

USE OF FORCE REVIEW MEETING FORM

Detainee Name:		D149	
CID/ HO Ref:	167	3654	
4S Ref number:		/17	
Date of Review	21/7	17	
Name of Person Completing Review:	STE	1E Wers	
Are all of the Use of Force reports pr	esent:	Is the F213 Medic	al Form Present:
Yes No 🗆		Yes, 🖸	No □
Are the documents completed correctly and to an acceptable standard		Is there CCTV/BWC/ Camcorder evidence which covers this incident	
Yes No 🗆		Yes	No 🗆
Does the incident meet the following crit	teria?		
Reasonable in the circumstances:		Necessary:	
		=/	
Yes No No No more force than is necessary:		Yes	No 🗆
No more force than is necessar	y:	Proportionate to the seri	ousness of the situation:
Yes 🗹 No 🗆		Yes, 🗹	No 🗆
The outcome of this review:		V	
Further investigation required:		Lessons learned and further training:	
Yes 🗆 No 🗹		Yes□	No 🗹
Letters of commendation required:		No further action required:	
Yes 🗆 No 🗹		Yes□	No.Z
	1	een noted:	

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