

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Incident Log No:		RECOS Job No:	OPM58	DEPMU F No:	
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Complete all sections of this document with a **BLACK** pen, leaving areas that are not applicable blank. When you have finished writing, draw a diagonal line through the remaining space to ensure nothing can be added to your report.

PART 1 – To:	MI Desk:	Phone Fax:	<i>To be completed & faxed to the MI Desk before the end of shift</i>
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Details of member of staff completing the form:				
Surname:	Forename(s):	Staff ID:	Grade:	Base Site:
WINSTANLEY	MARTIN	34540	DCO	Heston

Detainee Involved:			
Detainee CID No:	Surname:	Forename:	Date of Birth:
9799414	D1234	D1234	DPA
Port Ref No:	Ethnicity as recorded on PER:	Nationality:	Sex (Gender):
HO R320326	Nigerian	Nigeria	M

Movement Details: (if applicable)	
Collected from:	Delivered to:
Brook House 2/c	Brook House 2/c

Use of Force Incident Details:										
Day:	M	T	W	T	F	S	S	Date:	Time:	Duration*
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(dd/mm/yy)	(24 hour)	(hh:mm)
								26/03/17	20:20	3:48

* Please note when completing duration, the total duration of the application of restraints should be used. Please also record below the total duration of passive use of equipment prior to the use of force incident commencing.

Please state duration of passive use of:	Rigid Bar Handcuffs (if applicable)	Waist Restraint Belt (if applicable)
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Events leading up to the Incident:	Circumstances why force was used:
Tick all relevant boxes	Tick all relevant boxes
None known <input type="checkbox"/>	Preventing harm to self <input checked="" type="checkbox"/>
Search of detainee <input type="checkbox"/>	Preventing harm to others <input checked="" type="checkbox"/>
Enforcement of removal directions <input checked="" type="checkbox"/>	Preventing escape <input type="checkbox"/>
Assault on member of staff <input type="checkbox"/>	Preventing damage to property <input checked="" type="checkbox"/>
Other (please specify) <input type="checkbox"/>	Failure to comply with a lawful order <input checked="" type="checkbox"/>
(expand in written summary)	Other (please specify) <input type="checkbox"/>
	(expand in written summary)

Location of Incident:	
Under escort from:	to:
Brook House 2/c	Vehicle
At collection point: (State location): <input checked="" type="checkbox"/>	In an airport (State airport name): <input type="checkbox"/>
On a vehicle: (Include Veh Type/Reg No): <input type="checkbox"/>	On an aircraft: <input type="checkbox"/> (State airline/Flight No):
Other: (please specify):	

USE OF FORCE INCIDENT REPORT FORM (HOMES)

What other staff were present at the Incident and what was their role (incl medic)?

Name: Ed Haynes Role: DCO Payroll No: Base Site:

Name: Joel Stevens Role: DCO Payroll No: Base Site:

Name: Charlie Lawson Role: DCO Payroll No: Base Site:

Name: Toby Owen Role: SDCO Payroll No: Base Site:

Name: Mark Jones Role: DCO Payroll No: Base Site:

(expand in written summary)

Who else was present at the Incident and what was their role?

Please include anyone who was witness to the Incident
(e.g. Immigration Officer, Police, Doctor, General public, Cabin crew)

Name: James Hann Role: Driver Additional Information:

Name: Role: Additional Information:

(expand in written summary)

HOMES Approved Techniques Used

Tick all relevant boxes

Tick all relevant boxes

Restraint Techniques		Pain Compliance Techniques	
Guiding hold	<input type="checkbox"/>	Mandibular angle	<input type="checkbox"/>
Isolating the arm	<input checked="" type="checkbox"/>	Thumb flexion	<input type="checkbox"/>
Arm hold	<input checked="" type="checkbox"/>	Wrist flexion	<input type="checkbox"/>
Head hold	<input checked="" type="checkbox"/>	Use of rigid bar handcuff to gain compliance	<input type="checkbox"/>
Figure of four arm hold	<input type="checkbox"/>	Defensive Options	
Inverted wrist	<input type="checkbox"/>	Push	<input type="checkbox"/>
Detainee on the ground – supine	<input type="checkbox"/>	Knee strike	<input type="checkbox"/>
Detainee of the ground - prone	<input type="checkbox"/>	Kick	<input type="checkbox"/>
Restraint recovery position	<input type="checkbox"/>	Punch	<input type="checkbox"/>

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Use of Restraints		
Were any additional restraints used?		
Rigid bar cuffs If yes, please state name of person who authorised: Location where handcuffs were used:	<input checked="" type="checkbox"/>	Name of staff member who applied handcuffs: Name of staff member who checked handcuffs: How long was the Detainee restrained in handcuffs using 24h clock? * Please delete as appropriate Time from: _____ To: _____ Passive/Force* Time from: _____ To: _____ Passive/Force* Time from: _____ To: _____ Passive/Force*
Waist restraint belt If yes, please state name of person who authorised: Location where waist restraint belt was used: NOTE: Please record here any time where restraint was released for eating, drinking, toilet visits etc. Time from: To:	<input checked="" type="checkbox"/>	Name of staff member who applied waist restraint belt: Name of staff member who checked waist restraint belt: How long was the Detainee restrained in waist restraint belt? Please identify time in each restraint position using 24h clock: * Please delete as appropriate Free position Time from: _____ To: _____ Passive/Force* Secure position Time from: _____ To: _____ Passive/Force* Restricted position(left) Time from: _____ To: _____ Passive/Force* Restricted position(right) Time from: _____ To: _____ Passive/Force* Restricted position(both) Time from: _____ To: _____ Passive/Force* Netting applied Time from: _____ To: _____ Passive/Force*
Leg restraints If yes, please state name of person who authorised: Location where leg restraints were used:	<input checked="" type="checkbox"/>	Name of staff member who applied leg restraints: Name of staff member who checked leg restraints: How long was the Detainee restrained in leg restraints using 24h clock? Time from: _____ To: _____ Time from: _____ To: _____ Time from: _____ To: _____
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:	<input type="checkbox"/>	Name of staff member(s) who applied Mobile Chair: Name of staff member(s) who checked Mobile Chair: How long was the Detainee restrained in the Mobile Chair using 24h clock? Time from: _____ To: _____ Time from: _____ To: _____ Time from: _____ To: _____

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Methods used to decelerate the situation initially and/or during the Incident:

Did you use any verbal reasoning to decelerate the situation initially and/or during the restraint?

Yes

No ☐

(expand in written summary)

Injuries sustained

Did you visually identify any injuries sustained by the person on whom force was used:

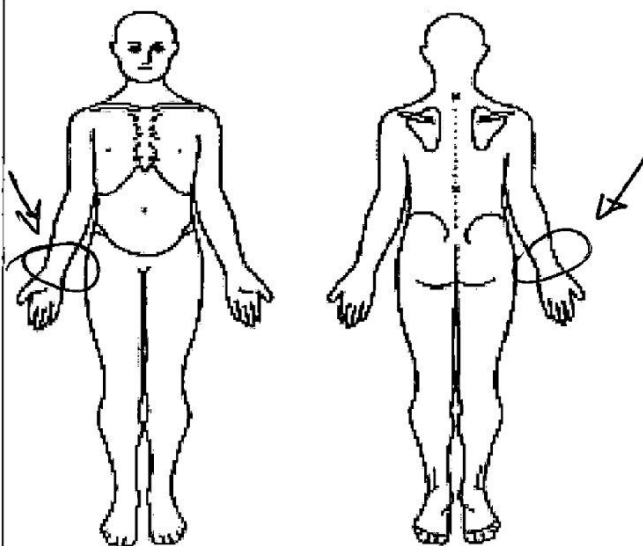
Yes



No



Indicate areas of injuries



(expand in written summary)

Comments: (including any details of any first aid administered)

Slight bruising and swelling
with redness.

If detainee is returned to detention, please enter details of healthcare staff member who assessed detainee on their return:

NOTE: Please ensure where a medical assessment has been conducted by a healthcare professional under escort, complete a TF143 form. Where a request has been made to the receiving custodian i.e. IRC or Police/HMP, complete a TF144 form.

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence

I, Martin Winstanley am a DCO employed by Tascor. This statement is based on my personal knowledge and experience of this Incident, except where I indicate otherwise.

I have 8 years' service as a DCO and during this period I have completed the Home Office approved training course in Physical Restraint Techniques and 5 refresher courses, including the last course on 23/02/17

I have attended and passed a training course on the lawful use of force and have access to Home Office policies related to the use of force.

On 26/03/17 was detailed to escort D1234 from Brook House 2 to Nigeria. At 20:20 I was involved / alerted to an Incident

I mustered at Spectrum House for a charter flight back to Nigeria and Ghana. The bus I had been allocated to visit Brook House 2. The coach commander was Toby Owen. Once inside Brook House it wasn't long before I was asked to help out on the chase vehicle with a disruptive detainee. I entered the reception area to witness D1234 being forcefully carried through the door into the reception area. The JRC staff were all suited up with helmets and all the protective gear. D1234 was naked. He is DPA of age and of Irrelevant and Sensitive. A team of our staff took over from the JRC staff and he was placed into a waist restraint belt and leg restraints into secure and a cuff had been used on D1234's right wrist in order to gain pain compliance. D1234 was refusing to comply with a lawful order. I asked DCO David Maynard to sit in the window seat inside the chase vehicle. The team of officers carried D1234 to the chase vehicle and as they sat him in the middle seat it was at this point that I provided the head support.

Page 5 of 10

Insert more pages if necessary

Signed Signature

Name M Winstanley

Date: 29/03/17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement

Martin Winstanley

I managed to talk D1234 down and it wasn't long before I could release his head. I spent all the time in the rear of the van trying to reason with D1234. Trying to engage with him I tried many subjects sport, which he did not for work, I was asking him about his family and children. He was just shouting loudly saying the Lord would deal with us, he was aware that we were torturing him. I constantly offered him water and food and asked him to dress himself for his dignity but he refused. He used the phone on three occasions. D1234 suggested his ribs were broken his toe was broken and his wrist was broken. I had all this checked out by a medic. He was never happy in the van always loud but never really aggressive towards us. We arrived at Stansted to find out that the charter had been cancelled. I had removed the hand cuff pretty much as we soon as we were about to leave the IFC Brook House. The WLB and leg restraints came off at Stansted and D1234 partially dressed himself. Once back at Brook House he was complaining about his injuries. He had to be assisted off the van but he was no trouble. I never saw him again. The force we used was reasonable, proportionate and necessary.

Page 6 of 10

insert more pages if necessary

Signed

Signature

Name

M Winstanley

Date:

29/08/17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

Page..... of

insert more pages if necessary

Signed.....

Name.....

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

Page..... of

insert more pages if necessary

Signed.....

Name.....

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

PART 2 - Line managers review

Details of any CCTV footage:

Back House CCTV / vehicle DUGG FBR

Details of evidence reviewed:

A DISRUPTIVE DETAINEE WHO WAS HANDLED OVER IN RESTRAINT
THE OFFICER'S RESPONSE IS PROPORTIONATE IN THE
CIRCUMSTANCES

Conclusions drawn:

I have examined the report and consider the action of this officer to be (please circle):

Reasonable

Y/N

Necessary

Y/N

Proportionate

Y/N

If any of these criteria are not met fully below, please explain below:

Further action required:

NIC

Supporting Information / Data:

PER

☐

Medical Forms (TF143 / TF144)

☐

Movement Notification

☐

IS91 Part C

☐

Other relevant documentation

☐

Name:

Tim Patten

Signature:

Signature

Grade:

SO Co i/c SA

Date:

30/3/17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Incident Log No:	RECOS Job No: <i>OP magnetic 58</i>	DEPMU F No:
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Complete all sections of this document with a **BLACK** pen, leaving areas that are not applicable blank. When you have finished writing, draw a diagonal line through the remaining space to ensure nothing can be added to your report.

PART 1 – To:	MI Desk:	Phone Fax	<i>To be completed & faxed to the MI Desk before the end of shift</i>
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Details of member of staff completing the form:

Surname:	Forename(s):	Staff ID:	Grade:	Base Site:
<i>OWEN</i>	<i>HUGH</i>	<i>10187124</i>	<i>SDCO</i>	<i>OSE</i>

Detainee Involved:

Detainee CID No:	Surname:	Forename:	Date of Birth:
<i>9799414</i>	<i>D1234</i>	<i>D1234</i>	<i>DPA</i>
Port Ref No:	Ethnicity as recorded on PER:	Nationality:	Sex (Gender):
<i>2320326</i>		<i>NGA</i>	<i>MALE</i>

Movement Details: (if applicable)

Collected from:	<i>BROOKHOUSE IRC</i>	Delivered to:	<i>BROOKHOUSE IRC</i>
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Use of Force Incident Details:

Day:	M	T	W	T	F	S	S	Date: (dd/mm/yy)	Time: (24 hour)	Duration* (hh:mm)	<i>3 hrs 48 mins</i>
		<input checked="" type="checkbox"/>						<i>28.3.17</i>	<i>2012</i>		

* Please note when completing duration, the total duration of the application of restraints should be used. Please also record below the total duration of passive use of equipment prior to the use of force incident commencing.

Please state duration of passive use of:	Rigid Bar Handcuffs (if applicable)	Waist Restraint Belt (if applicable)
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Events leading up to the Incident:

Circumstances why force was used:

<i>Tick all relevant boxes</i>		<i>Tick all relevant boxes</i>	
None known	<input type="checkbox"/>	Preventing harm to self	<input type="checkbox"/>
Search of detainee	<input type="checkbox"/>	Preventing harm to others	<input type="checkbox"/>
Enforcement of removal directions	<input checked="" type="checkbox"/>	Preventing escape	<input type="checkbox"/>
Assault on member of staff	<input type="checkbox"/>	Preventing damage to property	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Failure to comply with a lawful order	<input checked="" type="checkbox"/>
(expand in written summary)		Other (please specify)	<input type="checkbox"/>
		(expand in written summary)	

Location of Incident:

Under escort from: <i>BROOKHOUSE IRC</i>	to: <i>LAGOS NIGERIA</i>
At collection point: (State location:) <input checked="" type="checkbox"/>	In an airport (State airport name:) <input type="checkbox"/>
On a vehicle: (Include Veh Type/Reg No:) <input checked="" type="checkbox"/> <i>DV66 FBB</i>	On an aircraft: <input type="checkbox"/> (State airline/Flight No:)
Other: (please specify).....	

USE OF FORCE INCIDENT REPORT FORM (HOMES)

What other staff were present at the Incident and what was their role (incl medic)?

Name: J. STEVENS Role: SDCO Payroll No: Base Site: OSE

Name: C. LAMSON Role: SDCO Payroll No: Base Site: OSE

Name: E. HAYNES Role: DCO Payroll No: Base Site: OSE

Name: J. HANN Role: SDCO Payroll No: Base Site: OSE

Name: M. JONES Role: DCO Payroll No: Base Site: OSE

(expand in written summary)

Who else was present at the Incident and what was their role?

Please include anyone who was witness to the Incident
(e.g. Immigration Officer, Police, Doctor, General public, Cabin crew)

Name: M. WINSLEY Role: DCO Additional Information:

Name: D. MAYNARD Role: Additional Information:

(expand in written summary)

HOMES Approved Techniques Used

Tick all relevant boxes

Tick all relevant boxes

Restraint Techniques		Pain Compliance Techniques	
Guiding hold	<input type="checkbox"/>	Mandibular angle	<input type="checkbox"/>
Isolating the arm	<input type="checkbox"/>	Thumb flexion	<input type="checkbox"/>
Arm hold	<input type="checkbox"/>	Wrist flexion	<input type="checkbox"/>
Head hold	<input type="checkbox"/>	Use of rigid bar handcuff to gain compliance	<input type="checkbox"/>
Figure of four arm hold	<input type="checkbox"/>	Defensive Options	
Inverted wrist	<input checked="" type="checkbox"/>	Push	<input type="checkbox"/>
Detainee on the ground – supine	<input type="checkbox"/>	Knee strike	<input type="checkbox"/>
Detainee of the ground – prone	<input type="checkbox"/>	Kick	<input type="checkbox"/>
Restraint recovery position	<input type="checkbox"/>	Punch	<input type="checkbox"/>

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Use of Restraints	
Were any additional restraints used?	
Rigid bar cuffs If yes, please state name of person who authorised: <u>H - OWEN</u> Location where handcuffs were used: <u>DEPARTURES</u> <u>BLOCKHOUSE 12C</u>	<input checked="" type="checkbox"/> Name of staff member who applied handcuffs: <u>E. HAYNES</u> Name of staff member who checked handcuffs: How long was the Detainee restrained in handcuffs using 24h clock? * Please delete as appropriate Time from: <u>2015</u> To: <u>21-56</u> <u>Reactive/Force*</u> Time from: _____ To: _____ <u>Passive/Force*</u> Time from: _____ To: _____ <u>Passive/Force*</u>
Waist restraint belt If yes, please state name of person who authorised: <u>H - OWEN</u> Location where waist restraint belt was used: <u>FOR REMOVAL</u> NOTE: Please record here any time where restraint was released for eating, drinking, toilet visits etc. Time from: To:	<input checked="" type="checkbox"/> Name of staff member who applied waist restraint belt: <u>C LAWSON</u> Name of staff member who checked waist restraint belt: <u>H - OWEN</u> How long was the Detainee restrained in waist restraint belt? Please identify time in each restraint position using 24h clock: * Please delete as appropriate Free position Time from: _____ To: _____ <u>Passive/Force*</u> Secure position Time from: <u>2015</u> To: <u>0020</u> <u>Reactive/Force*</u> Restricted position(left) Time from: _____ To: _____ <u>Passive/Force*</u> Restricted position(right) Time from: _____ To: _____ <u>Passive/Force*</u> Restricted position(both) Time from: _____ To: _____ <u>Passive/Force*</u> Netting applied Time from: _____ To: _____ <u>Passive/Force*</u>
Leg restraints If yes, please state name of person who authorised: <u>H. OWEN</u> Location where leg restraints were used: <u>FOR REMOVAL.</u>	<input checked="" type="checkbox"/> Name of staff member who applied leg restraints: <u>J. HANJ</u> Name of staff member who checked leg restraints: <u>H - OWEN</u> How long was the Detainee restrained in leg restraints using 24h clock? Time from: <u>2015</u> To: <u>0020</u> Time from: _____ To: _____ Time from: _____ To: _____
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:	<input checked="" type="checkbox"/> Name of staff member(s) who applied Mobile Chair: Name of staff member(s) who checked Mobile Chair: How long was the Detainee restrained in the Mobile Chair using 24h clock? Time from: _____ To: _____ Time from: _____ To: _____ Time from: _____ To: _____

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Methods used to decelerate the situation initially and/or during the incident:

Did you use any verbal reasoning to decelerate the situation initially and/or during the restraint?

Yes ☒ No ☐

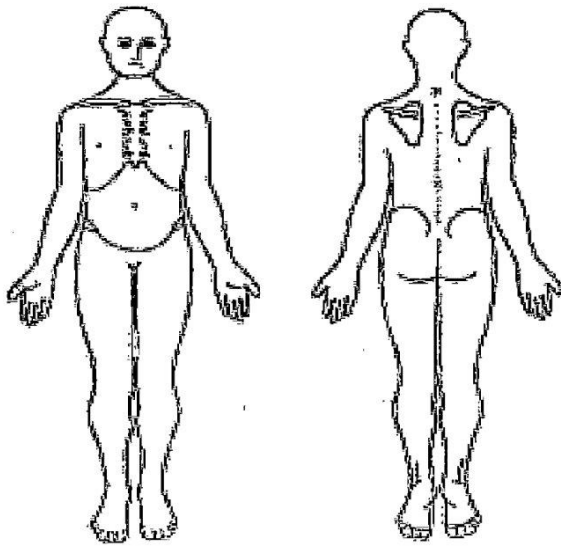
(expand in written summary)

Injuries sustained

Did you visually identify any injuries sustained by the person on whom force was used:

Yes ☐ No ☒

Indicate areas of injuries



(expand in written summary)

Comments: (including any details of any first aid administered)

If detainee is returned to detention, please enter details of healthcare staff member who assessed detainee on their return:

NOTE: Please ensure where a medical assessment has been conducted by a healthcare professional under escort, complete a TF143 form. Where a request has been made to the receiving custodian i.e. IRC or Police/HMP, complete a TF144 form.

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence

I, HUGH OWEN am a SDCO employed by Tascor. This statement is based on my personal knowledge and experience of this incident, except where I indicate otherwise.

I have 16 years' service as a DCO and during this period I have completed the Home Office approved training course in Physical Restraint Techniques and refresher courses, including the last course on

I have attended and passed a training course on the lawful use of force and have access to Home Office policies related to the use of force.

On 28.3.17 I was detailed to escort D1234 from Brookhouse to LAGOS, NIGERIA. At 2012 hrs I was involved / ~~alerted~~ to an incident

I am the above named person currently employed by Tascor Overseas Escorts. On Tuesday 28.3.17 I was tasked as Coach Commander on OP Majestic SS to Lagos, Nigeria. Part of my duty was to collect 9 detainees from Brookhouse ILC, 5 Nigerian nationals and 4 Ghanaian nationals. Prior to arriving at the ILC I fully briefed my team as to their duties and the risks applicable to the persons to be collected. The coach arrived at the centre at 1835, initially we were held up by additional coach waiting to depart. Once inside the ILC it was explained to me by the centre staff that there had been changes in manifest numbers. I confirm which detainees I believed had to be collected, it was at this juncture that I was informed ILC who was on a constant watch 2CDT was happy to go and they would like to present him first. I initially agreed to this, however I was then informed he had changed his mind and was refusing to leave his room. Hearing this I

Page 1 of

insert more pages if necessary

Signed

Signature

Name HUGH OWEN

Date:

29.3.17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement..... HUGH OWEN

informed the centre staff that due to our procedures I would leave this detainee to last. We continued with the collection of the remainder of the detainees however I was then requested that due to staffing levels being short could we take custody of Mr D1234. I agreed to this and organised a team as he would be transferred in the chase vehicle to the airport due to his reluctance to leave his room. D1234 was presented to me in officer dressed in full PPE. He was naked with only a sheet in an attempt to cover him. He was restrained to the rear in chain link hand restraints once in the departures area it was evident that D1234 was not going to comply with his removal as he was screaming, shouting and physically resisting the centre staff. I instructed DCO Haynes to apply a rigid bar cuff to D1234, this he did to his (L) wrist. Once applied centre staff released the chain link restraints. I took control of his (R) wrist using an inverted wrist hold and presented it to the front so a front stock could be secured. During this time he continued to struggle and ignore instructions given to him by all officers present. Once secured the WEB was applied in the secure position, then the leg restraints. Mr D1234 continued to physically resist initially refusing to go to his knees, then to his feet. During this time he spat at DCO Haynes in the face, knotted SDCO Lawson in the groin. Once fully secured he was carried from the departures and to the

Page 2 of

Insert more pages if necessary

Signed.....

Signature

Name.....

HUGH OWEN

Date:

29.3.17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement..... Hueth Owen

waiting vehicle. A search wasn't carried out so he was presented naked with only a bed sheet. Clothing was placed in the vehicle so D1234 could dress should he become more compliant. I assisted carrying him holding the handles on the @ side. I believe the minimal force was used to ensure a safe and secure collection. Once in the van I returned to the departure area to continue collection of the remainder of the detainees. However, I could hear D1234 continually shouting and wailing. I visited the vehicle several times to check on his welfare and my team. I had no further dealings with D1234 until I informed him that the charter had been cancelled and he was to be returned to Portlockhouse. At this time he was quiet, however still rude at times.

Page 3 of 3

insert more pages if necessary

Signed.....

Signature

Name.....

Hueth Owen

Date:

29-3-17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

Page..... of

insert more pages if necessary

Signed.....

Name.....

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

PART 2 - Line managers review

Details of any CCTV footage:

CENTRE CCTV / VEHICLE DVB6FBB

Details of evidence reviewed:

A PARTICULARLY VIOLENT DETAINEE, BEAT WITH IN A PROPORTIONATE MANNER

Conclusions drawn:

I have examined the report and consider the action of this officer to be (please circle):

Reasonable

Y/N

Necessary

Y/N

Proportionate

Y/N

If any of these criteria are not met fully below, please explain below:

Further action required:

NIL

Supporting Information / Data:

PER

☐

Medical Forms (TF143 / TF144)

☐

Movement Notification

☐

IS91 Part C

☐

Other relevant documentation

☐

Name:

TIM PERRIN

Signature:

Signature

Grade:

SDCO i/c SECURITY

Date:

30/3/17

PART 3 - Managers review

Details of evidence reviewed:

Conclusions drawn: I have examined the report and consider the action of this officer to be (please circle):	Reasonable	Y / N	Necessary	Y / N
	Proportionate	Y / N		

Further action required:					
Further Investigation	<input type="checkbox"/>	Health & Safety Review	<input type="checkbox"/>	Commendation	<input type="checkbox"/>
cc: HR (IOD)	<input type="checkbox"/>	HOMES Training Review	<input type="checkbox"/>	Capita Press Office	<input type="checkbox"/>
No further action	<input type="checkbox"/>				

Name:	Signature:
Grade:	Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Incident Log No:	RECOS Job No: OPP MONROE 58	DEPMU F No:											
Complete all sections of this document with a BLACK pen, leaving areas that are not applicable blank. When you have finished writing, draw a diagonal line through the remaining space to ensure nothing can be added to your report.													
PART 1 – To:	MI Desk:	Phone Fax:	<i>To be completed & faxed to the MI Desk before the end of shift</i>										
Details of member of staff completing the form:													
Surname:	Forename(s):	Staff ID:	Grade:										
LAWSON	CHARLES	10186998	SDCO										
Base Site:		HESTON											
Detainee Involved:													
Detainee CID No:	Surname:	Forename:	Date of Birth:										
	D1234	D1234	DPA										
Port Ref No:	Ethnicity as recorded on PER:	Nationality:	Sex (Gender):										
R32032 6	NIGERIAN	NIGERIAN	M										
Movement Details: (if applicable)													
Collected from:	BROOK MOUSE	Delivered to:	BROOK MOUSE										
Use of Force Incident Details:													
Day:	M	T	W	T	F	S	S	Date:	28-3-17	Time:	20:12	Duration*	10mins
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(dd/mm/yy)	(24 hour)	(hh:mm)			
* Please note when completing duration, the total duration of the application of restraints should be used. Please also record below the total duration of passive use of equipment prior to the use of force incident commencing.													
Please state duration of passive use of:								Rigid Bar Handcuffs (if applicable)		Waist Restraint Belt (if applicable)			
Events leading up to the Incident:								Circumstances why force was used:					
Tick all relevant boxes								Tick all relevant boxes					
None known <input type="checkbox"/>								Preventing harm to self <input checked="" type="checkbox"/>					
Search of detainee <input type="checkbox"/>								Preventing harm to others <input checked="" type="checkbox"/>					
Enforcement of removal directions <input checked="" type="checkbox"/>								Preventing escape <input checked="" type="checkbox"/>					
Assault on member of staff <input checked="" type="checkbox"/>								Preventing damage to property <input checked="" type="checkbox"/>					
Other (please specify) <input type="checkbox"/>								Failure to comply with a lawful order <input checked="" type="checkbox"/>					
(expand in written summary)								Other (please specify) <input type="checkbox"/>					
(expand in written summary)								(expand in written summary)					
Location of Incident:													
Under escort from: BROOK MOUSE to: BROOK MOUSE													
At collection point: (State location:) <input checked="" type="checkbox"/> In an airport (State airport name:) <input type="checkbox"/>													
On a vehicle: (Include Veh Type/Reg No:) <input type="checkbox"/> On an aircraft: <input type="checkbox"/> (State airline/Flight No:)													
Other: (please specify)													

USE OF FORCE INCIDENT REPORT FORM (HOMES)

What other staff were present at the Incident and what was their role (incl medic)?

Name: EDD HAYNES Role: DCO Payroll No: Base Site: SPECTRUMName: JAMES HANN Role: SDCO Payroll No: Base Site: SPECTRUMName: JOEL STEVENS Role: SDCO Payroll No: Base Site: SPECTRUMName: TOBY OWEN Role: SDCO Payroll No: Base Site: SPECTRUMName: CHARLES LAWSON Role: SDCO Payroll No: Base Site: NESTON

(expand in written summary)

Who else was present at the Incident and what was their role?

Please include anyone who was witness to the Incident
(e.g. Immigration Officer, Police, Doctor, General public, Cabin crew)

Name: Role: Additional Information:

Name: Role: Additional Information:

(expand in written summary)

HOMES Approved Techniques Used

Tick all relevant boxes

Tick all relevant boxes

Restraint Techniques

Pain Compliance Techniques

Guiding hold

☐

Mandibular angle

☐

Isolating the arm

☐

Thumb flexion

☐

Arm hold

☐

Wrist flexion

☒

Head hold

☐

Use of rigid bar handcuff to gain compliance

☒

Figure of four arm hold

☐

Defensive Options

Inverted wrist

☒

Push

☐

Detainee on the ground – supine

☐

Knee strike

☐

Detainee of the ground - prone

☐

Kick

☐

Restraint recovery position

☐

Punch

☐

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Use of Restraints		
Were any additional restraints used?		
Rigid bar cuffs If yes, please state name of person who authorised: <u>TOBY OWEN</u> Location where handcuffs were used: <u>BROWN HOUSE</u> <u>RECEPTION</u>	<input checked="" type="checkbox"/>	Name of staff member who applied handcuffs: <u>EDD HAYNES</u> Name of staff member who checked handcuffs: How long was the Detainee restrained in handcuffs using 24h clock? * Please delete as appropriate Time from: <u>20:12</u> To: <u>21:56</u> <u>Passive/Force*</u> Time from: _____ To: _____ <u>Passive/Force*</u> Time from: _____ To: _____ <u>Passive/Force*</u>
Waist restraint belt If yes, please state name of person who authorised: <u>TOBY OWEN</u> Location where waist restraint belt was used: <u>BROWN HOUSE</u> <u>RECEPTION</u> NOTE: Please record here any time where restraint was released for eating, drinking, toilet visits etc. Time from: To:	<input checked="" type="checkbox"/>	Name of staff member who applied waist restraint belt: <u>CHARLES WILSON</u> Name of staff member who checked waist restraint belt: <u>CHARLES WILSON</u> How long was the Detainee restrained in waist restraint belt? Please identify time in each restraint position using 24h clock: * Please delete as appropriate Free position Time from: _____ To: _____ <u>Passive/Force*</u> Secure position Time from: <u>20:12</u> To: <u>00:20</u> <u>Passive/Force*</u> Restricted position(left) Time from: _____ To: _____ <u>Passive/Force*</u> Restricted position(right) Time from: _____ To: _____ <u>Passive/Force*</u> Restricted position(both) Time from: _____ To: _____ <u>Passive/Force*</u> Netting applied Time from: _____ To: _____ <u>Passive/Force*</u>
Leg restraints If yes, please state name of person who authorised: <u>TOBY OWEN</u> Location where leg restraints were used: <u>BROWN HOUSE</u> <u>RECEPTION</u>	<input checked="" type="checkbox"/>	Name of staff member who applied leg restraints: <u>SAMES HANN</u> Name of staff member who checked leg restraints: <u>SAMES HANN</u> How long was the Detainee restrained in leg restraints using 24h clock? Time from: <u>20:12</u> To: <u>00:20</u> Time from: _____ To: _____ Time from: _____ To: _____
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:	<input type="checkbox"/>	Name of staff member(s) who applied Mobile Chair: Name of staff member(s) who checked Mobile Chair: How long was the Detainee restrained in the Mobile Chair using 24h clock? Time from: _____ To: _____ Time from: _____ To: _____ Time from: _____ To: _____

USE OF FORCE INCIDENT REPORT FORM (HOMES)**Methods used to decelerate the situation initially and/or during the Incident:**

Did you use any verbal reasoning to decelerate the situation initially and/or during the restraint?

Yes ☒ No ☐

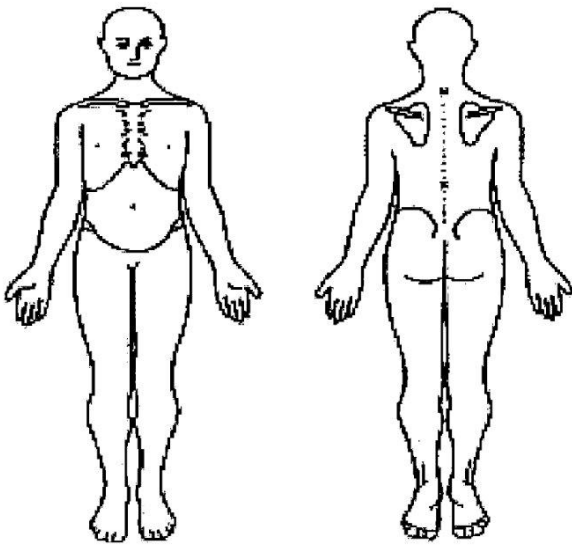
(expand in written summary)

Injuries sustained

Did you visually identify any injuries sustained by the person on whom force was used:

Yes ☐ No ☒

Indicate areas of injuries



(expand in written summary)

Comments: (including any details of any first aid administered)

If detainee is returned to detention, please enter details of healthcare staff member who assessed detainee on their return:

NOTE: Please ensure where a medical assessment has been conducted by a healthcare professional under escort, complete a TF143 form. Where a request has been made to the receiving custodian i.e. IRC or Police/HMP, complete a TF144 form.

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence

I, CHARLES LAWSON am a SDCO employed by Tascor. This statement is based on my personal knowledge and experience of this Incident, except where I indicate otherwise.

I have 11 years' service as a DCO and during this period I have completed the Home Office approved training course in Physical Restraint Techniques and 4.5 refresher courses, including the last course on 6.15.3-17.

I have attended and passed a training course on the lawful use of force and have access to Home Office policies related to the use of force.

On 28-3-17 I was detailed to escort D1234 from IRC Brook House NIGERIA. At 2012 I was involved / ~~alerted~~ to an Incident

I was instructed as a member of the Search team for Brookhouse IRC for OPP Majestic SS. I was informed that the above named detainee by Centre Staff was refusing to come down to reception for his flight. A team of officers in full PPE (Personal protective equipment) present the detainee to us in handcuffs and was restrained by Centre Staff. The detainee was naked and screaming and shouting and was extremely violent considering he was being restrained. He was sat on the floor and EOD Maynes put a cuff on him. When we gained control I placed the waist restraint belt on him and put his left wrist strap on and took to Secure. This was difficult as his level of chloraphin was high. I then checked the WRB as best as I could. I took control of his left side. He was still non compliant and failing to comply to instructions. I said if he does not comply I would give pain through his left wrist to gain compliance. He still did not comply. I gave him pain through his wrist (wrist flexion) quick sharp burst and as it did he kicked out at me and his knee very strongly assaulted

Page 1 of 2

insert more pages if necessary

Signed.....

Signature

Name.....

CHARLES LAWSON

Date:

29-3-17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement... CHARLES LAWSON.

the between my legs, which the pain I went through made me jump and gave out a Yelp. Legs straps were eventually placed on him and he was carried out to the van. I carried the left side using the handle of the WRB. We got him into the van safely and I handed over to the escorts. I had no further dealings with [D1234]. The dealings I did have I did not visually see any injuries to him. This concluded my report.

Signature

Page 2 of 2

insert more pages if necessary

Signed

Signature

Name

CHARLES LAWSON.

Date:

29-3-17.

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

Page..... of

insert more pages if necessary

Signed.....

Name.....

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

Page..... of

insert more pages if necessary

Signed.....

Name.....

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

PART 2 - Line managers review

Details of any CCTV footage:

IVGG FBS / Black House CENTRE CCTV

Details of evidence reviewed:

A VIOLENT DETAINEE WHO ASSAULTED THE ESCORT, WAS
DETENT WITH IN A REASONABLE MANNER

Conclusions drawn:

I have examined the report and consider the action of this officer to be (please circle):

Reasonable	(Y)/N	Necessary	(Y)/N
Proportionate	(Y)/N		

If any of these criteria are not met fully below, please explain below:

Further action required:

NIL

Supporting Information / Data:

PER ☐ Medical Forms (TF143 / TF144) ☐
 Movement Notification ☐ IS91 Part C ☐ Other relevant documentation ☐

Name: TIM PERRIN

Grade: SDCO i/c SEC

Signature

Signature

Date:

30/3/17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Incident Log No:		RECOS Job No:		DEPMU F No:									
Complete all sections of this document with a BLACK pen, leaving areas that are not applicable blank. When you have finished writing, draw a diagonal line through the remaining space to ensure nothing can be added to your report.													
PART 1 – To:	MI Desk:	Phone Fax	To be completed & faxed to the MI Desk before the end of shift										
Details of member of staff completing the form:													
Surname:	Forename(s):	Staff ID:	Grade:	Base Site:									
Stewart	Don	15187285	Solo	Ashford									
Detainee Involved:													
Detainee CID No:	Surname:	Forename:	Date of Birth:										
9799414	D1234	D1234	DPA										
Port Ref No:	Ethnicity as recorded on PER:	Nationality:	Sex (Gender):										
		N. Graham	Male										
Movement Details: (if applicable)													
Collected from:	B. Housley	Delivered to:	B. Housley										
Use of Force Incident Details:													
Day:	M	T	W	T	F	S	S	Date:	28.17	Time:	2012	Duration*	8
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(dd/mm/yy)	3	(24 hour)		(hh:mm)	mins
* Please note when completing duration, the total duration of the application of restraints should be used. Please also record below the total duration of passive use of equipment prior to the use of force incident commencing.													
Please state duration of passive use of:								Rigid Bar Handcuffs (if applicable)		Waist Restraint Belt (if applicable)			
Events leading up to the Incident:								Circumstances why force was used:					
Tick all relevant boxes								Tick all relevant boxes					
None known <input type="checkbox"/>								Preventing harm to self <input checked="" type="checkbox"/>					
Search of detainee <input type="checkbox"/>								Preventing harm to others <input checked="" type="checkbox"/>					
Enforcement of removal directions <input checked="" type="checkbox"/>								Preventing escape <input type="checkbox"/>					
Assault on member of staff <input type="checkbox"/>								Preventing damage to property <input type="checkbox"/>					
Other (please specify) <input type="checkbox"/>								Failure to comply with a lawful order <input checked="" type="checkbox"/>					
(expand in written summary)								Other (please specify) <input type="checkbox"/>					
(expand in written summary)								(expand in written summary)					
Location of Incident:													
Under escort from: B. Housley to: B. Housley													
At collection point: (State location) <input checked="" type="checkbox"/> In an airport (State airport name): <input type="checkbox"/>													
On a vehicle: (Include Veh Type/Reg No.) <input type="checkbox"/> On an aircraft: <input type="checkbox"/> (State airline/Flight No.):													
Other: (please specify).....													

USE OF FORCE INCIDENT REPORT FORM (HOMES)

What other staff were present at the Incident and what was their role (incl medic)?

Name: Tony Owen Role: SDCO Payroll No: Base Site: Qstwick

Name: Chamie Lawson Role: SDCO Payroll No: Base Site: Hoston

Name: Edward Haynes Role: DCO Payroll No: Base Site: Qstwick

Name: Mark Jones Role: DCO Payroll No: Base Site: Hoston

Name: James Harrow Role: SDCO Payroll No: Base Site: Qstwick

(expand in written summary)

Who else was present at the Incident and what was their role?

Please include anyone who was witness to the Incident
(e.g. Immigration Officer, Police, Doctor, General public, Cabin crew)

Name: Mark Nissley Role: DCO Additional Information:

Name: Dave Maynard Role: DCO Additional Information:

(expand in written summary)

HOMES Approved Techniques Used

Tick all relevant boxes		Tick all relevant boxes	
Restraint Techniques		Pain Compliance Techniques	
Guiding hold	<input type="checkbox"/>	Mandibular angle	<input type="checkbox"/>
Isolating the arm	<input type="checkbox"/>	Thumb flexion	<input type="checkbox"/>
Arm hold	<input type="checkbox"/>	Wrist flexion	<input type="checkbox"/>
Head hold	<input checked="" type="checkbox"/>	Use of rigid bar handcuff to gain compliance	<input checked="" type="checkbox"/>
Figure of four arm hold	<input type="checkbox"/>	Defensive Options	
Inverted wrist	<input type="checkbox"/>	Push	<input type="checkbox"/>
Detainee on the ground – supine	<input type="checkbox"/>	Knee strike	<input type="checkbox"/>
Detainee of the ground – prone	<input type="checkbox"/>	Kick	<input type="checkbox"/>
Restraint recovery position	<input type="checkbox"/>	Punch	<input type="checkbox"/>

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Use of Restraints	
Were any additional restraints used?	
Rigid bar cuffs If yes, please state name of person who authorised: <u>Toby Owens</u> Location where handcuffs were used: <u>Brook House Reception</u>	<input checked="" type="checkbox"/> Name of staff member who applied handcuffs: <u>E Haynes</u> Name of staff member who checked handcuffs: How long was the Detainee restrained in handcuffs using 24h clock? Time from: <u>2012</u> To: <u>2156</u> * Please delete as appropriate Time from: _____ To: _____ Passive/Force* Time from: _____ To: _____ Passive/Force*
Waist restraint belt If yes, please state name of person who authorised: <u>Toby Owens</u> Location where waist restraint belt was used: <u>Brook House Reception</u> NOTE: Please record here any time where restraint was released for eating, drinking, toilet visits etc. Time from: To:	<input checked="" type="checkbox"/> Name of staff member who applied waist restraint belt: <u>C Lawson</u> Name of staff member who checked waist restraint belt: <u>C Lawson</u> How long was the Detainee restrained in waist restraint belt? Please identify time in each restraint position using 24h clock: * Please delete as appropriate Free position Time from: _____ To: _____ Passive/Force* Secure position Time from: <u>2012</u> To: <u>0020</u> Passive/Force* Restricted position(left) Time from: _____ To: _____ Passive/Force* Restricted position(right) Time from: _____ To: _____ Passive/Force* Restricted position(both) Time from: _____ To: _____ Passive/Force* Netting applied Time from: _____ To: _____ Passive/Force*
Leg restraints If yes, please state name of person who authorised: <u>Toby Owens</u> Location where leg restraints were used: <u>Brook House Reception</u>	<input checked="" type="checkbox"/> Name of staff member who applied leg restraints: <u>J Haines</u> Name of staff member who checked leg restraints: <u>J Haines</u> How long was the Detainee restrained in leg restraints using 24h clock? Time from: <u>2012</u> To: <u>0020</u> Time from: _____ To: _____ Time from: _____ To: _____
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:	<input type="checkbox"/> Name of staff member(s) who applied Mobile Chair: Name of staff member(s) who checked Mobile Chair: How long was the Detainee restrained in the Mobile Chair using 24h clock? Time from: _____ To: _____ Time from: _____ To: _____ Time from: _____ To: _____

USE OF FORCE INCIDENT REPORT FORM (HOMES)**Methods used to decelerate the situation initially and/or during the Incident:**

Did you use any verbal reasoning to decelerate the situation initially and/or during the restraint?

Yes ☒ No ☐

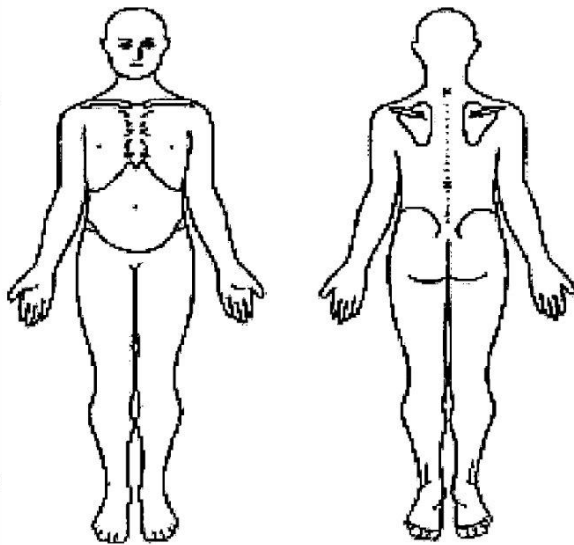
(expand in written summary)

Injuries sustained

Did you visually identify any injuries sustained by the person on whom force was used:

Yes ☐ No ☒

Indicate areas of injuries



(expand in written summary)

Comments: (including any details of any first aid administered)

If detainee is returned to detention, please enter details of healthcare staff member who assessed detainee on their return:

NOTE: Please ensure where a medical assessment has been conducted by a healthcare professional under escort, complete a TF143 form. Where a request has been made to the receiving custodian i.e. IRC or Police/HMP, complete a TF144 form.

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence

I, Joel Stevens am a SOCA employed by Tascor. This statement is based on my personal knowledge and experience of this incident, except where I indicate otherwise.

I have 14 years' service as a DCO and during this period I have completed the Home Office approved training course in Physical Restraint Techniques and refresher courses, including the last course on

I have attended and passed a training course on the lawful use of force and have access to Home Office policies related to the use of force.

On 28.3.17 I was detailed to escort D1234 from B. House to Lagos. At I was involved / alerted to an incident

On Tue 28.3.17 I SOCA Joel Stevens was taken on of Majestic 58 To Lagos/Guana. I was taken As A sentence and taken on Breach House 2. At 20.12 we were presented with a Detainee by the name of D1234. D1234 was presented to us in Room 2 with chain link handcuffs as he refuses to leave his room for fulfilment of Majestic. As myself and colleagues SOCA Terry Green, Charles Lawson, James Hearn and Deon Edd Hyman, Mark Jones and ~~Mark~~ ~~Thompson~~ took control of D1234 he was shouting when levels of aggression and aggression which was starting. Edd applied a manoeuvre to D1234 but was not to gain compliance. We got D1234 to his living room, then contact of his men as he was trying to throw it about whilst screaming and shouting. Once Charles applied the wrist restraint belt (waist) I applied the right wrist ~~rest~~ restraint strap and fixed it off

Page 1 of 2

insert more pages if necessary

Signe

Signature

Name

Joel Stevens

Date:

28.3.17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

Joe Stevens

Over both strands were fixed, James Allins
 left strands. Then using correct Hovers Procedures
 we lifted [D1234] and carried him to
 the waiting Chase Van (Ref no DUGG FBS)
 where we handed over to Doc's Mark
 Jones, Martin Winstanley and Dave Maynard.
 I had no more dealings with [D1234]
 from this point. Approx 21.20.

Page 2 of 2

insert more pages if necessary

Signed.....

Signature

Name.....

Joe Stevens

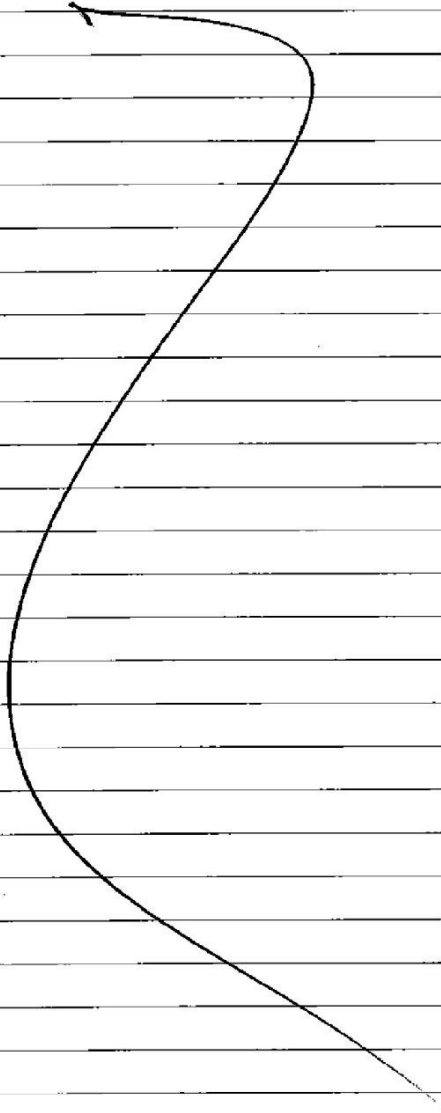
Date:

28.3.17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....



Page..... of

insert more pages if necessary

Signed.....

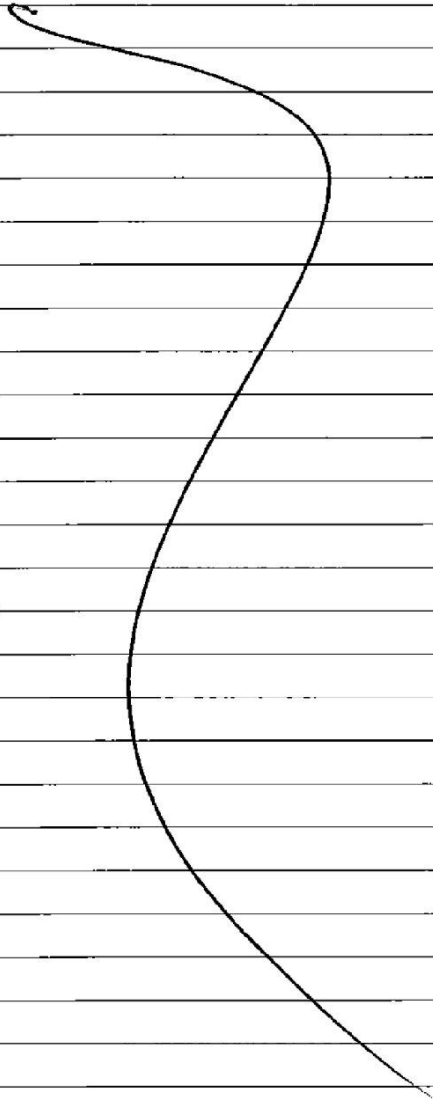
Name.....

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....



Page..... of

insert more pages if necessary

Signed.....

Name.....

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

PART 2 - Line managers review

Details of any CCTV footage:

VEHICLE PURSUE FBR / BROOKHOUSE CENTRE CCTV

Details of evidence reviewed:

A PARTICULARLY VIOLENT DETAINEE WHO WAS MET WITH A PROPORTIONATE RESPONSE.

Conclusions drawn:

I have examined the report and consider the action of this officer to be (please circle):

Reasonable

Y/N

Necessary

Y/N

Proportionate

Y/N

If any of these criteria are not met fully below, please explain below:

Further action required:

Nil

Supporting Information / Data:

PER ☐Medical Forms (TF143 / TF144) ☐Movement Notification ☐IS91 Part C ☐Other relevant documentation ☐

Name: TIM PERAIN

Signature:

Signature

Grade: SDCO i/c SECURITY

Date: 30/3/17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Incident Log No:		RECOS Job No:		DEPMU F No:	
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Complete all sections of this document with a **BLACK** pen, leaving areas that are not applicable blank. When you have finished writing, draw a diagonal line through the remaining space to ensure nothing can be added to your report.

PART 1 – To:	MI Desk:	Phone Fax	To be completed & faxed to the MI Desk before the end of shift
---------------------	----------	--------------	---

Details of member of staff completing the form:				
Surname:	Forename(s):	Staff ID:	Grade:	Base Site:
JONES	MARK	10186969	WCO	HGCTON

Detainee Involved:			
Detainee CID No:	Surname:	Forename:	Date of Birth:
9799414	D1234	D1234	DPA
Port Ref No:	Ethnicity as recorded on PER:	Nationality:	Sex (Gender):
R320326	BS	NIGERIA	M

Movement Details: (if applicable)	
Collected from:	Delivered to:
BROOK HOUSE	BROOK HOUSE

Use of Force Incident Details:											
Day:	M	T	W	T	F	S	S	Date: (dd/mm/yy)	Time: (24 hour)	Duration* (hh:mm)	03:48 06:45
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28/3/17	20-20		

* Please note when completing duration, the total duration of the application of restraints should be used. Please also record below the total duration of passive use of equipment prior to the use of force incident commencing.

Please state duration of passive use of:	Rigid Bar Handcuffs (if applicable)	Waist Restraint Belt (if applicable)
--	--	---

Events leading up to the Incident:	Circumstances why force was used:
Tick all relevant boxes	Tick all relevant boxes
None known <input type="checkbox"/>	Preventing harm to self <input checked="" type="checkbox"/>
Search of detainee <input type="checkbox"/>	Preventing harm to others <input checked="" type="checkbox"/>
Enforcement of removal directions <input checked="" type="checkbox"/>	Preventing escape <input type="checkbox"/>
Assault on member of staff <input type="checkbox"/>	Preventing damage to property <input type="checkbox"/>
Other (please specify) (expand in written summary)	Failure to comply with a lawful order <input checked="" type="checkbox"/>
	Other (please specify) (expand in written summary)

Location of Incident:	
Under escort from: BROOK HOUSE IRC	to: NIGERIA
At collection point: (State location:) <input checked="" type="checkbox"/>	In an airport (State airport name:) <input type="checkbox"/>
On a vehicle: (Include Veh Type/Reg No:) <input type="checkbox"/>	On an aircraft: <input type="checkbox"/> (State airline/Flight No:)
Other: (please specify) DF66 FBS	

USE OF FORCE INCIDENT REPORT FORM (HOMES)

What other staff were present at the Incident and what was their role (incl medic)?

Name: M WILSON Role: DCU Payroll No: Base Site: HGSTONName: E HAYES Role: DCU Payroll No: Base Site: GATWICKName: C LAWSON Role: SPCO Payroll No: Base Site: HGSTONName: T OWEN Role: SPO Payroll No: Base Site: GATWICKName: J HANN Role: SPO Payroll No: Base Site: GATWICK

(expand in written summary)

Who else was present at the Incident and what was their role?

Please include anyone who was witness to the Incident
(e.g. Immigration Officer, Police, Doctor, General public, Cabin crew)Name: A GREENFIELD Role: Medic Additional Information: Aero Man

Name: Role: Additional Information:

(expand in written summary)

HOMES Approved Techniques Used

Tick all relevant boxes

Tick all relevant boxes

Restraint Techniques

Pain Compliance Techniques

Guiding hold	<input type="checkbox"/>	Mandibular angle	<input type="checkbox"/>
Isolating the arm	<input type="checkbox"/>	Thumb flexion	<input type="checkbox"/>
Arm hold	<input type="checkbox"/>	Wrist flexion	<input type="checkbox"/>
Head hold	<input checked="" type="checkbox"/>	Use of rigid bar handcuff to gain compliance	<input type="checkbox"/>
Figure of four arm hold	<input type="checkbox"/>	Defensive Options	
Inverted wrist	<input type="checkbox"/>		
Detainee on the ground – supine	<input type="checkbox"/>		
Detainee of the ground - prone	<input type="checkbox"/>		
Restraint recovery position	<input type="checkbox"/>		
		Push	<input type="checkbox"/>
		Knee strike	<input type="checkbox"/>
		Kick	<input type="checkbox"/>
		Punch	<input type="checkbox"/>

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Use of Restraints		
Were any additional restraints used?		
Rigid bar cuffs If yes, please state name of person who authorised: <u>T OUGEN</u> Location where handcuffs were used: <u>BROOK HOUSE</u> <u>RECEPTION</u>	<input checked="" type="checkbox"/>	Name of staff member who applied handcuffs: <u>E HAYES</u> Name of staff member who checked handcuffs: <u>M WINSYANLY</u> How long was the Detainee restrained in handcuffs using 24h clock? Time from: <u>20-20</u> To: <u>21-36</u> <small>* Please delete as appropriate</small> Time from: _____ To: _____ <small>Passive/Force*</small> Time from: _____ To: _____ <small>Passive/Force*</small>
Waist restraint belt If yes, please state name of person who authorised: <u>T OUGEN</u> Location where waist restraint belt was used: <u>BROOK HOUSE</u> NOTE: Please record here any time where restraint was released for eating, drinking, toilet visits etc. Time from: _____ To: _____	<input checked="" type="checkbox"/>	Name of staff member who applied waist restraint belt: <u>C CAWSON</u> Name of staff member who checked waist restraint belt: <u>M WINSYANLY</u> How long was the Detainee restrained in waist restraint belt? Please identify time in each restraint position using 24h clock: <small>* Please delete as appropriate</small> Free position Time from: _____ To: _____ <small>Passive/Force*</small> Secure position Time from: _____ To: _____ <small>Passive/Force*</small> Restricted position(left) Time from: _____ To: _____ <small>Passive/Force*</small> Restricted position(right) Time from: _____ To: _____ <small>Passive/Force*</small> Restricted position(both) Time from: <u>20-20</u> To: <u>21-36</u> <small>Passive/Force*</small> Netting applied Time from: _____ To: _____ <small>Passive/Force*</small>
Leg restraints If yes, please state name of person who authorised: <u>T OUGEN</u> Location where leg restraints were used: <u>BROOK HOUSE</u>	<input checked="" type="checkbox"/>	Name of staff member who applied leg restraints: <u>T OUGEN</u> <u>S HANN</u> Name of staff member who checked leg restraints: How long was the Detainee restrained in leg restraints using 24h clock? Time from: <u>20-20</u> To: <u>21-36</u> Time from: _____ To: _____ Time from: _____ To: _____
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:	<input type="checkbox"/>	Name of staff member(s) who applied Mobile Chair: Name of staff member(s) who checked Mobile Chair: How long was the Detainee restrained in the Mobile Chair using 24h clock? Time from: _____ To: _____ Time from: _____ To: _____ Time from: _____ To: _____

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Methods used to decelerate the situation initially and/or during the incident:

Did you use any verbal reasoning to decelerate the situation initially and/or during the restraint?

Yes ☒ No ☐

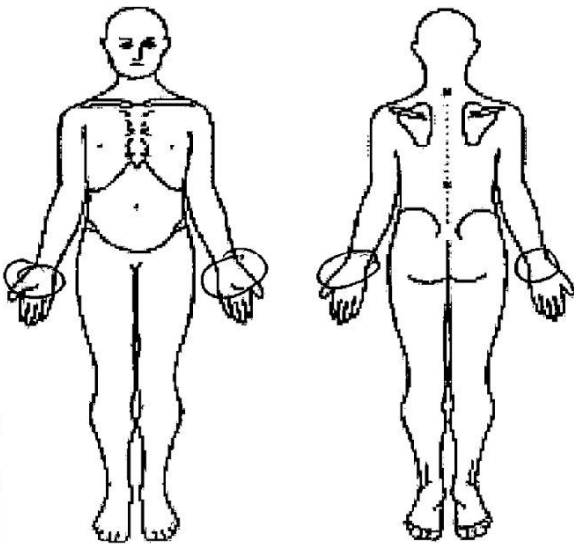
(expand in written summary)

Injuries sustained

Did you visually identify any injuries sustained by the person on whom force was used:

Yes ☒ No ☐

Indicate areas of injuries



(expand in written summary)

Comments: (including any details of any first aid administered)

GRAZES TO WRISTS

If detainee is returned to detention, please enter details of healthcare staff member who assessed detainee on their return:

NOTE: Please ensure where a medical assessment has been conducted by a healthcare professional under escort, complete a TF143 form. Where a request has been made to the receiving custodian i.e. IRC or Police/HMP, complete a TF144 form.

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence

I, MARK JONES am a DCO employed by Tascor. This statement is based on my personal knowledge and experience of this Incident, except where I indicate otherwise.

I have 8 years' service as a DCO and during this period I have completed the Home Office approved training course in Physical Restraint Techniques and 5 refresher courses, including the last course on 20.3.17.

I have attended and passed a training course on the lawful use of force and have access to Home Office policies related to the use of force.

On 28.13/17 was detailed to escort D1234 from BROOK HOUSE to NEWLYA. At BROOK HOUSE I was involved / alerted to an incident

I WAS ON THE COACH AT BROOK HOUSE AND WAS ASKED IF I WOULD GO INTO THE CHASE VEHICLE WITH A POTENTIAL VIOLENT DETAINEE. I WAS ASKED TO GO INTO THE AREA WHERE THE SEARCHES WAS TAKING PLACE. BROOK HOUSE STAFF BROUGHT DOWN A VERY DISRUPTIVE DETAINEE (I NOW KNOW TO BE D1234). TASCOR STAFF DEDICATED TO SEARCH D1234 FROM AND DECISION TO PUT D1234 STRAIGHT INTO A HOMES BELT, I WAS STOOD TO THE SIDE AS THIS WAS HAPPENING. ON TAKING D1234 OUT OF BROOK HOUSE HAND-CUFFS D1234 BECAME MORE VIOLENT. I TOOK CONTROL OF D1234 HEAD AS SHOWN ON MY HOMES COURSE. THE TEAM PLACED D1234 IN THE BELT AND WE ESCORTED HIM TO THE VAN, AND I STILL HAD CONTROL OF HIS HEAD. ON GETTING THE VAN I RELEASED CONTROL OF HIS HEAD TO ANOTHER MEMBER OF STAFF. AT ALL TIMES I ATTEMPTED TO DE-ESCALATE THE SITUATION BUT D1234 WOULDN'T LISTEN

Signature

Page...1... of ...2

insert more pages if necessary

Signed.....

Signature

Name...M...JONES

Date: 29/03/17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

Page..... of

insert more pages if necessary

Signed.....

Name.....

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement... MANN JONES

WHILE IN THE VAN WE ATTEMPTED TO TALK TO
 [D1234] BUT HE WOULDN'T LISTEN. I ATTEMPTED
 TO OFFER HIM FOOD & DRINK BUT HE NOT
 REFUSING. [D1234] WAS NAKED WHEN HE
 WAS BROUGHT DOWN TO US, I OFFERED TO HELP
 [D1234] TO GET DRESSED BUT HE REFUSED.
 [D1234] WAS STILL BEING VIOLENTLY AGGRESSIVE
 TO STAFF IN THE VAN. ONLY AFTER TELLING MR
 [D1234] THAT HE WASN'T FLYING TONIGHT HE
 STARTED TO TALK TO THE TEAM - [D1234]
 TOLD THE TEAM THAT HE HAD SAW RISS. AT
 ALL TIMES THE TEAM ATTEMPTED TO TALK TO MR
 [D1234] AND ALWAYS ACTED IN A PROFESSIONAL
 MANNER.

Signature

Page 2 of 2

insert more pages if necessary

Signed... SignatureName... M JONESDate: 29/3/17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

Page..... of

insert more pages if necessary

Signed.....

Name.....

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

PART 2 - Line managers review

Details of any CCTV footage:

DN66 FBB

Black House CCTV

Details of evidence reviewed:

A VERY VIOLENT / DISRUPTIVE PETAINER WHO WAS HANDLED BY
ESSENTS PROPORTIONATELY

Conclusions drawn:

I have examined the report and consider the action of this officer to be (please circle):

Reasonable

Y/N

Necessary

Y/N

Proportionate

Y/N

If any of these criteria are not met fully below, please explain below:

Further action required:

NIL

Supporting Information / Data:

PER

☐

Medical Forms (TF143 / TF144)

☐

Movement Notification

☐

IS91 Part C

☐

Other relevant documentation

☐

Name: TIM PERAIN

Signature:

Signature

Grade: SPOC i/c SECURITY

Date:

30/3/17

USE OF FORCE INCIDENT REPORT FORM (HOMES)**PART 3 - Managers review**

Details of evidence reviewed:

Conclusions drawn:I have examined the report and consider the action of this officer to be
(please circle):

Reasonable	Y / N	Necessary	Y / N
Proportionate	Y / N		

Further action required:

Further Investigation	<input type="checkbox"/>	Health & Safety Review	<input type="checkbox"/>	Commendation	<input type="checkbox"/>
cc: HR (IOD)	<input type="checkbox"/>	HOMES Training Review	<input type="checkbox"/>	Capita Press Office	<input type="checkbox"/>
No further action	<input type="checkbox"/>				

Name:

Signature:

Grade:

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Incident Log No:	RECOS Job No:	OP MONROE 58	DEPMU F No:										
Complete all sections of this document with a BLACK pen, leaving areas that are not applicable blank. When you have finished writing, draw a diagonal line through the remaining space to ensure nothing can be added to your report.													
PART 1 – To:	MI Desk:	Phone Fax	To be completed & faxed to the MI Desk before the end of shift										
Details of member of staff completing the form:													
Surname:	Forename(s):	Staff ID:	Grade:										
HAYNES	EDWARD	10351478	DCO										
Base Site: GATWICK													
Detainee Involved:													
Detainee CID No:	Surname:	Forename:	Date of Birth:										
9799414	D1234	D1234	DPA										
Port Ref No:	Ethnicity as recorded on PER:	Nationality:	Sex (Gender):										
R320326		NIGERIAN	MALE										
Movement Details: (if applicable)													
Collected from:	BROOK HOUSE IRC	Delivered to:	BROOK HOUSE IRC										
Use of Force Incident Details:													
Day:	M	T	W	T	F	S	S	Date:	28/03/17	Time:	2012	Duration*	2022
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(dd/mm/yy)		(24 hour)		(hh:mm)	
* Please note when completing duration, the total duration of the application of restraints should be used. Please also record below the total duration of passive use of equipment prior to the use of force incident commencing.													
Please state duration of passive use of:								Rigid Bar Handcuffs (if applicable)		Waist Restraint Belt (if applicable)			
Events leading up to the Incident:								Circumstances why force was used:					
Tick all relevant boxes								Tick all relevant boxes					
None known								<input type="checkbox"/>		Preventing harm to self		<input checked="" type="checkbox"/>	
Search of detainee								<input type="checkbox"/>		Preventing harm to others		<input checked="" type="checkbox"/>	
Enforcement of removal directions								<input checked="" type="checkbox"/>		Preventing escape		<input checked="" type="checkbox"/>	
Assault on member of staff								<input type="checkbox"/>		Preventing damage to property		<input type="checkbox"/>	
Other (please specify)								<input type="checkbox"/>		Failure to comply with a lawful order		<input checked="" type="checkbox"/>	
(expand in written summary)										Other (please specify)		<input type="checkbox"/>	
										(expand in written summary)			
Location of Incident:													
Under escort from: BROOK HOUSE IRC to: VAN													
At collection point: (State location:) <input checked="" type="checkbox"/> In an airport (State airport name:) <input type="checkbox"/>													
On a vehicle: (Include Veh Type/Reg No.) <input checked="" type="checkbox"/> DV66 FBB On an aircraft: <input type="checkbox"/> (State airline/Flight No:)													
Other: (please specify)													

USE OF FORCE INCIDENT REPORT FORM (HOMES)

What other staff were present at the Incident and what was their role (incl medic)?

Name: TOBY OWEN Role: SPOCO Payroll No: Base Site: GARWICKName: JOEL STEVENS Role: SPOCO Payroll No: Base Site: GARWICKName: JAMES HARRIS Role: SPOCO Payroll No: Base Site: GARWICKName: CHARLIE LAWSON Role: SPOCO Payroll No: Base Site: HESTONName: MARTIN HUSTANCEY Role: SPOCO Payroll No: Base Site: HESTON

(expand in written summary)

Who else was present at the Incident and what was their role?

Please include anyone who was witness to the Incident
(e.g. Immigration Officer, Police, Doctor, General public, Cabin crew)

Name: Role: Additional Information:

Name: Role: Additional Information:

(expand in written summary)

HOMES Approved Techniques Used

Tick all relevant boxes

Tick all relevant boxes

Restraint Techniques

Pain Compliance Techniques

Guiding hold



Mandibular angle



Isolating the arm



Thumb flexion



Arm hold



Wrist flexion



Head hold



Use of rigid bar handcuff to gain compliance



Figure of four arm hold



Defensive Options

Inverted wrist



Push



Detainee on the ground – supine



Knee strike



Detainee of the ground - prone



Kick



Restraint recovery position



Punch



USE OF FORCE INCIDENT REPORT FORM (HOMES)

Use of Restraints	
Were any additional restraints used?	
Rigid bar cuffs If yes, please state name of person who authorised: <u>TOBY OWEN</u> Location where handcuffs were used: <u>BROOK HOUSE A/C</u>	<input checked="" type="checkbox"/> Name of staff member who applied handcuffs: <u>EDWARD HAYNES</u> Name of staff member who checked handcuffs: How long was the Detainee restrained in handcuffs using 24h clock? * Please delete as appropriate Time from: <u>2012</u> To: <u>00 2156</u> Passive/Force* Time from: _____ To: _____ Passive/Force* Time from: _____ To: _____ Passive/Force*
Waist restraint belt If yes, please state name of person who authorised: <u>TOBY OWEN</u> Location where waist restraint belt was used: <u>BROOK HOUSE A/C</u> NOTE: Please record here any time where restraint was released for eating, drinking, toilet visits etc. Time from: To:	<input checked="" type="checkbox"/> Name of staff member who applied waist restraint belt: <u>CHARLES CALSON</u> Name of staff member who checked waist restraint belt: <u>CHARLES CALSON</u> How long was the Detainee restrained in waist restraint belt? Please identify time in each restraint position using 24h clock: * Please delete as appropriate Free position Time from: _____ To: _____ Passive/Force* Secure position Time from: <u>2014</u> To: <u>0020</u> Passive/Force* Restricted position(left) Time from: _____ To: _____ Passive/Force* Restricted position(right) Time from: _____ To: _____ Passive/Force* Restricted position(both) Time from: _____ To: _____ Passive/Force* Netting applied Time from: _____ To: _____ Passive/Force*
Leg restraints If yes, please state name of person who authorised: Location where leg restraints were used:	<input checked="" type="checkbox"/> Name of staff member who applied leg restraints: <u>JAMES HANN</u> Name of staff member who checked leg restraints: <u>JAMES HANN</u> How long was the Detainee restrained in leg restraints using 24h clock? Time from: <u>2014</u> To: <u>0020</u> Time from: _____ To: _____ Time from: _____ To: _____
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:	<input type="checkbox"/> Name of staff member(s) who applied Mobile Chair: Name of staff member(s) who checked Mobile Chair: How long was the Detainee restrained in the Mobile Chair using 24h clock? Time from: _____ To: _____ Time from: _____ To: _____ Time from: _____ To: _____

USE OF FORCE INCIDENT REPORT FORM (HOMES)**Methods used to decelerate the situation initially and/or during the Incident:**

Did you use any verbal reasoning to decelerate the situation initially and/or during the restraint?

Yes ☒ No ☐

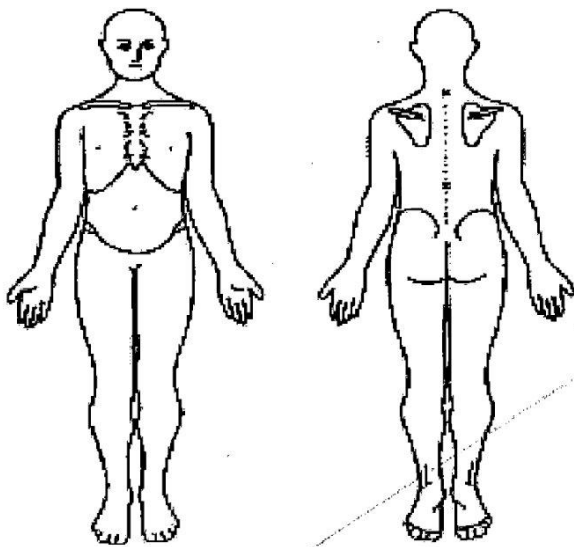
(expand in written summary)

Injuries sustained

Did you visually identify any injuries sustained by the person on whom force was used:

Yes ☐ No ☒

Indicate areas of injuries



(expand in written summary)

Comments: (including any details of any first aid administered)

If detainee is returned to detention, please enter details of healthcare staff member who assessed detainee on their return:

NOTE: Please ensure where a medical assessment has been conducted by a healthcare professional under escort, complete a TF143 form. Where a request has been made to the receiving custodian i.e. IRC or Police/HMP, complete a TF144 form.

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence

I, EDWARD HAINES am a DCO employed by Tascor. This statement is based on my personal knowledge and experience of this Incident, except where I indicate otherwise.

I have 8 MONTHS ~~years~~ service as a DCO and during this period I have completed the Home Office approved training course in Physical Restraint Techniques and 1 refresher courses, including the last course on 12/16.

I have attended and passed a training course on the lawful use of force and have access to Home Office policies related to the use of force.

On 28/3/17 I was detailed to escort D1234 from BROOK HOUSE ~~DCO~~ to LAGOS. At 2012 I was involved / alerted to an Incident

D1234 WAS DUE TO BE REMOVED ON OP MONROE S8 TO LAGOS. I WAS ONE OF THE OFFICERS CARRYING OUT THE SEARCHES ON THE DETAINEES FOR OP MONROE S8 SO I WAS ONE OF THE FIRST TASCOR OFFICERS TO COME IN CONTACT WITH THE DETAINEE. STAFF AT BROOK HOUSE SEEMED TO BE IN A HURRY TO HAND D1234 OVER TO US AS HE HAD BEEN DISRUPTIVE, WAS IN SET AND ON AN OPEN ACCT. AT FIRST WHEN BROOK HOUSE STAFF BROUGHT HIM DOWN ALL I COULD HEAR WAS SHOUTING AND SCREAMING FROM THE DETAINEE. WHEN HE CAME INTO SIGHT IT WAS VERY CLEAR THAT BROOK HOUSE STAFF WERE STRUGGLING TO RESTRAIN HIM, EVENTUALLY THEY HAD MANAGED TO HANDCUFF HIM IN A BACK STACK POSITION AND THEY WERE CARRYING HIM TOWARDS US. D1234 WAS WEARING NOTHING BUT A TOWEL. D1234 RESISTED AS HE WAS CARRIED TOWARDS US. ONCE HE WAS IN OUR VICINITY HE WAS SAT DOWN ON THE FLOOR AS HE WOULD NOT STAND. I THEN APPLIED MY CUFF TO D1234 LEFT WRIST. BROOK HOUSE OFFICERS THEN REMOVED THEIR CUFF FROM HIS LEFT HAND. I THEN BROUGHT HIS ARM TO HIS FRONT. AS I WAS

Page 1 of 3

insert more pages if necessary

Signed: Signature

Name EDWARD HAINES

Date: 29/3/17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

MOVING HIS HAND AROUND [D1234] DECIDED HE WOULD SPIT INTO MY FACE. I WIPED AWAY THE SPIT FROM MY FACE BUT DID NOT AT THIS POINT USE ANY PAIN COMPLIANCE TO STOP HIM, WHILE THIS WAS GOING ON OFFICERS HAD BROUGHT HIS OTHER ARM AROUND, I THEN PUT THE CUFF ON HIS OTHER WRIST SO HE WAS IN FRONT STRUCK POSITION, HE THEN BROUGHT HIM TO HIS KNEES SO THAT THE WRIST RESTRAINT BELT COULD BE APPLIED, ONCE THE BELT WAS AROUND HIS WAIST AND ONE OF THE STRAPS WAS AROUND HIS LEFT HAND I TOOK ONE OF THE CUFFS OFF HIS LEFT WRIST BUT LEAVING IT ON HIS RIGHT HAND FOR PAIN COMPLIANCE AS HE WAS STILL RESISTING AND BEING ABUSIVE TO STAFF, WE THEN STOOD [D1234] UP, AS WE DID THIS [D1234] DECIDED TO SPIT AT ME AGAIN, AS HE DID THIS I USED THE CUFF AS PAIN COMPLIANCE TO STOP HIM DOING IT AGAIN, JAMES HANN THEN WENT TO APPLY THE LEG RESTRAINTS, AS HE WAS TRYING TO DO THIS [D1234] WAS STILL RESISTING AND WOULD NOT LET GO OF HIS LEGS FOR THE LEG RESTRAINT TO BE APPLIED, HE WAS ALSO KICKING OUT, AND TRYING TO HEADBUTT AS WELL, AT ONE POINT WHEN HE KICKED OUT PAIN COMPLIANCE WAS USED AGAIN TO TRY TO STOP HIM, THIS DID NOT SEEM TO AFFECT [D1234] ENOUGH FOR HIM TO COMPLY, DCO STEVENS THEN TOOK CONTROL OF THE CUFF FROM ME - I WENT AROUND TO [D1234] LEGS AND BROUGHT THEM TOGETHER SO JAMES HANN COULD APPLY THE LEG RESTRAINTS, ONCE THEY WERE ON I TOOK THE BOTTOM OF [D1234] LEGS AND WALKED HIM OUT TO THE VAN WITH THE OTHER OFFICERS, HE WAS CARRIED INTO THE VAN. - ONCE IN I TOOK CONTROL OF THE HEAD BRIEFLY THEN

Page 2 of 3

insert more pages if necessary

Signed

Signature

Name EDUARDO LAYNES

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

PASSED CONTROL TO DCO INSTANTLY, I THEN LEFT THE VAN AND HAD NO MORE CONTACT WITH D1234, THIS IS WHAT HAPPENED ON THIS DAY AND IS HONEST AND TRUE TO THE BEST OF MY KNOWLEDGE.

SignaturePage 3 of 3

insert more pages if necessary

Signed:

SignatureName: EDWARD HAYNES

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

[A large, loopy handwritten signature or scribble is written across the lined area.]

Page..... of

insert more pages if necessary

Signed.....

Name.....

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

PART 2 - Line managers review

Details of any CCTV footage:

N66 FBR + Brook House CCTV

Details of evidence reviewed:

A VERY VIOLENT & SPITTING DETAINEE WHO WAS DEACT WITH IN A PROPORTIONATE MANNER.

Conclusions drawn:

I have examined the report and consider the action of this officer to be (please circle):

Reasonable (Y/N)

Necessary (Y/N)

Proportionate (Y/N)

If any of these criteria are not met fully below, please explain below:

Further action required:

NIL

Supporting Information / Data:

PER ☐Medical Forms (TF143 / TF144) ☐Movement Notification ☐IS91 Part C ☐Other relevant documentation ☐

Name: TIM PERRIN

Signature: **Signature**

Grade: SDCO ilc SECURITY

Date: 30/3/17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Incident Log No:		RECOS Job No:	OP MONROE	DEPMU F No:	
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Complete all sections of this document with a **BLACK** pen, leaving areas that are not applicable blank. When you have finished writing, draw a diagonal line through the remaining space to ensure nothing can be added to your report.

PART 1 – To:	MI Desk:	Phone Fax	To be completed & faxed to the MI Desk before the end of shift
---------------------	----------	--------------	---

Details of member of staff completing the form:				
Surname:	Forename(s):	Staff ID:	Grade:	Base Site:
HANN	JAMES	10186884	SDCO	GATWICK

Detainee Involved:			
Detainee CID No:	Surname:	Forename:	Date of Birth:
9799414	D1234	D1234	DPA
Port Ref No:	Ethnicity as recorded on PER:	Nationality:	Sex (Gender):
		NIGERIAN	M

Movement Details: (if applicable)			
Collected from:	BROOK IRC	Delivered to:	BROOK IRC

Use of Force Incident Details:													
Day:	M	T	W	T	F	S	S	Date: (dd/mm/yy)	28-03-17	Time: (24 hour)	2012	Duration* (hh:mm)	5mins

* Please note when completing duration, the total duration of the application of restraints should be used. Please also record below the total duration of passive use of equipment prior to the use of force incident commencing.

Please state duration of passive use of:	Rigid Bar Handcuffs (if applicable)	Waist Restraint Belt (if applicable)
--	--	---

Events leading up to the Incident:	Circumstances why force was used:
Tick all relevant boxes	Tick all relevant boxes
None known <input type="checkbox"/>	Preventing harm to self <input type="checkbox"/>
Search of detainee <input type="checkbox"/>	Preventing harm to others <input checked="" type="checkbox"/>
Enforcement of removal directions <input checked="" type="checkbox"/>	Preventing escape <input type="checkbox"/>
Assault on member of staff <input type="checkbox"/>	Preventing damage to property <input type="checkbox"/>
Other (please specify) (expand in written summary)	Failure to comply with a lawful order <input checked="" type="checkbox"/>
	Other (please specify) (expand in written summary)

Location of Incident:	
Under escort from: BROOK IRC	to: STANSTED APT
At collection point: (State location) <input checked="" type="checkbox"/> BROOK IRC	In an airport (State airport name:) <input type="checkbox"/>
On a vehicle: (Include Veh Type/Reg No:) <input type="checkbox"/>	On an aircraft: <input type="checkbox"/> (State airline/Flight No:)
Other: (please specify).....	

USE OF FORCE INCIDENT REPORT FORM (HOMES)

What other staff were present at the Incident and what was their role (incl medic)?

Name: CHARLIE LAWSON Role: SDCO Payroll No: Base Site: HESTONName: JEL STEVENS Role: SDCO Payroll No: Base Site: GATWICKName: TOBY OWEN Role: SDCO Payroll No: Base Site: GATWICKName: ED HAYES Role: DCO Payroll No: Base Site: GATWICK

Name: Role: Payroll No: Base Site:

(expand in written summary)

Who else was present at the Incident and what was their role?

Please include anyone who was witness to the Incident
(e.g. Immigration Officer, Police, Doctor, General public, Cabin crew)

Name: Role: Additional Information:

Name: Role: Additional Information:

(expand in written summary)

HOMES Approved Techniques Used

Tick all relevant boxes

Tick all relevant boxes

Restraint Techniques		Pain Compliance Techniques	
Guiding hold	<input type="checkbox"/>	Mandibular angle	<input type="checkbox"/>
Isolating the arm	<input type="checkbox"/>	Thumb flexion	<input type="checkbox"/>
Arm hold	<input type="checkbox"/>	Wrist flexion	<input type="checkbox"/>
Head hold	<input type="checkbox"/>	Use of rigid bar handcuff to gain compliance	<input checked="" type="checkbox"/>
Figure of four arm hold	<input type="checkbox"/>	Defensive Options	
Inverted wrist	<input type="checkbox"/>		
Detainee on the ground – supine	<input checked="" type="checkbox"/>		
Detainee of the ground – prone	<input type="checkbox"/>		
Restraint recovery position	<input type="checkbox"/>		
		Push	<input type="checkbox"/>
		Knee strike	<input type="checkbox"/>
		Kick	<input type="checkbox"/>
		Punch	<input type="checkbox"/>

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Use of Restraints

Were any additional restraints used?

Rigid bar cuffs If yes, please state name of person who authorised: <u>T. OWEN</u> Location where handcuffs were used: <u>BROOK IRC</u>	<input checked="" type="checkbox"/> Name of staff member who applied handcuffs: <u>E. HAYNES</u> Name of staff member who checked handcuffs: How long was the Detainee restrained in handcuffs using 24h clock? * Please delete as appropriate Time from: <u>20.12</u> To: <u>21.56</u> Passive/Force* Time from: _____ To: _____ Passive/Force* Time from: _____ To: _____ Passive/Force*
Waist restraint belt If yes, please state name of person who authorised: <u>T. OWEN</u> Location where waist restraint belt was used: <u>BROOK IRC</u> NOTE: Please record here any time where restraint was released for eating, drinking, toilet visits etc. Time from: To:	<input checked="" type="checkbox"/> Name of staff member who applied waist restraint belt: <u>C. LAWSON</u> Name of staff member who checked waist restraint belt: <u>C. LAWSON</u> How long was the Detainee restrained in waist restraint belt? Please identify time in each restraint position using 24h clock: * Please delete as appropriate Free position Time from: _____ To: _____ Passive/Force* Secure position Time from: <u>20.12</u> To: <u>00.20</u> Passive/Force* Restricted position(left) Time from: _____ To: _____ Passive/Force* Restricted position(right) Time from: _____ To: _____ Passive/Force* Restricted position(both) Time from: _____ To: _____ Passive/Force* Netting applied Time from: _____ To: _____ Passive/Force*
Leg restraints If yes, please state name of person who authorised: <u>T. OWEN</u> Location where leg restraints were used: <u>BROOK IRC</u>	<input checked="" type="checkbox"/> Name of staff member who applied leg restraints: <u>J. HANN</u> Name of staff member who checked leg restraints: <u>J. HANN</u> How long was the Detainee restrained in leg restraints using 24h clock? Time from: <u>20.12</u> To: <u>00.20</u> Time from: _____ To: _____ Time from: _____ To: _____
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:	<input type="checkbox"/> Name of staff member(s) who applied Mobile Chair: Name of staff member(s) who checked Mobile Chair: How long was the Detainee restrained in the Mobile Chair using 24h clock? Time from: _____ To: _____ Time from: _____ To: _____ Time from: _____ To: _____

USE OF FORCE INCIDENT REPORT FORM (HOMES)**Methods used to decelerate the situation initially and/or during the Incident:**

Did you use any verbal reasoning to decelerate the situation initially and/or during the restraint?

Yes ☒ No ☐

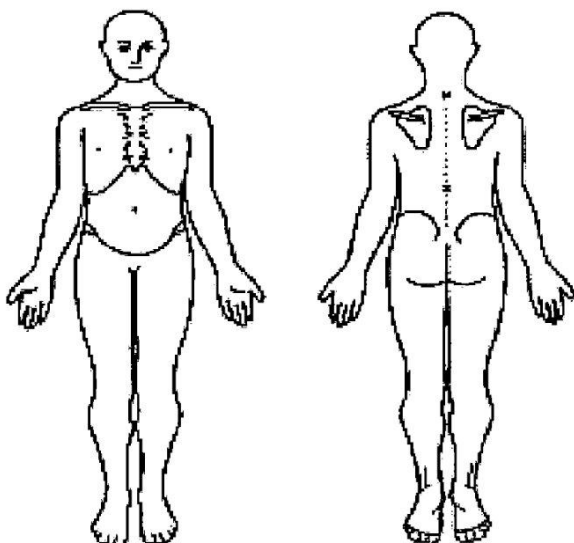
(expand in written summary)

Injuries sustained

Did you visually identify any injuries sustained by the person on whom force was used:

Yes ☐ No ☒

Indicate areas of injuries



(expand in written summary)

Comments: (including any details of any first aid administered)

If detainee is returned to detention, please enter details of healthcare staff member who assessed detainee on their return:

NOTE: Please ensure where a medical assessment has been conducted by a healthcare professional under escort, complete a TF143 form. Where a request has been made to the receiving custodian i.e. IRC or Police/HMP, complete a TF144 form.

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence

I, JAMES HANN am a SOLO employed by Tascor. This statement is based on my personal knowledge and experience of this Incident, except where I indicate otherwise.

I have 11 years' service as a DCO and during this period I have completed the Home Office approved training course in Physical Restraint Techniques and 4 refresher courses, including the last course on FEB 17.

I have attended and passed a training course on the lawful use of force and have access to Home Office policies related to the use of force.

On 28-03-17 I was detailed to escort D1234 from BROOK HOUSE to STANDERD APT. At 20.12 I was involved / ~~alerted~~ to an Incident

D1234 WAS DUE TO BE REMOVED ON THE CHARTER (OP MONROE) BROOK HOUSE STAFF INFORMED US HE WAS REFUSING TO LEAVE HIS ROOM AND THAT THEY WOULD BE SENDING A TEAM IN TO USE FORCE. WE COULD HEAR D1234 SCREAMING SEVERAL MINUTES BEFORE THE TEAM GOT HIM TO RECEPTION. ONCE IN RECEPTION WE COULD SEE D1234 WAS IN HAND CUFFS (BACK STICK) ED PLACED A CUFF ON HIS RIGHT WRIST FOR PAIN COMPLIANCE SO THE BROOK STAFF COULD GRADUALLY RELEASE THEIR HOLDS AND OUR STAFF COULD TAKE OVER. INITIALLY I WAS NOT INVOLVED AS THERE WERE FOUR DO'S INVOLVED IN PUTTING D1234 INTO THE WAIST BELT. D1234 WAS NAKED AND BEING EXTREMELY VIOLENT, TWICE SPITTING IN ED'S FACE. THE TEAM HAD D1234 ON HIS KNEES PUTTING THE BELT ON AND HE KEPT KICKING OUT. AT THIS POINT I TOOK CONTROL OF HIS LEGS WHILST THE BELT WAS APPLIED. ONCE WE HAD HIM STANDING UP D1234 KEPT KICKING OUT AND TRYING TO PLOP HIS WEIGHT. I THEN APPLIED THE LEG RESTRAINTS AND WE CARRIED HIM TO THE VEHICLE. I HAD CONTROL OF HIS LEGS DURING THE CARRY TO THE VEHICLE. D1234 CONTINUED SHOUTING AND THRASHING AROUND IN HIS SEAT

Page 1 of 2

insert more pages if necessary

Signed SignatureName JAMES HANNDate: 29-03-17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement... J. HANN

I WAS DRIVING THE VEHICLE UP TO STANSTED AND FOR THE MAJORITY OF THE JOURNEY I COULD HEAR D1234 SHOUTING BUT HE HAD STOPPED THROBING ABOUT IN HIS SEAT. ON ARRIVAL AT THE AIRPORT WE WERE INFORMED THAT THE FLIGHT HAD BEEN CANCELLED DUE TO PROTESTERS. THE WINDST BELT WAS REMOVED AND WE MANAGED TO CONVINCE D1234 TO PUT HIS CLOTHES ON. D1234 WAS RETURNED TO BROOK HOUSE AND SEEN BY HEALTH CARE.

Page... 2 of 2...

insert more pages if necessary

Signed... SignatureName... JAMES HANNDate: 24-03-17

USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued

Continuation of statement.....

Page..... of

insert more pages if necessary

Signed.....

Name.....

Date:

USE OF FORCE INCIDENT REPORT FORM (HOMES)

PART 2 - Line managers review

Details of any CCTV footage:

VEHICLE DUGG FBB / Brook House CCTV

Details of evidence reviewed:

A VERY VIOLENT RETAINEE WHO WAS HANDLED REASONABLY

Conclusions drawn:

I have examined the report and consider the action of this officer to be (please circle):

Reasonable

(Y) N

Necessary

(Y) N

Proportionate

(Y) N

If any of these criteria are not met fully below, please explain below:

Further action required:

NIL

Supporting Information / Data:

PER

☐

Medical Forms (TF143 / TF144)

☐

Movement Notification

☐

IS91 Part C

☐

Other relevant documentation

☐

Name: TIM PERAIN

Signature:

Signature

Grade: SP60 ilc SECURITY

Date:

30/3/17

126

tascor

GENERAL
INCIDENT REPORT

Incident Log No:

Page 1 of 4

DEPMU F Number:

Complete all sections of this document with a **BLACK** pen, leaving areas that are not applicable blank. When you have finished writing, draw a diagonal line through the remaining space to ensure nothing can be added to your report.

PART 1 To:	OCC Incident Desk - Phone: [insert number] - Fax: [insert number]	Please complete and fax to the OCC before the end of shift
Completed By:	DAVID MAYNARD	
Grade:	DCO	Base Site: GATWICK OSE

DETAINEE INVOLVED

Detainee Name	D1234	Gender:	M / F
Nationality:	NIGERIAN	Date of Birth:	DPA
Special Needs:	THREATS OF SELF HARM ACDT		
CID Ref:	9799414	Port Ref:	
Movement Details (if applicable)			
Collected from:	BROOK HOUSE	Delivered to:	STANSTED AIR

LOCATION

Date of Incident:	28/3/17	Time of Incident:	20.20
Exact Location of Incident:	BROOK HOUSE RECEPTION / TASCOR VAN		
Identify CCTV Coverage:	IN VEHICLE		
Vehicle (state type and registration number):	DV66 FBB		

TYPE OF INCIDENT

(please tick all appropriate boxes)

Selected Red Incidents

Death in Custody <input type="checkbox"/>	Self Harm <input type="checkbox"/>	Injury/Illness to Detainee <input checked="" type="checkbox"/>	Escape/Attempt <input type="checkbox"/>	Release in error <input type="checkbox"/>
Unsuccessful Removal <input type="checkbox"/>	Failure to carry out movement <input type="checkbox"/>	Unlawful Detention <input type="checkbox"/>	Vehicle Breakdown <input type="checkbox"/>	
Good Work by Staff <input type="checkbox"/>	Prohibited + Item(s) find <input type="checkbox"/>	Road Traffic Accident <input type="checkbox"/>		
Accident or Injuries to Staff <input type="checkbox"/>				
Other (please specify) <input type="checkbox"/>	New/Unrecorded Special Needs (please comment) <input type="checkbox"/>		Comments <input type="checkbox"/>	
Form IS91 RA(C) - YES / NO				

GENERAL INCIDENT REPORT

DETAINEE(S) INVOLVED

	DETAINEE NAME(S)	GENDER	NAT	PORT REF	DC/CID REF
1					
2					
3					
4					
5					
6					

ALL TASCOR STAFF INVOLVED

	NAME(S)	EE NO	GRADE	BASE SITE
1	MARTIN WINSTANLEY		DCO	OSE
2	NEIL JONES	101869	DCO	OSE
3				
4				
5				
6				

OTHER(S) INVOLVED / WITNESSES TO INCIDENT

	NAME(S)	ROLE (e.g. Immigration Officer, Police, Doctor, Witnesses)	ADDITIONAL INFORMATION
1			
2			
3			
4			
5			
6			

GENERAL INCIDENT REPORT

STATEMENT

This statement (consisting of page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Signature:

Signature

Date:

28/3/17

ON THE 28/3/17 AT 2020 I WAS INSTRUCTED TO SIT IN THE VAN MENTIONED IN THE FIRST PAGE OF MY REPORT. I SAT IN THE FRONT ROW NEAREST THE WINDOW BEHIND THE DRIVER. A NON COMPLIANT DETAINEE KNOWN AS D1234 WAS CARRIED TO THE VAN AND PUT IN THE MIDDLE SEAT NEXT TO ME. HE WAS IN A WAIST RESTRAINT BELT, LEG RESTRAINTS AND HAD A HANDCUFF ON HIS RIGHT WRIST. I PASSED THE SEATBELT OVER TO BE FASTENED. ALTHOUGH ONCE IN THE VAN HE WAS PHYSICALLY PASSIVE HE WAS VERY VERBAL STATING MANY TIMES THAT HIS GOD WOULD DO HARM TO EVERYBODY WHO HAS PUT THEIR HANDS ON HIM TONIGHT. HE WAS COMPLAINING MANY TIMES THAT HIS WRIST WAS HURTING FROM THE CUFF. HIS WRIST WAS VISSABLY SWOLLEN BRUISED AND RED SO AT 21.56 WE RELEASED THE CUFF AS THERE WAS NO EVIDENCE OF PHYSICAL VIOLENCE FROM THE DETAINEE AND WE WAS WORE TO TRY AND DEESULATE D1234'S AGGRESSIVE VERBAL COMMUNICATION. HE STATED MANY INJURIES DURING HIS TIME ON THE VAN WITH ME ONE BEING HIS BIG TOE LEFT FOOT WHICH WAS GUT AND SWOLLEN HE STATED HIS RIBS HAD

Signature:

Signature

GENERAL INCIDENT REPORT

STATEMENT (continued)	
Continuation of Statement of	DAVID MAYNARD
<p>BEEN BROKEN AT FIRST THE LEFT SIDE BUT AS THE JOURNEY PROGRESSSED IT SEEMED SWITCH TO THE RIGHT</p> <p>THE MEDIC Name Irrelevant ENTERED THE VAN</p> <p>3 TIMES WHILE WE WERE SAT IN BROOK HOUSE BUT ON EACH OCCASION WAS MET WITH HOSTILITY AND WAS UNABLE TO CARRY OUT ANY EXAMINATION</p> <p>D1234 WAS ALSO PRESENTED NAKED WITH A BEDSHEET ROUND HIM SEVERAL TIMES WE ASKED IF HE WANTED TO DRESS HIMSELF HOWEVER HE DIDNT WANT TO HE REFUSED FOOD AND WATER HOWEVER HE DID ACCEPT AND PHONECALL ON TWO OCCASIONS TO HIS SOLICITOR.</p> <p>AT 2355 WE ARRIVED AT STANSTEAD AIRPORT. DUE TO PROTESTERS THE FLIGHT WAS CANCELLED MR D1234 BECAME SIGNIFICANTLY MORE COMPLIANT AND WE REMOVED THE WAIST RESTRAINT BELT AND LEG RESTRAINT SO D1234 COULD GET DRESSED AT APPROX 00-20. WE RETURNED TO BROOK HOUSE WITHOUT ANY FURTHER INCIDENT AND NO FURTHER TALK ABOUT GOD HURTING US. AFTER A WAIT AT BROOK HOUSE D1234 WAS RETURNED TO THE CUSTODY OF BROOK HOUSE.</p>	
Signature: _____	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Signature</div>

(s) as required (see Annex B to CORB SOP 02)

TF001 General Incident Report v2.0 21.03.14

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Incident Log No:

Page of

GENERAL INCIDENT REPORT

PART 2 - LINE MANAGER'S INITIAL REVIEW

THIS IS A PROPORTIONATE USE OF FORCE IN THE
CIRCUMSTANCES

Please attach continuation sheet(s) as required

Supporting Information/Data:

PER

☐

Tracking Data

☐

Movement Notification (inc Special Needs)

☐

IS91 Part C

☐

Other Relevant Documentation

☐

NAME:

TIM PARRIN I/C SEC

EE NO.

10187145

SIGNATURE:

Signature

DATE:

30/3/17

PART 3 - AREA / OPERATIONS MANAGER'S REVIEW -

TO INCORPORATE A REVIEW OF ALL
RELEVANT DOCUMENTATION & CCTV

CCTV Reviewed: Y / N

Please attach continuation sheet(s) as required No Further Action ☐

Further Action Required:

Further Investigation

☐

Health & Safety Review

☐

Commendation

☐

cc. HR

☐

Training

☐

Tascor Press Office

☐

NAME:

SIGNATURE:

DATE:

PERSON ESCORT RECORD FORM RISK INDICATOR

PERSON/DETAINEE IF NOT FOR RELEASE - TICK <input checked="" type="checkbox"/>		REASON		1591	
FROM	Block House IRC		TO	STAYED APT	
SURNAME	D1234		DATE OF TRAVEL	28/3/17	
FORENAME	D1234		NUMBER	979944	
ALIASES			DOB	DPA	
MALE <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>	ETHNIC CODE	B9	UNDER18 <input type="checkbox"/>	D.Y.O <input type="checkbox"/>
(POLICE USE ONLY) PNC WARNING SIGNALS (IF YES, SEE DETAILS OF RISK BELOW)				YES	NO
PNC ID			CRO NO		
				NATIONALITY (UKBA ONLY)	NGA

OFFENCE/CHARGE		If further information needs to be added, tick here and include on the Record of Events page.	
PREVIOUS CUSTODIAL HISTORY	POLICE	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
		PRISON	YES <input type="checkbox"/>
		NO	NO <input type="checkbox"/>
If no risk is known, tick the 'No Known Risk' box and sign to confirm at the bottom of the Form. The details of risk provided on this form Complete the Risk Indicator in accordance with the Guidance Notes on the opposite page.			No Known Risk
RISK	DETAILS OF CURRENT & RELEVANT RISK		INITIAL IF RISK CHANGED
SUICIDE/SELF HARM	ACDT - STATES HE WOULD RATHER DIE THAN RETURN		
AT RISK OF PHYSICAL OR VERBAL ABUSE			
VIOLENCE/ RISK TO OTHERS			
ESCAPER/CAT A RESTRICTED STATUS			
DRUGS/ALCOHOL			
HOSTAGE TAKER			
CONCEALS WEAPONS OR OTHER ITEMS			
STALKER/HARASSER/ INTIMIDATION			
RACIAL/HOMOPHOBIC MOTIVATION			
SEX OFFENCE			
COMMUNICATION/ LANGUAGE DIFFICULTIES			
OTHER (SPECIFY)			

NAME	J. T. A.	SIGNED	Signature	DATE	26/3/17	TIME	18:05
------	----------	--------	-----------	------	---------	------	-------

If more than one person is completing both sections of the Risk Indicator, initial here and sign at the bottom.

HEALTH RISKS		CONTACT NUMBER FOR HEALTH QUESTIONS	
RISK	DETAILS OF CURRENT & RELEVANT RISK		TICK IF NO KNOWN RISK
HEALTH - MEDICAL	on ACDT & considered safe to return		
HEALTH - MENTAL			
NAME	Grace S. H. A. L. I.	SIGNED	Signature
DATE	27/03/17	TIME	20:00

This section is required if more than one person has completed the Risk Indicator section above

NAME		SIGNED		DATE		TIME	
------	--	--------	--	------	--	------	--

ESCORT HANDOVER DETAILS

Complete the Escort Handover Details in accordance with the Guidance Notes on the opposite page

NUMBER

9799414

SURNAME

D1234

ESCORT DETAILS		PRESCRIBED MEDICATION		YES	NO
At each point where a person/detainee is handed over or received both the dispatching and receiving contact telephone numbers must be completed on the form.		WITH ESCORT		WITH PERSON/DETAINEE	
NAME		SIGNATURE		Signature	
ORIGINATING LOCATION		PHONE NO.		It is not essential to list medication below. Refer to Guidance opposite for instructions.	
TO (ESCORT/COURT/PRISON/POLICE STATION, ETC)		PHONE NO.			
TO (ESCORT/COURT/PRISON/POLICE STATION, ETC)		PHONE NO.			
TO (ESCORT/COURT/PRISON/POLICE STATION, ETC)		PHONE NO.			
TO (ESCORT/COURT/PRISON/POLICE STATION, ETC)		PHONE NO.			

FORMS ENCLOSED

ACCT / RECENT ACCT	Y	QUANTITY	REMAND TIME CALCULATION	Y	QUANTITY
SUICIDE/SELF-HARM WARNING FORM	Y	QUANTITY	PNC PRINTOUT	Y	QUANTITY
CELL SHARING RISK ASSESSMENT	Y	QUANTITY	MEDICAL ASSESSMENT / CARE PLAN	Y	QUANTITY
F2050 CORE RECORD	Y	QUANTITY	CONFIDENTIAL MEDICAL DOCUMENTS	Y	QUANTITY
F2052A HISTORY SHEET	Y	QUANTITY	POLICE RISK ASSESSMENT FORM	Y	QUANTITY
PROPERTY CARD	Y	QUANTITY	IMMIGRATION DETENTION AUTHORITY (IS91)	Y	QUANTITY
CATEGORISATION DOCUMENTATION	Y	QUANTITY	DEPORTATION ORDER	Y	QUANTITY
RESTRAINTS APPLICATION FORM	Y	QUANTITY	WARRANT	Y	QUANTITY
OTHER ATTACHED (PLEASE SPECIFY)				Y	QUANTITY

PROPERTY & CASH

CODE	SEAL NO.	OUT	IN	CASH AMOUNT	SEAL NO.	OUT	IN
	1939440	/		£ 9.00	143572771	/	
	0212385	/		OTHER			
	143572771	/		OTHER			
				OTHER			
SP.	168817	/		OTHER			
				OTHER			
				OTHER			

PROPERTY RETAINED	YES	NO	RETAINING ORGANISATION
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RECORD OF HANDOVER (See Guidance Notes)

Record and confirm any changes to property or cash on the Record Of Events.
Sign to say that the correct person/detainee is being handed over and that the property and cash described above is complete and accurate at the time of each handover. Contractor staff will only sign for an intact bag against seal number. The risks have been handed over and understood by the Receiving Officer.

DISPATCHING OFFICER	I.D.	SIGNATURE	RECEIVING OFFICER	I.D.	SIGNATURE	TIME	DATE	INITIAL IF ENTRY MADE ON R.O.E.
S. Gregory	DCO	Signature	OWG	DCO	Signature		28/3	
OWG			Ahmed		Signature	08:01	27/3	

HISTORY AND RECORD OF DETENTION AND ESCORT EVENTS

SHEET
NUMBER

1

NUMBER	9799414		SURNAME	D1234	
Complete the History and Record of Detention and Escort Events in accordance with the Guidance Notes on the opposite page					
TIME	DETAILS		NAME	SIGNED	SEC
	Correctly Identified	<input checked="" type="radio"/> Y <input type="radio"/> N	S. Gregory	Signature	
	Searched (State Level)	<input type="radio"/> Y <input type="radio"/> N			
	Escort Fully Verbally Briefed (Including Risks)	<input type="radio"/> Y <input type="radio"/> N			
	Searched by Contractor (State Level)	<input checked="" type="radio"/> Y <input type="radio"/> N	HAYNES	Signature	
2012	TOOK CUSTODY FOR CHARGE				
2015	WRB + leg restraints applied very aggressive, spitting trying to head butt. Naked, came to vehicle				
2030	Onboard the escorting vehicle D1234 is not happy and is asking the lord to punish us. The medic has attended D1234 on two occasions. Offered the welfare booklet food and water. He can use the phone once we leave the IFC. We are constantly talking to D1234. He is no longer violent towards us but he is shouting about the lord. M. Winston-Lay				
2120	The medic has been in attendance again. I've asked D1234 if he needs anything if he needs or would like to get dressed for his flight. He is refusing anything or help. Still shouting. M. Winston-Lay				

REFER TO THE RISK INDICATOR FOR KNOWN RISKS

The PER Form must accompany the person/detainee to the Health Screening process

HISTORY AND RECORD OF DETENTION AND ESCORT EVENTS

SHEET
NUMBER

2

NUMBER	SURNAME	D1234		
Complete the History and Record of Detention and Escort Events in accordance with the Guidance Notes on the opposite page				
TIME	DETAILS	NAME	SIGNED	SEC
21:52	GET INTO LIFTING TO AS	JONES	Signature	
21:55	HANDCUFF REMOVED	JONES		
22:02	REFUSED WATER	JONES		
22:15	DEPARTURE REJECTION	JONES		
22:16	WANTS TO BE ALONE	JONES		
22:25	WAS HOW SPOKE TO			
	OTHER ANNOUNCEMENTS			
	100% REP. (10 MIN)	JONES	Signature	
22:45	ALONE VOCAL AGAIN	JONES		
23:00	URINATION INTO BAG	JONES		H
	TALKING TO HIS 100% REP			
23:30	IN A DISTRESS OF VOICE	JONES	Signature	
24:10	Arrived at Stated	MINIMON		
11	Refused food & water			
00:00	Bed empty & no			
	RYING	BY TONY	Signature	
00:50	ALONE THE PHONE			
01:30	* Documented Fall	AT TONY	Signature	
01:50	Arrived at Back House	AT TONY		

In the event all the available rows are used go to a continuation booklet

RELEASE AT COURT

I certify that all the relevant checks have been made with clearance given as shown:

Agency	Establishment	Name	Authority to Release	Remarks
Release Authorised by SCO/IC		Name	Signature	
Release Countersigned by		Name	Signature	

STATEMENT OF RECEIPT OF PROPERTY

I certify that I have received all the contents of property bag numbers shown below, and am completely satisfied

1)	2)	3)	4)	5)
6)	7)	8)	9)	10)
Name (Print)		Signature		

REFER TO THE RISK INDICATOR FOR KNOWN RISKS

The PER Form must accompany the person/detainee to the Health Screening process

HOM002486_0079

Charter Name : OP MAJESTIC 58

Date : 28 MARCH 2017

Detainee Name : D1234

Port / CID Reference : 9799414

Nationality : NGR

Gender : ☒ M ☐ F

Date of Birth : DPA

Collected From : BROOK HOUSE Delivered To :

Dollar \$		Euro €	Prison File Collected Yes / <input checked="" type="radio"/> No
Sterling £ 12.09.		Other	
Mobile(s) Nokia - Qty: Samsung - Qty: Sony Ericsson - Qty: Apple - Qty: Other - Qty:			Name of DCO who received Prison File:- Prison File Seal No:-
Suitcase(s) () Small (<input checked="" type="checkbox"/>) Medium (<input checked="" type="checkbox"/>) Large (<input checked="" type="checkbox"/>) Laundry Colour(s): BLUE Seal Number(s): 168817			ACDT File Collected <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
Clear Plastic Bag & Pro Hib (s):			
CV3572688 - meds with medical			
CV3580641			
CV357271			
CV1989440			
0212385			

Received the 1 items of property listed above on collection from IRC / HMP / Police Station / UKBA

DCO Name : ST MACHEN Signature: Signature

Witness Name : FLOWEN Signature: Signature

Received the 1 items of property listed above Detainee refused to sign : Y / N

Detainee Name : D1234 Signature: Signature

Witness Name : ST MACHEN Signature: Signature

Received the 1 items of property listed above from the escort on transfer of detainee back into custody

IRC DCO Name : Signature :

Witness Name : Signature :