



Use of Force-DCF 2

DC RULE 41

Log Number089/17

Surname.....	D1103
Forename.....	D1103
Nationality.....	Pakistan
Port Ref No.....	T.V3/66088
CID Ref No.....	9443742

Handcuffs used	Yes	No
Time Handcuffs Applied.....		
Time Handcuff Removed		
Camera Used	Yes	No
If Yes Seal No.....		

Date Use of Force used.....14/4/17

Time Use of Force commenced.....2145

Time Use of Force completed.....2146

Search Conducted on Arrival to Unit by.....N/A

	Time	DCM Name	Name of Person Contacted
Duty Director Informed	2250	S/Dia	S Newbold
Duty UKBA Informed	2250	S/Dia	S Lewis
Duty IMB Informed	2250	S/Dia	M Maynard
Healthcare Informed	2250	S/Dia	M Maynard

Reason for Use of Force.....Protect myself + Third Party

Location re-located too.....Removal on Contingent

Type of Relocation

Compliant	Side	Full Prone	Handed to Escorts
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Planned or Unplanned

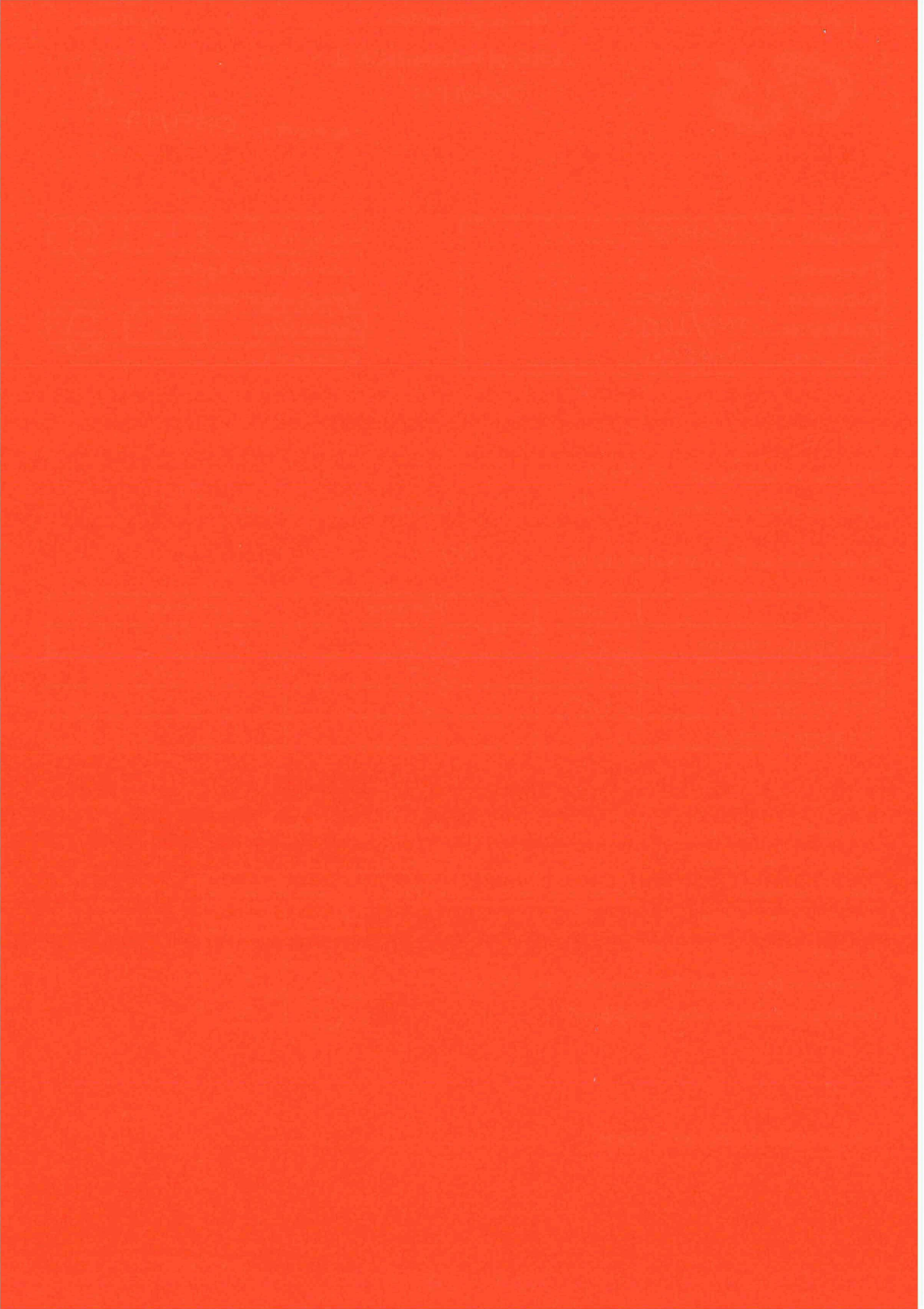
Planned	Unplanned
Yes	No
Yes	No
Yes	No

Is Detainee on a ACDT / RASP?

Has Healthcare seen the Detainee after Use of Force?

Has Room Clearance been Completed?

New Location of Detainee Property





USE OF FORCE REPORT FORM – DCF 02

TO BE COMPLETED BY THE SUPERVISING OFFICER IN CHARGE AT THE SCENE OF THE INCIDENT

LOCAL REFERENCE NUMBER: 89117

ESTABLISHMENT: BROOK HOUSE IRC

INCIDENT DETAILS

Date: 14/04/2017

Time: 21:40

DETAINEE DETAILS

CID Number:
1268554

Surname: D1103

Forename(s): D1103

Gender:
Male ☒
Female ☐
Transgender ☐

The Use of Force was:

Planned ☐ Unplanned ☒

Age group (please circle):

Adult (age ...42.....)
Minor (age)

Nationality:
PAKISTAN

STAFF INVOLVED

List below the grade / work area (i.e. Care & Separation Unit) and names of all the officers involved in the use of force incident

Grade:	Surname:	Forename(s):	Work Area:
DCO	BROMLEY	RYAN	D Wing

LOCATION OF INCIDENT

Wing	Education/Multi-Faith Area	
Own Room	Visits	
Care & Separation Unit	Association Area (please specify below)	X
Other (please specify) DWING GARDEN.....		

[illegible]

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

Were handcuffs applied?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
The time applied:.....		
The time removed:.....		
The duration applied:.....		
Name of the person(s) checking the application and that the handcuffs were double locked:		
.....		
Name of the Supervising Officer:		
(Provide reasoning in the Annex A)		
Was a Baton drawn?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If so, was it used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2



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

Name.....Ryan BROMLEY

Grade.....DCO.

Reason(s...

To protect myself from an ongoing assault.

RELOCATION

The detainee was relocated to:

Type of relocation required:

Own Room		Compliant	X
Care & Separation Unit	X	Passively Resistant	
Special Accommodation		Actively Resistant	
Other (please specify below)		Other (please specify below)	
.....		
.....		
.....		
.....		

If relocated to Special Accommodation, complete the relevant form.

Authorised by:.....

Grade:.....

**INJURIES SUSTAINED & HEALTHCARE INVOLVEMENT**

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

Name.....

Grade.....

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

Name... M Mucka

Grade... RGN

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

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

Name of Healthcare member.....

Grade...

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

Name.....

Grade.....

Treatment was provided:

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

NOTE:

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



EVIDENCE

	Yes	No
Was the clothing bagged and tagged?	<input type="checkbox"/>	X
Were any photographs taken?	<input type="checkbox"/>	X
Was the incident video recorded?	<input type="checkbox"/>	X
Was a Body Worn Camera Used?	<input type="checkbox"/>	X

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct and that I have completed Annex A "Use of Force – Officer's Statement."

Signed.....

Signature

Name S Dix

Date... 16/04/2017

*This form must now be passed to the Duty Operations Manager on duty.

ORDERLY OFFICER / DUTY OPERATIONS MANAGER (to complete):

I confirm that I have:

Contacted security to log the incident in the Use Of Force log,
Passed the reports to security to store the original copy securely,

Informed the Duty Governor / Duty Director. Name....S Newland

Informed the Home Office Manager. Name.....S Levett

Informed the IMB. NameM Molyneux

Informed the Care Team. NameZ Qayum

I also confirm that all officers involved in the Use of Force have completed Annex A "Use of Force – Officer's Statement."

Signed.....

Signature

Name..... RYAN BROMLEY

Grade... DCO

Date... 16/04/2017.





ANNEX A USE OF FORCE

Local
Reference No.

89/17.

STAFF STATEMENT

ESTABLISHMENT: BROOKHOUSE IRC

DATE 14/04/17

DETAINEE **D1103**
NAME

CID NUMBER: 9443742

NAME OFFICER RYAN BROMLEY

GRADE: DCO

The use of force must only be used when it is:

Reasonable in the circumstance**An absolute necessity****No more force than necessary****Proportionate to the seriousness of the situation**

Your statement must set out what happened; give details of your part in the use of force, any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate throughout the incident.

Your statement must be completed independently of other staff involved in the incident.

If C&R or MMPR was used, please tick your primary role:

Supervising Officer ☒

Head / Number 1

Right arm

Left arm

Leg Officer

Have you been C&R basic refreshed in the last 12 months? Yes

Have you attended a MMPR refresher in the last 6 months? No

The Type of Force Used:

Were Personal Safety Techniques Used?	YES	Were C&R Techniques Used?		Were MMPR Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold		Figure Four Arm Hold	<input type="checkbox"/>
Push	X	Isolating the Arm		Head Support	



Knee Strike	<input type="checkbox"/>	Arm Hold/Lock	<input type="checkbox"/>	Mandibular Angle	<input type="checkbox"/>
Kick	<input type="checkbox"/>	Wrist Flexion/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	<input type="checkbox"/>	Detainee – Seated	<input type="checkbox"/>
		Legs	<input type="checkbox"/>	Restraint Recovery	<input type="checkbox"/>
Were any additional restraints used?					
Hand Cuffs					
Baton					

Please provide as much detail as possible below, including:
Before the incident (i.e. what led to the incident, any de-escalation techniques used),
during the incident (i.e. what types of force were employed and why), and after the incident
(i.e. where the detainee(s) were relocated to and any injuries sustained).

At 21:40 on the 11th of April 2017 while inside D wing office, an alert over the radio of a first response call to Dove wing garden was called. Upon arriving to the location a detainee was lying in the recovery position on the floor while medical assistance was being carried out DCO Shadbolt and DCO Murphy before the arrival of a team from healthcare. At this point a large group of detainees surrounded both officers and the detainee receiving treatment. My role was to try and de-escalate the surrounding detainee's to make a safe working space for the officers, as I began my role the crowd started dispersing although detainee's

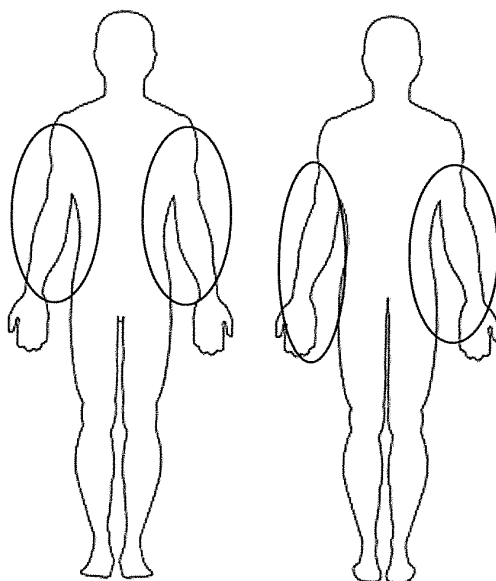
D3640 (3003436), **D1103** (12178661) **D1017** (

12178661) continued to be disruptive repeatedly shouting 'Let him die, like an animal' and then turned their attentions to myself and started walking in an aggressive manor towards me, saying that 'I'm a criminal for working for the home office'. At this point I felt threatened so I decided to step back further to create safe personal space, while trying to calm down detainee's **D3640**, **D1103**, **D1017** Detainee **D3640** then proceeded to invade my personal space calling me a 'racist cunt' and that no officer should help'. During receiving verbal abuse from **D3640**, detainee **D1103** approached myself from behind

repeatedly hitting the back of my head with a closed fist, while detainee **D1017** shouted 'attack the officer'. While being struck multiple times' I managed to create safe distance by open hand pushing detainee **D1103** off myself to stop the attack continuing **D1103** moved back while still standing. This allowed time for other officers DCO Shadbolt and DCO Sayers attending the incident to marshal myself off the garden and back to safety.



Please draw a circle around the part of the body that you held, supported, controlled or applied pressure to during the incident.



Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed. **Signature**

Name. RYAN BROMLEY

16/4/17 RB
Date. 14/04/17

(BLOCK CAPITALS)

*This form must now be passed to the Supervising Officer.

