



Use of Force – DCF 2

DC RULE 41

The date on which force was used 27/4/2017

Log Number 109117

Time Use of Force Commenced 18:10 hrs Time Use of Force Completed 18:25 hrs

Detainees' details

Surname	<b>D191</b>
Forename(s)	<b>D191</b>
Nationality	<u>SOMALIA</u>
Port Ref	<u>A499726/005</u>
CID Ref	<u>2142951</u>

Were ratchet handcuffs used?	Yes	<u>No</u>
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The time that ratchet handcuffs were applied?	
The time that ratchet handcuffs were removed?	

Hand held camcorder used?	Yes	<u>No</u>
Body worn camera used?	Yes	<u>No</u>

Reason for force being used

Tick

PS	Prevent Self Harm		Force used, was it?	Planned	<u>Unplanned</u>
MG	Maintain Good Order and Discipline	<input checked="" type="checkbox"/>	Did a member of healthcare attend to the detainee	During incident	After incident
PY	Protect Yourself		Is the detainee on ACDT / PEEP/Raised Concerns / other? Specify ( )		
PA	Protect a Third Party	<input checked="" type="checkbox"/>	Room Clearance and certification completed?	Yes	<u>No</u>
PD	Prevent Damage to Center Property		Location of incident?	<u>A WING</u>	
PE	Prevent Escape		Detainee relocated too?	<u>CSU 006</u>	

	Time Informed	Your Name / Position	Name of Person that you Contacted?
Duty Director Informed	<u>20:00</u>	<u>S. WEBB</u>	<u>SARA EDWARDS</u>
Home Office informed	<u>20:00</u>	<u>S. WEBB</u>	<u>H. RATEL</u>
Healthcare Informed	<u>19:30</u>	<u>S. WEBB</u>	<u>D. BATCHELOR</u>
IMB Informed	<u>20:00</u>	<u>S. WEBB</u>	<u>E. MARKWICK</u>
Care Team Informed	<u>20:00</u>	<u>S. WEBB</u>	<u>Z. OAYUN</u>

Search Conducted on arrival to unit by: (Name / Position) See BRYANT

New Location of the detainees PROPERTY?

The Use of Force was authorised by (Supervising Officer):

Name..... S Webb.....

Grade.....DCM.....

Reason(s).....Incident on the wing with another detainee. To keep good order of the establishment

RELOCATION			
The detainee was relocated to:		Type of relocation required:	
Own Room		Compliant	
Care & Separation Unit	X	Passively Resistant	
Special Accommodation		Actively Resistant	
Other (please specify below)		Other (please specify below)	
.....		.....	
.....		.....	
.....		.....	
.....		.....	
If relocated to Special Accommodation, complete the relevant form.			
Authorised by:.....			
Grade:.....			

**INJURIES SUSTAINED & HEALTHCARE INVOLVEMENT**

Was a member of Healthcare present throughout the incident (Doctor, Registered Nurse or Healthcare)?                      Yes ☐                      No ☒

Name.....

Grade.....

An F213 or equivalent form (private sector) was completed by:

Name...D Bachelor .....

Grade.....RGN.....

Did the detainee sustain any injuries at the time? (If so, please provide details on the F213 or equivalent form)                      Yes ☐                      No ☒

Did the detainee require outside hospitalisation at the time?  
Yes ☐                      No ☒

Name of Healthcare member.....

Grade.....

Did a member of staff require medical attention at the time?  
Yes ☐                      No ☒

Name.....

Grade.....

Treatment was provided:

By the centres healthcare staff (internally)                      ☐                      By an outside hospital (externally)                      ☐

**NOTE:**

AN F213 (or equivalent form) MUST BE COMPLETED ON ALL DETAINEES, EVEN IF THEY APPEAR NOT TO HAVE SUSTAINED ANY INJURIES. A COPY OF THE F213 MUST BE ATTACHED TO THIS FORM. THIS FORM SHOULD THEN BE PLACED IN THE USE OF FORCE INCIDENT FILE. ANY INJURIES SUSTAINED BY STAFF MUST BE ENTERED IN THE ACCIDENT BOOK.



# REPORT OF INJURY TO DETAINEE

Section 1 - Detail of Detainee (To be completed by the Incident Reporting Officer)

Surname:	D191	First Names:	D191
CID Ref:	21. (295)	Date of Birth:	DPA

Section 2 (a) Details of incident (To be completed by the Incident Reporting Officer)

Time and date of incident:	
Place of incident:	
Incident reported by:	
Incident Witnessed by:	
Nature of injury	

Section 2 (b) Brief report of circumstances in which injury was sustained  
(To be completed by the Incident Reporting Officer)


Name (Block capitals):

Signature:

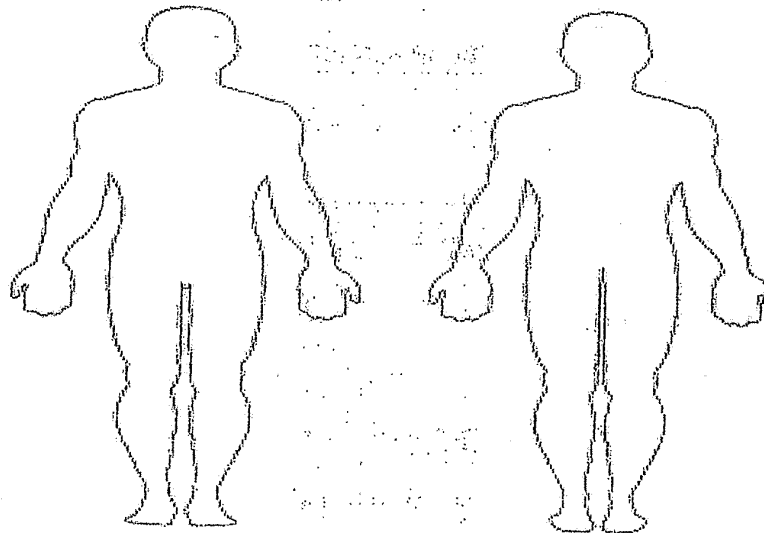
Date:

OFFICIAL - SENSITIVE

Section 13 Healthcare's report (To be completed by medical staff)

Time and date of examination... 18<sup>40</sup> 27/4/17

Report: Called to CSU - detainee placed on  
Rm 40 - Attacked another detainee, however  
he apparently knocked face on table in  
Room - Swelling, approx to right eye  
noted - NO open wounds.



Front of Body

Back of Body

Healthcare:

Medical Staff - Name: Donna Batchelor  
(Block capitals)

Signature: Signature

Date: 27/4/17