



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D87
CID/ HO Ref:	
G4S Ref number:	999023
Date of Review	BH 165/17 - BWC - BH 303/17
Name of Person Completing Review:	31/8/17 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: DCU / CH2 INSTRUCTOR

Signature: **signature**

Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0001



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D87
CID/ HO Ref:	
G4S Ref number:	999023
Date of Review	BH 164/17 - Cam BH 302/17
Name of Person Completing Review:	31/8/17 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 checked="" 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:

- DETAINEE GOT OUT OF THE ROOM,
- STAFF GETTING HURT.

Print Name: STEVE WEBB Grade: DEM / C+R INSTRUCTOR
Signature: signature Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0002



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:		D2953	
CID/ HO Ref:			
G4S Ref number:		12354885	
Date of Review		B11 163/17	
Name of Person Completing Review:		31/8/17	
		STEVE WCBR	
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 WCBR

Grade: DCM / CTR INSTRUCTOR

Signature: **signature**

Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0003



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D2054
CID/ HO Ref:	
G4S Ref number:	11671272
Date of Review	BH1162/17 - BWC - 2/5/17
Name of Person Completing Review:	3/18/17
	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: Det / CTR INSTRUCTOR

Signature: signature Date: 3/18/17

OFFICIAL - SENSITIVE

CJS000903_0004



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D401
CID/ HO Ref:	
G4S Ref number:	4454879
Date of Review	BH 16/12
Name of Person Completing Review:	31/8/12
	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:

PAPERWORK REVIEWED ONLY

Print Name: STEVE WEBB

Grade: Cam / CH2 INSTRUCTOR

Signature: **signature**

Date: 31/8/12

OFFICIAL - SENSITIVE



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D56
CID/ HO Ref:	
G4S Ref number:	713754
Date of Review	BH 160/17 BWC BH301/17
Name of Person Completing Review:	31/8/17
	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: Det / CTS INSTRUCTOR

Signature: signature Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0006



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D724
CID/ HO Ref:	
G4S Ref number:	7742944
Date of Review	BH 159/17 - CCTV BH 305/17
Name of Person Completing Review:	31/8/17 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:

PAPERWORK REVIEWED ONLY

Print Name: STEVE WEBB

Grade: DCM / CTR INSTRUCTOR

Signature: **signature**

Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0007



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1747
CID/ HO Ref:	
G4S Ref number:	11048398
Date of Review	BH 158/17 - CCTV - BH 304/17
Name of Person Completing Review:	31/8/17 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 Webb

Grade: Dcm / CTR INSTRUCTOR

Signature: **signature**

Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0008



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D149
CID/ HO Ref:	
G4S Ref number:	1673654
Date of Review	BH157/17 - BWC - BH299/17
Name of Person Completing Review:	3/18/17
	STEVE WEBB

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the P213 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
Signature: **signature**
Grade: Dem / C+R INSTRUCTOR
Date: 3/18/17

OFFICIAL - SENSITIVE

CJS000903_0009



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D2973
CID/ HO Ref:	
G4S Ref number:	12368709
Date of Review	BH 156/17 - BWC BH 298/17
Name of Person Completing Review:	31/8/17
	Steve Wertz

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 CCIV/ 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 Wertz Grade: DCM / CTR INSTRUCTOR

Signature: signature Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0010



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1722
CID/ HO Ref:	
G4S Ref number:	11012081
Date of Review	BH 155/17 - BWC - BH 300/17
Name of Person Completing Review:	31/8/17
	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:

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Print Name: STEVE WEBB

Signature: **signature**

Grade: Dem / C12 INSTRUCTOR

Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0011



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1371
CID/ HO Ref:	
G4S Ref number:	10138482
Date of Review	BH 154/17 - CCTV - BH 294/17
Name of Person Completing Review:	3/18/17
	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:

Paperwork Reviewed only.

Print Name: STEVE WEBB	Grade: DCU / CTR INSTRUCTOR
Signature: signature	Date: 3/18/17

OFFICIAL - SENSITIVE

CJS000903_0012



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1371
CID/ HO Ref:	
G4S Ref number:	10138482
Date of Review	BH 154/17 - CCTV - BH 294/17
Name of Person Completing Review:	31/8/17
	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:

Paperwork: Reviewed only.

Print Name: STEVE WEBB

Grade: DM ONE INSTRUCTOR

Signature: **signature**

Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0013



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1853
CID/ HO Ref:	
G4S Ref number:	11224849
Date of Review	BH 153/17 - BWC - BH 266/17
Name of Person Completing Review:	3/8/17 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:

Not Re-Adjusting Final Lock on Left Wrist when Detainee complained.

The way the team maneuvered down the staircase.

Will address on Refreshers.

Print Name: Steve Webb	Grade: DM / CTR INSTRUCTOR
Signature: signature	Date: 3/8/17

OFFICIAL - SENSITIVE

CJS000903_0014



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D368
CID/ HO Ref:	
G4S Ref number:	3840087
Date of Review	BH 152/17 - CCTV 292/17
Name of Person Completing Review:	31/8/17 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:

Paperwork Reviewed only

Print Name: Steve WebbGrade: Dem/ C+2 INSTRUCTORSignature: **signature**Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0015



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D642
CID/ HO Ref:	
G4S Ref number:	7187555
Date of Review	BH 151/17 - CCTV BH 291/17
Name of Person Completing Review:	31/8/17 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 WEBB

Signature: **signature**

Grade: DCM/CTR INSTRUCTOR

Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0016



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D2264
CID/ HO Ref:	
G4S Ref number:	1199 3961
Date of Review	BH 150/17 - Cam - BH 265/17.
Name of Person Completing Review:	31/8/17 STEVE W333

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F21R 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 W333

Grade: Dem / C+2 INSTRUCTOR

Signature: **signature**

Date: 31/8/17

OFFICIAL - SENSITIVE

CJS000903_0017



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:		D2034	
CID/HO Ref:			
G4S Ref number:		11632812	
Date of Review		BH 149 - CAM - BH 264 / 17.	
Name of Person Completing Review:		31/8/17	
		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 WebbSignature: **signature**Grade: DCM / C+2 INSTRUCTORDate: 31/8/17

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CJS000903_0018



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D2239
CID/ HO Ref:	
G4S Ref number:	11960937
Date of Review:	BH 148/17 - CAM - BH 263/17
Name of Person Completing Review:	31/8/17 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: Dem / CTR INSTRUCTOR

Signature: **signature** Date: 31/8/17

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CJS000903_0019



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1853
CID/ HO Ref:	
G4S Ref number:	11224849
Date of Review	147/17 - BWC - BM 243/17.
Name of Person Completing Review:	9/8/17.
	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 WebbGrade: Dcm CTR INSTRUCTORSignature: **signature**Date: 09/08/17.

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CJS000903_0020



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D2953
CID/HO Ref:	
G4S Ref number:	12354885
Date of Review:	BH 146/17 - CCTV - BH 285/17
Name of Person Completing Review:	31/8/17 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:

PAPERWORK REVIEWED ONLY.

Print Name: STEVE WEBB

Grade: DEM / C+2 INSTRUCTOR

Signature: **signature**

Date: 31/8/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1948
CID/ HO Ref:	11472130
G4S Ref number:	145/17 - BWC 242/17 262/17
Date of Review	09/08/17
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:

--

Print Name: STEVE WEBB

Signature: **signature**

Grade: Dom / C+R INSTRUCTOR

Date: 09/08/17

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CJS000903_0022



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D508
CID/ HO Ref:	
G4S Ref number:	5747503
Date of Review	BH 144/17 - BWC - BH 241-17.
Name of Person Completing Review:	31/8/17
	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: Dem CTR INSTRUCTOR

Signature: signature Date: 31/8/17

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CJS000903_0023



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D720
CID/ HO Ref:	
G4S Ref number:	7720436
Date of Review	BH 143/17 - CCTV BH 282/17
Name of Person Completing Review:	31/8/17 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:

Paperwork Reviewed only.

Print Name: Steve Webb	Grade: Dcm C+R INSTRUCTOR
Signature: signature	Date: 31/8/17

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USE OF FORCE REVIEW MEETING FORM

Detailee Name:	D1538
CID/ HO Ref:	
G4S Ref number:	10596334
Date of Review	BH 142/17 - CCTV BH 281/17
Name of Person Completing Review:	30/8/17 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: Dem / CTE INSTRUCTOR

Signature: **signature** Date: 30/8/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D2916
CID/ HO Ref:	
G4S Ref number:	4639376
Date of Review	BH 141/17 - CCTV - BH 280/17
Name of Person Completing Review:	30/8/17 Steve Wess

Are all of the Use of Force reports present: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the #213 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 Wess	Grade: Det / C+2 INSTRUCTOR
Signature: signature	Date: 30/8/17

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CJS000903_0026



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D2764
CID/ HO Ref:	
G4S Ref number:	12280849
Date of Review	BH 140/17 - CCTV BH 279/17
Name of Person Completing Review:	30/8/17 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:

REVIEWED PAPERWORK ONLY.

Print Name: Steve Webb

Signature: **signature**

Grade: DCU / CPT INSTRUCTOR

Date: 30/8/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D378
CID/ HO Ref:	
G4S Ref number:	4230204
Date of Review	BH 139/17
Name of Person Completing Review:	30/8/17
	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:

Reviewed Paperwork only.

Print Name: STEVE WEBB

Grade: DCU / C12 INSTRUCTOR

Signature: **signature**

Date: 30/8/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D10
CID/ HO Ref:	484306
G4S Ref number:	BH 138/17 - CCTV - BH 278/17
Date of Review:	30/8/17
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:

Reviewed Paperwork ONLY, No CCTV Footage Viewed

Print Name: STEVE WEBB Grade: Det / C+R INSTRUCTOR
Signature: **signature** Date: 30/8/17

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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D390
CID/ HO Ref:	
G4S Ref number:	4334627
Date of Review	BH 137/17 - BH 261/17
Name of Person Completing Review:	30/8/17 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 / C+12 INSTRUCTORSignature: **signature**Date: 30/8/17

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CJS000903_0030



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USE OF FORCE REVIEW MEETING FORM

Detainee Name:	D1538
CID/ HO Ref:	
G4S Ref number:	10596334
Date of Review	BH - 136/17 - CCTV BH 276/17
Name of Person Completing Review:	30/8/17 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/ SWC/ 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: <u>Steve Webb</u>	Grade: <u>DCM / C+2 INSTRUCTOR</u>
Signature: signature	Date: <u>30/8/17</u>

OFFICIAL - SENSITIVE