



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

December 2021

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 _____ State of _____
County of _____

Signed before me this _____ day of _____, _____

My Commission Expires: ____ -- ____ -- _____

NOTARY PUBLIC