

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

1993 SAMPLE SURVEY OF LAW ENFORCEMENT AGENCIES

PLEASE CORRECT ANY ERROR
IN NAME, ADDRESS, AND
ZIP CODE



Data supplied by

Name

Title

Official address — Number and street

City State ZIP Code

Enter your 9 digit
NCIC-ORI number.

Telephone Area code Number Extension

RETURN TO

**Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132-0001**

FROM THE ACTING DIRECTOR
BUREAU OF JUSTICE STATISTICS

On behalf of the Bureau of Justice Statistics (BJS), Department of Justice, the Bureau of the Census is conducting a sample survey of law enforcement agencies in the United States. The survey will obtain current information on the workload and resources of the Nation's law enforcement agencies. BJS last collected this information in 1990.

Your agency and other agencies in the scientifically selected sample will represent the characteristics and work of all law enforcement agencies in the United States. State, local, and Federal officials will use the data to assess the needs of these agencies and to keep informed of their status. BJS will publish the data in a series of reports. We have enclosed a copy of the 1990 Bulletin for your information.

So that we can complete data collection and publish the survey results as soon as possible, please complete this questionnaire within 3 weeks and return it in the enclosed envelope. If answers to questions are not readily available, provide reasonable estimates marked with an asterisk (*). If you need assistance in completing the questionnaire, call Sheryl Jones, on 1-800-352-7229.

Public reporting burden for this collection of information is estimated to average 1 hour and 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the Acting Director, Bureau of Justice Statistics, 633 Indiana Avenue, N.W., Washington, DC 20531; and to the Office of Management and Budget, OMB number 1121-0128, Washington, DC 20503.

Thank you for your cooperation and participation in this voluntary survey.

Sincerely,

LAWRENCE A. GREENFELD
Acting Director
Bureau of Justice Statistics

Enclosures

In correspondence pertaining to this report
please refer to this number



Section I DESCRIPTIVE INFORMATION

Which category below best describes your agency type? Mark (X) only one.

- 1 General purpose municipal police department
- 2 General purpose county police department
- 3 Primary state police department
- 4 Sheriff's department
- 5 Special police department (e.g., campus police, detective bureau, transit police, airport police, housing police, alcoholic beverage control, natural resources police, park police, etc.) If you are part of a larger non-law enforcement agency, answer all questions as they pertain to your law enforcement unit only.

Section II OPERATIONS

1. Indicate functions for which your agency has PRIMARY responsibility. Exclude functions which your agency performs only upon request such as aiding another agency in an emergency. Mark (X) all that apply.

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> 1 <input type="checkbox"/> Enforcement of traffic laws 2 <input type="checkbox"/> Traffic direction and control 3 <input type="checkbox"/> Accident investigations 4 <input type="checkbox"/> Patrol and first response to incidents 5 <input type="checkbox"/> Emergency medical services 6 <input type="checkbox"/> Vice enforcement 7 <input type="checkbox"/> Fingerprint processing 8 <input type="checkbox"/> Ballistics testing 9 <input type="checkbox"/> Laboratory testing of substances 10 <input type="checkbox"/> Search and rescue | <ul style="list-style-type: none"> 11 <input type="checkbox"/> Receiving calls for service from citizens 12 <input type="checkbox"/> Dispatching calls for service to officers 13 <input type="checkbox"/> Court security 14 <input type="checkbox"/> Jail operations 15 <input type="checkbox"/> Serving civil process 16 <input type="checkbox"/> Civil defense 17 <input type="checkbox"/> Fire services 18 <input type="checkbox"/> Animal control 19 <input type="checkbox"/> Training academy operation 20 <input type="checkbox"/> Environmental crime investigations | <p>Violent crime investigations</p> <ul style="list-style-type: none"> 21 <input type="checkbox"/> Homicide 22 <input type="checkbox"/> Rape 23 <input type="checkbox"/> Robbery 24 <input type="checkbox"/> Assault <p>Property crime investigations</p> <ul style="list-style-type: none"> 25 <input type="checkbox"/> Burglary 26 <input type="checkbox"/> Larceny/theft 27 <input type="checkbox"/> Motor vehicle theft 28 <input type="checkbox"/> Arson |
|---|--|---|

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

- 1 Yes - Basic 911 2 Yes - Enhanced/expanded 911 3 No

3a. Enter the total number of requests for service received by your agency for the 12-month period ended June 30, 1993.

NOTE - Mark estimates with an asterisk (*).

Total requests (Sum of columns 2-6) (1)	Citizen requests		Alarms (4)	Officer-initiated calls (5)	Other (Specify) (6)
	911 (2)	Other (3)			

b. Of the total number of requests for service received, enter the number your agency responded to.

Total responses (Sum of columns 2-5) (1)	Dispatch of unit (or use of on-site unit)		Telephone only (4)	Other (Specify) (5)
	911 (2)	Other (3)		

4. Enter the number of animals regularly maintained by your department for use in activities related to law enforcement.

Dogs	Horses
------	--------

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

- 1 Yes 2 No - SKIP to Section III

a. Enter the number of lockup facilities administered by your agency.

b. Enter the total capacity of these lockup facilities.

c. Enter the total number of admissions for the 24-hour period ended at midnight, Wednesday, June 30, 1993. NOTE - Count each individual only once.

d. Enter the maximum holding time in hours for these lockups.

Total (1)	Adults (2)	Juveniles (3)
	Hrs.	Hrs.

Section III EQUIPMENT - Continued

5. For each vehicle type, enter the number operated by your agency.
 Include owned, leased, rented, and confiscated vehicles.

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

6a. Does your agency allow officers to take marked vehicles home? 1 Yes 2 No - SKIP to question 7a

b. Does your agency allow marked vehicles to be driven by officers for personal use during off-duty hours? 1 Yes 2 No

7a. Does your agency have exclusive or shared ownership of an Automated Fingerprint Identification System (AFIS) that includes a file of digitized prints? Mark (X) only one.
 1 Yes - Exclusive 3 No
 2 Yes - Shared

b. Does your agency operate an AFIS terminal that has access to a remote AFIS site? 1 Yes 2 No

8. For each computer type listed below, indicate exclusive use, shared use, or not used. SKIP to Section IV if your agency does not use computers. Exclude inquiries to NCIC, State identification bureaus, etc.

Type of computer (1)	Exclusive use (2)	Shared use (3)	Does not use (4)
a. Mainframe computer			
b. Minicomputer			
c. Personal computer (PC) or Microcomputer			
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, mark (X) the functions for which you use computers and the types of files that are computerized. Exclude inquiries to NCIC, State identification bureaus, etc.

a. Functions

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

b. Computerized files

- 1 Arrests
- 2 Calls for service
- 3 Criminal histories
- 4 Vehicle registration
- 5 Driver's license information
- 6 Payroll
- 7 Personnel
- 8 Stolen vehicles
- 9 Stolen property other than vehicles
- 10 Traffic citations

- 11 Traffic accidents
- 12 Warrants
- 13 Summonses
- 14 Uniform Crime Reports - Summary
- 15 Uniform Crime Reports - Incident-Based (NIBRS)
- 16 Department inventory
- 17 Evidence
- 18 Fingerprints
- 19 Other - Specify

Section IV PERSONNEL	Sworn personnel		Nonsworn personnel	
	Full-time (1)	Part-time (2)	Full-time (3)	Part-time (4)
1. Total authorized positions on June 30, 1993				
2. Enter the actual number of full-time and part-time agency employees during the pay period that included June 30, 1993.				
3. Of the total number of FULL-TIME sworn personnel working in field operations, enter the number of uniformed officers whose regular assigned duties included responding to calls for service.				
4. Enter the number of FULL-TIME agency employees BY RACE AND SEX during the pay period that included June 30, 1993. If counts are not available from records, indicate estimates 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 ¹ (Sum of lines d(1) and d(2) below)				
(1) White, Hispanic origin				
(2) Black, Hispanic origin				
e. American Indian/Alaska Native				
f. Asian/Pacific Islander				

¹ Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, excluding Brazilian, Jamaican, and Haitian.

Section V SALARIES	Base annual salary	
	Minimum (1)	Maximum (2)
1. Enter your agency's salary schedule for the following full-time positions. If a position does not exist in your department, enter "N/A".		
a. Chief of police or sheriff	\$	\$
b. Sergeant or equivalent first-line supervisor	\$	\$
c. Entry-level officer or deputy (post-academy)	\$	\$
2. Enter total overtime hours worked, total overtime monetary payment, and total compensatory hours earned by FULL-TIME sworn personnel who worked overtime during the most recently completed fiscal year. If data are not available, provide estimates and mark with an asterisk (*).		Amount
a. Total overtime hours worked		Hours
b. Total overtime monetary payment	\$	
c. Total overtime compensatory hours earned		Hours

Section VI EXPENDITURES	Amount
Enter your agency's expenditures for the most recently completed fiscal year. If data are not available, provide 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 the percentage of gross salaries necessary to account for these costs (e.g., 15%, 20%).	\$ _____ %
2. Other operating expenditures (e.g., purchase of supplies, food, and contractual services, etc.).	\$
3. Equipment (e.g., purchases of cars, radios, computers, etc., with a life expectancy of 5 years or more)	\$

Section VII POLICIES/PROGRAMS

1a. Does your agency have a residency requirement for new officer recruits that goes into effect at the time of employment or within 1 year of employment?

- 1 Yes 2 No – SKIP to question 2

b. Which of the following best describes this residency requirement? Mark (X) only one.

- 1 Within state
 2 Within county
 3 Within municipality
 4 Within metropolitan area
 5 Within specified miles or driving time
 6 Other – Specify _____

2. Does your agency provide any of the following to sworn full-time personnel?

Item	Mark (X) one per line	
	YES	NO
a. Hazardous duty pay	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Shift differential pay	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Education incentive pay	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Merit pay	1 <input type="checkbox"/>	2 <input type="checkbox"/>

3. Indicate your agency's educational requirements for new officer recruits. Mark (X) only one.

- 1 Four-year college degree required
 2 Two-year college degree required
 3 Some college but no degree required
 Enter number of semester hours required _____
 4 High school diploma or equivalent required
 5 Other requirement – Specify _____

 6 No education requirement

4. Does your agency require training for new officer recruits?

	Number
1 <input type="checkbox"/> Yes – Enter number of classroom training hours required	
Enter number of field training hours required	
2 <input type="checkbox"/> No	

5a. Is collective bargaining authorized for your employees?

- | | |
|--------------------------------|--------------------------------|
| Sworn | Nonsworn |
| 1 <input type="checkbox"/> Yes | 1 <input type="checkbox"/> Yes |
| 2 <input type="checkbox"/> No | 2 <input type="checkbox"/> No |

b. Is there a formalized police membership organization for sworn officers within your agency?

- 1 Yes – Specify the type of organization.
 Mark (X) all that apply.
- 1 Local affiliate of national nonpolice union
 2 National police union (e.g., FOP)
 3 Local police union
 4 Local unaffiliated union
 5 Local police association
 6 State police association
 7 Regional police association
 8 Other – Specify _____
- 2 No

6. Does your agency have written policy directives on the following?

Item	Mark (X) one per line	
	YES	NO
a. Use of deadly force/firearm discharge	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Handling the mentally ill	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Handling the homeless	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Handling domestic disturbances/spousal abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Handling juveniles	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Pursuit driving	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Relationships with private security firms (information exchange/processing of detainees and arrestees, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Off-duty employment of sworn personnel	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Strip searches	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Code of conduct and appearance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. Use of confidential funds (e.g., "buy" money for drug purchases)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l. Employee counseling assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m. Citizen complaints	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Section VIII DRUG-RELATED POLICIES

1a. Does your agency have primary responsibility for the enforcement of drug laws in the area under its jurisdiction?

- 1 Yes – SKIP to question 2a 2 No

b. What agency/organization has primary responsibility for drug enforcement in your jurisdiction?

2a. 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 3a

b. Enter the number of sworn officers assigned to the unit(s) full-time on June 30, 1993.

Number _____

3a. During the 12-month period ended June 30, 1993, did your agency participate in a "multi-agency" drug enforcement task force?

- 1 Yes 2 No – SKIP to question 4a

b. Enter the number of officers assigned to the task force on a full-time basis on June 30, 1993.

Number _____

Section VIII DRUG-RELATED POLICIES - Continued

4a. During the 12-month period ended June 30, 1993, did your agency receive any money or goods from a drug asset forfeiture program?

1 Yes 2 No - SKIP to question 5a

b. Enter the estimated value of money and goods received by your agency from a drug asset forfeiture program during the 12 months ended June 30, 1993.

	Amount
(1) Total money/goods	\$
(2) Money	\$
(3) Goods	\$

5a. Did your agency seize or eradicate any illegal drugs (or facilities for manufacturing them) during the 12-month period ended June 30, 1993? Include participation in task force seizures.

1 Yes 2 No - SKIP to question 6a

b. Indicate which of the following types of illegal drugs were seized or eradicated by your agency during the 12-month period ended June 30, 1993. Mark (X) all that apply.

- 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 Information on types of drugs seized or eradicated is not available

6a. Are any persons arrested by your agency tested for illegal drugs prior to jail admission?

1 Yes 2 No - SKIP to question 7a

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

1 Yes - SKIP to question 7a 2 No

c. What agency/organization is primarily responsible for the operation of the testing program? Mark (X) all that apply.

- 1 Jail
- 2 Court
- 3 Other law enforcement agency
- 4 Pretrial agency
- 5 Private contractor
- 6 Other - Specify _____

7a. Does your agency have a written policy authorizing drug testing of employees?

1 Yes 2 No - STOP HERE

b. Indicate the type of drug testing programs to which each type of employee may be subjected.

Type of employee	Type of testing program Mark 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 field/patrol operations officers not included above	1	2	3	4	5
6. Nonsworn personnel	1	2	3	4	5

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

1 Yes 2 No - STOP HERE

d. For sworn, non-probationary officers, indicate the possible sanctions for conclusive positive test results under the written policy.

Sanctions	Mark (X) all that apply	
	First offense (a)	Second offense (b)
1. Dismissal		
2. Suspension		
3. Demotion/transfer		
4. Warning		
5. Counseling/treatment		
6. Other - Specify _____		