



# Use of Force-DCF 2

## DC RULE 41

Log Number .....092/17.....

Surname	D523
Forename	D523
Nationality	AFGHANISTAN
Port Ref No.	NEX/4895007
CID Ref No.	5859573

Handcuffs used	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Time Handcuffs Applied	2305 Approx	
Time Handcuff Removed	2315 Approx	
Camera Used	<input type="radio"/> Yes	<input type="radio"/> No
If Yes Seal No.		

Date Use of Force used.....14/04/17.....

Time Use of Force commenced.....2300.....

Time Use of Force completed.....2330.....

Search Conducted on Arrival to Unit by.....S. Sayers.....

	Time	DCM Name	Name of Person Contacted
Duty Director Informed	0730	C Donnelly	C D-Jones
Duty UKBA Informed	0730	C Donnelly	S Ilevett
Duty IMB Informed	1400	Sprae	M Makucka
Healthcare Informed	2250	C Donnelly	M Makucka

Reason for Use of Force.....Inciter of Dwing Yard protest. Would not walk compliant.....

Location re-located too.....CSU.....

Type of Relocation

<input checked="" type="radio"/> Compliant	<input type="radio"/> Side	<input type="radio"/> Full Prone	Handed to Escorts
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Planned or Unplanned

Planned	<input checked="" type="radio"/> Unplanned
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Is Detainee on a ACDT / RASP?

Yes	<input checked="" type="radio"/> No
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Has Healthcare seen the Detainee after Use of Force?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
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Has Room Clearance been Completed?

<input checked="" type="radio"/> Yes	<input type="radio"/> No
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New Location of Detainee Property

.....Detainee Reception.....





## 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: 92/17

ESTABLISHMENT: BROOK HOUSE

## INCIDENT DETAILS

Date: 14/04/2017

Time: 2300

## DETAINEE DETAILS

CID Number: 5859573	Surname: <b>D523</b>	Forename(s): <b>D523</b>
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>  Nationality:	The Use of Force was:  Planned <input type="checkbox"/> Unplanned <input checked="" type="checkbox"/>	Age group (please circle):  Adult (age <b>D523</b> ) Minor (age .....)

## STAFF INVOLVED

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

Grade:	Surname:	Forename(s):	Work Area:
DCM	DIX	Steve	Residential
DCO	SAYERS	Sean	Residential
DCO	MURPHY	Derek	Residential
DCO	SHADBOLT	Ben	Residential

## LOCATION OF INCIDENT

Wing		Education/Multi-Faith Area	
Own Room	X	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	
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	
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)		.....	
Concerted Indiscipline		.....	
<b>TYPE OF FORCE USED</b>			
Verbal reasoning used to de-escalate the situation initially and/or during the incident?			
Yes <b>X</b> No <input type="checkbox"/>			
(Please expand with details in Annex A)			

Were Personal Safety Techniques Used?		Were C&R Techniques Used?	<b>X</b>	Were MMRP Techniques Used?	
Defensive Options	<input type="checkbox"/>	Guiding Hold	X	Figure Four Arm Hold	<input type="checkbox"/>
Push	<input type="checkbox"/>	Isolating the Arm	X	Head Support	X
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock	<input type="checkbox"/>	Mandibular Angle	<input type="checkbox"/>
Kick	<input type="checkbox"/>	Wrist Flexion/Lock	X	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 <b>X</b>	No <input type="checkbox"/>
The time applied: 2305 Approx		
The time removed: 23 10 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: S Dix...		
(Provide reasoning in the Annex A)		
Was a Baton drawn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, was it used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Use of Force was authorised by (Supervising Officer):		
Name... S Dix		
Grade... DCM.		
Reason(s) Safety and Security of the centre after <b>D523</b> was involved in a concerted indiscipline on Delta Wing Courtyard		

RELOCATION			
The detainee was relocated to:		Type of relocation required:	
Own Room	<input type="checkbox"/>	Compliant	<input checked="" type="checkbox"/>
Care & Separation Unit	<input checked="" type="checkbox"/>	Passively Resistant	<input type="checkbox"/>
Special Accommodation	<input type="checkbox"/>	Actively Resistant	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
.....		.....	
.....		.....	
.....		.....	
.....		.....	
If relocated to Special Accommodation, complete the relevant form.			
Authorised by:.....			
Grade:.....			



## INJURIES SUSTAINED &amp; 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..... *S. D. 14* .....

Grade..... *DCM* .....

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..... *Ms. McKenna* .....

Grade..... *RCN* .....

Did a member of staff require medical attention at the time?

Yes ☐ No ☒

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"/>	<input type="checkbox"/>
Were any photographs taken?	<input type="checkbox"/>	<input type="checkbox"/>
Was the incident video recorded?	<input type="checkbox"/>	<input type="checkbox"/>
Was a Body Worn Camera Used?	<input type="checkbox"/>	<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."

**Signature**

Signed.....

Name..... S Dix

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:

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 Lovell

Informed the IMB. Name .... M. Magona

Informed the Care Team. Name ... Z Qayam

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

**Signature**

Signed.....

Name..... S Dix

Grade... DCM

Date.....



ANNEX A USE OF FORCE

Local  
Reference No.

092/17

## STAFF STATEMENT

ESTABLISHMENT:.....BROOK HOUSE IRC

DATE..... 14/04/2017

## DETAINEE

NAME... **D523**

CID NUMBER...5859573

## OFFICER

NAME... Steve Dix

GRADE... DCM

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 ☒ No ☐





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

Yes No X

The Type of Force Used:

Were Personal Safety Techniques Used?	<input type="checkbox"/>	Were C&R Techniques Used?	X	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	X	Head Support	X
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock	<input type="checkbox"/>	Mandibular Angle	<input type="checkbox"/>
Kick	<input type="checkbox"/>	Wrist Flexion/Lock	X	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?		X	Who authorised their use?		
Hand Cuffs		X			
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).

I Detention Custody Manager {DCM} S Dix was working at Brook House IRC on Friday 14/04/2017 when there was a concerted indiscipline on Delta wing courtyard which consisted of roughly 50 detainees protesting about Home Office issues. This went on for roughly 1 hour 30 minutes and everyone came in peacefully.

Once this was done the main instigators or ring leaders were identified and moved to the Care and Separation unit on rule 40, also a few individuals became disruptive, violent and obstructive with staff when they were trying to also deal with a medical emergency on the courtyard with healthcare staff.

One of these detainees were: [D523] 5859573 who was inciting and charging at staff when dealing with the medical incident, therefore when he returned to his room it was decided that he would be taken to CSU on rule 40. [D523] has had previous disruptive behavior which consisted of him jumping on the netting causing disruption to the regime.

When speaking to him to ask him to walk compliantly down to CSU he refused to do so I tried to encourage him but he carried onto refuse, I went onto explain if he carried on this way potentially force could be used and he would be assisted to the CSU department.

He carried onto refuse therefore I DCM S Dix instructed staff to assist him.

Staff members took reasonable force to control [D523] and this was minimal to get him off his bed once he was standing due to his non compliance and previous history I DCM S Dix placed him



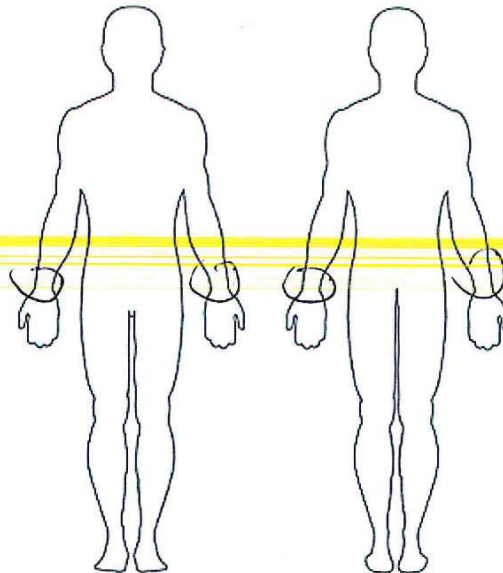
into handcuffs. I secured his left wrist into a handcuff followed by his right wrist and secured these handcuffs.

**D523** was escorted out of the room and once out of the room he walked compliantly down to the CSU department where he was searched and placed into room 003 and healthcare saw him after the incident.

No apparent injuries sustained.

This concludes my report, to the best of my knowledge this was an honest and truthful account of what happened.

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

DCO RYAN BROMLEY

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

**Signature**

Signed.....

Name Steve Dix

Date... 14/04/2017

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





ANNEX A USE OF FORCE

Local  
Reference No.

092/17

STAFF STATEMENT

ESTABLISHMENT: Brook House IRC

DATE 14<sup>th</sup> April 2017.....

DETAINEE

NAME D523.....

CID NUMBER: 5859573.....

OFFICER

NAME: Ben Shadbolt.....

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 ☒ No ☐

Have you attended a MPR refresher in the last 6 months?  
Yes ☐ No ☒



## The Type of Force Used:

Were Personal Safety Techniques Used?	<input type="checkbox"/>	Were C&R Techniques Used?	<input checked="" type="checkbox"/>	Were MMRP 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 checked="" 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 checked="" type="checkbox"/>	Detainee – Seated	<input type="checkbox"/>
				Restraint Recovery	<input type="checkbox"/>
Were any additional restraints used?		<input type="checkbox"/>	Who authorised their use? DCM Steve Dix		
Hand Cuffs		<input checked="" type="checkbox"/>			
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).

I Detainee Custody Officer (Dco) Ben Shadbolt, I am currently employed by G4S Care and Justice Services at Brook House Immigration removal centre a position I have had for 5 years 9 months. On Friday 14<sup>th</sup> April 2017 there was a protest on the Dove wing courtyard. To where there was information given that detainee that I know to be: **D523** (CID REF: 5859573) was inciting the protest on Dove wing court yard and that he was to go to the care and care and separation on Detention Centre Rule 40 and we was going to go to his room on Dove wing where he was spoken to by DCM Steve Dix. It was explained **D523** of what was required of him and that he was also asked to compliantly walk with the officer to the Care and separation unit **D523** at this point refused to walked compliantly DCM Steve Dix then asked **D523** again and explained that if he would not comply with the request made then he would be moved by force. **D523** at this point still refused to leave his room. We were then instructed by DCM Dix to gain control of **D523** I took control of **D523**'s right arm and placed it into an inverted wrist lock I done this by cocking his right wrist to a 90 degree angle and securing it there with my left hand and bending his arm at the elbow blocking it with the side of my body then placed my right hand onto the top of his right forearm announcing "lock on. I was then asked by DCM Dix to present **D523**'s right arm to the small of **D523**'s back so that ratchet cuffs could be applied. Once the handcuffs were applied we then escorted **D523** outside his room where he was then given the opportunity for his head to be released so he could walk in a upright position. At this time I place my left hand onto **D523**'s bicep whilst placing my right hand onto the front of **D523**'s right shoulder to support him whilst walking to the care and separation unit. The route that was taken was out of **D523**'s room and off of Dove wing via the 1<sup>st</sup> floor door leading to the activity corridor through to the staircase that leads to Alpha and Eden wing when we got to the staircase we walked down the stairs whilst still supporting **D523** sideways with our backs towards the outer wall. Once we had reached the ground floor we walked through Eden wing and into the Care and Separation were **D523** was searched and the ratchet cuffs were removed by DCM Dix where guiding hold were then used to escort **D523** into room 003.

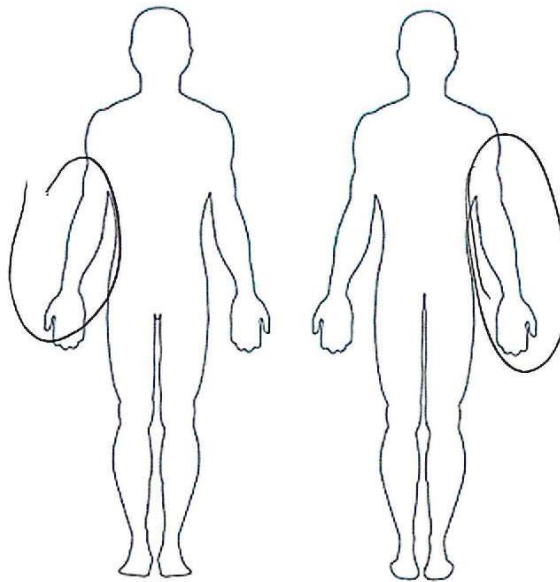
No Injuries to report at this time.

This is accurate to the best of my knowledge and the force that was used was necessary and appropriate for the task at hand.






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

**Signature**

Signed.....

Name..... BEN SHADBOU.....

(BLOCK CAPITALS)

Date..... 14/04/2017.....

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



ANNEX A USE OF FORCE

Local  
Reference No.

STAFF STATEMENT

ESTABLISHMENT:...Brook House IRC

DATE 3/3/17

DETAINEE

NAME: **D523**

CID NUMBER:5859573

OFFICER: SEAN SAYERS

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 X





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

No X

The Type of Force Used:

Were Personal Safety Techniques Used?	<input type="checkbox"/>	Were C&R Techniques Used?	X	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		Head Support	X
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		Detainee – Supine	<input type="checkbox"/>
		Inverted Wrist Hold		Detainee – Seated	<input type="checkbox"/>
				Restraint Recovery	<input type="checkbox"/>
Were any additional restraints used?		YES	Who authorised their use? DCM Steve Dix		
Hand Cuffs		YES			
Baton		NO			

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).

I (DCO) Detainee custody officer, Sean Sayers employed by G4S care and justice services at Brook House immigration centre, am in ticket and fully trained in C+R and first aid.

On the 14/04/2017 I was asked to be part of a team along with DCO Shadbolt and DCO Murphy to collect detainee [D523] (5859573) from his room on Delta wing. After he was involved in an incident on Delta wing court yard where he had taken part in, and been very aggressive towards staff also inciting other detainees to continue the protest that had been started.

On arrival to his room DCM Dix tried to speak with [D523] through the door and asked him to return to his bed as he was standing at the sink to the right hand side of the door, [D523] refused to move and told us to move away from his room. DCM Dix opened the door and we entered, [D523] told us we had no reason to be in his room and we should leave becoming aggressive in the way he was talking to us.

DCM Dix explained to [D523] that he would be going to CSU on Eden wing on rule 40 for his behaviour on delta wing court yard, [D523] refused and told him that he would not go to CSU on rule 40 and sat on his bed.

At this point it was clear to me and the team that [D523] would not walk compliantly to CSU. The team decided that reasonable and necessary force would be used to remove [D523] from his room and to the required destination. My role in the removal of [D523] was to take control of his head whilst DCO Shadbolt and DCO Murphy took control of the arms.

I did this by placing my left hand on the base of the back of his head and using my right



hand controlling the chin to prevent [D523] causing any damage to him or the team. We walked [D523] from his room and onto the corridor outside his room on delta wing where cuffs were applied by DCM Dix due to [D523] previous problems and attempts of climbing onto the netting.

Once the cuffs were applied I released [D523]'s head and was the lead officer on the route to CSU on Eden wing. Once we arrive on Eden and walked through to CSU room 03 it was my job to then search [D523] before he entered the room. [D523] was the placed into CSU room 03 and observed.

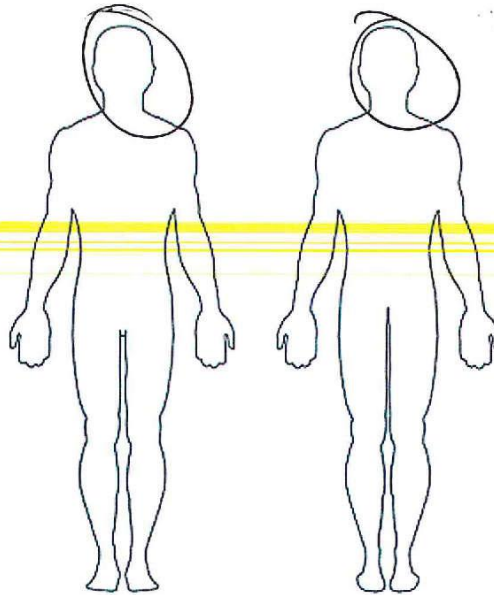
I believe that the forced used was proportionate to the seriousness of the situation.

This 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 .....

**Signature**

Name SEAN SAYERS

(BLOCK CAPITALS)

Date

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



## ANNEX A USE OF FORCE

Local  
Reference No.

## STAFF STATEMENT

ESTABLISHMENT:...BROOK HOUSE IRC

DATE ...15/04/2017.....

## DETAINEE

NAME: ...**D523**.....

CID 5859573

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**

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

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

Supervising Officer ☐

Head / Number

Right arm

Left arm ☒Leg Officer ☐

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

Yes ☒ No ☐

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

Yes ☐ No ☒

The Type of Force Used:





Were Personal Safety Techniques Used?		Were C&R Techniques Used?	X	Were MMPR Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold	X	Figure Four Arm Hold	<input type="checkbox"/>
Push		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	X	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 Steve Dix		
Hand Cuffs		X			
Baton		<input type="checkbox"/>			

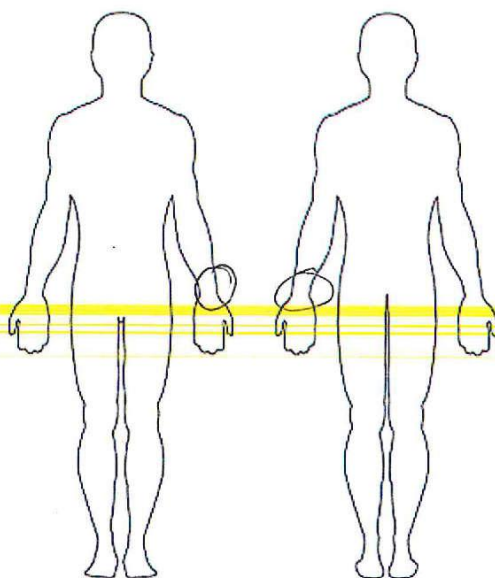
Please provide as much detail as possible below, including:

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 23:00 on the 15/04/2017, I, DCO D. Murphy was on duty on E wing/CSU as a Detainee Custody Officer at Brook House. At approximately 23:00 I was asked to assist DCM Steve Dix in relocating detainee [D523] from room 107 on D wing to CSU under Rule 40 for his participation in an earlier protest on D wing courtyard where two Officers were injured. I entered [D523]'s room I heard DCM Steve Dix ask [D523] to walk voluntarily to CSU which he refused. At that point I took control of [D523]'s left arm and assisted him to his feet; I then presented his left arm to his back so DCM Dix could apply handcuffs on. Handcuffs were applied as a precaution due to [D523] jumping on the netting on previous moves. I then Assisted in escorting [D523] to CSU room 03. A level a search was preformed by DCO Ben Wright and nothing of interest was found. [D523] then entered the room. A member of healthcare examined [D523] and voiced no injuries were reported. No more force than necessary was used throughout this incident. That concludes my report.

**Signature**

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 DCO D. Murphy

(BLOCK CAPITALS)

Date 15/04/2017

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





# REPORT OF INJURY TO DETAINEE

320011

IRC

Section 1 -- Detail of Detainee (To be completed by the Incident Reporting Officer)

Surname: <b>D523</b>	First Names: <b>D523</b>
CID Ref: <b>5853573</b>	Date of Birth: <b>DPA</b>

Section 2 (a) Details of incident (To be completed by the Incident Reporting Officer)

Time and date of incident: <b>14/4/17 2300</b>
Place of incident: <b>D Wing Carried / p 108</b>
Incident reported by: <b>CCV</b>
Incident Witnessed by: <b>CCV</b>
Nature of injury: <b>N/A</b>

Section 2 (b) Brief report of circumstances in which injury was sustained  
(To be completed by the Incident Reporting Officer)

<b>Injured in a Concussion Incident on Delta Wing Carried</b>

Name (Block capitals): **Signature**

Signature: **Signature**

Date: **18/4/17**

OFFICIAL - SENSITIVE

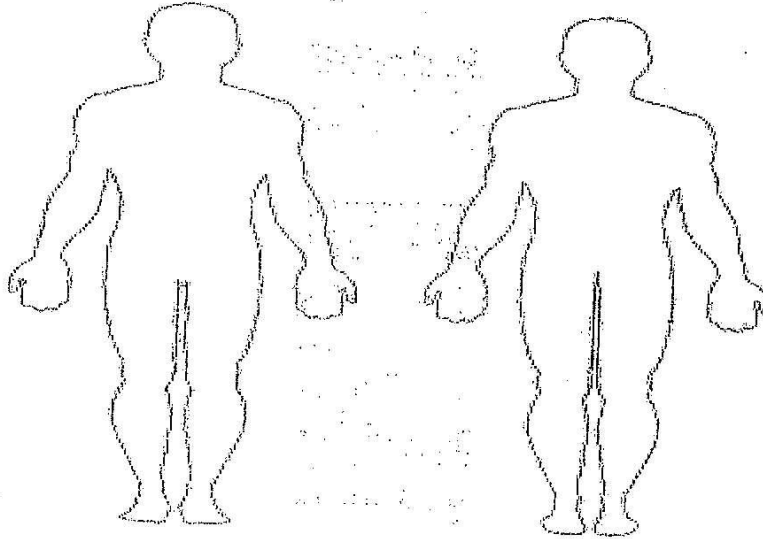
Section 3 Healthcare's report (To be completed by medical staff)

Time and date of examination 15/04/11 00:20

Report:

Seen detainee in CU Room 3 at approx 00:20 on 15/04/11.  
Observed detainee under rule 40. State that force was  
used. State that detainee has no injuries and is fine.  
Vital signs check - within normal range.

No injury sustained



Front of Body

Back of Body

Healthcare:

Medical Staff - Name: H. M. M. M.  
(Block capitals)

Signature:

**Signature**

Date:

15/04/11





## Detainee: De Brief

A detainee who has been subjected to a use of force must be visited by a member of staff within 24 hours.

On (date) 14/4/17 at (time) 2300 hrs, you (detainee name) D523

Were subjected to use of force, the reason for this was due to:

Non-compliance, Refused to relocate to CSU

What led to this incident?

D wing (anti-social) incident

What other ways could the detainee have expressed themselves?

Not become involved

Is there anything we can do to support you in future, to prevent a reoccurrence?  
(Detainees response, below)

RTS

Detainee (name) D523 do you understand the reason for the action which was taken against you? Yes/No

"We aim to promote a safe and secure environment which identifies and meets the needs of all those in the care of either of the Gatwick Immigration Removal Centres. Gatwick IRC's operates a zero tolerance policy when dealing with all incidents of anti-social behaviour, bullying or violence"

Staff Member: Name SMA Signature Signature

Detainee: Name \_\_\_\_\_ Signature \_\_\_\_\_

If the detainee refuses to sign this document, then it must be counter signed

Name /Grade DCU Steve Loughlin Signature Signature