



Use of Force-DCF 2

DC RULE 41

Log Number 34 127/17

Surname.	<u>D2034</u>
Forename.	<u>D2034</u>
Nationality.	<u>Eritrea</u>
Port Ref No.	<u>CWA/5048607</u>
CID Ref No.	<u>11632812</u>

Handcuffs used	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Time Handcuffs Applied.....		
Time Handcuff Removed		
Camera Used	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes Seal No.....		

Date Use of Force used 22/5/14

Time Use of Force commenced 1743

Time Use of Force completed 1750

Search Conducted on Arrival to Unit by D-MURPHY

	Time	DCM Name	Name of Person Contacted
Duty Director Informed	1930	ALDIS	BROWN
Duty UKBA Informed	1930	ALDIS	LEVETT
Duty IMB Informed	1930	ALDIS	COLBRAN
Healthcare Informed	1930	ALDIS	BATCHELOR

Reason for Use of Force Stop detainee climbing on netting

Location re-located too CSU

Type of Relocation

Compliant ☒ Side ☒ Full-Prone ☒ Handed to Escorts ☒

Planned or Unplanned

Planned ☒ Unplanned ☒

Is Detainee on a ACDT / RASP?

Yes ☒ No ☒

Has Healthcare seen the Detainee after Use of Force?

Yes ☒ No ☒

Has Room Clearance been Completed?

Yes ☒ No ☒

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:

ESTABLISHMENT... Brook House

INCIDENT DETAILS

Date: 22.05.2017

Time: 17:30

DETAINEE DETAILS

CID Number:
11632812Surname:
D2034Forename(s):
D2034Gender:
Male ☒
Female ☐
Transgender ☐The Use of Force was:

Planned ☐ Unplanned ☒Age group (please circle):

Adult (age)
Minor (age)

Nationality: ATR

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	Murphy	Derek	E-wing

LOCATION OF INCIDENT

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



EVENTS LEADING UP TO THE INCIDENT		THE CIRCUMSTANCES WHY FORCE WAS USED	
None known		Preventing injury to oneself	X
Searches (Room/A/B/Full)		Preventing self-harm	
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		
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)		
.....		
.....		
.....		
.....		

TYPE OF FORCE USED	
Verbal reasoning used to de-escalate the situation initially and/or during the incident?	
Yes X	No <input type="checkbox"/>
(Please expand with details in Annex A)	

Were Personal Safety Techniques Used?	<input type="checkbox"/>	Were C&R Techniques Used?	<input type="checkbox"/>	Were MMPR Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold	<input type="checkbox"/>	Figure Four Arm Hold	<input type="checkbox"/>
Push	<input type="checkbox"/>	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	No X
The time applied:.....		
The time removed:.....		
The duration applied:.....		
Name of the person(s) checking the application and that the handcuffs were double lock		
Name of the Supervising Officer: DCO D. Murphy		
(Provide reasoning in the Annex A)		
Was a Baton drawn?	Yes <input type="checkbox"/>	No X
If so, was it used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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

Name...Derek Murphy

Grade. Detainee Custody Officer

Reason(s) Detainee climbed onto the safety netting on D Wing then climbed back onto the landing. I tried to take hold of detainee to prevent him from climbing back onto the netting. I managed to take hold of detainees top but failed to prevent him from climbing back onto the netting.

RELOCATION

The detainee was relocated to:

Type of relocation required:

Own Room		Compliant	
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

Name.....

Grade.....

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

Name.....

Grade.....

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

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

Name of Healthcare member.....

Grade..... Nurse.....

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

Name: Derek Murphy

Grade..... DCO.....
.....

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?	X	
Was a Body Worn Camera Used?		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.....

Name.... DCO ... D Murphy.....

(BLOCK CAPITALS)

Date... 15.04.2017.....

*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:

- Logged this Use of Force in the log book,
- Put a copy in the detainee's core record,
- Stored the original copy securely,
- Informed the Duty Governor / Duty Director and/or Home Office Manager

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.... D. ALDIS

(BLOCK CAPITALS)

Grade.... DCM

Date..... 17.05.2017



ANNEX A USE OF FORCE

Local
Reference No.

STAFF STATEMENT

ESTABLISHMENT:...BROOK HOUSE IRC

DATE ...22/05/2017.....

NAME:

D2034

CID... 11632812.....

OFFICER ...DCO D Murphy.....

GRADE ...Detainee Custody Officer.....

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 MPR 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 X No ☐

Have you attended a MPR refresher in the last 6 months?

Yes ☐ No X

The Type of Force Used:



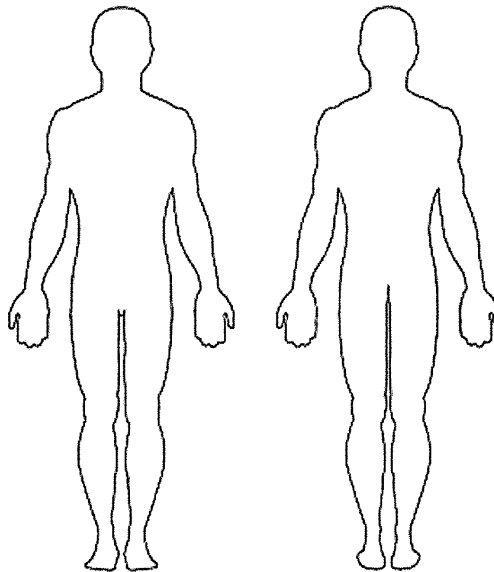
Were Personal Safety Techniques Used?	X	Were C&R Techniques Used?		Were MPR Techniques Used?	□
Defensive Options	<input type="checkbox"/>	Guiding Hold	<input type="checkbox"/>	Figure Four Arm Hold	<input type="checkbox"/>
Push	<input type="checkbox"/>	Isolating the Arm	<input type="checkbox"/>	Head Support	
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock		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		Detainee – Seated	<input type="checkbox"/>
				Restraint Recovery	<input type="checkbox"/>
Were any additional restraints used?		<input type="checkbox"/>	Who authorised their use? DCM Dave Aldis		
Hand Cuffs					
Baton		<input type="checkbox"/>			

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 approximately 17:30 on the 22/005/2017, I DCO D Murphy was on duty on E wing/CSU as a detainee custody officer at Brook house IRC. I Went to assist DCM Stewart Povey-Meier who was on D wing trying to talk detainee **D2034** CID 11632812 into coming off the safety netting on D wing. I arrive and also tried to talk him off. Mr **D2034** said he would come off the netting, which he did. At that point I saw an opportunity to take hold of Mr **D2034** to prevent him from climbing back over onto the netting. I got hold of **D2034** top but failed to keep a firm hold due to him holding onto the netting. I then released my hold and withdrew from the wing. I banged my chest against the railing as I tried to hold the detainee. That concludes my report.

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

Name DCO D. Murphy

(BLOCK CAPITALS)

Date 22/05/17

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