



PAGE 1 – AGENCY INFORMATION

AGENCY INFORMATION

Agency Name						ORI Number	
Address				Address 2			
City			State/Province		Postal Code		Country
Domestic Phone				International Phone			
Website							
Notes (Enter any notes you want to make about this agency or the above information - limit 250 characters)							
Agency Type	<input type="checkbox"/> State Police / Highway Patrol		<input type="checkbox"/> Local Law Enforcement (municipal, county, regional)				
	<input type="checkbox"/> Sheriff's Office	<input type="checkbox"/> Tribal	<input type="checkbox"/> College/University/School District		<input type="checkbox"/> Federal		
	<input type="checkbox"/> Special Jurisdiction (e.g., airport, park district, housing authority, state capital, transit)					<input type="checkbox"/> International	
Is your agency participating in the Benchmark Cities group for this survey period?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I do not know

CHIEF OR AGENCY HEAD

First Name		MI		Last Name		Suffix		Title/Rank	
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POINT OF CONTACT (USER)

First Name		MI		Last Name		Suffix		Title/Rank	
Salutation				Phone					
Address				Address 2					
City			State/Province		Postal Code		Country		

PAGE 2 – JURISDICTION DEMOGRAPHICS

RACE AND ETHNICITY PERCENTAGES: CENSUS RACE DESIGNATIONS

White alone	%	Black or African American alone	%
American Indian or Alaska Native alone	%	Asian Alone	%
Native Hawaiian or Other Pacific Islander alone	%	Two or More Races	%
Some Other Race	%		

RACE AND ETHNICITY PERCENTAGES: CENSUS ORIGIN/ETHNICITY DESIGNATIONS

Hispanic or Latino	%	White alone, not Hispanic or Latino	%
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JURISDICTION STATISTICS AND KEY FEATURES

Population		Population Group (use UCR Program definition)	(auto-populated field)
Number of Lane Miles in Jurisdiction		Number of Square Miles in Jurisdiction	
City Type	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Combination		
Key Features	<input type="checkbox"/> Resort / Tourist Town - Winter, primarily <input type="checkbox"/> Resort / Tourist Town - Summer, primarily <input type="checkbox"/> College Town <input type="checkbox"/> Military Town <input type="checkbox"/> Major Airport <input type="checkbox"/> State Capitol <input type="checkbox"/> Major Sports Facility/Venue <input type="checkbox"/> Casino <input type="checkbox"/> Other significant features		
	If Major Airport selected, does your agency bear patrol responsibility for the airport? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
	If Other significant features selected, list them		
Census Region	(auto-populated field)	Census Division	(auto-populated field)
Nearest Metropolitan Statistical Area (MSA), if known			

PAGE 3 – AGENCY DEMOGRAPHICS

AUTHORIZED STRENGTH

Total	(auto-calculated field)	Sworn	(auto-calculated field)	Non-sworn	(auto-calculated field)
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AUTHORIZED STRENGTH BY RANK (ALL SWORN/NON-SWORN - NOT COUNTING JAIL POSITIONS)

Authorized strength of First Responder positions		
Authorized Strength Sworn	Executive level positions (Chief and 2 steps below)	
	Mid-level positions (Ranks 3 steps below the Chief to one step above First Line Supervisor)	
	First-line supervisor positions	
	Line officer level positions (All ranks below First Line Supervisor)	
Authorized Strength Non-sworn	Civilian positions, first-line supervisor or above	
	Civilian non-supervisory positions	

ACTUAL SWORN

Paid Full-Time Sworn		Paid Part-Time Sworn	
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ASSIGNED SWORN BY CATEGORY

	Male	Female		Male	Female
White alone			Black or African American alone		
American Indian or Alaska Native alone			Asian Alone		
Native Hawaiian or Other Pacific Islander alone			Two or More Races		

ASSIGNED SWORN BY CATEGORY: CENSUS ORIGIN DESIGNATIONS

Hispanic or Latino		White alone, not Hispanic or Latino	
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WOMEN AND MINORITIES

Sergeant & Above and Citizen Equivalents	Number of minorities	
	Number of women	

COMMISSIONED OFFICERS BY RANK

Authorized strength of sworn officer positions, first-line supervisor or above	
Authorized strength of sworn officer positions, below the rank of first-line supervisor	

OTHER

Patrol Shift Schedule	<input type="checkbox"/> 8 hours	<input type="checkbox"/> 8.5 hours	<input type="checkbox"/> 10 hours	<input type="checkbox"/> 12 hours	<input type="checkbox"/> Combination
Accreditation	<input type="checkbox"/> None	<input type="checkbox"/> State	<input type="checkbox"/> CALEA	<input type="checkbox"/> Both	
Are your Commissioned Officers Unionized?	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

PAGE 4 – ASSIGNMENTS

SWORN / NON-SWORN BY ASSIGNMENT

	Auth. Sworn	Non-Sworn		Auth. Sworn	Non-Sworn
Animal Control (if part of police department)			Commanders (Division Commanders and above)		X
Communications/Dispatch			Community Oriented Policing		
Crime Analysis			Crime Prevention		
Schools (DARE programs, SRO)			Evidence Technician or Crime Lab		
Intelligence			Investigations – Persons		
Investigations – Property			Investigations – Other		
K-9 Units			Narcotics		
Patrol			Personnel/HR		
Planning and Research Unit			Professional Standards or Internal Affairs		
Property Room			Public Information		
Records			Multi-jurisdictional Task Force		
Traffic			Training (full-time training staff and academy instructors)		
Emergency Response - All (Full-Time)	(auto-calculated)		Emergency Response - All (Part-Time)	(auto-calculated)	
Emergency Response - SWAT (Full-Time)			Emergency Response - SWAT (Part-Time)		
Emergency Response - EOD (Full-Time)			Emergency Response - EOD (Part-Time)		
Emergency Response - Water Rescue (Full-Time)			Emergency Response - Water Rescue (Part-Time)		
Emergency Response - Other (Full-Time)			Emergency Response - Other (Part-Time)		
Victim Services Unit			All Other Including Administration		

PAGE 5 – BUDGET / SALARY AND WORKLOAD INFORMATION

BUDGET INFORMATION

Jurisdiction Budget - Operating budget only (no capital and no grant)	\$
Police Budget - Operating budget only (no capital and no grant)	\$
Police Budgeted Overtime	%
Training Budget	\$
Dollar value of personnel budget with salary and benefits (Note: Include salary and benefits only)	\$
Percent of personnel budget paid as overtime (include only budgeted overtime)	\$

Grants	Federal Grants	\$	State Grants	\$	Foundation Grants	\$
	Grants - Other	\$	Total Grant Revenue	(auto-calculated)		
	Top Use of grant funds	<input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Technology/Systems <input type="checkbox"/> Programs - Juvenile <input type="checkbox"/> Programs - Traffic Safety <input type="checkbox"/> Programs - Victims <input type="checkbox"/> Programs - Other <input type="checkbox"/> Staffing <input type="checkbox"/> Tactical Gear				
Forfeiture Funds	Total Value from Federal Forfeiture Programs					\$
	Top Use of forfeiture funds	<input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Technology/Systems <input type="checkbox"/> Programs - Juvenile <input type="checkbox"/> Programs - Traffic Safety <input type="checkbox"/> Programs - Victims <input type="checkbox"/> Programs - Other <input type="checkbox"/> Staffing <input type="checkbox"/> Tactical Gear				

SALARY INFORMATION

Average percentage of civilian employee salary increase or decrease	%					
Average percentage of sworn officer salary increase or decrease	%					
Budgeted Median Salary	Chief	\$	Sergeant	\$	Entry Level	\$
Special Pay (select all that apply)	<input type="checkbox"/> Education Incentive <input type="checkbox"/> Hazardous Duty <input type="checkbox"/> Merit/Performance Pay <input type="checkbox"/> Shift Differential <input type="checkbox"/> Bilingual Ability <input type="checkbox"/> Special Skills Proficiency <input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Military Service Pay <input type="checkbox"/> Residential Incentive Pay					
Minimum Education Required	<input type="checkbox"/> No formal requirement <input type="checkbox"/> HS diploma or equivalent <input type="checkbox"/> Some college - no degree <input type="checkbox"/> Two year degree <input type="checkbox"/> Four year degree					

CALLS FOR SERVICE / WORKLOAD

Patrol	Total calls for service		(auto-calculated)
	Total calls for service that were officer initiated		Total Calls for service that were citizen generated
	Total Calls handled by a telephone reporting unit		Total Calls Input Online
	Total Calls resulting in written reports		Median response time in minutes and seconds [for emergency / priority 1 calls]
	Target response time in minutes and seconds [for emergency / priority 1 calls] (displayed in fractions of minutes)		
	Top call for service (select one)	<input type="checkbox"/> 911 Disconnects <input type="checkbox"/> Alarm calls <input type="checkbox"/> Animal call <input type="checkbox"/> Assist citizen <input type="checkbox"/> Assist outside agency <input type="checkbox"/> Building Check <input type="checkbox"/> Check the welfare <input type="checkbox"/> Citizen contact <input type="checkbox"/> Civil matter <input type="checkbox"/> Codes enforcement <input type="checkbox"/> Disturbance <input type="checkbox"/> Domestic <input type="checkbox"/> Lockout <input type="checkbox"/> Medical <input type="checkbox"/> Motorist assist <input type="checkbox"/> Noise complaints <input type="checkbox"/> Not tracked <input type="checkbox"/> Special service <input type="checkbox"/> Suspicious activity <input type="checkbox"/> Telephone Report <input type="checkbox"/> Theft Report <input type="checkbox"/> Traffic <input type="checkbox"/> Traffic Accident <input type="checkbox"/> Traffic Hazard	

Mental Health Calls	Mental health crisis calls you respond to and create a report on	
	Attempted suicide calls you responded on	
	Completed suicide calls you responded on	
Investigations	Average caseload per investigator for Crimes Against Persons (not including sex crimes or crimes against children)	
	Average caseload per investigator for Crimes Against Property	
	Average caseload per investigator for Narcotics	

PAGE 6 – CRIME STATISTICS AND CLEARANCE RATES

CRIME STATISTICS

Reporting System	<input type="checkbox"/> Unknown <input type="checkbox"/> UCR <input type="checkbox"/> NIBRS <input type="checkbox"/> Other			
Part 1 Total - Crimes (Includes Aggravated Assault/battery, Arson, Auto Theft, Burglary, Homicide, Rape, Robbery, and Theft)				(auto-calculated field)
Part 1 Total - Violent Crimes (Includes Aggravated Assault/battery, Homicide, Rape, and Robbery)				(auto-calculated field)
Homicide	Rape	Robbery	Aggravated Assault	
Part 1 Total - Property Crimes (Includes Arson, Auto Theft, Burglary, and Theft)				(auto-calculated field)
Burglary (Commercial + Residential)	Larceny/Theft	Motor Vehicle Theft	Arson	
Part 2 Total - Crimes				
Domestic Violence Offenses	Vandalism	Fraud	Sex Offenses (not rape)	

CLEARANCE RATES

Note: Clearance is defined as cleared by arrest or lack of prosecution. Unfounded or lack of jurisdiction are not counted as they are subtracted from the # of crimes reported. Clearance rate is equal to the # cleared divided by the # reported.

Total Arrests				
Part 1 Total – Crimes (Includes Aggravated Assault/battery, Arson, Auto Theft, Burglary, Homicide, Rape, Robbery, and Theft)				
Part 1 Total - Violent Crimes (Includes Aggravated Assault/battery, Homicide, Rape, and Robbery)				
Homicide	Rape	Robbery	Aggravated Assault	
Part 1 Total - Property Crimes (Includes Arson, Auto Theft, Burglary, and Theft)				
Burglary (Commercial + Residential)	Larceny/Theft	Motor Vehicle Theft	Arson	
Part 2 Total - Crimes				
Domestic Violence Offenses	Vandalism	Fraud	Sex Offenses (not rape)	

PAGE 7 – USE OF FORCE

USE OF FORCE / RESPONSE TO RESISTANCE

Total Incidents Where Force Was Used	
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Communication / Verbal Direction		Physical - Soft Hands On / Holds / Pressure Sensitive			
Physical - Strikes / Pain Compliance / Take Down / Kicks / Punches		Handcuff / Restraint Device			
Chemical Spray / Chemical Agent - Displayed, Not Used		Chemical Spray / Chemical Agent - Used			
Taser / CEW / ECD - Displayed, Not Used		Taser / CEW / ECD - Used			
Impact Weapon / Baton / Flashlight - Displayed, Not Used		Impact Weapon / Baton / Flashlight - Used			
Less Lethal Munitions - Displayed, Not Used		Less Lethal Munitions - Used			
Canine - Present		Canine - Utilized			
Firearms - Displayed, Not Used		Firearms - Used			
Other Lethal Use of Force		Other Non-lethal Use of Force			
Number of adverse reactions to electro-muscular incapacitation deployments					
Anecdotal information on adverse reactions to electro-muscular incapacitation deployments (limit 250 characters)					
OFFICER SAFETY					
Top 3 Causes of officer injury (select #1, #2, #3)	___ Unknown	___ Accidents (not traffic)	___ Bites	___ Contusion	___ Foot Pursuits
	___ Miscellaneous	___ Not Tracked	___ Other	___ Patrol Incidents	
	___ Physical Fitness	___ Physical Training	___ Potential Exposures to Pathogens		
	___ Responding to Calls	___ Routine Duties	___ Searching or entering building or car	___ Slip and Fall	
	___ Sprain/Strain	___ Struggling with Suspect	___ Traffic Crashes	___ Training	
On-Duty Officer-involved traffic crashes	On-Duty Officer-involved traffic crashes			(auto-calculated field)	
	On-Duty Officer-involved traffic crashes where officer was at fault				
	On-Duty Officer-involved traffic crashes where officer was not at fault				
Does your agency have a mandatory seat belt policy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency have a mandatory vest wear policy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, Does your agency provide the vests?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency have a wellness policy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency have a peer support team?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, is the peer support team tied to clinical staff?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency have a fitness program?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, is it mandatory or mandatory to participate?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency allow officers to work out on-duty?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency have an onsite gym?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency mandate periodic health screenings among officers?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

If yes, does your department define what kind of health screenings are required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency offer periodic health screening for officers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency mandate mental health screening among officers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, how often is it done:		<input type="checkbox"/> Annually	<input type="checkbox"/> After a critical incident	<input type="checkbox"/> Other <input type="checkbox"/> Unknown
Does your agency require psychological wellness exams?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, are they incentivized?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency require fitness testing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
If yes, Pre-employment fitness testing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Ongoing fitness testing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Is it mandatory or voluntary?		<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Unknown
How often?		<input type="checkbox"/> Monthly	<input type="checkbox"/> Bi-monthly	<input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Bi-annual <input type="checkbox"/> Unknown
Total number of officer suicides				Total number of on-the-job injuries per year
Total number of hours lost due to injuries				Total Workman's compensation costs due to injuries \$
Top three types of injuries: (select #1, #2, #3)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Sprains/strain/soft tissue tears	<input type="checkbox"/> Contusion	<input type="checkbox"/> Laceration
	<input type="checkbox"/> Bloodborne pathogen exposure	<input type="checkbox"/> Puncture wounds	<input type="checkbox"/> Broken bones	<input type="checkbox"/> Chronic injuries
	<input type="checkbox"/> Burns	<input type="checkbox"/> Internal Injuries	<input type="checkbox"/> Dislocations	<input type="checkbox"/> Gunshot wounds <input type="checkbox"/> Other
Does your agency track the wellbeing of retirees?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency utilize a mentoring program for your officers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency host social events involving participation among officers and their families and friends to improve departmental morale?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency perform an internal employee satisfaction survey, specifically to measure morale?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

PAGE 8 – INTERNAL AFFAIRS

CITIZEN COMPLAINTS AND INTERNAL COMPLAINTS

Total Citizen Complaints Against Sworn Officers & Non-sworn	(auto-calculated)	Total Internal Complaints Against Sworn Officers & Non-sworn	(auto-calculated)	
	Citizen Complaints		Internal Complaints	
	Against Sworn Officers	Against Non-Sworn	Against Sworn Officers	Against Non-sworn
Founded (Evidence shows the officer was at fault)				
Unfounded (Evidence shows the officer was not at fault)				
Not Substantiated (Evidence shows the claim has no merit/didn't happen.)				
Number of complaints under investigation				
Totals	(auto-calculated)	(auto-calculated)	(auto-calculated)	(auto-calculated)

Top reason for citizen complaints	<input type="checkbox"/> Unknown	<input type="checkbox"/> Compliance with General Orders	<input type="checkbox"/> Conduct Unbecoming	<input type="checkbox"/> Constitutional Violation	
	<input type="checkbox"/> Criminal Conduct	<input type="checkbox"/> Dereliction of Duty	<input type="checkbox"/> Driving	<input type="checkbox"/> Excessive Force	<input type="checkbox"/> Failed to follow Rules/Procedure
	<input type="checkbox"/> Failed to Report	<input type="checkbox"/> Harassment	<input type="checkbox"/> Improper Search	<input type="checkbox"/> Inattention to Duty	<input type="checkbox"/> Judgment
	<input type="checkbox"/> Misfeasance	<input type="checkbox"/> Not Tracked	<input type="checkbox"/> Offensive Language	<input type="checkbox"/> Performance of Duty	
	<input type="checkbox"/> Quality of Service	<input type="checkbox"/> Racial Profiling	<input type="checkbox"/> Rudeness/Demeanor	<input type="checkbox"/> Unprofessional Conduct	
Top reason for internal complaints	<input type="checkbox"/> Unknown	<input type="checkbox"/> Compliance with General Orders	<input type="checkbox"/> Conduct Unbecoming	<input type="checkbox"/> Constitutional Violation	
	<input type="checkbox"/> Criminal Conduct	<input type="checkbox"/> Dereliction of Duty	<input type="checkbox"/> Driving	<input type="checkbox"/> Excessive Force	<input type="checkbox"/> Failed to follow Rules/Procedure
	<input type="checkbox"/> Failed to Report	<input type="checkbox"/> Harassment	<input type="checkbox"/> Improper Search	<input type="checkbox"/> Inattention to Duty	<input type="checkbox"/> Judgment
	<input type="checkbox"/> Misfeasance	<input type="checkbox"/> Not Tracked	<input type="checkbox"/> Offensive Language	<input type="checkbox"/> Performance of Duty	
	<input type="checkbox"/> Quality of Service	<input type="checkbox"/> Racial Profiling	<input type="checkbox"/> Rudeness/Demeanor	<input type="checkbox"/> Unprofessional Conduct	
Total number of commendations/compliments					

PAGE 9 – MISCELLANEOUS INFORMATION

TRAFFIC CRASHES AND CITATIONS

Total public property traffic crashes	
Total public property traffic crashes with one or more fatalities	
Total public property traffic crashes with one or more non-officer injuries	
Do officers respond to non-injury crashes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Total public property crashes without injuries	
Total public property traffic crashes with fatalities related to alcohol	
Total traffic crashes resulting in issuance of traffic citation	

Top 3 Causes for traffic crashes (select #1, #2, #3)	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Careless Driving	<input type="checkbox"/> Disobey Traffic Control Device	<input type="checkbox"/> Driver Inexperience	
	<input type="checkbox"/> DUI	<input type="checkbox"/> Fail to Maintain a Single Lane	<input type="checkbox"/> Fail to Yield ROW	<input type="checkbox"/> Follow too Close	
	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Improper Lane Change	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Inattention	<input type="checkbox"/> Negligent Driving
	<input type="checkbox"/> Not Tracked	<input type="checkbox"/> Other Contributing Causes	<input type="checkbox"/> Speed	<input type="checkbox"/> Unsafe Turn	

Total Citations	(auto-calculated)	Total non-moving violation citations	
Total moving violation citations	(auto-calculated)	Total moving alcohol violations	
Total moving speed violations		Total moving failure-to-comply with traffic control devices violations	
Total other moving violations			

TRAINING

Average training hours received annually per officer	(auto-calculated field)
Average hours per officer for in-house classroom and hands-on training	
Average number of hours per officer of all outside training	

COMMAND SCHOOL GRADUATES

Number of Graduates from:	FBI Academy		SLEI command course		Other command schools	
	Southern Police Institute		Northwestern Institute program		Total	(auto-calculated)

FLEET

Total miles driven by department vehicles						
Does your agency policy allow issuance of take home vehicles?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Vehicle Replacement Criteria	Is mileage a criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			If yes, threshold	miles
	Is years in service a criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			If yes, threshold	years
	Is maintenance costs a criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			If yes, threshold	\$
	Do you have other criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			If yes, criteria	
Number assigned to patrol, investigations, special operations:	Cars		ATVs		Motorcycles	
	SUVs or Trucks		Horses		Watercraft	
	Segways		Bicycles		Manned Aircraft	
					Unmanned Aircraft	
					Armored Vehicles	

PAGE 10 – MISCELLANEOUS INFORMATION (CONT.)

ALARMS

Does the jurisdiction have an alarm ordinance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Does the jurisdiction require a verified response?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is suspending police response to an alarm permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, number of false alarms that trigger suspension	
Total number of alarm users, residential and commercial	
Total number of false alarms with response but not cancelled alarms	

K-9

Does the agency have a K-9 unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes,	Number of assigned police dogs		Average years of experience for assigned police dogs
	Number of dog bites by assigned police dogs		Number of apprehensions credited to assigned police dogs
	Number of drug finds by assigned police dogs		Number of bomb searches by assigned police dogs

PROPERTY ROOMS

Total Staff	(auto-calculated)	Total number of civilian staff in property room	(auto-calculated)	Total number of commissioned officer staff in property room	(auto-calculated)
Total Number of Items	Released to owner		Disposed or destroyed		Taken in
	Released to court		Total flowed through the workroom		(auto-calculated)

CONTEMPORARY ISSUES / HOT TOPICS

Does the agency use Body-Worn Cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Does your jurisdiction have a civilian complaint review board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does your agency have in-car cameras?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Number of days your policy states you will retain non-evidentiary body-worn camera footage			
Does your agency use an Automatic Vehicle Location (AVL) System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did your agency participate in a 1033 program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown