



Ref No.

BH 415/17

**INCIDENT REPORT**

Reporting Officer	DCM CHRIS DONNELLY				
Date	11-06-17	Time	05-08	Brook House	<input checked="" type="checkbox"/> Tinsley House

Reportable Incidents					
Assault on Staff		Assault on Home Office		Assault on Visitor	Assault on Detainee
Actual Self Harm		Threat of Self Harm		Accident	Escape
Fight		Full Search		Medical Issue	Death in Custody
DC Rule 40/42	<input checked="" type="checkbox"/>	Initiator of Force	<input checked="" type="checkbox"/>	Fire	Use of Contingency Plan
If the incident does not fall into the above categories please complete a Security Information Report					

Location					
Arun	Beck	<input checked="" type="checkbox"/> Clyde	Dove	Eden	
CSU	Family Unit	Level 1	Level 2	Refectory	
Social Visits	Legal Visits	Perimeter	Music Room	Day Room 1	
Day Room 3	Room 12	Sport Field / Hall	Courtyard	Outside Centre	
Control Room	Laundry	Admin	Education	Welfare Office	
Det Reception	Gym	Cultural Kitchen	Healthcare	Chaplaincy	
Library	Shop	IT Suite	Kitchen	Gate House	
Visits Centre / Front Reception		Activity Corridors	Other area (specify)		

Injuries Sustained (Answer All Questions)			
Injury to Staff	Yes / <input checked="" type="radio"/> No	Injury to Detainee	Yes / <input checked="" type="radio"/> No
Injury to Visitor	Yes / <input checked="" type="radio"/> No	Injury to Home Office Staff	Yes / <input checked="" type="radio"/> No
First Aid given	Yes / <input checked="" type="radio"/> No	Seen by Healthcare	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No
Hospital Treatment Required	Yes / <input checked="" type="radio"/> No	Accident / Injury form completed	Yes / <input checked="" type="radio"/> No
Police Informed	Yes / <input checked="" type="radio"/> No	Force Used	<input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No

Detainee(s) Involved	CID Ref
D1853	11224849

Staff Witness(s)	
No. of Statements Attached	1

**THIS REPORT MUST BE PASSED TO OSCAR ONE AS SOON AS COMPLETED**

## **Guidance Notes for Completion of Incident Report Forms:**

### **General Rules for the completion of Incident Reports:**

- The establishment address,
  - The time and date when the report was written,
  - The time and date of the incident, and its precise location,
  - The reporting officer's position relative to that of the incident,
  - Whether or not the writer had an unobstructed view of the incident,
  - The name of any assistants involved, or who were present at the scene,
  - The name and title of any staff involved or who witnessed the incident,
  - The name of any person present or involved and where they can be contacted,
  - A detailed account of exactly what happened, which should include (if relevant) what the writer saw, heard, felt, smelled and tasted, and what action was taken,
  - The exact description of anything that was said and can be remembered,
  - Details of any articles which were used (e.g. weapons) and where these have been located until they are required (perhaps as exhibits),
  - Details of any injuries arising from the incident, whether to staff, assistants or third parties,
  - A plan of the area in which the incident took place, showing the positions of the articles found, persons involved etc it is often easier to explain relative positions with the use of a diagram than in writing;
  - The report should be concluded with the signature of the writer, followed by name and title in capital letters.
- 
- The member of staff initiating the incident form (normally the first on scene) must complete the incident report part one (front sheet).
  - All witnesses including the person completing part one above must complete an Incident Statement – incident report part two.
  - Completed incident reports part one and two should be handed to the Oscar One as soon as possible.
  - Oscar One will collect the completed reports together ensuring the all witnesses have completed a report and checking the quality of the reports. If the reports do not meet the required standard the Oscar One will return the report for amendments to be made
  - Oscar One will complete his/hers comments section in incident report part three. When completed the report must be forwarded to the Security Intelligence Unit.

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Incident Statement By (print name):

D.L.M. CHRIS DONNELLY

Please describe the Incident details in full, confirming details of place of incident, time, date, names of all persons involved, witnesses, injuries sustained, first aid or healthcare provided, and details of which managers were informed of incident.

I, DCM Chris Donnelly, was on duty at Brook House IRC, Hatfield, on the 11.06.17, night shift, as Oscar 2.

We were aware that detainee **D1853** (CID 11224849) in B115, had escorted Removal Directions (R.D.s) to the Netherlands today, with an approximate pick up time of 04.30. We had been informed by day staff that **D1853** had been spoken to regarding his flight, and we were informed he was happy to go. He had been left on his own in room B115 as a precaution.

At approx 04.30 myself and Oscar 1, DCM Date Aid's went to B115 to talk to **D1853** about his flight. He told us he was refusing to go on his flight. He said his solicitor had told him to refuse, as he (**D1853**) had a good case. We explained that we had to present him to the escorts, as it was an escorted flight, due to a previous refusal of unescorted R.D.s. We tried at length to get **D1853** to come down to talk to the escorts. He refused. We informed him that, if he did not comply, force would be necessary as it (his escorted R.D.s) were a lawful instruction by Home Office.

Signed:

Signature

Date

11.06.17

Time

06.00

Continue on Second Sheet if necessary

(please sign all sheets)

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Incident Statement By (print name):

D-L-M. Chris Donnelly.

Please describe the Incident details in full, confirming details of place of incident, time, date, names of all persons involved, witnesses, injuries sustained, first aid or healthcare provided, and details of which managers were informed of incident.

He still refused. We had no option then but to assemble a team of officers, in P.P.E., for a planned use of force to present **D1853** to Tascor overseas escorts.

The team was assembled: DCO M Shankat (No 1), J. Martin (No 2) DCO D. White (No 3) and DCO A. Simmons (support/cuffs). Healthcare attended the briefing, and were present throughout the use of force.

~~I~~ DCM D. Aldis had spoken to Tascor overseas, who said they would take him, as long as he had not started a dirty protest. They said they would accept him under restraint.

I went to the door of B115, with the team behind me. I opened the door to **D1853** to walk compliantly. He immediately said "I've got blades in my mouth". I told the team to enter and take control of **D1853**, which they did. Handcuffs were applied and he was moved, under restraint down the L+R stairwell to CS4 to meet waiting Tascor escorts. During Tascor's search of **D1853** he showed them a blade he had in his mouth (one blade fell out of his mouth during the search.) Tascor refused to take him due to the blades, as he did not have a medical. **D1853** was then placed in CS4 under Rule 40 for disruptive behaviour (1)

Signed:

Signature

Date

11.06.17

Time

06.00.

Continue on Second Sheet if necessary

(please sign all sheets)

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## Oscar One Comments / Actions

Reasonable and necessary force used to prevent  
 detainee to TASCOR. No 40 used due to  
 detainees Non-compliance.  
 Detainee wanted her flight stopped - No thoughts  
 of selfharm.

Name

DAVIDS

Signed

Signature

Date

11/6/17

Time

0636

OSCAR ONE - PASS TO THE DUTY DIRECTOR AS SOON AS COMPLETED

## Duty Director Comments

As per above.

Name

JARA EDWARDS

Signed

Signature

Date

11/6/17

Time

0845

DUTY DIRECTOR - PASS TO THE SECURITY INTELLIGENCE UNIT AS SOON AS COMPLETED

## Security Comments

No security actions noted.

Name

J. MURPHY

Signed

Signature

Date

11/6/17

Time

1308

SECURITY INTELLIGENCE UNIT - EMAIL TO HOME OFFICE WHEN LOGGED

Ref No.

**SECURITY INTELLIGENCE UNIT USE**

Further Action List and Issued to

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....
- 8.....
- 9.....
- 10.....

**UPDATED INFORMATION**

## Which Report is Required?

