



Nebraska Department of Motor Vehicles
IGNITION INTERLOCK INCIDENT REPORT FORM

Reporting Facility Name: _____

Address: _____

City, State, Zip: _____

Telephone #: _____

Email: _____

Technician Completing Report: _____

Date: _____

Reporting Time _____ to _____ Report Date: _____

Report Sent Via: (check all that apply)

Fax

U.S. Mail

Email

Clients Name: _____ Date of Birth: _____

Driver License Number (if available): _____

Address: _____ Telephone _____

Client Vehicle Description:

Year _____ Make _____ Model _____ Color _____

VIN # _____

Test Failures (BAC results of 0.03 or above)

None recorded

Failures recorded; fail pattern, in our opinion, does not indicate consumption of beer, wine, or spirits.

Failures recorded; fail pattern, in our opinion, indicates consumption of beer, wine or spirits.

(See attached report for the following dates: _____)

Tampering or Circumvention

No suspected attempts to tamper with or circumvent the IID were recorded.

Suspected attempts to tamper with or circumvent the IID were recorded.

(See attached report for the following date: _____)

Suspected disconnections of the IID from the vehicle's electrical system were recorded (power disconnects):

Client credibly indicated that mechanical service was performed on the vehicle.

Client had no credible reason why the power supply to the IID was interrupted.

(See attached report for the following dates: _____)

Violation Reset (Failed or "Not Taken") Random (While Driving) Retest:

None recorded.

Failures recorded; fail pattern, in our opinion, does not indicate consumption of beer, wine or spirits.

Failures recorded; fail pattern, in our opinion, indicates consumption of beer, wine or spirits.

(See attached report for the following dates: _____)

Test not taken (client ignored or perhaps disabled honking horn without attempting to take a test or shut off the vehicle).

(See attached report for the following dates: _____)

IID removed prior to expiration of client's ignition interlock permit and period of revocation.

Additional Technician's Comments: _____

If possible: please complete this report in its entirety. Report shall be faxed, emailed, and or sent via U.S. Mail to the following:

Nebraska Department of Motor Vehicles

Motor Vehicle Fraud Unit

301 Centennial Mall South

P.O. Box 94789

Lincoln NE 68509-4789

Fax: 402-471-3190

Email: dmv.fraudunit@nebraska.gov