

Corrective Services New South Wales

STATEMENT

In the matter of: Alleged 'Use of Force' on inmate [REDACTED] MIN [REDACTED]
Place: Lithgow Correctional Centre.
Date: 25 February 2015.

Name: Phillip TURTON Tel. No: [REDACTED]
Rank/Position: Senior Assistant Superintendent (SAS).
Address: [REDACTED]

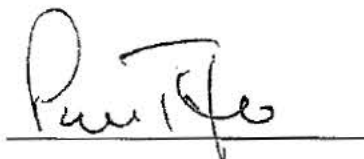
STATES:-

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give in court as a witness. The statement is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I will be liable to prosecution if I have wilfully stated in it anything that I know to be false, or do not believe to be true.
2. [REDACTED]
3. I am currently attached to the Lithgow Correctional Centre as a Senior Assistant Superintendent. A review of the of the Employee Daily Schedule (roster) for Wednesday the 19 February 2014 showed that I was rostered for duty in Sector 2 as the Senior Assistant Superintendent (SAS) commencing duty at 8am.
4. I also note from that roster that the General Manager (GM) was Mr O'Shea; A/Manager of Security (MOS) was Senior Assistant Superintendent (SAS) Stephen Taylor. I also note that Senior Correctional Officer (SCO) Terrence Walker and Officers Elliott Duncan and Simon Graf were rostered on 'Security' as the Immediate Action Team (IAT).
5. Attached to this statement are a 48 Hour Incident/Injury Notification Form for a non-employee [REDACTED] which was submitted and signed by me on the 19 February 2014. I have looked at this form and note that the injured person was [REDACTED] MIN [REDACTED] who was an inmate at the Lithgow CC on the 19 February 2014. I also note that there is a signature next to his name on page two of this form and the brief description of the incident is 'Injury during Use of Force'.
6. On examination of this form the nature of the inmates injuries were bruising/swelling on his body to his eye, mouth and chest (ribs). Inmate [REDACTED] received treatment by the Justice Health Nurse.

Witness:



Signature:



Page 2

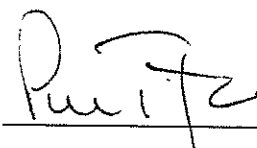
Statement of SAS Phillip TURTON

7. An Inmate Assault/Injury Questionnaire Form was completed by me on the 19 February 2014, which is also attached to this statement. Questions were asked by me of inmate [REDACTED] of how he received these injuries and I note from the form that when asked, "What was the cause of the injury?" He stated, "No comment". "Who do you consider responsible for your injury?" He stated, "Myself".
8. I did not witness anything in relation to the search of cell 208, 5.1 Unit or any alleged use of force on inmate [REDACTED] I only completed the 48 hour and injury questionnaire forms as directed by MOS Mr Peebles.

Witness:



Signature:





CORRECTIVE SERVICES NEW SOUTH WALES 48 HOUR INCIDENT/INJURY NOTIFICATION FORM NON-EMPLOYEE

ELLIPSE INCIDENT NUMBER: _____

This form is to be used for all incidents in CSNSW workplaces involving OFFENDERS and other NON-EMPLOYEES. Other NON-EMPLOYEES include residents, visitors, contractors and consultants, employees of other agencies or companies, etc.

All incidents are required to be notified under the NSW Work Health and Safety Act 2011 and serious incidents reported to WorkCover.

Please lodge the original form with your local administration office for recording on CSNSW's corporate information system and review / investigation by local management and/or WHS Representative and or WHS Committee (where applicable).

Note: If a hazard has been identified and further action is required, fill out a Hazard Identification Reporting Form and record it in the Corrective Action Register.

NOTIFICATION OF A WORKPLACE INCIDENT / INJURY

Details	
MIN no. (Offenders)	[REDACTED]
Date of birth	[REDACTED]
Surname	[REDACTED]
First Names	[REDACTED]
Home address	
Number	[REDACTED]
Street name	[REDACTED]
City/Suburb	[REDACTED]
State	[REDACTED]
Postcode	[REDACTED]
Home Phone	[REDACTED]
Mobile	[REDACTED]
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email	[REDACTED]
Work details	
Occupation	INMATE
Cost Centre	[REDACTED]
Substantive work location	LITIGATION CC
Work Phone no.	02 6350 2222
Workplace Supervisor Name	TURNER
Supervisor Contact no.	02 6350 2222
Details of Accident/Injury	
Date of incident	19/02/2014
Time of incident	09:15 AM/PM
Date reported	19/02/2014
Time reported	10:15 AM/PM
Brief description of accident/incident – (include what is the injury, where did it occur and how did it happen)	Injured during use of force.
Witness Details (N.B. A witness is someone who actually saw the accident / injury happen)	
Witness name:	[REDACTED]
Witness contact details:	[REDACTED]

Original to Mr Adams
21.2.14

NOTIFICATION OF A WORKPLACE INCIDENT / INJURY (continued)

Activity (What were you doing at the time of the injury?)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Clerical duties | <input type="checkbox"/> Wing duties | <input type="checkbox"/> Building maintenance | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Computer use | <input type="checkbox"/> Gate/Gatehouse duties | <input type="checkbox"/> Machinery maintenance | <input type="checkbox"/> Timber Milling |
| <input type="checkbox"/> Filing (records) | <input type="checkbox"/> Visit duties | <input type="checkbox"/> Machinery operation | <input type="checkbox"/> Vineyard/orchard activities |
| <input type="checkbox"/> Driving (for work) | <input type="checkbox"/> Transportation of inmates | <input type="checkbox"/> Moving equipment | <input type="checkbox"/> Waste handling |
| <input type="checkbox"/> Commuting to/from work | <input type="checkbox"/> Clinic duties | <input type="checkbox"/> Outdoor activities | <input type="checkbox"/> Industries (other) |
| <input type="checkbox"/> Reception duties | <input type="checkbox"/> Animal Handling | <input type="checkbox"/> Physical exercise | <input checked="" type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Court/Police cells | <input type="checkbox"/> Training/Education | <input type="checkbox"/> Kitchen work | <i>1. a. CWA</i> |
| <input type="checkbox"/> Home visits (COS) | <input type="checkbox"/> Psychology/Welfare/counselling | <input type="checkbox"/> Loading/Unloading stores | |
| <input type="checkbox"/> Searches | <input type="checkbox"/> Ground maintenance | <input type="checkbox"/> Dairy/Milk production | |
| <input type="checkbox"/> Patrolling compound | | <input type="checkbox"/> Forestry work | |

Nature of Injury (What is the injury?)

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Abrasion | <input type="checkbox"/> Head injury | <input type="checkbox"/> Internal injury | <input type="checkbox"/> Skin disease |
| <input checked="" type="checkbox"/> Bruise/swelling | <input type="checkbox"/> Headache/Migraine | <input type="checkbox"/> Heart attack | <input type="checkbox"/> Neurological disease |
| <input type="checkbox"/> Cuts/foreign object | <input type="checkbox"/> Eye injury | <input type="checkbox"/> Infection | <input type="checkbox"/> Endocrine disease |
| <input type="checkbox"/> Amputation/crushing | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Parasitic disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Burns/scalds | <input type="checkbox"/> Occ overuse syndrome | <input type="checkbox"/> Electric shock | <input type="checkbox"/> NIL |
| <input type="checkbox"/> Fracture/dislocation | <input type="checkbox"/> Psychological | <input type="checkbox"/> Digestive complaints | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Sprains/strains | <input type="checkbox"/> Poison/intoxication | <input type="checkbox"/> Respiratory disease | |

Mechanism of Injury (How did the injury occur?)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Physical assault | <input type="checkbox"/> Drowning/immersion | <input type="checkbox"/> Explosion/implosion | <input type="checkbox"/> Motorcycle accident |
| <input checked="" type="checkbox"/> Use of force | <input type="checkbox"/> Mental disorder (pre-existing) | <input type="checkbox"/> Exposure to chemical/substance | <input type="checkbox"/> Motor vehicle accident |
| <input type="checkbox"/> Needle stick (puncture) injury | <input type="checkbox"/> Exposure to trauma event | <input type="checkbox"/> Exposure to hot/cold temp | <input type="checkbox"/> Transport accident |
| <input type="checkbox"/> Human bite | <input type="checkbox"/> Bullying/Harassment | <input type="checkbox"/> Exposure to gas/fumes | <input type="checkbox"/> Physical exercise |
| <input type="checkbox"/> Exposure to bodily | <input type="checkbox"/> Repetitive movement | <input type="checkbox"/> Exposure to gas munitions | <input type="checkbox"/> Safety equipment failure |
| <input type="checkbox"/> Hit by an object | <input type="checkbox"/> Lift/carry/pull/push object | <input type="checkbox"/> Exposure to noise/vibration | <input type="checkbox"/> Multiple mechanisms |
| <input type="checkbox"/> Gun discharge | <input type="checkbox"/> Caught in or between objects | <input type="checkbox"/> Exposure to biological agents | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Fall from same level/slip/trip | <input type="checkbox"/> Contact with electricity | <input type="checkbox"/> Exposure to radiation | |
| <input type="checkbox"/> Fall from height | <input type="checkbox"/> Enter/exit vehicle/premises | <input type="checkbox"/> Bicycle accident | |
| <input type="checkbox"/> Step/Sit/Kneel on object | | | |
| <input type="checkbox"/> Animal bite/sting/kick | | | |

Agency of Injury (What caused the injury?)

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> Human - Physical | <input type="checkbox"/> Plant & Equip - Powered (eg electrical) | <input type="checkbox"/> Environment - Ground surfaces | <input type="checkbox"/> Animal - Domestic (eg dog, cat) |
| <input type="checkbox"/> Human - Psychological | <input type="checkbox"/> Plant & Equip - Non-powered (eg handtool, chair) | <input type="checkbox"/> Environment - Vegetation | <input type="checkbox"/> Animal - Livestock (eg horse, cow) |
| <input type="checkbox"/> Human - AOD use | <input type="checkbox"/> Plant & Equip - Kitchen | <input type="checkbox"/> Environment - Other | <input type="checkbox"/> Animal - Insect (eg bee, spider, tick) |
| <input type="checkbox"/> Human - Pre-existing condition | <input type="checkbox"/> Plant & Equip - Cleaning | <input type="checkbox"/> Substances - Chemical | <input type="checkbox"/> Animal - Wild (eg kangaroo, snake) |
| <input type="checkbox"/> Plant & Equip - Office | <input type="checkbox"/> Plant & Equip - Other | <input type="checkbox"/> Substances - Flammable | <input type="checkbox"/> Animal - Aquatic (eg fish, crab) |
| <input type="checkbox"/> Plant & Equip - Weapons | <input type="checkbox"/> Biological - Disease | <input type="checkbox"/> Substances - Radioactive | <input type="checkbox"/> Unspecified |
| <input type="checkbox"/> Plant & Equip - Fixed plant (eg air conditioner) | <input type="checkbox"/> Biological - Virus | <input type="checkbox"/> Substances - Explosive | |
| <input type="checkbox"/> Plant & Equip - Mobile plant (eg forklift) | <input type="checkbox"/> Biological - Other | <input type="checkbox"/> Substances - Other | |
| <input type="checkbox"/> Plant & Equip - Radiation equip (eg xray machine) | <input type="checkbox"/> Environment - Building | <input type="checkbox"/> Transport - Road | |
| | <input type="checkbox"/> Environment - Outdoor | <input type="checkbox"/> Transport - Water | |
| | | <input type="checkbox"/> Transport - Rail | |
| | | <input type="checkbox"/> Transport - Air | |

Bodily Location (Where on the body did the injury occur?)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Finger(s)/thumb | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Ear | <input type="checkbox"/> Back - upper | <input type="checkbox"/> Groin | <input type="checkbox"/> Toe(s) |
| <input checked="" type="checkbox"/> Eye | <input type="checkbox"/> Back - lower | <input type="checkbox"/> Hip(s) | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Back - multiple | <input type="checkbox"/> Pelvic region | <input type="checkbox"/> Nervous system |
| <input checked="" type="checkbox"/> Mouth | <input type="checkbox"/> Arm - upper | <input type="checkbox"/> Buttocks | <input type="checkbox"/> Internal organs |
| <input type="checkbox"/> Face | <input type="checkbox"/> Arm - lower | <input type="checkbox"/> Leg - upper | <input type="checkbox"/> Multiple locations |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Arm - multiple | <input type="checkbox"/> Leg - lower | <input type="checkbox"/> NIL |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Elbow | <input type="checkbox"/> Leg - multiple | <input type="checkbox"/> Other (Please Specify) |
| <input checked="" type="checkbox"/> Chest | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee | <i>Ribs</i> |
| <input type="checkbox"/> Lungs/Respiratory | <input type="checkbox"/> Hand | <input type="checkbox"/> Ankle | |

Treatment received: (please tick) ☒ Justice Health ☐ Hospital ☐ Other (Please specify)

Other similar injuries/illnesses:

-
-

Injured Person's Name (Print)	Injured Person's signature	Date
[Redacted]	[Redacted]	19-02-14
Supervisor's Name (Print)	Supervisor's signature	Date
TURTON	[Signature]	19-2-14

INMATE ASSAULT/INJURY QUESTIONNAIRE
(When completing this form use the tab or arrow keys to move between the fields)

Inmate's Name: [REDACTED] MIN: [REDACTED]

Date of Birth: 14 / August / 1988 Correctional Centre: Lithgow

Part 1: ASSAULT/FIGHT (only to be completed if inmate is not injured) complete all questions

Describe the events surrounding the assault or fight.

Answer: ~~Insert inmate's statement here~~ Use of force

Do you want police to take action?

Answer: NO

Are you prepared to assist the police during their investigation and identify your assailant?

Answer: NO

Do you wish Corrective Services NSW to take any action in this matter?

Answer: NO

What action do you want Corrective Services NSW to take?

Answer: ~~Insert inmate's statement here~~ NONE**Part 2: INJURY** (only to be completed if inmate was injured) – all questions to be answered

Do you clearly understand that it is a CSNSW requirement that this matter be reported to the police?

Answer: YES

Can you tell me the circumstances, which led to you sustaining your injury?

Answer: ~~Insert inmate's statement here~~ NO

What was the cause of the injury?

Answer: ~~Insert inmate's statement here~~ NO COMMENT

Do you consent to Corrective Services NSW gaining access to your medical records in relation to this injury?

Answer: YES

Was your injury caused by any action or inaction of staff members or other inmates?

Answer: ~~Insert inmate's statement here~~ NO

Do you wish to make any complaint about the action or inaction of any staff member?

Answer: NO

20/2/15

Corrective Services NSW
Operations Procedures Manual – Annexure 13(c)

Amended June 2011
Version 1.1

INMATE ASSAULT/INJURY QUESTIONNAIRE

(When completing this form use the tab or arrow keys to move between the fields)

Who do you consider responsible for your injury?

Answer: ~~Insert inmate's statement here~~ MYSELF

Would you be willing to be interviewed at another time or place?

Answer: NO

OTHER QUESTIONS WHICH MAY BE APPROPRIATE (only those questions applicable to the situation need be completed)

The injuries you have sustained are not consistent with your explanation of how your sustained them. Can you explain that?

Answer: Insert inmate's statement here

I have information that you were involved in a fight/assaulted and that you sustained your injuries during that incident. What do you have to say about that?

Answer: Insert inmate's statement here

I have in my possession a video recording of you being involved in a fight/being assaulted. Do you still say that you (Insert comment here) (e.g. fell over in the shower)?

Answer: Insert inmate's statement here

Any other relevant information:

Answer: Insert inmate's statement here

INMATE'S SIGNATURE: 

PRINT NAME: 

Completed by: (Insert interviewer's name and rank here) SAs TURNER

Date: DD / Month / Year 19/02/14.

Instructions to personnel

1. This is a protected Word document. It can be completed electronically using MS Word.
2. After the interview with the inmate, and the inmate's answers have been included, print a copy.
3. Invite the inmate to sign both pages. If the inmate declines to sign the questionnaire, note the document accordingly and sign it with a witness.

Employee Daily Schedule (Wed 19/02/2014)

Work Group: SWLTHC1 - Lithgow Correctional Centre

Wk Loc Post	Start Time	Description	Occupant	Shift Job Cl
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[REDACTED]				
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Approved For Display

Deputy Governor
17/02/2015 10:44:40 AM

Certified That ALL Staff Commenced Duty As Above

Deputy Governor
17/02/2015 10:44:40 AM