



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|------------|
| Detainee Name: | D68 |
| CID/ HO Ref: | 762144 |
| G4S Ref number: | 112/17 |
| Date of Review | 17/7/17 |
| 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:

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|--|--|
| 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: DCU / CTR INSTRUCTOR

Signature: **signature**

Date: 17/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|-------------|
| Detainee Name: | D168 |
| CID/ HO Ref: | 1865777 |
| G4S Ref number: | 111/17 |
| Date of Review | 17/7/17 |
| 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:

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|--|--|
| 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 WebbGrade: DCM / C+R INSTRUCTORSignature: signatureDate: 17/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|-------------|
| Detainee Name: | D191 |
| CID/ HO Ref: | 214 2951 |
| G4S Ref number: | 109/17 |
| Date of Review | 17/7/17 |
| 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?

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|---|---|
| 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:

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|--|--|
| 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 WebbGrade: Dom / CTR INSTRUCTORSignature: signatureDate: 17/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D1468 |
| CID/ HO Ref: | 12216628 |
| G4S Ref number: | 110/17 |
| Date of Review | 17/7/17 |
| 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?

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| 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:

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|--|--|
| 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 WEBBGrade: DCM / CTR INSTRUCTORSignature: signatureDate: 17/7/17

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USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D1199 |
| CID/ HO Ref: | 9718206 |
| G4S Ref number: | 108/17 |
| Date of Review | 17/7/17 |
| Name of Person Completing Review: | STEVE WEBB |

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| 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?

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| 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:

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|--|--|
| 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 WEBBGrade: Dem / C+R INSTRUCTORSignature: signatureDate: 17/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|-------------|
| Detainee Name: | D523 |
| CID/ HO Ref: | 5859573 |
| G4S Ref number: | 107/17. |
| Date of Review | |
| Name of Person Completing Review: | |

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| 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?

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|---|---|
| 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 WebbGrade: Dem / CTR INSTRUCTORSignature: signatureDate: 18/7/17.

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USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|-------------|
| Detainee Name: | D527 |
| CID/ HO Ref: | 5895809 |
| G4S Ref number: | 106/17 |
| Date of Review | 17/7/17 |
| Name of Person Completing Review: | Steve Webb |

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| 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?

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|---|---|
| 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:

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|--|--|
| 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+12 INSTRUCTOR

Signature: **signature**

Date: 17/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D1527 |
| CID/ HO Ref: | 10549090 |
| G4S Ref number: | 105/17 |
| Date of Review | 17/7/17 |
| 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?

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|---|---|
| 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:

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|--|--|
| 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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| NONE |
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Print Name: STEVE WEBB

Signature: signature

Grade: Dem / CTR INSTRUCTOR

Date: 17/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D1527 |
| CID/ HO Ref: | 10549090 |
| G4S Ref number: | 104 / 17 |
| Date of Review | 18 / 7 / 17 |
| Name of Person Completing Review: | STEVE WEBB |

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|--|--|
| 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"/> |

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The outcome of this review:

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| 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 WebbGrade: DCM / CTR INSTRUCTORSignature: signatureDate: 18 / 7 / 17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|-------------|
| Detainee Name: | D720 |
| CID/ HO Ref: | 7720436 |
| G4S Ref number: | 103/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | STEVE WEBB |

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| 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?

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|---|---|
| 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: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D2603 |
| CID/ HO Ref: | 12232982 |
| G4S Ref number: | 102/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | STEVE WEBB |

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| 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?

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|---|---|
| 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 WEBBGrade: DCM / C+R INSTRUCTORSignature: signatureDate: 18/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D1300 |
| CID/ HO Ref: | 9987464 |
| G4S Ref number: | 101/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | STEVE WEBB |

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|--|--|
| 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"/> |

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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

Signature: **signature**

Grade: DCM / C+R INSTRUCTOR

Date: 18/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D2019 |
| CID/ HO Ref: | 11611026 |
| G4S Ref number: | 100/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | STEVE WEBB |

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| 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"/> |

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| 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:

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| 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 / CTR INSTRUCTOR

Signature: **signature**

Date: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D2019 |
| CID/ HO Ref: | 1161026 |
| G4S Ref number: | 099/17 |
| Date of Review | 18/7/17 |
| 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"/> |

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| 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: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D2636 |
| CID/ HO Ref: | 12243266 |
| G4S Ref number: | 098/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | Steve Webb |

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| 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"/> |

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| 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:

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| 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 WebbGrade: Dem/ CTR INSTRUCTORSignature: signatureDate: 18/7/17

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

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|-----------------------------------|--------------|
| Detainee Name: | D2636 |
| CID/ HO Ref: | 12243266 |
| G4S Ref number: | 097/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | Steve Webb |

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| 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?

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|---|---|
| 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:

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| 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

Signature: signature

Grade: Dem / CTR INSTRUCTOR

Date: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

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|-----------------------------------|--------------|
| Detainee Name: | D2405 |
| CID/ HO Ref: | 12120493 |
| G4S Ref number: | 096/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | STEVE WEBB |

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| 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?

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|---|---|
| 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:

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|--|--|
| 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/CAR INSTRUCTOR

Signature: **signature**

Date: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|-------------|
| Detainee Name: | D489 |
| CID/ HO Ref: | 5609090 |
| G4S Ref number: | 095/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | Steve Webb |

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| 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?

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| 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:

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|--|--|
| 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

Signature: signature

Grade: DCM / CTR INSTRUCTOR

Date: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

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|-----------------------------------|-------------|
| Detainee Name: | D484 |
| CID/ HO Ref: | 5581042 |
| G4S Ref number: | 94/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | STEVE WEBB |

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| 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?

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| 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:

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| 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:..... Grade:.....

Signature:..... Date:.....

OFFICIAL - SENSITIVE



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USE OF FORCE REVIEW MEETING FORM

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|-----------------------------------|--------------|
| Detainee Name: | D1678 |
| CID/ HO Ref: | 10909903 |
| G4S Ref number: | 093/17 |
| Date of Review | 12/7/17 |
| Name of Person Completing Review: | Steve Webb |

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| 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"/> |

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| 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"/> |

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| 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 WebbGrade: DCM/ CTR INSTRUCTORSignature: **signature**Date: 12/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

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|-----------------------------------|-------------|
| Detainee Name: | D523 |
| CID/ HO Ref: | 5859573 |
| G4S Ref number: | 092/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | STEVE WEBB |

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| 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?

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| 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:

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| 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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|-------------|
| NO CONCERNS |
|-------------|

Print Name: STEVE WEBB

Grade: Dem / C+R INSTRUCTOR

Signature: **signature**

Date: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D1017 |
| CID/ HO Ref: | 12178661 |
| G4S Ref number: | 091/17 |
| Date of Review | 18/7/17 |
| 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?

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| 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:

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| 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 WebbSignature: signatureGrade: Dom / C+2 INSTRUCTORDate: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

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|-----------------------------------|--------------|
| Detainee Name: | D1017 |
| CID/ HO Ref: | 12178661 |
| G4S Ref number: | 090117 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | Steve Webb |

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|--|--|
| 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"/> |

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| 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"/> |

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| 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 WebbGrade: DCM / CAR INSTRUCTORSignature: signatureDate: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D1103 |
| CID/ HO Ref: | 944 3742 |
| G4S Ref number: | 089/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | Steve WEBB |

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| 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"/> |

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| 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"/> |

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| 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 WEBBGrade: Dem / C+2 INSTRUCTORSignature: signatureDate: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D2416 |
| CID/ HO Ref: | 12127659 |
| G4S Ref number: | 088/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | STEVE WEBB |

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| 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?

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| 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:

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|--|--|
| 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

Signature: **signature**

Grade: DEM/CTR INSTRUCTOR

Date: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D2183 |
| CID/ HO Ref: | 11876120 |
| G4S Ref number: | 087/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | Steve Webb |

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| 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"/> |

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| 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"/> |

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| 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 WebbGrade: Det / C+R INSTRUCTORSignature: signatureDate: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D2159 |
| CID/ HO Ref: | 11838318 |
| G4S Ref number: | 086/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | Steve Webb |

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| 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"/> |

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| 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"/> |

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| 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: Det / CTR INSTRUCTOR

Signature: signature Date: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

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|-----------------------------------|--------------|
| Detainee Name: | D1744 |
| CID/ HO Ref: | 11041775 |
| G4S Ref number: | 085/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | Steve Webb |

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| 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"/> |

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| 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"/> |

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| 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 WebbGrade: Dom / C+R INSTRUCTORSignature: signatureDate: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D1774 |
| CID/ HO Ref: | 11096334 |
| G4S Ref number: | 084/17 |
| Date of Review | 18/7/17 |
| Name of Person Completing Review: | STEVE WEBB |

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| 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"/> |

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| 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"/> |

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| 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

Signature: signature

Grade: DCM/ C+12 INSTRUCTOR

Date: 18/7/17

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

| | |
|-----------------------------------|--------------|
| Detainee Name: | D1774 |
| CID/ HO Ref: | 11096334 |
| G4S Ref number: | 083/17 |
| Date of Review | 18/7/17 |
| 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"/> |

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| 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"/> |

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| 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: 18/7/17

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