



# Notification of Unlawful use of Body-Worn Camera or Dash Camera

FORM  
**13C**

Colorado Department of Law - POST  
1300 Broadway 9<sup>th</sup> Floor  
Denver, CO 80203  
[post@coag.gov](mailto:post@coag.gov) 720-508-6721 FAX 866-858-7486

January 2022

HB 21-1250  
§ 24-31-902, 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. \* INDICATES A REQUIRED ELEMENT, PER STATUTE. Check ALL that apply.**

- The certificate holder was found by\*:
  - an Internal Investigation
  - a Court (*provide docket number below*)
  - an Administrative Law Judge or Hearing Officer
- To have intentionally failed to activate a body-worn camera or dash camera or tampered with any body-worn or dash camera, except as permitted in §24-31-902(1)(a)\*
- With the intent to conceal unlawful or inappropriate actions or obstruct justice.\*
- This Incident Resulted in\*:
  - No** Serious Bodily Injury (SBI) or Death to any civilian
  - Serious Bodily Injury (SBI) or Death to any civilian

AGENCY COMPLETING INVESTIGATION: \_\_\_\_\_

CASE OR DOCKET NUMBER, IF APPLICABLE: \_\_\_\_\_

**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 \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

NOTARY PUBLIC