



# Use of Force-DCF 2

DC RULE 41

Log Number ..... 81/17 .....

|                  |         |   |
|------------------|---------|---|
| Surname.....     | D1234   | * |
| Forename.....    | D1234   | * |
| Nationality..... | NIGERIA | * |
| Port Ref No..... |         | * |
| CID Ref No.....  | 9799414 | * |

|                |                                      |                          |
|----------------|--------------------------------------|--------------------------|
| Handcuffs used | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
|----------------|--------------------------------------|--------------------------|

Time Handcuffs Applied.....

Time Handcuff Removed .....

|             |                                      |                          |
|-------------|--------------------------------------|--------------------------|
| Camera Used | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
|-------------|--------------------------------------|--------------------------|

If Yes Seal No.....

Date Use of Force used..... 28.03.17 .....

Time Use of Force commenced.....

Time Use of Force completed.....

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

|                        | Time  | DCM Name   | Name of Person Contacted |
|------------------------|-------|------------|--------------------------|
| Duty Director Informed | 20.30 | C Donnelly | M. Brown                 |
| Duty UKBA Informed     | u     | u          | P. Gasson                |
| Duty IMB Informed      | u     | u          | L. Muir                  |
| Healthcare Informed    | u     | u          | G. SIMON                 |

Reason for Use of Force..... Refused RDs - op. MAJESTIC .....

Location re-located too..... TASCOB OSE .....

Type of Relocation

|           |      |            |                   |
|-----------|------|------------|-------------------|
| Compliant | Side | Full Prone | Handed to Escorts |
|-----------|------|------------|-------------------|

Planned or Unplanned

☒ Planned ☐ Unplanned

Is Detainee on a ACDT / RASP?

☒ Yes ☐ No

Has Healthcare seen the Detainee after Use of Force?

☒ Yes ☐ No

Has Room Clearance been Completed?

Yes ☒ No

New Location of Detainee Property

..... TASCOB OSE .....





## USE OF FORCE REPORT FORM – DCF 02

TO BE COMPLETED BY THE SUPERVISING OFFICER IN CHARGE AT THE SCENE OF THE INCIDENT

LOCAL REFERENCE NUMBER: ..... 81/17 .....

ESTABLISHMENT: Brook House

## INCIDENT DETAILS

Date: 28/03/2017

Time: 20:05

## DETAINEE DETAILS

|  |   |  |
|--|---|--|
| CID Number:<br>9799414   | Surname: <b>D1234</b>   | Forename(s): <b>D1234</b>  |
| Gender:<br>Male <input checked="" type="checkbox"/><br>Female <input type="checkbox"/><br>Transgender <input type="checkbox"/><br><br>Nationality: | The Use of Force was:<br><br>Planned <input checked="" type="checkbox"/> Unplanned <input type="checkbox"/> | Age group (please circle):<br><br>Adult (age <b>DPA</b> )<br>Minor (age .....) |

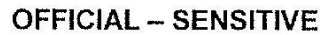
## STAFF INVOLVED

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

| Grade: | Surname: | Forename(s): | Work Area:  |
|--------|----------|--------------|-------------|
| DCO    | Sayers   | Sean         | Brook House |
| DCO    | Olayie   | Gus          | Brook House |
| DCO    | Rowley   | Jordan       | Brook House |
| DCO    | Murphy   | Derek        | Brook House |
|        |          |              |             |

## LOCATION OF INCIDENT

|  |   |   |  |
|--|---|---|--|
| Wing                                     |   | Education/Multi-Faith Area              |  |
| Own Room                                 | X | Visits                                  |  |
| Care & Separation Unit                   |   | Association Area (please specify below) |  |
| Other (please specify)<br>.....<br>..... |   |   |  |



|   |                              |                             |
|---|------------------------------|-----------------------------|
| Were handcuffs applied?   | Yes X                        | No <input type="checkbox"/> |
| The time applied:... 20:10 Approx   |                              |                             |
| The time removed:... 20:20 Approx   |                              |                             |
| The duration applied:... 10 minutes Approx  |                              |                             |
| Name of the person(s) checking the application and that the handcuffs were double locked: |                              |                             |
| ... S Dix   |                              |                             |
| Name of the Supervising Officer: ... S Dix  |                              |                             |
| (Provide reasoning in the Annex A)  |                              |                             |
| Was a Baton drawn?  | Yes <input type="checkbox"/> | No X                        |



|  |                              |                             |
|--|------------------------------|-----------------------------|
| If so, was it used?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The Use of Force was authorised by (Supervising Officer):              |                              |                             |
| Name... S Dix  |                              |                             |
| Grade... DCM.  |                              |                             |
| Reason(s)..... Facilitate Escorted Removal Op Majestic, Non compliance |                              |                             |

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



**INJURIES SUSTAINED & HEALTHCARE INVOLVEMENT**

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

Name.....G Sihali

Grade.....RGN

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

Name...G Sihali

Grade...RGN

Did the detainee sustain any injuries at the time? (If so, please provide details on the F213 or equivalent form) Yes ☒ No ☐

Did the detainee require outside hospitalisation at the time? Yes ☐ No ☒

Name of Healthcare member.....

Grade.....

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

Name.....

Grade.....

Treatment was provided:

By the centres healthcare staff (internally) ☐ By an outside hospital (externally) ☐

**NOTE:**

AN F213 (or equivalent form) MUST BE COMPLETED ON ALL DETAINEES, EVEN IF THEY APPEAR NOT TO HAVE SUSTAINED ANY INJURIES. A COPY OF THE F213 MUST BE ATTACHED TO THIS FORM. THIS FORM SHOULD THEN BE PLACED IN THE USE OF FORCE INCIDENT FILE. ANY INJURIES SUSTAINED BY STAFF MUST BE ENTERED IN THE ACCIDENT BOOK.

**EVIDENCE**

|                                     | Yes                      | No                       |
|-------------------------------------|--------------------------|--------------------------|
| Was the clothing bagged and tagged? | <input type="checkbox"/> | X                        |
| Were any photographs taken?         | <input type="checkbox"/> | X                        |
| Was the incident video recorded?    | X                        | <input type="checkbox"/> |
| Was a Body Worn Camera Used?        | <input type="checkbox"/> | X                        |

**CERTIFICATION: (By Officer completing form)**

I confirm that the details above are correct and that I have completed Annex A "Use of Force – Officer's

Signed.....

**Signature**

Name..... S Dix

Date..... 28/03/2017.

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

**ORDERLY OFFICER / DUTY OPERATIONS MANAGER (to complete):**

I confirm that I have:

Contacted security to log the incident in the Use Of Force log,  
Passed the reports to security to store the original copy securely,

Informed the Duty Governor / Duty Director. Name..... M Brown

Informed the Home Office Manager. Name..... P Gasson

Informed the IMB. Name ..... L Hui

Informed the Care Team. Name ..... Z Qayum

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

Signed.....

**Signature**

Name..... S Dix

Grade... DCM

Date... 28/03/2017







## ANNEX A USE OF FORCE

Local  
Reference No.

81/17

## STAFF STATEMENT

ESTABLISHMENT:... Brook House IRC

DATE.....28/03/2017

## DETAINEE

NAME... D1234

CID NUMBER...9799414

## OFFICER

NAME.....S Dix

GRADE...DCM

The use of force must only be used when it is:

**Reasonable in the circumstance****An absolute necessity****No more force than necessary****Proportionate to the seriousness of the situation**

Your statement must set out what happened; give details of your part in the use of force, any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate throughout the incident.

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

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

Supervising Officer ☒ X  
Head / Number 1 ☐  
Right arm ☐  
Left arm ☐  
Leg Officer ☐

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

Yes ☒ X      No ☐

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

Yes ☐      No ☒ X



The Type of Force Used:

| Were Personal Safety Techniques Used? | <input type="checkbox"/> | Were C&R Techniques Used? | X                         | Were MMPR Techniques Used? | <input type="checkbox"/> |
|---------------------------------------|--------------------------|---------------------------|---------------------------|----------------------------|--------------------------|
| Defensive Options                     | <input type="checkbox"/> | Guiding Hold              | <input type="checkbox"/>  | Figure Four Arm Hold       | <input type="checkbox"/> |
| Push                                  | <input type="checkbox"/> | Isolating the Arm         | X                         | Head Support               | <input type="checkbox"/> |
| Knee Strike                           | <input type="checkbox"/> | Arm Hold/Lock             | X                         | Mandibular Angle           | <input type="checkbox"/> |
| Kick                                  | <input type="checkbox"/> | Wrist Flexion/Lock        | X                         | Detainee – Prone           | <input type="checkbox"/> |
| Punch                                 | <input type="checkbox"/> | Thumb Flexion/Lock        | X                         | Detainee – Supine          | <input type="checkbox"/> |
|                                       |                          | Inverted Wrist Hold       | X                         | Detainee – Seated          | <input type="checkbox"/> |
|                                       |                          |                           |                           | Restraint Recovery         | <input type="checkbox"/> |
| Were any additional restraints used?  |                          | X                         | Who authorised their use? |                            |                          |
| Hand Cuffs                            |                          | X                         |                           |                            |                          |
| Baton                                 |                          | <input type="checkbox"/>  |                           |                            |                          |

Please provide as much detail as possible below, including:

Before the incident (i.e. what led to the incident, any de-escalation techniques used), during the incident (i.e. what types of force were employed and why), and after the incident (i.e. where the detainee(s) were relocated to and any injuries sustained).

I Detention Custody Manager S Dix was working at Brook House IRC on Tuesday 28<sup>th</sup> March 2017 when [D1234] was due to leave on Escorted Removal Directions Op Majestic. Despite negotiations he refused to leave his room compliantly and proceeded to strip off naked Duty Director M Brown was notified and it was decided a planned use of force would be required.

I assembled a team of officers to carry out this intervention and briefed them accordingly to the situation presented to us and the plan of what would happen.

We made our way to Eden Wing 007 where [D1234] resided as he was on an ACDT Constant Supervision, he presented himself chanting loudly and was not engaging with me therefore the team had to go in and restrain [D1234] accordingly he actively resisted throughout chanting and refusing to listen to officers and was very refractory with the team of officers Handcuffs were needed and were applied by myself S Dix.

I DCM S Dix applied handcuffs to [D1234] whilst he was in a sitting position I firstly secured his left wrist into the handcuffs followed by his right wrist and these were secured by myself.

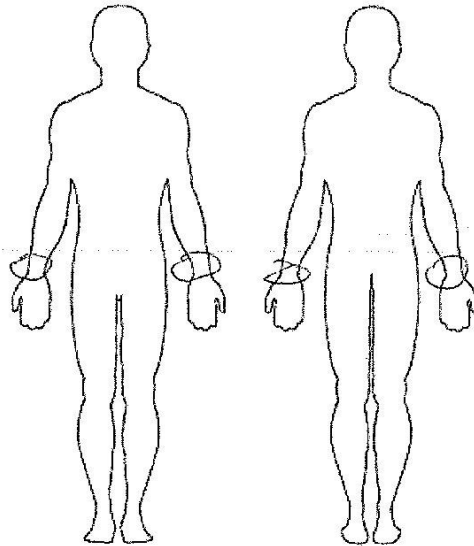
Due to [D1234] refractory behaviour and active resistance he was taken out of Eden Wing 007 and carried down to detainee discharge in handcuffs he was given an opportunity to walk however refused to comply. [D1234] presented himself naked in the room and refused to engage when asked if he would get dressed therefore to try and maintain his dignity and modesty as best as we could we wrapped a sheet around his body.

When in detainee discharge he was handed over to Tascor OSE and they took control of the situation

This concludes my report



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



Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed Signature

Name... S Dix

(BLOCK CAPITALS)

Date... 28/03/2017

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





Home Office

OFFICIAL – SENSITIVE

ANNEX A USE OF FORCE

Local  
Reference No.

81/17

STAFF STATEMENT

ESTABLISHMENT: TINSLEY HOUSE IRC

DATE 28/3/17

DETAINEE:

D1234

CID NUMBER: 9799414.

OFFICER

NAME: SEAN SAYERS.

GRADE... Detainee Custody Officer

The use of force must only be used when it is:

**Reasonable in the circumstance**

**An absolute necessity**

**No more force than necessary**

**Proportionate to the seriousness of the situation**

Your statement must set out what happened; give details of your part in the use of force, any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate throughout the incident.

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

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

Supervising Officer ☐  
Head / Number 1 ☒  
Right arm ☒  
Left arm ☐  
Leg Officer ☒

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

Have you attended a MMPR refresher in the last 6 months? NO

The Type of Force Used: CTR.



| Were Personal Safety Techniques Used? | <input type="checkbox"/> | Were C&R Techniques Used?           | <input checked="" type="checkbox"/> | Were MMPR Techniques Used? | <input type="checkbox"/> |
|---------------------------------------|--------------------------|-------------------------------------|-------------------------------------|----------------------------|--------------------------|
| Defensive Options                     | <input type="checkbox"/> | Guiding Hold                        | <input type="checkbox"/>            | Figure Four Arm Hold       | <input type="checkbox"/> |
| Push                                  | <input type="checkbox"/> | Isolating the Arm                   | <input type="checkbox"/>            | Head Support               | <input type="checkbox"/> |
| Knee Strike                           | <input type="checkbox"/> | Arm Hold/Lock                       | <input checked="" type="checkbox"/> | Mandibular Angle           | <input type="checkbox"/> |
| Kick                                  | <input type="checkbox"/> | Wrist Flexion/Lock                  | <input type="checkbox"/>            | Detainee – Prone           | <input type="checkbox"/> |
| Punch                                 | <input type="checkbox"/> | Thumb Flexion/Lock                  | <input type="checkbox"/>            | Detainee – Supine          | <input type="checkbox"/> |
|                                       |                          | Inverted Wrist Hold                 |                                     | Detainee – Seated          | <input type="checkbox"/> |
|                                       |                          |                                     |                                     | Restraint Recovery         | <input type="checkbox"/> |
| Were any additional restraints used?  |                          | <input checked="" type="checkbox"/> | Who authorised their use?           |                            |                          |
| Hand Cuffs                            | Yes                      | NO                                  |                                     |                            |                          |
| Baton                                 |                          | NO                                  |                                     |                            |                          |

Please provide as much detail as possible below, including:  
 Before the incident (i.e. what led to the incident, any de-escalation techniques used),  
 during the incident (i.e. what types of force were employed and why), and after the incident  
 (i.e. where the detainee(s) were relocated to and any injuries sustained).

1 DCO (Detention Custody officer) Sean Sargers am framed and in ticket for GTR and first aid qualified.

On the 28/3/17 I was part of a four Person GTR team to remove detainee **D1234** (9799414) for his room and present him to Escorts for his arranged flight.

I was given the role of fourth officer and given a stick to protect his dignatye after **D1234** had removed all his clothing.

After his was given his opportunity to walk, he refused and continued to Scream and shout. DCM Dix Told us to Enter room and use necessary force to remove **D1234**.

once entered room **D1234** throw himself to the floor and attempt to kick officer (DCO) murphy which resulted in me taking control of his legs. I did this using techniques shown through my training in GTR and wrapped my left arm over both **D1234**'s legs and my right arm under

Continued: His legs and locked my fingers together. Once **D1234** was under control my position changed to Head/lead officer when **D1234** was taken to his feet.

As a team we moved **D1234** from his room but he was not listening to instructions and refused to walk on his feet. So the decision was made by Dem Dix that he would be carried in. The cuffs applied by DCO Murphy and DCO <sup>and I continue</sup> as head officer.

We walked **D1234** through Eden Wing and along the main corridor towards discharge.

When we approached discharge door we were instructed by Dem Dix to give **D1234** another chance to walk on his feet in heels. **D1234** again refused so my position changed again as ~~Dem~~ DCO Murphy <sup>SS</sup> needed to change, so I took control of left arm. With my right arm I pried it through his left arm through to the inside of his left leg and locked my fingers with my left ~~hand~~ <sup>SS</sup> hand and on DCO Murphy's command we lifted **D1234** in the cuff hold and continued through to ~~the~~ discharge and presented **D1234** to the escorts for his flight.

The force used by myself was reasonable in the circumstances necessary and proportionate.

This concludes my report.

Sean Sayes

Signature

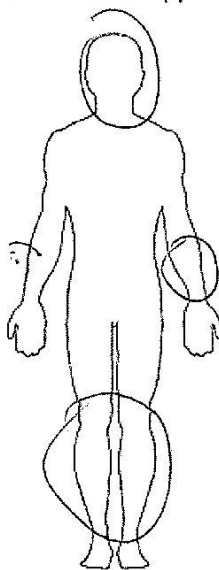




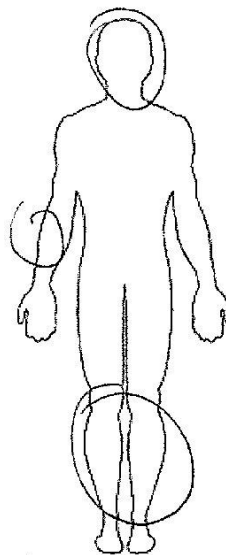
Home Office

OFFICIAL – SENSITIVE

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



Front of body



Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct.

Signed

Signature

Name

*Steve Jager*

(BLOCK CAPITALS)

Date

*28/3/17*

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



ANNEX A USE OF FORCE

Local  
Reference No.

81/17

STAFF STATEMENT

ESTABLISHMENT: BROOKHOUSE IRC

DATE 28.3.17

DETAINEE

NAME

D1234

CID NUMBER 9799 414

OFFICER

NAME

Cus oiyare

GRADE... Detainee Custody Officer

The use of force must only be used when it is:

**Reasonable in the circumstance**

**An absolute necessity**

**No more force than necessary**

**Proportionate to the seriousness of the situation**

Your statement must set out what happened; give details of your part in the use of force, any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate throughout the incident.

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

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

Supervising Officer ☐

Head / Number 1 ☒

Right arm

Left arm

Leg Officer ☐

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

Yes



The Type of Force Used:

| Were Personal Safety Techniques Used? | <input type="checkbox"/> | Were C&R Techniques Used?           | <input type="checkbox"/>            | Were MMRP Techniques Used? | <input type="checkbox"/> |
|---------------------------------------|--------------------------|-------------------------------------|-------------------------------------|----------------------------|--------------------------|
| Defensive Options                     | <input type="checkbox"/> | Guiding Hold                        | <input type="checkbox"/>            | Figure Four Arm Hold       | <input type="checkbox"/> |
| Push                                  | <input type="checkbox"/> | Isolating the Arm                   | <input type="checkbox"/>            | Head Support               | <input type="checkbox"/> |
| Knee Strike                           | <input type="checkbox"/> | Arm Hold/Lock                       | <input type="checkbox"/>            | Mandibular Angle           | <input type="checkbox"/> |
| Kick                                  | <input type="checkbox"/> | Wrist Flexion/Lock                  | <input type="checkbox"/>            | Detainee – Prone           | <input type="checkbox"/> |
| Punch                                 | <input type="checkbox"/> | Thumb Flexion/Lock                  | <input checked="" type="checkbox"/> | Detainee – Supine          | <input type="checkbox"/> |
|                                       |                          | Inverted Wrist Hold                 |                                     | Detainee – Seated          | <input type="checkbox"/> |
|                                       |                          |                                     |                                     | Restraint Recovery         | <input type="checkbox"/> |
| Were any additional restraints used?  |                          | <input type="checkbox"/>            | Who authorised their use?           |                            |                          |
| Hand Cuffs                            |                          | <input checked="" type="checkbox"/> | DCM STEVE DIX.                      |                            |                          |
| Baton                                 |                          | <input type="checkbox"/>            |                                     |                            |                          |

Please provide as much detail as possible below, including:

Before the incident (i.e. what led to the incident, any de-escalation techniques used), during the incident (i.e. what types of force were employed and why), and after the incident (i.e. where the detainee(s) were relocated to and any injuries sustained).

on 28th march 2017 at approximately 20:05 I was on duty as  
 detainee custody officer at brook House IRC was asked to  
 carry out duty as a Planned removal with 3 other officers  
 on detainee [D1234] officers involved were  
 DCO Rowley DCO Murphy and DCO Sayers. 90AHEAD was  
 given we entered the room [D1234] was chanting and  
 was very aggressive and was shouting. he was moving all  
 over the place he was naked. in the violent struggle I  
 managed to gain control of [D1234] is heard to  
 prevent him causing injury to him self. I also  
 assisted with rolling a sheet round [D1234] is  
 body to protect his modesty. hand cuffs were applied  
 by dcm dix. at this point I was behind [D1234] is  
 and holding the sheet I used no more than force than  
 necessary to seat [D1234] up. he was asked several  
 times to stand up which he refused. then it was

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decided to use our Home office approved hand cuff  
lift. This was carried out and we proceeded to  
carry D1234 to discharges where the  
Tascor overseas crew were waiting. we then  
presented him to Tascor crew who then took  
control of D1234. A member of healthcare  
was present throughout and voiced no concerns.  
no injuries were reported. that concludes my  
report.

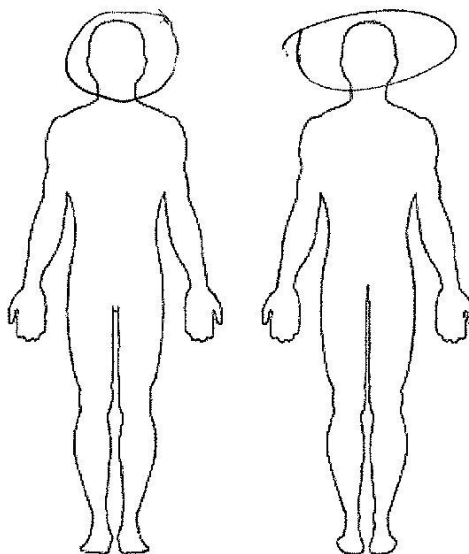
**Signature**



**Signature**



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



Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed.....

**Signature**

Name:

*Asa Olyart*

(BLOCK CAPITALS)

Date:

*28.3.17*

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



Home Office

OFFICIAL – SENSITIVE

ANNEX A USE OF FORCE

Local  
Reference No.

81/17

STAFF STATEMENT

ESTABLISHMENT: ... BROOK HOUSE IRC

DATE ... 28/03/2017 .....

DETAINEE

NAME: ... **D1234** .....

CID 9799414 .....

OFFICER ... DCO D. Murphy .....

GRADE ... Detainee Custody Officer .....

The use of force must only be used when it is:

**Reasonable in the circumstance**

**An absolute necessity**

**No more force than necessary**

**Proportionate to the seriousness of the situation**

Your statement must set out what happened; give details of your part in the use of force, Any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate Throughout the incident.

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

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

Supervising Officer ☐

Head / Number 1 ☒

Right arm

Left arm ☒

Leg Officer ☐

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

Yes ☒ No ☐

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

Yes ☐ No ☒

The Type of Force Used:





| Were Personal Safety Techniques Used? |                          | Were C&R Techniques Used? | X                                    | Were MMRP Techniques Used? | <input type="checkbox"/> |
|---------------------------------------|--------------------------|---------------------------|--------------------------------------|----------------------------|--------------------------|
| Defensive Options                     | <input type="checkbox"/> | Guiding Hold              | <input type="checkbox"/>             | Figure Four Arm Hold       | <input type="checkbox"/> |
| Push                                  |                          | Isolating the Arm         | <input type="checkbox"/>             | Head Support               | X                        |
| Knee Strike                           | <input type="checkbox"/> | Arm Hold/Lock             | X                                    | Mandibular Angle           | <input type="checkbox"/> |
| Kick                                  | <input type="checkbox"/> | Wrist Flexion/Lock        | <input type="checkbox"/>             | Detainee – Prone           | <input type="checkbox"/> |
| Punch                                 | <input type="checkbox"/> | Thumb Flexion/Lock        | <input type="checkbox"/>             | Detainee – Supine          | <input type="checkbox"/> |
|                                       |                          | Inverted Wrist Hold       |                                      | Detainee – Seated          | <input type="checkbox"/> |
|                                       |                          |                           |                                      | Restraint Recovery         | <input type="checkbox"/> |
| Were any additional restraints used?  |                          | <input type="checkbox"/>  | Who authorised their use? DCM S. Dix |                            |                          |
| Hand Cuffs                            |                          | X                         |                                      |                            |                          |
| Baton                                 |                          | <input type="checkbox"/>  |                                      |                            |                          |

Please provide as much detail as possible below, including:

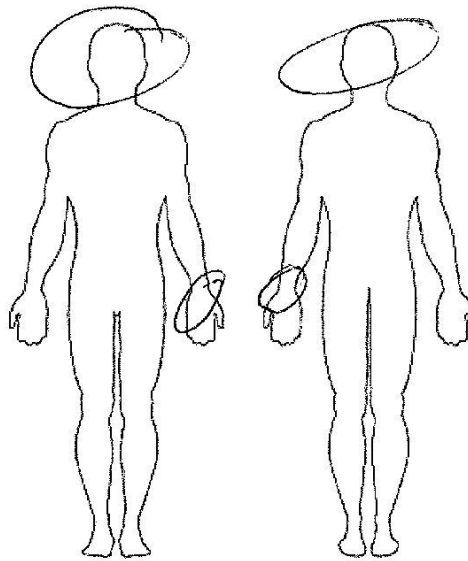
Before the incident (i.e. what led to the incident, any de-escalation techniques used), during the incident (i.e. what types of force were employed and why), and after the incident (i.e. where the detainee(s) were relocated to and any injuries sustained).

At approximately 20:05 on the 28/03/2017, I, DCO D. Murphy was on duty as a Detainee Custody Officer at Brook House. I was part of a team of three (4) officers selected for the planned removal of detainee [D1234] CID 9799414 who was housed on Eden Wing, room 07 on a constant supervision. I was number one officer which means I was first entering the room, I also had a shield to protect myself and my colleagues and [D1234] from injury due to the level of violence aimed at us. I took control of [D1234]'s left arm using home office approved techniques. DCM S Dix applied handcuffs to try deescalate the level of violence aimed at officers. I then attempted to escort [D1234] to the awaiting Tascor overseas crew. [D1234] refused to walk so We were instructed to use the home office approved handcuff lift; we then proceeded to carry [D1234] to the awaiting crew. At the entrance into the departures area I and the team stopped for a breather. At that point and throughout the incident DCM Dix was asking [D1234] if he wanted to walk unaided. He refused to interact throughout. I then swapped position with DCO Shaun Sayers who took control of [D1234]'s left arm while I took control of his head again using home office controlled techniques. We then proceeded to present [D1234] to the awaiting tascor crew. A member of healthcare was present throughout and voiced no concerns. No injuries were reported. No more force than necessary was used throughout this incident. That concludes my report.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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



Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed .....

**Signature**

Name DCO D. Murphy

(BLOCK CAPITALS)

Date 28/03/2017

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



Home Office

OFFICIAL – SENSITIVE

ANNEX A USE OF FORCE

Local  
Reference No.

81/17

STAFF STATEMENT

ESTABLISHMENT: ...Brook House IRC

DATE .....28/03/2017.....

DETAINEE

NAME: D1234

CID NUMBER.....9799414

OFFICER: Jordan Rowley

GRADE : DCO

The use of force must only be used when it is:

- Reasonable in the circumstance**
- An absolute necessity**
- No more force than necessary**
- Proportionate to the seriousness of the situation**

Your statement must set out what happened; give details of your part in the use of force, any restraints/locks you applied and how the incident was finally resolved. It must give details of who authorised the use of force, as well as attempts made to de-escalate throughout the incident.

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

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

- Supervising Officer ☐
- Head / Number 1 ☐
- Right arm ☒
- Left arm ☐
- Leg Officer ☐

Have you been C&R basic refreshed in the last 12 months?  
Yes ☒ No ☐

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





## The Type of Force Used:

| Were Personal Safety Techniques Used? | <input type="checkbox"/> | Were C&R Techniques Used?           | <input type="checkbox"/>            | Were MMRP Techniques Used? | <input type="checkbox"/> |
|---------------------------------------|--------------------------|-------------------------------------|-------------------------------------|----------------------------|--------------------------|
| Defensive Options                     | <input type="checkbox"/> | Guiding Hold                        | <input type="checkbox"/>            | Figure Four Arm Hold       | <input type="checkbox"/> |
| Push                                  | <input type="checkbox"/> | Isolating the Arm                   | <input type="checkbox"/>            | Head Support               | <input type="checkbox"/> |
| Knee Strike                           | <input type="checkbox"/> | Arm Hold/Lock                       | <input type="checkbox"/>            | Mandibular Angle           | <input type="checkbox"/> |
| Kick                                  | <input type="checkbox"/> | Wrist Flexion/Lock                  | <input checked="" type="checkbox"/> | Detainee – Prone           | <input type="checkbox"/> |
| Punch                                 | <input type="checkbox"/> | Thumb Flexion/Lock                  | <input type="checkbox"/>            | Detainee – Supine          | <input type="checkbox"/> |
|                                       |                          | Inverted Wrist Hold                 |                                     | Detainee – Seated          | <input type="checkbox"/> |
|                                       |                          |                                     |                                     | Restraint Recovery         | <input type="checkbox"/> |
| Were any additional restraints used?  |                          | <input type="checkbox"/>            | Who authorised their use?           |                            |                          |
| Hand Cuffs                            |                          | <input checked="" type="checkbox"/> | DCM Steve Dix                       |                            |                          |
| Baton                                 |                          | <input type="checkbox"/>            |                                     |                            |                          |

Please provide as much detail as possible below, including:

Before the incident (i.e. what led to the incident, any de-escalation techniques used), during the incident (i.e. what types of force were employed and why), and after the incident (i.e. where the detainee(s) were relocated to and any injuries sustained).

I am Detainee Custody Officer Jordan Rowley, I am currently employed by G4S care and Justice services at Brook House, a position I have had for 7 months. I am in Ticket and fully trained in C&R.  
I currently have no injuries.

On the day of Tuesday 28<sup>th</sup> of March I was working a B shift 07:45-21:15 and was working at Brook House immigration detention centre, at approximately 20.05pm  
I was contacted by DCM Steve Dix and asked to collect my Personal protective control and restraint equipment and make my way to staff room for a briefing.  
On arrival to the C&R store room I met the other three officers who were part of the four man team Which were as follows, DCO Derek Murphy, DCO Gus Olyaie and DCO Sean Sayers.  
After collecting our PPE we made our way for our briefing.

DCM Steve Dix was leading the planned intervention and made us aware that the detainee Had been refusing to leave for his charter flight and started to take his clothes off to protest.

After our briefing we made our way to E wing, as we approached his room Door [D1234] was chanting at the top of his voice.

DCM Steve Dix began trying to engage a conversation with [D1234] and after having no Success with having any conversation with [D1234], We as the team were instructed to Enter his room and gain control of [D1234] and escort him down to Tascor for his escort, As number one

Officer Derek Murphy placed the shield onto [D1234] I took control of his right arm, I could See that his head and other arm was in control by the other officers, [D1234] dropped to the floor and laid on his back to make the removal more difficult.

As soon as this was done I concentrated on placing [D1234]'s arm into a final lock, he was resisting against us and was making it difficult for us to place him in final locks however after a short while and after

Communicating with him I managed to place him in final lock and DCM Steve Dix applied the handcuffs, my left hand holding his wrist as handcuffs were applied and my right hand supporting [D1234]'s arm to relief pressure from the handcuffs.

Once we were all secure we attempted a few times to get [D1234] to stand up and to walk.



Failing this [D1234] started chanting at the top of his voice making it difficult to communicate with [D1234].

DCM Dix instructed the team to carry [D1234] as he refused to walk, as [D1234] was in crouching position we managed to lift up [D1234] and carry him through Ewing and out towards discharge, in the process of this [D1234] attempted to kick DCO Sayers and also attempted in latching on to door frames with his legs to prevent us going through doors the team had to go through doors sideways to get through the doorways.

As approaching discharge door DCM Steve Dix advised the team to settle [D1234] down on the floor and ask him if he wants to walk, as he carried on chanting we were unable to communicate with [D1234].

DCO Murphy and DCO Sayers swap positions so now DCO Murphy took control of [D1234]'s head and DCO Sayers took [D1234]'s left arm, the team then continued to lift [D1234] and carry him through discharge corridor.

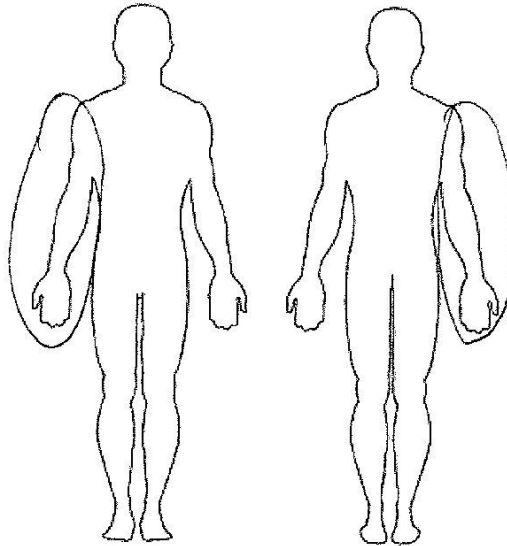
When approaching Tascor DCM Dix ordered us to put [D1234] down and to lay him on the floor face down while Tascor take over our Positions.

I believe that the force I used was necessary and no more force than necessary was used And due to the behaviour of [D1234] that the force used was necessary to the Circumstance.

This concludes my report.



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



Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed

Signature

Name JORDAN ROWLEY

(BLOCK CAPITALS)

Date 28/03/17

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





# REPORT OF INJURY TO DETAINEE

...IRC

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

|                         |                           |
|-------------------------|---------------------------|
| Surname: <b>D1234</b>   | First Name: <b>D1234</b>  |
| CID Ref: <b>9799414</b> | Date of Birth: <b>DPA</b> |

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

|                            |                            |
|----------------------------|----------------------------|
| Time and date of incident: | <b>28/03/17 at 20.00</b>   |
| Place of incident:         | <b>E WING</b>              |
| Incident reported by:      | <b>Grace Dhillon</b>       |
| Incident Witnessed by:     |                            |
| Nature of injury:          | <b>No injury sustained</b> |

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

|  |  |
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Name (Block capitals): **Ruffen**Signature: **Signature**Date: **29/3/17**

G4S - F213 - 17/06/15

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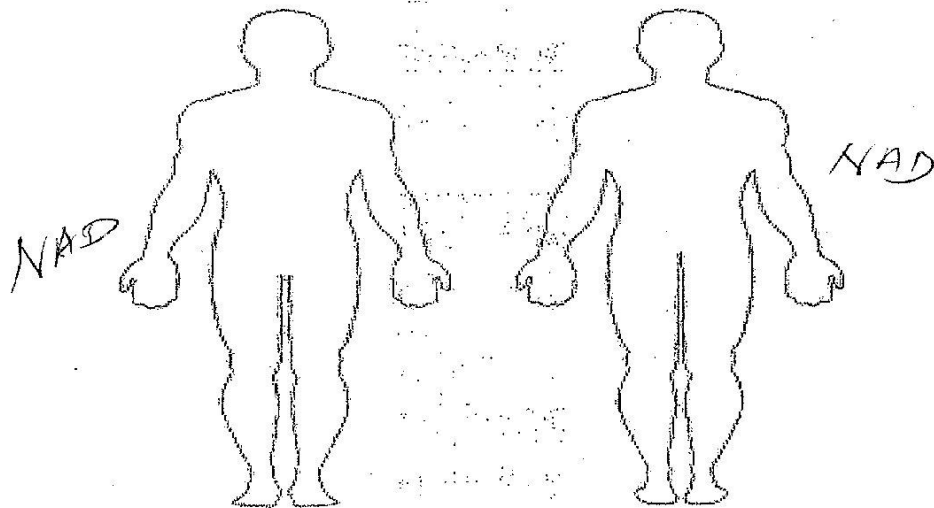
Version 02

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

Time and date of examination... 28/03/17 at 20.00hrs

Report: Went for briefing for detainee who was about to be deported to his country. Disc I when to explain to him but was shouting and praying. After several minutes team went in and he was naked covered to with sheet and was fighting. Handled over to TAO team who took over. No injuries sustained.



Front of Body

Back of Body

Healthcare:

Medical Staff - Name: Grave Shtat  
(Block capitals)

Signature

Signature: .....

Date: .....

28/03/17