



Incident Log No:	D	RECO	S Job No:	OPM58	3 - c	DEPMU	J 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:	Ph Fa	hone ax			To be completed & faxed to the MI Desk before the end of shift					
Details of member of staff completing the form:											
Surname: WINSTAND	Forename LET MALT	(s):	Staff ID:		DC	2		Base Site: Jestor	۸.		
Detainee Involved:											
Detainee CID No:	Surnam L D	e: 1234 / as recorded	I on PER:	Forename D1 Nationality	234	<u> </u>		Date of Birth DPA Sex (Gender	\		
HO R32033		astian		Nige		.		M	<i></i>		
(10)				tails: (if applicab							
Collected from:	Bu	ook Ho	01:00-00	C Delivered		Bu	ok H	ouse?	Ilc		
		Use	of Force I	ncident Detai	ls:						
	W T F	s s	Date: (dd/mm/yy	, 2603117	Time: (24 ho	: our)	20:20	Duration* (hh:mm)	S:48		
* Please note when record below the tot									e also		
Please state duration	on of passive use	e of:	Rigid Bar (if applicabl				Waist Res	straint Belt			
Events leading u	p to the Incide	ent:		Circumsta	nces w	vhy fo	rce was	used:			
Tick all relevant boxes	s		····	Tick all relevant boxes							
None known				Preventing h	Preventing harm to self						
Search of detainee				Preventing h	Preventing harm to others						
Enforcement of rem	oval directions			Preventing e	Preventing escape						
Assault on member	of staff			Preventing d	Preventing damage to property						
Other (please speci	fy)		Failure to co	Failure to comply with a lawful order							
(overand in written c		Other (pleas	e specit	fy	555 N 450						
(expand in written summary) (expand in written summary)											
				of Incident:							
	Under escort from: Brook Howe TKC to: Vehicle										
At collection point: (State location:)											
On a vehicle: (Includ	82.0			On an aircra	ıft: 🗌	(State a	airline/Fligh	t No:)			
Other: (please specify)											



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 - Ro	PCO	.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 Diver. Additional Information:										
Name:Rol	e:	Additional Information:								
(expand in written summary)										
	MEC Annu	Tankainan Haad								
	MES Appr	oved Techniques Used								
Tick all relevant boxes Restraint Techniques		Pain Compliance Technique	\c_							
		-								
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	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								

Page 2 of 10



	Wer	Use of Restraints re any additional restraints used?							
Rigid bar cuffs If yes, please state name of person who authorised:	please state name of person Name of staff member who checked handcuffs:								
Location where handcuffs were used:		* 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		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.							
was used: NOTE: Please record here any time where restraint was released for eating, drinking, toilet visits etc. Time from: To:		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 f	ce* ce* ce*						
Leg restraints If yes, please state name of person who authorised: Location where leg restraints were used:		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:							
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:		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:	k?						



Methods used to decelerate the situation	on initially and/or during the Incident:
Did you use any verbal reasoning to decelerate the situation in Yes No (expand in written summary)	itially and/or during the restraint?
Injuries su	stained
Did you visually identify any injuries sustained by the person or	n whom force was used:
Yes ☑ No □	
1 -	Comments: (including any details of any first aid administered) Slight brusing and swellieng with relacts.
(expand in written summary)	
If detainee is returned to detention, please enter details of heaf return: NOTE: Please ensure where a medical assessment has been conductorm. Where a request has been made to the receiving custodian i.e.	sted by a healthcare professional under escort, complete a TF143



Written evidence
I, Mortui WindVaulon am a
I have years' service as a DCO and during this period I have completed the Home Office approved training course in Physical Restraint Techniques and
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 2803 lid was detailed to escort D1234 from Brook the It Go Higeria At 20:20 I was involved / alerted to an Incident
I mustered at spectrum Horse for a charter Hight back
to Nigeria and Ghana. The bus I had been attoruted
to wis 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 chale vehicle
D4224
0000
The staff were all suited up with helmer and all
the protective gear. D1234 way naked the is DPA
of age and of Irrelevant and Sensitive. A team of our staff
took over from the TRC streff and he was placed into
a waist restraint belt and leg restrainty into secure
and a cuff had been wed on D1234 is right writ
in order to gain pain compliance. D1234 was refusing
to comply with a lawful order. I asked Ico David
Maynord to sit in the window seet inside the chose
Vehicle. The team of officers carried 101234 to the
cher vehicle and as they sat him in the middle sent
rage 5 of 10. Insert more pages if necessary
Signed Signature Name MW wrould
Date: 29/03/17

Page 5 of 10



Written evidence continued
Continuation of statement Martin Winsvauley
I managed to talk D1234 down and it www.t
long before I could releval his head. I spent all
D1234 Tana to proper with him I tred many subject
the time in the lear of the van trying to reason with D1234 Trying to engage with him I tried many subjects Sport, what he did war for work, I was suking I him
about his family and children, He was just shouting
loudy saying the Lord would deal with us, he was
him water and took and siked him to dress himself
for his dignety but he refused. He used the ohone on
three occasions D1234 suggested by not 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 your always looked but here really appressive
towards us. We strived at stansfed to found out that
the charter had been concelled. I had removed the
hand call pretty much as we soon is we were about. To leave the IRC Brook House. The WRB and leg restrant
come of at Stansted and D1234 partially dressed
come of at Stansted and D1234 partially dressed himself. Once back at Brook House he was complaining
about his injuries. He had to be issisted of the vant but he was no trouble. I never saw him again The
force use wed was reasonable, proportionale and
necessary.
Page of insert more pages if necessary
Signed Signature Name Na
Date: 29(05(17

Page 6 of 10



Written evidence continued
Continuation of statement
Page of insert more pages if necessary
SignedName
Date:

Page 7 of 10



Written evider	nce continued
Continuation of statement	
	
	/
	<u> </u>
	-
Page of	insert more pages if necessary
	Nama
Signed	Name
Date:	

Page 8 of 10



PART 2 - Line managers review
Details of any CCTV footage: Block Heus & CCTV VEHICLE DUGG FBB
Details of evidence reviewed:
CHASTRES IN SELD REPURH (AM AHW BELIAMED BURGUSSA A
THE CURRENT RESPONSE IS PROPORTIONATE IN THE
CIDCOMBIANCES
Conclusions drawn:
have examined the report and consider the action of this officer to be (please circle):
f any of these criteria are not met fully below, please explain below:
Further action required:
Supporting Information / Data: PER
Movement Notification
Name: TIM PERRIN Signature: Signature
Grade: soco ilc sz. Date: 3013/17

Page 9 of 10



PART 3 - Managers	review						
Details of evidence rev	iewed:						
	· ·					-	
			-				
	· · · · · · · · · · · · · · · · · · ·						
			-				
	-						
			-	-			
<u> </u>	-						
Conclusions drawn	<u> </u>			Reasonable	Y/N	Necessary	Y/N
I have examined the re	port and conside	er the action of this officer to be					_
(please circle):				Proportionate	Y/N		
Further action requ	ired:		-				
Further Investigation		Health & Safety Review		Com	mendati	on [
cc: HR (IOD)		HOMES Training Review		Capi	ta Press	Office]
No further action							
Name:		Signature:			-		
Grade:		Date:					



CONFIDENTIAL ONCE COMPLETED

tascor

			_			·			10	0					
Incide	ent Lo	g No:					RECO	S Job No:	M	AJGST1	ر 58	DEPM	U 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								- 7 - 10 - 10 - 10			ompleted & fa before the er				
Details of member of staff completing the form:															
Surna	me:			Fore	name(s):		Staff ID:	AND CO.	io imila	Grade:	derivative de	1000 100000	Base Site:	1
	NE	M		-	ue			10187	13	-4	57	م		OSE	
Detainee Involved:															
Detair	ee Cl	D No:		St	ırname	э:				Forena	ne:			Date of Birth	ı:
97	99	41	4	1		D123	4		-	į	D12	234		DP	Α
Port R				Et	hnicity	as re	cordec	on PER:		Nationa	lity:			Sex (Gende	r):
27	370	532	<u> </u>	<u> </u>		8.5		N			CA.			MAL	Æ .
<u> </u>					0.001120	V.	Move	ement Det	ails	i (if appli	cable)				
Collec	ted fro	om:			Bac	D01	LHO	USE 1R	در	Delivere	ed to:	BR	<i>∞</i> κ+	HOUSE	IRC.
							Use c	of Force In	icid	lent Dei	tails:				
Day:	М	Т	w	Т	F	s	S	Date:			Tim	ie:	20	Duration*	3 Ws
	13.5	/	(5)(2)					(dd/mm/yy)	2	.8·3·1	7 (24	hour)	2012	(hh:mm)	H8m1
								l duration of equipment p						used. Pleas encing.	e also
Please	state	durat	ion of	passi	ve use	of:		Rigid Bar H		icuffs			Waist Re	estraint Belt able)	
Event	s lea	ding	up to	the I	ncide	ent:			0	Circums	tances	why fo	orce was	s used:	
Tick all	releva	ant box	es						7	l'ick all rele	evant box	æs			
None	cnowr	1							Preventing harm to self					L	
Search	of de	etaine	е		<u> </u>				F	Preventin	g harm t	o others	S		
Enforc	emen	t of re	moval	direct	ions	•	•	J.	F	□reventin	g escap	e			
Assau	t on r	nembe	er of s	taff					F	Preventin	g damag	ge to pro	perty		
Other	(pleas	se spe	cify)					. 🗖	F	ailure to	comply	with a la	awful orde	er .	
Other (please specify															
(expand in written summary) (expand in written summary)															
								ocation c	f In	icident:					
Under	esco	t from	B	مص	1 2.1.1	جين	Œ	1RC		نياto:	AGOS	ار <u>د</u>	LEGER	A	
At coll	At collection point: (State location:)														
Onav	rehicle	e: (Incl	ude Ve	h Type	:/Reg N	No:) 🗔	J.D	166 FBB	٠,	On an air	craft:] (State	airline/Flig	ght No:)	
Other:	(pleas	se spec	cify)											********	
		55.56	10000												



What other staff were present at the Incident and what was their role (incl medic)?								
Name: D.: STEVENS Role: SOCO Payroll No: Base Site: OSE Name: C. LANSON Role: SOCO Payroll No: Base Site: OSE Name: L. HAYNES Role: DCO Payroll No: Base Site: OSE Name: M. Jones Role: DCO Payroll No: Base Site: OSE Name: M. Jones Role: DCO Payroll No: Base Site: OSE								
(expand in written summary)								
Pleas	e include anyo	he Incident and what was their role? ne who was witness to the Incident colice, Doctor, General public, Cabin crew)						
Name: M. Jahussan 24 Ro	(a. DCO	Additional Information:						
Tall to the second seco								
Name: D. MAYNACO Ro	le;,,,,,	Additional Information:	······					
(expand in written summary)								
но	MES Appr	oved Techniques Used						
Tick all relevant boxes		Tick all relevant boxes						
Restraint Techniques		Pain Compliance Technique	98					
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	5 - 100 - 10					
Inverted wrist	<u>_</u>	Push						
Detainee on the ground – supine		Knee strike						
Detainee of the ground - prone		Kick						
Restraint recovery position		Punch						

TF016 Use of Force Incident Report (HOMES Trained DOs) v4.0 28/01/2016

: 3"



	Wer	Use of Restraints re any additional restraints used?
Rigid bar cuffs If yes, please state name of person who authorised: H-OWEN Location where handcuffs were used: DEPARTMENT 12C		Name of staff member who applied handcuffs: E. HATALES. Name of staff member who checked handcuffs: How long was the Detainee restrained in handcuffs using 24h clock? * Please delete as appropriate Time from:
Waist restraint belt If yes, please state name of person who authorised: II - OWE 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: Leg restraints If yes, please state name of person who authorised: II OWE Location where leg restraints were used: FOR CAMOUND.		Name of staff member who applied waist restraint belt: C Awsol Name of staff member who checked waist restraint belt: H Owal. 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* Name of staff member who applied leg restraints: D Hand Name of staff member who checked leg restraints: H Owen How long was the Detainee restrained in leg restraints using 24h clock? Time from: To: To: To: To: To: To: To: To: To: To
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:	X	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:



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	Did you visually identify any injuries sustained by the person on whom force was used:						
Yes [] No							
Indicate areas of injuries	Comments: (including any details of any first aid administered)						
(expand in written summary)							
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.						

Written evidence
I, Lituan Owen am a Soco employed by Tascor. This statement is based on my personal knowledge and experience of this Incident, except where I indicate otherwise.
I have 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 18:3.171 was detailed to escort
I am the above named person currently employed by
TASKOR OSOFICE ESKOAS On Tuesday 28.3.17 1 Was
tasked as loach Commander on of Mapatic 55
to Lagos, Nigeria. Part of my duty was to collect
9 detamago from Brookhouse IRC, 5 Nigerian
nationals and 4 Ghananian nationals. That to
ariving at the lec I fully briefed my team as
to their duties and the risks applicable to the
poisons to be collected. The coach airway at the
contro at 1535, initially we were held up by
additional coach waiting to depart. One inside
the IRC it was explained to me by the centre
THE MET THE HAD been changes in manifest
numbers. I confirm which detained I believed has
to be collected it was at this juncture that I was
informed 126 who was on a constant heaten actit
was happy to go and they would like to present
hum first. I initially agreed to this, havener !
was then informed he had changed his mind and
was refusing to leave his room. Hearing this!
Page of insert more pages if necessary
Signed Signature Name. Hugh OWEN
Date: 29-3-17.

Page 5 of 10

Written evidence continued
Continuation of statement
Informed the contre staff that due to our procedures
with the collection of the remainder of the detained however I was then requested that due to staffing
lough bound show could we take distance the
01234 1 agreed to this and organized a team as he would be transfored in the chase vehicle
Le be a conte due to his collectores to leave his
D1234 NAO DIOSONTO TO MO IN OFFICOS
drossed in full PP=. He was naked with only a spect in an attempt to cover him. He was
contract to the coal in chain line hand testraine.
once in the departures area it was evident that D1234 was not going to comply with his
1 - 100 SCOSING TOVOLITIES ONL
physically restating to centre staff matricted
De Haynes to apply a rigid ber ouff to D1234 This he did to his D wirst. Once applied countre
control of his @ whish using an invested myrish hold.
and accept the to thought so a trant stack caudy
be socied Diring this time he committed to
officers present. Once secured the west was applied
in the secure position, then the log restrained.
D1234 continued to physically resist initially refusing to go to his know then to his foot. During this
time he spat at DCO Haynoo is the face, knowd
SDCO Lawson in the grain. Once frung secured
Page. 2. of
Signed Signature Name. Hugh Over
Date: 29.3.17

Page 6 of 10

Written evidence continued
Continuation of statement
Marting vehicle. A search want carried cut so he was prosented narrod with any a hed shoot. Clothing was placed in the vehicle so 501234 Caud diess should he become more compliant. I assisted carrying him holding the handles on the O side. I believe the minimal force was used to ensure a safe and socre confection. Once is the your I returned to the departures area to continue conflection of the remainder of the data nees. However I could hear 101234 Continually sourced times to cleak as his helpse and my team. I had no firster dealings with 101234 s until I informed him that the charter had been concelled and he was to be returned to trackhous At this time he was quiet, however still rude at
Page3 of3. insert more pages if necessary
Signed Signature . Name Hugh Owan
Date: 29-3.17

Page 7 of 10



	Written evidence continued
Continuation of statement	
	·
	insert more pages if necessary
Page of	moore made pages a restrict
Signed	Name
Date:	



PART 2 - Line managers review
Details of any CCTV footage:
CEMPES OCTU VEHICLE DV66FBB
Details of evidence reviewed:
A PLOTICOLARM VIOLENT DETAINER, REACT WITH IN A
PROPORTIONATE MANUAR
Conclusions drawn: Reasonable (Y/) Necessary (Y/N)
I have examined the report and consider the action of this officer to be (please circle):
If any of these criteria are not met fully below, please explain below:
Further action required:
NIC NIC
Supporting Information / Data: PER Medical Forms (TF143 / TF144)
Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification S91 Part C Other relevant documentation
Name: IIM PERRIN Signature Signature
Grade: SDCO 1/c SECURITY Date: 30/3/17

Page 9 of 10



PART 3 - Managers revi	lew					
Details of evidence reviewe	d:				1	
	п					
				_		
Conclusions drawn:		2	Reasonable	Y/N	Necessary	Y/N
I have examined the report	and consider the action of this officer to be					
(please circle):			Proportionate	Y/N	46 2	
Further action required	5750 N 100 N 100 N 100 N	П	Com	mendafi	lon Γ]
Further Investigation cc: HR (IOD)				ita Press		3
cc: HR (IOD)		- 1				
Name:	Signature:					
Grade:	Date:	•				





Incide	ent Lo	g No:					RECO	S Job No:		OPP MONROE S8			DEPM	U 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	[//I JOCK,						100000	Phone To be completed & MI Desk before the								
	Details of member of staff completing the form:															
Surna		01			name(٥	Staff ID:	(9)	90.	Gra		440			۸۱,
1/4	W)		,		(4 IC	LE	.				3	<i>y</i>			HES70	
Detainee Involved: Detainee CID No: Surname: Forename: Date of Birth:									·							
Dotail	00 01	D 110.			D12					[234	. <u></u>		DPA	<u></u>]
Port R	ef No	<u> </u>		Et	hnicity	as r	ecorde	d on PER:		Nationa	ality:				Sex (Gende	r):
R32	63	26	>		Nι	GE	NI	AN		ŅΊ	6-E	RI	AN		Μ.	
							Mov	ement Det	tail	S: (if appl	icable	e)				
Collec	ted fro	om:		В	ROC	on	Mod	SE		Deliver	ed to	:	BI	roon	Mousē.	
							Use	of Force Ir	ncio	dent De	tails	s:				
Day:	M □	T	W	T	F	S	S	Date: (dd/mm/yy)	2	28-3-1		Tim (24 l	e: hour)	20.12	Duration* (hh:mm)	10mins
	* 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 Waist Restraint Bel (if applicable) (if applicable)											
Event	ts lea	ding	up to	the I	ncide	ent:				Circum	stan	ces	why f	orce was	s used:	
Tick all	releva	ant box	es					т п		Tick all relevant boxes						
None I	knowr	1								Preventing harm to self				سلنا		
Searcl	n of de	etaine	3			- 5-6				Preventing harm to others						
Enforc	emen	t of re	moval	direct	ions		22231			Preventing escape						
Assau	lt on n	nembe	er of st	taff						Preventing damage to property						
Other	(pleas	e spe	cify)		160					Failure to comply with a lawful order				الم		
(expand in written summary)							Other (please specify									
(expar	10 III V	viillen	Summ	iary)						(expand		itten	summa	ary)		
Location of Incident:																
Under escort from: BROOK HOUSE to: BROOK HOUSE																
At collection point: (State location:)																
Onav										On an ai	ircraft	t: [] (State	e airline/Flig	ght No:)	
Other:	Other: (please specify)															



What other staff were pres	sent at the	Incident and what was their role (incl m	edic)?				
Name: EDD HAYNES -Role DCO Payroll No: Base Site: SPECTRUM							
Name: SAMES HANN Role; SDCO Payroll No: Base Site: SPECTILLIA							
Name: SOEL STEVENS RoleSDCO Payroll No: Base Site: SPECTRUM							
Name: TOBY OWEN Rol	Name: TOBY OUSEN RoleSDCO Payroll No: Base Site: SPECTRUM						
Name CHARLES LALLSON ROL	е5Эсо	Payroll No: Base Site: MESTON					
(expand in written summary)							
Who also was n	rosont at t	he Incident and what was their role?					
Please	e include anyo	ne who was witness to the Incident role; lolice, Doctor, General public, Cabin crew)					
(e.g. immigra	ation Officer, P	olice, Doctor, General public, Cabin crew)					
Name:Rol	Name:Additional Information:						
Name:Additional Information:							
(expand in written summary)							
LIONATO Annual Tarkeinura Hand							
HOMES Approved Techniques Used							
Tick all relevant boxes		Tick all relevant boxes					
Restraint Techniques	**	Pain Compliance Technique	es .				
Guiding hold		Mandibular angle					
Isolating the arm		Thumb flexion					
Arm hold		Wrist flexion	<u>u</u>				
Head hold		Use of rigid bar handcuff to gain compliance					
Figure of four arm hold		Defensive Options					
Inverted wrist	1	Push					
Detainee on the ground – supine		Knee strike					
Detainee of the ground - prone							
Restraint recovery position		Punch					



	Mar	Use of Restraints any additional restraints us	isad?		
	vver	any additional restraints us	186U !		
Rigid bar cuffs If yes, please state name of person	D.	Name of staff member who a		EDO MAY	ues.
who authorised:		Name of staff member who cl How long was the Detainee re		iffe using 24h	clock?
Location where handcuffs were		Thow long was the Detaillee N	restrained in Handed	* Pl	ease delete
used:		Time from: 2012	To: 21.56		s appropriate ssive/Force*
RECEPTION		Time from:			ssive/Force*
3	_	Time from:	_ 10:	Pa	ssive/Force*
Waist restraint belt		Name of staff member who a	applied waist restrair	nt belt: CMA	ecos Wallion
If yes, please state name of person who authorised:		Name of staff member who cl	checked waist restra	int belt: СЩА	LES WWSOM
TOBY OWEN		How long was the Detainee re Please identify time in each restr			* Please delete
Location where waist restraint belt was used: 8000 に いるのとご		Free position Tim	ne from:	To:	as appropriate Passive/Force*
RECEPTION		Secure position Tim	me from: 20'12_	To: <u>00.20</u>	P assiv e/Force*
NOTE: Please record here any time where restraint was released			ne from:	(3 - 410-31-30-3)	Passive/Force*
for eating, drinking, toilet visits etc.		Restricted position(right) Tim	ACOUNTY BENEZIONALISMAN		Passive/Force*
Time from:		Restricted position(both) Tim		To:	
To:		Netting applied Tim	ne from:	10:	Passive/Force*
Leg restraints	₽	Name of staff member who a	1878		
If yes, please state name of person who authorised:		Name of staff member who cl	checked leg restrain	ts: SAMES	DANK.
TOBY OWEN.		How long was the Detainee re	restrained in leg res	traints using 2	24h clock?
Location where leg restraints were		Time from: 20.12	To: 00·2	<u>o_,</u>	
used: Brown House		Time from:	To:	77	
RECEPTION		Time from:	To:	-	
Mobile Chair	П	Name of staff member(s) who	o applied Mobile Ch	nair:	
If yes, please state name of person		Name of staff member(s) who	o checked Mobile C	hair:	
who authorised:		How long was the Detainee re	restrained in the Mo	bile Chair usi	ng 24h clock?
Location where Mobile Chair was		Time from:	To:		
used:		Time from:	To:	<u></u>	
		Time from:	To:		



Methods used to decelerate the situation	on 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 su	ıstained						
Did you visually identify any injuries sustained by the person of	n whom force was used:						
Yes No 🖳							
Indicate areas of injuries	Comments: (including any details of any first aid administered)						
(expand in written summary)							
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.							

Written evidence
I, CHAVES LAUSO 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
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 was detailed to escort D1234 from TRC BROOK HOWGO NO GERTA At 2017 I was involved / alerted to an Incident
I was instructed at a menter of the South team for
Brook house IRC for OPP Mayestic S8. I was informed that
The above named defense by Carting Staff was refusing
to come down to reception for his flight. A town oft officers
in full PPE (Personal protective exquipment) prosont the
deburge & us in hardcufts and was restrained by contre
Shall The delivere was natived and Screaming and
Shouling and uses extremely violent considering howers
being restrained. He was sal on the floor and EDD
Marines and a cult an him when we gained contact
I placed the weist restant belt on him and put his
left wird strop on and book to Secure, this was difficult
as his level of climation was high I show checked the
WORR as book as I could. I down comfoll of his left
Side He was Still non compliant and failing to comply
to inshushour. I said if he class not comply I would
gain Dein Though his left worst to gain compliate He
Still click not comply. I gove him poin shough his
waist (want flexion) quick sharp burst and as I did he
hicheel and at me and his knee very strongly assaulted
Page1 of2. insert more pages if necessary
Signature Name CLOPLUS LAWSON
Date: 29-3-17.



Written evidence continued
Continuation of statement. CHARLES LAWSON,
Ma between me legs, which the poin I went through made me sund and gove and a Yelp. Legs strops who cult to the very. I cornied an him and he was cornied and to the very. I cornied the left Side assing the handle of the were to the god him cite the lon Safety and I handled over to the escarts. I had no further dealings with D1234. The cleatings I did have I did not visually sood any circums to him. This can duded my report
Page2 of insert more pages if necessary
Signed. Signature Name CHARLES WHUSON,
Date: 29-3-17.

Page 6 of 10



Written evidence continued	
Continuation of statement	
<u>. </u>	
Page of insert more p	ages if necessary
	The second second
SignedName	
Date:	

Page 7 of 10



Written evidence continued	
Continuation of statement	
	-
Page of	insert more pages if necessary
SignedName	
Date:	a a



PART 2 - Line managers review	
Details of any CCTV footage:	-
NGG FBB BROCK HOUSE CENTRE CCTV	
Details of evidence reviewed:	
GHULLSER OFFEN SEARARSO MENOU A GHUAM SIBANOERES A CAI HAW TORED	THE ECODY WAS
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:	
Supporting Information / Data: PER ☐ Medical Forms (TF143 / Movement Notification ☐ IS91 Part C ☐ Other relevant document	
Name: IIM PERRIN Signature Signature	į
Grade: SDCa 1/C SEC Date: 301	<u>≱[i7</u>

Page 9 of 10



PART 3 - Managers	review										
Details of evidence reviewed:											
-											
	_		_								
						-					
					3						
01-1-				_							
Conclusions drawr		or the action of this officer to be		Reasonable	Y/N	Necessary	Y/N				
I have examined the re (please circle):	eport and consid	ler the action of this officer to be		Proportionate	Y/N						
		z.					ľ				
Further action requ	ıîred:						1				
Further Investigation		Health & Safety Review	<u> </u>	Com	mendati	ion [
cc: HR (IOD)		HOMES Training Review		Capi	ta Press	Office [
No further action											
Name:		Signature:									
Grade:		Date:									





Incide	nt Lo	g No:				F	RECO	S Job No:	DEPMU F				IU F No:	60.2	
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 & fa MI Desk before the ex															
	Details of member of staff completing the form:														
Surna					name(s			Staff ID:			rade:		17.5	Bese Site:	
Sto	٠٠	<u>-></u>		، د	S (~	e		1618			>	D (~		U/\/_	にして ,
						and the same of th		Detainee	-					Data of Diath	
Detain				Su	rname) 123	1	7	For	ename	D12	3/1		Date of Birth DPA	
77 Port R	ナノ ef No	414	/	Eti				<u>!</u> d on PER:	i Nat	ionality		<u> </u>	3	Sex (Gender	
				1						1000	0.000	1	7	Mal	•
							Mov	ement Det	ails: (if	applicat	ole)		2502		
Collec	ted fro	om:		ſ	ን '	+1	e 17	> レ	Del	ivered	to:	1	S , L	۲ دد، ا	
						1	Use	of Force Ir	ıcident	Detai	ils:				
Day:	M	T ≱	W	T	F	S	S	Date: (dd/mm/yy)	28	37	Tin (24	ne: hour)	2012	Duration* (hh:mm)	8 Mina
* Pleas	se not	te whe	n com	pleting uration	dura of pa	tion, tl	he tota use of	al duration of equipment p	the appli	cation of	of res	straints e incide	should be ent comm	used. Pleas encing.	e also
Please	e state	e durat	tion of	passiv	e use	of:		Rigid Bar I		6		23.00	Waist R	estraint Belt	
Even	ts lea	ading	up to	the I	ncide	ent:			Circ	umsta	nces	why f	force wa	s used:	
Tick all	releva	ant box	es						Tick a	ili releva	ant bo.	xes			
None	knowi	n							Preventing harm to self						
Searc	h of d	etaine	e	3115					Preventing harm to others				Z		
Enforc	emer	nt of re	mova	direct	ions			Z	Preve	enting e	escap	е			
Assau	lt on r	membe	er of s	taff					Preve	enting o	dama	ge to p	roperty		, []
Other	(pleas	se spe	cify)	-	-23		-		Failu	re to co	mply	with a	lawful ord	er	الر
						Othe	r (pleas	se sp	ecify						
(expai	nd in v	written	sumr	пагу)					(ехра	and in v	vrittei	n summ	nary)		
								Location o	of Incid						
Under	esco	rt from	13	ROL	4	/ 5-2	> s-		to:	77	مريرو	イン	امع	<u>.</u>	
l				e locati		_		90	In a	n airpo	rt (Sta	ate airpo	rt name:) [3	
On a vehicle: (Include Veh Type/Reg No:)															
Other	(plea	se spe	cify)			••••		******************							



What other staff were present at the Incident and what was their role (incl medic)?									
Name: 1:04 6200 Role	-Spc	Payroll No:Base Site:							
Name: CHANLIE LAWSON Role: Soco Payroll No: Base Site: Host a									
Name: Epwans HA(A) Role: OCO Payroll No: Base Site:									
Name: Manh JONES Role	Name: Manh Jones Role: DCO Payroll No: Base Site: Min -								
Name: JAMES HARN Role	SDC0	Payroll No:Base Site:	h						
(expand in written summary)									
Please	include anvor	ne Incident and what was their role? ne who was witness to the Incident olice, Doctor, General public, Cabin crew)							
Name Mari ~ Ministracy Role: Des Additional Information:									
Name: David Mayrans Role: DC Additional Information:									
(expand in written summary)									
НО	MES Appr	oved Techniques Used							
Tick all relevant boxes		Tick all relevant boxes	1						
Restraint Techniques	77	Pain Compliance Technique	es 						
Guiding hold		Mandibular angle							
Isolating the arm		Thumb flexion							
Arm hold		Wrist flexion							
Head hold	A	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							

Page 2 of 10



	Wer	Use of Restraints e any additional restraints used?
Rigid bar cuffs If yes, please state name of person who authorised: Tagy & Location where handcuffs were used: \$\mathcal{F}_{\text{cut}} \mathcal{H}_{\text{cut}} \mathcal{L}_{\text{cut}}	4	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: 2 12 To: 2155
Recention		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: Leg restraints If yes, please state name of person who authorised: Location where leg restraints were used: Should House	(A)	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* Restricted position(left) Time from: To: Passive/Force* Restricted position(both) Time from: To: Passive/Force* Restricted position(both) Time from: To: Passive/Force* Netting applied Time from: To: Passive/Force* Name of staff member who applied leg restraints: To: Passive/Force* Name of staff member who checked leg restraints: To: To: Passive/Force* Name of staff member who checked leg restraints: To: To: To: To: To: To: To: T
Rridt.		Time from: To:
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:		Name of staff member(s) who applied Mobile Chair: Name of staff member(s) who checked Mobile Chair: How long was the Detained restrained in the Mobile Chair using 24h clock? Time from: To: Time from: To:



Methods used to decelerate the situation	on initially and/or during the Incident:
Did you use any verbal reasoning to decelerate the situation in Yes No (expand in written summary)	nitially and/or during the restraint?
Injuries su	ustained
Did you visually identify any injuries sustained by the person o	n whom force was used:
Yes 🗆 No 💆	
Indicate areas of injuries	Comments: (including any details of any first aid administered)
(expand in written summary)	
If detainee is returned to detention, please enter details of hear return: NOTE: Please ensure where a medical assessment has been conduration. Where a request has been made to the receiving custodian i.e.	cted by a healthcare professional under escort, complete a TF143



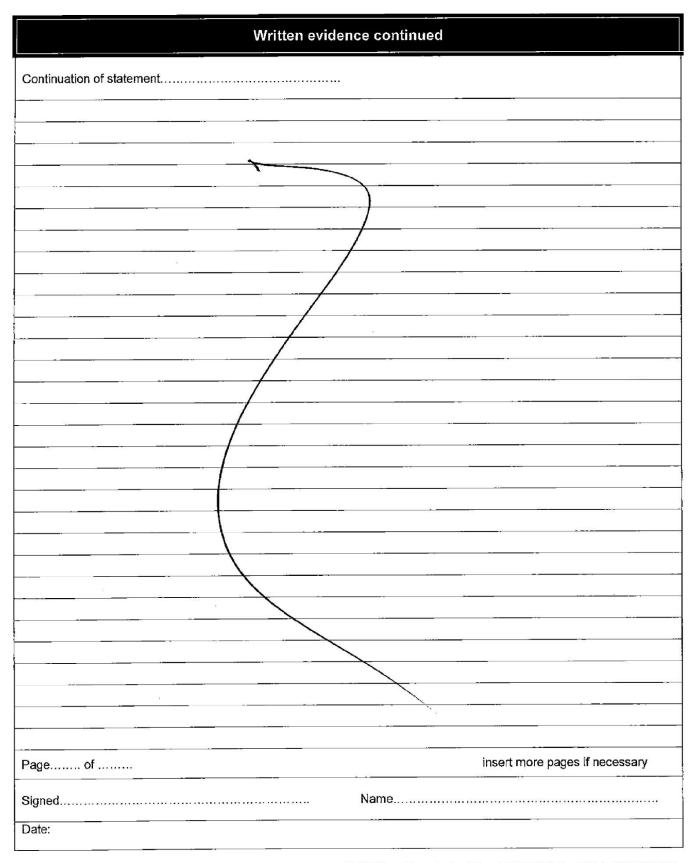
Written evidence
I, Security Statement is based on my personal knowledge and experience of this Incident, except where I indicate otherwise.
I havet years' service as a DCO and during this period I have completed the Home Office approved training course in Physical Restraint Techniques and refresher 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 78.3.) I was detailed to escort D1234 from 13. Howse to
on Tox 28.3.17 , Soco Jose Strong was Tosly
en of Majoric 58 To Lages/ Grand. I was Toshen As
A Samener And worker on BrookHost 2. AT
20.12 WY WERE PRESENTED WIT A DETAINSHY DY THY
mm x of D1234 D1234 was Prisonis
To Us in Rom Strik is I Comment through
As He Refoses To Laste His Room For fulul
on of MALSTIC. As Myself Aus Collegues Soco
Topy owers, Charit Lasson James HARD AND
Des's EDD Hayous, Manh Jones And Marin
Nosana Toch Copinal of D1234 , He was
Swamph Hilm Lowers at Stransform And Allaisian
hickory Ans Stiting EDD Allins A MANDOWSH TO
D1234 , Lats was To Com Pom Confirmer,
Wr GJ D1234 To Mis hours want , Hms
Contract of this Hors As He was Trying
TO THRASH T ADONT WHILST SCREAMING IN
SHOUTING, ONCE CHANGE Alley The WMST
RUSTANT Dest (wars) 1 Allies THE RICHITA
WAST Stad RESTANT STAN Ams FIXED IT of
Page of insert more pages if necessary
Signe Signature Name Jour Strows
Date: 28.3.17



Written evidence continued
Continuation of statement Jose States
Ower Both Stoods were fixed James Alling Let Stoods. The Using Connect Hours Precious we lifted D1234 And Connect Hours Michol The warring Chase Vom (Relieve D166 foo) Where we Howsen over to Divis Manh Jenes, Manin windstrang And Dave Management I thus no mane Death is with D1234 Chara Time Pinal, Allney 21.20.
Page of insert more pages if necessary
Signed Signature Name Joen Hace
Date: 28.3.17

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Page 7 of 10

CONFIDENTIAL ONCE COMPLETED



USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued
Continuation of statement
·
Page of insert more pages if necessary
SignedName
Date:



PART 2 - Line managers review							
Details of any CCTV footage:		160 bi 364 cati di 160					
VEHICLE PUGG FBB BROOKHEUSE CENTRE COTY							
Details of evidence reviewed:	-						
A PADMICULARLY LIGIBLE PETHINESE WHO	TSH PAW	A HTIC					
MorcomonAZ REPENSE.							
e							
Conclusions drawn:	Reasonable Y/N	Necessary Y/N					
I have examined the report and consider the action of this officer to be (please circle):	Proportionate Y/N						
If any of these criteria are not met fully below, please explain below:							
Further action required:							
	,						
	574P						
Supporting Information / Data: PER ☐ Medical Forms (TF143 / Determined forms) Movement Notification ☐ IS91 Part C ☐ Other relevant document							
Name: UM Paran Signature: Sign		**************************************					
Grade: SDCo 1/C SECURITY Date: 30/3/17	iature						
Grade: Syco 11C Secortry Date. Sol3117							

Page 9 of 10



PART 3 - Manager	s review					
Details of evidence re	viewed:	•			9 5.	
				- i		
	•					
	20.00.00	r 3-1			7779	
586 F.				· · · · · · · · · · · · · · · · · · ·		
	*		 ···· · · ·			
					<u> </u>	
Conclusions draw	n.		l			
		er the action of this officer to be	Reasonable	Y/N	Necessary	Y/N
(please circle):			Proportionate	Y/N		
					¥	
Further action requ	uired:					
Further Investigation		Health & Safety Review	Com	mendati	on [Ī
cc: HR (IOD)		HOMES Training Review	Capi	ta Press	Office []
No further action						
Name:		Signature:				
Grade:		Date:				





Incide	ent Lo	g No:	RECOS Job No:				S Job No:	DEPMU F No:								
Complete all sections of this document with a BLACK pen, leaving areas that are not applicab finished writing, draw a diagonal line through the remaining space to ensure nothing can be ad						licable bla ne added t	nk. When yo	ou have t.								
PART	PART 1 – To: MI Desk: Pho						none ax							mpleted & fa before the en		
					Deta	ils o	fmer	nber of sta	aff	comple	etin	g the	e forn	n:		
Surna	me:			Fore	name(s):		Staff ID:		Grade:				Base Site:		
3	<u> </u>	ي ن		7	W	215		101869	769 DC0						H6570W	
								Detainee	lnv	olved:						
Detain	ee Cl	D No:		Sı	ırname	Ð:		_		Forena	me:				Date of Birth	:
97	99	41	4			123	4])12	234			DP/	<u> </u>
Port R	ef No			Et	hnicity			on PER:		Nation	ality:	-			Sex (Gender	r):
137	203	126	i			ß٩				NI	GL	Mil	A		<u> </u>	
		-1.10					Mov	ement Det	ails	S: (if appl	icabl	e)				
Collect	ted fro	om:		ß	noc	KH	cus	'G	-	Deliver	ed to	0:	Ba	20061	HOUSE	
								of Force In	cic	dent De	tail	s:				
Day:	M	T R	W	T	F	s	s -	Date: (dd/mm/yy)	2	28/3/	17	Time (24 h		20-20	Duration* (hh:mm)	03,48
* Pleas	se not belov	e whe	n con otal d	npletin uration	g dura	tion, ti ssive i	ne tota use of	l duration of equipment p	the rior	applicati to the us	on o se of	f resti force	raints s incide	should be ent comme	used. Pleas encing.	e also
					Rigid Bar H		dcuffs				Waist R	estraint Belt				
Event	ts lea	ding	up to	the I	ncide	nt:				Circum	star	ices	why f	orce was	s used:	
Tick all	releva	int box	es							Tick all re	levar	nt boxe	28			
None l	knowr	1]]	Preventir	ng ha	arm to	self		80	رادا
Search	n of de	etaine	e						1	Preventi	ng ha	arm to	other	s		
Enforc	emen	t of re	mova	l direct	ions		550		ŝ	Preventii	ng e	scape	•			
Assau	Assault on member of staff								Preventii	ng da	amag	e to pr	operty			
Other (please specify)							Failure to comply with a lawful order			D.						
s s							Other (pl	ease	e spec	cify						
(expand in written summary)							(expand	in w	ritten	summ	ary)					
								_ocation o	f Ir	ncident	÷					
Under	esco	t from	BR	OULI	lous	6 1	RC			.to:•	بيكا	MA	,			
C 62 STDSSAGOOCSCACAL										In an ai	rporl	t (State	e airpor	t name:) [
At collection point: (State location:) In an airport (State airport name:) In an airport (State airport name:) In an airport (State airport name:) In an airport (State airport name) In airport (Sta																
	Other: (please specify) DF66 FB5							12								
-	(pica.	opor														



What other staff were present at the Incident and what was their role (incl medic)?							
Name: C LAWSON Roll Name: T CWOW Roll	e Saco	Payroll No: Base Site: HCS701) Payroll No: Base Site: GA711111 Payroll No: Base Site: GA711111 Payroll No: Base Site: GA711111 Payroll No: Base Site: GA711111	,				
(expand in written summary)							
Please	e include anyo	he Incident and what was their role? ne who was witness to the Incident olice, Doctor, General public, Cabin crew)					
Name A GREEN FIELD ROLL	Name: A GROWFIELD Role: MEDIC Additional Information: AETO MON'						
Name:							
HOMES Approved Techniques Used							
Tick all relevant boxes		Tick all relevant boxes					
Restraint Techniques		Pain Compliance Technique	es				
Guiding hold		Mandibular angle					
Isolating the arm		Thumb flexion					
Arm hold		Wrist flexion					
Head hold	Q/	Use of rigid bar handcuff to gain compliance					
Figure of four arm hold		Defensive Options	140				
Inverted wrist		Push					
Detainee on the ground – supine		Knee strike					
Detainee of the ground - prone		Kick					
Restraint recovery position		Punch					

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	Wer	Use of Restraints re any additional restraints used?
Rigid bar cuffs If yes, please state name of person who authorised: ていいいい Location where handcuffs were	ष्ट	Name of staff member who applied handcuffs: E HAYES Name of staff member who checked handcuffs: H Wib S7みいい How long was the Detainee restrained in handcuffs using 24h clock? * Please delete as appropriate
Used: Brock House Recentuse		Time from: To: 70: 26 Passive/Force* Time from: To: Passive/Force*
Waist restraint belt If yes, please state name of person who authorised: TOWGN Location where waist restraint belt was used: BROOK HOUSE		Name of staff member who applied waist restraint belt: C. Name of staff member who checked waist restraint belt: M. W. W. Y. M. Y. M. W. Y
NOTE: Please record here any time where restraint was released for eating, drinking, toilet visits etc. Time from: To:		Restricted position(left) Time from: To: Passive/Force* Restricted position(right) Time from: To: Passive/Force* Restricted position(both) Time from: 20.20 To: Passive/Force* Netting applied Time from: To: Passive/Force*
Leg restraints If yes, please state name of person who authorised: て びいせい Location where leg restraints were used: 「いいいいとしている」		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:
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:		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: To:



Methods used to decelerate the situat	ion initially and/or during the Incident:
Did you use any verbal reasoning to decelerate the situation Yes No (expand in written summary)	initially and/or during the restraint?
Injuries s	sustained
Did you visually identify any injuries sustained by the person	on whom force was used:
Yes 🗹 No 🗆	
Indicate areas of injuries	Comments: (including any details of any first aid administered)
	GRAZES TO WAISTS!
(expand in written summary)	
If detainee is returned to detention, please enter details of he return: NOTE: Please ensure where a medical assessment has been cond form. Where a request has been made to the receiving custodian in	ucted by a healthcare professional under escort, complete a TF143



Written evidence
I, MANK SONGS 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
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 28/3/19 was detailed to escort D1234 from RROOW HOUSE to At BROOK HOUSE I was involved / elerted to an Incident
I WAS ON THE COACH AT BROOK HOUSE AND WAS
ASKENS IF I WOULD GO INTO THE CHASE VEHICLE WITH
A POTENTIAL VICIONT DETAINES. I WAS ASKED
TO GO INTO THE AILEN WHENG THE SGARCHES WAS
TANING PLACE " BROOK HOUSE STAFF BACKEHT DOWN
A VERY DISPUNCTIVE DETAINES (I NOW KNOW TO BE
D1234). TASCON RTAFF DEDICATED TO SCIANCE
RECIUGIA D1234 FROM ANN ACCINOUS TO PUT
D1234 STRAIGHT INTO A HOVIES BECT, I WAS
STOCKS TO THE SIDE AS THIS WAS HARDENING.
ON TANING D1234 OUT OF BROOK HOUSE HAWD-
CUFFS D1234 BEEAVILE MORE WOLOWT- /
TOOK CONTACT OF D1234 HOUND AS SHOWN
ON MY HOMES COUNSE. THE TOWN DIACON MIN
D1234 IN THE BELT AND WE ESCONTED HIM
TO THE VAN, AND I STILL HAD CONTROL OF HIS
HOURD - ON GNIGHTING THE VAN I RECEASED CONTACT
BUT HIS HOAD TO ANOTHEN MONTBON OF STAFF.
AT ALC TIMES 1 ATTOMPTOD TO DE-ESCACATE THE
SITUATION BUT D1234 WOULN'NT CISTIN Signature
Page\ of\.\textbf{k}.\textcolor{\
SignedSignature Name. M. ユのルミ
Date: 29/03/17

Page 5 of 10



Written evidence continued	
Continuation of statement	
170	
	nore pages if necessary
SignedName.	
Date:	

Page 6 of 10



Written evidence continued
Continuation of statement MANN JONES
WHICST IN THE VAN WE ATTOMPTED TO TACK TO D1234 BUT HE WOUNDINT LISTIN. BY ATTOMPT TEN TO OFFEN HIM FOUND A DRINK BUT HE NOPT ROTUSING. D1234 D WAS NAKED WHEN HE WAS BACKET DOWN TO US, I OFFENCE TO HELD I D1234 TO GET DRESSON BUT HE DEFUSCOD. D1234 WAS STILL BEING VENBELY ACONOSINE TO STAFF IN THE VAN. ONLY AFTER TOLLING WAN D1234 THAT HE WORNT FLYING TOMICHT HE STARTON TO TACK TO THE TOWN - D1234 TOLD THE TOWN ATTOMPTED TO TACK TO MA D1234 AND ALWAYS ACTOM IN A DRUKESSONAL MANNON. Signature
incort more pages if pagespan.
Page 2 of 2 insert more pages if necessary Signed Signature Name M JONGS
Date: 29/3/17

Page 7 of 10



Continuation of statement
Page of insert more pages if necessary
rage or
SignedName
Date:



PART 2 - Line managers review
Details of any CCTV footage:
DV66 FBB BROOK HOUSE COTY
Details of evidence reviewed:
A VERY VICLENT DISCORTUS PETAINES WHO WAS HANDLED BY
BCORRS PROPORTIONATEUY
Conclusions drawn:
I have examined the report and consider the action of this officer to be (please circle):
Proportionate Y / N
If any of these criteria are not met fully below, please explain below:
Fouther setting required:
Further action required:
Supporting Information / Data: PER Medical Forms (TF143 / TF144)
Movement Notification
Name: TIM PEROND Signature: Signature
Grade: SPCO 1/C SECURITY Date: 3013117

Page 9 of 10



PAR	PART 3 - Managers review								
Detail	Details of evidence reviewed:								
							•		
		S. 100 SEC. 15							
		•••	*						
		18							
								-	

							0.00	0.00	
_									
	lusions drawn					Reasonable	Y/N	Necessary	Y/N
I have examined the report and consider the action of this officer to be (please circle):				Proportionate	Y/N				
Furth	er action requ	ired:							
Furthe	er Investigation		Health & Safety	Review		Com	mendati	on [
CC:	HR (IOD)		HOMES Trainin	g Review		Capit	ta Press	Office	
No fur	ther action			20)					
Name);			Signature:					
Grade	9 :			Date:					





Incident Log No:		RECO	S Job No:	OF	mon ru S	8 8	DEPM	U 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: Pho			none ax			•			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	e:		Base Site:	
HATNES	EDWARR	>	103519	175	7	00	9		CATUI	CK
	Detainee Involved:									
Detainee CID No:	Surname:				Forena				Date of Birth	- -
9799414	D1234					234	<u>i</u>		DPA	<u>.</u> i
Port Ref No:	Ethnicity as	recorded	on PER:		Nationa	-	-		Sex (Gender MALE	·):
R320326					NIG		<u>~</u>		7.114.00	1
		Move	ement De	tail	S: (if appl	icable)				
Collected from: BROOK HOUSE IRC Delivered to: BROOK HOUSE IRC							در			
Use of Force Incident Details:										
Day: M T	W T F S	S	Date: (dd/mm/yy	·)	28/03	//> T	ime: 24 hour)	2012	Duration* (hh:mm)	20 2 2
* Please note when record below the to	* 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	on of passive use of:		Rigid Bar		ndcuffs			Waist Re	estraint Belt ble)	
Events leading ι	ip to the Incident:				Circum	stance	es why f	orce was	used:	
Tick all relevant boxe	s	7			Tick all re					
None known					Preventing harm to self					ALI
Search of detainee				_	Preventing harm to others					
Enforcement of ren	noval directions				Preventing escape					
Assault on member	r of staff				Preventing damage to property					
Other (please specify)					Failure to comply with a lawful order				·r	
			Other (pl	ease s	pecify					
(expand in written summary) (expand in written summary)										
	Location of Incident:									
Under escort from:	BROOK HOW	ie I	R.C		to:	INN				
At collection point:		······	(1111 17),,,,,,,				State airno	rt name:) [1	
	de Veh Type/Reg No:)	do	66 FBB			-		e airline/Flig		
Other: (please specify)										



Wild Still Stall Wele piece						
Name: JOBY OUEN Role: SDCO Payroll No: Base Site: GANJEK						
Name: JOEC STEVENS Role: S.O.CO Payroll No: Base Site: GATUICK						
Name: JAnc5 Hour Roll	e: \$2.4.9	Payroll No: Base Site: Gangek				
Name: CHAACT Laws on Role	e: \$ <i>00</i>	Payroll No: Base Site: LICSTON				
Name: MARTIN UNSTRUCTY Role	e: DCo	Payroll No:Base Site: HETTON				
(expand in written summary)						
(expand in witten summery)						
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:Rol	Name:					
Name: Pol	o'	Additional Information:				
Name	G	Additional Mismatter				
(expand in written summary)			-			
НО	MES Appr	oved Techniques Used				
	- Abbi					
Tick all relevant boxes Restraint Techniques		Pain Compliance Technique				
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						

Page 2 of 10



Use of Restraints Were any additional restraints used?						
Rigid bar cuffs If yes, please state name of person who authorised: 「ロライ のしこれ」 Location where handcuffs were used: BROOK NOUSE ACC Waist restraint belt If yes, please state name of person who authorised: 「ロカイ のよい」 Location where waist restraint belt was used: BROOK NOUSE ACC NOTE: Please record here any time where restraint was released for eating, drinking, toilet visits etc. Time from: To:		Name of staff member who applied handcuffs: Equano Harm's Name of staff member who checked handcuffs: How long was the Detainee restrained in handcuffs using 24h clock? * Please delete as appropriate Time from:				
Leg restraints If yes, please state name of person who authorised: Location where leg restraints were used:		Name of staff member who applied leg restraints: TAMES LIGAM Name of staff member who checked leg restraints: TAMES LIGAM How long was the Detainee restrained in leg restraints using 24h clock? Time from:				
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:		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: To:				



Methods used to decelerate the situati	ion 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:				
Indicate areas of injuries	Comments: (including any details of any first aid administered)				
(expand in written summary)					
If detained is returned to detention, please enter details of healthcare staff member who assessed detained 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.					



Written evidence I Epuano Hawes 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 S Movius 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 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 BROWN House pecto Cacos At 2012 I was involved / alerted-to an Incident REMOVED ONE WHEN LIAS SHOUTTHE AND WHEN HE CAME BROOK HOUSE EVENTURUS THE FLOOR MY CUFF HOUSE OFFICERS REMOVED BROWNT HIS HIS FRUNT, insert more pages if necessary Signature Name EDWARD HAGNES Date: 29/3/17



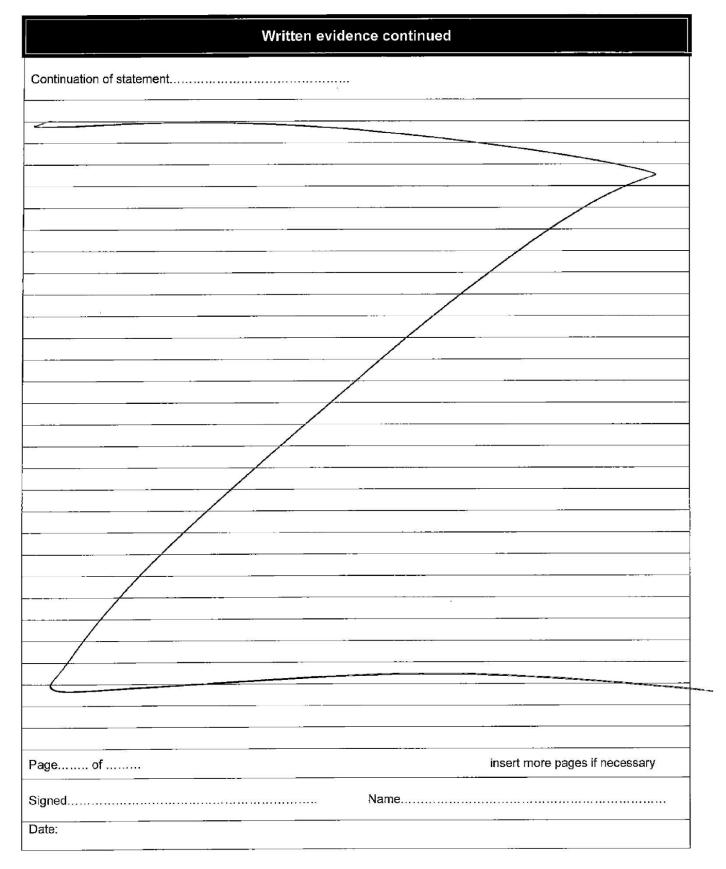
Written evidence continued
Continuation of statement
MOURIC HES HAND AROUND D1234 DECEDED HE WOULD
SPIT INTO MY FACE. I WIPED AWAY THE SPIT FORM MY
FACE BUT ODD NOT AT THE POINT USE BUY PAIN -
COMPLETED STOP HIM, WHILE THIS LIAS GOTUGE ON -
OFFICERS HAD BROUGHT HIS OTHER ARM AROUND, I THEN -
PUT THE CUFF ON MIS OTHER WRIST SO HE WAS IN PROW
STACK POSITION, WE THEN BROUGHT HIM TO HIS KNEES SO -
THAT THE WAIST RESTRAINT BELT COULD BE APPLIED, ONCE
THE BETT LIAS AROUND MES NAJST AND ONE OF THE STRAPS
WAS AROUND HIS LEFT HAND I TOOK ONE OF THE CUFFS OF
Sto LEFT NEIST BUT LEDUING IT ON HIS RIGHT HAND FOR
PAIN COMPLIANCE AS HE WAS STALL RESISTANG AND BEING -
ABUSTUE TO STAFF, WE THEN STOOD D1234 UP, AS WE
DID THIS DIESA DECEDED TO SPET AT ME AGAIN, AS
HE DID THIS I USED THE CUFF AS PAIN COMPLIANCE TO
STOP HIM DOTAL IT AGAIN, JAMES HANN THEN UENT TO
APPLY THE LEG RESTORATIONS, AS HE WAS TRYING TO DO THE
D1234 WAS STITE RESTITIVE AND MOVIO NOT LET COOSE
MIS LEGS FOR THE LEG RESTAURINT TO BE APPLIED, HE
WAS ATSO KICKING OUT, AND TRYTHING TO HEADBUTT ASUEZI, AT
ONE POINT WHEN HE KEKED OUT PAIN COMPLIANCE WAS USED AGAIN TO THY TO STOP HIM, THIS DID NOT SEEM TO
AFFECT D1234 SUFF ENOUGH FOR HOM TO COMPLY, DOS _
STEVENS THEN TOOK CONTOOL OF THE CUFF FROM ME -
TOGETHER SO JAMES HAWN COULD APTH APPLY THE LECT SU
RESTRAINTS, ONCE THEY WERE ON I TOOK THE BUTTOM OF
OF D1234 CEGS AND WAIRED UPM OUT TO THE WAN
WITH THE OTHER OFFICERS, HE WAS CORNERS TOTO THE VAN
ONCE IN I TOOK CONTITOL OF THE HERD BRIEFIN THEN
Page2. of3 insert more pages if necessary
Signed Signature Name EQUIARO MAYNES
Date:



Written evidence continued
Continuation of statement
PASSED CONTROL TO DO WINSTANIY, I THEN LEFT THE VAN AND HAD NO MORE CONTACT WITH DISSA, THIS IS WHAT HAPPENED ON THIS DAY AND IS HOVEST AND TRUE TO THE BEST OF MY KNOWLEDGE.
Signature
Page. 3 of 3 insert more pages if necessary
Signed Signature Name EOUARO U44M5
Date:

Page 7 of 10





Page 8 of 10



PART 2 - Line managers review			
Details of any CCTV footage: NGG FBB + BROOK HOUSE CCTV			
Details of evidence reviewed:			
A UZRU VIOLENT & SPITTING PETANNEE	: WHO WAS DEACT		
WITH IN A PROPORTIONATE MANNER.	V-11-11		
Conclusions drawn:	Reasonable YNN Necessary Y/N		
I have examined the report and consider the action of this officer to be (please circle):			
If any of these criteria are not met fully below, please explain below:			
Further action required:			
Supporting Information / Data: PER Medical Forms (TF143 /			
Supporting Information / Data: PER ☐ Medical Forms (TF143 / December) Movement Notification ☐ IS91 Part C ☐ Other relevant document	~ _		
Name: TIM PERRAN Signature Signature	ature		
Grade: SDCo 1/c SECURIM Date: 30	13117		

Page 9 of 10



PAR	PART 3 - Managers review								
Detail	Details of evidence reviewed:								
		7							
		<u>.</u>							
		,	-						
		<u> </u>							
	322	3 3		-	*				
	<u></u>								
					,	110			
	lusions drawn				Reasonable	Y/N	Necessary	Y/N	
	examined the re e circle):	eport and conside	er the action of this officer to be		Proportionate	Y/N			
Furth	er action requ	ired:	<u> </u>						
Furthe	er Investigation		Health & Safety Review		Com	mendati	on []	
cc:	HR (IOD)		HOMES Training Review		Capi	a Press	Office]	
No fur	ther action								
Name	2:		Signature:						
Grade	ə:		Date:						





Incident Log No:		RECOS Job No:	op mon	ROE	DEPM	U 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:	Phone Fax	201/201/201/201/201/				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:	2 1	Grade:		Base Site:		
HANN	JAME		6884	20	CO		GATHIC	<u>'K</u>
	Detainee Involved:							
Detainee CID No:	Surname:	,	Forenar				Date of Birth: DPA	·i
9799414	D1234		Nationa	D1234	y —	i	Sex (Gender	نـــــــــــــــــــــــــــــــــ
Port Ref No:	Ethnicity as	recorded on PER:		0 cm	124		M	<i>!</i> ·
		Movement De			EQ.			
							-	
Collected from:	BRUO	K IRC	Delivere	(450)	13	Rook	ike_	
		Use of Force I	ncident Det	tails:				
Day: M T	W T F S	S Date: □ (dd/mm/yy	, 28-03.1	7 Tin (24	ne: hour)	2012	Duration* (hh:mm)	Smils
* Please note when record below the to	* 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	on of passive use of:	Rigid Bar (if applicab	Handcuffs le)			Waist Re	estraint Belt	
Events leading u	up to the Incident:		Circums	tances	s why f	orce was	s used:	
Tick all relevant boxe	98		Tick all rele	Tick all relevant boxes				
None known			Preventin	Preventing harm to self				
Search of detainee			Preventin	Preventing harm to others				
Enforcement of ren	noval directions		Preventin	g escap	e			
Assault on member	r of staff		Preventin	g dama	ge to pr	operty		
Other (please spec	sify)		Failure to	comply	with a	lawful orde	er	
			Other (ple	ease sp	ecify			, Ц
(expand in written summary) (expand in written summary)								
Location of Incident:								
Under escort from: BROOK IRC to: STANSTED ART								
4	(State location:)		In an air	port (Sta	ate airpo	rt name:)		
.01	de Veh Type/Reg No:)		On an ai	rcraft: [☐ (Stat	e airline/Fli	ght No:)	
Other: (please spec	Other: (please specify)							



What other staff were present at the Incident and what was their role (incl medic)?								
Name: CHAPLIE LAWSONS Role: SDCO Payroll No: Base Site: HESTON								
		Payroll No: Base Site: GATLING						
Name TOBY OWEN ROLL	e Spco	Payroll No: Base Site: GA+WIC	K					
Name EO Mayres Rol	Name: EO Mayres Role: DCO Payroll No: Base Site: GATLICK							
Name:Rol	e:	Payroll No:Base Site:						
(expand in written summary)	(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: Rol	Name:							
		Additional Information:						
(expand in written summary)								
но	MES Appr	oved Techniques Used						
Tick all relevant boxes		Tick all relevant boxes						
Restraint Techniques		Pain Compliance Technique	S					
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						

Page 2 of 10



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: BROOK IRC		Name of staff member who applied handcuffs: E. Hayares Name of staff member who checked handcuffs: How long was the Detainee restrained in handcuffs using 24h clock? * Please delete as appropriate Time from:				
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, tollet visits etc. Time from: To: Leg restraints If yes, please state name of person who authorised: Location where leg restraints were		Name of staff member who applied waist restraint belt: C. Lawson Name of staff member who checked waist restraint belt: C. Lawson How long was the Detainee restrained in waist restraint belt? Please identify time in each restraint position using 24h clock: Free position Time from: To: Passive/Force* Restricted position(left) Time from: Restricted position(right) Time from: Restricted position(both) Time from: To: Passive/Force* Restricted position(both) Time from: To: Passive/Force* Netting applied Time from: To: Passive/Force* 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: Dand Time from: To: Passive/Force* Name of staff member who checked leg restraints using 24h clock? Time from: To: To: Passive/Force* Name of staff member who checked leg restraints using 24h clock?				
used: BROOKINC		Time from: To: Time from: To:				
Mobile Chair If yes, please state name of person who authorised: Location where Mobile Chair was used:		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:				



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 s	ustained	
Did you visually identify any injuries sustained by the person of Yes No	on whom force was used:	
Indicate areas of injuries	Comments: (including any details of any first aid administered)	
(expand in written summary)		
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.		



Written evidence
I, James Hard am a Soco employed by Tascor. This statement is based on my personal knowledge and experience of this Incident, except where I indicate otherwise.
I have
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 WAS DUE TO BE KENDUED ON THE CHARTER (OPMONROE)
BROOK HOUSE STAFF INFORMED US HE WAS REFUSING TO LEQUE HUS
ROOM AND THAT THEY WOULD BE SENDING A TEAM IN TO USE
FORCE. WE COULD HEAR D1234 SCREAMING SEVERAL
MINUTES BETWEE THE TEAM GOT HIM TO NECEPTION. ONCE IN
reception WE COULD SEE ! D1234 WAS IN MAND CUFFS (BACKSTACK)
ED PLACED A CUFF ON MIS RIGHT WRIST FOR PAIN COMPTIANCE
SO THE BROOK STAFF COLD GRADUMLY LELEASE THERE HOLDS AND
OR STACE COULD TAKE OUR INITIALLY I WAS NOT INVOLVED
AS THERE WERE FOUR DO'S INVOLVED IN PUTTING D1234
INTO THE WAST BECT. D1234 WAS NAKED AND BEING
EXTREMLY VIOLENT, THICE SPITTING IN ED'S FACE, THE
TEAM HAS DI234 ON HIS KNEES PUTTING THE BECK
ON AND HE KEPT KICKING OUT AT THIS POINT I TOOK CONTROL
OF HIS LEGS LINICST THE BELT WAS APPLIED. ONCE WE MAD
MIM Standing up 101234 KEpt KICKING OUT AND
TRYING DOD HIS WITCHT. I THEN APPLIED THE LEG RESTRATTS
AND WE COMISO HIM TO THE VEHICLE I HAD CONTROL OF MIS
(EGS DURING THE CHARY TO THE VEHICLE, D1234)
Continues Supertino and Theorem - GROUND IN MIS SEAT
Page of insert more pages if necessary
Signed Signature Name James Hand
Date: 29-03-17

Page 5 of 10



Written evidence continued
Continuation of statement ブートスペープ
I WAS ORIUMG THE VEHICLE UPTO STANSTED AND FOR THE MAJORITY OF THE JORNEY I COULD HEAR! DIZZE I SHOOTING BUT HE MAD STOPPED THROUGHING AROUT IN MIS SEAT. ON ARRUND AT THE AIRYOUT LE WERE INFORMED THAT THE CHONT MAD BEEN CARCELLED DUE TO MOTESTERS. THE WAS SECTIONAL LE WAS AND WE MANABED TO CONJUNCE DIZZE TO PUT MIS CLOTHES ON! DIZZE WAS RETURNED TO BROOK HOUSE AND SEEN DY HEALTH CASE.
PageZ of insert more pages if necessary
Signed Signature Name James Hann
Date: 74-07-17

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CONFIDENTIAL ONCE COMPLETED



USE OF FORCE INCIDENT REPORT FORM (HOMES)

Written evidence continued	
Continuation of statement	
<u> </u>	
	90
Page of	insert more pages if necessary
SignedName	
Date:	

Page 7 of 10



Written evide	ence continued
Continuation of statement	
-	
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
Page of	insert more pages if necessary
Signed	Name
Date:	



Details of any CCTV footage: V老林にと PVCC FBB Brook Hools carv Details of evidence reviewed: A いまか いっぱって の の の の の の の の の の の の の の の の の の の	PART 2 - Line managers review
Details of evidence reviewed: A YEM UICLEST REMAINSE WHO WAS HANDLED REACHARLY Conclusions drawn: I have examined the report and consider the action of this officer to be (please circle): Proportionate YN Necessary YN Proportionate YN Further action required: Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	Details of any CCTV footage:
Conclusions drawn: I have examined the report and consider the action of this officer to be (pleaso circle): If any of these criteria are not met fully below, please explain below: Further action required: Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	VEHICLE DUGG FBB BROOK HOOLE CETY
Conclusions drawn: I have examined the report and consider the action of this officer to be (pleaso circle): If any of these criteria are not met fully below, please explain below: Further action required: Supporting Information / Data: PER Medical Forms (TF143/TF144) Movement Notification IS91 Part C Other relevant documentation	
Conclusions drawn: I have examined the report and consider the action of this officer to be (pleaso circle): If any of these criteria are not met fully below, please explain below: Further action required: Supporting Information / Data: PER Medical Forms (TF143/TF144) Movement Notification IS91 Part C Other relevant documentation	
Conclusions drawn: I have examined the report and consider the action of this officer to be (pleaso circle): If any of these criteria are not met fully below, please explain below: Further action required: Supporting Information / Data: PER Medical Forms (TF143/TF144) Movement Notification IS91 Part C Other relevant documentation	
Conclusions drawn: I have examined the report and consider the action of this officer to be (pleaso circle): Proportionate P	Details of evidence reviewed: A VETUL VIOLENT RETAINED WHO WAS
I have examined the report and consider the action of this officer to be (pleaso circle): Proportionate Y/N Proportionate Y/N Reasonable Y/N Proportionate Y/N Proportionate Y/N Proportionate Y/N Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	HANDLED REASONARLY
I have examined the report and consider the action of this officer to be (pleaso circle): Proportionate Y/N Proportionate Y/N Reasonable Y/N Proportionate Y/N Proportionate Y/N Proportionate Y/N Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	
I have examined the report and consider the action of this officer to be (pleaso circle): Proportionate Y/N Proportionate Y/N Reasonable Y/N Proportionate Y/N Proportionate Y/N Proportionate Y/N Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	
I have examined the report and consider the action of this officer to be (pleaso circle): Proportionate Y/N Proportionate Y/N Reasonable Y/N Proportionate Y/N Proportionate Y/N Further action required: Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	
I have examined the report and consider the action of this officer to be (pleaso circle): Proportionate Y/N If any of these criteria are not met fully below, please explain below: Further action required: Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	Conclusions drawn:
Further action required: Supporting Information / Data: PER Medical Forms (1F143 / TF144) Movement Notification IS91 Part C Other relevant documentation	I have examined the report and consider the action of this officer to be (please
Further action required: Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	Proportionate (Y/N)
Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	If any of these criteria are not met fully below, please explain below:
Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	
Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	
Supporting Information / Data: PER Medical Forms (TF143 / TF144) Movement Notification IS91 Part C Other relevant documentation	Eurthor action required:
Movement Notification	Nic
Movement Notification	
Signature: Signature Grade: SPCO 1/C SECRITY Date: 30/3117	

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PART 3 - Managers review							
Details of evidence reviewed:							
					no secondo		
							
	- Tab			100 to 10			
	- 3-			 -			
						-	
						-	
Conclusions drawn:				Reasonable	Y/N	Necessary	Y/N
I have examined the re (please circle):	eport and conside	er the action of this officer to be					
(produce on crey).				Proportionate	Y/N		
Further action required:							
Further Investigation			ion [
cc: HR (IOD)			3				
No further action							
Name:	-	Signature:	30-70				
Grade:		Date:					



tascor

Incident Log No:	-	

GENERAL INCIDENT REPORT Page **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. Phone: [insert number] Please complete and fax to the PART 1 To: OCC Incident Desk Fax: [insert number OCC before the end of shift Completed By: MATNARD AUIN Grade: Base Site: GATWICK OSE DETAINEE INVOLVED **Detainee Name** D1234 Gender: Nationality: DPA Date of Birth: JIGERIAN Special Needs: THREATS OF SELF HARM ACDT 9799414 CID Ref: Port Ref: Movement Details (if applicable) Collected from: Delivered to: Beook STANSTEAD House LOCATION Date of Incident: Time of Incident: 28/3/ 20-20 **Exact Location of** RECEPTION / TASCOR WAN BROOK HOUSE Incident: Identify CCTV VEHICLE Coverage: Vehicle (state type and DV66 FBB registration number): TYPE OF INCIDENT Selected Red Incidents Death in Self Harm Injury/Illness to Escape/ Release in Custody Detainee Attempt error Unsuccessful Q Failure to carry Unlawful Vehicle Removal out movement Detention Breakdown Good Work by Prohibited + Road Traffic Staff Item(s) find Accident Accident or Injuries to Staff Other D Specify Comments New/Unrecorded □ (please Special Needs specify) (please comment)

Page 1 of 5

Form IS91 RA(C) - YES / NO
TF001 General Incident Report v2.0/21.03.14



GENERAL INCIDENT REPORT

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Page 2	of	4

	DETAINEE	(S) INVOLVED			
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ALL TASCOR STAFF INVOLVED EE NO **GRADE** BASE SITE NAME(S) 000 08€ MARTIN WINSTANLEY 10188 2 Des OS € 3 4 5

	NAME(S)	ROLE (e.g. Immigration Officer, Police, Doctor, Witnesses)	ADDITIONAL INFORMATION
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GENERAL INCIDENT REPORT

Page 3 of 4

	ATEMENT
This statement (consisting of page(s) and belief and I make it knowing that, if it is tende wilfully stated in it anything which I know to be fall	each signed by me) is true to the best of my knowledge red in evidence, I shall be liable to prosecution if I have se 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 SAT IN THE FRONT ROW NEAREST THE WINDOW REPORT, 1 DEHIND THE DEWER. A NOW COMPLIANT DETANGE WAS CARRIED TO THE D1234 ENDWN AS VAN AND PUT IN THE MIDDLE SEAT NORT TO ME. HE WAS IN A WAIST RESTRAINT BELT, LEG RESTRIANTS AND HAD A HANDOUFF ON HIS RIGHT WEIST. 1 PASSED THE SEATBELT OVER TO BE FASTENED. ALTHOUGH ONCE IN THE VAN WAS PHYSICALLY PASSIVE HE WAS VERY VERBAL 1-15 STATING MANY TIMES THAT HIS GOD WOULD DO HARM TO EVERYBOOT WHO HAS PUT THEIR HANDS ON HIM TONIGHT. HE WAS COMPLAINING MANY TIMES THAT HIS WRIST WAS HURTING FROM THE CUFF. HIS WEIT WAS WISSABLY SWOLLEN BRUISED AND RED 30 AT 21-56 WE RELEASED THE CUFF AS THOSE WAS NO EVIDENCE OF PHYSICAL UICLENCE FROM THE DETAILER AND WE WAS WORK TO TRY 13 ABGRESSIVE VERBAL AND DEESULATE D1234 COMMUNICATION. HE STATED MANY INJURIES DURING HIS TIME ON THE VAN WITH ME ONE BEING HIS BIG TOE LEFT FOOT WHICH WAS GUT AND SWOLEN HE STATED HIS RIBS HAD

Page 3 of 5

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GENERAL INCIDENT REPORT

Page 4 of 4

STATEMENT (continued)
Continuation of Statement of OAUD MATNARD
REEN BROKEN AT FIRST THE LEFT SIDE BUT AS THE
Descresson IT SEEMED SWITCH TO THE FIRM
THE MEDIC Name Irrelevant ENTERED THE VAID
3 times withe WE WERE SAT IN BROOK HOUSE
O THE FOOT OF CONSIDER I WAS MET WITH HOSTICE
AND WAS UNABLE TO CARRY OUT HANT CAMPITION
DAZZA WAS ALSO PRESENTED NAKED WITH A BESSIES
DO NO LIM SEVERAL TIMES WE ASKED IF HE WHITTED IS
DOESS HIMSELF HOLEVER HE DIDN'T WANT TO THE PETULE
FOR AND WATER HOWEVER HE DID HELEPT HIDS
PHONE CALL ON TWO OCCASIONS TO HIS SOLICITOR.
AT 2355 WE ARRIVED AT STANSTERD ATRACT. DUE
TO PROTESTERS THE FLIGHT WAS CANCELLED MR
D1234 BECOME SIGNIFICANTLY MORE COMPLIANT AND
WE REMOVED THE WAIST RESTRAINT BELTAND LEG
RESTRAINT SO DI234 GOLLOGET DRESCED
AT APROX 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 CLISTOOY OF BROOK HOUSE.
THE CUSTODY OF BROOK FIDER
Signature: Signature
s) as required (see Annex B to CORB SOP 02) TF001 General Incident Report v2.0 21.03.14



GENERAL INCIDENT REPORT

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PART 3 - ARE	A / OPERATIONS	MANAGER'S REV	IEW - TO INC	ORPORATE A REVIEW OF A ANT DOCUMENTATION & C	CTV
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Page 5 of 5

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PERSON ESCORT RECORD FORM RISK INDICATOR

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• ESCORT HANDOVER DETAILS

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

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

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REFER TO THE RISK INDICATOR FOR KNOWN RISKS

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

tascor

DETAINEE PROPERTY SHEET

MANIFEST	137
NUMBER	126

Charter Name : OP MAJESTIC 58			Date: 28 MARCH 2017				
Detainee Name i D1	234		Port / CID Reference : 4799414				
Nationality: NGR	Gender:)	Date of Birth : DPA				
Collected From : BROOK HOUSE	Del	livered To :					
			Prison File Collected				
Dollar \$	Euro €		Yes / (No)				
	Other		Name of DCO who received Prison				
Sterling £ 19.09.	Other		File:-				
Mobile(s) Nokia - Qty: Samsung - C	New Sony Fr	riccson - Qty:	Prison File Seal No:-				
	aty. Gony Er	1003011 - Qty.					
Apple - Qty: Other - Qty: Suitcase(s) () Small (Medium (1/1)	rge (V) aundry	ACDT File Collected				
Colour(s): BLUC	, medium (V) Lai	go (+ / Launary	(Yes) / (A)				
Seal Number(s): 688 Clear Plastic Bag & Pro Hib (s):							
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Received the items of prop	· · · · · · · · · · · · · · · · · · ·	lection from IRC / HMP / Police Stat	en / UKBA				
DCO Name: ST MACH	S) si	Signature Signature					
Witness Name: Howe	O. Si	gnature:					
Received the items of prop	erty listed above	etainee refused to sign: Y / N					
Detainee Name D123	4 Si	ignature: عظ: Signatu	ire				
Witness Name : SOMACU		Signature					
Received the items of prop	erty listed above from the	he escort on transfer of detainee ba	ck into custody				
IRC DCO Name :	si	ignature :					
Witness Name:	Si	Signature :					