

**REINVESTIGATIONS OF DEATHS IN THUNDER BAY
AS
RECOMMENDED IN BROKEN TRUST-THE REPORT OF THE OFFICE
OF THE INDEPENDENT POLICE REVIEW DIRECTOR**

**Terms of Reference
Structure and Roles**

PURPOSE

The Office of the Independent Police Review Director (OIPRD) recent report into investigations of deaths of First Nations people in Thunder Bay, "Broken Trust", identified systemic failings of death investigations. It recommended that nine of the cases that were reviewed be reinvestigated:

1. Jethro ANDERSON (identified as M.N. in Broken Trust)
2. Curran STRANG (identified as O.P. in Broken Trust)
3. Kyle MORRISSEAU (identified as Q.R. in Broken Trust)
4. Jordan WABASSE (identified as S.T. in Broken Trust)
5. Shania BOB (identified as C.D. in Broken Trust)
6. Aaron LOON (identified as G.H. in Broken Trust)
7. Christine GLIDDY (identified as A.B. in Broken Trust)
8. Marie SPENCE (identified as E.F. in Broken Trust)
9. Sarah MOONIAS (identified as I.J. in Broken Trust)

In response, the Thunder Bay Police Service, the Office of the Chief Coroner and the Ontario Forensic Pathology Service prepared an independent, multi-disciplinary and multi-agency team approach that would use basic principles to reinvestigate these cases.

The goals of these enhanced investigations include:

- Truth-seeking and transparency
- Supporting the administration of justice
- Development of the Thunder Bay Police Service investigation team through application of best practices
- Enhancing professional collaboration among the partner agencies
- Community confidence in outcome/results of reinvestigations
- Restoring the confidence of the public and the affected communities and families

*PSB - Regular Session
Oct. 15/19
on desk
Chlet S. Hawth*

REINVESTIGATION STRUCTURE

A three-tiered oversight framework to manage and conduct the reinvestigations.

- **Executive Governance Committee:**
 - Nishnawbe Aski Nation Grand Chief Alvin Fiddler
 - Honourable Justice Stephen T. Goudge
 - Dr. Dirk Huyer, Chief Coroner for Ontario
 - Dr. Michael Pollanen, Chief Forensic Pathologist for Ontario
 - Chief Sylvie Hauth, Chief of Thunder Bay Police Service
 - Ms. Helen Cromarty, First Nation Elder

- **Investigative Resource Committee:**
 - Dr. Kona Williams, Forensic Pathologist, Sudbury Forensic Pathology Unit
 - Dr. Barry McLellan, Investigating Coroner
 - Kimberly Murray, Assistant Deputy Attorney General, Indigenous Justice Division, Ministry of the Attorney General
 - Susan Orlando, Crown Attorney, Ministry of the Attorney General
 - Other expertise as required such as toxicologist, forensic identification officer, representatives to support families, etc.

- **Blended Investigative Team:**
 - Detective Superintendent Ken Leppert (retired OPP) - LEAD
 - Nishnawbe Aski Police Service (NAPS) Detective Constable
 - Thunder Bay Police Service (TBPS) Detective Constables (5)

ROLES

Executive Governance Committee

- Oversee the re-investigations
- Develop and approve the reinvestigation framework, procedures and terms of reference
- Track progress against key milestones
- Meet as required to complete necessary tasks
- Approve all completed reinvestigations
- Make public the reinvestigation findings as appropriate
- Brief senior officials and key stakeholders
- Make recommendations for future investigations as appropriate

Investigative Resource Committee

- Act as expert resources for the Blended Investigative Team
 - Sub-committees with particular expertise may be struck to respond to specific questions
- Provide support to Blended Investigative Team regarding:

- Ensuring all existing information is obtained
- Ensuring culturally safe trauma focused support is available to family members
- Meet at the discretion of the Blended Investigative Team, but no less than once every two months

Blended Investigative Team

- Conduct police reinvestigations
 - Gather all existing information regarding each of the nine cases:
 - coroner investigations
 - inquest briefs
 - police reports/files
 - Utilize Major Case Management principles to support the reinvestigations
- Each case to be investigated by the external police service appointee, plus one or more investigators from TBPS and NAPS
- Communicate with the affected communities and families
- Ensure support for families affected by the reinvestigation of the deaths (culturally safe trauma focused support)
- Report to the Investigative Resource Committee and Executive Governance Committee
- Share with the Executive Governance Committee additional cases identified during the reinvestigation work that, in the view of the team lead, would warrant further investigation

CRITICAL PATH

A one-year timeframe for the reinvestigations:

- **June 18, 2019**, obtain approval from the Thunder Bay Police Service Board
 - Announcement of the reinvestigation structure, framework and timelines
- **September to December 2019**, commence reinvestigation
 - September and December 2019, Blended Investigative Team meet with Investigative Resource Committee for update
- **January 2020**, all levels of reinvestigation meet with Executive Governance Committee for update
 - Update to be made public as appropriate
- **March and May 2020**, Blended Investigative Team meet with Investigative Resource Committee for update
- **July 2020**, all reinvestigations complete and final report presented to the Executive Governance Committee for review, approval and public release

REINVESTIGATION COSTS AND RESOURCES

- The Thunder Bay Police Service is responsible for the costs of the reinvestigations relating to:
 - adequate facilities and equipment
 - approved officer travel, meal and accommodation expenses in accordance with the policies of the TBPS
 - remuneration and expenses of any individual contractors (e.g., retired police officer(s) and judge), honorarium for Elder
- Culturally safe support for families will be arranged and funded through existing programs
- The partner agencies will contribute in-kind expertise and will cover the salary and benefits of participating members
 - Coverage for travel expenses to attend meetings may be subject to negotiation with the TBPS and in accordance with the policies of the TBPS

CONFIDENTIALITY

The participants agree to not to disclose or publish any information they receive without the prior consent of the Executive Governance Committee.

CONFLICT OF INTEREST

The Executive Governance Committee will be consulted as necessary to address any emerging real or perceived conflicts of interest.

PART B: PARAMETERS FOR REINVESTIGATION

The Executive Governance Committee has set the following parameters for reinvestigation to ensure a balanced, thorough and consistent reinvestigation of the nine deaths:

A: INVESTIGATION TO COVER THE FOLLOWING THREE DOMAINS CONSISTENT WITH THE FIRST PRINCIPLES OF INVESTIGATION:

1. **FACTUAL:** Fully explore and reinvestigate the history, scene and circumstances of each of the deaths.
 - Discreet investigative tasks
 - Natural history of the person
 - What happened at the time of death and time leading into it – hours, days etc.

2. **FACTUAL:** All medical and scientific aspects of the deaths must be reinvestigated by the coroner, forensic pathologist and forensic scientists
 3. **DERIVE FROM FACTS:** multidisciplinary consensus-based opinion/analysis.
 - Reconstruction of the events leading to death and how the death occurred.
 - Nuanced analysis – Complete a wholistic analysis evaluating for intersections between the person, the examination, forensic testing findings and the circumstances of the death
- **OUTPUT:** Look at the facts of all nine deaths both in isolation then in comparison to each other – similarities, trends.

The Executive Committee further expects:

1. Families need to be re-interviewed.
 - Potential information or theories the family or others may have need to be investigated.
 - Families must be provided culturally safe trauma informed support prior to, during and after discussions with the investigators
 2. In addition, interviews need to be completed of any key witnesses/informants in the initial investigation or new ones that may come up in the re-investigation.
 3. Scenes will all be revisited and photographically recorded.
 - Possible forensic mapping of the locations of the deaths. Evaluating for potential hazards that may identify opportunity for public safety enhancement.
 - Complete an analysis of each of the death scenes for similarities and common factors.
- **OUTPUT:** Completed physical report that takes into account all of the above.
- Delivered to the Executive Committee for provision to the TBPS Board and can, at least in part, be made public.

Guiding Principle: It is necessary to ensure confidence in the ability to investigate and to reinvestigate without bias.