



INDEPENDENT INVESTIGATIONS DIVISION

Report Concerning the Police-Involved In-Custody Death
in Queen Anne's County on January 21, 2022

November 15, 2022

**Report of the Independent Investigations Division of the Maryland Office of
the Attorney General Concerning the Officer-Involved Death of Armar
Clemente Womack on January 21, 2022**

Pursuant to Md. Code, State Gov't § 6-106.2, the Office of the Attorney General's Independent Investigations Division (the "IID") provides this report to Queen Anne's County State's Attorney Lance G. Richardson regarding the in-custody death of Armar Clemente Womack.

The IID is charged with "investigat[ing] all alleged or potential police-involved deaths of civilians" and "[w]ithin 15 days after completing an investigation ... transmit[ing] a report containing detailed investigative findings to the State's Attorney of the county that has jurisdiction to prosecute the matter." Md. Code, State Gov't § 6-106.2(c), (d). The IID completed its investigation on November 10, 2022. This report is being provided to Queen Anne's County State's Attorney Lance G. Richardson on November 15, 2022.

I. Introduction

Armar Womack died of a heart attack after experiencing a series of seizures as a result of a drug overdose on January 21, 2022, while in custody at a Maryland State Police ("MSP") facility in Centreville. He had been arrested at around 7:45 p.m. during a traffic stop, after MSP troopers found marijuana, a trace amount of cocaine, and drug paraphernalia in his car. Various cameras show that, for about two hours after the arrest, Mr. Womack appeared to be moving and acting fairly normally, though he did admit to taking cocaine and showed some signs of impairment. At around 9:40 p.m., a camera in Mr. Womack's cell shows that he took a substance, later determined to be cocaine, out of his pocket and put it into his mouth.

About 20 minutes after putting the cocaine in his mouth, Mr. Womack began showing signs of distress: falling to the floor, dragging himself to the cell door, and kicking and banging on the door. He then appeared to experience several seizures while alone on the floor of his cell. After seizing, he spent three minutes alternating between banging on the door of his cell yelling to be let out and lying unmoving on the floor. He conversed briefly with a trooper outside his cell door during this time, but no trooper entered the cell. He then spent eight minutes lying on the floor of the cell, unmoving except for small tremors. According to reports from three different troopers, they were monitoring Mr. Womack on camera during this time period, two of them "closely."

About 18 minutes after Mr. Womack began banging on the door, and after 8 minutes of lying unmoving, he had another large seizure, at which point troopers opened the door of the cell and called EMS. Troopers stood over or near Mr. Womack while he was passed out and then while he experienced additional seizures. It is apparent from the video that Mr. Womack was still breathing during this time. EMS arrived about 16 minutes later and began treating Mr. Womack. About ten minutes after EMS arrived, Mr. Womack stopped breathing, and his heart stopped. He was taken to the hospital, where he was pronounced dead at 11:44 p.m.

This report details the IID's investigative findings based on a review of the autopsy report, video and audio recordings, photographs and measurements, officers' written reports, and personnel records for the officers involved. The IID also interviewed responding officers and medical personnel. All materials reviewed in this investigation are being provided to the Queen Anne's County State's Attorney's Office with this report and are listed in Appendix A.

This report also includes an analysis of Maryland statutes that could be relevant in a death of this nature. The IID considered the elements of each possible criminal charge, the relevant departmental policies, and Maryland case law to assess whether any charge could be supported by the facts of this incident. Because the Queen Anne's County State's Attorney's Office—not the Attorney General's Office—retains prosecution authority in this case, this report does not make any recommendations as to whether any individuals should or should not be charged.

Because the involved officers in this incident were MSP troopers, the IID employed its protocol for MSP-involved incidents. That protocol provides that, as soon as possible after MSP's initial response, MSP will make every reasonable effort to staff the investigation with MSP personnel who are assigned to a different region of the state. It further provides that MSP will conduct a comprehensive inquiry to ensure no MSP personnel involved in the investigation have a conflict of interest. MSP and the IID followed this protocol in this case.

II. Factual Findings

The following findings are based on a review of the autopsy report, video and audio recordings, officers' written reports, and photographs and measurements, as well as interviews with civilian and law-enforcement witnesses.

A. Initial traffic stop

Mr. Womack was stopped for traffic violations on the evening of January 21, 2022, in the town of Millington, in Queen Anne's County. The stop was conducted by Maryland State Trooper First Class Branden Carroll. Trooper Carroll's vehicle was not equipped with an in-car camera, nor had he been issued a body-worn camera. Trooper Carroll wrote a report describing the entire incident—including the traffic stop—one week after it occurred, and his radio transmissions provide some information. Trooper Carroll was interviewed by the IID on September 8, 2022.

According to Trooper Carroll's report and his interview, he was on patrol on January 21 when he saw two cars driving unusually slowly on Spring Road near Pine Tree Road in Millington, Maryland. He followed one of the cars, a Cadillac CTS, as it turned right onto Maryland Route 544. He observed the car cross over the solid white shoulder line twice and stop with all four of its wheels past a stop line. The Cadillac then turned southbound on U.S. Rte. 301, at which point Trooper Carroll turned on his emergency equipment and initiated a traffic stop. According to the report, the Cadillac went another quarter mile and then stopped. The radio recordings from the incident show that Trooper Carroll stopped the car at 7:30 p.m. The

recordings show that a minute later, a backup officer, Trooper First Class Corey Thomas, headed out to join him.

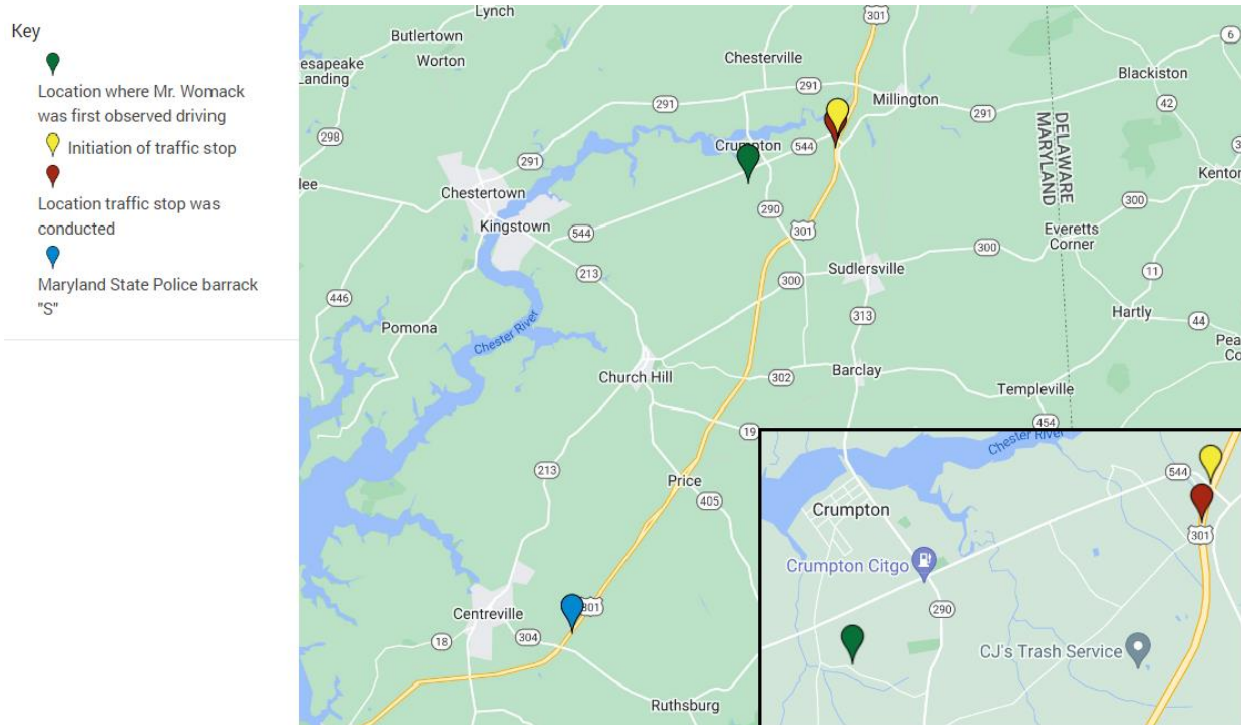


Figure 1: Location of events within Queen Anne's County.

In his written report and his interview, Trooper Carroll stated that he approached the car and asked the driver to roll down his window and to provide his license and registration. The driver was identified by his license as Armar Womack, a 64-year-old Black resident of Delaware. Trooper Carroll wrote that he could smell raw marijuana and noticed Mr. Womack “continuously looking around the interior of the vehicle.” When the trooper told Mr. Womack that he smelled the odor of marijuana, Mr. Womack handed him a baggie of suspected marijuana. The trooper asked Mr. Womack to exit the vehicle and he did so, though the vehicle was not in park. Mr. Womack ran back to the car, sat in the driver’s seat, stopped the car, and put it in park and turned it off. Trooper Carroll then went back into his patrol car to input Mr. Womack’s information, during which time Mr. Womack remained outside and had to be told several times not to walk into the roadway. In his interview, Trooper Carroll described Mr. Womack as polite, cooperative, and fidgety. The radio recordings show that Trooper Carroll had Mr. Womack’s driver’s license by 7:33 p.m.

B. Car search and arrest

The assisting officer, Trooper Thomas, arrived at 7:36 p.m., according to radio transmissions. Trooper Thomas’s car did have a dashboard camera. Accordingly, parts of the subsequent sequence of events are captured on camera, though only the parts where individuals are outside of Trooper Carroll’s car. Trooper Thomas was also wearing a microphone, but it did

not pick up sound consistently, presumably because he was at the edge of its range. Trooper Thomas was also interviewed by the IID, on September 8, 2022.

On the video, Mr. Womack can at first be seen briefly, standing, and moving under his own power. There are some indications that he was moving unsteadily, as one of the troopers said, “lean against the front of my car,” and, “I got you.” Trooper Carroll wrote in his report that Mr. Womack kept walking into the traffic lane and had to be told multiple times to stand still. According to Trooper Carroll’s written report and interview, during that time period, he was conducting a search of Mr. Womack’s car, while Trooper Thomas was observing Mr. Womack. In his interview, Trooper Thomas could not recall much about Mr. Womack’s behavior. Trooper Carroll wrote that his search produced a black scale containing trace amounts of what he suspected to be cocaine. He used a roadside test that indicated that the substance was, in fact, cocaine.

Trooper Carroll wrote in his report that he arrested Mr. Womack at that point, based on the scale, the suspected cocaine, and the suspected marijuana that Mr. Womack had handed over earlier. The report states that he was handcuffed and “placed under arrest without incident.” Trooper Thomas can be heard on the video reading Miranda warnings to Mr. Womack at around 7:46 p.m. He was asked whether he had any other drugs on him and told that he would be strip searched when he was taken back to the MSP barracks. While at some points Mr. Womack can be heard on the video responding coherently with yes and no answers, at other points he cannot be heard. A few minutes later, the video shows Mr. Womack wearing handcuffs and walking under his own power to Trooper Carroll’s patrol vehicle, where he got into the front passenger seat, as he had been told to do. Trooper Thomas and Mr. Womack continued to speak to each other occasionally over the next several minutes. Mr. Womack seemed to be experiencing discomfort in his handcuffs, and Trooper Thomas can be heard explaining that he had loosened them.

C. At the barracks

After the arrest, the troopers drove Mr. Womack seventeen miles back to the MSP barracks, where they arrived at 8:25 p.m. The barracks are, in essence, a police station, with two cells for individuals who are being held in custody for several hours or overnight. They have video surveillance in several areas, including inside the cells, but no audio transmission. There is a front-desk area in the barracks where troopers monitor surveillance videos; it is known as the duty-officer station. The duty-officer station is adjacent to the cell hallway; there is about 20 feet of open space between the trooper sitting at the desk and the cell where Mr. Womack was held. All interviewed troopers reported being able to clearly hear what was happening in the cells while at the duty-officer station.



Figures 2, 3, and 4: The photos on the left show the duty officer area of the barracks, including the surveillance monitor. The two photos show the same area from different angles. The doorway shown in the bottom photo opens on the two cells. The view from that doorway is shown above. Mr. Womack was held in the farther cell, about 20 feet from the desk.

In addition to the two arresting troopers mentioned above—Troopers Carroll and Thomas—there were four troopers present at the barracks: Sgt. Brian Curley, Cpl. Gregory Smith, Trooper Joseph Sheldon, and Trooper Brian Maranto. At the time Mr. Womack arrived, there was no one else being held in the cells.

Sgt. Curley was seated at the front-desk or duty-officer area shown above. As the most senior person on duty at the barracks, Sgt. Curley was the duty officer. As such, it was his duty to monitor any prisoners held in the cells. He was able to do that both by his close proximity to the cells themselves, as well as by a monitor, shown in Figure 2 above, that had live video feeds of multiple areas of the barracks, including the inside of the cell.

Mr. Womack can be seen on camera walking into the barracks under his own power, accompanied by Sgt. Curley. He swayed slightly but was able to walk fairly normally. He was brought directly into the cell, where he stood and moved normally. At around 8:30 p.m., Trooper Carroll received approval from Sgt. Curley to conduct a strip search of Mr. Womack. During the search, Mr. Womack appeared to be compliant and responsive to instructions. Trooper Carroll searched every pocket of Mr. Womack's pants, including turning the pockets inside out. They

were empty. Trooper Carroll did not check inside Mr. Womack's mouth, though in his interview he said that he thought he had, and that he typically would. These facts will become relevant later, when Mr. Womack can be seen first pulling something out of his mouth and putting it in his pants pocket, and then later pulling something back out of his pocket and chewing on it.

Trooper Carroll stated in his written report that he then conducted standardized field sobriety tests on Mr. Womack inside the barracks. The field sobriety tests were not captured by any of the cameras, so this account of them comes only from Trooper Carroll's written report and his interview. In his interview, Trooper Carroll said that he checked Mr. Womack's mouth as part of the test and did not see anything in it. Trooper Carroll wrote that, during the tests, Mr. Womack admitted to using cocaine and marijuana about one hour prior and drinking one beer. Trooper Sheldon, who was present for some but not all of the field sobriety tests, did not hear that information. According to Trooper Carroll's report, Mr. Womack showed signs of impairment in the first two tests: he had trouble focusing his eyes, following instructions, and walking in a straight line. Trooper Carroll said that he stopped during the third test when Mr. Womack had problems with his balance, so that Mr. Womack would not injure himself. He was then taken back to the cell.

Mr. Womack remained in the cell until 8:56 p.m., when troopers took him to a different room in the barracks to perform an alcohol breath test. Mr. Womack was not handcuffed and was walking under his own power, and he appeared on camera to have no problems performing the tests. Officers Carroll and Curley were present for much of his time in the room, and so were able to observe him during this time period when he was acting fairly normally. During the half-hour or so that Mr. Womack was in the room, he can be seen reaching into his mouth for something at various points, and also putting his hand into and out of his left pocket. At 9:22 p.m. and 9:24 p.m., he blew into the intoximeter instrument. At around 9:29 p.m., he can be seen on camera reaching into his mouth and removing a small baggie and then transferring that baggie to his left pocket. Based on both the camera and Trooper Carroll's interview, the troopers did not seem aware that Mr. Womack was in possession of that object. The test revealed that his blood alcohol level was 0.00.



Figure 5: Mr. Womack can be seen removing an item from his mouth and putting it in his pocket while in the intoxilyzer room.

D. Alone in the cell

Trooper Carroll escorted Mr. Womack back to his cell around 9:33 p.m. Trooper Carroll then went back to the trooper room of the barracks to complete Mr. Womack's citation paperwork for his drug arrest. Trooper Carroll said in his interview that he was planning to cite Mr. Womack and release him, rather than take him in front of a commissioner and have him detained. Shortly thereafter, Cpl. Smith came into the trooper room. According to Trooper

Carroll's interview, he told Cpl. Smith that Mr. Womack had admitted to using both marijuana and cocaine and that he had failed the field sobriety tests.

In the cell, Mr. Womack can be seen on the cell camera sitting and moving normally. As he did in the DUI room, he fiddled with something in his left pocket. About five minutes after Mr. Womack went into the cell, Cpl. Smith entered and—according to his written report—told Mr. Womack that he was a Drug Recognition Expert and asked to perform an evaluation.¹ Mr. Womack declined. Cpl. Smith then asked if he could check Mr. Womack's eyes, and Mr. Womack agreed. This examination can be seen on the video. Cpl. Smith later wrote in his report that Mr. Womack had dilated pupils and displayed "resting nystagmus," which is jerky eye movement and can be a symptom of drug use.

Cpl. Smith left Mr. Womack alone in his cell starting at around 9:40 p.m. About a minute later, Mr. Womack removed an item from his left front pants pocket and put it in his mouth. At around 9:47 p.m., Mr. Womack removed the item from his mouth, looked at it in his hand a couple of times, and then put it back in his left front pants pocket. There is no indication from officer interviews or written reports that they were aware that he had put this item in his mouth.

Mr. Womack first began showing signs of physical distress around 9:50 p.m., about ten minutes after he put the object in his mouth. He can be seen on the surveillance video standing up to look out the cell door's window, and then losing his balance and staggering back to the bench at the back of the cell. He used his hand against the wall to brace himself. He sat on the bench for another three minutes, moving normally, and then staggered toward the door and back to the bench again. Back on the bench, he was able to move normally, holding his water cup and sipping from it.



Figure 6: Mr. Womack bracing himself as he falls onto the bench.

¹ A drug recognition expert (DRE) is a police officer trained to recognize impairment in drivers under the influence of drugs other than, or in addition to, alcohol. The International Association of Chiefs of Police (IACP) coordinates the International Drug Evaluation and Classification (DEC) Program with support from the National Highway Traffic Safety Administration (NHTSA).

At around 9:59 p.m., Mr. Womack began to shake and twitch while still sitting on the bench. Two minutes later, he attempted to get off the bench but instead fell to the floor in a seated position, still shaking. These tremors were larger than the ones above. After about 30 seconds, he scooted to the door and began kicking it.



Figure 7: Mr. Womack after first falling to the floor.

Mr. Womack kicked steadily at the door for about 10 seconds before his legs stopped moving and his upper body began experiencing tremors. About a minute later, he fell the rest of the way to the floor, as seen in Figure 8, and continued to shake and twitch. About 15 seconds after Mr. Womack lay down on the floor, at around 10:04 p.m., Cpl. Smith opened the cell door. This is discernable from the shadows in the cell, though Cpl. Smith cannot be seen. Michelle Gilliam, a police communications operator, was manning the front desk, about 20 feet away.² PCO Gilliam said that she could hear that Mr. Womack was agitated. She could hear Cpl. Smith and Mr. Womack speaking in raised voices, though she could not hear what they were saying. Mr. Womack can be seen on camera conversing with Cpl. Smith while lying on his back on the cell floor. Based on camera footage, it appears that Cpl. Smith left after about 15 seconds.



Figure 8: Mr. Womack laying on the floor, just before an officer came to the door.

² A police communications operator is not a sworn peace officer and does not qualify as a “police officer” under § 3-201 of the Public Safety Article. Accordingly, none of PCO Gilliam’s actions would be considered “police-involved” under the governing statutes of the Independent Investigations Division.

Immediately after Cpl. Smith left the cell, Mr. Womack scooted back up to the door, sat up, and began to kick it again. He briefly fell back to the floor, and his eyes rolled to the back of his head. He then sat back up and began kicking the door again. Although there is no audio, his mouth can be seen opening widely, as if shouting. He appears to be saying repeatedly, “open the door.” Cpl. Smith and Trooper Carroll also said that they heard him say more than once that his cell was on fire. Mr. Womack was gesticulating wildly with his arms. This behavior lasted about 30 seconds before he laid back on the floor. By this point, another staff member had also arrived, Police Communications Supervisor Bradley Laning.³ PCS Laning said in an interview that he could hear Mr. Womack banging on the cell door, and when he looked at the cameras, he could see him waving his arms.



Figure 9: Mr. Womack kicking the door, shouting, and gesturing after the Cpl. Smith leaves.

After Mr. Womack stopped kicking and shouting, he pounded on the door with his fist for almost two minutes. Afterward, he sunk further down onto the floor and curled toward the door, where he lay for about eight minutes. During this period, he experienced smaller twitches and tremors in his hands and arms. He was breathing.

During this period, two other troopers arrived in the duty officer area: Troopers Sheldon and Carroll. Trooper Sheldon said in an interview that by the time he arrived at the front-desk area, he could see on the camera that Mr. Womack was already lying down on his side, and he could hear him tapping at the door. Trooper Carroll was called to the cell area at 10:14 p.m., according to radio transmission records. This was the middle of this time period where Mr. Womack was laying on the floor. According to a written report by Trooper Carroll, he went first to the duty-officer station, where Sgt. Curley, Cpl. Smith, and Trooper Sheldon were monitoring Mr. Womack’s activities “closely,” on video. Trooper Thomas also said in his interview that Sgt. Curley and Cpl. Smith were monitoring the cameras.



Figure 10: Mr. Womack laying unmoving but breathing on the cell floor, with the door open.

³ PCS Laning, like PCO Gilliam, is not a sworn police officer.

About halfway through the period of Mr. Womack lying on the ground, it appears based on shadows through the cell door window that an officer either passed by or stopped at the door briefly. This coincides roughly in time with Trooper Carroll saying that he walked up to the cell and asked through the side slit if Mr. Womack was OK, to which he said that Mr. Womack responded “yes, sir.” He did not enter the cell.

At 10:17 p.m., another detained individual, [REDACTED] was brought into the cell next to Mr. Womack’s. Mr. [REDACTED] said in an interview with the IID that he observed troopers standing in front of an open cell door, and he saw an older black man lying unresponsive on the floor at the entrance to the cell. Mr. [REDACTED] stated he made a comment that the man needed Narcan—a drug used to treat opioid overdoses—but was instructed to keep quiet.

E. Officers open the cell door and call EMS

About 18 minutes after Mr. Womack first fell to the floor, he can be seen on video again shaking noticeably, experiencing what appears to be another seizure. An unknown trooper—likely Sheldon or Smith—appeared at the door 20 seconds after Mr. Womack began seizing, and the trooper opened the door 20 seconds after that. The officer looked down at Mr. Womack for about five seconds and appeared to be talking to him but not touching him. The officer then left the cell. Mr. Womack was not moving at that time but appeared to be breathing. A minute later, Cpl. Smith appeared and briefly touched Mr. Womack on the side a couple of times. Mr. Womack did not appear to move. Cpl. Smith walked out of the cell, leaving the cell door open behind him.

This appears to be the time Sgt. Curley called EMS. Based on dispatch records, that call was made at 10:19 p.m. Sgt. Curley stated, “I have a prisoner here that’s on narcotics that just went into a seizure.” After EMS was called, Officers Curley and Sheldon stood near the open cell door for the next nine minutes; this is clear from both Sheldon’s interview and from shadows passing through the cell. They did not enter the cell. Mr. Womack remained on the ground, breathing but not moving.

About nine minutes after last entering the cell, Cpl. Smith again came into the cell and patted Mr. Womack on the arm. Cpl. Smith spent the next seven minutes standing above an unmoving but breathing Mr. Womack. For part of the time, Cpl. Smith was conversing with Trooper Sheldon, who was outside the cell. Near the end of that seven-minute stretch, Cpl. Smith pulled out his phone and began scrolling through apps. The time on his cell phone shows



Figure 11: Cpl. Smith checking his phone at 10:33 p.m. while standing over Mr. Womack.

10:33 p.m.⁴ About a minute later, one of the troopers leans over and checks Mr. Womack’s pulse.

| Timeline | | |
|------------------------------------|------------------------------------|--|
| Time (all p.m.)⁵ | Video timestamp | Events |
| 9:39 | 12:55 (first video ⁶) | Mr. Womack left in cell alone |
| 9:40 | 14:06 | Mr. Womack takes item from his pocket and puts it in his mouth |
| 9:47 | 21:00 | Mr. Womack removes item from his mouth |
| 9:50 | 23:40 | Mr. Womack stands up and staggers back to bench |
| 9:53 | 26:27 | Mr. Womack again stands up and staggers back to bench |
| 9:59 | 32:20 | Mr. Womack begins having tremors while sitting on bench |
| 10:01 | 34:05 | Mr. Womack has seizures while sitting on bench |
| 10:02 | 34:50 | <ul style="list-style-type: none"> • Mr. Womack has tremors on bench, falls to the floor, has seizures while sitting on floor |
| | 35:39 | <ul style="list-style-type: none"> • Mr. Womack scoots to door and kicks door multiple times |
| 10:03 | 36:02 | Mr. Womack has tremors while sitting on cell floor |
| 10:04 | 37:06 | <ul style="list-style-type: none"> • Cpl. Smith opens door to cell and speaks with Mr. Womack |
| | 37:20 | <ul style="list-style-type: none"> • As Cpl. Smith closes cell door, Mr. Womack begins kicking cell door |
| | 37:28 | <ul style="list-style-type: none"> • Mr. Womack falls to floor and has tremors, eyes roll back in head |
| | 38:38 | <ul style="list-style-type: none"> • Mr. Womack sits up, kicks door again, and shouts |
| | 38:01 | <ul style="list-style-type: none"> • Mr. Womack falls back to floor |
| 10:05 | 00:22 (second video ⁷) | Mr. Womack kicks door and shouts |
| 10:06-10:09 | 1:47-4:17 | Mr. Womack pounds door firmly with fist while lying against wall, then alternates between periods of quiet and periods pounding the door |
| 10:10-10:18 | 5:53-13:27 | Mr. Womack lies on floor; no movement other than small tremors |
| 10:18 | 13:28 | Mr. Womack seizes on floor of cell |
| 10:19 | 14:06 | Trooper opens door of cell, observes Mr. Womack; troopers call EMS |
| 10:20 | 15:18 | Cpl. Smith enters cell, touches Mr. Womack on arm, observes for 20 seconds, leaves |
| 10:21-10:27 | 15:45-23:29 | Mr. Womack on floor alone with cell door open, unmoving but breathing |
| 10:28 | 23:30 | Mr. Womack seizes on floor of cell |
| 10:28-10:34 | 23:34-29:42 | Cpl. Smith enters cell, touches Mr. Womack on arm, then stands next to him |
| 10:35 | 30:15 | <ul style="list-style-type: none"> • Paramedic first visible in video (purple gloves) |
| | 30:27 | <ul style="list-style-type: none"> • Mr. Womack seizes on floor of cell |
| 10:38 | 33:38 | More paramedics arrives at cell, give Mr. Womack anti-seizure medication |

F. Medical treatment

The first paramedic, Joseph Pirie, can be seen on video walking into the barracks at 10:34, and presumably arrived at the cell shortly thereafter. Soon afterward, Mr. Womack’s seizures began again. His seizures lasted for about three minutes while he was alone in the cell, with the door open. After three minutes or so, paramedics arrived.

⁴ The time shown on Cpl. Smith’s phone is used to anchor the other times in the cell videos, which have no timestamp on them. Those times also match up with videos from other rooms in the barracks, which do have timestamps.

⁵ Because the cell videos do not have a timestamp on the screen, these times are accurate only to the minute, not the second.

⁶ This video file is labeled “Womack returns and starts to kick at door.”

⁷ This video file is labeled “Womack on his back and side shows seizures and ems.”

A subsequent set of paramedics with more supplies, an ambulance, and a stretcher arrived at 10:38. The first paramedic found Mr. Womack to be unresponsive but with a strong pulse and taking strong breaths. While paramedics went to the ambulance to prepare anti-seizure medication, EMS records show that [REDACTED]

While Mr. Womack was being rolled out in the stretcher, at around 10:42 p.m., paramedics noticed that he was not breathing. They began using a resuscitator bag on him and then discovered he had no pulse, at which point they also began chest compressions. They continued with chest compressions and ventilation in the ambulance as they transported him to the hospital. Mr. Womack's heart never restarted, and he was declared dead in the hospital at 11:44 p.m.

The IID conducted interviews with the treating physician at the hospital to determine whether earlier intervention could have made a significant difference to Mr. Womack's chances of survival. The doctor, Eric Klotz, said a cocaine overdose is treated in the emergency room with two types of medication, sodium bicarbonate or benzodiazepines. He declined to state an opinion as to whether Mr. Womack would have had a realistically increased chance of survival if he had received those medications earlier. He added that time is the most important factor in overdose treatment, and that the sooner anyone arrives at the emergency after a medical emergency or drug overdose, the better the odds of survival.

G. Autopsy

The autopsy report was performed by the Office of the Chief Medical Examiner on January 25, 2022. It stated that Mr. Womack died of "Cocaine Intoxication Complicating Hypertensive Cardiovascular Disease." It noted no other meaningful injuries or abnormalities. Mr. Womack's blood and urine both tested positive for cocaine. The manner of death was ruled an Accident.⁸

H. Forensic testing

After Mr. Womack's death, a translucent baggie containing a reddish-brown substance was found in his front left pocket—the pocket that Mr. Womack reached into and out of several times while at the barracks. The Maryland State Police Forensic Sciences Division tested both that baggie and the fabric of Mr. Womack's front left pocket. Both were found to contain trace amounts of cocaine.

⁸ Manner of death is a classification used to define whether a death is from intentional causes, unintentional causes, natural causes, or undetermined causes. "Accident" is one of six categories used by the Office of the Chief Medical Examiner of Maryland. It applies when an injury or poisoning—including alcohol or drugs—causes death, and there is little or no evidence that the injury or poisoning occurred with the intent to harm or cause death. "*Sixth Report to the State of Maryland – Deaths Involving a Law Enforcement Officer*," Governor's Office of Crime Prevention, Youth, and Victim Services, June 30, 2021. As used by the Medical Examiner, the term "Accident" is not a legal determination, in the same way that a medical examiner's determination of "Homicide" would not be a determination of legal homicide.

I. Civilian witness statements

Investigators interviewed the three paramedics who responded to the barracks. The interviews with Bethany Clasing, Pamela Wise, and Joseph Pirie were all consistent with the medical treatment described above.

IID investigators also interviewed ██████████ who was brought into the cell next to Mr. Womack after Mr. Womack had fallen unconscious. Mr. ██████████ remarks are described in Section II(D), above. Mr. ██████████ observations were cross-checked to the extent possible with surveillance video, which showed that Mr. ██████████ would have been able to observe the events that he recounted.

J. Subject officer statements and written reports

The involved officers declined to be interviewed by the IID. These officers, like the subject of any criminal investigation, have the right under the Fifth Amendment to not make any statements. They did, however, make several verbal and written statements after the incident, which are described in detail in the subsections below:

- Jan. 21, 11 p.m. – Sgt. Curley made a recorded phone call to Lt. Connolly.
- Jan. 22, 1:26 a.m. – Sgt. Curley sent a written report to Lt. Connolly.
- Jan. 22, early morning – According to Lt. Connolly, Cpl. Smith showed him an incident report he had written at around this time. There is no record of a report from this date in the MSP computer system, and the IID has been unable to otherwise obtain it.
- March 4, 3:42 p.m. – Sgt. Curley initiated incident report in the MSP computer system.
- March 4, 4:46 p.m. – Cpl. Smith initiated incident report in the MSP computer system.
- March 5, 9:20 a.m. – Cpl. Smith submitted incident report.
- March 5, 10:26 a.m. – Sgt. Curley submitted incident report.

The written reports are attached as Appendices C, D, and E. As described in the policy section below, officer reports are required to be completed at the end of an officer's shift or, with an exception, at the end of the following shift. The IID could not determine, despite interviewing the other officers and supervisors involved, why Sgt. Curley and Cpl. Smith decided to write reports six weeks later and why the two reports were both initiated and submitted within roughly an hour of each other.

The IID was able to determine what material was reviewed by Sgt. Curley and Cpl. Smith prior to the submission of their reports. Electronic records show that Cpl. Smith viewed the footage of the traffic stop conducted by Trooper Thomas on Jan. 22—the early morning after the incident—and again on Feb. 10. Records also show that Sgt. Curley reviewed Trooper Carroll's written report on Jan. 28; that report is described in Section (K)(1), below. Based on interviews

with barracks supervisors, the IID does not believe that any trooper had the ability to view the surveillance footage of the incident at any time after the incident was over.

The EMS [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Another such statement was [REDACTED]

The EMS report also states [REDACTED]
[REDACTED]
[REDACTED]

1. Sgt. Curley

The section below describes the three verbal or written statements made by Sgt. Curley about the incident. The first is a recorded phone conversation between Sgt. Curley and Lt. Robert Connolly at around 11 p.m. on the night of the incident. Sgt. Curley said that he was watching the cell video during the incident:

I didn't see him fall – I just saw him standing up. And I'm just doing my DO [duty officer] whatever stuff. I look over and I see him back on the floor. . . I was typing away – it might have been, I don't know, 30 seconds. I look back at the camera. I see him on the ground shaking. I yell at the guys, "get in there, come on, let's get in there." We go in there, OK, sure enough he's having a seizure. We get him up on his side. He's breathing we're trying to talk to him. He is unconscious. He has some blood coming out of his mouth. I run back. I call for an ambulance. . . We have on the side in the recovery position.

Sgt. Curley then wrote an "incident summary," which he sent to Lt. Connolly at 1:26 a.m. on January 22, a few hours after the incident. Lt. Connolly said in an interview that the purpose of this report was to provide a summary for MSP's communications office. The report, in which Sgt. Curley refers to himself in the third person, says that approximately 15 minutes after Mr. Womack was in the cell,

Sgt. Curley heard a loud banging coming from the cell door. Sgt. Curley observed Womack, though the cell camera, sitting on the cell floor kicking the cell door. Cpl. Smith who also at the Duty Officer's Desk, went into the cell block and checked on Womack, who now seemed upset and wanted to be released. Womack stopped kicking but remained sitting on the cell floor.

While at the Duty Officer's Desk, Sgt. Curley monitored Womack from the cell camera every few minutes. During this time, Sgt. Curley observed Womack laying on the floor and began to show signs of having a seizure.

⁹ Mr. Womack could be seen on camera having several seizures before EMS arrived, but it is unclear how many of those any individual officer would have witnessed.

The report then said that Cpl. Smith, “who was standing next to Sgt. Curley,” ran to the cell block and confirmed the seizure, at which point Sgt. Curley called EMS. He then said that “Cpl. Smith placed Womack on his side in the recovery position and monitored his breathing.”

Sgt. Curley then wrote a supplemental report on March 4, six weeks after the incident. In that report, Sgt. Curley wrote that he heard a loud banging coming from the cell and saw via camera that Mr. Womack was sitting on the floor, kicking the cell door, and yelling that he wanted to be let out of the cell. Sgt. Curley said that Cpl. Smith checked on Womack, who told him that he was “fine.” Sgt. Curley wrote that:

I continued to monitor Womack. (VIA Cell Camera). I observed Womack transitioning to and from a calm manner to an agitated state every few minutes. While monitoring the Cell Camera, I observed Womack who currently appeared calm, to now show signs of possible distress. Womack was laying on his side next to the cell door having what appeared to be involuntary body movements.

He then stated that he instructed Cpl. Smith to check on Mr. Womack, and that when Cpl. Smith found him to be in distress, they called EMS.

These statements by Sgt. Curley are at variance with the video evidence in several respects. In the phone call, he implies that the period between when Mr. Womack fell to the floor and when EMS was called was less than a minute, when in fact it was 17 minutes. The footage of the conversation between Cpl. Smith and Mr. Womack, which the March 4 report describes merely as Mr. Womack saying he was “fine,” in fact showed Mr. Womack shouting and gesticulating for help. During the period between when Sgt. Curley described Mr. Womack as “calm,” the footage shows that Mr. Womack pounded on the door for several minutes, interspersed with periods in which he was lying down and experiencing small tremors. The two written reports also fail to describe any of the tremors, falling, hallucination, or instability that Mr. Womack showed between 10:01 and 10:18, prior to when EMS was called. Each of the reports’ variances tend in the same direction: to understate the degree of distress that is visible in the camera footage prior to troopers calling EMS.

The three statements also vary in their depiction of how closely Sgt. Curley was monitoring the cell. In the phone call, Sgt. Curley gives no indication that he watched the camera during the 17 minutes between when Mr. Womack fell and shortly before EMS was called. He also implies that officers were actively assisting and moving Mr. Womack when they were not. In the report written later that night, he said that he looked at the camera “every few minutes.” In the report written March 4, he implies that he was watching the camera more closely and continuously: “I continued to monitor Womack. (VIA Cell Camera). I observed Womack transitioning to and from a calm manner to an agitated state every few minutes.”

2. Cpl. Smith

Cpl. Smith wrote a supplemental report on March 4. Cpl. Smith used much the same phrasing as Sgt. Curley used in his report of the same date, saying that Mr. Womack was “alternating behavior between calm, pleasant and violent outbursts.” He continued that:

Womack was sitting on the floor of the cell, violently kicking the door and screaming loudly “let me out, let me out,” while simultaneously pointing behind him. Womack continued for a short period of time. I then opened the cell door and asked Womack if he was okay. Womack was observed to be lying in the supine position and his eyes were open wide. Womack tilted his head forward and said, “I’m fine.” Womack then again transitioned from calm and pleasant to a violent outburst screaming “let me out, let me out, there’s a fire in here.”

I closed the cell door and returned to the Duty Officer’s station to monitor the cell closely, via camera.

I observed and heard Womack continuing to strike the cell door for several minutes. Womack then appeared to be in a calm state and resting on the floor. Shortly after, Sergeant Curley noticed Womack was quiet and instructed me to check on Womack. I immediately responded to the cell, opened the door and noticed Womack moving in an odd manner and not verbally responsive. I immediately advised Sergeant Curley to have Emergency Medical Services respond to the barrack. TFC Sheldon and I stayed with Womack and made sure he didn’t deviate from the recovery position. I closely monitored his actions, and although he seemed to be breathing normally, he was drooling excessively.

As with Sgt. Curley, there are variances between this report and what is visible in the video footage. Cpl. Smith said that Mr. Womack told him that he was “fine,” but he did not report that Mr. Womack was, at the same time, falling backward to the floor, making involuntary movements with his hands, and that his eyes rolled into his head, all things Cpl. Smith would have been able to observe from where he was standing. And although Cpl. Smith stated that he was closely monitoring the camera, he does not describe any of the tremors that Mr. Womack displayed, instead describing him as “in a calm state and resting.” While later waiting for EMS, Cpl. Smith wrote that “I closely monitored his actions.” The video footage shows him standing over or near Mr. Womack, but often looking toward other officers or at his phone.

K. Witness Officer Statements and Written Reports

1. Trooper Carroll

Trooper Carroll wrote an incident report a week after Mr. Womack’s death, on Jan. 28, and he conducted an interview with the IID on Sept. 8. The portions of his report and interview relating to the traffic stop and field sobriety test are described in Sections II(A), (B), and (C), above. The descriptions in those reports are generally consistent with the CAD reports, radio transmissions, and camera footage, where such corroborating information exists.

The subsequent portion of Trooper Carroll’s written report describes Mr. Womack’s conduct in the cell. Trooper Carroll said that he heard banging noises coming from what sounded like the cell doors and was called to the front by Cpl. Smith. Trooper Carroll wrote:

I observed him lying on his back and kicking the cell door. He was yelling, "Let me out! There's a fire in here!" He continued to yell this while kicking the door, although there was no fire inside of the cell. We then continued to closely monitor Womack's behavior from the duty officer's station, via camera, to ensure he would not harm himself.

Shortly after, Womack calmed down, sat his upper body up, and leaned on the wall to the left of the cell door. Minutes later, I walked to his cell door, looked through the opening on the side of the cell and asked Womack if he was okay. He responded and said, "Yes sir."

Trooper Carroll reiterated these statements during his interview. He said that, while he was in the duty officer area, he heard Mr. Womack kicking on the door and shouting that his cell was on fire. Trooper Carroll said in his interview that he watched Mr. Womack for a minute or two on the cameras, as he calmed down and slumped against the right wall. Trooper Carroll said, like he had in his written report, that he went to the side slit of the cell door, asked Mr. Womack if he was OK, and Mr. Womack said, "yes sir" and had his eyes open. Trooper Carroll said that Mr. Womack was sitting up when he spoke to him.

Several aspects of Trooper Carroll's account do not match what can be seen on the camera or heard on the radio. Given the time at which he was called to the camera area (10:14, as documented in radio transmission), he would not have seen Mr. Womack kicking the cell door or heard him shout that the cell was on fire from the duty-officer station. Presumably, he either heard it from his position in the trooper room or one of the officers relayed it to him later. Trooper Carroll's account that he spoke to Mr. Womack while Mr. Womack was sitting upright with his eyes open also does not match anything that can be seen on the camera footage.

Computer records show that Trooper Carroll first submitted his incident report on Jan. 28, 2022, at 2:18 a.m. It was sent back to him seven minutes later by Sgt. Curley with a notation reading only "As discussed." In his interview, Trooper Carroll could not recall what he had discussed with Sgt. Curley or what changes he had made to the report in response to that discussion with Sgt. Curley. Trooper Carroll resubmitted his report five weeks later, on March 5, at 10:44 a.m. That was 18 minutes after Sgt. Curley submitted his report and 84 minutes after Smith submitted his. Trooper Carroll did not recall why it took him five weeks to resubmit the report or why it was so close in time to the subject officers' reports. He said that he did not speak to the other officers about their reports.

2. Trooper Sheldon

Trooper Sheldon was interviewed by the IID on Sept. 7, 2022. He observed the latter half of Mr. Womack's field sobriety tests, as described above, and then next encountered him when he was drawn to the duty officer area by hearing Mr. Womack shouting. According to his interview, he arrived at the duty officer's area after Mr. Womack had stopped kicking the door and shouting, during the period when Mr. Womack was laying on the floor. Trooper Sheldon said that he could hear Mr. Womack tapping on the door. He said that both Sgt. Curley and Cpl. Smith were present and were watching the cameras.

One aspect of Trooper Sheldon's interview does not match what can be seen on camera. Trooper Sheldon said that as soon as Mr. Womack stopped moving, Sgt. Curley ordered Troopers Smith and Sheldon to go check on him, and that they opened the door, saw him having a seizure, and called EMS. In fact, there was a period of eight minutes between when Mr. Womack stopped moving (other than small tremors) and when the officers checked on him and then called EMS.

Trooper Sheldon said that he waited with Cpl. Smith by Mr. Womack's open cell door for EMS to arrive, and that it "seemed like forever" before they got there. He confirmed that they did not touch Mr. Womack during this time.

3. Other Officers

The IID interviewed Trooper Maranto, who was also in the barracks during the incident but did not observe anything of consequence.

The IID also spoke to two supervising troopers, D. Sgt. James Blackwell and Lt. Connolly about the aftermath of the incident; neither was present during the incident itself. D. Sgt. Blackwell approved all three officers' reports on March 5. He stated that he did not know why the reports were not approved prior to March 5. He did not send the reports back for any corrections. He stated that there was no policy in place regarding whether an officer could review video prior to writing his report, but that none of these officers would have had the ability to review the surveillance video prior to writing their reports.

Lt. Connolly stated that, on the night of the incident, Sgt. Curley called him and described the incident. That call was recorded and is described above. Lt. Connolly confirmed that Sgt. Curley left him with the impression that as soon as Mr. Womack stopped kicking the door—"the next thing you know"—Sgt. Curley sent Cpl. Smith into the cell, who put him into the recovery position and immediately called EMS. Lt. Connolly said that Sgt. Curley seemed upset by what occurred.

Lt. Connolly also said that both Sgt. Curley and Cpl. Smith wrote incident reports on the night of the incident and showed them to him. Lt. Connolly said that he didn't read Sgt. Curley's report, but that Cpl. Smith's report was consistent with his submitted, later report. Neither of the incident reports described by Lt. Connolly were submitted into the report system until six weeks later. Lt. Connolly also said that Sgt. Curley sent him a different summary report on the night of the incident, which is described under Sgt. Curley's statements, above.

III. Policies and Training

A. Policies

The Maryland State Police has the following policies concerning prisoners requiring medical attention and the detention of prisoners. The policies are attached as Appendix E.

Operations Directive 15.03: Prisoners Requiring Medical Care

This policy states that “An unconscious prisoner will never be placed, or allowed to remain, in a cell without medical treatment even if the prisoner’s condition may have been caused by intoxicants.”

The policy also states that “The Maryland State Police will promptly provide help for prisoners needing medical care,” and that, “When a prisoner is sick or injured, the arresting trooper will immediately call for assistance and arrange for appropriate medical treatment.”

Operations Directive 15.04: Detention of Prisoners

This policy states the following:

- “If a prisoner’s behavior is unusual or if the duty officer suspects they have a medical issue, the duty officer will observe the prisoner closely and get medical help if needed.”
- “The audio/video equipment used to monitor holding cells will be activated and monitored by the duty officer or another trooper at all times when a prisoner is occupying a holding cell.”
- “The responsibility for monitoring the cell or the audio/video equipment may not be given to a police communications operator or any other civilian employee.”
- “The duty officer must go into the cell area at least once every 30 minutes to check on the prisoner and note this check on a CAD [Computer Aided Dispatch] incident.”¹⁰

Operations Directive 11.07: Report Processing

This policy states that “Every incident which requires an Incident Report . . . will be submitted by the completion of the trooper’s shift unless an exception to this requirement is granted by a supervisor. If an exception is granted, the report must be submitted by the end of the trooper’s next shift.”

B. Training

MSP provides its officers with in-service training about medical emergencies, specifically including seizures. [REDACTED]

[REDACTED] The training explains that seizures can be caused by drugs or alcohol. It notes that while “seizures are rarely life-threatening,” officers should “consider them a serious emergency.” The instructional notes say that “Just as required with any other patient, the priority in treating a seizure patient must be to maintain and manage the

¹⁰ There are no CAD reports pertaining to Mr. Womack between 9:13 p.m. (“HE AGREED TO TAKE THE [breathalyzer] TEST”) and 10:19 p.m. (“EMS NOTIFIED FOR 10-95 [prisoner/subject in custody]”).

airway and prevent suffocation or choking. These patients often have significant amounts of oral secretions and may vomit.”

The training emphasizes that patients should be placed in the recovery position: “This position allows secretions to drain from the mouth and nose . . .” The training provides the picture of the recovery position shown in Figure 12. The recovery position places patients leaning forward and involves placing a patient’s arm under their head, to prevent them from choking on their own vomit.¹¹

In an interview, Cpl. Adam Merkelson with the Maryland State Police Education and Training Division explained how troopers are trained to monitor a patient at risk of stopping breathing. Cpl. Merkelson explained that they teach the “look/listen/feel method,” in which officers are instructed to sit or kneel near a patient in order to look for breath movements, listen for breath sounds, and feel for puffs of air. Cpl. Merkelson demonstrated the position within one to two feet of a hypothetical patient.



Figure 12: Model recovery position from training materials



Figure 13: Mr. Womack's position while being monitored by officers after seizures.

As stated above in Section II(D), Cpl. Smith was a certified Drug Recognition Expert at the time of Mr. Womack’s arrest. DREs are trained to determine if an individual is under the influence of one (or more) of seven different categories of drugs, including central nervous system stimulants like cocaine. As part of the training program to become a certified DRE, officers are instructed on “overdose signs and symptoms” of cocaine. The 2018 DRE training material states an “overdose of cocaine or amphetamines can cause the pleasurable effects to turn into panic and often violent behavior. If the overdose is caused by cocaine, it is commonly referred to as Cocaine Psychosis or Cocaine Delirium.” The training material continues that the “subject may suffer convulsions, faint, or pass into a coma,” “heartbeat (pulse) will increase, possibly dramatically,” and “hallucinations may occur.”

¹¹ The recovery position also instructs patients to be placed on their left sides, and Mr. Womack was left on his right side, but our interview with Cpl. Merkelson indicated that the left/right distinction is not particularly important.

IV. Involved Parties and Their Backgrounds

The IID determined that two of the troopers present—Sgt. Curley and Cpl. Smith—had acts or omissions with a sufficient nexus to Mr. Womack’s death to meet the standard of an “police-involved death” and therefore to be subjects of this investigation.¹² The IID made that determination in consultation with, and with the concurrence of, the State’s Attorney’s Office.

As part of its standard investigative practice, the IID obtained information regarding Mr. Womack’s and the involved officers’ criminal histories, as well as the involved officers’ departmental internal affairs records and relevant training. The criminal histories—if any—of the decedent and the officers have been provided to the State’s Attorney’s Office. In this case, any criminal histories did not affect the analysis of potential criminal charges.

Armar Clemente Womack: Mr. Womack was a 64-year-old Black man who lived in Middletown, Delaware.

Brian P. Curley: Sergeant Curley was hired by MSP on July 1, 2002, and is assigned to the field operations bureau. He is a white man and was 48 years old at the time of this incident.

Gregory Smith: Corporal Smith was hired by MSP on October 26, 2015, and is assigned to the field operations bureau. He is a white man and was 32 years old at the time of this incident.

Cpl. Smith

[REDACTED]

¹² While the term “police-involved death” is not defined in the IID’s governing statute, similar language is defined elsewhere in the state code as “the death of an individual resulting directly from an act or omission of a law enforcement officer while the officer is on duty or while the officer is off duty, but performing activities that are within the scope of the officer’s official duties.” Chapter 134 of 2015 (House Bill 954), Public Safety - Deaths Involving a Law Enforcement Officer - Reports.

V. Applicable Law & Analysis

The IID analyzed Maryland statutes that could be relevant in a death of this nature. This section presents the elements of each possible criminal charge and analyzes these elements in light of the findings discussed above.

A. *Reckless Endangerment*

The crime of reckless endangerment requires that State prove: (1) that the defendant engaged in conduct that created a substantial risk of death or serious physical injury to another; (2) that a reasonable police officer¹³ under the circumstances would not have engaged in that conduct; and (3) that the defendant acted recklessly. MPJI-Cr 4:26B Reckless Endangerment, MPJI-Cr4:26B (2d ed. 2021) (modified). “The defendant acted recklessly if he was aware that his conduct created a risk of death or serious physical injury to another and then he consciously disregarded that risk.” *Id.*

The focus in a reckless endangerment charge is the “reckless conduct and not the harm caused by the conduct.” *Minor v. State*, 326 Md. 436, 442 (1992). It was “designed to punish potentially harmful conduct even under those fortuitous circumstances where no harm results.” *Williams v. State*, 100 Md. App. 468, 480 (1994). Whether the defendant’s conduct created a substantial risk of death or physical injury is an objective determination and is not dependent upon the subjective belief of the defendant. *Id.* At 443. “The test is whether the . . . misconduct, viewed objectively, was so reckless as to constitute a gross departure from the standard of conduct that a law-abiding person would observe, and thereby create the substantial risk that the statute was designed to punish.” *Id.* The standard is satisfied by negligence that is “gross or criminal, *viz.*, such as manifests a wanton or reckless disregard of human life.” *Mills v. State*, 13 Md. App. 196, 200 (1971) (interpreting voluntary manslaughter), *cert. denied*, 264 Md. 750 (1972).

Reckless endangerment can be caused not merely by a reckless *action*, but also by *inaction* when one has a legal duty. The Court of Appeals addressed the issue squarely in *State v. Kanavy*, a case with facts similar to this incident. 416 Md. 1, 8 (2010). In that case, juvenile detention officers were charged with reckless endangerment when they failed to call 911 on an obviously injured juvenile in custody.¹⁴ *Kanavy*, 416 Md. At 4. The court held that the officers could be found guilty based on their failure to act, and it set out the elements of a reckless endangerment charge under this theory:

To convict a Respondent of the reckless endangerment offense charged in the indictment, the State must prove beyond a reasonable doubt that (1) the Respondent owed a duty to obtain emergency medical care for the deceased, (2)

¹³ “[S]uch cases are evaluated under a heightened ‘reasonable police officer under the circumstances’ standard, rather than a reasonably prudent person standard.” *State v. Thomas*, 464 Md. 133, 157 (2019) (quoting *Albrecht*, 336 Md. at 487, 649 A.2d 336).

¹⁴ In *Kanavy*, it was the officers themselves who had used force on the decedent, though that is not relevant to the question presented in the case: whether an officer’s failure to call 911 in the case of a medical emergency can be the basis for a reckless endangerment charge.

the Respondent was aware of his obligation to perform that duty, (3) the Respondent knew that his failure to perform that duty would create a substantial risk of death or serious physical injury to the deceased, (4) under the circumstances, a reasonable employee of the [a state agency] in Respondent's position would not have disregarded his or her duty to . . . contact emergency services (9–1–1) in a timely manner, and (5) the Respondent consciously disregarded his duty.

State v. Kanavy, 416 Md. At 12–13 (quotation omitted).

There is a similar line of federal cases addressing officers' failures to provide medical assistance in drug overdoses, though those cases are decided under a stricter standard than the standard here.¹⁵ Nevertheless, the cases are useful in providing a contrast between two categories. First, "the multitude of drug and alcohol abusers the police deal with everyday" who "need[] nothing so much as to sleep it off." *Grayson v. Peed*, 195 F.3d 692, 696 (4th Cir. 1999). And second, individuals whose conduct leads to a "reasonable inference of drug overdose," including an "almost vegetative state," inability to sit or stand, seizures, or an inability to communicate. *Mays v. Sprinkle*, 992 F.3d 295, 304 (4th Cir. 2021). While the serious medical risk may not be obvious in the first category, it is in the second. These cases make clear that officers may not reasonably allow all individuals showing signs of intoxication to "sleep it off."

The analysis below includes discussion of whether the officers' actions violated departmental policy. The Court of Appeals has held that, "a violation of police guidelines *may* be the basis for a criminal prosecution." *State v. Pagotto*, 361 Md. 528, 557 (2000) (citation omitted) (emphasis in original). The Court clarified that, "while a violation of police guidelines is not negligence per se, it is a factor to be considered in determining the reasonableness of police conduct." *Id.* (citations omitted). Maryland courts have considered officers' policy violations as evidence of negligence, recklessness, unreasonableness, and corrupt intent.¹⁶ However, a "hypertechnical" violation of policy, without more, is not sufficient to establish gross negligence. *Pagotto*, 127 Md. App. At 304.

The following sections discuss whether the facts of this case meet the elements of reckless endangerment under a "failure to act" theory, as set forth in *Kanavy*.

¹⁵ The federal "deliberate indifference" standard addresses whether an officer's conduct is "deliberately indifferent to a serious medical need." A serious medical need is one that "is so obvious that a lay person would recognize the need for medical treatment." *Burnette v. Taylor*, 533 F.3d 1325, 1330 (11th Cir. 2008) The lower standard in this case is instead whether a reasonable officer—not a lay person—would know that their failure to act would create a substantial risk of death or serious physical injury.

¹⁶ See, e.g., *Albrecht*, 336 Md. at 503; *Pagotto*, 361 Md. at 550-53; *Koushall v. State*, 249 Md. App. 717, 728-29 (2021), *aff'd*, No. 13, Sept. Term, 2021 (Md. Feb. 3, 2022); *Kern v. State*, No. 2443, Sept. Term 2013, 2016 WL 3670027, at *5 (Md. Ct. Spec. App. Jul. 11, 2016); *Merkel v. State*, No. 690 Sept. Term 2018, 2019 WL 2060952, at *8 (Md. Ct. Spec. App. May 9, 2019); *Mayor and City Council of Baltimore v. Hart*, 395 Md. 394, 398 (2006) (civil litigation).

1. First and Second Elements: Duty to Provide Medical Care

There is sufficient evidence to support the first element in this case, the duty to obtain emergency medical care, because officers have a legal duty to provide individuals in custody with appropriate care. “The due process clause of the Fourteenth Amendment requires the State to provide medical care to injured persons who are in the custody of State agents.” *Kanavy*, 416 Md. At 8. The Maryland Constitution provides a parallel legal duty to care for prisoners suffering from medical ailments. MD. CONST., Declaration of Rights, Art. 24 (“That no man ought to be taken or imprisoned or disseized of his freehold, liberties or privileges, or outlawed, or exiled, or, in any manner, destroyed, or deprived of his life, liberty or property, but by the judgment of his peers, or by the Law of the land.”).

There is also sufficient evidence under the second element to show that the officers were aware of their obligation to perform the duty. The policies addressed in Section III(A), above, make clear that a trooper would be aware of that obligation. MSP policies state that “The Maryland State Police will promptly provide help for prisoners needing medical care,” and that, “When a prisoner is sick or injured, the arresting trooper will immediately call for assistance and arrange for appropriate medical treatment.” Sgt. Curley had a particular obligation, as the duty officer, both to monitor the camera and to check on Mr. Womack in person every 30 minutes. The troopers all received training while at the academy, as well as refresher in-service medical training in 2021. The two subject officers and Trooper Carroll all wrote that they “monitored,” “closely monitor[ed],” or “monitor[ed] the cell closely,” indicating that they were aware of their duty to care for an injured prisoner.

2. Third Element: Substantial Risk of Death or Serious Physical Injury

The third element, whether officers knew that failure to provide medical care would create a substantial risk of death or serious physical injury to Mr. Womack, is the crucial element in this analysis. It has some evidence to support it but also some conflicting evidence.

Departmental policies and training form the backdrop of this analysis. MSP policy states that, “An unconscious prisoner will never be placed, or allowed to remain, in a cell without medical treatment even if the prisoner’s condition may have been caused by intoxicants.” And training instructed that while “seizures are rarely life-threatening,” officers should “consider them a serious emergency,” and that EMS should be called immediately. Cpl. Smith in particular was provided training on the signs and symptoms of a cocaine overdose, two of which Mr. Womack displayed. In short, the officers all received training that individuals who are passed out or who are seizing should receive medical attention immediately.

We must first determine what each officer knew:

Sgt. Curley: Sgt. Curley was the “duty officer,” the officer charged by policy with using the “audio/video equipment . . . to monitor holding cells at all times when a prisoner is occupying a holding cell.” It was also his responsibility as duty officer to walk into the cell area every 30 minutes to check on Mr. Womack and to put entries into the computer-aided dispatch system every 30 minutes documenting that he had done so, which he did not do. In his phone call

to Lt. Connolly on the night of the incident, Sgt. Curley indicated that he watched Mr. Womack via video while he was standing in the cell, which would have been at 9:53 p.m., and then saw him after he had fallen on the ground, which would have been around or shortly after 10 p.m. In his written account, Sgt. Curley also said he was “working at the Duty Officer’s desk,” indicating that he was in front of the cameras during all of Mr. Womack’s seizures, including the initial ones. However, in his written report, Sgt. Curley made no mention of Mr. Womack’s earlier seizures, saying that he first had his attention drawn to Mr. Womack’s cell by the banging that occurred around 10:02 p.m. Sgt. Curley said that he continued to monitor the cameras until calling EMS at 10:19 p.m.

Cpl. Smith: Cpl. Smith was aware of several risk factors before Mr. Womack showed any signs of distress: that he admitted to taking cocaine; that he had failed the field sobriety tests; that his impairment was not due to alcohol; and that he was exhibiting nystagmus, which he described in his report as a common indicator of drug use. He wrote that he began monitoring Mr. Womack by camera when the banging started—at 10:02 p.m.—and then took primary responsibility for watching and speaking to Mr. Womack, writing in his report that he was “monitor[ing] the cell closely” via video. He also came to the cell door and spoke with Mr. Womack after his first series of seizures, and he knew from Mr. Womack’s statements that he was hallucinating. After troopers called EMS, it was Cpl. Smith who stood both outside and inside Mr. Womack’s cell, monitoring him in person.

Below, the relevant time period has been subdivided into three segments.

a. Seizures

The first question with respect to this element is whether the monitoring officers saw Mr. Womack’s earlier seizures, the ones that occurred prior to the 10:18 p.m. An officer who saw those seizures and did not respond by calling EMS would likely have known that their actions created substantial risk to Mr. Womack. Mr. Womack’s most obvious early seizures happened at 10:01 and 10:03 p.m.. The first one lasted for 35 seconds; the second lasted one minute. Sgt. Curley, the duty officer, described monitoring Mr. Womack in the cell starting prior to 9:53 p.m.; Cpl. Smith described witnessing events beginning around 10:02 p.m. Accordingly, if Sgt. Curley was watching the camera, he would have seen both of the larger seizures, and Sgt. Smith would have seen the latter one. If watching closely, both would have seen the smaller seizures and tremors that occurred between 10:04 p.m. and 10:10 p.m.

However, the troopers do not claim in their reports to have seen these seizures. One possibility is that the camera views they were monitoring were too small for the seizures to be visible. As shown in Figure 2, above, the troopers view multiple surveillance cameras on a single screen. On the other hand, troopers were able to see Mr. Womack’s seizure of similar intensity that occurred at 10:18 p.m., and were able to see him closely enough to describe him as calm and restful at other points, and to feel comfortable that he was still breathing. A second possibility is that the officers were not, as Cpl. Smith claimed in his report, monitoring the cameras closely. Mr. Womack’s seizures and tremors, while numerous, were not continuous, and thus a trooper who glanced at the cameras only from time to time might have missed them. Sgt. Curley alludes to this in his Jan. 22 report, in which he said that he looked at the camera “every few minutes,”

though he retreated from that in his more official March 4 report. A third possibility is that the troopers' reports were untruthful, and they did see Mr. Womack's seizures. Cpl. Smith's prior instance of false statements is relevant to the consideration of the second and third possibilities, as is Sgt. Curley's false or misleading statement in his recorded phone call with Lt. Connolly.

b. Unconsciousness

A second question is whether the troopers should have known that Mr. Womack was at serious risk during the period he was unconscious and alone in the cell, from about 10:10-10:18. During this period, Mr. Womack was not moving, other than tremors in his hands. Sgt. Curley and Cpl. Smith said that they were monitoring (Sgt. Curley) or closely monitoring (Cpl. Smith) the cell via video during this time period. In their reports, the officers described Mr. Womack as "calm" (Sgt. Curley), and "in a calm state and resting" (Cpl. Smith). This implies that they believed Mr. Womack to be awake and resting rather than sleeping or unconscious.¹⁷ If officers believed that Mr. Womack was resting in a way that was distinct from unconsciousness, they took no steps to assess him and make that determination, despite sitting only about 20 feet away. During multiple interviews, the IID asked officers how they could tell the difference between someone who was sleeping and someone who was unconscious, and they all gave the same answer: you go in the cell, you shake them a little, and you see if they wake up. Neither Sgt. Curley nor Cpl. Smith did that during this eight-minute period.¹⁸

The troopers had other relevant additional facts as well, including Mr. Womack had admitted to ingesting cocaine; was hallucinating ("I'm on fire!"); had been observed having nystagmus or jerky eye movements, a sign of drug use; and had been screaming for assistance and banging on the door. This behavior could be seen by troopers as especially noteworthy given that is contrasted with Mr. Womack's behavior during the traffic stop, transport back to the barracks, and during the administration of field sobriety tests and breath test where he was described as calm and polite. Depending on the results of the analysis in Subsection V(A)(II)(a), above, troopers might also have known that he experienced seizures.

The issue then is whether officers who failed to check on or provide medical treatment for an unconscious individual such as Mr. Womack knew that such failure "would create a substantial risk of death or serious physical injury" to that individual. As noted above, departmental policy mandates medical treatment for unconscious individuals. This duty is particularly strong with regard to Sgt. Curley, the duty officer, who was supposed to check on Mr. Womack in person every 30 minutes and note it on the CAD, which he did not do. It is strong in a different respect with regard to Cpl. Smith, who had additional training and experience as a Drug Recognition Expert and seemingly put himself in a position to monitor Mr. Womack throughout his time at the barracks. However, a factfinder might conversely find that letting unconscious, intoxicated individuals "sleep it off" is common practice and is not

¹⁷ The law does not recognize a distinction between sleeping and unconsciousness, nor does MSP policy address it. "Being asleep qualifies as an instance of being unconscious." *Travis v. State*, 218 Md. App. 410, 434 (2014). "Unconsciousness is a broader category than sleep, but it includes sleep." *Id.*

¹⁸ Trooper Carroll did say that he checked on Mr. Womack through the door during this period, but there is no indication that he reported his findings to Officers Curley or Smith, nor do their reports reflect that he did so.

associated with significant risk, and that the other factors above do not significantly affect that risk analysis.

c. Positioning

The final relevant question under the analysis of this third element is whether, after the troopers became aware that Mr. Womack was seizing, at 10:18 p.m., their care for him during the 17 minutes that they waited for EMS created a serious risk of injury or death. During that time period, Cpl. Smith was either inside the cell or directly outside it. Several times during that period, he had his back to Mr. Womack or was checking his phone. Cpl. Smith never sat with Mr. Womack or touched him, other than two pats on the arm, which produced no response that was visible on the video. This level of monitoring does not meet the standard set in the troopers' training, in which they are taught to sit by a patient and look, listen, and feel for breath sounds until EMS arrives. However, that conduct alone would be unlikely to rise to the level of recklessness, as Cpl. Smith and Trooper Sheldon were in or near the cell, able to observe Mr. Womack, and had already called EMS.

Cpl. Smith's failure to place Mr. Womack in the recovery position, in combination with the above, is unlikely to meet the elements required here. As described in Section III(B), above, the officers were trained that airway management is important in seizure patients, and that the best way to ensure a clear airway is to place the patient in the recovery position. As shown in Figure 13, Mr. Womack fell to the ground on his back and side. Officers did not move him from his natural position. One challenge to assessing the evidence here is that Mr. Womack's head and shoulders are not visible on camera. Thus while it appears from the positioning of his torso that he is primarily on his back, it is possible that his head was tilted downward in a way that is not apparent on the camera view. Although Mr. Womack's position shared some similarities with the recovery position, it did not have the forward tilt that the recovery position calls for. That forward tilt is key to ensuring a clear airway. On the other hand, troopers were trained that seizures are "rarely life-threatening," so a failure to ensure a clear airway might well not create a "substantial risk of death or serious physical injury" (emphasis added).

3. Fourth and Fifth Elements: Disregard of Duty

The fourth element is whether under the circumstances, a reasonable officer would not have disregarded their duty to call 911. This element seems to assess whether there were any competing obligations or extenuating circumstances that would have prevented a trooper from engaging in their duty to call 911. No such competing obligations or extenuating circumstances exist in this case. Until Mr. ██████ arrived at 10:17 p.m., there were no other detainees in the barracks, and there is no indication of short-staffing or other emergencies.

The fifth element is whether the officers here consciously disregarded that duty. That analysis is largely the same as the analysis of element three and goes to the issue of whether the troopers recognized the medical need and ignored it, or whether they reasonably failed to recognize it. The later-occurring phone calls and reports by the troopers, which contradict the video evidence, give some indication that they believed that their conduct was wrongful.

B. *Involuntary Manslaughter*

To prove involuntary manslaughter, the State must prove: (1) that the defendant failed to perform a legal duty in a grossly negligent manner; and (2) that this grossly negligent conduct caused the death of Mr. Womack. MPJI-Cr 4:17.9 Homicide—Involuntary Manslaughter (Grossly Negligent Act and Unlawful Act), MPJI-Cr 4:17.9 (2d ed. 2021) (modified). Gross negligence is conduct which “amount[s] to a wanton and reckless disregard for human life.” *Duren v. State*, 203 Md. 584, 588 (1954).

This charge is similar to the reckless endangerment charge described above, with the additional element that the officer’s conduct must have caused the death of Mr. Womack. The level of causation required is sometimes referred to as factual or but-for causation: “For conduct to be the actual cause of some result, it is almost always sufficient that the result would not have happened in the absence of the conduct—or ‘but for’ the defendant’s actions.” *Thomas*, 464 Md. at 174, 211 A.3d at 298 (citations omitted).

None of the medical professionals we spoke to—neither OCME nor Mr. Womack’s treating physician in the emergency room—was willing to opine on whether earlier intervention would have had a substantial effect on Mr. Womack’s chances of survival. They were not able to point to any obvious intervention that they could have done earlier, or that would have had a higher likelihood of success if done earlier. Accordingly, it would be difficult to prove that Mr. Womack would have survived “but for” the conduct of the involved officers.

C. *Impairment of Physical Evidence*

In 2014, Maryland passed a law making it a crime to “fabricate physical evidence in order to impair the verity of the physical evidence with the intent to deceive and that the fabricated physical evidence be introduced in a pending or future official proceeding.” Md. Code Ann., Crim. Law § 9-307(b). Physical evidence “encompass[es] all evidence not testimonial in nature,” and would therefore include a police report. *Pinheiro v. State*, 244 Md. App. 703, 714 (2020).

Pinheiro—the only case interpreting this statute—is highly instructive to this analysis. In *Pinheiro*, officers allegedly found narcotics stashed in an alley, but they had forgotten to turn on their body-worn cameras. *Id.* at 708-09. Officer Pinheiro then re-placed the drugs, moved some debris over them, left the alley, turned his camera on, reentered the alley, and pretended that he was finding the drugs for the first time. *Id.* He presented this video evidence to supervisors without disclosing that it was a reenactment. *Id.* The deception was discovered before the false evidence was ever used in a court proceeding. *Id.*

The court upheld Pinheiro’s conviction for impairment of physical evidence. It held that, to satisfy the specific intent requirement of the statute, the government must show that the defendant “specifically intended to stage the contents of the BWC footage in order to deceive any subsequent viewer of the the video’s authenticity.” *Id.* at 716. The court continued that the defendant’s “decision to create the video knowing that it did not honestly represent what he purported it to be, constituted a fabrication of evidence with the intent to deceive.” *Id.* at 718.

The court held, however, that the “intent to deceive” element of the statute was a general intent requirement – it did not require that a defendant must specifically intend to deceive a court of law. Rather, “a general intent to deceive observers of the fabricated evidence into believing the evidence is authentic” was sufficient. *Id.* at 720. In short, a defendant must have a specific intent to tamper with the evidence, but only a general intent to deceive someone by doing so.

The question in this case is whether the reports written by Sgt. Curley or Cpl. Smith did not “honestly represent what [they] purported” them to be, “with the intent to deceive.”

1. Sgt. Curley’s reports

Sgt. Curley wrote two reports – one on Jan. 22, and one on March 4-5. Likely only the March 4 was written with the contemplation that it would be used in an official proceeding, so we will analyze only that report here.

In the March 4 report, Sgt. Curley wrote that he heard a loud banging coming from the cell and saw via camera that Mr. Womack was sitting on the floor, kicking the cell door, and yelling that he wanted to be let out of the cell. Sgt. Curley said that Sgt. Smith checked on Womack, who told him that he was “fine.” Sgt. Curley stated that, “I continued to monitor Womack. (VIA Cell Camera). I observed Womack transitioning to and from a calm manner to an agitated state every few minutes.”

When compared to the video footage and other evidence, that written report understates or omits several indicators of medical distress. Sgt. Curley’s report fails to note that, after kicking the cell door, Mr. Womack suffered a visible seizure that lasted more than a minute that caused him to fall onto his back from a sitting position. This occurred during a period when Sgt. Curley states that he was watching the camera, before Cpl. Smith went to the door to check on Mr. Womack. The conversation between Cpl. Smith and Mr. Womack, which the report describes merely as Mr. Womack saying he was “fine,” in fact showed Mr. Womack shouting and gesticulating emphatically. Even before Cpl. Smith fully closed the cell door, Mr. Womack began pounding the door again and continued to do so.

During the subsequent 18-minute period between when Cpl. Smith checked on Mr. Womack and EMS was called, a finder of fact could find it misleading that Sgt. Curley described Mr. Womack’s behavior as “calm.” As described in Section II(J)(1) above, Mr. Womack pounded on the door, then went to the ground motionless except for small tremors, then began a new round of seizures. The seizures at 10:18 p.m. that led officers to call EMS are the seventh set of seizures over an 18-minute period.

This March 4 report also contradicts Sgt. Curley’s statements that were made closer in time to the incident. In his phone call on the night of the incident, Sgt. Curley told a lieutenant that he sent officers into the cell within 30 seconds of Mr. Womack falling to the floor, and that officers assisted Mr. Womack while waiting for EMS. In his Jan. 22 written report, which he wrote about three hours after the incident, he stated that Mr. Womack “seemed upset” when banging on the door and does not include the later report’s claim that Mr. Womack said he was fine. He also stated in the Jan. 22 report that he was monitoring the camera only every few

minutes, whereas in the later report he made the broader statement that he “continued to monitor Womack. (VIA Cell Camera).”

2. *Cpl. Smith’s report*

Similarly, a factfinder could potentially determine that Cpl. Smith’s report understated the indicators of medical distress or overstated the attention being paid by officers. Cpl. Smith, like Sgt. Curley, failed to describe a minute-long seizure that occurred during the period he was watching the camera, as well as several shorter seizures at other times. He also failed to note that, even if Mr. Womack subsequently told him that he was “fine,” Mr. Womack was falling backward to the floor, making involuntary movements with his hands, and that his eyes rolled into his head. And although Cpl. Smith stated that he was closely monitoring the camera, he failed to note that Mr. Womack appeared to be motionless other than to experience small tremors, instead describing him as “in a calm state” and “resting.” While waiting for EMS, Cpl. Smith wrote that “I closely monitored his actions.” Instead, the camera shows that during portions of this period, Cpl. Smith was either conversing with other officers with his back to Mr. Womack, or was checking his phone.

Sgt. Curley’s report and Cpl. Smith’s were written more than six weeks after the incident but within an hour of each other and included very similar language. These similarities in timing and language are also relevant to the question of whether the reports were written with an intent to deceive.

In sum, both of these reports provide at least some evidence that officers did not “honestly represent what [they] purported” them to be, “with the intent to deceive.” However, a factfinder might also determine that the variances were not significant enough to rise to the level required by the statute, or might emphasize the fact that the variances were omissions in the name of brevity rather than mischaracterizations written “with the intent to deceive.”

D. *Misconduct in Office*

Misconduct in office is the “corrupt behavior by a public officer in the exercise of the duties of his office or while acting under color of his office.” *Duncan v. State*, 282 Md. 385, 387 (1978) (footnote omitted). It is a misdemeanor. Acts that qualify as misconduct in office include:

neglect or non-performance of any positive duty imposed by law; oppressive and wilful abuse of authority (to be distinguished from mere error of judgment); extortion; fraud or breach of trust affecting the public, such as rendering, passing or procuring false accounts . . .

Chester v. State, 32 Md.App. 593, 606 (1976).

The crime of misconduct in office requires that the State prove: (1) that the defendant was a public officer; (2) that the defendant acted in their official capacity or took advantage of their public office; and (3) that the defendant corruptly did an unlawful act (malfeasance), corruptly failed to do an act required by the duties of their office (nonfeasance), or corruptly did

a lawful act (misfeasance). MPJI-Cr 4:23 Misconduct in Office (Malfeasance, Misfeasance, and Nonfeasance), MPJI-Cr 4:23 (2d ed. 2021). “[T]he conduct must be a willful abuse of authority and not merely an error in judgment.” Comment to *id.* (internal citation omitted).

As noted above, misconduct in officer may occur under three different theories. Two of those theories—nonfeasance and misfeasance—could be applicable in this case. In charging misconduct in office, the State need not distinguish among those three theories. The Court of Special Appeals has written:

[W]hat matters is the gravamen of the charge, and it is not particularly important what it is called. In [State v. Carter], . . . the appellants claimed that the indictment should be dismissed because it “contained in one count three separate and distinct crimes, malfeasance, misfeasance, and nonfeasance in office, and therefore was duplicitous.” Judge Marbury instructed that the officials were charged with performing their duties corruptly and improperly and that “[w]hether this is called malfeasance or misfeasance or nonfeasance, it is a clear charge of misconduct in office, and it is the only charge contained in the indictment.”

Sewell v. State, 239 Md. App. 571, 605, (2018) (citing *State v. Carter*, 200 Md. 255, 267 (1952)).

The evidence discussed above under the reckless endangerment charge and the impairment of evidence charge is all relevant to the misconduct in office charge as well. The determination of whether the state could prove any of the above charges would indicate whether the state could prove misconduct in office as well.

In addition, Sgt. Curley’s recorded phone call to Lt. Connolly, which is less relevant as direct evidence in the earlier charges, would be direct evidence here. That call is misleading in a number of ways. Sgt. Curley claimed that within 30 seconds of Mr. Womack falling to the floor, he sent troopers in to assist him and called EMS. In fact, the time period was 18 minutes. Sgt. Curley also said that troopers actively assisted Mr. Womack into the recovery position, when in fact troopers did not move or reposition him.

E. Other Charges

There are several other charges for which full analysis was not warranted given the facts of this incident. The obstruction of justice statute, Md. Code Ann., Crim. Law § 9-306, would not apply to the reports or statements made by the officers because it only applies to acts committed after there has been some judicial action. *State v. Pagano*, 341 Md. 129, 131, 669 A.2d 1339, 1340 (1996) (holding that the statute applies only after there has been some court involvement).

To prove unintentional (“depraved heart”) second-degree murder, the State must prove: “(1) that the defendant caused the death of [Mr. Womack]; (2) that the defendant’s conduct created a very high degree of risk to the life of [Mr. Womack]; and (3) that the defendant, conscious of such risk, acted with extreme disregard of the life[-]endangering consequences.”

MPJI-Cr 4:17.8 Homicide—Second Degree Depraved Heart Murder and Involuntary Manslaughter (Grossly Negligent Act and Unlawful Act), MPJI-Cr 4:17.8 (2d ed. 2021). Not only does this statute require a higher level of wrongdoing than gross negligence homicide—“very high degree of risk to” life and “extreme disregard”—but it requires that death be a near certain result of officers’ conduct, which could not be proven here. *See Beckwitt v. State*, 477 Md. 398 (2022).

This report does not analyze any intentional homicide charges—first-degree, second-degree, or manslaughter—because there is no evidence that the officers intended to cause Mr. Womack’s death.

VI. Conclusion

This report has presented factual findings and legal analysis relevant to the in-custody death that occurred on January 21, 2022, in Centreville, Maryland. Please do not hesitate to contact the IID if you would like us to facilitate any additional interviews or to otherwise supplement this report through any further investigation or analysis.

Appendices

Appendix A – Materials Reviewed

911 Calls & Communications (3 items)

CAD Reports (5 items)

Civilian Witness Interview (10 items)

Dash Cam Video (1 video)

Decedent Documents (10 items)

Departmental Policies (18 items)

EMS Interviews (4 audio interviews)

Lab Reports (10 items)

Medical Records (4 items)

Miscellaneous (3 items)

OAG Reports (11 items)

OCME (3 items)

Officer Witness Statements (7 audio interviews)

Other Video (86 videos)

Photographs (231 photographs, 1 audit trail log, and 6 screenshots taken from videos)

Police Reports (29 items)

Search Warrants (2 items)

Subpoenas (8 items)

Interact Reports (3 items)

All materials reviewed have been shared with the Queen Anne's County State's Attorney's Office via a secure filesharing service.

Appendix B – Statements provided by Sergeant B. Curley

See attached.

Appendix C – Statement provided by Corporal G. Smith

See attached.

Appendix D - Statement provided by Trooper First Class B. Carroll

See attached.

Appendix E – Relevant Maryland State Police Policies

See attached.