

EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA
CASE NO.: 05-2020-CA-034489

THE COURIER-JOURNAL, INC., d/b/a;)
FLORIDA TODAY newspaper,)
)
Plaintiff,)
)
v.)
)
WAYNE IVEY, SHERIFF OF BREVARD)
COUNTY, in his official capacity,)
)
Defendant. _____ /

EXPERTS ANALYSIS OF PLAINTIFF’S PUBLIC RECORDS REQUEST
PURSUANT TO CHAPTER 119 FLORIDA STATUTES

I. INTRODUCTION

My name is Roy R. Bedard. I reside in Sanford, Florida, where I am a full-time Professional Law Enforcement, Civilian and Corrections Trainer. I am the owner and president of RRB Systems International, a police and public safety product and training corporation headquartered in Sanford, FL that conducts law enforcement, corrections and public safety training throughout the US and abroad. I am a listed subject matter expert in Use of Force by the Florida Department of Law Enforcement. I have been previously qualified as an expert in police procedures, police use of force, defensive tactics, combat stress and self-defense. I have been asked to review materials presented to me by Plaintiff’s counsel and to provide expert analysis of the evidence submitted in the case of The Courier-Journal, Inc., d/b/a Florida Today Newspaper v. Wayne Ivey, Sheriff of Brevard County.

II. QUALIFICATIONS AND BACKGROUND

I have taught a variety of professional training courses over the last thirty years including classes in police and corrections procedures, police management, and police civil liability throughout the US and abroad. I have taught civilian self-defense courses at the Florida State University for the Center for Participant Education and Florida Institute of Martial Arts. I have taught advanced defensive tactics to academies, corrections and law enforcement agencies throughout Florida and many other parts of the nation. I have provided training and policy development to the Federal Law Enforcement Training Center and Federal Bureau of Prisons. I have developed police tactics training courses and hold patents, trademarks, and copyrights on a variety of police equipment and law enforcement training. I have produced films and television shows which are used in colleges and law enforcement academies across the state and nation. These productions cover uses of force and police procedure, non-lethal uses of force, and related issues of both civil and criminal liability.

I received a bachelor's degree from the Florida State University in Criminology and Criminal Justice. I received a master's degree and a Ph.D. from Florida State University in Educational Psychology. Since 1987, I have served as a full-time police officer, police trainer, and reserve police officer. I began my profession at the Florida State University as a patrol officer. I have been active with the Tallahassee Police Department since 1990 and retired in December 2015. I am presently employed as a special reserve officer for the Tallahassee Community College Police Department. I have participated in most of my full-time police career as a field-training officer. I retain my police standards with the Florida Department of Law Enforcement (FDLE) Criminal Justice Standards and Training Commission (CJSTC).

I am currently an adjunct trainer at the Florida Public Safety Institute and have served in this capacity since 1987, in Havana, Florida providing training services for basic, advanced and specialized law enforcement and corrections officials.

I am certified as a police officer and police instructor by Florida's Criminal Justice Standards and Training Commission (CJSTC). I serve as a task force member to the Use of Force and Defensive Tactics Development Committee for police and corrections officers of the State of Florida at the Florida Department of Law Enforcement in Tallahassee, Florida. I write defensive tactics and use of force curriculum for all law enforcement and corrections candidates who wish to become licensed in the State of Florida.

I have previously appeared as an expert witness in a variety of civil and criminal cases, having been qualified in both state and federal courts as an expert in use of force, police and corrections procedures, self-defense and combat stress. My experience and publications are described more fully in the curriculum vitae prepared by me and attached to this report.

III. ANALYSIS PROTOCOL

To prepare for this review I have analyzed the documents and data currently available to me from discovery materials. I have listed the items that I have reviewed in the following section. My analysis continues. The materials I have reviewed are of the type typically relied upon by consultants and experts when conducting analyses and forming opinions regarding issues of use of force, defensive tactics and questions of human performance. These documents have provided me enough relevant data to develop my initial opinions to a reasonable degree of professional certainty in the fields of law enforcement, corrections, security and public safety.

In addition to the documents germane to this case I rely on my training, experience and advanced education in the field of use of force, defensive tactics and human performance, consultations with peers, review of professional articles, peer reviewed literature and independent research that I have conducted over years of training and teaching in these specific areas.

Terminology: Opinions that I present in this report may use terminology that overlap with other accepted legal terms or standards. Use of specific legal terminology is not intended to draw legal conclusions or to subvert the function of the court or to inappropriately influence triers-of-the-fact. The use of these terms is common in my field of expertise and I use them often as I lecture and train law enforcement or civilian audiences. They form the basis of my understanding of the subject matter and are commonly used by other consultants, experts and law enforcement officials in the field.

Truth, Veracity and Bias: My analysis is not intended to assign credibility to any of the evidence or witness statements or to presume that any one version of events is more truthful than any other. The information I draw from various documents and sources may be deemed unreliable if contrary evidence demonstrates it to be untrue or untrustworthy. Where practical, I rely on undisputed facts and I attempt to indicate disputed facts when appropriate. If facts or evidence directly contradict statements offered as evidence, I attempt to point out contradictions and provide them context. Any assumption of truth is undertaken solely for the purpose of analysis and rendering an opinion. It is understood that the test of veracity and truth of the available evidence lies with trier-of-fact.

Nature and Status of Opinions: Any reference by me to documents reviewed is not intended to be all-inclusive of my foundation or basis of opinion. I reserve the right to supplement this report if necessary if new information becomes available.

My opinions may not be fully developed. Each opinion is susceptible to further development as I continue to research, investigate or review new information presented to me.

IV. MATERIALS PROVIDED FOR REVIEW

- Plaintiff's Motion for Accelerated Hearing Pursuant To § 119.11, Florida Statutes
- West Melbourne Police Department (WMPD) police reports
- WMPD 911 calls
- WMPD CAD printouts
- WMPF Use of Force review findings public information by Todd Brown, SAO
- Brevard County Sheriff's Office Criminal Investigative Services Investigative Summary
- BCSO Criminal Investigative Services Major Crimes Unit Reports, Case # 2018-00434257
- BCSO Case reports with supplementals
- Audio Recordings; Criminal Investigative Services
 - Adam Hester
 - Andrea Mustafa
 - Brandon Hartley
 - Brian Sherbrook
 - Ashley Fried
 - Charlene Raisman
 - Crystal Idleburgh
 - Deshawn Edward
 - Deborah Nadeua
 - Denise D'Agostino

- Laura Clarisse
- Carlos Iriban
- Corbin Smith
- Jonathan Weiss
- Freddy Cedeno
- George Ricks
- Anthony Lamar Berry
- Gregory Ramond
- Kenneth Bloodworth
- Kristopher Moffitt
- James Oeser
- Jeanette Donaho
- Joanne Borsella
- John Tress
- John Wright
- Kathleen Edwards
- Keith Tiller
- Ayana Robinson
- Hany Abdeohady
- Yolanda Jones
- Kelly Haman
- Morgan Alonso
- Regina Ellis

- Richard Zimmerman
- Ryan Hummel
- Sarah Papesh
- Michael Perez
- Shannon Popielarczyk
- Stephanie Smith
- Steven Hughes
- Veronica Shinholster
- Victim of Battery Marsy's Law
- Victim Officer Marsy's Law
- Wendy Haynes
- WMPD Officer Krukoski
- Brevard County Sheriff's Policies
 - 165-200.08-Purchasing.pdf
 - 165-200.16-Policy-Procedure.pdf
 - 165-200.20-Media Relations.pdf
 - 167-500.08 CEW Conducted Electrical Weapon.pdf
 - 167-500.28 Mentally Ill and Substance Impaired Individuals.pdf
 - 167-500.37 Detainee Processing.pdf
 - 167-500.75 Handcuffs and other restraints.pdf
 - 167-500.76 Response to Resistance Tab 10.pdf
 - 167-500.76-Response to Resistance.pdf
 - 167-500.77-Weapons.pdf

- 167-500.83-Digital Imaging-Photographs-Video Recordings.pdf
- 168-600.06A-Inmate Supervision and Control.pdf
- 168-600.06G-Conducted Electrical Weapon.pdf
- 168-600.07I- (Response to Resistance) Use of Force.pdf
- 168-600.07J-Physical Restraints.pdf
- 168-600.07K-Restraint Chair.pdf
- 168-600.08B-Critical Incident Stress Management Team.pdf
- 168-600.08D-Attempted Suicide, Serious Injury or Death.pdf
- 168-600.09A-Booking-Intake.pdf
- 168-600.09H-Classification.pdf
- 168-600.19C-Inmate Physicals.pdf
- 168-600.19F-Special Care Cases.pdf
- 168-600.19G-Mental Health.pdf
- 168-600.220-Medical-Mental Health Unit 500 Pod Control.pdf
- BCSO 911 calls
- Brevard County Sheriff's Office Fire Rescue run sheets
- Edwards In-custody death investigation
- Edwards Autopsy findings by Sajid Qaiser
- State Attorney's Office Use of Force Investigation #18-00434257, by Phil Archer
- Memorandum from Chief Deputy Waller to Major Fishback authorizing Administrative Investigation, 01/23/2019
- Administrative Investigation (IA)
- Public information Release 07/01/2019

- Gregory Edwards medical Records
- Rockledge Police Department Reports
- BCSO Annual Training: Use of Force (2018)

V. SUMMARY OF EVENTS

1. On December 9, 2018 at approximately 11:19am Officer Jacob Mathis of the West Melbourne Police Department (WMPD) was flagged down in the Walmart Parking lot, 845 Palm Bay Road by a citizen requesting assistance.
2. The citizen informed Mathis that a fight was in progress near the front of the Walmart.
3. Mathis responded and discovered two male subjects actively fighting.
4. One of the subjects, Lebrandon Koonce, was actively holding down Gregory Edwards in the parking lot.
5. Officer Mathis separated Koonce from Gregory and attempted to take him into custody. Edwards began struggling and according to Mathis, attempted to bite him.
6. Mathis called for backup. WMPD officers Michael Perez and Kevin Krukoski responded.
7. Mathis notified arriving WMPD officer Krukoski that he needed leg restraints to prevent Edwards from kicking.
8. After securing Edwards in handcuffs and leg restraints, Krukoski placed Edwards in the back of his patrol vehicle.
9. WMPD Sergeant Perez spoke to Edward's wife Kathleen on the scene. She told Perez that Edwards was a veteran combat medic that suffered from PTSD and associated mood irregularities. She described him as being "manic" and "paranoid" and said that he was not

presently taking medication prescribed to him. Kathleen informed officers that Edwards had not slept in 3-4 days. She described that he was having delusions.

10. Later that same evening, Kathleen Edwards, during an interview with CIS Agent Jennifer Straight, said that she assumed that Edwards had earlier been “huffing” aerosol cans of Endust®, a consumer cleaning supply¹ several days before his arrest. She said she never saw him huffing but saw several empty spray cans in the garbage can.
11. WMPD officers determined on the scene that Edwards was on Felony probation. Rather than bringing Edwards to a medical facility, WMPD officers charged him with Violation of Probation (VOP), Resisting an Officer with violence, and battery.
12. WMPD officers brought Edwards directly to the Brevard County Jail. A video of Edward’s transport was recorded.
13. According to Krukoski, during the transport Edwards became agitated and began kicking and stomping and screaming while in the back seat.² Sergeant Perez called BCSO booking Sergeant Zimmerman to tell him that Krukoski was delivering a combative prisoner to the jail. Correctional officers were waiting for him when he arrived. They assisted Krukoski bringing Edwards into the booking room.
14. Krukoski stated that due to the information provided by Kathleen Edwards, he chose to Baker Act³ Edwards upon arrival at the jail.⁴ Kathleen Edwards told Sgt. Perez that her husband had been involuntarily committed in the past.

¹ The Material Safety Data Sheet (MSDS) reveals that Endust® contains Tetrafluoroethene and Difluoroethane. The specific identity and/or exact percentage of composition has been withheld as a trade secret. It is noted that Difluoroethane is a depressant, not a stimulant as is often found in cases of ExDS.

² See WMPD CAD report

³ The Florida Mental health Act of 1971 (Florida Statutes 394.451 - 394.47891 commonly known as the “Baker Act” allows for involuntary Institutionalization and Examination of individuals by designated mental health professionals in designated receiving facilities.

⁴ The Brevard County Jail is not a recognized receiving facility for Baker Act individuals.

15. Once inside the detention facility, Edwards was searched and escorted to a changing room.
He was then placed in holding cell #7 by himself allegedly to “calm down.”
16. According to the internal investigation, Edwards immediately began to show signs of agitation and delusion that included calisthenics in his cell, shadow boxing, pacing, attempting to open an access panel in the wall, and tossing a bag into the air.
17. A BCSO correctional officer approached the door and said something to Edwards, which, according to reports, appeared to provoke Edwards.
18. The deputy opened the door to take Edwards out to process him.
19. When Edwards walked away from the deputy, the deputy placed his hand on Edwards shoulder.
20. Edwards pulled away and took a pugilistic posture reasonably signaling his intent to fight.
21. The deputy closed the distance between he and Edwards and executed a leg sweep.
22. Both the deputy and Edwards fell to the floor.
23. Edwards mounted the deputy and began to strike him about the head and body.
24. Sergeant Wagner, FTO Zimmerman and Deputy Popielarczyk engaged Edwards, attempting to pull him off of the deputy.
25. The officers used common grappling and striking techniques against Edwards to counter his resistance.
26. The deputy pepper-sprayed Edwards with his department issued oleoresin capsicum (OC).
It is reported that the aerosol had no discernable effect.
27. Lieutenant Fayson arrived and also engaged Edwards by using multiple knee strikes to Edwards leg.
28. Deputy Cedeno arrived and attempted to control Edwards legs.

29. Deputy Edward arrived and to help get restraints on Mr. Edwards.
30. Edwards reportedly refused to allow the corrections officers to pull his arms out from under him.
31. Major Haman arrived and directed CO Blazewicz to fire her TASER at Edwards. The probes struck him in his lower back but reportedly had no discernable effect. Blazewicz followed up by applying drive stuns to Edwards. But still compliance was reportedly not reached. The TASER log showed that Blazewicz pulled the trigger of the device 6 times. Three of the deployments were longer than the 5 second normal cycle. They ranged from 10-13 seconds.⁵
32. Eventually the corrections deputies were able to pull Edwards hands out from underneath him and place him in handcuffs behind his back.
33. Fayson decided to place Edwards in the restraint chair with his handcuffs left in place behind his back.
34. It is reported that Edwards continued to resist the officers attempts to strap him into the chair. Overt signs of resistance cannot be observed on the video.
35. Edwards was seated and strapped into the chair. Both shoulder straps were applied, the lap belt was applied, and ankle straps were applied. His hands remained cuffed behind his back.
36. Major Haman ordered that a spit hood be applied to Edwards to prevent him from spitting. Officers report the spit hood was a precautionary measure after the use of OC spray and Edwards was not actively spitting.

⁵ See Criminal Investigative Services report, pg. 57, Conducted Energy Weapon-TASER

37. After watching the video, it was clear that the taser probes were not removed prior to Edwards' placement in the restraint chair. The taser probes were not removed until Edwards was found non-responsive.
38. According to the investigation, the corrections deputies observed Edwards for approximately 6 minutes prior to placing him in holding cell #9.
39. Edwards was wheeled into cell #9.
40. The investigator reported Edwards was visually monitored from those in the booking area who had clear visual of him in the cell.
41. Just before 2:30pm, detention officer Mustafa noticed that Edwards appeared to be in distress.
42. Edwards cell was entered by Fayson, Wagner and Nadeau.
43. Nadeau went to her office and retrieved an oxygen mask which she placed on Edwards.
44. Edwards was transported to the medical unit.
45. Nurse Ashley Fry (aka, Taylor) instructed someone to notify EMS via 911 and that Edwards be removed from the chair so that CPR could commence.
46. Edwards was placed on a back board on the floor of medical.
47. Several staff members began CPR on Edwards.
48. An AED was applied but reportedly no shock was ever reported by the device. It advised to continue CPR.
49. Upon arrival, Brevard County Fire Rescue assumed medical responsibilities for Edwards and transported him to a medical care facility.
50. Edwards was received by the medical center and pronounced dead by Dr. Edward Lin at 8:00pm the next day at Rockledge Medical Center.

51. An internal investigation (see case number 2018-CI-041) and death investigation was conducted by BCSO (See case number 2018-004324257).

VI. ANALYSIS

A. The arrest of Gregory Edwards

On December 9, 2018 decedent Gregory Edward was arrested by Officer Jacob Mathis of the West Melbourne Police Department (WMPD) in in the Walmart Parking lot, 845 Palm Bay Road. Edwards was acting irrationally and started an unprovoked fight. According to WMPD records, Edwards got into the back of a box truck containing children's toys. When asked by an employee to leave, Edwards took off his shoes, began laughing and then fell backwards onto the bags of toys lying down. Edwards eventually got out of the truck, but then attacked an anonymous charity worker from behind who was loading the truck, by scratching and punching him. An employee came to his aid and wrestled Edwards to the ground to await police arrival.

When Mathis arrived, he observed the employee actively holding down Edwards in the parking lot. Mathis separated the employee from Edwards and a struggle ensued. Mathis was able to restrain Edwards by himself but called for backup. Mathis gave Edwards several commands to "stop resisting" and to "calm down." Edwards remained unresponsive to the commands and continued to fight. Officers Krukoski and Perez arrived and after helping to secure Edwards, Krukoski transported him to the Brevard County Jail after charging him with three criminal offenses. The officers of the West Melbourne Police Department failed to recognize or properly respond to the fact that Edwards was likely suffering from a psychotic break even after discussing the events leading up to the arrest with Edwards wife Kathleen. WMPD Sergeant Perez spoke to Edward's wife Kathleen on the scene. She told Perez that Edwards was a veteran combat medic

that suffered from PTSD and associated mood irregularities. She described him as being “manic” and “paranoid” and said that he was not presently taking medication prescribed to him.

The West Melbourne Police Department provides policy guidance for its officers to recognize indications of mental disturbances, particularly Excited Delirium Syndrome (ExDS) or Emotionally disturbed persons. It states:

Officers should be aware of the signs and symptoms of Excited Delirium or Emotionally Disturbed Persons (EDP). These include, but are not limited to:

- a. Extreme paranoia*
- b. Profuse sweating*
- c. Inability to communicate/non-communicative*
- d. Evidence of drug use/prior mental health issues*
- e. Extreme mood swings and violent behavior*
- f. Unexpected strength*
- g. Incoherent shouting*

If officers encounter an individual who they believe may be suffering from excited delirium they should attempt to have emergency medical personnel on stand-by to attend to the subject once the subject is in custody. Officers should ensure that individuals suffering from excited delirium are transported in an ambulance in order to ensure efficient medical care and proper attention.⁶

Edwards would later be found to have been suffering from “Excited Delirium and complications.”⁷ The responding officers failed to properly address the described signs and symptoms of medical distress that Edwards was clearly exhibiting coupled with the information they received from Kathleen Edwards.

The officers are on record making note of the specific behaviors they observed being exhibited by Edwards. The officers were informed that Gregory Edwards, was “manic,” had gone without sleep for 3-4 days, regularly walks around the house talking about people outside, and often wakes up their daughter as if something is wrong. On the scene at Walmart, Edwards took

⁶ See WMPD General order 400.16.11 Excited Delirium or Emotionally Disturbed Persons (EDP)

⁷ See Autopsy Results by Qaiser.

off his shoes, began laughing, jumped into a box truck with toys for kids, proceeded to punch and scratch an individual he didn't know who was loading a truck, and attempted to bite the officer during intervention. This abnormal behavior was captured on a Walmart security camera. It is indicative of a psychotic break, indicating that Edwards was having an acute psychotic episode of some type and consistent with ExDS (see DiMaio & DiMaio, 2006 for a full description).

Still, after having been informed of Edward's condition, the officer's interaction with Edwards was more akin to a criminal investigation than a medical intervention. They arrested him and charged him with crimes that they would reasonably have difficulty establishing criminal intent. At no time did Edwards receive the proper standard of care that the policy describes. The officers of the WMPD placed him on the ground, struggled to restrain him, then immediately brought him to jail. Jails are not the appropriate location for treating mental illness, particularly when the mental illness may likely manifest in sudden death.

B. Excited Delirium Syndrome (ExDS)

When death occurs, it occurs suddenly, typically following physical control measures (physical noxious chemical, or electrical), and there is no clear anatomic cause of death at autopsy. In cases in which a subject dies following the application of control measures, many or most of the following features are found;

- *Male subjects, average age 36*
- *Destructive or bizarre behavior generating calls to the police,*
- *Suspected or known psychostimulant drug or alcohol intoxication,*
- *Suspected or known psychiatric illness,*
- *Nudity or inappropriate clothing for the environment,*
- *Failure to recognize or respond to police presence at the scene (reflecting delirium)*
- *Erratic or violent behavior,*
- *Unusual physical strength and stamina,*
- *Ongoing struggle despite futility,*
- *Cardiopulmonary collapse immediately following a struggle or very shortly after quiescence,*
- *Inability to be resuscitated at the scene, and inability for pathologist to determine a specific organic cause of death*
- *Attraction for glass or reflective surfaces (less frequent than all others per the Canadian data)*

From: White Paper Report on Excited Delirium, ACEP Excited Delirium Task Force (2009) American College of Emergency Physicians, Report to the Council and Board of Directors on Excited Delirium at the Direction of Amended Resolution 21(08)

It is ordinarily outside of a use of force and defensive tactics expert's purview to form opinions regarding medically complicated issues. However, in the case of ExDS, the "syndrome" as described has not yet been officially recognized as a medical or psychiatric condition by the American Medical Association (AMA) nor is it recognized by the American Psychiatric Association (APA). Indeed, some groups, including the American Civil Liberty Union (ACLU) contend that the syndrome is a fiction, exploited by police and used as a medical justification for excessive force (Paquette, 2003).

The law enforcement community views the syndrome seriously and has developed particular protocols and standards for managing incidents of suspected ExDS. For many years law

enforcement and pathologist conference presentations have presented academic information about the syndrome and white papers have been published to consistently described ExDS and its symptoms (for example see the American college of Emergency Physicians, 2009). There are well established national police standards for handling episodes of ExDS that inform local police policy and training. This is evidenced by the West Melbourne Police Department's standard operating procedure (SOP 400.16.11) entitled *Excited Delirium or Emotional Disturbed Person (EDP)*. This policy describes the symptoms of ExDS and provides a prescriptive response for its officers to adhere.

Because ExDS patients so often require physical custody, use of force and defensive tactics personnel have been tasked with developing training methods to safely take suspected ExDS patients into custody. This experience among law enforcement officials and experts gives them a unique perspective on this particular medical crisis.

The accepted method of custody should always prescribe multiple officers (4 to 5) and the immediate availability of a medical intervention, before any physical maneuvers are applied. There is a well-established reason for this.

When an ExDS patient begins to fight, they are known to be extremely powerful, impervious to pain and often demonstrate superhuman endurance. Their effort to overcome custodial arrest appears proximal to an extraordinary spike in body temperature as thermal regulation runs afoul at the neurological level. There are known medical reasons for this, associated with use and abuse of stimulant drugs. ExDS patients have what has been described as a 'meltdown,' often exhibiting internal body temperatures of around 108 degrees or higher. Engaging them in a physical confrontation exacerbates the deteriorating condition. Historically in

about 10% of the cases in which a person exhibited signs of ExDS, the onset was rapid and led to death (Wetli, 2006). Protracted bouts of strenuous physical activity are not recommended.

When officers use force, custody must be swift. This requires concerted effort by several goal-oriented officers to seize the patient and immediately subdue them. This method is consistent with field reports showing successful apprehension, control and survival of ExDS patients. Field observations indicate that ExDS episodes are always life-threatening episodes that require immediate emergency medical responders who are prepared to administer sedatives to slow down or reverse the deteriorating symptoms. Proper police tactics and medical interventions have proven successful for stopping the rapid deleterious effects and saving lives.

C. Controlling the ExDS patient

Drawing lessons from the field, police officers have learned that many of their common control tactics (pepper-spray, batons, neck restraints, TASERs, etc.) have proven ineffective for control of the ExDS patient and may actually exacerbate the symptoms of the syndrome. Subjects who are seized by officers appear impervious to pain, rendering all pain compliance techniques ineffective. They often exhibit superhuman strength and continue to thrash about and struggle after being restrained. This unusual feature of ExDS nullifies many mechanical control techniques commonly taught to police for dealing with the criminal element, particularly when custody is attempted by only one or a few officers. In pursuit of the primary goal of saving lives, law enforcement has recalculated response options to manage patients with perceived onset of ExDS, to treat them as medical emergencies rather than criminal encounters.

It has been noted that the victim may vacillate between periods of normalcy and delirium. Attempts to take the person into custody may be the triggering event for violent behavior (Wetli,

2006). Bystanders or police officers who try to restrain the ExDS patient may create a flashpoint that begins the biological meltdown clock ticking. The decision to engage the ExDS victim must calculate the officers' ability to rapidly control the individual in order to administer sedatives to reverse the spiral towards death. The dilemma facing police officers is deciding the appropriate time to engage the victim vs. the possibility of triggering onset of a sudden death crisis.

To be sure, the exact mechanism of death is still not clear. This has fostered a positive climate for civil litigation claims. Some contend that the sudden death results from the surge of stress hormones (catecholamines) entering the bloodstream, with or without the added effects of stimulant drugs. The excessive effort in which ExDS patient resist custody results in the moniker often applied to sudden death as acute exhaustive mania. This theory posits that the extreme release of catecholamines causes the heart to stop, supporting observations that ExDS patients ultimately suffer from cardiac arrest accompanied by severe lactic acidosis (Hick, Smith, & Lynch, 1999). Others have postulated that the weapons used by law enforcement including pepper-spray or conducted energy weapons (CEW) like the TASER have been responsible. This has not been proven scientifically and in fact has been largely disproven through scientific analysis (see Chan, 2006 for a more complete description).

Mechanical effects from the arrest, have also been blamed as a cause of death. Proponents for the claim of positional asphyxia or positional restraint death describe that the mechanisms of breathing are interfered with when a subject is placed in a prone position, usually "hogtied" when the feet and hands are attached together using restraint devices. Though Reay (1992) was the first to find scientific evidence of this cause, he later retracted his findings in light of replications studies by Dr. Thomas Neuman. (Neuman, 2001, 2006). At present, sufficient studies have been conducted over the subsequent decade to scientifically show that the theory of positional asphyxia death is

more rumor than fact. This has led several researchers to denounce the common belief that positional asphyxia occurs as a consequence of “hog-tying” is junk science void of any pathology research support (Karch, Brave, & Kroll, 2016).

Finally, sudden in-custody death has often been blamed during custody on the use of neck restraints colloquially called “choke holds” in the public forum. Here, there may be some traction for legal claims of excessive force. Neck restraints used in sport martial arts and police work when applied to violent individuals are intended to restrict blood flow by compressing the carotid areas of the neck by which unconsciousness typically follows. The victim quickly recovers once the hold is released. The technique is considered safe when properly applied (DiMaio & DiMaio, 2006). However, the improper placement of the arm across an individual’s airway can result in long-term or permanent damage to the airway, restriction of oxygen, and if held long enough, hypoxic injury to the brain that can result in death. It is not difficult to inspect for trauma to the neck during post-mortem examinations. This would include an inspection of the throat for extensive hemorrhage, fracture of the cornu of the thyroid cartilage or a fracture to the hyoid or larynx. Death by manual strangulation is also often accompanied by changes in the eyes. In 89% of investigated strangulation cases, petechiae are found to the sclera and conjunctiva (DiMaio & DiMaio, 2006).

It is not reported with any notable level of frequency that the application of a particular police striking technique, spraying technique, application of the TASER, or restraint technique is shown to have resulted in sudden custody death. Usually the use of commonly used police defensive tactics has little or no appreciable effect when applied correctly. If the mechanism of death has been caused by some physical defect caused by the police interaction it is mostly obvious, like a gunshot, skull fracture or damage to the windpipe. Each of these causes or

contributors to fatal outcome can be determined in autopsy and preserved in the medical record as legal evidence. In my experience, trauma or lack of trauma to these areas are usually preserved in video or photograph and presented to the court for inspection during periods of litigation.

D. Inspecting for artifacts of ExDS.

It should be clear from the WMPD officers' own words that they recognized Edwards' behaviors and predisposition as highly unusual and indicative of a psychotic break. The officers recorded signs of delirium in their reports. Such behaviors are consistent with a variety of psychotic episodes defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and they may also be side effects or direct effects of a variety of licit and illicit drugs, particularly stimulants such as cocaine and methamphetamine. While Edwards exhibited signs of PTSD or a psychotic break, there is no evidence that he had used stimulants.

However, upon the officers' arrival to Walmart, Edwards had deteriorated to full blown confusion and paranoia. He exhibited violence when he attacked a person not know to him and then resisted the officers attempt to take him into custody. He continued struggling while officers attempted to restrain him, and the stories told to officers by witnesses demonstrated that he appeared to be delusional.

Sgt. Michael Perez recorded in his narrative report:

I eventually made contact with a female identified as Kathleen Edwards, who stated she was the male's wife. She advised the following Her husband, identified by her as Gregory Edwards, is a retired Combat Medic diagnosed with PTSD. She stated he has been out of the military for years and has been acting "manic." She stated that it seems to get worse around Christmas and last year he was Baker Acted around the same time. While in the hospital he battered a medic or a nurse and was charged with a crime and was on probation now because of it. She stated that he has not slept in 3 or

4 days, regularly walks around the house talking about people outside and often wakes up their daughter checking on her as if something is wrong. She stated he has never been violent towards her or the child, but she was concerned that if he was left home alone, he might harm himself. She brought him to Wal mart with her and thought he was behind her when she walked inside with the child. She stated that he had an appointment scheduled for tomorrow with the Veterans Affairs (VA). She stated last year when he was Baker Acted, he was given counseling for the PTSD. He is prescribed medication, but she is pretty sure he is not taking It.

This information coupled with the officer's own observations describes a serious deteriorating mental health condition that requires immediate treatment.

Thought the officer's arrival on the scene began as a call for public order enforcement, WMPD policy suggests that the officers should have recognized indications of a mental health crises, excited delirium and/or emotional disturbance. It was here, at the first call for service, that the officers should have reclassified the call as a medical emergency and insured that Edwards was medically treated and cleared by BCFR.

Critical law enforcement analysis and appropriate medical interventions are necessary to give subjects who experience ExDS the best opportunity for survival. Like any other medical condition that can result in extreme consequences (heart attack, stroke) law enforcement officers must take immediate lifesaving actions. The broad recommended procedures in any life-threatening episode are:

- 1.) Call for backup. In the case of an ExDS victim, officers are cautioned to prevent physical engagement until a sufficient number of officers have arrived. Research indicates that physical struggle is a much greater contributor to catecholamine surge and metabolic acidosis than any other contributor to sudden death. Studies also indicate that prolonged

struggle result in poor outcomes in ExDS encounters. It is therefore recommended that any control method used be quick and decisive to optimally minimize the time spent struggling.

2.) Immediately notify emergency medical personnel of the condition. It may be necessary to enquire about the need for administration of a sedative.

3.) Turn the subject over to EMS personnel when they arrive for immediate treatment and allow them to transport to definitive medical care. If the subject is violent or may likely become violent, it may require that an officer or two accompany medical personnel in the ambulance.

Officer Krukoski claimed that EMS medically cleared Edwards on the scene, but there is no record that Edwards was medically cleared. Officer Krukoski wrote in his narrative:

Due to Edwards being combative he was directly transported to the Brevard County Jail. During the transport Edwards became agitated again and began kicking, stomping, and screaming while in the back seat. Brevard County Jail Deputies were waiting for my arrival and assisted in removing Edwards from my vehicle and bringing him into the booking room. Due to his behavior and information provided by his wife Edwards was Baker Acted upon arrival at the jail.

Though the Brevard County Fire Rescue (BCFR) did arrive to the scene, EMT Trainee Laura Clarisse stated that no one from the BCFR treated Edwards “because the police officer was afraid that Edwards might kick out at them.” Senior Fire-Medic Johnny Weiss said that the police at first wanted Edwards checked, but then said, “no you guys can go.” Krukoski reported that Edwards was medically cleared in his report claiming that BCFR told him that he was medically cleared.

Providing that Clarisse and Weiss gave accurate accounts of their involvement, it is not clear why Krukoski, knowing what he knew about Edwards deteriorating condition, would prevent Edwards from receiving medical clearance on the scene. Krukoski recognized that Edwards was

suffering from a mental crisis and he was harmful to himself or others. He involuntarily committed Edwards for a psychological evaluation immediately upon arriving at the jail. It remains unclear why Krukoski chose to Baker Act Edwards directly to the jail. Perez had filled out the Baker Act paperwork while still on the scene at Walmart.

The BCSO official report criminal investigation states, *“At approximately 1237 hours, WMPD Officer Kevin Krukoski transported Inmate Edwards to the Brevard County Jail Complex (BCJC) for further processing under a no bond status and an accompanying Baker Act Form.”*

The jail is not the appropriate receiving center for Baker Act patients. Krukoski knew or should have known that it would not be possible for jail staff to properly process Edwards until he was examined and stabilized by trained mental health professionals.

The opinion of the pathologist is that the cause of death of Gregory Edwards was Excited Delirium. There are typically several pathological signatures of ExDS commonly observed post-mortem. These include the presence of stimulant drugs or their metabolites in the system, hyperthermia, an enlarged heart (more than 400 grams), signatures in the dopamine neurotransmitters (decreases in the D2 dopamine-receptor particularly in the temperature-regulatory centers of the hypothalamus (Wetli, 2006)) and associated dysregulated dopamine transporters (hyperdopaminergic state). Often there is signs of metabolic acidosis. Edward’s core body temperature was not taken for signs of hyperthermia. Despite other vitals, Edwards’ temperature was not recorded the jail medical records, indicating it was not of note. No signs of increased body temperature appear to have been observed by officers or staff.

Qaiser conducted an autopsy nearly 14 hours after Edward’s time of death. Edward’s brain pathology was not sent out to inspect for abnormal neurochemical systems that leave biomarkers

common to the disorder.⁸ Edwards heart weighed 380grams. There are no notes of cardiomegaly in Qaiser's report. The toxicology showed that Edwards had none of the signature chemistry in his blood screens, such as stimulants, which are commonly found in ExDS victims. I did not see any examination for evidence of Rhabdomyolysis (breakdown of skeletal muscle) commonly shown in ExDS patients through elevated muscle enzymes including creatine phosphokinase (CPK), SGOT, SHPT and LDH.

Edwards medical examination did show evidence of ischemic hypoxia in his brain⁹ but no specific mechanism was identified that would have caused it. It is reported that Qaiser did not return Edward's brain after inspecting it. Qaiser reported that he examined the soft tissues of Edward's neck, including the strap muscles, thyroid gland and large vessels, reveals no abnormalities. The hyoid bone, larynx and cervical spine are grossly intact and showed no evidence of gross trauma.

At Walmart, Edwards was reported as being paranoid. There was evidence from Kathleen Edwards that her husband may have used drugs (huffing) and had a history of mental issues with extreme mood swings.¹⁰ In addition, Edwards demonstrated surprising strength when officers tried to take him into custody. It is noted that no evidence of huffing or other illicit drug use was determined in Edward's toxicology report.¹¹

These symptoms exhibited by Edwards are spelled out in WMPD SOP 400.16.11.

⁸ Post-autopsy, Qaiser did not return Edwards brain and kidneys. Qaiser has refused to explain why he has kept them. The family has demanded to recover these organs. Qaiser has also retained the brain of Donald Whitmer who he determined has died of Excited Delirium in West Melbourne. [See Breanna Nickole Whitmer v. City of West Melbourne, Officer Jacob Mathis and Officer Kevin Krukoski]. Qaiser has also not given an explanation of why he retained Whitmer's brain and other organs. The family has also demanded it back.

⁹ Hypoxia is a condition in which the body or a region of the body is deprived of adequate oxygen supply at the tissue level.

¹⁰ It is noted that Kathleen Edwards never observed Gregory Edwards sniffing chemicals but had drawn an inference that he has based upon several empty End dust canisters in the waste basket.

¹¹ See Autopsy report, Steward Reference Laboratory Toxicology

The agency policy implicitly instructs officers who observe these behaviors to take emotionally disturbed persons into protective custody. They are instructed to have emergency medical personnel on stand-by to attend to the subject once the subject is under control. They are further instructed to ensure that individuals who may be suffering from excited delirium are transported in an ambulance in order to ensure efficient medical care and proper attention. These instructions are not intended to be arbitrary or left to the judgment of a likely ExDS patient, Because ExDS can rapidly progress to sudden death, the officers needed to provide emergency lifesaving support to Edwards by immediately requesting emergency medical personnel. Aside from the agency policy, the literature regarding ExDS response overwhelmingly recommends having EMS enroute in emergency mode to the subject. In this case, officers did not adequately assure that Edwards was medically treated or cleared before being delivered directly to the jail.

E. The Attack on the Deputy

After Edwards was brought into the Sally port and into the booking/intake area, he was brought to a room where he was provided an orange jumpsuit. Edwards was captured on the jail's security camera at all times moving from place to place in the custody of jail deputies. He was not monitored for a little over 3 minutes as he was issued jail clothing and changed in the presence of jail staff. Immediately after changing out of his street clothes, Edwards exited the changing area. Cameras showed him walking with jail deputies. His behavior was calm and unremarkable. Edwards was placed alone in cell #7, he was not physically restrained by any mechanical devices except the walls of the cell. At all times Edwards could be observed by the jail security system camera(s). He was given a bagged lunch and calmly ate it. He remained there undisturbed for approximately 42 minutes (see timeline, section I). Inside the cell Edwards did show signs of

aggression by doing physical exercise, stretching out and striking the wall and window of the cell door with his hands.

Edwards also showed modest signs of delusion. Though no audio track has been captured by the security system, Edwards is seen vocalizing something, at times when no one was there to listen. In plain speak, he is seen talking to himself as he paces the floor of the cell. On a couple occasions, Edwards paused and stared at the cell wall intently. He is seen picking at things on the wall, but it is not clear if any of those things actually existed or if they were part of Edward's disturbed state. As Edwards neared the 42-minute mark he slapped the wall of the cell, paced the floor and began to pound the glass on the door with his fists. It appears that Edwards was becoming more agitated. It does not appear that anyone watched Edwards during the early part of his placement in cell #7. Visual cues about his delusions and escalating level of aggression were therefore likely missed.

At 01:51:34 the deputy approached cell #7 and opened the door. He later said that Edwards attracted his attention by striking the windows to the cell. He said that he decided to retrieve Edwards for further processing. The deputy placed jail issue sandals on the ground for Edwards to step into, but Edwards refused. Edwards stepped over them, past the threshold of the cell and into the booking/intake common area.

The deputy gave Edwards directions to move to a different area of the facility that Edwards refused to go. The deputy appeared to be using verbal directions and hand signs to direct Edwards to one location, but Edwards continued moving to the opposite direction. The deputy calmly grabbed Edwards by the shirt sleeve and pulled him towards the desired direction. Edwards reacted by tensing and bracing. He took a pugilistic posture and balled his fist.

Immediately the deputy grabbed Edwards and executed a rear leg takedown, a tactic taught to correctional officers in the corrections in Florida police basic recruit training (FL BRT) [see Figure 1]. The takedown caused the deputy and Edwards to both fall to the concrete floor. Edwards fell nearly on top of him. The deputy's handcuffs fell from his body onto the floor.

The internal review later reported:

“Upon receiving Inmate Edwards, he was dressed out in a jail issued uniform and placed in booking holding cell seven. [Redacted] later opened booking holding cell seven to continue the booking process. [Redacted] directed Inmate Edwards to step out of holding cell and he complied. [Redacted] gave Inmate Edwards further direction, he refused and became non-compliant. Inmate Edwards turned towards and punched him in the facial area with a fist, causing [Redacted] to fall onto the floor striking the back of his head.

My review of the tape concludes that this was not an accurate representation of what happened. Edwards did not punch the deputy, though it remains part of the official version of events. The deputy told the investigator that he wasn't sure if he was ever punched in the head and the video proves that he was not. It is reported that the deputy suffered a contusion to the back of his head and was diagnosed with a concussion after receiving medical treatment. This perhaps occurred when the deputy struck his head on the ground. In several areas of the official investigation there is the suggestion that the deputy lost consciousness. The deputy expressed that he was stunned after striking his head against the floor, but it is clear that he did not lose consciousness as he actively engaged Edwards at all times.

The fact that Edwards did not strike the deputy does not invalidate the deputy's use of force. He would be expected to control Edwards who was actively defiant and physically non-compliant using physical control techniques.¹² Edwards did threaten the deputy when he balled his fist and took a pugilistic posture. The leg sweep that the deputy deployed was per policy appropriate against the active level of resistance that Edwards was engaged in.¹³

Leg Sweep

The leg sweep uses thigh-to-thigh contact to upset the subject's balance from an upright grappling position.

Use loud, clear verbal commands throughout the application of the technique.

Assume an appropriate position.

Use your leg in a sweeping motion to direct the subject to the ground.

Follow up with an appropriate technique(s). (See Figure 4-60)

Note: This lesson is optional for Law Enforcement, Corrections, and Correctional Probation.

1 2

3 4

5

Leg sweep

SECTION VOCABULARY

grappling

Figure 4-60

Figure 1: FL BRT Training Program. Vol 2. Pg. 255

The two men struggled for approximately four seconds before FTO Wagner, who was only a few feet away at the computer desk in the booking room, and Sergeant Zimmerman came to the deputy's aid. Both men engaged Edwards on the floor and all three struggled to get him into a

¹² [See Policy/ Procedure 500.76 Response to Resistance] The Brevard County Sheriff's Office police mimics the State of Florida's curriculum description for Physical Control to wit: Physical Control - Achieving compliance or custody through the use of empty-hand or leverage enhanced techniques, such as pain compliance, transporters, restraint devices, takedowns, lateral vascular neck restraint, and striking techniques.

¹³ [See Policy/ Procedure 500.76 Response to Resistance] The Brevard County Sheriff's Office police mimics the State of Florida's curriculum description for Active Resistance to wit: Active Resistance- A subject's use of physically evasive movements directed toward the deputy such as bracing, tensing, pushing, or pulling to prevent the deputy from establishing control over the subject. Subject is evading control without trying to injure the deputy...

supine position for handcuffing. Edwards violently elbowed the deputy in the head and upper body. As Wagner and Zimmerman attempted to pull Edwards away from the deputy. Edwards wrapped his arm around the deputy's head in a momentary headlock.

Wagner hammer fist struck Edwards in the leg several times, directing his blows to the major nerve alongside the outer thigh (common peroneal) which supplies movement and sensation to the lower leg. The deputy was able, with the help of the other deputies, to get eventually get himself out from under Edwards. Throughout the struggle, the video shows Edwards partially lying on his side and attempting to sit up, while struggling against the deputies who were trying to get him onto his belly. As he struggled to resist the face down position the deputies struggled to put him in, he further obstructed the ability of the deputies to handcuff him. Edwards' relative positioning led to a protracted struggle on the ground.

Deputy Blazewicz and Lt. Fayson also came to the aid of the deputies on the ground. At this point, the deputies were beginning to stabilize Edwards with sheer numbers. Deputy Popielarczyk also arrived on the scene and held Edwards legs to control the movement of his lower body. Other staff members joined in to assist in getting Edwards secured. This included Deputy Edward, Deputy Cedeno, Lieutenant Fayson and Deputy Blazewicz. With the mass of officers trying to hold down Edwards, there was little movement from the pile of bodies on the ground. It is reported that Edwards laid on top of one of his arms, preventing the deputies from getting it behind his back. Lieutenant Fayson delivered knee strikes to Edwards lower body.

The deputy carried an Oleoresin Capsicum (OC) aerosol spray canister on his belt (often referred to as pepper-spray). He moved to the top of the pile of deputies, drew it from the holster, and pressed it into the pile of officers on the floor. It is not possible to see the precise moment where the spray was deployed. It is not possible to know precisely where the aerosol targeted or

where it made contact with Edwards. It is reported that the deputy sprayed Edwards and subtle behavioral cues (coughing, wiping) by the deputies offer evidence that the spray was indeed deployed. According to the internal affairs report, “[Redacted] gave a 2-3 second burst of the spray to the area of Edward’s face.” It is not known how the internal investigation determined these precise details.

Deputy Blazewicz, reportedly under orders from Major Haman, was told to use her TASER on Edwards. She drew her TASER and pushed it close to Edwards through the pile of bodies. She discharged the TASER, reportedly striking him with both probes in the buttocks. The TASER log showed that Blazewicz pulled the trigger of the device six times. It isn’t known how the electrical current effected Edwards.

With little spread of the probes, it is not expected that the effects of the TASER would cause the major muscles of his body to contract. Aside from the exception of the painful shocking affects, it is unlikely that the TASER would have had any benefit causing Edwards to bring his arms behind his back. It is reported that the TASER had no discernable effect.

At 1:56:40 the several deputies began to remove themselves from the pile, indicating that Edwards was now handcuffed and secured. It is not clear at what precise point of the struggle the deputies were able to completely subdue Edwards. It is possible that as reported, none of the control devices (TASER, spray, or strikes) had any effect on him. Full control of Edwards may have only been achieved due to Edward’s exhaustion or mindful cooperation. I was not able to determine any use of excessive or unreasonable force under the given circumstances as reported or captured on video. No patently deadly force was used to take Edwards into control.

F. The use of the TASER

A TASER®, (conducted electrical weapon (CEW)) was only used by Deputy Blazewicz who entered the fray after other deputies already had Edwards on the ground and were struggling to get him handcuffed. She drew her TASER upon the orders from Major Haman and fired two probes into Edwards lower back. She then followed up with drive stuns, reportedly also into Edwards lower back. Deputy Blazewicz carried an X26 Taser. It is designed to deliver a 5 second shock with each pull of the trigger. A TASER log showed that Deputy Blazewicz discharged her CEW six times. Three of the deployments cycled a five second shock while three of the deployments lasted longer than five seconds, ranging in time between 10-13 seconds, demonstrating that Blazewicz held the trigger for an extended period of time and against manufacturer recommendations and policy/training requirements. It is not known if the weapon cycled while in contact with Edward's body.

It is not clear if Blazewicz or any other deputy was aware that Edwards was suffering a psychotic break when she engaged Edwards and deployed her TASER. The internal reporting states that Krukoski only mentioned that Edwards was suffering from Post-Traumatic Stress Disorder (PTSD) when he dropped Edwards of at the jail. No mention of suspected ExDS was given to BCSO correctional deputies by Krukoski. It is clear in the video that when Blazewicz used her CEW, it was during a period when Edwards was not fully handcuffed or under complete control. Edwards was perceptively still actively resisting the correctional officers, a requirement by policy for the use of the TASER.

Though the research indicates that TASERs are generally safe for use police and correctional applications, the use of them has been restricted by some agencies in special

circumstances. For example, the State of Maryland's Attorney General has been especially critical of TASER deployment during suspected cases of ExDS (Maryland Attorney General's Task Force, 2009).

Further in October 2008, The US Department of Justice, Office of Justice Programs issued an article in NIJ Journal 261 entitled: Calming Down: Could Sedative Drugs Be A Less Lethal Option? Within the article, the author Danielle M. Weiss, J.D. states:

In other situations, the use of less-lethal devices may raise concerns about the risk to police officers and suspects. For example, people on drugs who show symptoms of a state known as "excited delirium" frequently experience a spike in body temperature, increasing their risk for death. Concerns have been raised by law enforcement and the public about whether a shock from a CED – introduced when a subject's body temperature is rising due to drug-induced excited delirium – could contribute to sudden death."

At the time that Blazewicz deployed her TASER on Edwards, modern 'air taser' technology had been widely used in the field for over twenty-five years. Past and present manufacturers, including Tasertron, Taser Technologies and Taser International (now Axon) had records of the weapon system being deployed on hundreds of thousands of subjects worldwide in both controlled training and in the field. That data has been analyzed and studied by many governmental think tanks, universities, and law enforcement task forces. There is no scientific evidence to date of a cause and effect relationship between TASERS and in-custody deaths.

The TASER uses two charged electrodes attached to the ends of long conductive wires. They are attached to a cartridge, powered by the weapon's electrical system. Pulling the trigger on the TASER causes the electrodes to fire at approximately 8-degree deviation from each other which causes a spread of the probes on contact. The amount of spread is dependent on the distance the probes are able to travel. During effective deployments electrodes will penetrate the skin or clothing in order to complete an arc circuit through which electricity flows. As mentioned, the

cycle of each trigger pull is 5 seconds, meaning that the charge remains active for a full 5 seconds so long as the trigger does not remain compressed. During this time, a high-voltage, low amperage current arcs into the body, overriding the body's natural neurological electrical system. This causes the muscles to dysfunction to some degree, at times giving law enforcement officers an advantage over the person's ability to control their own movements. The temporary paralysis/incapacitation effects are best observed when the probes are able to spread over wider parts of the body, effecting the major muscle groups that control locomotion.

There has been a significant number of deaths that have occurred nationwide subsequent to field use of TASER technology, but the cause of death in most of these cases remains in dispute. Policy statements have been issued by the International Association of Chiefs of Police (IACP), Americans for Effective Law Enforcement (AELE), Police Executive Research Forum (PERF) American Civil Liberties Union (ACLU) and dozens of district and circuit courts who offered opinions about the effects and cautions one should consider before using a TASER against persons suspected of ExDS.

The Brevard County Sheriff's Office also recognizes that special care should be taken with certain Inmates.

[Policy 600.06G Electronic Control Devices] Special consideration must be implemented when considering use of the CEW upon special care inmates. Special care inmates include, but are not limited to, inmates experiencing mental health issues, intoxication and detoxification, excited delirium, age protocol (youth or elder), etc. The authorized operator will exhaust all other possibilities as set forth in Policy 500.76 Response to Resistance when considering use of the electronic device upon inmates in these categories. Intended use of the CEW on special care inmates will be included in the annual training curriculum.

G. Controlling Gregory Edwards

Lieutenant Fayson arrived at the area where the deputies were grappling with Edwards. He walked around the pile of officers, then engaged Edwards on the ground. He used several knee strikes to Edwards lower body reportedly to facilitate getting Edwards off of his arm to be handcuffed. This technique is taught and approved for police and corrections officers in the State of Florida (see Figure 2.)

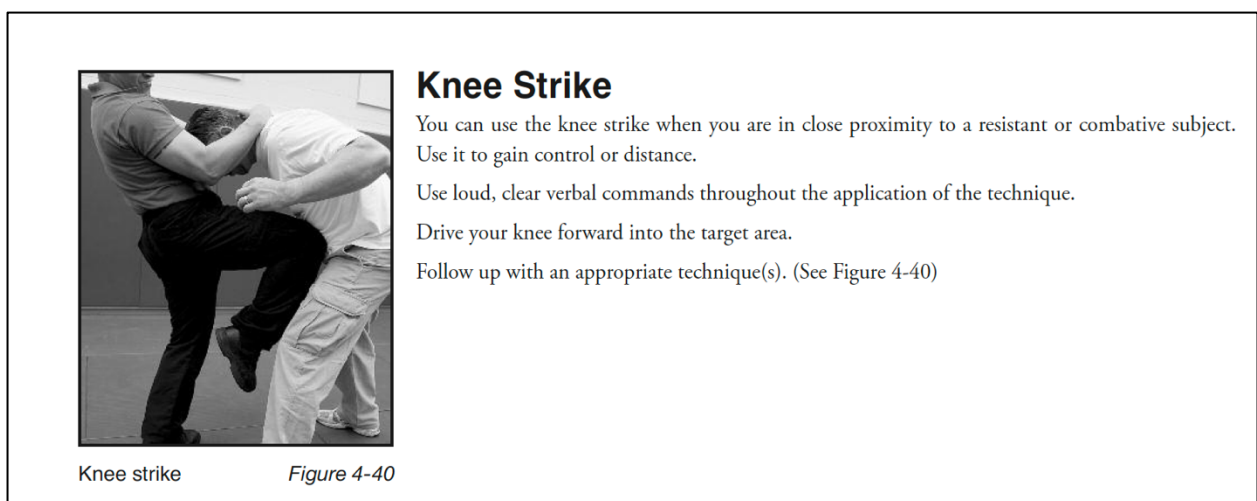


Figure 2: FL BRT High Liability. Vol 2. pg. 244

A short time after Blazewicz deployed her TASER, Edwards was taken under control. An emergency restraint chair (ERC) was brought to the location where Edwards was subdued. Several deputies lifted Edwards into the chair. He appeared to be limp and presented no obvious signs of resistance. He was handcuffed behind his back. No leg irons were applied while Edwards was on the ground.

The formal internal investigation concluded that Edwards continued to resist after he was placed in the chair. If he did, it isn't apparent on the video. It is noted that bracing and tensing movements, if they occurred, would be perceived as resistance by the officers who were hands on with him. The video shows that there are no gross body movements by which Edwards can

reasonably be perceived by an outside viewer as “resisting.” The official version of Edward’s placement in the chair was that he was not allowing his legs to be secured, prompting Wagner to hammer strike Edward’s in the leg. If Edwards legs were tensed or braced, he was not actively attacking the deputies. There is no indication on the video that he was kicking or attempting to kick anyone.

Once strapped into the Chair, Fayson ordered that a spit hood be placed upon Edwards. As instructed Deputy Cedenó placed a spit hood over Edwards head. Cedenó later stated that Edwards had spit and mucous in his nose and mouth area but was not actively trying to spit on anyone. Wagner would later explain that the use of the spit hood was a precaution to alleviate the *possibility* of Mr. Edwards spitting mucous or other bodily fluids on anyone. Because Edwards was previously contaminated with pepper-spray, it is my opinion that Fayson’s order to place a spit hood over Edward’s head was a particularly unsafe one.

H. Use of the Spit Hood

According to the official investigation, Major Haman ordered the use of the spit hood be applied to Edwards as he sat in the ERC. As noted, it was also claimed that Lieutenant Fayson gave the order to use the spit hood. It was applied to Edwards by Deputy Cedenó.

The investigator cited a description of the spit hood to wit, “*The spit mask is made of 100% polyester and is latex free. The mask is a see-through breathable mesh device placed over the head and face to prevent spit, mucus, or other bodily fluids from being spit at others nearby. The spit mask is vented/breathable and does not restrict normal breathing.*”

There is research to demonstrate that spit masks do not cause clinically significant changes in normal breathing. (Lutz, et al., 2019; Marigolda, et al., 2020). It is important to note that post-

contamination procedures for OC do not anticipate a person will be “breathing normally.” Every correctional officer who has been trained in the use of aerosol pepper spray and has been contaminated during training or otherwise, knows the profound impact the active ingredient has on normal breathing. Breathing, in fact, is not normal at all as coughs, gasps, gagging and draining sinuses continue until the inflammatory effects of the spray wear off. It is one of the reasons why manufacturers recommend contaminating officers during training, to allow them to experience the deleterious effects first-hand.¹⁴

Large, open air areas allow the contaminated person to expel capsaicinoids. It is natural for a person to clear themselves of contaminants through discharging mucus and saliva involuntarily. While spit hoods may be constructed of see-through breathable mesh, they may not often remain that way for long as mucus, spittle, or blood, clog the mesh and coat the fabric as a consequence of the natural process of fluid discharge. Until more rigorous scientific testing has been done for the placement of a spit hood on a contaminated person, they must always be judiciously applied. Several manufacturers caution users that spit hoods can cause injury or death, citing that improper use may cause asphyxiation, suffocation, or drowning in one’s own fluid.” According to a manufacturer, “*the TranZport Hood should not be used on any person who is unconscious, vomiting, in respiratory distress, or in obvious need of medical attention. Anyone wearing a hood should be under the constant supervision of responsible parties.*”¹⁵

This is not to say that spit masks, socks or hoods should never be used on contaminated subjects. There are circumstances in which a contaminated person who is intentionally spitting at others may justify the use of a spit hood to prevent the likely and intentional spread of bloodborne pathogens harmful to others in the immediate environment. Indeed, spitting is a vile act with the

¹⁴ See Bedard, R. (1999) Oleoresin Capsicum Instructor Training Course (OCI).

¹⁵ See Safariland’s TranZport Hood warning.

possibility of transmitting communicable diseases such as Hepatitis B, influenzas and Streptococcus. However, if used, it becomes obligatory that the person be directly monitored to assure that breathing is not compromised by a buildup of the described discharge, including the possibility of vomit.

It is not clear on the video that Edwards was not attempting to bite or spit at the deputies, but the investigation determined that he had not. According to Major Haman, “*the use of the vented spit mask in correlation to the use of OC Spray and the use of the ERC can be used together as a preventative measure to eliminate exposure of bodily fluids to corrections personnel.*” This is a broad and reckless interpretation of the agency policy that identifies when spit hoods can be used on prisoners in the ERC. It states, “*The Deputy controlling the inmate's head shall pay special attention for any aggressive movements such as an attempt to bite or spit at a Deputy. If necessary, a protective helmet or mask may be applied to the inmate's head.*”¹⁶

Sgt. Zimmerman held Edward’s head with a steady pressure application along the base of his jawline and perhaps behind his ears, two approved pressure points in the state of Florida (see Figure 3.). Zimmerman tilted Edward’s head backwards robbing him of his ability to see the deputies that were attempting to restrain him. This technique is appropriate for offering the deputies a tactical advantage against an inmate who might attempt to kick out at deputies or others. There is no indication that Zimmerman used any pressure to occlude or obstruct the throat or other areas that would compromise Edward’s breathing. It is not known if the head tilt prevented proper drainage of the sinuses or to what extent, but there is no indication that Edwards was gasping or coughing as would be expected if there were occlusive mucous buildup.

¹⁶ See BCSO policy/procedure 168-600.07K (D)(1)(e).

When the spit hood was placed on Edwards head, he was strapped to a restraint chair and about to be placed inside of an empty cell. He may have been drooling from the effects of the OC spray, but he wasn't weaponizing his spit against staff who had it in their power to avoid any pathogens that might have leaked from Edwards face. There was, in my opinion, no reason to hood him for the staff's protection and several reasons to assure that his airway remained unobstructed. The reasons for leaving his head unobstructed include giving him sufficient air to clear his inflamed sinuses, preventing occlusion of his airway because of buildup of biological drainage, and allowing observation for signs of distress that could be most accurately monitored through recognizable facial expressions.

As a side note, it has subsequently been learned from Plaintiff's depositions of BCSO staff that the agency has updated its policies regarding the the use of spit hoods after a person has been placed in a restraint chair to include, "*if a protective safety device is used on an inmate, direct watch status will continue until the device is removed.*" Further, the agency policy now reflects that, "*a protective helmet or protective safety device not to be used if OC spray was applied. So basically, what the language is now is that if OC spray is used, then we will not use a protective safety device on the inmate.*"¹⁷

Further, throughout the time that Edwards was arrested, transported and brought into the Brevard County jail, he exhibited signs of mental and medical distress. It is not clear how delusional Edwards might have been, but indications of delusion were present. It is not known if Edwards knew where he was, or what was happening to him. With his known history of PTSD, consideration for this delicate mental disorder should have prevented correctional officers from placing him in a such a compromised position. Being controlled with a 7-point restraint system

¹⁷ See deposition of Chief Michael DeMorat

and then hooded with a spit hood, it was reasonably foreseeable that Edwards would panic and experience levels of anxiety that could have deleterious psychological or physical effects upon him.

Under the Jaw

This technique works well to bring a seated, kneeling, or prone subject to a standing position.

Approach the subject safely.

Use loud, repetitive verbal commands to let the subject know what you want him to do.

Stabilize the subject's head. Locate the pressure point under the jawbone.

Apply pressure until compliance.

Decrease the pressure when the subject complies. Do not release control, just the pressure. If the subject begins to resist again, reapply the pressure.

Follow up with an appropriate technique(s). (See Figure 4-12)



Pressure points—
Under the jaw

Figure 4-12

Hollow Behind the Ear

Applying pressure to the sensitive area in the hollow behind the ear is a good technique to use on a seated or prone subject or a subject who is holding onto a fixed object.

Approach the subject safely.

Use loud, repetitive verbal commands to let the subject know what you want him to do.

Stabilize the subject's head and locate the pressure point in the vicinity of the hollow behind the ear.

Apply pressure inward and toward the nose until compliance.

Decrease the pressure when the subject complies. Do not release control, just the pressure. If the subject begins to resist again, reapply the pressure.

Follow up with an appropriate technique(s). (See Figure 4-13)



Pressure points—
Hollow behind the ear

Figure 4-13

Figure 3: FL BRT High Liability, Vol 2. Pg. 221

I. Use of the Restraint Chair

While Edwards was lying on the ground secured in handcuffs, a restraint chair was brought to his location. Edwards was lifted into the chair, with his hands handcuffed behind his back. The chair's design provides a small cut out in the back bottom of the seatback, anticipating that restrained prisoners will be temporarily placed in the seat with their hands cuffed behind their back.

Handcuffs are not intended to be left on any person for an extended period of time.

According to BCSO Policy 600.07I:

All restraint devices shall be applied in a humane manner and shall remain only so long as necessary to accomplish the desired results. Restraint devices shall never be used as a form of punishment.

"Restraints shall not be placed on an inmate in such a manner as to cause injury nor shall the restraints remain on the inmate longer than necessary."

According to the official version of events, *"Lieutenant Fayson determined that the deployment of the Emergency Restraint Chair (ERC) was necessary to safely and securely restrain Mr. Edwards. Lieutenant Fayson also determined that due to the aggressive and unpredictable behavior of Mr. Edwards, the handcuffs would be left on, behind his back, and he would be seated and strapped into the restraint chair in that position."*

Under the given circumstances it is undisputed that deputies struggled to get the handcuffs on Edwards while he was fighting with them on the ground. Indeed, Mr. Edwards had to be forcibly restrained. But when Edwards was placed into the emergency restraint chair, his aggressive resistance had clearly ceased. Indeed, the use of the ERC is typically reserved for people who do

violently resist. To Fayson's point, nearly all people placed in an ERC are aggressive and unpredictable. Still, deputies were able to strap Edwards waist, shoulders, and ankles to the chair. When he was mostly secured, they should have released his handcuffs and fastened them to the arm rails. Releasing him from the chain handcuffs would not present any foreseeable risk that outweighed the proper use of the ERC.

It is likely, with the effort required to get Edwards into handcuffs, that the handcuffs were not optimally placed upon him. Handcuffs are rather simple devices. Made of solid metal, they are unforgiving to flesh and bone if placed on incorrectly. They can be placed on too tightly or too loosely and result in permanent damage. Every correctional officer in the state of Florida is instructed in the proper use of handcuffs and cautioned about the damaging consequences of misuse. Handcuffs should always be inspected for proper placement once a person has been taken under control.

Handcuffs not placed on properly can cause irreversible harm to the sensitive bones and nerves of the wrist. Corrections officers are trained how to properly place them on, how to inspect them for tightness, and how to properly take them off. Aside from placing them on correctly, they can still result in unintended consequences including swelling of the wrists and hands. This is particularly common when they are left on for long periods of time.

For this reason, leaving Mr. Edwards with the handcuffs on behind his back was unnecessary, excessive and counter to the proper protocols of the chair's design and agency policy. The claim that Lieutenant Fayson identified an exemption to the proper use of the chair does not appear to be reasonable or in accordance with agency policy.

[Policy/Procedure 600.07K- Restraint Chair]

*One Deputy shall fasten the lap belt across the inmate's abdomen. The Deputy controlling the inmate's head shall pay special attention for any aggressive movements such as an attempt to bite or spit at a Deputy. **If necessary, a protective helmet or mask may be applied to the inmate's head.** The Deputy controlling the legs shall apply leg restraints, and the Deputies controlling the arms shall apply arm restraints. **The arms shall be restrained in the front while in the ERC.***

The post-mortem photos of Mr. Edwards wrists show discoloration and swelling of his wrists. When Edwards was placed in the restraint chair, he was fully secured with seven points of restraint (waist, both legs, both shoulders and both arms). It was at this point that it was required that Edwards be inspected by the jail's medical staff personnel.

After each use of force, the following actions will be taken: The inmate will be examined by a member of the medical staff who will, provide treatment if necessary, and enter the results in the inmate's medical file. A notation shall be made in the Incident Report, by the reporting Deputy, that medical staff has responded."

[Policy/Procedure 600.07I (C)(1)(A)]

When physical force is applied in the form of:
1) Chemical Agents (Oleoresin Capsicum) - The inmate shall be examined and treated by medical personnel and a Use of Force Report completed.

2) Mechanical Restraints - The inmate shall be placed on a 15-minute observation watch until such restraints are removed.

3) Intermediate Weapons - The inmate shall be placed on a 15-minute medical observation watch until deemed unnecessary by the appropriate medical staff.

[Policy/procedures 600.07K Restraint Chair]

5. The inmate shall have a mental health evaluation as soon as possible after being placed in the restraint chair.

6. A nurse shall examine the straps to ensure that they have been placed on the individual in a manner that blood circulation and breathing has not been restricted and shall document it in the inmate's Medical file.

B. Observations

1. After the inmate has been placed in an ERC, a Deputy or Medical staff shall maintain continuous observation during the first 30 minutes to monitor the inmate and adjust the restraints as needed.

a. After the initial 30 minutes the inmate will be placed on a documented 15-minute watch (close observation), unless the inmate was on a Direct Watch status prior to the incident, whereby s/he will remain on the Direct Watch status.

b. If a lack of circulation is observed the discovering member shall notify the Shift Supervisor and assistance shall be mustered to adjust restraints. Medical personnel shall be notified of any circulation problems.

According to the official narrative, “Armor Correctional Health Nurse Nadeau can be seen on the video in the background also monitoring the situation.” Further, it is reported that Deputy Tiller said, “once Inmate Edwards was secured, the booking nurse, later identified as Nurse Nadeu, checked Inmate Edwards restraints to verify they were not too tight. Inmate Edwards was then placed into holding cell 9.”¹⁸

I have watched the video several times to the extent of the camera’s capabilities. Medical personnel do not appear to be monitoring the situation as claimed. They do not check the restraints, nor do they make any determination that Edwards had uncompromised breathing or circulation by inspecting the ERC straps.

Further, the TASER electrodes from Blazewicz’s TASER were not removed from Edwards buttocks as he sat restrained in the chair. No relief was offered to Edwards from contamination he

¹⁸ See BCSO Case supplemental report pg. 9 by Wendy Wheeler.

experienced from the OC spray. Indeed, no treatment or relief was provided to him until he became unconscious and unresponsive. These circumstances would have reasonably added to Edward's distress because of the expected physical pain associated with the circumstances.

It is not possible to say with any degree of certainty how Edward's present state of mind would have interpreted or exacerbated the effects of being bound, restrained, pepper-sprayed and with metal electrodes hanging out of his skin would have felt, but it is reasonable that the correctional officers tending to him were aware that that through their acts and omissions that Edwards was suffering unnecessarily and more than he would have if the proper protocols had been followed.

Throughout Edwards stay in cell #9, he was not continuously observed. On a few occasions' deputies and staff did walk by Edwards cell. Nurse Nadeau and Wagner did observe Edwards for a few seconds. Without audio, it isn't known if Edwards said anything indicating if he was in pain or was otherwise in distress.

Corrections Deputy Andrea Mustafa eventually approached the door window of cell #9. She looked inside and later described that it appeared to her that Edwards was having a seizure. It is not clear if Mustafa was assigned to watching Edwards. She reported to FTO Wagner and Lieutenant Fayson her findings and said that she believed Edwards needed assistance.

Immediately several deputies approached the cell and opened it. Lt. Fayson approached Edwards and pulled the spit hood from his head. It appeared up until that moment, Edwards still showed signs of subtle movement. However, as the spit hood came off, Edwards head flopped to the side and he did not move again. Fayson dropped the spit hood on the floor. It would later be picked up and disposed of.

Several staff members rushed into the cell. Nurse Nadeu brought in an oxygen tank and began to administer it to Edwards. Edwards was lethargic and appeared to be lifeless. He was released by the correctional staff from the chair's restraints and pulled forward. He appeared unconscious and laid passively across his own lap and deputies and medical personnel swarmed around him. A deputy is observed on video winding up the wires of the TASER and extracting the probes from Edward's backside.

The deputies did not take Edwards from the restraint chair and begin CPR. It is unclear if medical staff detected respiration and a heartbeat. The staff wheeled Edwards into the medical area in the restraint chair.

Once inside medical, the staff inspected Edwards for signs of consciousness. They performed a sternum rub. Within minutes, they abruptly reacted to Edwards unconscious state. A nurse ran for a backboard and placed it on the ground in front of the ERC.

Edwards was taken by jail staff from the ERC and placed onto his back on the backboard. Jail staff took turns performing CPR on Edwards. This went on for several minutes. Edwards never regained consciousness.

Paramedics arrived from the Brevard County Fire Services and loaded Edwards onto a gurney. While staff continued CPR efforts, Edwards was wheeled out of medical and into an ambulance on the outside of the facility. He would be pronounced dead the following day after he was taken off of life support.

J. The Timeline

TIME	ACTIVITY
01:09:50	Edwards arrives into Salley Port compound by West Melbourne Police Department.
01:10:53	Edwards is taken out of cart. He is leg shackled and handcuffed. Offers no obvious resistance.

01:12:07	Edwards moves out of screen.
01:12:18	Edwards steps into Sally Port.
01:12:44	Edwards cuffs are removed and replaced.
01:13:17	Edwards submits to search.
01:14:05	Deputy inspects inside Edwards mouth. He finds nothing.
01:14:47	Edwards brought into Booking receiving center.
01:14:47	Edwards enters receiving center.
01:15:59	Edwards is brought to property uniform section and issued orange jumpsuit. Disappears from screen down hallway.
01:19:38	Edwards moves back into control area on camera. No obvious signs of distress.
01:19:45	Edwards is led into cell #7.
01:19:46	Edwards calmly enters cell #7.
01:20:01	Edwards begins downing elevated pushups.
01:20:29	Edwards is brought food in a brown paper bag. He calmly sits down and begins eating.
01:21:37	Edwards starts doing arm-dips (exercise) from the bench.
01:21:50	Edwards begins eating again.
01:23:45	Edwards resumes arm dips.
01:24:18	Edwards drinks from the water fountain in the cell. Continues until 01:24:57.
01:25:01	Edwards moves back to the bench and sits down.
01:25:45	Edwards resumes eating.
01:27:29	Edwards reclines on the bench, partially lays down.
01:28:54	Edwards tampers with a vertical door on the wall of his cell. He knocks on it as if waiting for a response. He persists as if trying to open it.
01:29:41	Edwards tosses his crumpled food bag into the air. He then violently throws it against the wall. He appears bored, not agitated. He continues to sit for six more minutes before standing up and pacing the floor.
01:35:36	Edwards stands by the entry door to the cell and peers out of the glass.
01:36:48	Edwards walks to the wall and picks at something on the wall. He studies the wall and appears to flick something off of it with his finger.
01:36:59	Edwards returns to the bench and sits.
01:39:35	Edwards stands and peers out of the double pane windows.
01:40:41	Edwards returns to the bench and sits. He eats some more food.
01:41:40	Edwards notices activity in the hallway outside of his cell. He stands and looks out of the door window. He knocks on the window and appears to call to a passing staff member. The staff member continues by without acknowledgment. Edwards moves to the double pane wind and stares out.
01:43:19	Edwards stands in the cell and stretches out. He performs a few waist rotations.
01: 43:48	Edwards returns to the bench and sits down.
01:44:23	Edwards stands. He appears to speak to himself using animated arm gestures. He paces the cell. Apparently talking the whole time. He appears to be getting agitated.
01:45:16	Edwards returns to the water fountain and gets more water. He then paces the cell.
01:46:40	Edwards returns to the window and stares out. He continues to talk to himself.

01:47:40	Edwards walks to the door and lightly hammer fist pounds the glass. There are people outside that he can see.
01:47:59	Edwards slaps the wall. He continues to apparently talk out loud.
01:48:26	Edwards returns to his door and pounds the glass much harder. He continues pounding, at one point uses both hands.
01:49:16	Edwards stands and faces the wall for several seconds. He turns and faces the wall, then leans on the bathroom separator wall with his head on his arms.
01:50:33	A staff member approaches the door and puts on gloves. He then walks away.
01:50:46	Edwards steps back and does a two-hand shove to the door glass. He appears now to be full agitated. He double fist strikes the glass.
01:51:09	Edwards walks to the wall, crosses his arms, and stares at the corner of the room. He appears to pick something off of the wall.
01:51:34	A staff member approaches the cell. He opens it and directs Edwards to exit.
01:51:43	Edwards steps out of cell #7. He has a brief conversation with the deputy then turns to walk as the deputy guides him with hand signals. Edwards does not put on his issued slippers.
01:51:55	Edwards and the deputy engage in conversation. Edwards appears to be non-compliant. As he is directed to the right, he walks to the left.
01:52:08	Edward continues to rebuff the deputy's directions. The deputy grabs his shirt to steer Edwards in the proper direction for processing. Edward pulls away. The deputy applies a rear leg sweep causing both men to fall to the floor.
01:52:12	After a brief struggle, a second deputy member enters to assist the first deputy. Edwards continues actively fighting.
01:52:15	Third deputy engages the struggle.
01: 52:17	Fourth Deputy engages the struggle.
01:52:21	One deputy strikes Edwards in the legs with four hammer strikes.
01:52:36	Four more hammer strikes are delivered to Edwards legs.
01:52:50	Deputy retrieves OC canister from belt and pushes it into pile of bodies.
01:52:55	Reaction by one deputy turning head away suggests deployment of OC burst.
01:53:11	Fifth deputy approaches. Takes no physical action. Edwards continues to struggle.
01:53:39	Fifth deputy engages. Delivers four strikes to Edwards upper body (exact location undetermined)
01:53:52	A deputy delivers two hammer strikes to Edwards upper body.
01:54:11	Two more deputies arrive.
01:54:33	Another staff member reports to the scene and joins on the fray as all members appear to be trying to get Edwards restrained.
01:54:50	Another deputy reports to the scene and also joins the fray attempting to get Edwards restrained. She removes her TASER from the holster.
01:54:54 - 01:55:41	TASER is deployed sometime during designated timeframe. Unable to determine number of cycles. See TASER log.
01:57:04	The restraint chair is brought to the immediate area and parked.
01:57:20	Edwards is placed in the chair unsupervised by medical personnel.
01:57:30	Deputy performs chin left using pressure point control on Edwards by placing fingertips on inside of jawbone. No obvious throat occlusion. Multiple members

	straps Edwards into Chair using legs, waist and shoulder straps. Handcuffs are not removed. Hands are not strapped to handrails.
01:59:01	The spit hood is applied to Edwards after being pepper sprayed.
01:59:33	Deputy strikes Edwards in the legs with hammer strikes while strapped. Target uncertain. Reason unknown.
02:00:50	All deputies disengage from Edwards. Deputy releases chin lift.
02:02:46	Edwards shows signs of consciousness. His head nods periodically.
02:07:24	Edwards is wheeled from location towards cell #9. No nurses have been observed in location to examine or inspect the restraints. Confirmed through several camera angles.
02:07:24	Probes from TASER are not removed from Edwards
02:07:	No OC decontamination procedures have been applied.
02:07:35	Edwards is placed into cell #9 and placed in center of floor.
02:07:53	All deputies exit the cell.
02:08:07	Door to cell is closed. Edwards is unsupervised.
02:08:27	Edwards shows modest signs of struggle. He is strapped at waist, shoulders and feet. His hands remain handcuffed behind his back and not strapped to the arm rails as prescribed by manufacturer. He is wearing a spit hood. With video resolution, mesh is not transparent enough to observe full facial details. No one monitors Edwards. Edwards shoulders are pulled back by the handcuff placement. His waist belt is across his hip bones and lower abdomen. No signs of compression or interference to any natural breathing mechanisms. Unclear how congest spit hood is due to mucous and saliva drainage post OC use. It is therefore also unclear if or to what extent breathing is diminished.
02:14:42	Edwards places his head backwards and exhibits possible signs of distress.
02:15:54	A deputy walks by the glass and glances inside. Does not remain visually fixed or attentive.
02:16:05	Staff member (medical?) looks into the window with a deputy. Staff members fixes gaze for a few seconds. Edwards continues to show sign of consciousness with subtle body movements.
02:22:34	Two deputies look into the glass on the door. They move away and get the attention of others.
02:23:03	Two deputies look into glass. Edwards continues to show signs of consciousness.
02:23:17	Cell door is opened, and staff enter cell. Edwards now appears unconscious and flaccid. The spit hood is removed. One deputy performs a sternum rub to revive Edwards. Edwards remains unresponsive.
02:24:06	Deputy attempts second sternum rub. Edwards remains unresponsive. Other deputies arrive in cell and hand out gloves.
02:25:13	Deputies begin to remove restraints from Edwards.
02:25:29	Medical staff arrives and stands at front door.
02:26:25	Nurse approaches and attempts sternum rub. Edwards remains unresponsive. Nurse checks for carotid pulse. Oxygen is applied to Edwards nose.
02:27:46	Nurse exits cell.
02:28:07	Deputy winds up TASER leads.
02:28:37	Nurse reenters and examines vitals.

02:30:10	Gurney is brought to outside of cell #9.
02:30:21	Staff moves to prepare gurney.
02: 31:48	Deputies strap Edwards back into chair with waist strap and legs straps.
02:32:42	Edwards is wheeled out of the cell #9.
02:32:51	Edwards is wheeled into Booking Processing.
02:33:16	Edwards is wheeled out of Booking Processing through door to external hallway (towards medical).
02:35:07	Edwards is wheeled on screen into Medical still in restraint chair.
02:35:24	Edwards is parked in restraint chair in hallway.
02:35:35	Medical personnel look at Edwards and mark time.
02:35:53	Nurse attempts sternum rub. Edwards is not responsive.
02:36:13	Nurse applies arm cuff for monitoring vitals.
02:36:30	Monitoring screen is activated and studied.
02:37:15	Several attempts to revive Edwards are tried. Edwards remains unresponsive.
02:37:49	Nurses appear alarmed at Edwards state. Now a sense of urgency begins in medical.
02:37:59	Deputies begin to remove straps from Edwards. A backboard is retrieved.
02:38:05	Hallway is cleared to make way for backboard. Entire medical team moves into medical emergency mode.
02:38:15	Backboard is placed on the floor.
02:38:48	Edwards is lifted from restraint chair and placed onto backboard by deputies. He is flaccid and shows no signs of consciousness.
02:38:53	Medical staff begins CPR on the floor with Ambu bag.
02:39:15	AED is brought to Edwards. It is not used for defibrillation.
02:39:18	Medical staff trade personnel and continue to apply CPR.
02:40:54	Medical staff trade personnel and continue to apply CPR
02:42:25	Medical staff trade personnel and continue to apply CPR
02:43:52	Medical staff trade personnel and continue to apply CPR
02:45:40	Medical staff trade personnel and continue to apply CPR
02:46:40	Medical staff trade personnel and continue to apply CPR
02:47:32	Medical staff trade personnel and continue to apply CPR
02:49:12	Brevard County EMS arrive in medical with gurney. CPR paused
02:49:28	EMS begin assessment of Edwards.
02:50:09	EMS begin CPR on Edwards.
02:52:50	IV bag is applied. CPR remains ongoing.
03:04:24	Edwards is lifted onto Gurney. CPR continues.
03:05:25	Edwards is well outside of medical and off screen.
03:05:24	Edwards is wheeled into entry/egress hallway. CPR continues.
03:05:41	Edwards is wheeled out of entry/egress hallway.
03:05:44	Edwards enter hallway surrounded by EMS. He is pushed towards exit doors. CPR continues.
03:06:01	Edwards is wheeled out of the building to T1, T2 door.
END	

K. The Criminal Investigation, State Attorney’s Investigation and FDLE Reviews.

The criminal investigation into Gregory Edward’s death was conducted by the Brevard County Sheriff’s Office Criminal Investigation Services (CIS). Police administrations throughout Florida can discretionarily use outside agencies for investigating potential criminal events or they may conduct them internally if they have the proper resources. It is however, generally understood that outside investigations can create better optics by giving greater confidence for a fair and impartial review.

In the past the BCSO has chosen to use both internal and external criminal investigations. For example, Sheriff Ivey at least once requested the aid of the Florida Department of Law Enforcement (FDLE) to investigate an off-duty BCSO deputy involved in a shooting. Ivey stated, *“cases involving a member of your own agency are best facilitated with complete transparency that ensures public trust while also protecting the integrity of the investigation... As such, from the very beginning of the incident, I asked FDLE to conduct an independent investigation and present their findings to the State Attorney's Office for a full review of the facts.”* In this incident, the deputy was criminally charged.¹⁹

The criminal investigation of the death of Gregory Edwards began almost immediately, by the BCSO Criminal Investigative Services Division (CIS). It was reportedly initiated on December 9, 2018, the day Edwards died. The CIS investigation provided summary details of the events that led up to the in-custody death of Gregory Edwards along with recorded interviews of witnesses and other evidentiary items.

My review of the CIS report determined that the criminal investigation summary narrative had several discrepancies or was misleading on many detailed points. Some examples include:

¹⁹ See the investigation of Deputy Yousef Hafza, June 2016.

- The investigator claimed that medical personnel from the BCFR examined and cleared Edwards while on the scene at Walmart. The CIS interviews of medical personnel and West Melbourne Police Officer Krukoski revealed that they did not [pg.4].
- The investigation claimed that during the escort from cell #7 to the AFIS processing area that the deputy and Edwards “*both began falling to the ground.*” The investigation made no mention that Edwards was forcibly subjected to a takedown by the deputy which caused them both to fall [pg.4].
- The investigation determined that while falling, Edwards punched the deputy in the head. A review of the video and interview of the deputy determined that this did not happen [pg. 4].
- There is not a complete description of the defensive tactics used against Edwards as he resisted the deputies’ efforts to control him. In a death investigation, each blow, each defensive maneuver, and each use of a defensive tool must be properly analyzed for its possible contribution to injury or death. Only the strikes by Edwards were meticulously accounted for.
- The spit-hood, a crucial piece of evidence in the criminal investigation was discarded. This was not mentioned in the CIS report. According to the report, when the medical examiner requested to examine the spit-hood, Lieutenant Vitaliano provided him with “*a vented spit hood from the jail...identical to the hood used with inmate Gregory Edwards*” [pg. 62]. This was not the same spit-hood that was placed over Gregory’s head. This was noted in the FDLE review. The FDLE investigator stated, “*the examination of the “spit-mask” would have been helpful to investigators and medical examiner, but it is unlikely that having this specific piece of evidence would change the outcome of the investigation.*” The

investigator has not made it clear why he has concluded this. The spit-mask contained crucial evidence of measurable airflow and biofluids excreted by Edwards at the time he lost consciousness.

- The investigation showed that the TASER was deployed by Deputy Blazewicz six times, three of which cycled more than the pre-programmed 5-second duration. Blazewicz refused to provide criminal investigator Urbanetz a statement about her involvement with Gregory Edwards [pg. 19]. Blazewicz did provide a statement to the administrative services division during the internal affairs investigation.
- Many policy violations by members of the BCSO were described in the internal affairs report. It is not clear if the State Attorney's Office (SAO) reviewed the full internal affairs report completed by the BCSO.²⁰ The BCSO internal affairs report was not completed until July 1, 2019, the same day that the SAO completed its findings. Considering all of the information contained in the CIS report including dozens of recorded interviews, it is unlikely that the SAO investigators could have completed a thorough review of the evidence in a single day and published an opinion on the same day.
- The State Attorney reviewed and cleared the actions of the BCSO and commended their behavior more than a year before the FDLE reviewed Edward's case and issued its findings on July 17, 2020. Had FDLE found criminal liability for members of the BCSO, it is not clear how the SAO would have responded. The State Attorney has made no mention of reviewing the internal affairs report that speaks to the policy violations of the deputies involved and he only cites reviewing the criminal case. The state attorney offered the opinion, "*I further commend the efforts of the deputies and staff at the jail in the actions*

²⁰ See letter from Phil Archer to Investigator Jennifer Straight, July 1, 2019

they took in attending to Mr. Edwards after it became apparent, he was in distress.” It is these actions that I have been most critical of. Had the State Attorney conducted an independent investigation of the incident, it is unlikely these violations would have been missed, and a proper determination of criminal negligence could have been exhaustively reviewed.

- Corrections Lieutenant George Fayson and Deputy Allison Blazewicz refused to provide voluntary statements in the death investigation of Gregory Edwards. The only personal account of Fayson and Blazewicz’s involvement appeared in the internal affairs report.
- The investigator claimed that “*Mrs. Edwards observed Gregory Edwards "huffing" (inhaling chemical vapors) from aerosol cans on the night of December 8, 2019*” [pg. 63]. This is a critical mischaracterization of what Kathleen Edwards told the investigating officer. She never said that she observed Gregory Edwards “*huffing*” but rather drew this inference after seeing canisters in the garbage can.
- The CIS report described that Edwards was “*suffering some type of medical event*” while being transported to the jail [pg. 63]. When the video was shown to Dr. Qaiser he declared that these were symptoms consistent with a person suffering from excited delirium. The CIS report does not describe why BCSO staff allowed Krukoski to bring Edwards into the jail or why the BCSO has not alerted the WMPD of Officer Krukoski’s behavior.

The criminal investigation into the death of Gregory Edwards has made no references to the deputies’ actions *after* the use of force. As a consideration for examining criminal negligence, the CIS should have reviewed post-incident responses by the deputies and staff. For example, there was no determination on the appropriateness of not removing the TASER electrodes after deployment, no determination about not decontaminating Gregory after the use of pepper-spray

and no determination the use of a spit-hood post contamination. It has been noted that the BCSO has subsequently changed its policy regarding this practice. There was no determination about the improper use of the emergency restraint chair (ERC). The CIS report did not offer findings on other policy violations that might have contributed to criminal negligence, including the fact that medical personnel did not examine Edwards after the use of force, or after he was strapped into the ERC. CIS did not present their findings that Edwards was not observed for the requisite time period after being placed in the ERC. Investigators know that these policy areas could bleed over to criminal culpability and should have been appropriately reviewed, so that a proper determination of criminal intent could have been established. Rather, these issues seemed to be had been largely ignored by the BCSO and subsequently the FDLE and SAO.

When the SAO and the FDLE were called to criminally review the incident, they did not conduct independent investigations. They did not independently conduct their own interviews, examine the actual scene, or draw their own judgments and inferences about what happened to Edwards. Rather they reviewed the investigative work of the CIS, and wholly approved it.

To be sure, it was not the job of these outside agencies to address internal policy violations, to determine if policies had been violated by BCSO members, but if policies were violated in such a way, that the violations might have been criminal nature, the collective accountability for those violations should have been found in the CIS report for outside agencies to consider. They are not.

Here we can see why independent investigations would have revealed different information than the information contained in the CIS report. The “rubber stamp” approach to this investigation fell short of being objective and complete because critical areas of potential culpability by the BCSO were not presented in the CIS report for the outside agencies to consider.

L. The Administrative Investigation

On January 23, 2019, BCSO Chief Deputy Doug Waller approved an administrative investigation into the death of Gregory Edwards. It is noted that this approval occurred 1 Month and 20 days after the death of Edwards. Waller ordered that the internal investigation be completed within 30 days.

Corrections agencies manage complaints about possible policy violations using an internal investigation arm of the agency. Of the 25,000+ law enforcement and corrections agencies in the United States, all but a few have an internal process to investigate claims of police misconduct. If officers have been accused or are suspected of misconduct, unprofessional behavior or policy violations, a process is ordinarily in place to internally investigate the accusation or suspicion. If correctional officers, after a thorough investigation, have been found responsible for misconduct or policy violations, the behaviors may be remedied through a variety of internal corrective actions and processes. Remedies include oral or written reprimands, suspensions, mandatory retraining in the agencies policies, procedures or required skills and perhaps even termination.

Absent overt egregious violations of law it is exceedingly rare that an investigation leads to a criminal prosecution. If an officer's questionable conduct were alleged to be against state code, statute or Federal law, internal affairs investigators would most often seek the assistance of criminal investigators from within the department or they may appeal to outside agencies to pursue the criminal investigation. Internal affairs investigations are conducted for the purpose of determining the validity of formal complaints made by members of the public, incarcerated populations or other corrections officials.

Internal Affairs investigators are not responsible for punitive actions but rather issue the findings of their investigation to an executive authority that applies corrective actions in

compliance with organizational policies, rules, regulations and within the confines of Statute. Internal investigations most commonly render dispositions of *sustained*, where the evidence demonstrates that the complaint has merit, *not sustained*, where the evidence cannot show that the complaint has merit or *unfounded* where the evidence can show neither the complaint having merit nor not having merit. Other designations may apply to include *complaint withdrawn* when the complainant has voluntarily decided that the original complaint was not accurate or new information has shown the complainant that their original perception of the complaint was inaccurate under a new or different light.

The Brevard County Sheriff's Office conducts internal affairs within its Administrative Services division. It is responsible for investigating complaints systematically, objectively and impartially. Anytime a critical incident at the jail occurs, an internal review is required to take place. Edwards, though he was not pronounced dead in jail custody, was subject to a use of force that was proximate to his loss consciousness and subsequent death. Edwards never regained consciousness after leaving the jail. He was pronounced dead the following day at the Rockledge Regional Medical Center. The use of force by the deputies was proximate to Edwards death but there was nothing in my review of the use of force that had the appearance of being done maliciously or for the express purpose of causing Edward harm. Each physical strike, the use of the TASER, and the use of pepper spray appeared to serve bonafide law enforcement purposes for subject control.

Still, it was important to properly investigate all areas of correctional and medical staff conduct, to assure that everyone responsible for Edwards care and custody was sufficiently scrutinized in their respective roles. For example, post use-of-force protocols can be easily overlooked if an internal review is not conducted. Here, I found some questionable practices and

procedures as well as outright violations of policy by BCSO staff that have been previously listed. An internal investigation should have been triggered upon staff's notification of Edwards debilitated state.

On January 24, 2019, a day after Fischback's approval of an administrative internal affairs review, Scott McNerny, the Director of the Florida Department of Law Enforcement's (FDLE) Office of Executive Investigations notified Sheriff Wayne Ivey that they had received correspondence from Kathleen Edwards attorney expressing concerns about the Sheriff's office investigation into her husband's death.²¹ After reviewing the complaint, McNerny determined that an investigation by FDLE was not warranted at that time, noting that the BCSO was responsible for both administrative and criminal investigations into the matter.

I reviewed letters that had been sent out to various BCSO employees on December 9, 2018, the same day that Edwards fell into a debilitated state, notifying them that they had been placed on Administrative leave pending the outcome of an investigation into the matter of Gregory Edwards. Letters were issued to Corrections Deputies DeShawn Edward, Robert Wagner, Jr., Freddy Cedeno, George Fayson, Alison Blazewicz, Richard Zimmerman, and [redacted]. It is not clear then, why the internal investigation was only approved on January 23, 2019.

On July 1, 2019, more than four-months after Fischback ordered the investigation be completed, BCSO Agent Joseph Bracey presented Chief Deputy Waller with his findings for the administrative investigation. Four deputies were cited for violations of BCSO policies. The policies that the BCSO chose to cite violations for were broad and non-specific to the violations I have identified. It remains unclear why the BCSO ignored specific policy violations by its personnel.

²¹ See correspondence from McCollough & Leboff to Rick Swearingen, January 18, 2019.

M. The Jail Video

The Brevard County Jail has a security system consisting of close-captioned television camera that capture events within the jail. Jail security systems are a matter of great security concern for jails and prisons around the nation.

The State of Florida, under F.S.S. 119 provides exemption for videos captured inside of any jail or prison from public inspection due to security risks to the facility, its employees and the inmates who are housed inside. However, though exempt, jail video is not considered confidential and it may be released by administrative decision makers if it serves a great public interest.

We are aware that the entire incident involving Gregory Edwards was captured by the jail security system. This required multiple video captures from a variety of cameras confidentially placed within the jail facility. From the moment that Edwards was brought into the Sally port, to the moment that he left the outer doors of the jail compound, Edwards was under constant surveillance (approximately 3 minutes and 11 seconds of time are not recorded as Edwards was brought into an area to change from his street clothes into an orange jail jumpsuit).

Anytime that a person dies in, or as an apparent consequence of police or corrections custody, the case will become a matter of public interest. When Gregory Edwards, a 38-year-old physically fit former US soldier left the Brevard County jail unconscious and subsequently died at a local hospital there remained many questions about what happened to him. It is not unusual for the public and its media sources to seek answers about what happened in the moments leading up to Edward's death.

Sheriff Wayne Ivey permitted the administrative service bureau and the criminal investigation bureau of the Sheriff's office to conduct an internal investigation into Gregory's

death. From those investigation, official narratives were written that have become the permanent record of Edward's time in the Brevard County Jail.

Sheriff Ivey requested that the Florida Department of Law Enforcement and the State Attorney's Office conduct criminal investigations, and there is a claim that both of these investigative entities have done so.

There is however no independent investigation by either of these agencies but rather a review of the Sheriff's own investigation and a subsequent approval of the findings. There were for example, no additional interviews taken, no additional evidence collected, no independent analysis of the use of force against Edwards, no discussion of policy violations that could be contributive or causative to Edward's death, and no discussion or commentary for anything that has been captured on the jail system video. The family of Gregory Edwards and the public has been asked to accept the Sheriff's office findings about the death of Mr. Edwards, and the proverbial "rubber stamp" investigations by two state agencies in lieu of watching the video that the Sheriff has refused to release.

Sheriff Wayne Ivey naturally defaulted to not releasing the video, citing security concerns that included among other things the safety and security of his jail staff, the inmates and the security and safety of the jail facility. Ivey's instincts were not wrong.

Security concerns in jails are complex circumstances, and extreme caution must be made to not jeopardize the Sheriff's Office security mission by releasing information that could prove harmful in so many ways. For example, there are video screen throughout the jail complex that at any given moment might broadcast to jail personnel confidential information about inmates or staff. If one of these screens is captured on still frame video, it can be paused and blown up to a

readable degree. It might contain names, private addresses, social security numbers and other sensitive information that the public must not have access to.

The placement of cameras within the facility is also of great concern. Significant time and monetary resources are given to security professionals to determine best placement of cameras to optimize facility security. Some cameras might be equipped with infrared capabilities for low light areas. Others might track movement or signal alarm. Some might record audio while others might allow audio to be broadcast from a control room. Viewing video captured by security cameras can reveal where cameras are placed in the facility. Captured video can threaten exposure of hidden cameras and offer detailed insight to a camera's capabilities and limitations. Captured video can tell the viewer what lines of resolution the camera is capable of, its frame rate and frame size that can reveal areas of the jail that might not be completely covered by cameras or dark spots in the security system that might become areas of illicit activity.

There are Federal and State privacy restrictions for inmates (PREA, HIPPA) who live inside the facility that can be compromised by video. Cameras can reveal shift coverage, locations of staff posts, type and quality of supervision and a host of other administrative concerns. However, public interest in some cases is not often assuaged by such internal concerns and there often remains questions about where compromises with blanket statutory exemption can be made. The case of Gregory Edwards represents such a case.

The family of Gregory Edwards and the public who have taken an interest in the case are not satisfied with the Sheriff's Office demand that they take the internal investigations at face value. During these trying times, that are in part defined by public distrust in governmental operations, the government narrative remains necessary, but it should not be considered sufficient to satisfy the demand for objective analysis.

The Courier-Journal Inc.d/b/a Florida Today Newspaper, representing the interests of the people's Constitutional right to free and full disclosure of the facts surrounding the death of Gregory Edwards, has sued Wayne Ivey, the Sheriff of Brevard County for release of the video(s)that objectively detail the events that preceded the death of Gregory Edwards.

A motion to release the video to Florida Today's counsel and their expert, Roy R. Bedard, the author of this report was granted in order to view the video to determine if there were and overwhelming security concerns that would prevent the release of the videos for public review.

After reviewing the jail videos in their entirety, Bedard acknowledged that the raw, unredacted release of the videos would compromise jail security and should remain exempted from public release. However, Bedard determined that with proper redactions, the entire video, including the point that Edwards first entered the jail through the moment that Edwards left the double doors of the jails to be placed upon an ambulance, could present a reasonably coherent understanding of what happened to Edwards on December 9, 2018. Bedard expressed the view that a proper redaction of the video would best serve the interest of jail security and satisfy the demands of the public to a reasonable degree.

Working with professional video editors under a non-disclosure agreement, Bedard and Florida-Today counsel discussed each frame of the more than two-hour time period that Edward's spent at the Brevard County Jail.

We have not included any audio narratives or explanations about what is happening on the video screen. Though some may not be familiar with the jail and booking process and prefer narration, I have recommended that the record be preserved without provocation or priming of the viewer. It is fair and proper that the video be allowed to speak for itself.

The final product we have issued provides full protection to the Sheriff's office employees, inmates and staff that can reasonably be accounted for. We have, to the degree possible, eliminated any security concerns for the layout of the jail, recognizing that parts of the jail can be seen throughout the video. Our intent was to show only brick and mortar construction and to disguise the network of hallways and rooms that make up the jail's architectural blueprint. We used a variety of redaction techniques to obscure unimportant details that are confluent with the ultimate question, "what happened to Gregory Edwards on December 9, 2018 at the Brevard County Jail?"

We have allowed some arguably security concerns when redaction would obstruct answers to the ultimate question and the revelation did not clearly outweigh reasonable security risks. For example, the blurring out of every staff member's face in every scene is more convenient to the argument of statutory exemption than practical to the reality of the situation. In these circumstances we questioned if revelation would needlessly place someone in danger beyond the natural danger associated with bring a correctional officer. Indeed, we recognize that correctional officers are not secret employees. They are provided name tags, and do not work in occupational roles that demand wearing hoods or other items to conceal their identity. They enter and exit the jail facility, into public areas while wearing their department issued uniforms without specific fear for their safety. Beyond that, nearly all employees and staff involved have been identified in reports released to the public. We argue that the ordinary exposure of risk to jail staff and employees from recognizing their place of employment does not outweigh the probative value of observing them as they interact with Edwards. In some cases, only by seeing their faces and the direction of their eyes were we able to determine to who or what they were actually attending to. Where were they looking? What should they see? These questions remain important to the public inquiry about the care and custody of Edwards.

The video was edited using Adobe Premiere Pro Ver. 14.5. All video was saved and captured on hard drives presented to us by the Brevard County Sheriff's office. Non-disclosure agreements were issued to all editing staff and at all times the videos were in the control of Plaintiff's attorneys and/or Plaintiff's expert. At the conclusion of our redaction, all video was collected and properly secured as chain-of-custody.

The redaction techniques we used included blurring (pixilation), spotlight technique (focused screen areas), screen cropping (screen size reduction or enlargement), centering (areas of interest centered on the screen) and rotation (turning the directionality of the screen capture). We have removed all jail security system information that could be gathered from the original videos and flattened any layers of data into a linear video sequence. We left an accurate, highly observable and true record of what occurred on December 9, 2018 while at the same time:

- Protected the identity of certain staff members and inmates who are exempted by statute.
- Obfuscated the capabilities of the cameras that captured the video.
- Obfuscated the locations of the cameras within the jail complex.
- Included no audio with the final presentation.
- Removed portions of the jail from view to obfuscate the layout of the complex.
- Blurred portions of the jail to obfuscate the layout of intersecting hallways and rooms.
- Blurred security system, alarm and fire features that might be seen in the complex.
- Spotlighted specific areas of activity involving Edwards resulting in blacking out superfluous details of the facility, staff and other inmates not germane to the ultimate question.
- Blurred all computer screens that might contain sensitive or protected information.
- Degradation of resolution through the compression process to not reveal the cameras

recording capabilities.

- Flattened any video that allowed us to adjust view post-production into a standard .mp4 format to disguise the capability of the raw recordings.

- Resized all video captures to disguise the cameras ability to capture select portions of the Brevard County jail.

VII. SUMMARY OF OPINIONS

1. Gregory Edwards exhibited signs consistent with excited delirium (ExDS) while in the Walmart Parking lot. The West Melbourne Police Department has established protocols for managing potential ExDS cases. These protocols require rapid control and sedation by medical personnel. It is reasonably expected that failure to rapidly manage ExDS may result in toxicity, unconsciousness and eventual death.
2. Edwards inexplicably jumped into a box truck with children's toys while walking into Walmart with his wife. Edwards inexplicably attacked a charity worker by punching and scratching him. Edwards had to be subdued by citizens and police officers who reported that he exhibited superhuman strength. Kathleen Edwards told officers that her husband had been acting delusional and that he suffered from PTSD. She also described that he had been involuntarily committed in the past. Krukoski observed Edwards in the back of his patrol vehicle while driving him to the jail, acting unusual and saying unusual things. Krukoski was aware that these behaviors were consistent with symptoms of Excited Delirium. Krukoski has had this experience at least once before.ⁱ Krukoski knew or should have known to deliver Edwards to a mental/medical treatment center and not to the Brevard County Jail. The Brevard County jail is not equipped to handle such medical emergencies.

3. WMPD Officer Krukoski informed Brevard County jail staff that Edwards had PTSD. In Edwards case, his PTSD was a chronic, not acute condition. It is not clear if Krukoski told jail staff that Edwards might be experiencing ExDS which is an acute, life-threatening condition that requires immediate medical attention.
4. The Brevard County Jail is not the appropriate place to bring patients who are or will be subject to the Baker Act. It is not a recognized receiving facility for patients dealing with acute mental health crises. I noted that the Baker Act paperwork for Gregory Edwards was filled out on the scene of Walmart.
5. Edwards showed signs of delusion, aggression and mental instability while in cell #7. The failure of BCSO staff to observe his condition left BCSO staff blind to his deteriorating mental condition.
6. When taken out of cell #7, Edwards signaled through his actions that he was going to attack the Brevard County Sheriff's deputy by taking a pugilistic posture and drawing his fist back. All use of force against Edwards by members of the Brevard County Sheriff's office appears to be reasonable including the takedown, ground control techniques, empty hand strikes, use of pepper-spray, and use of restraints including the handcuffs and emergency restraint chair.
7. Post use of force, Edwards was not provided any decontamination measures (air, water, reassurance) after being contaminated with pepper-spray. This was a violation of BCSO policy and caused unnecessary suffering.
8. The electrodes of the X26 TASER were not removed from Edwards skin until after he lost consciousness in cell #9. This was a violation of policy and caused unnecessary suffering.

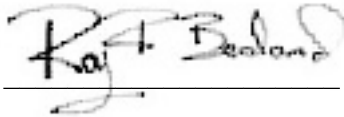
9. The use of the emergency restraint chair was reasonable under the given circumstances, but it was not used in accordance with manufacturers guidelines or agency policy. Edwards should not have remained in chain handcuffs after being placed in the ERC. The handcuffs that were applied to him should have been removed and his arms should have been secured to the arm rail straps of the ERC. This was a violation of policy and caused unnecessary suffering.
10. The use of a spit-mask was unreasonable and excessive based upon several features reported in this case that include:
 - a. Edwards had been pepper-sprayed and showed signs of natural discharge.
 - b. Edwards did not attempt to spit on any corrections officer.
 - c. Edwards was placed alone in an empty cell.
 - d. The spit-mask would reasonably complicate his ability to breathe if saliva, mucus, blood or vomit were to coat the inside of the mask.
 - e. Edwards facial expressions could not be observed in full detail.
 - f. It is unclear if this was a violation of policy, but it caused unnecessary suffering.
11. Edward's does not appear to have been under constant active surveillance to assure that he was not in medical distress. This was a violation of policy.
12. I was unable to find any use of force reports (response to resistance forms) for the force used against Edwards. If these have not been filled out by involved officers, it would be a violation of BCSO policy.
13. Medical personnel did not check Edwards placement in the ERC as required by policy. They did not determine if he was properly restrained or if his breathing was obstructed by the placement of the straps. This was a violation of policy.

14. Edwards was placed in cell #9 for more than 16 minutes. He was not constantly observed after being subject to a use of force, pepper sprayed, Tasered and placed in the ERC. This was a violation policy.
15. The spit mask, a critical piece of evidence in both the administrative and criminal investigation was thrown away. This was a violation of policy.
16. Four officers were cited for violations of BCSO policies that were not specific to the policy violations I have identified in this report. It is not clear why the administrative services chose to not cite deputies for certain blatant policy violations.
17. It is my opinion that the FDLE investigative review and SAO investigative reviews do not constitute independent investigations involving the death of Gregory Edwards. They are merely reviews of the work conducted by the BCSO CIS.
18. It has been determined by proper authorities that no deputy or staff member of the BCSO engaged in criminal conduct during their interaction with Gregory Edwards. I am in agreement with those findings.
19. Sheriff Wayne Ivey was correct to not release jail video in its raw unredacted form, citing jail security concerns.
20. The jail video preserves a record of the standard of care that was offered to Edwards during his time at the Brevard County jail. It also contains information that presents substantial security risks. The public's interest in this case competes against several legitimate security interests of the Sheriff. It is my opinion that through proper redaction a final product would satisfy both interests to a reasonable degree of acceptability.
21. The Sheriff's office has cited exemption of the jail video(s) from public release under Florida's freedom of information act (F.S.S. 119). It is my opinion that we have

subsequently redacted the video sufficient to satisfy the spirit of the legislative exemption that is intended to protect public officials, inmates and facility from unnecessary security risks while at the same time providing an accurate, unbiased record of what happened to Gregory Edwards on December 9, 2018 at the Brevard County Jail.

These are the determinations of the case as can best be construed from the evidence available. If new or further materials are provided in discovery, in relation to this case, they will be reviewed and compared for consistency with the above information and may render a change of opinion regarding some or all of the opinions given. I reserve the right to change, alter, add or delete opinions based upon any new information provided to me.

Respectfully submitted this 10th day of November 2020.

A handwritten signature in black ink, appearing to read "Roy R. Bedard", written over a horizontal line.

Roy R. Bedard, Ph.D.

¹BREANNA NICKOLE WHITMER, as personal representative of the estate of DONALD E. WHITMER, JR. v. CITY OF WEST MELBOURNE, OFFICER JACOB MATHIS, individually OFFICER KEVIN KRUKOSKI, individually.