

# Report of Alcohol and Drug Analysis for Nebraska Traffic Crashes

*(This form is for reporting of information per Nebraska State Statutes; 60-6,101, 60,6102, 60-6,103.)*

Name of Subject:		Date of Birth:
County:	Date of Crash:	Time of Crash:
Crash Location ( <i>Street, Highway, or Intersection</i> ):		
Subject Was: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Motorcyclist <input type="checkbox"/> Pedalcyclist		
Subject: <input type="checkbox"/> Killed in Accident <input type="checkbox"/> Survived Accident <input type="checkbox"/> Delayed – Death On: _____		
Alcohol Analysis: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Not Tested		Alcohol Results (%):
Drug Analysis: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Not Tested		If tested, were drugs present? <input type="checkbox"/> Yes <input type="checkbox"/> No
If drugs were present, list the names of all drugs present:		
Name and Title of Person Completing Form:		Today's Date:

**Please return completed form to:**  
 Nebraska Department of Roads  
 Traffic Engineering Division  
 Highway Safety/Accident Records Section  
 PO Box 94669  
 Lincoln NE 68509-4669

*This document is being disclosed pursuant to Nebraska State Statutes 60-6,102, 60-6,102, and 60-6107. The Department of Roads makes no representation as to the validity of the date on this form except that it was filed in accordance with the above referenced statutes.*