



Nebraska State Patrol
Nebraska Concealed Handgun Permit



**Report of Injury or Damage Caused
 by Firearm of Permit holder**

Name _____ Date of Birth _____

Today's Date (to be filed within 10 days of incident) _____ Permit # _____

Date of Issuance _____ Date of Expiration _____

Driver's License Number (or other identification card number) _____

Current Residential Address _____

Mailing Address (if different) _____

Daytime Phone _____ Cell Phone _____ Email Address _____

Date of Discharge _____

Place of Discharge _____

Weapon Discharged

Make/Model/Caliber _____

Serial # _____

Injuries Caused by Discharge _____

Property Damage Caused by Discharge (not necessary if minor as per definition in regs)

Investigating Agency (if reported) _____

Brief Narrative of Incident _____

Please submit a copy of this form to:

Nebraska State Patrol Criminal Identification Division, Attention Concealed Carry Handgun by e-mail at nsp.ccw@nebraska.gov or by fax at 402-479-4321.

You may also mail this form to:

Nebraska State Patrol
 Criminal Identification Division-Permits
 P.O. Box 94907
 Lincoln, NE 68509-4907