

| | |
|---|---|
| Date Trailer Used: From: _____ To: _____ | |
| Location where Speed Trailer was used: | |
| Address: | |
| Cross Streets: | |
| Close to Highways/Streets: | |
| Posted speed limit: | |
| Close to Business/Attraction: | |
| Type of Surrounding: (please check all that apply) | <input type="checkbox"/> Urban <input type="checkbox"/> Residential <input type="checkbox"/> Work Zone <input type="checkbox"/> Rural <input type="checkbox"/> Business <input type="checkbox"/> School Zone <input type="checkbox"/> Other |
| Other Location Detail: | |
| Usage information | |
| Reason for placing the unit: Explanation (if needed): | <input type="checkbox"/> High crash location <input type="checkbox"/> Law Enforcement concern <input type="checkbox"/> New traffic patterns in location <input type="checkbox"/> Citizen complaints <input type="checkbox"/> Known excessive speed location |
| Post Evaluation of Concern: <input type="checkbox"/> Resolved original issue <input type="checkbox"/> No change to original issue <input type="checkbox"/> Other (please note in "Explanation" space) | Explanation (if needed): |
| Technical information | |
| Issues/Problems/Repairs with Speed Trailer: <input type="checkbox"/> None <input type="checkbox"/> Display Function <input type="checkbox"/> Battery Life <input type="checkbox"/> Radar Issue <input type="checkbox"/> Other (please note in "Explanation" space) | Explanation (if needed): |

Report submitted by:

| | |
|---------------------|--|
| Signature: | |
| Type or Print Name: | |
| Agency: | |
| Address: | |

Please complete and return this form to:
 Paul Letcher, Traffic Safety Specialist, NDOT - Highway Safety
 PO Box 94612, Lincoln, NE 68509 paul.letcher@nebraska.gov

Fax: 402-471-3865