

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 speeding citations
_____ # of reckless driving citations
_____ # of arrests for DWI – Alcohol Only
_____ # of arrests for DUID – Drugs Only
_____ # of arrests for DWI/DUID – Alcohol and Drugs
_____ # of evaluations conducted by a Drug Recognition Expert
_____ # of driving during suspension citations
_____ # of uninsured motorist citations
_____ # of felony arrests
_____ # of fugitives apprehended
_____ # of stolen vehicle recovered
_____ # of minor in possession (MIP) citations
_____ # of open container citations
_____ # of safety belt citations
_____ # of child passenger safety restraint citations
_____ **# of total citations issued**
_____ # of total contacts

Other notable activity

Report Submitted By:

Signature

Type or Print Name

Date