Permit Holder Information

NEBRASKA STATE PATROL

Report of Injury/Damage Caused by Firearm of Concealed Handgun Permit Holder

Title 272, Nebraska Administrative Code, Chapter 21, Section 018.01 requires any injury to a person or damage to property resulting from the discharge of a handgun carried by a concealed handgun permit holder must be reported by the permit holder to the Nebraska State Patrol within ten (10) days of the incident.

Full Name:		Date of Birth:
Permit Number: Nebraska Driver's L		ense Number/State ID Number/Active Military ID Number:
Current Residential Address: (Street, City, C	County, State, ZIP)	
Mailing Address: (if different) (Street, City, County, State, ZIP)		
Cell Phone:	Home Phone:	Email Address:
2. Incident Information		
2. Modern miormation		
Date of Discharge:	Place of Discharge: ☐ Home ☐ Bus	siness Other:
Address of Discharge: (Street, City, County, State, ZIP)		
Make/Model/Caliber of Weapon Discharged:		Serial Number of Weapon Discharged:
Injuries Caused by Discharge:		
Property Damage Caused by Discharge: (Not required for minor property damage of minimal significance)		
Investigating Agency: (if reported)		
Brief Narrative of Incident:		
Signature:		Date:

Please submit a copy of this form to:

Nebraska State Patrol
Criminal Identification Division
Attn: Concealed Handgun Permit
4600 Innovation Drive
Lincoln, NE 68521
Fax: (402) 479-4321

Email: nsp.chp@nebraska.gov

NSP 1719 (3/23)