



Use of Force-DCF 2

DC RULE 41

Log Number 157117

Surname..	D149
Forename.....	
Nationality.....	<u>RAS</u>
Port Ref No.....	<u>B1939076</u>
CID Ref No.....	<u>1673654</u>

Handcuffs used	Yes	<input checked="" type="checkbox"/> No
Time Handcuffs Applied.....	<u>0945</u>	
Time Handcuff Removed.....	<u>0945</u>	
Camera Used	Yes	<input checked="" type="checkbox"/> No
If Yes Seal No.....		

Date Use of Force used.....19/6/17.....

Time Use of Force commenced.....0944.....

Time Use of Force completed.....0945.....

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

	Time	DCM Name	Name of Person Contacted
Duty Director Informed	<u>1000</u>	<u>ALDUS</u>	<u>WILLIAMS</u>
Duty UKBA Informed	<u>1000</u>	<u>↓</u>	<u>PATER</u>
Duty IMB Informed <u>↑</u>	<u>1000</u>	<u>↓</u>	<u>BATCHELOR</u>
Healthcare Informed <u>↓</u>	<u>1100</u>		<u>MOLTNEUX</u>

Reason for Use of Force.....Present to Tiascor.....

Location re-located too.....CSU.....

Type of Relocation

<input checked="" type="checkbox"/> Compliant	<input checked="" type="checkbox"/> Side	<input checked="" type="checkbox"/> Full Prone
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Planned or Unplanned

Planned	<input checked="" type="checkbox"/> Unplanned
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Is Detainee on a ACDT / RASP?

<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	--

Has Healthcare seen the Detainee after Use of Force?

Yes	<input checked="" type="checkbox"/> No
-----	--

Has Room Clearance been Completed?

Yes	<input checked="" type="checkbox"/> No
-----	--

New Location of Detainee Property

.....TIASCOR.....



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:157117.....

ESTABLISHMENT: Brook House

INCIDENT DETAILS

Date: 19/06/2017

Time: 1045

DETAINEE DETAILS

CID Number: 1673645	Surname: D149	Forename(s): D149
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Nationality: KOS	The Use of Force was: Planned <input checked="" type="checkbox"/> Unplanned <input type="checkbox"/>	Age group (please circle): Adult (age 25) 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	WILLIAMS	ABDUL	RES
DCO	BREWSTER	MARK	RES
DCM	ALDIS	DAVE	OSCAR 1

LOCATION OF INCIDENT

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



EVENTS LEADING UP TO THE INCIDENT		THE CIRCUMSTANCES WHY FORCE WAS USED	
None known		Preventing injury to oneself	X
Searches (Room/A/B/Full)		Preventing self-harm	X
IEP down grade		Preventing injury to a third party	X
Failure to comply with removal	X	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	X	
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 X	No <input type="checkbox"/>
(Please expand with details in Annex A)	

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	X	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 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 X	No <input type="checkbox"/>
The time applied: 0944		
The time removed: 0945		
The duration applied: 1 MIN		
Name of the person(s) checking the application and that the handcuffs were double locked:		
DAVE ALDIS		
Name of the Supervising Officer: DAVE ALDIS		
(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 checked="" type="checkbox"/>
The Use of Force was authorised by (Supervising Officer):		
Name: DAVE ALDIS		
Grade: DCM		
Reason: Due to previous history of disruption, self harm, violence and assaults- handcuffs were applied to prevent any disruption that could be caused.		

RELOCATION			
The detainee was relocated to:		Type of relocation required:	
Own Room		Compliant	<input checked="" type="checkbox"/>
Care & Separation Unit		Passively Resistant	
Special Accommodation		Actively Resistant	
Other (please specify below)	<input checked="" type="checkbox"/>	Other (please specify below)	
TASCOR ESCORTS IN CSU ASSOCIATION AREA		
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 X No ☐

Name: D BATCHELLOR

Grade: RGN

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

Name: D BATCHELLOR

Grade: RGN

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

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

Name of Healthcare member.....

Grade.....

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

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?	X	<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."

Signed:

Signature

Name: DAVE ALDIS

(BLOCK CAPITALS)

Date: 19/06/2017

*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: J WILLIAMS

Informed the Home Office Manager. Name: HEENA PATEL

Informed the IMB. Name: MARY MOLYNEUX

Informed the Care Team. Name: ZEE QAYUM

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

Signed.....

Signature

Name: DAVE ALDIS

(BLOCK CAPITALS)

Grade: DCM

Date: 19/06/2017



ANNEX A USE OF FORCE

Local
Reference No.

157/17

STAFF STATEMENT

ESTABLISHMENT: BROOK HOUSE IRC

DATE: 19/06/2017

DETAINEE NAME: **D149**

CID NUMBER: 1673654

OFFICER NAME: Dave Aldis

GRADE: Detainee Custody Manager

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: Planned



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 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?		X	Who authorised their use? DCM D ALDIS		
Hand Cuffs		X			
Baton					

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 DCM Dave Aldis working as Oscar 1 on the 19/06/2017. I prepared a team of kitted officers to assist in the planned intervention to present detainee **D149** to TASCOR escorts for a suitable crew move back to HMP Wormwood Scrubs.

On arrival to the detainees room I informed him of the situation and he said he would speak with the escorts. Due to the detainees history or violence, serious threats, assaults and self harm I made the decision to handcuff him for the journey from his room to the escorts for the safety of everyone involved. Previously the detainee has stated he would walk compliantly and force has then had to be used later on, this was another factor in my decision to handcuff him.

I instructed **D149** to turn and face the window, I then got DCO Williams and DCO Brewster to take hold of **D149**'s arms so I could safely placed handcuffs on him. Once this was complete the two officers escorted him in cuffs to the CSU where we met the Tascor crew.

One member of their team placed their handcuff on **D149** so I could take my handcuffs off **D149**. I then instructed my two officers to handover their holds to the Tascor crew.

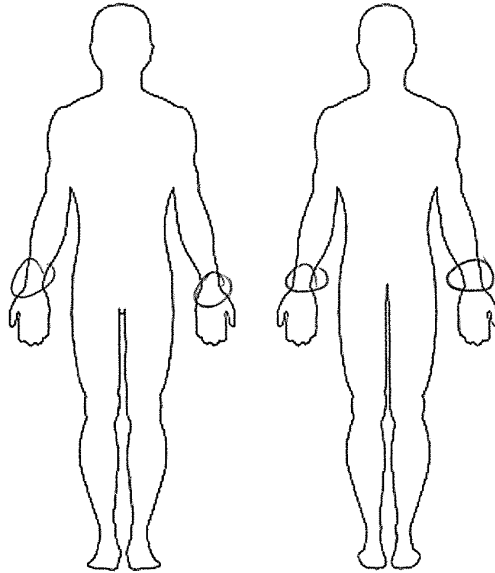
This ended my involvement in the use of force.

I believe the force used was necessary and proportionate taking into consideration the circumstances and risks this detainee poses.

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: DAVE ALDIS

(BLOCK CAPITALS)

Date: 19/06/2017

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



ANNEX A USE OF FORCE

Local
Reference No.

157/17

STAFF STATEMENT

ESTABLISHMENT *Broom House IRC*DATE *19/06/17*DETAINEE : D149CID NUMBER : *1673654*OFFICER *M. BREWSTER*NAME: *M. BREWSTER*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 ☐

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

Yes ☐ No ☒

The Type of Force Used:

Were Personal
Safety Techniques
Used?



Were C&R
Techniques Used?



Were MMPR
Techniques Used?





Defensive Options	<input type="checkbox"/>	Guiding Hold	<input checked="" 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		Mandibular Angle	<input type="checkbox"/>
Kick	<input type="checkbox"/>	Wrist Flexion/Lock		Detainee – Prone	<input type="checkbox"/>
Punch	<input type="checkbox"/>	Thumb Flexion/Lock		Detainee – Supine	<input type="checkbox"/>
		Inverted Wrist Hold		Detainee – Seated	<input type="checkbox"/>
				Restraint Recovery	<input type="checkbox"/>
Were any additional restraints used?		Who authorised their use?			
Hand Cuffs		<input checked="" type="checkbox"/>			
Baton					

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).

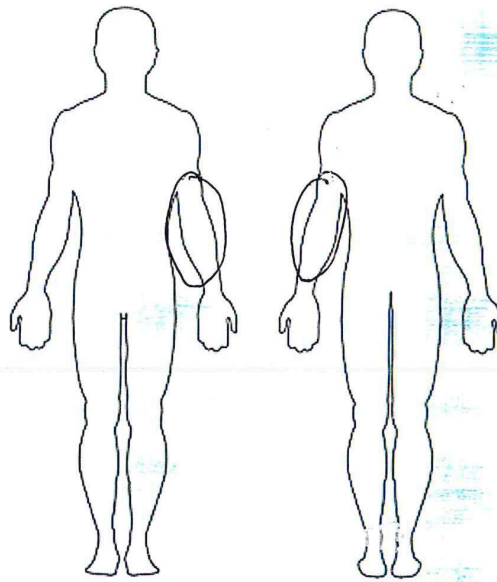
I am Detainee custody Officer (D.C.O.) Mark Henster and have been working as a D.C.O. at Brook House since Aug 08 2016.

At the start of my shift at 0745 I was instructed to get kitted up as detainee **D149** was being collected and taken back to prison. The team consisted of myself, D.C.O. Williams, D.C.O. Brown and D.C.O. Simmonds, and we were briefed on **D149** and the situation.

At approximately 09.35 we entered E-wing and went to room 10 where **D149** resided. D.C.M. ~~Tief~~ Dave Aldis asked **D149** to put his hands behind his back to allow handcuffs to be applied.

D149 did as asked and I took hold of his left arm so handcuffs were applied. He was then escorted out of room 10 and then escort crew walked in and took control of **D149**. No injuries were sustained to **D149** or staff. This concludes my report to the best of my knowledge.

Signature



Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed: **Signature**

Name (BLOCK CAPITALS):... ~~CHARLES FRANCIS~~ *MARK BREWSTER*

Date... ~~18/10/2016~~ *19/06/17*

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



ANNEX A USE OF FORCE

Local
Reference No.

157117

STAFF STATEMENT

ESTABLISHMENT BROOK HOUSEDATE 19/6/17DETAINEE : D149CID NUMBER : 1673654

OFFICER

NAME: ABDUL WILLIAMSGRADE: 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 ☐

Right arm

Left arm

Leg Officer

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

☒ YesNo ☐

Have you been attended an MMPR refresher in the last 6

Yes ☐☒ No

The Type of Force Used:

Were Personal
Safety Techniques
Used?Were C&R
Techniques Used?Were MMPR
Techniques Used?



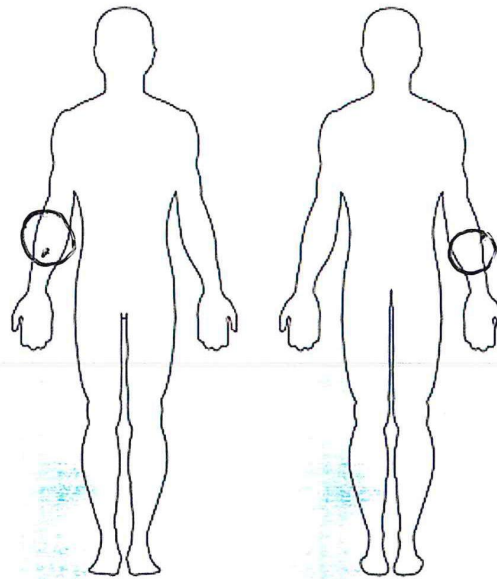
Defensive Options	<input type="checkbox"/>	Guiding Hold	<input checked="" type="checkbox"/>	Figure Four Arm Hold	
Push	<input type="checkbox"/>	Isolating the Arm	<input type="checkbox"/>	Head Support	<input type="checkbox"/>
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock		Mandibular Angle	<input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

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 (DCO) Abdul Williams and been working as a DCO at Brook House since April 2017. At the start of my shift I was instructed to get ~~kicks~~^{A.W} kitted up to remove Detainee **D149** to the Tesco officers. The Team consisted of myself, DCO Brewster, DCO Brown, and DCO Simmons. At 9.35am we entered E wing and went to room 10. DCM ^{A.W} Aldis asked the detainee whether he will walk and the detainee chose to walk. At this time DCM Aldis asked myself and DCO Brewster to take hold of his arm so he can be handcuffed. The handcuffs was applied and we passed him on to Tesco. No injuries was sustained and this concludes my reports.

Signature



Front of body

Back of body

CERTIFICATION: (By Officer completing form)

I confirm that the details above are correct

Signed:

Signature

Name (BLOCK CAPITALS): ~~CHARLES FRANCIS~~ ABDUL WILLIAMS

Date: ~~18/10/2016~~ 19/6/17

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



REPORT OF INJURY TO DETAINEE

Brook

...IRC

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

Surname: D149	First Names: D149
CID Ref: 1673654	Date of Birth: DPA

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

Time and date of incident: 19/6/14
Place of incident:
Incident reported by: PAULS
Incident Witnessed by:
Nature of injury: NO INJURY

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

Hand cuffs used to present detainee to TASCOR for transfer back to HMP

Name (Block capitals): **DAVE ALDERS**

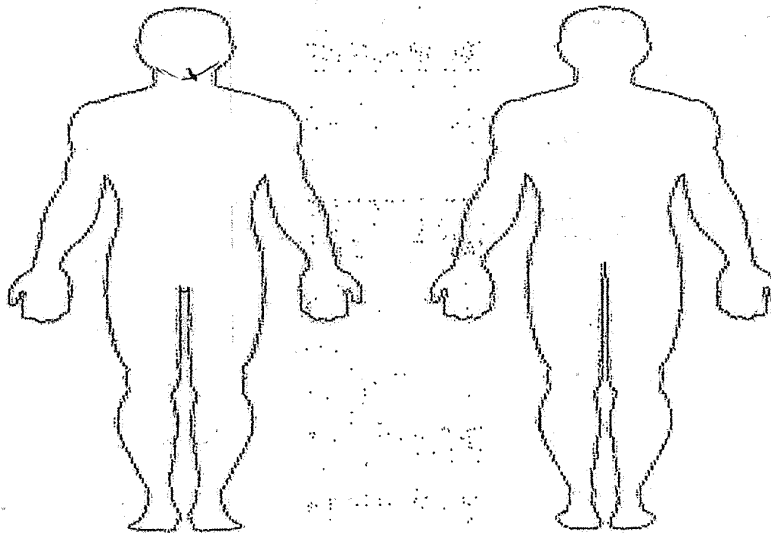
Signature: **Signature**

Date: **19/6/14**

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

Time and date of examination... 10:00 19/6/17

Report: Handcuffs used on detainee during movement from E wing to CBU unit,
No Injuries noted. Slight Redness to wrists noted, No open wounds to wrists. Small laceration to chin noted. No dressing Required.



Front of Body

Back of Body

Healthcare:

Medical Staff - Name: Donna Batchelor
(Block capitals)

Signature: **Signature**

Date: 19/06/17