



Notification of Finding of Unlawful Use of Force OR Failure to Intervene

FORM

13B

Colorado Department of Law - POST
1300 Broadway 9th Floor
Denver, CO 80203
post@coag.gov 720-508-6721 FAX 866-858-7486

May 2025

SB20-217
§ 24-31-904, C.R.S.
§ 18-8-802(1.5)(f), C.R.S.

Agency Name (or name of organization submitting form)

Name of Agency Executive Submitting Form

Executive Phone Number

Executive Email Address

Peace Officer - Last Name

Peace Officer - First Name

Middle Name

Peace Officer Last Known Address

City

State

Zip

Peace Officer Personal Email Address

Peace Officer Personal Cell Phone

Date(s) of Employment: _____ Date(s) of Incident: _____

Peace Officer Date of Birth: _____ Colorado PID# _____ (000000 or 0000-0000)

Please check the applicable boxes below. At least ONE of the following MUST apply. Check ALL that apply.

- ☐ The certificate holder was **found CIVILLY LIABLE*** for:
- ☐ Unlawful use of physical force, **OR**
 - ☐ Failure to intervene in the use of unlawful physical force (§ 24-31-904, C.R.S.)

*IF A PEACE OFFICER IS CONVICTED OF, OR PLEADS GUILTY OR NOLO CONTENDERE TO A **CRIME** INVOLVING THE UNLAWFUL USE OR THREATENED USE OF PHYSICAL FORCE, OR A CRIME INVOLVING THE FAILURE TO INTERVENE IN THE USE OF UNLAWFUL FORCE, PLEASE USE THE **"DISQUALIFYING INCIDENT NOTIFICATION FORM"** TO REPORT TO POST. See POST Rule 1 for definition of "found Civilly Liable".

- ☐ The certificate holder was found after an **INTERNAL INVESTIGATION** or by an **ADMINISTRATIVE LAW JUDGE** or **HEARING OFFICER** to have:
- ☐ Used unlawful physical force, **OR**
 - ☐ Failed to intervene in the use of unlawful physical force, **OR**
Violated §18-1-707, C.R.S.

- ☐ This incident resulted in serious bodily injury or death to any person (§ 18-8-802(1.5)(f), C.R.S.)

AGENCY COMPLETING INVESTIGATION, OR COURT OF RECORD: _____

CASE OR DOCKET NUMBER: _____

Please retain documentation of investigative details for possible future review, if applicable.

PURSUANT TO § 24-31-305(2.5), C.R.S., UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AFFIDAVIT AND ACCOMPANYING DOCUMENTS AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE. I FURTHER ACKNOWLEDGE THAT ANY FALSE STATEMENT, MISSTATEMENT, OR INACCURACY **MAY RESULT IN REVOCATION OF MY CERTIFICATION, AS WELL AS CRIMINAL PROSECUTION.**

Agency Executive's Signature

Date