self-harm within the cell.

Police Orders Reviewed During the Section 81

- NAPS Chapter 2 – Law Enforcement
  - 2.41.1 ARREST RIGHT TO COUNSEL AND CAUTION
  - 2.42 USE OF FORCE
  - 2.47 PRISONER CARE AND CONTROL
  - 2.20 MENTAL HEALTH OCCURRENCE/PERSON IN CRISIS
- NAPS Chapter 6 – Administration and Infrastructure
  - 6.42.2 CODE OF CONDUCT IN THE NAPS

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Recommendations as a Result of the Section 81 Review

As noted above, the officers conducted themselves in a professional and respectful manner throughout their involvement in the incident. The officers acted within their lawful authority and within the requirements of NAPS Police Orders – Policy and Procedure. After a complete review of the incident and NAPS Police Orders, there are no recommendations to add in relation to further training for officers or policy updates.