

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF JUSTICE

**SAMPLE SURVEY OF LAW
ENFORCEMENT AGENCIES**

Name of agency reporting

Data supplied by

Name

Title

Official address (Number and street, city, State, ZIP Code)

Telephone

RETURN TO

**Bureau of the Census
1201 East Tenth Street
Jeffersonville, IN 47132**

Area code

Number

Extension

**FOR QUESTIONS RELATING TO THE SURVEY, PLEASE
CALL CHARLENE SEBOLD AT THE BUREAU OF THE
CENSUS, COLLECT, ON (301) 763-7825.**

*PLEASE CORRECT ANY ERROR
IN NAME AND ADDRESS
INCLUDING ZIP CODE*

INSTRUCTIONS

Please complete this questionnaire promptly, preferably within 3 weeks, and return it in the enclosed envelope so that data collection can be completed and the results of the survey published as soon as possible. If the answers to questionnaire items are not readily available from records, please provide reasonable estimates and mark them with an asterisk (*).

The Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 USC 3732), authorizes this data collection. Although you are not required legally to respond to this voluntary survey, we need your participation to make the results comprehensive and accurate.

Thank you for your cooperation.

**In correspondence pertaining to this report
please refer to this number**



Section I

DESCRIPTION INFORMATION

Which category below best describes your type of agency?

- 1 General purpose municipal police department
- 2 General purpose county police department
- 3 State police department
- 4 Sheriffs department — Please indicate the percent of manhours spent performing the following functions.

	Manhour percentage
a. Law enforcement	%
b. Jail-related	%
c. Court-related	%
d. Other — Specify	%

- 5 Special police departments (e.g., campus police, detective bureaus, transit police, airport police, park police, etc.) If you are part of a larger non-law enforcement agency, please answer the questions for your law enforcement unit only.

Section II OPERATIONS

1. Mark an (X) beside all functions for which your agency has a PRIMARY responsibility. — Do not include functions which your agency performs only upon request such as aiding another agency in an emergency.

- | | | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------|
| 1 <input type="checkbox"/> Traffic enforcement, direction, and control | 8 <input type="checkbox"/> Robbery, rape, and serious assault investigations | 15 <input type="checkbox"/> Court security |
| 2 <input type="checkbox"/> Accident investigations | 9 <input type="checkbox"/> Other criminal investigations | 16 <input type="checkbox"/> Jail operations |
| 3 <input type="checkbox"/> Patrol and first response to incidents | 10 <input type="checkbox"/> Fingerprint processing | 17 <input type="checkbox"/> Serving civil process |
| 4 <input type="checkbox"/> Emergency medical services | 11 <input type="checkbox"/> Ballistics testing | 18 <input type="checkbox"/> Civil defense |
| 5 <input type="checkbox"/> Property crime investigations | 12 <input type="checkbox"/> Laboratory testing of substances (any type) | 19 <input type="checkbox"/> Fire service |
| 6 <input type="checkbox"/> Death investigations (murder, suicide, and unknown origin) | 13 <input type="checkbox"/> Search and rescue | 20 <input type="checkbox"/> Animal control |
| 7 <input type="checkbox"/> Narcotics and vice enforcement | 14 <input type="checkbox"/> Telephone and radio communications and dispatch | 21 <input type="checkbox"/> Training academy operation |
| | | 22 <input type="checkbox"/> Other — Specify _____ |

2a. Does your agency perform routine patrol functions?

- 1 Yes 2 No — SKIP to question 3.

b. WEEKDAY SHIFTS — Please enter the following information for each patrol shift that began during the 24-hour period starting at 6:00 p.m. (1800 hours), Tuesday, June 26th, and ending 5:59 p.m. (1759 hours), Wednesday, June 27th. Please include only units that ACTUALLY WORKED. Under length, include the full length (to the nearest quarter hour) of the shift even if it extended beyond the end of the specified 24-hour time period.

Code No.	Type of patrol (a)	Beginning time (Use military time) (b)	Length (hours) (c)	No. of one-officer units (d)	No. of two-officer units (e)
1	Automobile				
1	Automobile				
1	Automobile				
2	Foot				
2	Foot				
2	Foot				
	*Other — Specify				
	*Other — Specify				
	*Other — Specify				

c. WEEKEND SHIFT — Mark (X) ONE

- 1 Same as reported in 2b above — SKIP to question 3.
- 2 Different from weekday shift — Report the shifts below

d. WEEKEND SHIFTS — Please enter the following information for each patrol shift that began during the 24-hour period starting at 6:00 p.m. (1800 hours), Saturday, June 30th, and ending 5:59 p.m. (1759 hours), Sunday, July 1st. Please include only units that ACTUALLY WORKED. Under length, include the full length (to the nearest quarter hour) of the shift even if it extended beyond the end of the specified 24-hour time period.

Code No.	Type of patrol (a)	Beginning time (Use military time) (b)	Length (hours) (c)	No. of one-officer units (d)	No. of two-officer units (e)
1	Automobile				
1	Automobile				
1	Automobile				
2	Foot				
2	Foot				
2	Foot				
	*Other — Specify				
	*Other — Specify				
	*Other — Specify				

*Include motorcycle, bicycle, boat, horse, and helicopter patrols.

Section II OPERATIONS – Continued

3. What was the total number of requests for service received by your agency for the 12-month period ending June 30, 1990?

Total requests (a)	No. of citizens requests (b)	Alarms (c)	Officer initiated calls (d)	Other – Specify (e)

NOTE – Estimates are acceptable and should be marked with an asterisk (*).

4. Of the total number of requests for service reported, how many did your agency respond to?

Total responses (a)	Method/Number of responses		
	Dispatch of unit (or use of on-site unit) (b)	Other – Specify (c)	

NOTE – Estimates are acceptable and should be marked with an asterisk (*).

5. Does your agency participate (i.e., units can be dispatched as a result of a call) in an operational 911 emergency telephone system or its equivalent?

- 1 Yes – Regular 911 2 Yes – Enhanced/expanded 911
3 No

6. Does your agency administer one or more temporary holding or lockup facilities separate from a jail?

- 1 Yes – Please answer a through d 2 No – SKIP to section III

a. How many lockups does your agency administer?

b. What is the maximum holding time for these lockups? Enter number of hours.

c. What is the total capacity of these lockups?

d. What was the total number of admissions for the 24-hour period ending at midnight, Friday, June 29, 1990? NOTE – Do not count an individual more than once.

Number		
Total	Adults	Juveniles

Section III EQUIPMENT

1a. Does your agency SUPPLY sidearms to its sworn officers?

- 1 Yes 2 No – SKIP to question 2

b. Which of the following types of sidearms does your agency SUPPLY to its sworn officers?

- Type –
(1) Revolver
(2) Semi-automatic
(3) Other sidearms – Specify _____

Caliber – Mark (X) all that apply					
.357 (a)	.38 (b)	.45 (c)	9mm (d)	10mm (e)	Other caliber Specify (f)

2. Are there any sidearms authorized, but not supplied by your agency, for use by its sworn officers while "on duty"?

- 1 Yes – Mark (X) all that apply 2 No – SKIP to question 3a

- Type –
a. Revolver
b. Semi-automatic
c. Other sidearms – Specify _____

Caliber – Mark (X) all that apply					
.357 (a)	.38 (b)	.45 (c)	9mm (d)	10mm (e)	Other caliber Specify (f)

3a. Does your agency supply or give a cash allowance for protective body armor?

- 1 Yes 2 No – SKIP to question 3b

- (1) Officers supplied with body armor
(2) Officers given cash allowance for body armor

Type of officer – Mark (X) one for each					
Patrol/field operations			Special operations		
All (a)	Some (b)	None (c)	All (d)	Some (e)	None (f)

b. Does your agency require any officers to wear protective body armor?

- 1 Yes 2 No – SKIP to question 4

Officers required to wear body armor _____ →

Type of officer – Mark (X) one for each					
Patrol/field operations			Special operations		
All (a)	Some (b)	None (c)	All (d)	Some (e)	None (f)

4. Which of the following types of non-lethal weapons are authorized for use by your agency? Mark (X) all that apply.

- 1 Electronic devices (e.g., taser, stun gun)
2 Chemical agents (e.g., tear gas, mace)
3 Impact devices (soft projectile, rubber bullet, sidearm baton)
4 Restraining devices other than handcuffs (e.g., three-pole trip, capture net)
5 Other – Specify _____
6 None of the above

5. How many of the following vehicles does your agency operate?

Type of vehicle	Number
a. Marked cars	
b. Unmarked cars	
c. Buses	
d. Armored cars	
e. 4-wheel motorized vehicles (not listed above (e.g., vans))	
f. 3-wheel motorized vehicles	
g. 2-wheel motorized vehicles	
h. Fixed-wing aircraft	
i. Helicopters	
j. Boats	
k. Bicycles	
l. Other — Specify	

6a. Does your agency allow officers to take marked vehicles home?

1 Yes2 No — SKIP to question 7

b. Does your agency allow marked vehicles to be used by officers during off-duty hours?

1 Yes2 No

7a. Does your agency have exclusive or shared ownership of an Automated Fingerprint Identification System (AFIS) that includes a file of digitized prints?

1 Yes — Exclusive3 No2 Yes — Shared

b. Does your agency operate an AFIS terminal that has access to a remote AFIS site?

1 Yes2 No

8. Does your agency use computers and what type? — Exclude inquiries to NCIC, State identification bureaus, etc. Mark (X) one for each type.

Type of computer (1)	Exclusive use (2)	Shared use (3)	Does not use (4)
a. Mainframe computer			
b. Minicomputer			
c. Personal computer (PC)			
d. Laptop computer			
e. Car-mounted digital terminal			
f. Hand-held digital terminal			
g. Other — Specify			

9. If your answer is exclusive or shared use of a computer in question 8, please mark (X) the functions for which you use computers and the types of files that are computerized. Exclude inquiries to NCIC, etc.

Functions

- 1 Dispatch
 2 Criminal investigations
 3 Crime analysis
 4 Manpower allocation
 5 Budgeting
 6 Record-keeping
 7 Fleet management
 8 Jail management
 9 Other — Specify _____

Computerized files

- 1 Arrests
 2 Calls for service
 3 Criminal histories
 4 License registration
 5 Payroll/personnel
 6 Stolen property/vehicles
 7 Traffic citations
 8 Warrants
 9 Summons
 10 Uniform Crime Reports (UCR)
 11 Department inventory
 12 Evidence
 13 Other — Specify _____

Section IV PERSONNEL		Sworn personnel		Nonsworn personnel	
		Full-time (1)	Part-time (2)	Full-time (3)	Part-time (4)
1. What was the number of full-time and part-time employees of your agency during the pay period that included June 15, 1990?					
a. Total authorized positions					
b. Total actual staff					
2. Please provide the total number of FULL-TIME agency employees BY RACE AND SEX during the pay period that included June 15, 1990. If counts are not available from records, please provide estimates and indicate each with an asterisk (*).		Sworn personnel		Nonsworn personnel	
		Male (1)	Female (2)	Male (3)	Female (4)
a. Total number of full-time agency employees — Sum of lines b through f below					
b. White, not of Hispanic origin *					
c. Black, not of Hispanic origin *					
d. Hispanic origin (*Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, excluding Brazil, Jamaica, and Haiti) — Sum of lines d(1) and d(2) below.					
(1) White, Hispanic origin					
(2) Black, Hispanic origin					
e. American Indian/Alaskan Native					
f. Asian/Pacific Islander					

FISCAL YEAR	Beginning			Ending		
	Month	Day	Year	Month	Day	Year
What are the dates of your most recently completed fiscal year?						

Section V SALARIES		Base annual salary	
		Minimum (1)	Maximum (2)
1. What is your agency's salary schedule for the following full-time positions? If a position does not exist in your department, write "N/A" instead of a dollar amount.			
a. Chief of police or sheriff			
b. Sergeant or equivalent first-line supervisor			
c. Entry level officer or deputy (post-academy)			
2. Please provide the following for full-time sworn personnel who worked overtime during the fiscal year reported above. If data for the fiscal year reported above are not available, please give reasonable estimates and mark with an asterisk(*).		Total hours worked (a)	Total amount paid (b)

Section VI EXPENDITURES		Amount
What were your agency's expenditures for the following during the fiscal year reported above? If data for the fiscal year reported above are not available, please give reasonable estimates and mark with an asterisk(*). Include expenditures of jails administered by your agency.		
1. Gross salaries and wages, including employer contributions to employee benefits. If employer contributions to employee benefits are NOT included in the amount above, estimate what percentage of gross salaries would have to be added to include them (e.g., 5%, 10%).		_____ % \$
2. Other operating expenditures, such as the purchase of supplies, food, and contractual services.		\$
3. Equipment, (e.g., purchase of cars, radios, computers, etc., with a life expectancy of 5 years or more)		\$

Section VII POLICIES/PROGRAMS		Number
1. What are your agency's educational requirements for its new officer recruits?		
1 <input type="checkbox"/> Four-year college degree required	4 <input type="checkbox"/> High school diploma or equivalent required	
2 <input type="checkbox"/> Two-year college degree required	5 <input type="checkbox"/> Other requirement — Specify _____	
3 <input type="checkbox"/> Some college but no degree required Enter number of semester hours required _____	6 <input type="checkbox"/> No education requirement	
2. Does your agency require training for new officer recruits?		
1 <input type="checkbox"/> Yes — Enter number of classroom training hours _____ Enter number of field training hours _____		
2 <input type="checkbox"/> No		

Section VIII DRUG-RELATED POLICIES

1. Does your agency operate one or more special units for the enforcement of drug laws? (A unit can consist of one or more persons assigned full-time.)

1 Yes 2 No — SKIP to question 2a

a. On June 30, 1990, how many sworn officers were assigned to the unit(s) full-time?	Number

b. What was the cost to operate the unit(s) for the most recently completed fiscal year?	Cost
	\$

2a. During the 12-month period ending June 30, 1990, did your agency participate in a "multi-agency" drug enforcement task force?

1 Yes 2 No — SKIP to question 3

b. If yes, on June 30, 1990, how many officers were assigned to it on a full-time basis?	Number

3. In the past 12 months, has your agency received any money or goods from a drug asset forfeiture program?

1 Yes 2 No

4. Mark an (X) beside the following types of illegal drugs (or facilities for manufacturing them) that were seized or eradicated by your agency during the past 12 months.

- 1 Amphetamines
- 2 Barbiturates
- 3 "Crack" cocaine
- 4 Cocaine other than "crack"
- 5 Hashish
- 6 Heroin
- 7 LSD
- 8 Marijuana
- 9 Methamphetamines (e.g., ice, crank)
- 10 Methaqualone
- 11 Morphine
- 12 Opium
- 13 PCP
- 14 Synthetic/designer drugs
- 15 Other — Specify

16 None of these types

5a. Are persons arrested by your agency tested for illegal drugs?

1 All 2 Some 3 None — SKIP to question 6a

b. Does your agency have primary responsibility for operation of the testing program?

1 Yes 2 No

Section VIII DRUG-RELATED POLICIES — Continued

6a. Does your agency have a policy for drug testing of any employees?

1 Yes — Please answer the questions below 2 No — STOP HERE

b. Mark (X) the appropriate boxes below to indicate when employees in the following categories may be subjected to drug testing.

Type of employee	Type of selection Mark (X) all that apply				
	Mandatory (all are tested) (a)	Random selection (b)	Reasonable suspicion of use (c)	Other (d)	Not tested (e)
1. Applicants for employment (sworn positions)	1	2	3	4	5
2. Probationary officers	1	2	3	4	5
3. Candidates for promotion (sworn only)	1	2	3	4	5
4. Officers directly involved with the investigation or handling of illegal drugs.	1	2	3	4	5
5. Regular patrol/field operations officers not included above.	1	2	3	4	5
6. Nonsworn personnel	1	2	3	4	5

c. Does the policy for drug testing specify sanctions for conclusive positive test results?

1 Yes — Please answer the question below 2 No — STOP HERE

d. For sworn, non-probationary officers, what are the possible sanctions for conclusive positive test results?

Item	Mark (X) all that apply	
	First offense (a)	Second offense (b)
1. Dismissal	1	2
2. Suspension	1	2
3. Warning	1	2
4. Counseling/treatment	1	2
5. Other — Specify <input checked="" type="checkbox"/>	1	2

PLEASE USE PAGE 7, REMARKS, FOR ANY EXPLANATION THAT MAY BE ESSENTIAL IN UNDERSTANDING YOUR REPORTED DATA.