



*Office of the New York State Attorney General Letitia James*

Office of Special Investigation

September 23, 2025

# Report on the Investigation into the Death of Anthony Troy James

## OVERVIEW

New York Executive Law Section 70-b (Section 70-b) directs the Attorney General's Office of Special Investigation (OSI) to investigate and, if warranted, to prosecute offenses arising from any incident in which the death of a person is caused by a police officer. When, as in this case, OSI does not seek charges against an officer, Section 70-b requires OSI to issue a public report describing its investigation. This is the public report of OSI's investigation into the death of Anthony Troy James, who was placed in handcuffs following a foot pursuit by members of the New York City Police Department (NYPD), in New York County, and died the same day.

On June 4, 2022, at 2:02 a.m., at West 148<sup>th</sup> Street and Seventh Avenue, with Mr. James pushed up against the hood of a parked car, NYPD officers put Mr. James in handcuffs after a physical struggle. Mr. James repeatedly yelled that he could not breathe. When the officers secured the handcuffs and let go of Mr. James, he fell to the ground between the parked cars. Mr. James was conscious and talking, and officers seated him upright in the street. Officers continued to reposition Mr. James to seat him upright a number of times after he fell over onto his side. Officers radioed for an ambulance, but the ambulance was delayed, and Mr. James's condition worsened. Mr. James last spoke at 2:22 a.m., and officers positioned him to lie on his side. Mr. James seemed to be unconscious, and officers continued to check that he was breathing, as a lieutenant made frequent and increasingly urgent calls for an ambulance. At 2:31 a.m. officers found that Mr. James was no longer breathing and began chest compressions and administered Narcan. An ambulance finally arrived at 2:38 a.m. and took Mr. James to a nearby hospital, where he died later that day.

An autopsy done by a medical examiner with the New York City Office of the Chief Medical Examiner found the manner of death to be "undetermined," but found no evidence that any actions of the police officers contributed to death. OSI obtained a second opinion from an independent pathologist, who found, similarly, that the cause of death was "undetermined" and that no actions of the police officers contributed to death.

Having thoroughly investigated the facts and analyzed the law, OSI concludes a prosecutor would not be able to prove beyond a reasonable doubt that any officer's actions or omissions caused Mr. James's death, and concludes that a prosecutor would not be able to disprove beyond a reasonable doubt that the officers' use of force was justified under New York law. Therefore, OSI will not seek charges against any of the officers and closes the investigation with the issuance of this report.

## FACTS

### Events Leading to Mr. James's Apprehension

In interviews with OSI and NYPD, Witness One (OSI does not publish the names of civilian witnesses) said she was Mr. James's girlfriend and was with him in the evening of June 3, 2022. They drove to a restaurant on City Island with their five-month-old son in a white Mercedes Benz SUV. At 7:30 p.m. Mr. James said he was going to the parking lot to smoke. Mr. James took their car and did not come back, and so, after three hours, Witness One called a cab for herself and their son and went home. She went to sleep and later learned that Mr. James was in the hospital. Witness One said Mr. James used marijuana and synthetic marijuana.

OSI interviewed NYPD Police Officer Christopher Tobias. He said that on the night of June 3-4, 2022, he and his partner, PO Jonathan Chau, were assigned to a post near West 151<sup>st</sup> Street and Eighth Avenue (Frederick Douglass Boulevard) in Manhattan. A shooting had occurred in that area three days prior, and their assignment was to patrol near the bars and nightclubs in the area, where incidents often occur. PO Tobias said he first saw Mr. James at 1:50 a.m. as he double-parked a white car, left the car running, got out, and ran across the street. PO Tobias said he told Mr. James to get back in the car because he could not double park there. Mr. James did not say anything, got back into the car, and drove away. PO Tobias did not activate his body worn camera (BWC) during that encounter. PO Tobias did not see the white car again.

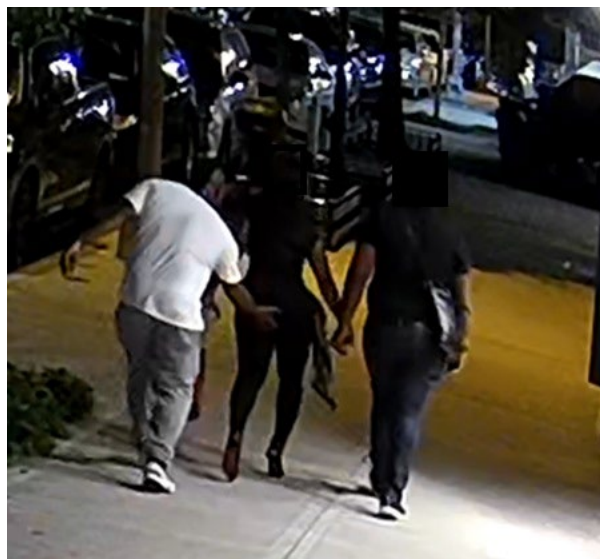
PO Tobias said he saw Mr. James again at 1:55 a.m., running across Eighth Avenue traffic in front of Legends Bar. PO Tobias said he saw a marked NYPD Strategic Response Group (SRG) police car activate its lights and make a U-turn in front of them, heading toward Mr. James. He saw Mr. James run across the street and approach people who appeared bothered by Mr. James's behavior. PO Tobias said he and PO Chau got out of their car to approach Mr. James, and, as they did, he ran away. PO Tobias said Mr. James was wearing a white shirt and gray pants, was breathing heavily, appeared to be drenched in sweat, was running back and forth frenetically, and seemed unsteady. PO Tobias said he and PO Chau ran after Mr. James eastbound on West 151<sup>st</sup> Street and lost sight of him. They went back to their car and drove around to look for him.

OSI interviewed PO Chau, who said he first saw Mr. James during the early morning hours of June 4, 2022 when he was writing a summons for an illegally parked car unrelated to Mr. James. He saw Mr. James go to his car, which was double-parked, and drive away. He did not see Mr. James's car again. He saw Mr. James again when an SRG police car turned around in the street with its turret lights activated. He saw Mr. James running frenetically. When PO Chau

and his partner, PO Tobias, tried to approach Mr. James, who was trying to get into a taxi, he ran away. POs Chau and Tobias got back into their car and canvassed for Mr. James.

Security cameras facing West 150<sup>th</sup> Street near the corner of Seventh Avenue showed that a man and woman were walking on the sidewalk and holding hands. The video showed that Mr. James crossed West 150<sup>th</sup> Street, walked up behind the couple, and reached out and grabbed the woman's buttock. Videos can be found [here](#) and [here](#) (the time stamp in the security video is incorrect, based on comparison with the time stamps in the BWCs).

*Still photo from security video camera on West 150<sup>th</sup> Street, showing Mr. James walking up behind a couple, reaching out, and grabbing a woman's buttock.*



The security videos showed that the man then went after Mr. James, who repeatedly ran into the street and back onto the sidewalk between parked cars as a marked NYPD police car drove up the block. (The officers in the police car were POs Tobias and Chau.) The videos showed that two officers got out of the car, and Mr. James ran from the street to the sidewalk and back into the street between parked cars as the officers ran after him. The man from the couple on the sidewalk pushed Mr. James to the ground, but Mr. James got up and ran between parked cars into West 150<sup>th</sup> Street toward Seventh Avenue.



*Still photo from security video camera on West 150<sup>th</sup> Street, showing the man from couple pushing Mr. James to the ground.*

PO Chau's and PO Tobias's BWCs showed that they got out of the police car on West 150<sup>th</sup> Street at 2:00 a.m. (based on the time stamp in the BWCs) and chased after Mr. James. Their BWCs showed that they chased Mr. James southward on Seventh Avenue, but that PO Chau fell to the ground soon after they started running on Seventh Avenue. PO Chau's BWC video can be found [here](#). PO Tobias's BWC video can be found [here](#).

In his interview, PO Chau told OSI that as he and PO Tobias were canvassing for Mr. James people in the area called out and pointed to where Mr. James was running. PO Chau said he and PO Tobias then saw Mr. James running frantically around a man and a woman walking on the sidewalk. He said he and PO Tobias got out of their car and chased Mr. James toward Seventh Avenue. PO Chau said during the chase he tripped in a pothole and fell to the ground. PO Chau heard PO Tobias radio for additional units and for an ambulance for PO Chau. PO Chau said he saw Mr. James hanging off the back of a car about a block or two ahead.

In his interview, PO Tobias told OSI he saw Mr. James run alongside a green NYC taxi, grab the roof rack, and hang from the side as the taxi was in motion for about half a block before he fell to the ground near West 148<sup>th</sup> Street and Seventh Avenue. PO Tobias said police cars with lights and sirens activated approached Mr. James, but Mr. James got up and ran.

During the foot chase, before PO Chau fell, BWC captured PO Tobias's radio request for assistance with an "EDP [emotionally disturbed person] running southbound on Seventh

Avenue.” After PO Chau fell, PO Tobias’s BWC captured him calling for an ambulance for PO Chau and saying, in reference to Mr. James, “He’s jumping on a taxi now heading southbound.” Officer Tobias’s BWC does not clearly show whether Mr. James grabbed onto the outside of a taxi. At 2:01 a.m. PO Tobias’s BWC captured him saying, “EDP is laying in the middle of the street at 148 and Seventh Avenue.”

### **Apprehension and Handcuffing**

PO Sunpreet Singh’s BWC showed that he was the passenger and PO Brian Connor was the driver of a police car. PO Singh’s BWC can be found [here](#). They got out of their car near West 148<sup>th</sup> Street and Seventh Avenue at 2:02 a.m. and approached Mr. James, who ran away as the officers yelled, “Hey,” and “Stop.” They ran after Mr. James on foot for about 15 seconds. PO Singh caught up to him, grabbed him by his shirt, pushed him up against a parked car, and tried to grab his arms. Other officers arrived.

PO Singh’s BWC seemed to fall off its mount at 2:02:20 a.m.; it stopped capturing video of the incident but continued to record audio, including officers telling Mr. James to “stop moving” and “stop resisting” and to “put [his] hands behind [his] back right now,” and Mr. James repeatedly yelling that he could not breathe. At 2:03:18 a.m. an officer seemed to pick up PO Singh’s BWC, which then showed PO Singh and two other officers still trying to put Mr. James in handcuffs. Mr. James appeared to be on his feet while officers pulled his arms behind his back and pushed his torso against the hood of a car as they tried to secure the handcuffs. At 2:03:35 a.m. PO Singh’s BWC showed that officers secured the handcuffs and let go of Mr. James, causing him to slide off the hood of the car and fall to the ground between the parked cars.

When OSI sought to interview PO Singh, NYPD said he was no longer employed by NYPD and had moved to Indiana.

PO Chau’s and PO Tobias’s BWCs showed that PO Chau lay in the street in pain from his fall, and that PO Tobias waited with him. After a few minutes PO Chau said he was okay and got up, and he and PO Tobias ran southbound to the spot on Seventh Avenue where other officers were attempting to handcuff Mr. James as they pushed him up against the hood of a parked car. Officers ordered him to “stop resisting” and “put [his] hands behind [his] back.” Mr. James repeatedly said he could not breathe. At 2:03:35 a.m. all the officers let go of Mr. James after the handcuffs were secured, and he fell to the ground. PO Chau’s BWC can be found [here](#). PO Tobias’s BWC can be found [here](#).



*Still from PO Chau's BWC showing officers attempting to handcuff Mr. James, whose face is visible on the hood of the car in the center of the frame.*

In his interview with OSI, PO Chau said that when he got to the spot where Mr. James was apprehended he saw three or four officers trying to handcuff him. Mr. James was on his feet between parked cars, officers were trying to hold his arms, and his stomach was up against a car. PO Chau said Mr. James was talking, but PO Chau said he did not understand what Mr. James was saying. PO Chau said Mr. James was eventually handcuffed after a struggle. Once he was in handcuffs, PO Chau said officers sat him up on the sidewalk and leaned him on something, so he was seated up. PO Chau said Mr. James was conscious and talking. PO Chau said he assumed Mr. James was “an EDP” or “on” something. PO Chau said he had chased Mr. James so he could be taken to a hospital for evaluation.

PO Chau said he heard multiple calls for an ambulance for himself and for Mr. James. PO Chau said PO Tobias eventually took him to the hospital in their police car after waiting five or ten minutes for an ambulance. There were five to ten officers with Mr. James at the time he left. PO Chau saw a lieutenant on scene when he left and heard him telling officers to make sure Mr. James was seated upright and off his stomach.

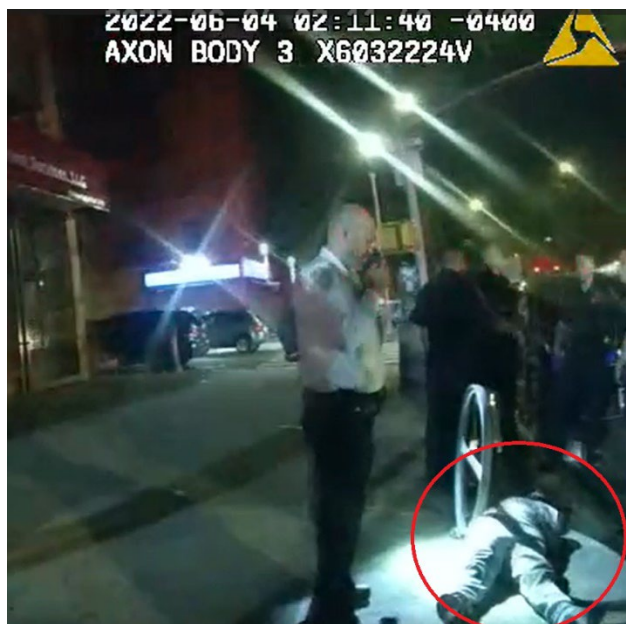
### **Aid at the Scene**

Lieutenant Khalil Binsafar's BWC showed that at 2:04:30 a.m. Mr. James was conscious, rear cuffed, and seated in an upright position between two parked cars. Lieutenant Binsafar's BWC video can be found [here](#). At 2:05:00 a.m. Lieutenant Binsafar radioed for an ambulance. At



2:05:35 a.m. PO Brian Brittman's BWC captured an officer radioing Central for an ETA on the "bus" (NYPD slang for an ambulance). Central responded, "I'm on the landline with EMS right now. I haven't gotten anything. Stand by." At 2:07:07 a.m., Central responded "I got of the phone with EMS I got two buses coming." PO Brittman's BWC can be found [here](#) and [here](#).

At 2:08:45 a.m. Lieutenant Binsafar's BWC showed that Mr. James fell over from his upright seated position and was rolling around on his stomach between parked cars, and groaning. Lieutenant Binsafar's BWC showed that he approached Lieutenant Williams Rosario at 2:09:00 a.m. and said, "Let's get him on his side." The lieutenants told Mr. James, "You got to stop," "You are going to hurt yourself, buddy," and, "You took something that you shouldn't have." Lieutenant Binsafar helped Mr. James sit upright, but Mr. James again fell to his side and onto his stomach between the cars. At 2:09:52 a.m. Lieutenant Binsafar instructed the officers to get Mr. James up and move him up onto the sidewalk. The officers grabbed Mr. James by his arms and moved him to the sidewalk near a bike rack where he lay flat on his back. Lieutenant Binsafar's BWC video can be found [here](#).



*Still from Lieutenant Binsafar's BWC showing Mr. James handcuffed and lying flat on his back; Lieutenant Rosario is standing to the left.*

At 2:12:00 a.m. Lieutenant Binsafar instructed the officers to get Mr. James off his back because he appeared to be having trouble breathing. Officers picked up Mr. James and began to sit him upright against the bike rack, but at 2:12:25 a.m. Lieutenant Binsafar instructed the officers to move Mr. James further up the sidewalk and sit him up against a storefront.



Although Mr. James was making sounds when the officers first started moving him, by the time they sat him against the storefront it was not clear from Lieutenant Binsafar's or PO Brittman's BWCs that he was conscious. At 2:13:49 a.m. Lieutenant Binsafar asked if anyone had water to give to Mr. James. Nobody responded. Lieutenant Binsafar's BWC video can be found [here](#).



*Still from PO Brittman's BWC showing Mr. James handcuffed and seated upright against the storefront.*

At 2:17:23 a.m. PO Brittman's BWC showed that Mr. James was seated upright against the storefront with his eyes closed. At 2:17:40 a.m. Mr. James fell over to his side; PO Shea and PO Brittman grabbed him by the arms and repositioned him. Mr. James fell over to his side again after the officers sat him up. The officers repositioned him again and began holding him in place. PO Brittman's BWC showed that at 2:20:42 a.m. Mr. James began to groan and twist his body around. The officers tried to hold him steady by holding his legs and arms. Mr. James stuck his tongue out and said, "I'll do it. I'll fucking do it. Fuck all y'all," repeating these and similar phrases a number of times over the next two minutes.

PO Brittman's BWC showed that at 2:22:06 a.m. Mr. James stuck his tongue out again and began to twist his legs and body while he said, "I'll do it. I'll do it." The officers grabbed his arms and legs, put him on his side, and said, "Relax, you are going to bust your head open."

At 2:25:20 a.m. PO Brittman's BWC showed that bystanders were questioning whether the officers should keep Mr. James on his side; one officer said, "You can breathe freely on your side," and "He is smashing his head. We don't want him to smash his head on the gate." PO

Brittman's BWC can be found [here](#).

At 2:28:40 a.m. PO Brittman's BWC showed Mr. James positioned on his side. The officers let go of him and asked, "Are you all right? Can you hear me?" Mr. James did not respond. At 2:29:04 a.m. Lieutenant Binsafar's BWC showed that he told officers to check whether Mr. James was breathing; PO Shea responded affirmatively. At 2:29:35 a.m. Lieutenant Binsafar radioed to Central for an update on the ambulance. Central confirmed only that an ambulance was requested. Lieutenant Binsafar said, "Central, make another call just in case. We need somebody. It's not just an EDP, somebody is going through heavy withdrawal from something." At 2:30:29 a.m. Lieutenant Binsafar told officers to check if Mr. James was breathing and to put him on his back; at 2:30:30 a.m. PO Brittman confirmed that Mr. James was breathing and officers moved Mr. James from his side to his back. At 2:31:09 a.m. PO Brittman's BWC showed that an officer said Mr. James's eyes were rolled back, and that he was unresponsive. At 2:31:40 a.m. PO Brittman's BWC showed that PO Jonathan Shea began chest compressions on Mr. James. Officers rotated to perform chest compressions on Mr. James.

At 2:31:14 a.m. Lieutenant Binsafar radioed, "Central, get the bus here now...tell EMS get the bus right now or they're going to have a DOA on their hands." At 2:31:50 a.m. Lieutenant Binsafar radioed, "Central, I reiterate, get the bus here now, the officers just started CPR on this individual." At 2:32:11 a.m. Lieutenant Binsafar radioed, "This person is unconscious and unresponsive now." Lieutenant Binsafar instructed the officers present to rotate chest compressions. At 2:33:30 a.m. Lt. Binsafar asked officers if they had Narcan; they said they did not, and Lt. Binsafar radioed for a sector car to respond with Narcan.



*Still from PO Brittman's BWC showing Mr. James unresponsive and CPR underway.*

Officers arrived with Narcan at 2:34:50 a.m. Lieutenant Binsafar instructed the officers to continue chest compressions as two doses of Narcan were administered with no effect. At 2:34:50 a.m. Lieutenant Binsafar radioed, “Central we still don’t have a bus at 149. Can you make something happen?” Central responded there was a new estimated time of arrival of ten minutes. Lieutenant Binsafar responded, “Central, we don’t have ten minutes, divert another car to this location.” At 2:37:00 a.m., Lieutenant Binsafar radioed that Mr. James had no pulse. Lieutenant Binsafar’s BWC video can be found [here](#).

At 2:36:58 a.m. an officer arrived with an automated external defibrillator (AED). Chest compressions continued as the AED was applied. At 2:38:05 a.m. EMS arrived. Officers assisted the EMTs with placing Mr. James on a stretcher and took him to the ambulance as an EMT continued chest compressions.

OSI interviewed Lieutenant Binsafar, who said there were at least three other major incidents in the 32<sup>nd</sup> Precinct within the same hour as the call for Mr. James: a slashing, a shooting (three people shot), and a stabbing (two people stabbed). He said he repeatedly called for an ambulance as he monitored Mr. James and updated Central on his condition. Lieutenant Binsafar said he told officers to move Mr. James whenever he was flailing because he did not want him to hit his head or hurt himself in any other way. He told OSI it was proper procedure to leave handcuffs on when administering CPR, for officer safety. He said it would have been against procedure to put Mr. James in one of their cars to take him to the hospital: they did not know the extent of his medical condition, so taking him would risk officer safety as well as Mr. James’s safety.

## **Medical Treatment**

OSI interviewed Emergency Medical Technician (EMT) Theresa Murphy, who said she and Paramedic John Korinker arrived at Seventh Avenue near West 149<sup>th</sup> Street and saw that Mr. James was unresponsive and in cardiac arrest. NYPD officers were giving chest compressions and Mr. James had no pulse. They continued CPR, attached their own equipment, administered epinephrine (adrenaline, to stimulate the heart) and bicarbonate (a base, to counteract the effects of acidosis, or excess acid in the body), and intubated Mr. James. They transported him to Harlem Hospital Medical Center (HHMC). He was pulseless for 15 minutes prior to his arrival to the emergency department, with no return of spontaneous circulation (ROSC).

Medical records from HHMC show that Mr. James’s heart showed no electrical activity on arrival, but then went into pulseless electrical activity (meaning electrical activity in the heart, but no pulse). Mr. James was given epinephrine, bicarbonate, and other medications with ROSC obtained in the emergency room. His laboratory findings included severe metabolic and

respiratory acidosis, hyperkalemia (excess potassium in the blood), lactic acidosis, and rhabdomyolysis (toxic products from muscle breakdown in the blood). Mr. James was admitted to the Intensive Care Unit (ICU) for cardiac and respiratory arrest, “likely from hyperkalemia and rhabdomyolysis.”

Mr. James went into cardiac arrest again in the ICU despite aggressive and escalating management of hyperkalemia and acidosis, per advanced cardiovascular life support protocol, for a prolonged time. There was no ROSC, and Mr. James was pronounced dead at 6:57 a.m.

A computed tomography scan (CT scan) of Mr. James’s brain from the emergency department showed no fracture or sign of traumatic injury. There was mild blurring of gray-white matter differentiation, likely secondary to cardiac arrest. Toxicology performed in the emergency department was negative for Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Methadone, Opiates, and Phencyclidine; it was positive for THC, the psychoactive component of marijuana.

### **Autopsy**

Dr. Terra Cederroth of the New York City Office of Chief Medical Examiner (OCME) conducted an autopsy of Mr. James and determined cause of death to be cardiac dysrhythmia complicating altered mental status of unknown etiology. She deemed the manner of death to be “undetermined,” meaning that she did not deem the manner of death to be “homicide” (caused by another person), or “accident,” or “natural.”

In an interview, Dr. Cederroth told OSI that there was no evidence that trauma contributed to Mr. James’s death. She said Mr. James’s head, neck, and spine were without fracture and that there was no epidural or subdural hemorrhage. The abrasions she saw were consistent with Mr. James’s falling and flailing on the ground, as she had observed on BWC. Dr. Cederroth said when she watched the BWC she did not observe any police officer do or fail to do anything that contributed to Mr. James’s death. She said the positions Mr. James was in (seated upright, on his side, and on his back) did not worsen his condition. She said that the handcuffs on Mr. James behind his back and the position he was in during CPR did not worsen his condition or hinder the chest compressions. Dr. Cederroth said she was not able to definitively determine a manner of death because she was not able to definitively determine the cause of Mr. James’s cardiac arrest.

She noted that the positive result on the toxicology screen for THC was not significant in relation to cause of death. Dr. Cederroth said that because there was no evidence that Mr. James was suffering from opiate overdose, administering Narcan earlier would have had no

effect. She said that although synthetic cannabinoids were “not detected” by the toxicology screens, Mr. James’s behavior, as she observed on BWC, was consistent with someone under the influence of synthetic cannabinoids. However, she could not determine that conclusively. She said there is a “reporting limit” in toxicology screens for the lowest concentration of a compound that will be reported as positive: “not detected” means a substance was not detected in that lowest concentration, but could have been present in a lower concentration. She said synthetic cannabinoids could have caused Mr. James’s death, but without a positive finding she could not conclude it was a contributing factor.

### **Independent Expert Medical Opinion**

OSI retained independent forensic pathologist Dr. Christopher Milroy to provide a second opinion as to the cause and manner of Mr. James’s death. Dr. Milroy is a licensed medical doctor, professor of pathology and laboratory Medicine, and a registered forensic pathologist with thirty-five years of experience. Dr. Milroy reviewed BWC, video surveillance, medical records, autopsy records, and NYPD records. Dr. Milroy told OSI that in his expert opinion there was no evidence that any police officer contributed to Mr. James’s death by an act or omission. Dr. Milroy said that, in his expert opinion, Mr. James’s cause of death is undetermined and “will remain a mystery.”

Dr. Milroy described his analysis of the potential causes of death as follows.

#### **Trauma**

Dr. Milroy ruled out physical trauma as a cause of death. He said Mr. James’s abrasions were minimal, consistent with his falling to the ground and flailing, and insufficient to cause death. He noted Mr. James had no traumatic injury to the head, skull, brain, or any major blood vessels. Mr. James also had no soft tissue injury, no internal bleeding, and no heart injury. Dr. Milroy said, based on his review of the BWC, that the officers were not restraining Mr. James and did not use any unnecessary force to put the handcuffs on and to keep Mr. James from hurting himself. He said the positions Mr. James was in were reasonable, and that the officers did not neglect him and were actively checking on him and calling for an ambulance. Dr. Milroy noted the officers began CPR immediately after Mr. James lost consciousness and continued until medical professionals arrived. Dr. Milroy said the position of the handcuffs behind Mr. James while he was on his back was not an issue for CPR, because officers were pressing on the chest, and, if anything, the position would raise the chest for better compressions.

### Dehydration

Dr. Milroy ruled out dehydration as a cause of death. Dr. Milroy told OSI there was evidence Mr. James was dehydrated because he had elevated creatine and sodium levels, was hyperactive and confused, and because he was running around. Dr. Milroy said that the elevated levels and dehydration alone would not have been enough to be a contributing factor to Mr. James's death.

### Natural Disease

Dr. Milroy ruled out natural disease as a cause of death. He said the only evidence of natural disease was that Mr. James's heart was slightly enlarged and would have made Mr. James more vulnerable for cardiac arrest, but was not itself a cause of his cardiac arrest and eventual death.

### Toxins

Dr. Milroy was not able to rule out toxins as a cause of Mr. James's death because a toxicology screen is limited by the amounts and specific compounds of the substances the screen is able to detect. Dr. Milroy explained that this is significant because synthetic cannabinoids could cause an abnormal mental state, cardiac arrhythmia, and death. He explained that the toxicology screen used by the laboratory, NMS Laboratories (NMS), like any drug screen, can only detect specific compounds – but, with synthetic cannabinoids, there is an infinite number of possible compounds. Therefore, just because no synthetic cannabinoids were detected, it is not conclusive that no synthetic cannabinoids were present.

Dr. Milroy noted that the amount of THC was not significant as a cause of death, and, even if it had caused his symptoms, there is no treatment.

### Delay of Medical Treatment

Dr. Milroy agreed with Dr. Cederroth that giving Mr. James Narcan earlier would not have had any effect, as no opioids were present in his system. Dr. Milroy said that even if the officers had put Mr. James in one of their cars and taken him to the hospital themselves, it would not have improved Mr. James's chances of survival, because the cause of his symptoms was still unknown, even when he was eventually brought to the emergency room.

Dr. Milroy said the policy against transporting Mr. James to the hospital in a police car was appropriate in this case, because he was conscious when police initially encountered him and they did not know the reason for his deterioration. Dr. Milroy said that, even if Mr. James had

been brought to the hospital quicker, treatment for his symptoms would have been “supportive” but not “specific.” Dr. Milroy noted that fewer than 10% of people who go into cardiac arrest outside a hospital survive.

### **OCME Toxicology**

In an interview with OSI, Dr. Gail Cooper, Director of Forensic Toxicology for OCME, said that OCME does internal toxicology tests and also sends samples for additional testing to NMS Laboratories (NMS). Dr. Cooper said that OCME tested Mr. James’s blood for several drugs and prescription medicines. The only detected substance was THC (active and inactive, active meaning recently used).

She said NMS conducted three panels of tests, specifically screening for synthetic cannabinoids, amphetamines, and vitreous chemistries (a biochemical test for creatine, sodium, potassium, chloride, and urea nitrogen). Dr. Cooper explained that OCME does not directly test for synthetic cannabinoids because they can have an infinite number of possible compounds, so it would be very costly and inefficient for them to develop their own methods and testing in-house. She explained that OCME has seen a decrease in the use of synthetic cannabinoids and that the methods that OCME previously developed for testing for them became obsolete, so OCME stopped developing new methods and outsourced the testing.

Dr. Cooper said that different synthetic drugs can behave differently in the body, and that delay in testing can be significant, meaning that the amount of time that passes, even if small, can cause a negative result despite the drug’s presence in the body. She said that any type of synthetic drug can have an infinite number of compounds, and that the reporting limits tested vary based on particular compounds and their unique characteristics and effects.

### **NMS Laboratories Toxicology**

OSI interviewed Daniel Anderson, a toxicologist from NMS Laboratories who performed Mr. James’s toxicology tests. Mr. Anderson confirmed that three panels of tests were performed to screen for synthetic cannabinoids, amphetamines, and vitreous chemistries.

Mr. Anderson said that the amphetamines panel tested Mr. James’s blood sample for ten common drugs at once, and the results showed no detectable amounts. The synthetic cannabinoids panel tested Mr. James’s blood for fourteen different known compounds of synthetic cannabinoids. Mr. Anderson explained that the test uses these fourteen specific compounds because they were considered to be the most commonly used at the time the test was developed. Mr. Anderson said that new tests could be developed that could potentially detect other compounds of synthetic cannabinoids, but such tests must undergo scientific testing and must be validated in the scientific community before they are considered accurate



and accepted in the scientific community. Mr. Anderson said this process requires time, effort, people, and funding that are not readily available for most laboratories.

Mr. Anderson told OSI that synthetic cannabinoids are a difficult drug category because, like anything that is synthetic and not a natural compound, the processes used to develop the synthetic drug are fluid, dynamic, and change frequently. A popular compound today may not be popular tomorrow. Therefore, creating a test that can screen precisely for the popular compounds today is impossible. Mr. Anderson told OSI that negative results for synthetic cannabinoids are common, for the reasons outlined above. The Center for Forensic Science Research and Education monitors and tracks the dynamic trends in synthetic cannabinoids, and publishes reports, which can be found [here](#).

Mr. Anderson said that synthetic cannabinoids are difficult to detect because, in addition, the known compounds themselves are not stable, in that the chemical composition can degrade within and outside the body. There is an undetermined combination of possible synthetic cannabinoids compounds, but there hundreds are currently known. Therefore, there could have been types of synthetic cannabinoids in Mr. James's blood that NMS's tests were unable to detect because of their unique chemical composition, and there could have been amounts of synthetic cannabinoids in Mr. James's blood that the tests were unable to detect because they did not reach the requisite reporting limits.

## LEGAL ANALYSIS

Having analyzed the evidence in this case and the law, OSI concludes there is insufficient evidence to prove beyond a reasonable doubt that any of the involved officers caused Mr. James' death or committed a crime.

Responding officers restrained Mr. James after he committed what appeared to be the unwanted touching of a woman (potentially the crime of Forcible Touching, Penal Law Section 130.52) and because he appeared to be a danger to himself and others. Because it was not clear that the officers involved were aware of the touching, this section focuses on Mr. James's danger to himself and others. In that regard, officers saw Mr. James was breathing heavily, appeared drenched in sweat, was running back and forth frenetically, appeared unsteady, was running between cars and into the street in an apparently irrational manner on West 150<sup>th</sup> Street and, shortly thereafter, attempting to "ride" a taxi from the outside by hanging onto its roof rack.

Federal and State caselaw recognize a police officer's authority to detain a person who is an immediate danger to themselves or others, or when the person's behavior demonstrates the

need for urgent action. In evaluating whether police unlawfully detained a person in cases of medical emergency Courts have applied a three-prong test:

1. Was the person experiencing a medical emergency that rendered him incapable of making a rational decision under circumstances that posed an immediate threat of serious harm to himself or others?
2. Was some degree of force reasonably necessary to ameliorate the immediate threat?
3. Was the force used more than reasonably necessary under the circumstances?

*Estate of Corey Hill v Miracle*, 853 F3d 306 (6th Cir 2017). See also *Verponi v City of New York*, 31 Misc3d 1230(A) (Supreme Court, Kings County, 2011) (concluding the primary question to determine unlawful detention during a medical emergency is “whether the officers had a reasonable objective basis to believe that [the person] was a danger to herself or others”).

These principles are embodied as well in New York Mental Hygiene Law Section 9.41, which states that a police officer may “take into custody any person who appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious harm to the person or others. Such officer may direct the removal of such person or remove him or her to any hospital [specified elsewhere in the law] ... or any comprehensive psychiatric emergency program [specified elsewhere in the law]... , or pending his or her examination or admission to any such hospital or program, temporarily detain any such person in another safe and comfortable place, in which event, such officer shall immediately notify the director of community services or, if there be none, the health officer of the city or county of such action.”

Under the case law and the statute, the evidence supports the conclusion that the officers had a reasonable basis to restrain Mr. James. Mr. James reasonably appeared to be experiencing a medical emergency, to be behaving irrationally, and to be a danger to himself and others. As attempts to stop him to talk to him were unavailing, some degree of force was necessary to restrain him so that his erratic and dangerous behavior could be stopped, and so that he could get medical attention. Although the officers used force to place Mr. James in handcuffs while he was up against a car, they variously sat him upright, placed him on his back, and placed him on his side, to ease his respiration and prevent injury from his erratic movements. There is no evidence that the officers caused asphyxiation or injury to Mr. James during this encounter. The physical examination in the autopsy, the BWC recordings, and the statements of the involved officers, display an absence of evidence that the officers kicked, punched, choked, or struck Mr. James, or compressed his chest, abdomen, back or neck. As soon as the officers had restrained Mr. James, no further force was used.

The evidence does not support charging the officers with a homicide offense under New York Law. There are several statutes in the Penal Law that pertain to homicide, including Criminally Negligent Homicide, under Penal Law Section (PL) 125.10, and Manslaughter in the Second Degree under PL 125.15(1).

Criminally Negligent Homicide requires proof beyond a reasonable doubt that a person caused the death of another and did so with criminal negligence. For purposes of this crime, criminal negligence is the defendant's failure to perceive a substantial and unjustifiable risk of death, when "the risk is of such nature and degree that the failure to perceive it constitutes a gross deviation from the standard of care that a reasonable person would observe in the situation." (See New York Criminal Jury Instruction (CJI) for Criminally Negligent Homicide, [here](#)). Manslaughter in the Second Degree, Penal Law Section 125.15(1), requires proof beyond a reasonable doubt that a person recklessly caused the death of another by engaging in conduct which "creates or contributes to a substantial and unjustifiable risk that another person's death will occur ... when he or she is aware of and consciously disregards that risk, and when that risk is of such a nature and degree that disregard of it constitutes a gross deviation from the standard of conduct that a reasonable person would observe in the situation." (See CJI for Manslaughter in the Second Degree, [here](#)).

To prove either crime, a prosecutor would need, first, to prove that the officers caused a death. Because of the expert opinions of the medical examiner and the independent forensic expert, described above, OSI concludes that a prosecutor could not prove causation beyond a reasonable doubt.

The medical examiner said that the cause of death was cardiac dysrhythmia complicating altered mental status of unknown etiology. The medical examiner said that there was no evidence that any of the officers' actions in physically restraining Mr. James contributed to his death. Similarly, the independent forensic expert retained by OSI, Dr. Milroy, was clear that the officers' actions played no role in causing Mr. James's death. In light of these two opinions, OSI concludes that causation could not be proved beyond a reasonable doubt.

Even if causation could be proved, Criminally Negligent Homicide and Manslaughter in the Second Degree require proof that the person engaged in conduct which created a *substantial and unjustifiable* risk of death. In this case, the evidence does not support charging the officers with either kind of homicide: the restraint of Mr. James on his stomach while up against the car was brief, and a reasonable person would not anticipate that such restraint created a *substantial* risk of death; and the officers restrained Mr. James because he was a danger to himself and others and needed to be restrained and treated, which a reasonable person would not have viewed as *unjustifiable*.

The other potentially relevant homicide statutes, Manslaughter in the First Degree, PL 125.20(1) and Murder in the Second Degree, PL 125.25(1), could not support a prosecution in this case as there is no evidence that the responding officers intended to cause serious physical injury (Manslaughter in the First Degree) or death (Murder in the Second Degree). (See CJI for Manslaughter in the First Degree, [here](#) and for Murder in the Second Degree, [here](#)).

For these reasons, OSI concludes that the evidence does not support charging the responding officers with a crime and will close this matter with the issuance of this report.

Dated: September 23, 2025