OFFICE OF THE INDEPENDENT POLICE MONITOR

CITY OF MADISON

AEIRAMIQUE GLASS

INTERIM INDEPENDENT POLICE MONITOR

INVESTIGATIVE REPORT

CASE #OIPM2025-0009

OIPM Case Number: OIPM2025-0009

Richard Lee Johnson

Case Classification: Independent Investigation Officer-Involved In-Custody Death

MPD Case Number: 24-570373 **PSIA Case Number:** 2025-0178 **DCI Case:**

Incident Date: December 30, 2024

Incident Location: Best Western Hotel, 4801 Annamark Drive, Madison, Wisconsin

Decedent: Richard Lee Johnson, age 32

Designation of Critically Involved Officers: Determined by Wisconsin Department of Justice-Division of Criminal Investigation. **Critically Involved Officers:** PO Marcus Weaver, PO Jennifer Lewis, PO Alex Gonzalez

Date of Death: December 31, 2024 at 4:04 PM - UnityPoint Health Meriter Hospital

Complaint Filed By: Gloria Johnson, mother of Richard Lee Johnson, with the Office of Independent Police Monitor

Independent Medical Expert: Dr. Victor Weedn, Board-Certified Forensic Pathologist, 35+ years experience

I. SCOPE AND AUTHORITY OF THIS OFFICE

A. Authority

This report documents an independent investigation conducted by the Office of the Independent Police Monitor (OIPM) pursuant to the Madison ordinance establishing the OIPM.

This matter was classified as an OIPM Independent Investigation. It is not a PSIA review. OIPM conducted an independent assessment of available evidence and issued this report on that basis.

B. OIPM Role and Limits

The role of the OIPM is not to investigate, prosecute or defend members of the public. The OIPM's role is to review and investigate officer conduct, police policies, practices, and procedures, and to assess whether law enforcement actions were lawful, consistent with MPD policy and procedure, and whether they build or break the trust between police and the communities they serve. This office goes beyond the question of technical legality. We examine integrity, equity, and impact. OIPM issues findings and recommendations consistent with independent civilian oversight, constitutional policing, and public accountability, and operates from an equity centered, trauma informed, and evidence based framework in every phase of its work.

C. Standard of Review: Independent Investigations Distinguished from PSIA Reviews

This matter was classified as an OIPM Independent Investigation. It is not a PSIA review. OIPM conducted an independent assessment of available evidence and issued this report on that basis. PSIA reviews issue determinations based on MPD Standard Operating Procedures (SOPs) and Administrative Policy Memoranda (APMs), and recommendations align with those existing policy frameworks. OIPM's independent investigations operate at a higher standard and are not bound by the same evaluative framework.

In an independent investigation, OIPM may find that officer conduct, while technically within MPD policy, is nonetheless unacceptable, contrary to constitutional principles, inconsistent with procedural justice, or reflective of policy deficiencies that must be named and corrected. Compliance with existing policy does not exempt conduct from OIPM scrutiny. Where conduct falls within policy but the policy itself is inadequate, OIPM will name that conduct as not acceptable and issue recommendations for policy review and change. The findings and recommendations in this report reflect that standard throughout.

This investigation was opened after Gloria Johnson, the mother of Richard Lee Johnson, filed a complaint with this Office. It was conducted under the full independent investigative authority of the OIPM. The findings, conclusions, and recommendations in this report are solely those of this Office. They are independent of the Wisconsin Department of Justice Division of Criminal Investigation, independent of MPD's Professional Standards and Internal Affairs division, independent of the Dane County Medical Examiner, and independent of the Dane County District Attorney. This Office reviewed the evidence those agencies reviewed. In some cases this Office identified evidence and analysis that those reviews did not produce or act upon.

This report is issued by Aeiramique Glass, Interim Independent Police Monitor, City of Madison.

II. RICHARD LEE JOHNSON

Richard Lee Johnson was a 32-year-old Black man. He stood 5 feet 2 inches tall. He had a history of asthma. At the time of this incident, Richard was unhoused and had been staying at the Best Western Hotel at 4801 Annamark Drive in Madison, Wisconsin. Hotel staff knew him. He was not a stranger to them.

On the night of December 30, 2024, Richard Lee Johnson went into cardiac arrest during a police arrest. He was taken to Meriter Hospital where he remained on a ventilator, unconscious. He never woke up. Richard Lee Johnson was pronounced dead the following day, December 31, 2024, at 4:04 PM.

His mother, Gloria Johnson, received a call telling her to get to the hospital because her son was in the ICU in critical condition. She and her family arrived around 9:00 AM. Richard was on a ventilator. She said when she walked in and saw him, he already looked gone.

Gloria Johnson filed a complaint with this Office. That complaint initiated this investigation.

III. THE SEQUENCE OF INSTITUTIONAL REVIEW

The following agencies each conducted separate reviews of this incident. Each is described here by its role, its authority, what it reviewed, and what it determined. The OIPM's independent investigation follows.

Wisconsin Department of Justice-Division of Criminal Investigation (DCI)

DCI is the state-level investigative body called upon to conduct independent investigations of officer-involved critical incidents. On December 30, 2024, MPD requested that WI-DOJ-DCI respond to investigate this incident, which was initially classified as an Officer-Involved Critical Incident (OICI). As Richard Johnson's condition worsened and he was pronounced dead on December 31, 2024, the classification became an Officer-Involved Death (OID).

DCI designated PO Marcus Weaver, PO Jennifer Lewis, and PO Alex Gonzalez as the critically involved officers. All three were placed on restrictive duty during the investigation.

DCI conducted a comprehensive investigation spanning 188 pages. That investigation included photographs of the officers, the scene, and Mr. Johnson; a video canvass; officer interviews; officer reports; uniform and equipment inspections of each directly involved officer; and more. DCI interviewed Dane County Jail nurses who were present in the Sallyport and a Dane County Sheriff's deputy who was also present.

It is important to understand what DCI does and does not do. DCI collects information and conducts an independent investigation. DCI does not make determinations. DCI does not issue

findings. DCI does not make recommendations or reach conclusions. The DCI report is the property of DCI, loaned to MPD, and its contents are restricted from distribution outside of MPD based on the information provided to OIPM and therefore the DCI report is not attached to this OIPM report.

Once DCI completed their portion of the investigation, the full investigative file was provided to Dane County District Attorney Ismael Ozanne for review.

As of the writing of this report, the DCI report has not been publicly released. The family of Richard Lee Johnson has attempted to obtain the DCI report. OIPM was notified at the time of this report's release, in the last two weeks the family has received a redacted version of the DCI report.

Dane County Medical Examiner

An autopsy was performed by Dane County Deputy Medical Examiner Dr. Natalie Taylor on January 2, 2025. Both the cause and manner of death remained pending until the completion of toxicology, histology, and a full review of medical records and the investigative file.

Dr. Taylor's report was finalized and signed on September 10, 2025, eight months after the autopsy was performed.

Dr. Taylor certified the cause of death as complications of cocaine toxicity. The manner of death was classified as accidental.

Dane County District Attorney- Ismael Ozanne

District Attorney Ismael Ozanne received the full DCI investigative file upon completion of DCI's portion of the investigation. The DA's review encompassed all of the evidence DCI gathered, which included at minimum all of the materials this Office reviewed and potentially more.

The District Attorney did not bring criminal charges against any of the three officers. The case was closed.

MPD Professional Standards and Internal Affairs (PSIA)- Case 2025-0178

PSIA conducted its own internal investigation under case number 2025-0178. The PSIA investigation focused on the officers' contact with Mr. Johnson including the foot pursuit, the physical contact and restraint, recovery, aftercare, and transport, in relation to compliance with MPD's Code of Conduct and Standard Operating Procedures.

Officer Jennifer Lewis did not complete a written incident report. She provided an interview to DCI, which was reviewed by PSIA in its internal investigation. The DCI interview was conducted on January 2, 2025 at the WPPA office, located at 660 John Nolen Drive, by DCI Special Agents Alexander Agnew and Kenneth Folkers. Also present at that interview were WPPA Attorney Harrell, WPPA Business Agent Luann Alme, and Dane County District Attorney Ismael Ozanne. Her PSIA interview was conducted by Sergeant Alex Lewein on November 21, 2025 in the PSIA interview room, with Lieutenant Eric Vosburg and WPPA Business Agent Luann Alme also present. .

Officer Marcus Weaver did not complete a written incident report. He provided an interview to DCI, which was reviewed by PSIA in its internal investigation. The DCI interview was conducted on December 31, 2024, by DCI Special Agents Alexander Agnew and Rafael De La Rosa at the Madison Police Department. Also present was WPPA Attorney Harrell and Dane County DA Ismael Ozanne. His PSIA interview was conducted by Sergeant Alex Lewein in the PSIA interview room on November 21, 2025, with Lieutenant Eric Vosburg and WPPA Business Agent Luann Alme also present.

Officer Alexander Gonzales did complete a written incident report. On November 17, 2025, he was interviewed in the PSIA interview room by Sergeant Alex Lewein, with Detective Sergeant Kenneth Mosley and WPPA Business Agent Luann Alme also present.

Based substantially on the Medical Examiner's findings, PSIA cleared all three officers. Following the completion of the PSIA investigation, PO Weaver, PO Lewis, and PO Gonzalez were returned to full duty.

Office of Independent Police Monitor- This Investigation

The OIPM received its investigative materials and conducted an independent review of this incident. That review examined every piece of evidence listed in Section IV of this report. It identified issues that the preceding reviews did not address, produce findings on, or act upon. Those findings are documented in this report.

IV. EVIDENCE AND MATERIALS REVIEWED

The OIPM reviewed the following materials in conducting this investigation:

- DCI investigation case reports, 188 pages, covering photographs of officers, the scene, and Mr. Johnson; dashcam videos; officer interviews; officer reports; and uniform and equipment inspections of each critically involved officer
- PSIA investigation memorandum
- Dane County Medical Examiner's report and full autopsy and toxacology findings

- MPD case and supplemental reports
- PSIA interview transcripts for Officer Lewis, Officer Gonzalez, and Officer Weaver
- OIPM complaint form filed by Gloria Johnson
- Audio recording and written transcript of Gloria Johnson interview conducted by this Office
- Unredacted EMS records covering both EMS responses and two NFIRS reports
- Dashcam video from Officer Gonzalez's squad car. As well as audio from in-car microphones, this dashcam recording included audio from a microphone on Officer Gonzales.
- Dashcam video from the Weaver and Lewis squad car, one hour and ten minutes in total length, including both front-facing and backseat footage. As well as audio from in-car microphones, this dashcam recording included audio from a microphone on Officer Weaver.
- Dashcam video from Richard Carriveau's squad car, including microphone audio from Officer Carriveau.
- Enhanced dashcam video segment showing Officer Lewis's interaction with Mr. Johnson at the squad car prior to transport
- UnityPoint Health Meriter Hospital records
- MPD internal email correspondence
- Independent expert report by Dr. Victor Weedn, Board-Certified Forensic Pathologist, finalized March 30, 2026
- Dr. Weedn's curriculum vitae and his presentation on Prone Restraint Cardiac Arrest

What This Office Did Not Receive

The OIPM did not receive autopsy photographs of Mr. Johnson's body. Photographs were taken by a nurse at the request of investigators during the OICI phase of this investigation, before the incident was reclassified as an Officer-Involved Death. Those photographs were not included in what this Office received. The OIPM has not seen them.

This Office also did not receive footage from nearby restaurant cameras in the vicinity of the incident. The footage descriptives were provided and reviewed by this office.

The above is mentioned because a complete and transparent record requires naming what is absent as clearly as what is present.

V. THE INCIDENT

A. The Call and the Initial Investigation

On Monday, December 30, 2024, MPD received a report of a stolen vehicle at approximately 8:22 PM at the Best Western Hotel, 4801 Annamark Drive. Officers Marcus Weaver and Jennifer Lewis were dispatched to the scene.

Officer Weaver went inside and spoke with hotel staff and the vehicle owner. The vehicle owner told Officer Weaver that he had arrived at the hotel, stepped away from his truck to bring luggage inside, and returned to find Richard Johnson sitting in the driver's seat. Mr. Johnson told the vehicle owner he was the valet and would park the truck for him. The vehicle owner agreed and handed over his keys. When he returned to the parking lot, his truck was gone. He called 911. The vehicle owner also told Officer Weaver that his truck contained a firearm in the console.

Richard Johnson had in fact returned to the hotel and parked the truck. As Officer Weaver was concluding his investigation, hotel staff spotted Richard walking. Richard walked back toward the lobby and then walked back out. That is when Officer Weaver told him he was not free to leave.

B. The Detention and the Foot Pursuit

Officer Weaver did not place Richard in handcuffs. He verbally told him he was being detained and asked for his name. Richard said his name was Rico. Officer Weaver asked him to spell it. Richard gave him R-I and then he ran.

Officer Weaver got on the radio and told Officer Lewis the subject was on foot. Officer Weaver pursued Richard on foot through the hotel parking lot. Officer Lewis, in the squad car, drove across the lot to assist.

There is no dashcam video of the foot pursuit or the initial physical engagement between Officer Weaver and Richard. What happened in those seconds exists only in officer accounts and minimally informative audio from Officer Weaver’s mic.

As Richard approached a curb he lost his balance or tripped. Officer Weaver tackled him from behind. Both went down face-first onto a grass area between the sidewalk and the parking lot, with Officer Weaver on top.

C. The Ground Struggle

A struggle followed lasting approximately one minute. Officer Weaver repositioned himself straddling Richard and gave verbal commands to stop resisting and put his hands behind his back. Richard said he was trying to comply. Officer Weaver said he still felt resistance, that Richard's hands were moving and trying to get free while he tried to pin them.

Officer Lewis came to the area and held down Richard's legs.

Officer Weaver's audio cut out during the foot pursuit and the struggle. He stated he did not intentionally disable it.

When asked what Richard said during the struggle, Officer Weaver stated he heard Richard say something to the effect that he was trying to put his hands behind his back and that he was not resisting.

D. Officer Gonzalez Arrives

Officer Alex Gonzalez arrived on scene. Officer Gonzalez stated that he deliberately parked his squad car to point his dashcam toward the engagement. That camera was running.

What the Gonzalez dashcam shows upon his arrival: Officer Lewis is on Richard's legs. Officer Weaver is in a straddle position on top of Richard. Richard is on his stomach, face turned to the side, neck stretched, lying in the grass between the sidewalk and the parking lot.

ON VIDEO: Richard Johnson at this point does not appear to be actively and aggressively resisting. He appears disoriented. He appears to be in distress.

Within seconds of arriving on scene, before doing anything else, Officer Gonzalez said the following:

"Richard. Get on your face right now before I put your face in the ground. You hear me? Get on your face right now before I put your face on the ground. We're not fucking around. Alright?" **— Officer Gonzalez, captured on dashcam audio**

As he said those words, Officer Gonzalez shoved Richard's head directly into the ground and dropped his knee across Richard's shoulder blades. He then said:

"You don't fight with these officers. What's your problem! Give me your hands!" **— Officer Gonzalez, captured on dashcam audio**

This requires careful attention. Officer Gonzalez's knee was across Richard's shoulder blades. But the force pressing down was significant enough that Richard's chin was pressed into the dirt. When a knee is placed lightly across someone's shoulders, the person's head still has some limited range of motion. Their necks can move. They can lift slightly. When the force is great enough that the chin is pressed into the ground, there is no mobility at all. No range of motion. No relief. The chin is in the dirt. The head and neck are pinned. You can hear Richard grunting on the audio while this is happening. The grunting, the chin in the ground, and the absence of any head movement together tell you precisely how much force was being applied.

OIPM FINDING: Officer Gonzalez shoved Richard Johnson's head into the ground and applied his knee to Richard's shoulder blades with sufficient force to press Richard's chin into the dirt, eliminating all head and neck mobility. Richard Johnson was audibly grunting while this force was applied. This occurred within seconds of Officer Gonzalez arriving on scene and is captured on Officer Gonzalez's own dashcam.

In his official case report, Officer Gonzalez described this as using heavy control talk.

In his interview, Officer Gonzalez was asked directly: did you use any other force on Mr. Johnson? He said: No.

When the interviewer asked him to clarify exactly where his knee was, Gonzalez said his knee was across the shoulder blades, not on the neck or head. The interviewer confirmed: just to be clear, your knee was on his shoulder and not on his neck or head? Officer Gonzalez answered: Yes.

OIPM FINDING: Officer Gonzalez denied using any force beyond what he described. The dashcam video from his own squad car, which he deliberately positioned toward the scene, shows him shoving Richard Johnson's head into the ground within seconds of arriving. This act of force was omitted from Officer Gonzalez's own case report. It was omitted from every supplemental report. It was omitted from the DCI's own documented list of key timestamped moments in the incident. The agency that conducted the independent investigation of this case documented a timeline of what the cameras captured. The significant act of force in this incident does not appear on that list.

E. Handcuffing

Officer Gonzalez took control of Richard's left arm and assisted Officer Weaver in securing it behind Richard's back. Officer Weaver applied the handcuffs. At 9:27:40 PM, Officer Gonzalez lifted his knee as additional officers arrived on scene.

With his knee removed, Officer Gonzalez's tone changed. He began asking Richard if he had any weapons, told him not to fight, and began talking Richard through his breathing. He asked repeatedly whether Richard was okay.

Officers stated that after handcuffing they placed Richard in the recovery position on his side so he could breathe properly. The dashcam video shows something different. What the camera captured is that he was kept in a prone position after being handcuffed, rather than being immediately transitioned to a different position. Then, ultimately, he was stood up in one

continuous motion: from face-down on the ground, Richard was rolled to his side, brought to sitting, then pulled to standing, all in approximately seven seconds, without any pause on his side, without any time spent in a stabilized lateral position. There was no recovery position. There was one combined movement standing him up.

OIPM FINDING: Both Officer Weaver and Officer Gonzalez stated in their interviews that Richard Johnson was placed in the recovery position following handcuffing. The dashcam video contradicts both accounts. Richard went from prone on the ground to standing in approximately seven seconds with no recovery position.

On the audio, an officer can be heard referring to Richard and saying he got tackled.

VI. RICHARD JOHNSON'S CONDITION AFTER HANDCUFFING

During Richard Johnson's arrest, Officer Gonzales asked him if he had taken anything. Mr. Johnson was then asked specifically what he had taken, to which he responded, "drugs." A wrapped package containing a powdered substance was recovered at the scene. The substance was tested on-site and subsequently submitted to a laboratory, where it was confirmed to be cocaine.

After Richard was stood up, officers walked him to the front of a nearby squad car. Officer Weaver began checking him for weapons. Richard could not stay on his feet. His legs buckled twice. Officer Weaver had to prop him up against his own leg so Richard could rest against him. He was described as very out of breath. He could not sit up properly. He kept slumping. His legs were flutter-kicking before EMS arrived. Officer Weaver is seen on dashcam allowing Mr.Johnson to rest on him, Officer Weaver is seen supporting Richard until EMS arrives.

Richard told officers he had chest pain and shortness of breath and a heart problem. He was asked if he wanted an ambulance. He said yes.

Richard also said he could not breathe at this scene, after being held in the prone position and before EMS arrived. Those words are on the audio. They do not appear in any official report.

DOCUMENTED AND UNREPORTED: Richard Johnson said 'I can't breathe' at this scene, captured on audio, after being held in the prone position. Those words do not appear in any official report filed in connection with this incident.

Officer Gonzalez stated that nothing stood out to him “as immediately pressing, needing immediate intervention”. He said he did a little initial observation and that while Johnson “was on the ground, face down, or at least on his stomach. He was breathing heavily” and that he “did

not notice anything else, besides just some breathing.” What Officer Gonzalez described is documented on audio as very heavy, labored breathing and grunting that is audible throughout the scene and was noted by multiple officers present.

Field Training Context

Officer Weaver was in the third phase of field training. This was his third night assigned to Officer Lewis as his Field Training Officer. As the FTO, Officer Lewis carried supervisory responsibility over how this call was handled, how Richard's condition was monitored, and what decisions were made. Officer Weaver was being trained by watching what she did.

EMS First Response

EMS was called and Medic 8 and Engine 8 were dispatched to the scene. They arrived at approximately 9:34 PM, approximately four minutes after being dispatched, for a reported male patient with shortness of breath and chest problems. Dispatch information indicated the patient was in police custody in connection with a vehicle pursuit.

Upon arrival, EMS found Richard on the ground in front of a squad car, handcuffed, in a supine position. He appeared agitated and was not sitting still. One officer was standing above him and several others were nearby. EMS documented that Richard was alert and oriented, His airway was intact. Breathing was rapid but unlabored with good tidal volume. Circulation was normal.

EMS asked one of the MPD officers what the chief complaint was. That officer stated the patient had been tackled and arrested, which EMS assumed followed a pursuit.

EMS assessed Richard on the ground. He answered questions appropriately. When asked his name he declined to answer. EMS palpated his chest, abdomen, head, and neck. He denied pain. He denied any medical history. His pupils were assessed and normal. EMS asked whether he had taken any drugs. He denied it. EMS asked if he wanted to be transported to the hospital. He declined. EMS attempted to obtain a blood glucose reading and Richard declined that as well.

EMS determined Richard appeared to be in a sound state of mind and able to make appropriate medical decisions for himself. EMS informed the officers of their assessment, documented that the patient refused EMS services, and left Richard in police custody.

The entire EMS on-scene assessment lasted approximately four minutes.

OIPM FINDING: EMS was told that Richard Johnson had been tackled. EMS was not told he had been held in the prone position with weight on his back. EMS was not told the duration of

that restraint. EMS was not told about the force applied by Officer Gonzalez. EMS was not told that Richard had said he could not breathe. EMS was not told about the flutter-kicking before their arrival. EMS made a clearance decision without the most medically relevant facts about what Richard Johnson's body had just been through. The information EMS needed to make a fully informed assessment was available to the officers on scene. It was not communicated based on reports.

OIPM FINDING: MPD's own Standard Operating Procedures require that a person in custody be conveyed to a hospital for medical clearance before jail booking if they have sustained traumatic injuries prior to arrest, are suspected of an overdose, or are showing symptoms including chest pain or shortness of breath. Richard Johnson met all three of those conditions. He was transported directly to the Dane County Jail.

VII. THE TRANSPORT TO DANE COUNTY JAIL: 29 MINUTES ON CAMERA

What happened between the time Richard Johnson was placed in the back of that squad car and the time he was pulled out of it unresponsive is not in dispute. The cameras were running. The audio was recorded. This section reflects what that evidence shows.

Officer Weaver drove. Officer Lewis sat in the front passenger seat. Richard was in the back. Officer Reimer followed in a separate squad car.

Within seconds of the squad car door closing, Richard Johnson was heard groaning and breathing with short, exaggerated breaths. He did not stop.

Timeline: 9:39 PM to Compressions

9:39:49 PM Richard Johnson is placed in the back of the squad car. Within seconds, groaning and labored breathing begin. They do not stop.

9:47:30 PM An officer approaches the squad car and says: What's the matter? Huh? She opens the rear door and says it again: What's the matter? Richard does not respond. Based on review of the enhanced dashcam segment, including voice, stature, and equipment visible on camera, this Office concludes the officer was Officer Lewis. She asked twice. He did not answer. She closed the door and walked away. The DCI report documents this interaction, attributing it to a female officer, possibly Officer Lewis.

Throughout transport Richard groans continuously. His whole body periodically jerks and thrashes. His ongoing deterioration is clear. When he attempts to speak, it is unclear what he is attempting to say. He appears to be speaking to no one, increasingly delirious. At one point the audio captures what sounds like him saying: 'Oh God'. It is clear the groaning is not aggression. It is a person fighting to stay alive.

Throughout transport Officer Lewis is audibly engaged in casual conversation and is heard laughing on multiple occasions while Richard Johnson is groaning and deteriorating in the back seat. At one point she says his name, Richard, in a tone that sounds like annoyance. What she was talking about or laughing about is unknown from the recording. What is known is that she was chatting and laughing while the man in her custody was audibly having a medical emergency behind her, exhibiting deliberate indifference.

Throughout transport Officer Weaver rolls down a rear window to give Richard fresh air. He checks on Richard as they pass a landmark on East Washington. He is paying attention to what is happening in the back seat.

Approx. 10:06 PM The sounds from the back seat begin to stop. Officer Weaver later stated he noticed Richard had gone quiet approximately two to three minutes before arriving at the jail. He thought Richard had calmed down and was resting.

10:08:29 PM Richard Johnson stops groaning. He slumps over.

10:12:24 PM Officers arrive at the jail sallyport and wait two to three minutes for the door to open. Officer Lewis opens the rear car door. Richard does not respond verbally. She shakes him. She slaps his face. She performs a sternal rub. No response. She checks his pulse. EMSis called to respond to the jail. Another sternal rub lasting approximately 20 seconds. The officer checks breathing, holds the check for approximately two minutes. His pulse is checked again. Occasional shallow breaths are noted. His seatbelt is removed. His head is repositioned. His neck pulse is checked. Richard is pulled from the car and laid on the ground.

10:18:35 PM Chest compressions begin.

From the time Richard slumped over at 10:08:29 PM to the time compressions began at 10:18:35 PM, approximately ten minutes passed. Every minute without compressions in a cardiac arrest reduces the chance of survival.

From the time the squad car door closed at 9:39 PM to the time Richard slumped at 10:08 PM, that is 29 minutes. For 29 minutes Richard Johnson groaned, heaved, thrashed, and fought to breathe in the back of that car. For 29 minutes, two officers were in the front seat. The squad camera was running. The audio was recording.

What Officer Lewis Said About the Transport

In her PSIA interview, Officer Lewis was asked whether Richard's physical condition had changed before transport began. She said it was hard for her to say because she had stepped back and let others handle things.

She was asked directly: was there anything concerning to you about Johnson before you started to drive him to jail? She said: No.

She was asked to describe his demeanor during transport. She said:

"I mean, really all I remember is him just seeming very angry, right. The growling and the yelling and the kicking and the thrashing of his body." **— Officer Lewis, PSIA Interview**

She was asked how hard he was kicking her seat. She said:

"Hard enough I can feel them through the layers of plastic that I'm sitting on." **— Officer Lewis, PSIA Interview**

She was asked whether she did anything to provide medical treatment before EMS arrived at the jail. She said: no, just Narcan and CRR.

She was asked whether she followed to the hospital. She said: Nope.

She was asked if she recalled anything about Richard's breathing during the arrest. She said: I don't. Nuh uh.

She was asked about his demeanor at arrest. She said he was hollering and agitated.

OIPM FINDING: The dashcam audio from both squad cameras captures no hollering at any point during this incident. What is audible is consistent with respiratory distress, not anger or aggression. The DCI's own transcription of the dashcam describes Richard groaning and breathing with exaggeration. Officer Lewis's characterization of Richard as very angry and hollering is directly contradicted by the audio, video, and by Officer Weaver's own account given in the same investigation.

What Officer Weaver Said About the Transport

Officer Weaver described the same transport differently. In his PSIA interview he said:

"Johnson had appeared to be like moaning and groaning, just a constant thing throughout the whole transport. And then he kept kicking the back of Jenn's seat. But it didn't appear to be like he was mad or like any of that. It felt like it was more like uncontrollable like kicking of the seat." **— Officer Weaver, PSIA Interview**

Officer Weaver was a recruit in his third of six nights of field training. He was the officer who had the initial foot pursuit and the physical contact with Richard. He was in the most vulnerable position (because he was new and still in field training and because he made the initial take down). And he was the most honest. He recognized the kicking was not anger. It was uncontrollable. He rolled the window down. He kept checking the back seat. His account matches what the cameras captured.

Officer Weaver was being trained by Officer Lewis. What he observed her doing that night was part of his training.

VIII. AT THE JAIL

When officers arrived at the Dane County Jail sallyport, they waited two to three minutes before the door opened. Upon parking, Officer Lewis opened the rear car door to check on Richard. He was unresponsive. She performed a sternal rub. No response. She initially reported feeling a pulse. EMS was called to respond to the jail. Officer Reimer came over and also assessed Richard. Richard was pulled from the car and laid on the sallyport floor.

Nasal Narcan was administered. Chest compressions (CRR) were started by Officer Reimer. The handcuffs were removed to lay Richard fully flat. Additional doses of Narcan were administered. Officers administered multiple doses of Narcan in total. Reports across the DCI investigation, PSIA documents, and officer interviews are inconsistent, with some accounts citing two doses and others citing the possibility of three. Regardless of the number, not one dose produced any response.

OIPM FINDING: Officers administered multiple doses of Narcan. None of them worked. Narcan, also known as naloxone, reverses opioid overdose. It works within minutes. It is designed specifically for that purpose. If a person is dying from an opioid overdose and Narcan is administered, they respond. Richard Johnson did not respond to any dose. The failure of multiple doses of Narcan to produce any response, combined with the absence of active cocaine in Richard Johnson's blood at the time of his acute crisis, and certain severe abnormalities in serum chemistry are the findings that led this Office to seek an independent forensic pathologist. These facts together tell you that what Richard Johnson was dying from was not a drug overdose.

EMS arrived approximately one to one and a half minutes after compressions began and took over care. Richard's clothes were cut off. He was transported to Meriter Hospital.

Officer Lewis did not follow Richard to the hospital. Officer Weaver went to Meriter Hospital and remained until Richard was moved to the ICU.

Note on the back seat camera: the back seat camera in the Weaver and Lewis squad car was turned on and then went dark for a period of time before transport began, resuming during the drive. Both Officer Weaver and Officer Lewis were asked whether they intentionally turned off or disabled the camera. Both denied it. The gap has been treated as an assumed equipment malfunction. It has not been explained. This Office notes the gap and its timing.

IX. RICHARD JOHNSON AT MERITER HOSPITAL

Richard Johnson arrived at Meriter Hospital at approximately 10:43 PM. Hospital staff had been pre-notified. He was admitted for altered mental status and suspected cocaine and opioid overdose. He arrived comatose with fixed and dilated pupils, a heart rate of 131 beats per minute, and a blood pressure of 58 over 35. He was immediately intubated, placed on mechanical ventilation and high-dose vasopressors, and admitted to the intensive care unit.

At 10:57 PM, a blood sample was drawn. This is the critical toxicology specimen. It was drawn within minutes of Richard's arrival, essentially at the same time his cardiac crisis was occurring. The results showed only inactive cocaine metabolites in his blood. There was no active cocaine detected.

KEY MEDICAL FINDING: The toxicology specimen drawn at the time of Richard Johnson's acute medical crisis showed only inactive cocaine metabolites, not active cocaine. Inactive metabolites are what the body produces after cocaine has already been broken down and processed. They are not pharmacologically active. They do not cause overdose. A death caused by cocaine toxicity would require active cocaine in the blood, along with specific cardiac signs including ventricular arrhythmias and elevated blood pressure. None of those were present. His cardiac rhythm was non-shockable, meaning his heart's electrical system was functioning but the muscle could not pump. Combined with the failure of multiple Narcan doses, this evidence does not support cocaine toxicity or toxicity of other drugs as the cause of death.

Additional findings included a venous pH below 6.82, indicating catastrophic metabolic acidosis; lactate levels at 13.3, far above the critical threshold; severely depressed heart function with an ejection fraction of 25 percent; aspiration into the lungs; acute pancreatitis; and signs of oxygen deprivation across multiple organs.

Officer Galen Wiering responded to the hospital that night and received an update from the treating physician. The doctor told her he believed Richard had suffered a lack of oxygen to his

brain and was not detecting any neurological activity. He said the prognosis was not good. Officer Wiering immediately contacted Sergeant Covington and recommended that the area of the jail sallyport be preserved as a possible scene. She also contacted Sergeant Frei to begin notifying command staff and Sergeant Liston, the MPD officer in charge. Investigators photographed the squad cars and secured the scene.

Richard Lee Johnson remained in a coma on mechanical ventilation. He developed multi-organ failure, anoxic brain injury, acute kidney injury, respiratory failure, acute heart failure, and gastrointestinal hemorrhage. He never regained consciousness. He was pronounced dead at 4:04 PM on December 31, 2024.

X. THE AUTOPSY

An autopsy was performed by Dane County Deputy Medical Examiner Dr. Natalie Taylor on January 2, 2025. The report was finalized and signed on September 10, 2025, eight months later.

Dr. Taylor documented multiple abrasions to Richard's face, body, and extremities. She found muscular bruising on the neck, left forearm, and leg, and cuts on his hands. She noted severe cerebral edema, pulmonary edema, gastrointestinal hemorrhage, and subendocardial hemorrhage of the left ventricle. She also identified a structural feature called a myocardial bridge, a segment of a coronary artery that tunnels into the heart muscle.

Toxicology showed high levels of inactive cocaine metabolites. No active cocaine was detected.

Dr. Taylor certified the cause of death as complications of cocaine toxicity. The manner of death was classified as accidental.

OIPM FINDING: After reviewing the Medical Examiner's report, the toxicology findings, and the physical evidence, and Prone restraint used in the arrest of Richard Johnson, this Office identified a significant concern. The toxicology shows only inactive cocaine metabolites at the time of Richard Johnson's acute crisis. Inactive metabolites cannot cause an overdose. The clinical picture, including a non-shockable cardiac rhythm, severe metabolic acidosis, does not match cocaine toxicity as a cause of death. This Office determined that an independent forensic pathology review was necessary.

XI. SIGNIFICANT FINDINGS OF THIS INVESTIGATION

Finding 1: Use of Force Omitted from Every Official Report

Officer Gonzalez shoved Richard Johnson's head into the ground and applied his knee with enough force to press Richard's chin into the dirt within seconds of arriving on scene. This is captured on Officer Gonzalez's own dashcam. It was omitted from his case report. It was omitted from all supplemental reports. It was omitted from the DCI's documented list of key timestamped moments from the camera footage. The agency conducting the independent investigation produced a timeline of what the cameras showed. A significant act of force in this incident is not on that list.

Finding 2: Officer Gonzalez Denied Using Any Other Force

In his PSIA interview, Officer Gonzalez was asked directly whether he used any other force on Richard Johnson. He said no. His case report describes the same act as heavy control talk. Shoving a person's head into the ground is not control talk. The camera recorded both.

Finding 3: Richard Johnson Said He Could Not Breathe

Richard Johnson said he could not breathe at this scene, captured on audio, after being held in the prone position. That statement does not appear in any official report filed in connection with this incident.

Finding 4: No Recovery Position Was Used

Officers stated Richard was placed in recovery position after handcuffing. The facts show, he was unnecessarily kept in prone position. The video then shows a single continuous motion of approximately seven seconds taking him from prone to standing. He was never stabilized on his side. The recovery position, for a person in the physiological state Richard was in after a foot pursuit and prone restraint, is not procedural formality. It is a breathing intervention.

Finding 5: EMS Was Not Given the Information They Needed

EMS was told Richard was tackled. EMS was not told about the prone restraint, its duration, the force applied, the flutter-kicking, or that Richard had said he could not breathe. EMS made a clearance decision within 4 minutes, without the most medically relevant facts about what had happened to Richard Johnson's body. That information was available to the officers on scene.

Finding 6: Officer Lewis's Account Is Contradicted by the Evidence

Officer Lewis described Richard as hollering during his arrest and as very angry during transport. Both squad cameras captured no hollering. What they captured is consistent with respiratory distress. She told investigators nothing concerned her before transport. The

dashcam shows her approaching the squad car, asking Richard twice what was wrong, receiving no response, and walking away. These two things cannot both be true.

Finding 7: Officer Lewis Was Laughing During Transport

Officer Lewis was audibly laughing and engaged in casual conversation in the front seat on multiple occasions during transport. What she was talking about or laughing about is unknown from the recording. What is known is the contrast: Richard Johnson was groaning and dying in the back seat while she was chatting and laughing in the front. At one point she said his name in a tone of annoyance at the noise he was making. This is all documented on the dashcam recording.

Finding 8: Multiple Doses of Narcan Had No Effect

Officers administered multiple doses of Narcan. None worked. Narcan reverses opioid overdose within minutes. It had no effect on Richard Johnson. That, combined with the absence of active cocaine in his blood, and prone position used, is what led this Office to seek an independent forensic pathologist. These facts together tell you that what Richard Johnson was dying from was not a drug overdose.

Finding 9: Ten Minutes Between Slumping and Compressions

Richard Johnson slumped over at 10:08:29 PM. Chest compressions began at 10:18:35 PM. Officers believed he had calmed down and was resting when he went silent. Ten minutes passed. Every minute without compressions in a cardiac arrest reduces survival probability.

Finding 10: MPD Internal Correspondence Pre-Determined the Cause of Death

Internal MPD email correspondence reviewed by this Office reflects that before the DCI Investigation was closed, the Medical Examiner's report was finalized , MPD leadership was communicating internally that the final cause of death would be accidental and was coordinating notification of MPPOA and the officers who were on restrictive duty pending the investigation's outcome. The Medical Examiner's determination was being treated as settled internally before the independent investigation formally concluded. That correspondence also reflects awareness of the institutional dynamics and key players in the process.

Finding 11: The Back Seat Camera

The back seat camera in the Weaver and Lewis squad car went dark during the period before transport and resumed during the drive. Both Officer Weaver and Officer Lewis denied disabling

it. It has been treated as an assumed equipment malfunction. It has not been explained. This Office notes the gap and its timing.

Finding 12: The Family Has Not Received the Evidence

The family of Richard Lee Johnson has not received the unredacted DCI report or photographs related to this case. DCI reports are typically publicly posted. This family has been seeking access since the beginning. The decisions that cleared the officers involved in their son's death were made using evidence this family has never seen.

Finding 13: Institutional Awareness of Legal Exposure

DCI notified the Wisconsin Professional Police Association (WPPA) that the Johnson family had retained legal counsel. The City Attorney's office had correspondence anticipating potential legal action in connection with this incident, and that awareness was communicated to MPD. These facts are documented in the materials reviewed by this Office and are part of the institutional record surrounding this case.

XII. INDEPENDENT MEDICAL EXPERT OPINION

After identifying the issues described above, particularly the absence of active cocaine in Richard Johnson's blood at the time of his cardiac crisis and the presence of unexplained blood chemical abnormalities and prolonged use of the prone restraint used in the arrest of Richard Johnson, this Office sought an independent medical opinion. These findings alone are inconsistent with cocaine toxicity as a cause of death, and this Office determined that an expert forensic pathology review was necessary.

Dr. Victor Weedn, a board-certified forensic pathologist with over 35 years of experience, including specialized experience with in-custody deaths, was retained to review this case. His full report is attached to this document as Appendix A. What follows is a summary of his findings and the medical basis for them.

What Cocaine Toxicity as a Cause of Death Looks Like

Dr. Weedn explains that a death caused by cocaine toxicity would be expected to produce ventricular arrhythmias, elevated blood pressure, and measurable levels of active cocaine in the blood at the time of the acute crisis. None of those were present in Richard Johnson's case. His cardiac rhythm was non-shockable, meaning his heart's electrical system was functioning but the muscle itself could not pump. His blood pressure was dangerously low, not elevated. His

blood contained only inactive metabolites, not active cocaine. The medical picture does not match cocaine toxicity.

What Actually Happened: Prone Restraint Cardiac Arrest

Dr. Weedn's opinion is that Richard Johnson died from Prone Restraint Cardiac Arrest and metabolic acidosis caused directly by police action and as stated in his presentations and studies, death in these cases would be deemed as a homicide.

In plain language, here is what that means. When Richard ran from police and was tackled, his body went into extreme physical stress. That stress, combined with cocaine he had taken earlier, drove his heart rate and his body's demand for oxygen very high. The intense struggle added further to that demand. When a body is pushed that hard, it cannot supply enough oxygen through normal breathing. It begins producing lactic acid via a backup energy pathway. That creates metabolic acidosis: the blood becomes dangerously acidic.

When the body is in metabolic acidosis, it compensates by breathing faster and deeper, sometimes up to thirty times more than at rest. That is why Richard was heaving and gasping. That is not anger. That is the body trying to survive. His body was trying to blow off enough carbon dioxide to keep the acid levels from becoming fatal.

When Richard was held face-down with weight on his back, his ability to breathe at the level he needed was reduced. Research shows prone restraint reduces maximum breathing capacity by approximately 20 to 25 percent. For a person in the state Richard was in, that reduction is not survivable over time. The acidosis kept building. As the blood acid level rises, the heart muscle loses its ability to contract. The electrical system keeps running but the muscle stops pumping. That is pulseless electrical activity. That is exactly what EMS found when they arrived at the jail sallyport. A heart rhythm with no pulse.

The flutter-kicking, the thrashing, the whole-body jerking seen during transport: Dr. Weedn identifies this as myoclonus, involuntary muscle spasming caused by severe carbon dioxide buildup and respiratory acidosis. It was not aggression. The groaning throughout the transport is consistent with a physiological reflex to keep airways open under respiratory distress. Richard's body was doing everything it could to stay alive.

Richard Johnson's asthma made him more susceptible to this condition. His weight was an additional risk factor. The foot pursuit and the struggle put him in a physiological state where prone restraint became dangerous. The prone restraint prevented the compensation his body needed. The acidosis progressed past the point of return.

DR. WEEDN'S CONCLUSION: Richard Lee Johnson died from restraint-related cardiac arrest and metabolic acidosis directly caused by police action. Cocaine may have been a predisposing or contributing factor, but was not the cause of death. But for the police actions, Richard Johnson would not have died.

On the Medical Examiner's Finding

Dr. Weedn states that Dr. Taylor's conclusion is a common and understandable error. Prone Restraint Cardiac Arrest is not widely known even among medical examiners. It does not leave obvious markers in an autopsy. When a cause of death is unclear, medical examiners must reach a conclusion, and the presence of cocaine metabolites in the toxicology creates an available explanation. In this case, that explanation is not supported by the clinical evidence.

Dr. Weedn states that because the cause of death resulted from the volitional actions of officers restraining Richard Johnson in the prone position, the manner of death should be classified as homicide. This is a forensic and medical classification. It is not a statement about intent. It does not mean the officers planned to kill Richard Johnson. It means that another person's actions caused his death. That is what homicide means as a manner of death classification in forensic pathology.

MANNER OF DEATH: The Dane County Medical Examiner classified the manner of death as accidental. Dr. Weedn's independent forensic opinion is that deaths in this manner should be classified as homicide. The District Attorney declined to bring charges based substantially on the Medical Examiner's finding. PSIA cleared all three officers based substantially on the Medical Examiner's finding. If the Medical Examiner's determination is incorrect, every institutional decision built upon it must be re-examined.

A Note and Observation On Officer Weaver

Officer Weaver provided the most accurate and transparent account of Richard Johnson's condition during transport among the officers critically involved in this incident. He described the kicking as feeling uncontrollable rather than anger-driven. He positioned Mr. Johnson against his leg to offer physical support and rolled down the window. He repeatedly checked on Mr. Johnson during transport. His account is consistent with the recorded footage.

Officer Weaver accompanied Mr. Johnson to the hospital and remained there. Throughout the investigation, he maintained an accurate and consistent account without diminishing Mr. Johnson's humanity. It is also noted that Officer Weaver was a new officer still in field training at the time of this incident.

He was a recruit in his third night of field training. He was the most honest critically involved officer. He was being trained by Officer Lewis.

XIII. GLORIA JOHNSON

Gloria Johnson is the mother of Richard Lee Johnson. She filed the complaint with OIPM that initiated this investigation.

She received a call telling her to get to the hospital because her son was in the ICU in critical condition. She and her family arrived around 9:00 AM on December 31, 2024. Richard was on a ventilator. When she walked in and saw him, she said he already looked gone.

While at the hospital, Ms. Johnson was brought into a conference room and seated at a large table with multiple officials. She was told that the people from the DOJ did not work for Dane County, that they were from a different agency, and that the Medical Examiner was independent. A detective was also present. Approximately one month later, Ms. Johnson states that she learned that those individuals were working in coordination with Dane County.

She was told that once they had something to share, she would be contacted and would have an opportunity to see the footage and evidence. That did not happen. She received a text message from a DOJ contact saying the case was still with the District Attorney and she would be in touch when there was news. On February 3, 2025, she received communication that the case had been turned over to the DA.

When Gloria Johnson was asked what justice looks like for her family, she said:

"We want them to be held accountable for what they did, and he can have justice. Some type of public apology is something, because they put it out that he was high and stole a car. They basically tarnished him." **— Gloria Johnson**

Richard Lee Johnson was never charged with a crime. He never appeared before a judge. He never had the opportunity to answer for what he did that night or to receive any help he may have needed. He died in police custody the day after his arrest.

XIV. POLICY AND STANDARDS VIOLATIONS

MPD Code of Conduct: Courtesy, Respect, and Professional Conduct

Officer Gonzalez arrived on scene and within seconds shoved Richard Johnson's face into the ground while using explicit profanity and threatening language directed at a man who was already restrained on the ground by two other officers. His official report described this as heavy

control talk. The MPD Code of Conduct governs how officers treat people in their custody. What the dashcam captured does not meet that standard.

MPD Standard Operating Procedure: Medical Clearance Before Jail Booking

MPD's SOP states that if an officer concludes a person in custody needs medical treatment before booking, that person should be taken to a hospital. The SOP specifically requires hospital clearance for anyone who sustained traumatic injuries prior to arrest, anyone suspected of a drug overdose, and anyone exhibiting chest pain or shortness of breath. Richard Johnson met all three conditions. He was taken directly to jail.

Objective Reasonableness Standard: Denial of Medical Care

Under 42 U.S.C. Section 1983, post-arrest denial of medical care is evaluated against the Fourth Amendment objective reasonableness standard. The question is whether a reasonable officer, seeing what these officers saw and hearing what these officers heard, would have recognized that the person in their custody needed emergency medical care. For 29 minutes, Richard Johnson groaned, heaved, thrashed, and fought to breathe in the back of that car. The camera recorded all of it.

XV. RECOMMENDATIONS

1. Immediate Meeting Between MPD Leadership, OIPM, and Dr. Weedn

MPD leadership and the OIPM should convene an immediate meeting with Dr. Weedn to receive the presentation on Prone Restraint Cardiac Arrest that he provided to the Dane County District Attorney. Command staff must understand what this condition is, what it looks like on video, what the warning signs are, and why existing protocols were not sufficient to prevent this death. That understanding must drive the policy and training changes that follow.

2. Review of the Official Cause and Manner of Death

Based on the independent medical opinion and the clinical evidence reviewed in this investigation, this Office calls on the appropriate authorities to determine whether the official cause and manner of death in this case should be amended consistent with Dr. Weedn's findings. Every institutional decision that followed this incident was built on the Medical Examiner's determination. If that determination was made in error, those decisions require review.

3. Mandatory Medical Transport Following Extreme Physical Incidents

When any incident involves a foot pursuit, physical struggle, or prone restraint, and EMS is called, the subject must be transported to a hospital for medical evaluation. Refusal of transport should not end the evaluation. A person in the physiological state that follows extreme exertion and restraint is not always in a position to make a fully informed medical decision about their own care. Officers in those situations need a clear protocol that protects life, not a checkbox that transfers the decision to the subject and ends the inquiry.

4. Mandatory Medical Information Sharing With EMS

When force has been used, when a pursuit has occurred, or when a subject has been held in prone restraint, that information must be communicated to EMS both when the call is placed and again when EMS arrives on scene. EMS cannot make an informed assessment without knowing what the person's body has just been through. This must be a written policy, not an assumed practice.

5. Protocol for Silence During Transport

When a subject who has been groaning, moving, or making noise during transport goes suddenly silent, that silence must be treated as a medical emergency requiring an immediate stop and assessment. In this case, officers believed Richard had calmed down and was resting. He had gone into cardiac arrest. A clear protocol for this specific scenario must be established and trained.

6. Adoption of PERF Recommendations on Restraint-Related Death

MPD should formally adopt the recommendations from the 2024 Police Executive Research Forum report, Fifteen Principles for Reducing the Risk of Restraint-Related Death. These recommendations are evidence-based and address de-escalation, post-restraint positioning, and early medical engagement. They should be incorporated into written policy and officer training immediately.

7. Updated Medical Care Standard Operating Procedure

MPD needs a Standard Operating Procedure that clearly governs the duty to provide medical care to people in custody. The current SOP addresses medical clearance before jail booking. That is not the same thing as a duty to preserve life. The new SOP should reflect an affirmative obligation to monitor and respond to the medical condition of every person in custody from the moment of arrest through the moment of transfer to another agency or facility.

8. Full Disclosure to the Johnson Family

The family of Richard Lee Johnson should receive the unredacted DCI report and all photographic evidence related to this case to the full extent permitted by law. The decisions that cleared the officers involved in Richard Johnson's death were made using evidence his family has never seen. That is not accountability. That is not transparency. And it is not what this family and community deserve.

9. Specific Review of Officer Lewis's Conduct

The OIPM identifies the conduct of Officer Lewis throughout this incident as warranting specific, formal review. Her characterization of Richard Johnson as angry and hollering is contradicted by the audio and video record. Her statement that nothing concerned her before transport is contradicted by her own documented actions at the squad car minutes before. Her audible laughter during transport while Richard was groaning and dying in the back seat is on the recording. As the Field Training Officer on scene that night, she carried the highest supervisory responsibility of any critical officer involved. A recruit was watching her and learning from what she did.

Because of the nature of this case the OIPM will not provide disciplinary recommendations at this time.

XVI. CLOSING DETERMINATION AND REMARKS

Richard Lee Johnson was 32 years old. He was someone's son, brother and uncle. He was unhoused while he worked multiple jobs; While he may have struggled with addiction the addiction did not take his life.

On December 30, 2024, he made decisions that led to a police encounter. That encounter led to his death.

This Office reviewed this case with the full independent investigative authority granted under Madison General Ordinance §5.19. What this investigation found is documented in the sections above. To state it plainly:

A use of force of shoving Mr.Johnsons head in the ground and putting a knee on his neck across his head and on his shoulder with enough force to have his chin in the dirt, was captured on camera and omitted from every official report. An officer denied under oath using any force that his own camera recorded him using. A recovery position that officers said they used is contradicted by the video. A Field Training Officer whose account of events is contradicted by audio, video, and the account of the recruit she was supervising. An internal institutional

determination of cause of death that was circulating within MPD before the Medical Examiner's report was finalized. A family denied access to the evidence that formed the basis for clearing the officers present when their son died.

And underneath all of it: a cause of death that this Office's independent medical expert says was made in error.

The District Attorney who was present during officers interviews and reviewed the same investigative materials and reports this office reviewed declined to bring charges. MPD-PSIA cleared all three officers. Both decisions were made based substantially on both the review of Independent investigations and the Medical Examiner's determination that Richard Johnson died of complications of cocaine toxicity and that his death was accidental.

This office conducted an independent investigation and reviewed all available evidence and during our investigation enlisted Dr. Victor Weedn, a board-certified forensic pathologist with over 35 years of experience, reviewed the same evidence and reached a different conclusion. In his expert opinion, Richard Johnson died from restraint-related cardiac arrest and metabolic acidosis caused by police action. As Dr. Weedn has noted in presentations, deaths due to the volitional actions of police restraining subjects in the prone position constitute homicides, and should be certified as homicides.

This Office has an obligation to say clearly and publicly what this investigation found, Richard Johnson's family, and the Madison community deserves to understand what happened. While this office recognizes that Richard Johnson's death was a direct result of both police action and inaction, we acknowledge that the consequences of those actions were willfully indifferent by some of the critically involved officers. It is our position that collective accountability, intentionality and systemic change are essential to preventing future loss of life.

The OIPM calls on MPD leadership, the Dane County Medical Examiner, and the Dane County District Attorney to review these findings and to respond with the transparency and accountability, and the action this case demands. Ensuring the measures, policy, and training changes recommended in this report are implemented without delay.

Richard Lee Johnson deserved better. His family deserved the full truth. This community deserves to know that when something like this happens, every institution responsible for care, accountability and justice, will do its job.

Aeiramique Glass

Interim Independent Police Monitor

Office of Independent Police Monitor | City of Madison, Wisconsin

Madison General Ordinance §5.19

Dr. Victor Weedn's full independent expert report is attached as Appendix A.

Office of Independent Police Monitor | City of Madison, Wisconsin | Madison General Ordinance §5.19 | Investigative Report

VICTOR W. WEEDN, MD, JD
WEEDN FORENSIC PATHOLOGY CONSULTATIONS, LLC
2058 Kirby Road
McLean, VA 22101
weednv@gmail.com
(412) 600-4211

INDEPENDENT MEDICAL REPORT

3/30/2026

Aeiramique Glass
Independent Police Monitor
City-County Building, Room #501
210 Martin Luther King Jr. Blvd.
Madison, WI 53703
OIM@cityofmadison.com
(608) 261-7161

RE: Richard Lee Johnson death

Dear Ms. Glass,

On February 26, 2026, I was asked to review the death of Richard Lee Johnson. Your office provided me with the following materials for review:

- Case Master Report 24-9273, initiated 12/31/2024 (188 pages)
- Inter-Departmental Correspondence, 12/18/2025 (29 pages)
- Medical Examiner's Report, #245185, and file (51 pages)
- UnityPoint Health – Meriter Hospital records (168 pages)
- Synopsis of Initial Events (7 pages)
- Dashcam audio/video from the squad car of Officers Weaver and Lewis
- Dashcam video from the squad car of Officer Gonzales

FACTS:

Richard Lee "Rico" Johnson was a 32-year-old Black man, 5 feet 2 inches tall, weighing 192 pounds (BMI = 31.9 kg/m²), with a past medical history of asthma, who was arrested by MAPD officers on 12/30/24 at 9:12 PM, went into cardiopulmonary arrest at 10:09 PM, and died the next day at 4:04 PM.

Police Arrest

- **Police Investigation** (8:37-9:26 PM, 49 min) – At 8:22 PM on 12/30/24, the Madison Police Department received a report of a stolen truck at the Best Western Hotel. Shortly afterward, MAPD Officers Marcus Weaver, a recent recruit, and Jennifer Lewis, a field training officer, "approximately 10 minutes away," arrived at the scene. When the Fishers went to the registration desk, they left their truck in the front entryway. When Mr. Fisher returned, Richard Johnson was in the driver's seat, claiming to be a valet. Mr. Johnson asked for the keys, and Mr. Fisher handed them over, then went back to the hotel lobby. Mr. Johnson drove the truck to a gas station. Mr. Fisher realized his truck was missing and reported it as stolen. He also noted that the truck contained a Glock pistol wrapped in a towel in the console. Meanwhile, Mr. Johnson returned and parked the truck. Mr. Fisher recognized Mr. Johnson walking through the parking lot, and hotel staff confirmed this identification. Mr. Johnson entered the lobby but left after seeing the police. Officer Weaver then followed him outside and informed him that he was not free to leave and was being detained. Johnson appeared "very antsy" and verbally identified himself as "Rico" and began to spell his name before suddenly fleeing from Officer Weaver.
- **Foot Pursuit** (9:26 PM, 15 seconds) – Officer Weaver chased Johnson through the hotel parking lot. Officer Lewis, who was in the squad car observing the chase, drove across the parking lot to assist Officer Weaver as he continued to pursue Mr. Johnson.
- **Takedown** (9:26 PM) – As Mr. Johnson approached a curb and lost his balance or possibly tripped, Officer Weaver tackled him from behind, knocking them both face down to the grass-covered ground with Officer Weaver on top of Mr. Johnson and Johnson's head under Weaver's chest.
- **Struggle and Restraint** (9:26-9:29 PM, 3 minutes) – A scuffle lasting about one minute occurred. Officer Weaver positioned himself with his knees on the ground, straddling Mr. Johnson's mid-torso, while Mr. Johnson lay on his right side, trying to roll onto his stomach. Officer Weaver took control of Mr. Johnson's hands and verbally commanded him to stop resisting and to put his hands behind his back. Mr. Johnson said he was trying, but Officer Weaver believed he continued to resist. Meanwhile, Officer Lewis approached and held down Mr. Johnson's legs. Officer Weaver stayed in his position because he couldn't flip Mr. Johnson onto his stomach with Officer Lewis on his legs, and he knew help was arriving from approaching sirens. MAPD Officer Alex Gonzalez arrived and approached Mr. Johnson's left side. He took control of Mr. Johnson's left arm, putting him into a three-point stance with his left arm behind his back. Then he forced Johnson from his left side to lie flat on his stomach. He placed his left knee on Johnson's shoulders while Officer Weaver handcuffed him with his hands behind his back. Officer Gonzalez's knee was removed from Johnson's back. Johnson was rolled from a face-down position onto his left side, then into a seated position, and then helped

to his feet. He was no longer actively resisting the officers. Mr. Johnson was breathing heavily, and Officer Gonzalez coached him on his breathing.

- **Post Struggle** (9:29-9:34 PM, 5 minutes) – Officer Weaver helped Mr. Johnson to his feet and walked him to the front of a squad car. Officer Weaver attempted to search for a weapon, but Mr. Johnson was becoming unsteady and unable to stand upright. His legs buckled twice. Officer Weaver steadied him by propping him against his leg while he sat. Mr. Johnson was "very out of breath." He had difficulty sitting up, so he was placed on his side, where he flutter-kicked the bumper of the squad car. Mr. Johnson complained about chest pain and shortness of breath. An officer asked if he wanted medical assistance, and he said, "Yes." Officers called Emergency Medical Services to respond to the scene.

<u>EMS Response #1</u>

- **EMS Response** (9:34-9:38 PM, 4 minutes) – EMS was dispatched for shortness of breath and chest pain and arrived at the scene to find Mr. Johnson on the ground supine in front of a squad car with handcuffs behind his back while he was in police custody. He was alert and oriented, and he answered questions appropriately, although he appeared agitated. His breathing was rapid, but unlabored. His pupils were equal, round, and reactive to accommodation and light. He denied pain on palpation of the head, neck, chest, and abdomen. Mr. Johnson refused a blood draw for a glucose level and refused transport to the hospital. EMS determined there was no immediate life-threatening condition and cleared Mr. Johnson for police transport to the Dane County Jail.

<u>Police Transport</u>

- **Transport to the Jail** (9:39-10:11 PM, 32 minutes) – Officer Gonzalez placed Mr. Johnson in the rear passenger seat of the squad car for his transfer to the jail. Officer Gonzalez described Mr. Johnson as conscious, awake, and responding to questions at that time. Officer Weaver drove the squad car, while Officer Lewis sat in the front passenger seat, with Mr. Johnson in the back, and Officer Reimer following in another squad car. During transport, Johnson was unresponsive to questions, groaning, making unintelligible noises, uncontrollably kicking the back of the passenger seat, and breathing with "short, exaggerated breaths." Two to three minutes before arrival at the jail, Mr. Johnson stopped making vocal noises and slumped over. Officers thought he might be going to sleep, although Officer Lewis noted his eyes flickering back and forth.
- **At the jail** (10:12-10:20 PM, 8 minutes) – They arrived at the jail but had to wait "two to three minutes" before the sallyport door opened and they parked. Mr. Johnson was found unresponsive and did not respond to sternal rubs, but Officer Reimer felt a pulse in his neck. He was pulled out of the car and placed on his back on the sallyport floor as officers gathered around. His breathing was abnormal and shallow. Officer Reimer checked for a pulse again but found none. Officer Lewis confirmed there was no pulse. Narcan was administered, and chest compressions were started. The handcuffs were

removed to lay him flat. A total of three doses of Narcan were given by officers before EMS arrived, about a minute to a minute and a half later.

EMS Response #2

- **EMS Response** (10:20-10:43 PM, 23 minutes) – EMS was dispatched for an unresponsive and apneic patient with faint central pulses and arrived to find Mr. Johnson with faint central pulses but no respiratory drive. Manual bag-valve-mask ventilation was initiated. ETCO2 measured 35-40 mmHg. A Zoll monitor showed a regular heart rhythm and advised no shock. A 12-lead ECG was obtained and interpreted as sinus tachycardia with possible subendocardial injury and possible right atrial enlargement. Blood glucose was low at 52 mg/dL. Intravenous access was established, allowing administration of normal saline with dextrose infusion. Blood pressure was delayed, but initially measured 66/51 mmHg. The medics decided to rapidly transport the patient to the hospital without further intervention. Mr. Johnson was loaded onto the ambulance. A second set of vital signs, taken four minutes after the first, showed his blood pressure had increased to 126/69 mmHg, enabling the cessation of fluids. Narcan was administered, and Johnson's respiratory drive seemed to increase transiently. A pulse oximeter was unable to register peripheral oxygen saturation, but an ear probe indicated oxygen saturation in the 80s; the ETCO2 remained stable. Mr. Johnson never regained consciousness and lost all respiratory drive; he maintained a pulse and systolic blood pressure readings between 50 and 70 mmHg and did not require chest compressions.

Hospital Course (10:43 PM 12/20/24-4:04 PM 12/30/24, 17 hours)

- **Admission** – Mr. Johnson arrived at the UnityPoint Health Meriter Hospital Emergency Department, where staff were waiting. They had been informed that Mr. Johnson had been placed in custody and started making strange-sounding respirations in the back of the squad car, was unresponsive by the time they arrived at the jail and continued to be unresponsive, but with pulses. The admission was for "altered mental status" and "cocaine and opioid overdose."

- **Presentation** – Mr. Johnson presented comatose (GCS 3), with fixed and dilated pupils, tachycardic (131 bpm), hypotensive (58/35 mmHg), and atraumatic.

- **Stabilization** – Advanced cardiac life support (ACLS) measures were continued. Mr. Johnson was intubated upon arrival to secure his airway and receive mechanical ventilation. He remained on high-dose vasopressors. Mr. Johnson was admitted to the intensive care unit (ICU) for further management.

- **Workup** – A chest X-ray confirmed proper placement of the endotracheal tube, clear lungs, and a normal cardiac silhouette. Causes of shock, including hemorrhagic and septic shock, were ruled out. Myocardial infarction was also excluded. Head CT showed no acute intracranial abnormalities. CT pulmonary angiography found no pulmonary embolism but revealed patchy dependent airspace disease consistent with aspiration. CT

of the abdomen indicated acute pancreatitis, hepatic steatosis, and a small amount of pelvic fluid. Transthoracic echocardiography showed severely decreased global left ventricular systolic function with diffuse hypokinesis, a depressed ejection fraction of 25% (normal 50-75%), and a depressed stroke volume index of 12.2 mL/m2/beat (normal 33-65 mL/m2/beat). Laboratory tests revealed a venous pH of <6.82, a large base deficit, and an elevated anion gap; bicarbonate was administered. Lactate levels were critically elevated at 13.3 mmol/L, and other potential causes of acidosis—such as acetaminophen, salicylate, and volatiles (ethanol, methanol, isopropanol, acetone, beta-hydroxybutyrate, and ethylene glycol)—were ruled out. Additional lab tests showed hyperkalemia (5.7 mmol/L), glucose (245 mg/dL), elevated creatine kinase (418 U/L), abnormal liver function tests, and impaired renal function. Urine toxicology was positive for cocaine and opioids.

- **Hospital Course** – Mr. Johnson remained in a coma, on mechanical ventilation, and received supportive critical care. Mr. Johnson showed persistent lactic acidosis, anoxic brain injury, and multi-organ failure, including acute kidney injury with tubular necrosis, shock liver, respiratory failure, acute heart failure, and acute gastrointestinal hemorrhage from mesenteric ischemia. Medical concerns included polysubstance use, sinus tachycardia (with peaked T-waves, negative troponin, and BNP), anion gap metabolic acidosis mainly caused by lactic acid, hyperkalemia, and elevated liver enzymes. However, "the exact etiology of critical illness remains unclear," and "Etiology of shock is likely secondary to polysubstance use, acute heart failure as well as bowel ischemia although difficult to say."
- **Pronounced** – Mr. Johnson was pronounced dead at 4:04 PM by Meriter Hospital staff after failure to recover neurologically.

Autopsy

- **Autopsy** – An autopsy was performed by Dane County Deputy Medical Examiner, Dr. Natalie Taylor, on 1/2/2025, but the report was finalized and signed eight months later, on 9/10/2025. Dr. Taylor noted nonfatal injuries, including multiple scrapes on the face, body, and all extremities; muscular bruising on the neck, left forearm, and leg; and cuts to the hands. She observed purpuric hemorrhage around needle puncture sites, pitting edema, severe cerebral edema, pulmonary edema with pleural effusions, gastrointestinal hemorrhage with peritoneal effusions, epicardial petechiae, and subendocardial hemorrhage of the left ventricular outflow tract. She also identified a 1.3 cm segment of the mid left anterior descending coronary artery that tunneled into the myocardium to a depth of 0.5 cm. Toxicology results from hospital admission blood collected almost immediately after arrival at the hospital (10:57 p.m., 12/30/2024) tested positive for high levels of inactive cocaine metabolites (1900 ng/mL benzoylecgonine; 1500 ng/mL

ecgonine methyl ester). Dr. Taylor certified the cause of death as complications of cocaine toxicity, with the manner of death classified as an accident.

The timeline (used above), as best I can assemble it with the Weaver squad car rear camera as the ground truth and other times reconciled to it (exact synchronization is not possible), is as follows:

8:22	policed called for stolen car
8:37:17	squad car #1 is parked (Weaver, Lewis)
8:37:47	investigation begins
9:25:19	initial interaction with Johnson
9:25:32	"Hey man, you're not walking away"
9:25:57	foot pursuit begins
9:26:12	takedown, struggle begins
9:26:50	squad car #2 arrives (Gonzalez)
9:27:00	third officer assists in struggle
9:27:04	Johnson placed prone with knee on L shoulder
9:27:19	Johnson handcuffed
9:27:51	4th officer arrives
9:27:57	5th officer arrives
9:28:56	two more officers arrive
9:29:07	officers get up & roll Johnson on his L side
9:29:12	officers stand Johnson up
9:29:23	Johnson escorted to squad car
9:34:29	EMS walks up slowly
9:38:18	EMS walks away
9:38:34	EMS departs scene
9:39:30	Johnson placed in squad car #1
9:39:40	Johnson secured with seat belt
9:39:49	squad door closes
9:40:10	Johnson groaning, exaggerated breaths
9:47:33	Johnson does not respond to questions
9:50:30	flashlight shone in Johnson's face
9:52:47	squad car departs with Johnson
9:57:37	breathing becomes labored
10:07:48	visibly quieter
10:08:29	Johnson stops groaning, slumps over
10:10:25	squad car arrives to jail
10:11:25	sallyport door opens
10:11:34	squad car enters sallyport
10:11:46	squad car parks, Johnson breathing heavily
10:11:48	Johnson straightens up

10:12:19	rear passenger door is opened
10:12:24	Johnson found unresponsive
10:24:25	officer shakes Johnson, gives sternal rub
10:12:29	Johnson unresponsive to questions
10:12:31	officer slaps Johnson in the face
10:12:32	officer gives sternal rub for 20 sec
10:12:42	an officer checks Johnson's neck for pulse
10:12:48	officer gives sternal rub for 8 sec
10:13:02	officer checks neck for pulse
10:13:10	officer gives sternal rub for 22 sec
10:13:16	officers instructs another to call EMS
10:13:17	EMS requested
10:13:40	Johnson breathing, held in place for >2 min
10:15:59	officer gives a vigorous sternal rub for 20 sec
10:16:18	officer checks neck for pulse, not breathing
10:16:20	officer gives sternal rub for 3 sec
10:17:02	seatbelt removed from Johnson
10:17:14	Head pushed over, occasional shallow breaths
10:17:30	officer checks neck for pulse, not breathing
10:17:50	another officer checks neck for pulse
10:18:08	Johnson pulled out and laid on ground
10:18:29	Narcan administered
10:18:35	start chest compressions
10:20:24	EMS arrives at the jail scene
10:20:28	EMS arrives at the patient
10:20:42	EMS take over chest compressions
10:21:24	Johnson is rolled over & cuffs removed
10:21:48	Lucas device applied
10:24:00	rear passenger door is opened, obstructs view
10:31:43	Johnson placed on backboard
10:32:50	Johnson placed on gurney
10:38:41	EMS departs jail
10:42:52	EMS arrives at hospital
10:46	patient hospital admission
4:04	Johnson pronounced dead

OPINION:

My opinion as a forensic pathologist with over 35 years of experience as a board-certified forensic pathologist is that Mr. Johnson died of **restraint cardiac arrest/metabolic acidosis**,[1-5] not complications of cocaine use, as certified by the medical examiner.

Mr. Lewis was in a hyperadrenergic state during the initial police contact at approximately 9:25 PM on 12/30/2024. Mr. Johnson appeared alert and oriented, with no obvious acute medical distress. He was able to answer questions and interact with EMS. However, he would have been stressed while committing his crime, and he had also taken cocaine, a stimulant drug. His stress likely increased as the police approached and during their physical struggle with him during his arrest.

Hyperadrenergic states involve increased levels of catecholamines, such as epinephrine, norepinephrine, and dopamine, produced in response to sympathetic nervous system activation during stress. The most prominent of these is epinephrine, commonly called adrenaline, which is secreted by the adrenal gland. Catecholamines are released to enhance alertness, increase heart rate, and mobilize energy stores for quick responses during stress. These substances act as mediators of the "fight or flight" response. They raise arousal, increase heart rate and blood pressure, dilate the bronchioles to improve airflow in the lungs, elevate blood glucose levels to provide more energy, and enhance muscle contractility.

Stimulant drugs (sympathomimetics) also produce hyperadrenergic states both by mimicking the actions of catecholamines and stimulating their production.

Metabolic demand is driven by physical exertion and hyperadrenergic states that energize the body. The physical exertion from the foot chase and struggle would have dramatically increased metabolic demand, greatly exceeding the available oxygen supply, leading to anaerobic metabolism and the production of large amounts of lactic acid, resulting in metabolic acidosis.[6]

The body's response to metabolic acidosis is to compensate through respiratory alkalosis by increasing ventilation and blowing off carbon dioxide. The amount of air moving through the lungs may need to increase thirtyfold above normal resting volumes.[2] Therefore, patients with metabolic acidosis breathe rapidly and deeply and may develop Kussmaul respirations.[7] This need for faster, deeper breathing causes a sensation of air hunger, which can be mistaken for hypoxia.[8] In this case, Johnson's metabolic acidosis is demonstrated by his being "very out of breath" after he was tackled. Johnson's "abnormal breathing," described as "short, exaggerated breaths," during transport to the jail, was likely Kussmaul respirations.

Police restraint, especially prone restraint, can decrease maximum ventilation by about 20-25%.[1] This reduction in airflow is risky for individuals with metabolic acidosis because they may not be able to expel enough carbon dioxide to counteract the acidosis. When not fully compensated, acidosis will continue to worsen, reaching dangerous levels. Acidosis can weaken the heart muscle's ability to contract until it stops, despite an active conduction system.[2]

In this case, Mr. Johnson was restrained for three minutes and held prone with weight on his back for two minutes before he was repositioned to standing. Prone restraint cardiac arrest has been found after only a minute of prone positioning.[9] Police restraint other than the prone position may also constrain breathing. Furthermore, studies have shown that the acidosis continues to build for at least eight to ten minutes after physical exertion,[10-12] and thus, it is not surprising that cardiac arrest can occur even after a subject is placed in a "rescue position."

Despite complaining of dyspnea, EMS, after a quick assessment (<4 minutes), found no immediate life-threatening abnormalities and cleared him for police transport. Johnson was agitated, kicking, screaming, and growling in the rear seat of the squad car, which further worsened his lactic acidosis.

Mr. Johnson went into cardiac arrest and then cardiopulmonary arrest during the ride to the jail when he suddenly stopped groaning around 10:08 PM, nearly an hour after the struggle and repositioning. The heart was not pumping enough oxygen to the brain. However, he was not recognized by the MAPD officers as unresponsive until 10:12 PM after the car was pulled into the sallyport. Although officers initially felt a pulse, it was lost by the time he was laid on the ground. Chest compressions were immediately started, and by the time EMS arrived, Mr. Johnson was not breathing, but was found to have a regular rhythm, weak central pulses, and no peripheral pulses –essentially pulseless electrical activity (PEA), a non-shockable rhythm often seen in patients with prone restraint cardiac arrest or metabolic acidosis.[1,2]

Mr. Johnson arrived at the emergency department about 10:43 PM in severe shock. Lab results revealed severe metabolic acidosis (venous pH of <6.82 at 10:54 PM). The severe acidosis greatly impaired the heart's ability to pump blood. This is clearly documented by the weak pulses and transthoracic echocardiogram findings of global cardiac hypokinesis and a 25% ejection fraction.

Mr. Johnson remained unconscious and critically ill. He eventually died of multi-organ failure and brain death caused by anoxic/hypoxic injury resulting from the cardiopulmonary arrest. The brain, being the most vulnerable to oxygen deprivation, was the first and most severely damaged.

The autopsy revealed no significant traumatic injuries or lethal natural disease. The abrasions and contusions are consistent with the physical struggle involving the police. The subendocardial hemorrhage in the left ventricular outflow tract is evidence of very high levels of epinephrine.[13] Contraction band necrosis may also occur in cases with extremely elevated epinephrine levels, but it was not seen here.[14] Toxicologic analysis detected only inactive cocaine metabolites. In the absence of structural disease or lethal trauma, and with the presence of cocaine metabolites, the medical examiner concluded that the cause of death was complications of cocaine toxicity, and the manner of death was classified as accidental.

This case aligns with restraint-associated metabolic acidosis more than complications of cocaine use. Cocaine probably acted as a predisposing or contributing factor rather than a direct cause of death, especially considering the absence of cocaine in the postmortem blood, along with hypertension and ventricular arrhythmia. His obesity (class I) placed Mr. Johnson at higher risk of prone restraint cardiac arrest.[9]

Prone restraint cardiac arrest is not a well-known entity. PRCA is not generally known in the emergency medical community.[7] Here, the hospital physicians did not fully understand the problem and thought the lactic acidosis was due to the multiorgan failure. PRCA is becoming more widely known among medical examiners,[15,16] but it is evident that Dr. Taylor was unaware of it at the time of the autopsy. Dr. Taylor was unaware of prone restraint cardiac arrest when she performed the autopsy on Mr. Johnson. Her mistake is a common and understandable misconception. I am currently studying the cause of death statements in the thousand-case AP study of restraint deaths,[17] and her supposition that the death was a complication of cocaine use is not uncommon; it is also consistent with Dr. Abed, who wrote that the etiology of the shock is likely due to polysubstance use...although difficult to say."

Other theories proposed for unexpected deaths during police arrest include excited delirium,[18,19] positional asphyxia,[20-22] stress-related cardiomyopathy,[23-24] or some underlying condition.[25] "Excited delirium" is now a disfavored diagnosis,[26] and has been disavowed by the American Medical Association,[27] the American Psychiatric Association,[28] and the National Association of Medical Examiners,[29] and has been legislatively banned in certain states,[30] but the American College of Emergency Physicians now uses the term "hyperactive delirium with severe agitation."[31] Dr. Dimaio has described the etiology of excited delirium as a catecholamine storm,[19] but this would produce a shockable ventricular arrhythmia rather than the non-shockable PEA.[2] Videos show the subjects breathing heavily in these cases, which is inconsistent with positional asphyxia. In a few cases, true asphyxial death probably does occur. Here, Mr. Johnson is not in a dangerous position and is breathing until the time of his cardiac arrest. Stress cardiomyopathy is usually a benign condition seen in postmenopausal females.[32] Here, the transthoracic echocardiography rules out stress cardiomyopathy, which would show segmental hypokinesis.[33,34] Here, the only underlying condition besides illicit drug use, is a bridging coronary artery that was probably an incidental finding.[35] Here, postmortem toxicology was negative for any active illicit drug, only high levels of inactive cocaine metabolite.

The timing between the police intervention at 9:25 PM, especially the prone restraint from 9:27 to 9:29 PM, and the cardiac arrest at 10:08 PM establishes a causal connection. But for the police actions, Mr. Johnson would not have died. However, it is also clear that the police did not intend to harm Mr. Johnson. The death was unexpected. The first responders acted as they likely have many times before and followed their protocols, but nonetheless, their actions in this case resulted in death.

The Police Executive Research Forum has issued recommendations for law enforcement on responding to medical behavioral events that should significantly reduce deaths in these situations, but may not completely prevent them.[36] These recommendations emphasize de-escalation, placing the subject in the recovery position, and involving EMS as early as possible. In this case, Mr. Johnson's flight made de-escalation difficult; Mr. Johnson was immediately repositioned from a prone position after being handcuffed, and EMS was called soon afterward. The SafeWrap restraint technique, developed by the Gracie brothers, is a two-person takedown method that avoids putting the person in a prone position entirely and may have been applicable here.[37]

In my opinion, Mr. Johnson died from restraint-related cardiac arrest/metabolic acidosis caused directly by police action. The decision to pursue and subdue Mr. Johnson was understandable, but it predictably led to an acidotic state, as indicated by his heavy breathing after he was taken down. While police officers cannot be expected to make medical judgments, heavy breathing was a key sign that Mr. Johnson needed space to recover at that moment. In hindsight, the EMS medical staff prematurely released Mr. Johnson for transport to jail by the police. He continued to breathe heavily and still required time to recover. Arguably, police officers did not monitor Mr. Johnson adequately during his transport. His sudden silence should have been a red flag, prompting a response. It's quite possible that pulling over and attending to Mr. Johnson, even within minutes of arriving at jail, could have saved him. Every minute delay in starting chest compressions is critical. Each minute of delay in CPR or defibrillation decreases survival chances by roughly 7-10%.[38] In this case, there seems to have been a six-minute delay between when he was found unresponsive (10:12 PM) and the beginning of chest compressions (10:18 PM). Both the EMS and hospital responses were quick and performed as expected; however, in my opinion, they failed to hyperventilate Mr. Johnson, which was necessary to counter his ongoing acidosis.

	22:54	2:01	2:43	3:02	3:42	4:06	5:07	6:45	6:54	9:55	9:56	12:17	13:16	15:10	
pH (arterial)				7.18					7.23		7.13	6.91	7.00	6.89	7.35–7.45
pH (venous)	<6.82*	7.00*	7.17			7.14	7.12	7.14							7.30–7.43
base deficit (arterial)				14.8					16.4		19.3	25.5	24.5		0 - 2 mmol/L
base deficit (venous)		20.8	12.3			11.5	12.8	20.2							0 - 2 mmol/L
anion gap (venous)	37				26										7–14
lactate (arterial)				13.1*					10.9*		15.0*	24.0*	>24*	>24	0.5 - 1.6 mmol/L
lactate (venous)			13.3*			10.8*	10.8*			15.0*					0.5 - 2 mmol/L
pCO2 (arterial)				33					22		25	22		<15.0	33 - 48 mmHg
pCO2 (venous)	87	42	45			52	51	21					17		38 - 52 mmHg

Victor W. Weedn, MD, JD

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