



# Use of Force-DCF 2

DC RULE 41

Log Number 3130/13

Surname	<u>D2034</u>
Forename	<u>D2034</u>
Nationality	<u>English</u>
Port Ref No.	<u>CWA15048609</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 22/05/11

Time Use of Force commenced 1730

Time Use of Force completed 1730

Search Conducted on Arrival to Unit by N/A

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

Reason for Use of Force Parent detainee on nothing

Location re-located too N/A

Type of Relocation	<input checked="" type="checkbox"/> Compliant	<input type="checkbox"/> Side	<input type="checkbox"/> Full Prone	Handed to Escorts								
Planned or Unplanned	<table border="1"> <tr> <td>Planned</td> <td>Unplanned</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>				Planned	Unplanned	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No	Yes	<input type="checkbox"/> No
Planned	Unplanned											
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No											
Yes	<input checked="" type="checkbox"/> No											
Yes	<input type="checkbox"/> No											
Is Detainee on a ACDT / RASP?	<input checked="" type="checkbox"/> Yes											
Has Healthcare seen the Detainee after Use of Force?	<input checked="" type="checkbox"/> Yes											
Has Room Clearance been Completed?	<input type="checkbox"/> Yes											

New Location of Detainee Property Det Bc



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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: RFESTABLISHMENT: Brook

## INCIDENT DETAILS

Date: 22.05.17 Time: 1700

## DETAINEE DETAILS

CID Number: <u>11632812</u>	Surname: <u>D2034</u>	Forename(s): <u>D2034</u>
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>	The Use of Force was: Planned <input type="checkbox"/> Unplanned <input checked="" type="checkbox"/>	Age group (please circle): Adult (age <u>DPA</u> ) Minor (age .....)
Nationality: <u>ERITREA</u>		

## 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
DCO	CLARKE	KYE	RES
DCM	BRACKENRIDGE	Dean	DCM

## LOCATION OF INCIDENT

Wing	<input checked="" type="checkbox"/> Education/Multi-Faith Area
Own Room	Visits
Care & Separation Unit	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	<input checked="" type="checkbox"/>
Searches (Room/A/B/Full)		Preventing self-harm	<input checked="" type="checkbox"/>
IEP down grade		Preventing injury to a third party	
Failure to comply with removal		Preventing damage to property	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>		
Home Office interview			
Court appearance			
Video-link hearing			
Moving to another centre/unit/prison			
Others (please specify below)	<input checked="" type="checkbox"/>		
Climbing onto the BATTING.....			
<b>TYPE OF FORCE USED</b>			
Verbal reasoning used to de-escalate the situation initially and/or during the incident?			
Yes <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/>	Were MMPR Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold	<input checked="" 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 <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"/>



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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 <u>KYE CLARKE</u>			
Grade <u>DCO</u>			
Reason(s) <u>Detainee was on the netting and to prevent him from climbing back on the netting.</u>			

RELOCATION			
The detainee was relocated to:		Type of relocation required:	
Own Room		Compliant	
Care & Separation Unit	<input checked="" type="checkbox"/>	Passively Resistant	<input checked="" type="checkbox"/>
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.....

Grade.....

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

Name D. BATCHELOR

Grade RGN

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.....

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

K CLARK

(BLOCK CAPITALS)

Date

22/05/17

\*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 BROWN

Informed the Home Office Manager Name LEVETT

Informed the IMB Name COLMAN

Informed the Care Team Name QUAM

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

DALDES

(BLOCK CAPITALS)

Grade

DCM

Date

23/05/17





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ANNEX A USE OF FORCE

Local  
Reference No.

STAFF STATEMENT

ESTABLISHMENT:.... Brook House IRC

DATE 22/05/17

DETAINEE

NAME: D2034

CID NUMBER 11632812

OFFICER: Kye Clarke

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?		Were C&R Techniques Used?		Were MMPR Techniques Used?	
Defensive Options	<input type="checkbox"/>	Guiding Hold	<input checked="" type="checkbox"/>	Figure Four Arm Hold	
Push	<input type="checkbox"/>	Isolating the Arm	<input type="checkbox"/>	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		Detainee – Prone	<input type="checkbox"/>
Punch	<input type="checkbox"/>	Thumb Flexion/Lock	<input type="checkbox"/>	Detainee – Supine	
		Inverted Wrist Hold	<input type="checkbox"/>	Detainee – Seated	
				Restraint Recovery	<input type="checkbox"/>
Were any additional restraints used?		Who authorised their use?			
Hand Cuffs					
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).

At approximately 1700 on 22/05/17 I (DCO) Detention Custody Officer Kye Clarke was locking up on Delta Wing ground floor when I noticed [D2034] walking across the netting on the second floor. I called to Detention Centre Manager (DCM) Stewart Povey who was at the bottom of the wing talking to some detainees that had refused to lock up for dinner. He went up to the second floor to try to talk him down, He made comments about going to prison, that this place is a prison & he wanted to kill himself & to be released DCO Derek Murphy had also came onto the wing to try to speak to him & convince him to come down. At a point during the negotiations to get him to come down he walked to the back of the netting and jumped back over, he then jumped back onto the netting straight away afterwards. I went down to the bottom floor & went up the stair case to the top floor. [D2034] was still walking around the netting when I was watching him through the gap in the door, after about 10 minutes he came back over the railings onto the hallway I watched him until he had his back against me, I then opened the door and ran towards him, I wrapped my arms and legs around him and pulled him down to the ground, I landed on the floor hurting my lower back & maintained full restraint as I called out to the other officer, [D2034] was trying to struggle but was unable to move. DCM Dave Aldis was present & told me to let him get up slowly & escort him down to the Care & separation unit (CSU) [D2034] [D2034] walked down to CSU but refused to keep his arms still. Once into the CSU



he was given a search by DCO Derek Murphy, [REDACTED] D2034 failed to comply with instructions given to him & had attitude when being asked to remove his belt as he had previously mentioned about killing himself so he can be released & able to go outside. Once he was inside CSU room 3 I was watching him through the glass window through the door he started to kick the table & semi-barricade the door with his mattresses. I informed Eden Wing staff to come & assess the situation, we went into his room & tried to speak to him & he continued to kick & try to demolish the desk. DCO Murphy raised his voice & told him to stop smashing up the room. [REDACTED] D2034 sat on his bed & was telling us to fight him. The barricades were removed & we exited the room. Approximately 5-10 minutes after we left the room, [REDACTED] D2034 had managed to loosen both sides of the desk & had a small thin bit of desk in his hand, he first tried to conceal it in his waistband, when he realised I was still watching him he tried to use it to pick at the window seal. I called control on my radio & requested that DCO Murphy came back & assist. We entered his room & DCO Yan spoke to him & he started to calm & become communicative, after a few minutes of talking DCO Yan said That he would take over the 1 hour of constant.

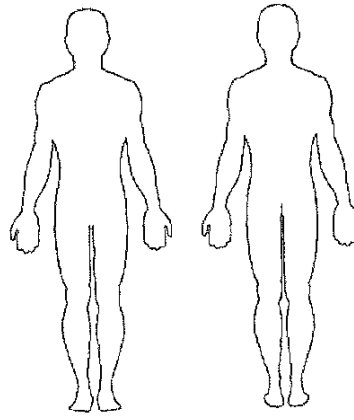
This statement is true to the best of my knowledge  
THIS CONCLUDES MY USE OF FORCE REPORT



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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

Date



Home Office

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This form must now be passed to the Supervising Officer



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ANNEX A USE OF FORCE

Local  
Reference No.

STAFF STATEMENT

ESTABLISHMENT

Brook House IRC

DATE: 22.1.17

DETAINEE:

D2034

CID NUMBER: 11632812

OFFICER

NAME: Dean BRACKENRIDGE

GRADE: Detainee custody officer (DCO) 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 ☐

Right arm ☐

Left arm ☒

Leg Officer ☐

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

Yes ☒ No ☐

Have you been attended an MMPR refresher in the last 6

Yes ☐ No ☒

The Type of Force Used:

Spontaneous

Were Personal Safety Techniques Used?	<input type="checkbox"/>	Were C&R Techniques Used?	<input checked="" type="checkbox"/>	Were MMPR Techniques Used?	<input type="checkbox"/>
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Defensive Options	<input type="checkbox"/>	Guiding Hold	<input checked="" 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 any additional restraints used?		NO.		Who authorised their use?	
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).

I am Detainee Custody Manager (DCM) Dean BEACKENRIE. I have held my Detainee Custody Officer accreditation since March 2010 and I am currently certified in the Use of Force.

At approx 17:00 22/5/17 I made my way to Dave Wang, Brook House, IRC, with DCM David ANDIS as detainee **D2034** had climbed onto the second floor netting.

On arrival on the unit I made my way to the second floor. Once I was at the top of the staircase I noticed DCO K CLARKE was restraining **D2034** on the floor and I moved towards them.

(**D2034** had come off of the netting).

I crouched down to speak with both the detainee and officer and **D2034** was compliant with instruction to stand up as he was going to be walked to

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the Core + Separation Unit (CSU). Guiding holds were applied (DCO Brackenridge left arm & DCO CLARKE right arm) to ensure no further attempt was made to climb onto the netting. On arrival into the CSU

D2034

was searched by DCO D Murphy and guiding holds were realised

D2034

offered no resistance.

D2034

walked into the room compliantly. Medical staff assessed

D2034

D2034

and gave no cause for concern and stated that there were no medical issues. The door was shut on the CSU room and this ended my involvement in the incident. I believe

D2034

was observed for a period of de-escalation. This ends my report



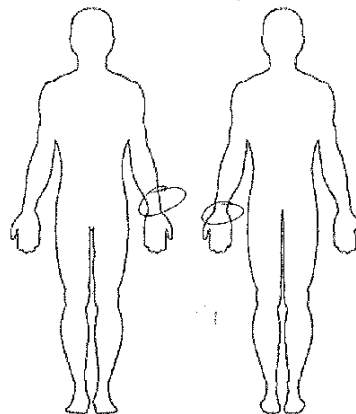




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Please draw a circle around the part of the body that you held, supported, controlled or applied pressure to during the incident.



Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed: **Signature**

Name (BLOCK CAPITALS): JAMES BLACKLOCK

Date: 22/5/17

This form must now be passed to the Supervising Officer

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# REPORT OF INJURY TO DETAINEE



Brook Hare IRC

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

Surname: <b>D2034</b>	First Names: <b>D2034</b>
CID Ref: <b>11632812</b>	Date of Birth: <b>25 OCT 2007</b> <b>DPA</b>

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

Time and date of incident:	<b>22/05/14 1730</b>
Place of incident:	<b>D wing</b>
Incident reported by:	<b>K CLARKE</b>
Incident Witnessed by:	<b>D. MORPHY</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)

Detainee was on netting. 1 staff member tried to get hold of detainee but failed. Shortly after another DCO got hold of detainee - uos to relocate to CSU

Name (Block capitals): **DALDIS**

Signature: **Signature**

Date: **22/05/14**