

EVENTS LEADING UP TO THE INCIDENT		THE CIRCUMSTANCES WHY FORCE WAS USED	
None known		Preventing injury to oneself	
Searches (Room/A/B/Full)		Preventing self-harm	X
IEP down grade		Preventing injury to a third party	
Failure to comply with removal		Preventing damage to property	
Fight with another detainee		Preventing an escape / abscond	
Serving of removal directions (RDs)		Other (please specify below)	
Assault on a member of staff		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Assault on another detainee			
Non-compliance	X		
Home Office interview			
Court appearance			
Video-link hearing			
Moving to another centre/unit/prison			
Others (please specify below)		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Medical Issues Food/Fluid Refusal			

TYPE OF FORCE USED

Verbal reasoning used to de-escalate the situation initially and/or during the incident?
 Yes ☒ No ☐

(Please expand with details in Annex A)

Were Personal Safety Techniques Used?	<input type="checkbox"/>	Were C&R Techniques Used?	X	Were MMRP Techniques Used?	X
Defensive Options	<input type="checkbox"/>	Guiding Hold	x	Figure Four Arm Hold	X
Push	<input type="checkbox"/>	Isolating the Arm	<input type="checkbox"/>	Head Support	<input type="checkbox"/>
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock	x	Mandibular Angle	<input type="checkbox"/>
Kick	<input type="checkbox"/>	Final Lock	<input type="checkbox"/>	Detainee – Prone	<input type="checkbox"/>
Punch	<input type="checkbox"/>	Thumb Flexion/Lock	<input type="checkbox"/>	Detainee – Supine	<input type="checkbox"/>
		Inverted Wrist Hold	X	Detainee – Seated	X
				Restraint Recovery	<input type="checkbox"/>

Were handcuffs applied?	Yes
The time applied:... 17:20 Approx The time removed:... 17:25 Approx The duration applied:... 5 minutes Name of the person(s) checking the application and that the handcuffs were double locked: S Dix	
Name of the Supervising Officer DCM S Dix (Provide reasoning in the Annex A)	
Was a Baton drawn?	No