



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D149
CID/ HO Ref:	1673654
G4S Ref number:	135/17
Date of Review	21/7/17
Name of Person Completing Review:	Steve Webb

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

Print Name: Steve WebbGrade: DCM / CTR INSTRUCTOR

signature

Date: 21/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1914
CID/ HO Ref:	11382233
G4S Ref number:	134 / 17
Date of Review	21 / 7 / 17
Name of Person Completing Review:	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

Print Name: STEVE WEBBGrade: Dem / CTR INSTRUCTORSignature: **signature**Date: 21 / 7 / 17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1978
CID/ HO Ref:	11531720
G4S Ref number:	225/17 - BH 133/17
Date of Review	21/7/17
Name of Person Completing Review:	Steve Webb

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

NO F213.

Print Name: Steve Webb

Grade: DOM / CTR INSTRUCTOR

Signature: **signature**

Date: 21/7/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D434
CID/ HO Ref:	4900008
G4S Ref number:	234 / 17. BH 131 / 17.
Date of Review	21 / 7 / 17
Name of Person Completing Review:	S. Webb

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

Print Name: Steve WebbGrade: Dem / C+E INSTRUCTORSignature: **signature**Date: 21 / 7 / 17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D2034
CID/ HO Ref:	
G4S Ref number:	11632812
Date of Review	130/17
Name of Person Completing Review:	21/7/17
	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Necessary: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
No more force than is necessary: Yes <input type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Lessons learned and further training: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input type="checkbox"/>

Please add comments below if any concerns have been noted:

IS BEING INVESTIGATED, OFFICER SUSPENDED.

Print Name: STEVE WEBB

Grade: Dem / C+2 INSTRUCTOR

Signature: signature

Date: 21/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D52
CID/ HO Ref:	688502
G4S Ref number:	223/17 BH 129/17
Date of Review	21/7/17
Name of Person Completing Review:	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Lessons learned and further training: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

FURTHER INVESTIGATION AS MEMBER OF STAFF INJURED
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Print Name: STEVE WEBB

Grade: Dcm / C+R INSTRUCTOR

Signature: **signature**

Date: 21/7/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D812
CID/ HO Ref:	
G4S Ref number:	8299746
Date of Review	222/17 - 128-17
Name of Person Completing Review:	21/7/17
	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

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Print Name: STEVE WEBB Grade: Dom / CTR INSTRUCTOR

Signature: **signature** Date: 21/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D2034
CID/ HO Ref:	
G4S Ref number:	11632812
Date of Review	127/17
Name of Person Completing Review:	21/7/17 STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

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Print Name: STEVE WEBB

Grade: Dcm / C+R INSTRUCTOR

Signature: **signature**

Date: 21/7/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D131
CID/ HO Ref:	1465537
G4S Ref number:	126/17
Date of Review	21/7/17
Name of Person Completing Review:	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

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Print Name: STEVE WEBB

Grade: DCM/ C+R INSTRUCTOR

Signature: **signature**

Date: 21/7/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D131
CID/ HO Ref:	1465537
G4S Ref number:	221/17 125/17
Date of Review	21/7/17
Name of Person Completing Review:	Steve Webb

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?

Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:

Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

Print Name: Steve Webb Grade: DCM / C+R INSTRUCTOR

Signature: **signature** Date: 21/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1257
CID/ HO Ref:	9847274
G4S Ref number:	124/17
Date of Review	21/7/17
Name of Person Completing Review:	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

Print Name: STEVE WEBB Grade: DM / C+2 INSTRUCTOR

Signature: signature Date: 21/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1523
CID/ HO Ref:	
G4S Ref number:	10542266
Date of Review	220/17 - BH 123/17
Name of Person Completing Review:	21/7/17
	Steve Webb

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

--

Print Name: STEVE WEBB

Grade: DCM / C+2 INSTRUCTOR

Signature:

signature

Date:

21/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D243
CID/ HO Ref:	2691170
G4S Ref number:	BH 122/17
Date of Review	31/7/17
Name of Person Completing Review:	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

Print Name: STEVE WEBB Grade: DCU / CTR INSTRUCTOR

Signature: signature Date: 31/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1110
CID/ HO Ref:	
G4S Ref number:	94 70139
Date of Review	BH 121/17
Name of Person Completing Review:	31/7/17
	Steve Webb

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

--

Print Name: Steve WebbGrade: Dem - CTR INSTRUCTOR

Signature:

signature

Date:

31/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D687
CID/ HO Ref:	7549784
G4S Ref number:	BH 120/17
Date of Review	31/7/17
Name of Person Completing Review:	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?

Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:

Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

Print Name: STEVE WEBB

Grade: DCU / C+R INSTRUCTOR

Signature: **signature**

Date: 31/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1020
CID/ HO Ref:	914133
G4S Ref number:	119/17
Date of Review	31/7/17
Name of Person Completing Review:	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

Print Name: STEVE WEBB

Grade: DCU + C+R INSTRUCTOR

Signature: **signature**

Date: 31/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D2389
CID/ HO Ref:	
G4S Ref number:	12102266
Date of Review	BM 118/17
Name of Person Completing Review:	31/7/17
	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?

Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:

Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

--

Print Name: STEVE WEBB Grade: DCM / C+R INSTRUCTOR

Signature: **signature** Date: 31/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1606
CID/HO Ref:	10738033
G4S Ref number:	BM 117/17
Date of Review	31/7/17
Name of Person Completing Review:	Steve Webb

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/BWC/Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

Print Name: Steve Webb

Grade: Dem / C+R INSTRUCTOR

Signature: **signature**

Date:

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D672
CID/ HO Ref:	7432550
G4S Ref number:	BH 116/17
Date of Review	31/7/17
Name of Person Completing Review:	Steve Webb

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

Print Name: STEVE WEBB

Grade: Dcm / C+R INSTRUCTOR

Signature: **signature**

Date: 31/7/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D14
CID/ HO Ref:	502089
G4S Ref number:	BH 115/17
Date of Review	31/7/17
Name of Person Completing Review:	Steve Webb

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

Print Name: STEVE WEBB Grade: DCM / CTR INSTRUCTION

Signature: **signature** Date: 31/7/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1527
CID/ HO Ref:	
G4S Ref number:	10549090
Date of Review	B+1114/17
Name of Person Completing Review:	31/7/17
	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

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Print Name: STEVE WEBB

Grade: Dem/ CTR INSTRUCTOR

Signature: **signature**

Date: 31/7/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1251
CID/ HO Ref:	
G4S Ref number:	983599
Date of Review	BM 113/17
Name of Person Completing Review:	31/7/17
	STEVE WEBB.

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?	
Reasonable in the circumstances: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:	
Further investigation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

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Print Name: STEVE WEBB

Grade: DM / C+R INSTRUCTOR

Signature: **signature**

Date: 31/7/17

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