



Use of Force-DCF 2

DC RULE 41

Log Number 159/17

Surname	<u>D724</u>
Forename	<u>D724</u>
Nationality	<u>KUWAIT</u>
Port Ref No.	<u>MET/2808434</u>
CID Ref No.	<u>2242944</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 23/06/14

Time Use of Force commenced 1724

Time Use of Force completed 1724

Search Conducted on Arrival to Unit by N/A

	Time	DCM Name	Name of Person Contacted
Duty Director Informed	1240	ALDIS	DIANCE-JONES
Duty UKBA Informed	1250	ALDIS	LEVETT
Duty IMB Informed	1400	ALDIS	MOLYNEUX
Healthcare Informed	1235	ALDIS	L.O'DOHERTY

Reason for Use of Force Place back into room

Location re-located too C50/1006

Type of Relocation	<input checked="" type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Side	<input type="checkbox"/> Full Prone	Handed to Escorts
Planned or Unplanned				<input checked="" type="checkbox"/> Planned <input type="checkbox"/> Unplanned
Is Detainee on a ACDT / RASP?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has Healthcare seen the Detainee after Use of Force?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has Room Clearance been Completed?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

New Location of Detainee Property N/A



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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: 23/06/2017

Time:

1724

DETAINEE DETAILS

CID Number:
7742944Surname:
D724Forename(s):
D724Gender:
Male ☒
Female ☐
Transgender ☐The Use of Force was:

Planned ☐ Unplanned ☒Age group (please circle):

Adult (age ☒ DPA)
Minor (age)

Nationality: Kuwait

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	OLYAIE	GUS	RES
DCO	FIDDY	ED	RES

LOCATION OF INCIDENT

Wing	Education/Multi-Faith Area
Own Room	Visits
Care & Separation Unit	<input checked="" type="checkbox"/> Association Area (please specify below)
Other (please specify)	
.....	
.....	
.....	

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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	
IEP down grade		Preventing injury to a third party	X
Failure to comply with removal		Preventing damage to property	
Fight with another detainee		Preventing an escape / abscond	X
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 ☒ No ☐

(Please expand with details in Annex A)

Were Personal Safety Techniques Used?	<input type="checkbox"/>	Were C&R Techniques Used?	<input checked="" type="checkbox"/>	Were MMPR Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold	X	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 ☒

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: : DAVE ALDIS
 (Provide reasoning in the Annex A)

Was a Baton drawn? Yes ☐ No ☒



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If so, was it used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Use of Force was authorised by (Supervising Officer):		
Name: DAVE ALDIS		
Grade: DETAINEE CUSTODY MANAGER		
Reason: Detainee approached CSU door in aggressive manner and wrapped bed sheet around door handle and refused to take it off and go back into his room as he is on DC Rule 40. Force used to restrain detainee while bed sheet was cut off.		

RELOCATION			
The detainee was relocated to:		Type of relocation required:	
Own Room	X	Compliant	
Care & Separation Unit		Passively Resistant	X
Special Accommodation		Actively Resistant	
Other (please specify below)		Other (please specify below)	
.....		
.....		
.....		
If relocated to Special Accommodation, complete the relevant form.			
Authorised by:.....			
Grade:.....			

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**INJURIES SUSTAINED & HEALTHCARE INVOLVEMENT**

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

Name: KEVIN McPHOY

Grade: RMN

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

Name: KEVIN McPHOY

Grade: RMN

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: KEVIN McPHOY

Grade: RMN

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

Name: KEVIN McPHOY

Grade: RMN

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?	X	<input type="checkbox"/>

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: DAVE ALDIS

(BLOCK CAPITALS)

Date: 23/06/2017

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

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: KAZ DANCE JONES

Informed the Home Office Manager Name: SIMON LEVETT

Informed the IMB Name: MARY MOLYNEUX

Informed the Care Team Name: ZEE 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: DAVE ALDIS

(BLOCK CAPITALS)

Grade: DETAINEE CUSTODY MANAGER

Date: 23/06/2017



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ANNEX A USE OF FORCE

Local
Reference No.

STAFF STATEMENT

ESTABLISHMENT

DATE 23 June 2007

DETAINEE : D724

CID NUMBER : 7742944

OFFICER

NAME: Gus Olyae

GRADE: Detainee Custody Officer (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

Right arm x

Left arm

Leg Officer

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

Yes

Have you been attended an MMPR refresher in the last 6

No

The Type of Force Used:

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Home Office

OFFICIAL – SENSITIVE

OFFICIAL – SENSITIVE



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OFFICIAL – SENSITIVE

ANNEX A USE OF FORCE

Local
Reference No.

STAFF STATEMENT

ESTABLISHMENT:....BROOKHOUSE.....IRC.....

DATE 23.06.17

DETAINEE

NAME D724

CID NUMBER 7742944

OFFICER

NAME **Edmund Fiddy**

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 MPR was used, please tick your primary role:

Supervising Officer ☐

Head / Number 1 ☐

Right arm ☐

Left arm ☒

Leg Officer ☐

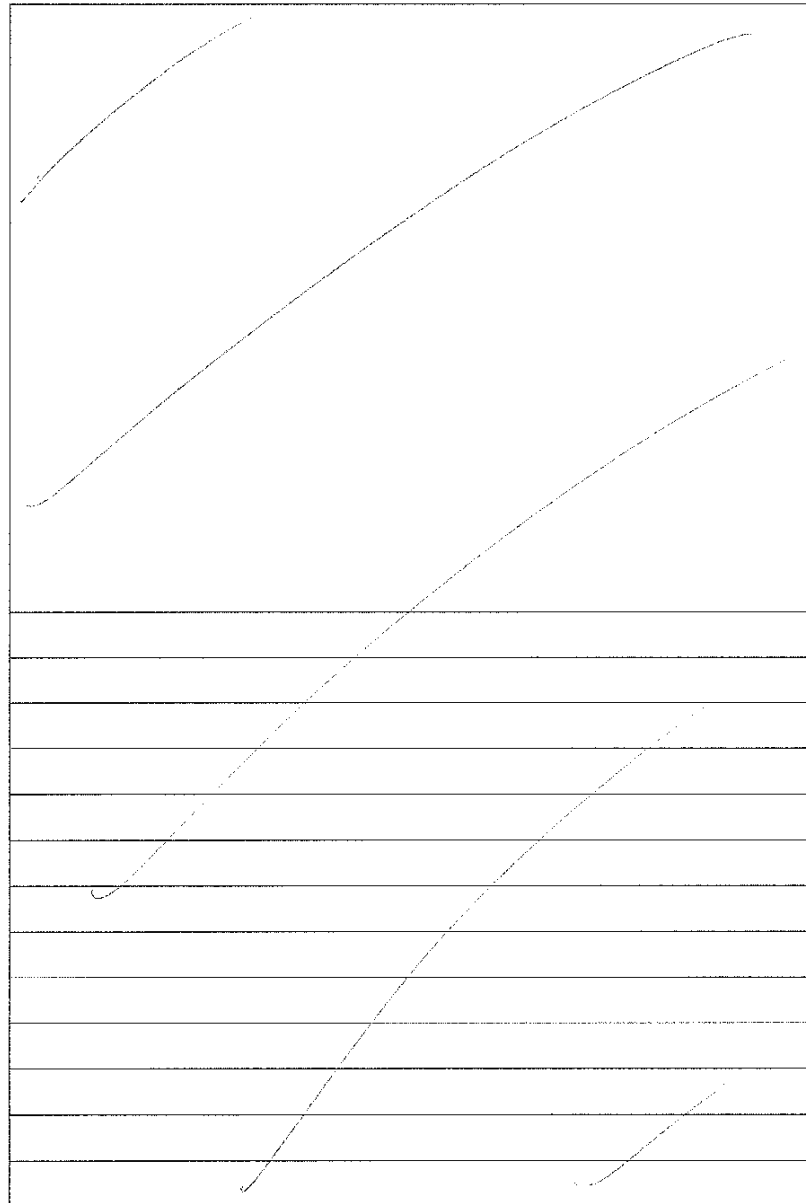
Have you been C&R basic refreshed in the last 12 months?

Yes ☒ No ☐

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

Yes ☐ No ☒

The Type of Force Used:

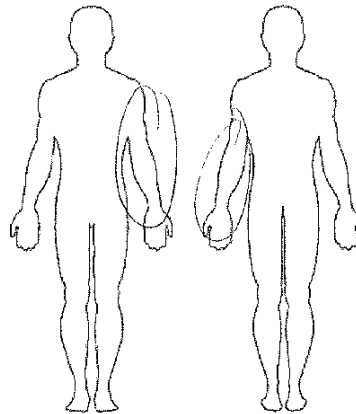




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Please draw a circle around the part of the body that you held, supported, controlled or applied pressure to during the incident.



Front of body

Back of body

CERTIFICATION (By Officer completing form)	
I confirm that the details above are correct	
Signed	Signature
Name: Edmund Fiddy	

Brook House INC

Surname: **D724** First Name: **D724**
 CID Ref: **7742944** Date of Birth: **DPA**

Time and date of incident: 23/06/14 1224

Place of incident: CSU/06

Incident reported by: DACDIS

Incident witnessed by:

Nature of injury: NO INJURY

Detainee tied himself to room door with bed sheets. Guiding holds used while sheets were removed.

Signature: Signature
Date: 23/06/14

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Section 3 Healthcare's report (To be completed by medical staff)

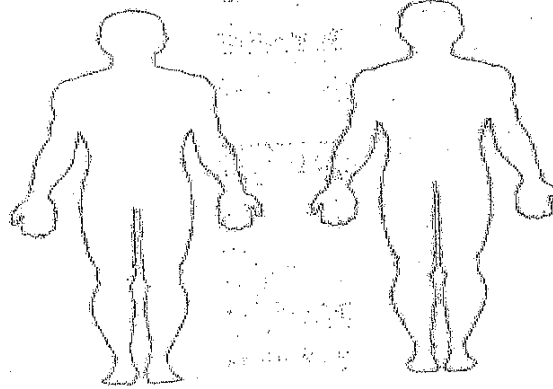
Time and date of examination.....

23-6-17 09:1224

Report:

LIGATURE MATERIAL WAS REMOVED,

NO ACTION REQUIRED FROM N/C



Front of Body

Back of Body

Healthcare:

Medical Staff - Name:
(Block capitals)

KEVIN MCPHONY

Signature:

Signature

Date: 23-6-17