



Use of Force-DCF 2

DC RULE 41

Log Number158117.....

Surname.....	D1747
Forename.....	D1747
Nationality.....	POLAND
Port Ref No.....	SP/4917397
CID Ref No.....	11048398

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

Date Use of Force used.....20/6/17.....

Time Use of Force commenced.....0815.....

Time Use of Force completed.....0816.....

Search Conducted on Arrival to Unit by.....N/A.....

	Time	DCM Name	Name of Person Contacted
Duty Director Informed	1400	N. LONDON	Michelle Brown
Duty UKBA Informed	1400	N. LONDON	Simon Levett
Duty IMB Informed	1400	N. LONDON	MARY MOLYNEUX
Healthcare Informed	1400	N. LONDON	Michael Wells

Reason for Use of Force.....Personal protection by officer personal space.....

Location re-located too.....N/A.....

Type of Relocation

Compliant	Side	Full Prone	Handed to Escorts	
Planned or Unplanned			Planned	<input checked="" type="radio"/> Unplanned
Is Detainee on a ACDT / RASP?			<input checked="" type="radio"/> Yes	No
Has Healthcare seen the Detainee after Use of Force?			Yes	<input checked="" type="radio"/> No
Has Room Clearance been Completed?			Yes	<input checked="" type="radio"/> No

New Location of Detainee Property.....N/A.....



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:158117.....

ESTABLISHMENT...Brook House

INCIDENT DETAILS

Date: 20.06.2017

Time: 08:15

DETAINEE DETAILS

CID Number:
11048398

Surname:
D1747

Forename(s) [D1747]

Gender:
Male ☒
Female ☐
Transgender ☐

The Use of Force was:

Planned ☐ Unplanned ☒

Age group (please circle):

Adult (age)
Minor (age)

Nationality: ATR

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	Murphy	Derek	E-wing

LOCATION OF INCIDENT

Wing

Education/Multi-Faith Area

Own Room

Visits

Care & Separation Unit

Association Area (please specify below)

Other (please specify)

.....Healthcare.....



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	
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	X	
Home Office interview		
Court appearance		
Video-link hearing		
Moving to another centre/unit/prison		
Others (please specify below)		
Tried to conceal controlled medication.		
		
		

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?	X	Were C&R Techniques Used?		Were MMR Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold		Figure Four Arm Hold	<input type="checkbox"/>
Push	X	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	<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 X
The time applied:.....		
The time removed:.....		
The duration applied:.....		
Name of the person(s) checking the application and that the handcuffs were double lock		
Name of the Supervising Officer: DCO D. Murphy		
(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"/>

**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.....

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

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

Name: Derek Murphy

Grade..... DCO.....

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.



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

Name...Derek Murphy

Grade. Detainee Custody Officer

Reason(s) On the 20/06/2017 I DCO D Murphy was on duty at Brook House IRC on E wing/CSU as a detainee custody officer. At approximately 08:15 I was in healthcare with a detainee who was on controlled drugs. While I was waiting for the detainee I brought up from E wing I noticed detainee [D1747] CID 11048398 at the hatch where the healthcare staff distribute the medicine, take his pills and put them in his left hand and then pretended to swallow them. I asked him to take his pills as instructed by healthcare. [D1747] then got very angry and threw his water on the floor. I asked him not to be silly; [D1747] then came into my personal space. He was less than a foot away from my face. I thought he was going to assault me. I used both palms of my hands to push [D1747] away from me. At that point some of the detainees that were there held [D1747] back as he wanted to come at me again. At that point one of my colleagues Chris Brown took [D1747] from healthcare and back to his wing. No more force than necessary was used during this incident. That concludes my report. Signature

Signature

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)
...Went back to his wing.....	

If relocated to Special Accommodation, complete the relevant form.

Authorised by:.....

Grade:.....

**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
Was a Body Worn Camera Used?		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 Statement."

Signed **Signature**

Name DCO D Murphy

(BLOCK CAPITALS)

Date 20.06.2017

*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:

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."

Signed **Signature**

Name NICK LONDON

(BLOCK CAPITALS)

Grade OSCAR 1 DCM

Date 20.06.2017



ANNEX A USE OF FORCE

Local
Reference No.

158/17.

STAFF STATEMENT

ESTABLISHMENT: ...BROOK HOUSE IRC

DATE ...20/06/2017.....

NAME... D1747.....

CID... 11048398.....

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 X

No ☐

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

Yes ☐

No X

The Type of Force Used:



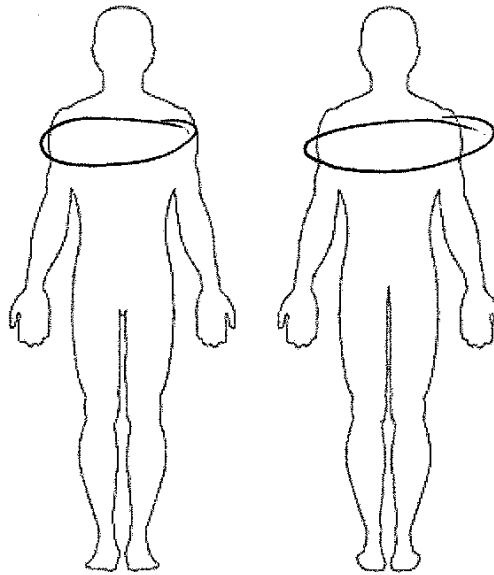
Were Personal Safety Techniques Used?	X	Were C&R Techniques Used?		Were MMPR Techniques Used?	<input type="checkbox"/>
Defensive Options	<input type="checkbox"/>	Guiding Hold	<input type="checkbox"/>	Figure Four Arm Hold	<input type="checkbox"/>
Push	X	Isolating the Arm	<input type="checkbox"/>	Head Support	
Knee Strike	<input type="checkbox"/>	Arm Hold/Lock		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?		
Hand Cuffs					
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 the 20/06/2017 I DCO D Murphy was on duty at Brook House IRC on E wing/CSU as a detainee custody officer. At approximately 08:15 I was in healthcare with a detainee who was on controlled drugs. While I was waiting for the detainee I brought up from E wing I noticed detainee: D1747 CID 11048398 at the hatch where the healthcare staff distribute the medicine, take his pills and put them in his left hand and then pretended to swallow them. I asked him to take his pills as instructed by healthcare. D1747 then got very angry and threw his water on the floor. I asked him not to be silly; D1747 then came into my personal space. He was less than a foot away from my face. I thought he was going to assault me. I used both palms of my hands to push D1747 away from me. At that point some of the detainees that were there held D1747 back as he wanted to come at me again. At that point one of my colleagues Chris Brown took D1747 from healthcare and back to his wing. No more force than necessary was used during this incident. That concludes my report. DPA

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 20/06/17

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

