Nebraska Department of Roads Highway Safety Office

Grant Funded Enforcement

Activity Summary

This activity summary must be completed and returned with your reimbursement request.

Agency: _____

Contact Person: _____

E-Mail: _____

Phone: _____ FAX: _____

Type of Enforcement Operation (check all that apply):

☐ Checkpoint - # of checkpoints conducted _____ ☐ Saturation Patrol

☐ Enforcement Zone (specific roadway) ☐ Regular Enforcement

Enforcement dates _____

_____ # of officers participating
_____ # of hours worked by participating officers

_____ # of citations issued for speeding
_____ # of citations issued for reckless driving
_____ # of arrests for DWI
_____ # of arrests for motorcycle DWI/DUI
_____ # of arrests for DUID (drugged driving)
_____ # of arrests for motorcycle DUID (drugged driving)
_____ # of evaluations conducted by a Drug Recognition Expert
_____ # of arrests for drugs (possession)
_____ # of citations issued for driving during suspension
_____ # of citations issued for driving without proof of insurance
_____ # of felony arrests
_____ # of fugitives apprehended
_____ # of stolen vehicle recovered
_____ # of citations issued for minor in possession (MIP)
_____ # of citations issued for open container
_____ # of citations issued for violation of safety belt law
_____ # of citations issued for violation of child passenger safety law

_____ **# of total citations issued**

_____ **# of total contacts**

Other notable activity

_____

_____

_____

Report Submitted By:

_____

Signature Type or Print Name Date