



Use of Force – DCF 2

DC RULE 41

The date on which force was used 28/4/2017

Log Number 110/17

Time Use of Force Commenced 14:45 hrs Time Use of Force Completed 14:46 hrs

Detainees' details

Surname	D2559
Forename(s)	
Nationality	<u>Romanian</u>
Port Ref	<u>MST/5047827</u>
CID Ref	<u>12216628</u>

Were ratchet handcuffs used?	Yes	No <input checked="" type="radio"/>
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The time that ratchet handcuffs were applied?	<u>14</u>
The time that ratchet handcuffs were removed?	<u>14</u>

Hand held camcorder used?	Yes	No <input checked="" type="radio"/>
Body worn camera used?	Yes	No <input checked="" type="radio"/>

Reason for force being used

Tick

PS	Prevent Self Harm	<input type="checkbox"/>	Force used, was it?	Planned	Unplanned <input checked="" type="radio"/>
MG	Maintain Good Order and Discipline	<input type="checkbox"/>	Did a member of healthcare attend to the detainee	During incident	After incident <input checked="" type="radio"/>
PY	Protect Yourself	<input checked="" type="checkbox"/>	Is the detainee on ACDT / PEEP/Raised Concerns / other? Specify (<u>ACDT</u>)	<u>open ACDT</u>	
PA	Protect a Third Party	<input type="checkbox"/>	Room Clearance and certification completed?	Yes	No <input checked="" type="radio"/>
PD	Prevent Damage to Center Property	<input type="checkbox"/>	Location of incident?	<u>CSU 05</u>	
PE	Prevent Escape	<input type="checkbox"/>	Detainee relocated too?	<u>CSU 05</u>	

	Time Informed	Your Name / Position	Name of Person that you Contacted?
Duty Director Informed	<u>1550</u>	<u>S Diaz</u>	<u>J Williams</u>
Home Office informed	<u>1550</u>	<u>S Diaz</u>	<u>S Levett</u>
Healthcare Informed	<u>1500</u>	<u>S Diaz</u>	<u>G Parr</u>
IMB Informed	<u>1600</u>	<u>S Diaz</u>	<u>E Merhew</u>
Care Team Informed	<u>1545</u>	<u>S Diaz</u>	<u>2 Zuyem</u>

Search Conducted on arrival to unit by: (Name / Position) L Fullbram

New Location of the detainees PROPERTY?



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:110117.....

ESTABLISHMENT: ...Brook House

INCIDENT DETAILS

Date: 28.04.2017

Time: 1445

DETAINEE DETAILS

CID Number: 12216628	Surname: D2559	Forename(s): D2559
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Nationality:	The Use of Force was: Planned <input type="checkbox"/> Unplanned <input checked="" type="checkbox"/>	Age group (please circle): Adult (age 37...) 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:
DCU	PASCHALI	YAN	C.S.U

LOCATION OF INCIDENT

Wing	Education/Multi-Faith Area
Own Room	Visits
Care & Separation Unit	<input checked="" type="checkbox"/> Association Area (please specify below)
Other (please specify)	

EVENTS LEADING UP TO THE INCIDENT

THE CIRCUMSTANCES WHY FORCE WAS USED



None known	<input checked="" type="checkbox"/> Preventing injury to oneself	<input checked="" type="checkbox"/>
Searches (Room/A/B/Full)	Preventing self-harm	
IEP down grade	Preventing injury to a third party	
Failure to comply with removal	Preventing damage to property	
Fight with another detainee	Preventing an escape / abscond	
Serving of removal directions (RDs)	Other (please specify below)	
Assault on a member of staff	
Assault on another detainee	
Non-compliance	
Home Office interview	
Court appearance	
Video-link hearing	
Moving to another centre/unit/prison	
Others (please specify below)	
.....	
.....	
.....	

TYPE OF FORCE USED

Verbal reasoning used to de-escalate the situation initially and/or during the incident?

Yes ☒ No ☐

(Please expand with details in Annex A)

Were Personal Safety Techniques Used?	<input type="checkbox"/>	Were C&R Techniques Used?	<input checked="" type="checkbox"/>	Were MPR Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold	<input type="checkbox"/>	Figure Four Arm Hold	<input type="checkbox"/>
Push	<input checked="" 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	<input type="checkbox"/>	Detainee – Seated	<input type="checkbox"/>
				Restraint Recovery	<input type="checkbox"/>

Were handcuffs applied? Yes No ☒

The time applied:....

The time removed:....

The duration applied:....

Name of the person(s) checking the application and that the handcuffs were double locked:

...

Name of the Supervising Officer: ... YAN PASCHALI

(Provide reasoning in the Annex A)

Was a Baton drawn? Yes ☐ No ☒

If so, was it used? Yes ☐ No ☐



The Use of Force was authorised by (Supervising Officer):

Name... *YAN PASCHAU*

Grade. *DCO*

Reason(s) *Personal Safety*

RELOCATION

The detainee was relocated to:

Type of relocation required:

Own Room	<input checked="" type="checkbox"/>	Compliant	
Care & Separation Unit	<input type="checkbox"/>	Passively Resistant	
Special Accommodation	<input type="checkbox"/>	Actively Resistant	
Other (please specify below)	<input type="checkbox"/>	Other (please specify below)	
.....		
.....		
.....		
.....		

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.....

Grade.....

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

Name.....

Grade.....

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..... ~~Carel Reed~~.....

Grade..... Nurse.....

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

Name.....

Grade.....

Treatment was provided:

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

NOTE:

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

**EVIDENCE**

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

CERTIFICATION: (By Officer completing form)

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

Signature

Signed.....

Name..... YAN PASCHALE

(BLOCK CAPITALS)

Date...0... 28.4.17...

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

ORDERLY OFFICER / DUTY OPERATIONS MANAGER (to complete):

I confirm that I have:

Logged this Use of Force in the log book,

Put a copy in the detainee's core record,

Stored the original copy securely,

Informed the Duty Governor / Duty Director and/or Home Office Manager

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

Signature

Signed.....

Name..... SJA

(BLOCK CAPITALS)

Grade..... DCM.....Date..... 28/4/17.....



ANNEX A USE OF FORCE

Local
Reference No.

110117

STAFF STATEMENT

ESTABLISHMENT Brook House IRC

DATE 28.4.17

DETAINEE

NAME

D2559

CID NUMBER 12216628

OFFICER

NAME YAN PASCHALI

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 been attended an MMPR refresher in the last 6 months?

Yes ☐ No ☒

The Type of Force Used:

OFFICIAL – SENSITIVE



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

Sir, whilst on duty in the C.S.U on the 28.4.17 at approx 14:45, Detainee **D2559** began to bang his door. I found this strange as all morning and afternoon I was working with him and had spoken with him and he seemed very polite and happy. When I went to his door to see what was happening, I struggled to open the door. I became worried that something had happened so I pushed harder to open the door. On entering the room, detainee **D2559** became aggressive shouting and tried to punch me. I gave him one firm push and he fell to the floor.

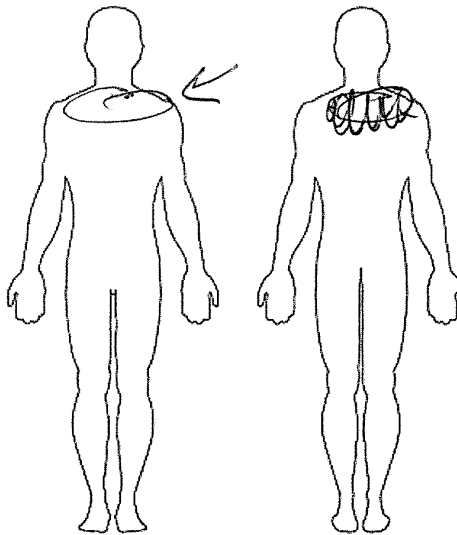


on his bottom. I then told him to sit on the bed and not to do that again, he complied and sat on the bed. I called for a nurse to see him. He then said that I tried to kill him and that I hit him many times for no reason. Once I felt he was ok I left the room and closed the door, called for a nurse to see him. No C+R was used, as it was one push to get him away from me.

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

Signature

Signed

Name

YAN PASCHALI

(BLOCK CAPITALS)



Home Office

OFFICIAL – SENSITIVE

Date 28.4.17

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

OFFICIAL – SENSITIVE

Brookline SC IRC

Surname: **D2559** First Names: **D2559**
CID Ref: **122.16628** Date of Birth: **DPA**

Time and date of incident: 28/4/17

Place of incident: CSU OS

Incident reported by: S1 Puscob

Incident Witnessed by: 1 Puscob

Nature of injury:

Pushed by officer to prevent injury to one-self

Version 02

OFFICIAL - SENSITIVE

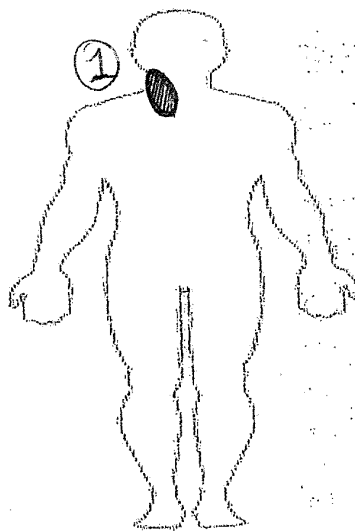
Section 3 Healthcare's report (To be completed by medical staff)

Time and date of examination.....

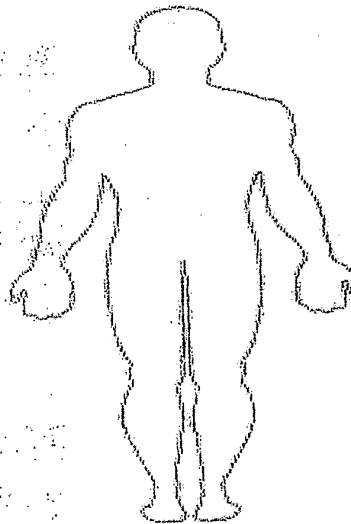
15:15 28/04/17

Report:

SEEN IN CSU 05 ~~40~~ PAIN ^{AND REDNESS} ON THE RIGHT
SIDE OF HIS NECK, ~~CLIMATE~~ PAIN WING SWELLING
AIRWAY CLEAR, BREATHING, OBSERVATIONS UNDERWAY,
ADVISED PARACETAMOL, FOOD, FLUIDS AND REST -
TO REVIEW TOMORROW.



Front of Body



Back of Body

Healthcare:

Medical Staff - Name:.....
(Block capitals)

Signature:.....

Signature

Date:.....

28/04/17