Ministry of the Solicitor General

Ministère du Solliciteur général

Office of the Chief Coroner Ontario Forensic Pathology Service

Forensic Services and Coroners' Complex 25 Morton Shulman Avenue Toronto ON M3M 0B1

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Bureau du coroner en chef Service de médecine légale de l'Ontario

Complexe des sciences judiciaires et du coroner 25, Avenue Morton Shulman Toronto ON M3M 0B1

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June 1, 2022

Via email: 775@yrp.ca

Jim MacSween Chief of Police York Regional Police 47 Don Hillock Drive Aurora, ON L4G 0S7

Dear Chief MacSween:

Re: Inquest into the death of: Quinn Emerson MACDOUGALL

Date Death Pronounced: April 3, 2018 OCC Inquest File No.: Q2022-02

Date Inquest Jury Verdict &

Recommendations Received: March 11, 2022

The jury in the inquest into the death of Quinn Emerson MacDougall has made recommendations which your organization may be in a position to implement. Please report back regarding your consideration to implement the recommendations relating to your organization by completing the attached chart, *Responses to Jury Recommendations*. Your response is requested by **December 1, 2022**.

A list of organizations requested to report back is provided.

We are pleased to provide you with a copy of the inquest jury verdict and recommendations. The presiding officer's verdict explanation will follow when it becomes available.

I would like to explain the significance of inquests and consequent recommendations under the *Coroners Act*. An inquest is a public hearing conducted by a presiding officer before a jury of five community members. Inquests are held for the purpose of informing the public about the circumstances of a death. An inquest does not find fault, blame or legal wrongdoing but rather examines the circumstances of one or more deaths and looks for lessons that can be learned from the death(s) that may contribute to a safer future for the living. Juries often make recommendations based on these learned lessons and, while they are not binding, it is hoped that implemented recommendations will prevent future deaths in similar circumstances.

Responses to inquest recommendations will be made public. Therefore, your response should not contain personal identifiers with the exception of identifying the decedent.

Please provide us with the name and contact information of the individual leading your organization's response by August 1, 2022. As well, if you feel any of the recommendations should be directed elsewhere, complete the attached *Contact Information and Recommendation Referrals* form and forward to OCC.inquests@ontario.ca.

As noted above, inquest jury recommendations are not legally binding; however, we trust they will be given careful consideration for implementation and, if not implemented, that your organization provides an explanation.

Thank you for participating in this important process. Please contact me if you have any questions.

Sincerely,

David A. Cameron, MD, LLB, CCFP

Regional Supervising Coroner – Inquests

/msp

Attachments:

Responses to Jury Recommendations
List of Organizations Requested to Respond to Jury Recommendations
Contact Information and Recommendation Referrals

Responses to Jury RecommendationsMACDOUGALL Inquest Q2022-02

YORK REGIONAL POLICE SERVICE

RECOMMENDATIONS:	
	# 8, 9, 10

REC. #	ORGANIZATION'S RESPONSE	

List of Organizations Requested to Respond to Jury Recommendations

MACDOUGALL Inquest Q2022-02

Ministry of the Solicitor General
Hamilton Police Service
Police Services in Ontario
Ontario Police College

Contact Information and Recommendation Referrals

Responses to Jury Recommendations MACDOUGALL Inquest Q2022-02

YORK REGIONAL POLICE SERVICE

Part I: Contact Information

Name	Position Title
Email address	Telephone number

Part II: Referral

We believe the following recommendations may be best addressed by these organizations:

Recommendation Number	Organization Name & Address	Contact Name & Title

Forward to occ.inquests@ontario.ca