

**In-Custody Death of
Colin Cooper**

King County Sheriff's Office, #C17020802



King County Prosecuting Attorney
Public Integrity Team

July 1, 2024



DECLINE MEMORANDUM

IN-CUSTODY DEATH OF COLIN COOPER

I. INTRODUCTION

The King County Prosecuting Attorney's role is to ensure that the in-custody death investigation is thorough and complete, determine whether sufficient admissible evidence exists to support filing criminal charges, and "advise" the King County Executive "whether an inquest should be initiated pursuant to the King County Charter." (Executive Order PHL 7-1-5 EO). "An inquest shall be held to investigate the causes and circumstances of any death where an action, decision or possible failure to offer the appropriate care by a member of any law enforcement agency might have contributed to an individual's death." (King County Charter Section 895).

The Public Integrity Team has determined that the investigation of April 28, 2017 in-custody death of Colin Cooper is complete at this time. Based on a thorough review, the Team has concluded that the evidence is insufficient to support criminal charges are inappropriate. Accordingly, the KCPAO is declining to file criminal charges in this matter based on the evidence presently available.

After a careful review of these materials, pursuant to Executive Order PHL-7-1-5-EO, we recommend an inquest be initiated.

II. EVIDENCE REVIEWED

- KCME Autopsy Report
- Labs Toxicology Report
- KCJ Videos
- Police Radio Traffic
- 911 calls
- CADs
- Shell Gas Station Video Surveillance
- Photographs
- SFD Policy Re: Ketamine
- SFD Policy Re: Excited Delirium Superform
- Certification of Probable Cause
- KCSO Police Reports

III. FACTS

On April 27, 2017 at approximately 3:15 AM, the storeowner of a Shell Gas Station located 656 NW Richmond Beach Road, in Richmond Beached called 911 stating that her son received an alert from their business' surveillance system that someone had just broken into their store. Her son reviewed the surveillance footage which he was able to access online from his home and relayed to the 911 dispatcher that the subject was a white male with a bald head (later determined to be subject, Colin Cooper). Deputies were dispatched the scene, which was a possible burglary. Photos of the video surveillance are shown directly below.



Figure: Still photographs from the Shell Gas Station. The top two photographs should Mr. Cooper walking through the pump areas toward the mini mart. The bottom two photographs show him kicking in the plexiglass door and crawling through the broken door into the shop.

Deputy 1 and Deputy 2 were dispatched. When they arrived at the gas station, they approached the front door of the gas station with their firearms drawn. Deputy 1 wrote, as they approached the subject stepped out from where he was standing inside the store into the main lobby. Deputy 1 gave verbal commands for the subject to show them his hands and to get on the ground.



Figure: On the left, Deputies 1 and 2 approach the front door of the gas station with their firearms drawn. On the right is a still photograph from a camera inside of the store taken three seconds later. Mr. Cooper can be seen with his hands up; Deputies 1 and 2 can be seen through the glass windows.

The subject hesitated. Deputy 1 and Deputy 2 then crawled through the broken plexiglass door and arrested the subject with the help of Deputy 3 and Deputy 4 who had also crawled through the broken door. Police escorted the subject to a patrol car parked just outside the store's front door and he was placed in the car without incident.



Figure: Pictured on the left is one of the deputies crawling through the damaged plexiglass door in order to arrest Mr. Cooper. Pictured on the right is deputies placing Mr. Cooper in the patrol car after he was detained inside the store.

At 4:03 AM, Deputy 4 and Deputy 5 transported the subject to the Shoreline Police Station where he was placed in a holding cell. At 4:11 AM, a patrol officer checked on the subject to ask some medical questions. The suspect said he was diabetic. The subject remained in holding cell with constant movement, consistent with being on narcotics. At no time did he pass out or lose consciousness.



Figure: Photograph of Mr. Cooper while at the Shoreline PD holding cell.

At around 4:30 AM, Deputy 6 then placed Mr. Cooper in his patrol car and transported him to King County Jail. According to Deputy 6's report, Cooper seemed to have a difficult time walking and mentioned that he could not control his muscles. Cooper's eyes were very watery and his pupils were extremely dilated, so much so that the iris was hardly visible. During the drive, Deputy 6 wrote that Cooper could hardly sit still. Cooper complained that he was extremely tired and "burning up." Deputy 6 wrote that he rolled down the rear windows for Cooper and Cooper said he felt much better. While pulling into the jail, Cooper became very concerned. Cooper looked over his shoulder several times and said, "They are going to kill me!"



Figure: On the left, at 4:49 AM, Deputy 6 walking Mr. Cooper from his patrol car into King County Jail via the sally port. On the right, are same individuals entering the jail from the sally port. While waiting on Deputy 6 to begin walking through the door to the camera's right, Mr. Cooper is yawning and moving his hips and body from side to side while standing in one position.

Deputy 6 walked Cooper into the jail. Cooper struggled to walk and made involuntary muscle movements. Cooper even apologized and said, "I can't help it."

Once inside the jail, jail Correction Officers began the booking process. Deputy 6 watched as Cooper failed to answer very simple and straight forward questions. Cooper ultimately admitted to smoking methamphetamine, but said that it was not enough to make him feel the way he did.

Since Cooper was acting abnormally, Correction Officers requested a nurse assess Cooper's conditions prior to booking. The nurse discovered that Cooper was diabetic, so she tested his blood sugar. The nurse told Deputy 6 that Cooper's blood sugar was so high, that it would not register on their monitor. Correction Officers called 911 and requested a medic unit.

After about 5 minutes, an AID car arrived. During this time, Cooper's conditions began to worsen. The AID crew contacted American Medical Response for a transport to Harborview Medical Center. While waiting, Cooper began hyperventilating and moving his body around uncontrollably. The AID crew ended up requesting a Medic unit respond.

The paramedics arrived at 5:13 AM and at 5:20 AM. After taking Mr. Cooper's heart rate (140 pulse), they administered to 500mg of Ketamine intramuscularly to Cooper to calm him down. Per Seattle Fire Department protocol, the prescribed dose intramuscularly is 5 mg/kg. According to prior booking records Mr. Cooper weighed 195 pounds. A 500 mg dosage is for someone approximately 220 pounds. As soon as Cooper was relaxed, Deputy 6 wrote that he assisted Correction Officers and AID transporting Cooper to a stretcher. About two minutes after the sedative was given, Deputy 6 overheard one of the paramedics say that Cooper no longer had a pulse and was not breathing. Very soon after, the paramedics began high performance CPR, bag valve mask ventilation, and defibrillation.

After nearly 15 minutes, paramedics ceased chest compressions and advised that Cooper's heart was beating on its own. Just before 6:00 AM, Mr. Cooper was transported to Harborview Medical Center.



Figure: At 5:53 AM, medics are transporting Mr. Cooper out of the jail on a gurney to take him to the hospital.

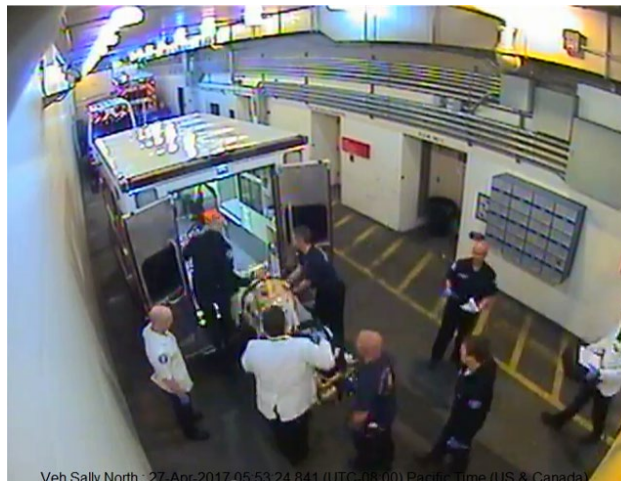


Figure: Mr. Cooper being transported into the ambulance to be taken to the hospital.

He arrived at the hospital at 6:07 AM. Deputy 6 heard an unidentified doctor mention that the subject's condition may be related to a bad reaction to Ketamine. Once at the hospital, Deputy 6 was relieved by Deputy 7.

On April 27, 2017, Deputy 8 who was then guarding the subject at HMC emailed Detective 1 stating, "...[H]e has been medically paralyzed, is undergoing a temperature reduction treatment (that will last several days) and is showing little to no neurological reactions. They stated that his pupils are non-reactive and the limited neurological checks they did when he first came in showed no reactions."

Mr. Cooper was pronounced deceased on April 28th at 5:40 AM.

After an autopsy, the Medical Examiner, Doctor 1, concluded that the manner of death was an accident. The cause of death was acute methamphetamine intoxication and that diabetes

and ketoacidosis were contributory factors. The administration of Ketamine was not a cause of Mr. Cooper's death according to the Medical Examiner. The toxicology report showed that the level of methamphetamine the subject had on board, 6.7g/L, was a lethal amount causing him to experience a catecholamine surge which would have been lethal whether or not he was administered Ketamine. The Medical Examiner said that the catecholamine surge, caused by the large amount of methamphetamine Mr. Cooper had on board, would have caused his death once the surge stopped, and that it was incumbent on medics to attempt to bring his heartrate down which they attempted to do by administering Ketamine.

IV. ANALYSIS AND CONCLUSION

Manslaughter in the Second Degree with Criminal Negligence occurs when a person fails to be aware of a substantial risk that death may occur and this failure constitutes a gross deviation from the standard of care that a reasonable person would exercise in the same situation.

Based on the evidence admissible in a criminal case and the applicable legal standards, we have determined that there is insufficient evidence to prove beyond a reasonable doubt that any there was gross deviation from the standard of care due to Mr. Cooper by any deputy, corrections officers, medic, firefighter, or Jail Health Services staff that was the cause of Mr. Cooper's death. As a result, KCPAO declines to file any criminal charges.