FROM THE DIRECTOR
BUREAU OF THE CENSUS

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.

State, local, and Federal officials will use the data to assess the needs of these agencies and to keep informed of their status. The BJS will publish the data in a bulletin scheduled for release in 1988.

Your agency and other agencies on the scientifically selected sample will represent the characteristics and work of all law enforcement agencies in the United States. So that we can produce estimates with a high degree of accuracy and publish the survey results as soon as possible, please complete this questionnaire within 3 weeks.

If answers to questions are not readily available, please provide reasonable estimates and show them with an asterisk. If we can help in completing the questionnaire, please call Charlene Sebold, collect, on (301) 763-7826.

The Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3732), authorizes this report. Although the survey is voluntary, we need your participation to make the results of this survey comprehensive, accurate, and timely.

Thank you for your cooperation. The Census Bureau appreciates your help.

Sincerely,

[Signature]

JOHN G. KEANE

Enclosures
Section I – OPERATIONS

Mark (X) below ALL law enforcement 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.)

<table>
<thead>
<tr>
<th>Function</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traffic enforcement, direction, and control</td>
<td>1</td>
</tr>
<tr>
<td>Accident investigations</td>
<td>1</td>
</tr>
<tr>
<td>Patrol and first response to incidents</td>
<td>1</td>
</tr>
<tr>
<td>Emergency medical services</td>
<td>1</td>
</tr>
<tr>
<td>Property crime investigations</td>
<td>1</td>
</tr>
<tr>
<td>Death investigations (murder, suicide, and unknown origin)</td>
<td>1</td>
</tr>
<tr>
<td>Narcotics and vice enforcement</td>
<td>1</td>
</tr>
<tr>
<td>Robbery, rape, and serious assault investigations</td>
<td>1</td>
</tr>
<tr>
<td>Other criminal investigations</td>
<td>1</td>
</tr>
<tr>
<td>Fingerprint processing</td>
<td>1</td>
</tr>
<tr>
<td>Laboratory testing of drugs (any type)</td>
<td>1</td>
</tr>
<tr>
<td>Ballistics work</td>
<td>1</td>
</tr>
<tr>
<td>Telephone and radio communications and dispatch</td>
<td>1</td>
</tr>
<tr>
<td>Court security</td>
<td>1</td>
</tr>
<tr>
<td>Jail operations</td>
<td>1</td>
</tr>
<tr>
<td>Serving civil process</td>
<td>1</td>
</tr>
<tr>
<td>Civil defense</td>
<td>1</td>
</tr>
<tr>
<td>Fire services</td>
<td>1</td>
</tr>
<tr>
<td>Animal control</td>
<td>1</td>
</tr>
<tr>
<td>Training academy operations</td>
<td>1</td>
</tr>
<tr>
<td>Other – Specify</td>
<td>1</td>
</tr>
</tbody>
</table>

2. If your department performs patrol functions, enter the following information for each patrol shift. Report for the week of June 15, 1987. Include all ROUTINE patrol functions, i.e. traffic, nontraffic, vice, etc. Report only regularly scheduled shifts, not occasional supplemental shifts. If additional space is needed use the enclosed continuation worksheet.

   a. Weekday shifts

   Time
   (Use military time designations)
   | Number of | Number of | Number of |
   | Beginning | Ending | motorized units | walking units | first-line |
   | (1)       | (2)    | (3)            | (4)          | desk supervisors (7) |

   b. Weekend shifts — If same as weekday, mark □ here and skip to question 3. If different than weekday, report entire weekend shift schedule below.

   Time
   (Use military time designations)
   | Number of | Number of | Number of |
   | Beginning | Ending | motorized units | walking units | first-line |
   | (1)       | (2)    | (3)            | (4)          | desk supervisors (7) |

   c. Please indicate what days are covered by your weekend shift.

   1 □ Friday  
   1 □ Saturday 
   1 □ Sunday

3. What was the total number of calls for service received by your agency for the 12 month period ending June 30, 1987?

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

   Total number of calls

4. Of the number reported in item 3 —

   a. How many resulted in the dispatch of one or more police units?
   Number of calls

   b. How many were handled by some other method, e.g. telephone report, station house report, etc.?
   Number of calls
Section I - OPERATIONS - Continued

5 What is included in the calls for service entered in item 37? Mark (X) all that apply:
   1. Citizen calls
   2. Officers’ calls
   3. Alarms
   4. Walk-ins
   5. Other – Specify

6 Does your agency participate (i.e., can be dispatched as a result of a call) in an operational 911 emergency telephone system?
   1. Yes, regular 911
   2. Yes, expanded 911
   3. No

7 Does your agency administer one or more temporary holding or lockup facilities physically separate from a jail?
   1. No – SKIP to Section II
   2. Yes, one lockup
   3. Yes, more than one lockup – Enter number

8 What is the maximum holding time for lockups under your administration?
   1. Less than 8 hours
   2. 8 - 24 hours
   3. 25 - 48 hours
   4. More than 48 hours

9 What is the total maximum capacity of all lockups under your administration? Total

10 What was the total average daily population of all lockups under your administration for the 12 month period ending June 30, 1987?

11 What was the total number of admissions during the 24-hour period of June 30 for all lockups under your administration? (Do not count individuals more than once.)

Section II - EQUIPMENT - Continued

3 How many of the following vehicles does your agency operate?

   Type of vehicle | Number
   a. Marked cars
   b. Unmarked cars
   c. Other 4-wheel vehicles
   d. 3-wheel motorized vehicles
   e. 2-wheel motorized vehicles
   f. Fixed-wing aircraft
   g. Helicopters
   h. Boats
   i. Other – Specify

8a Does your agency have a policy that authorizes patrol officers to take marked vehicles home?
   1. Yes
   2. No – SKIP to Section III

8b Does your agency allow marked vehicles to be used by patrol officers during off-duty hours?
   1. Yes
   2. No

Section III - PERSONNEL

1 What is the average or standard number of weekly work hours for the MAJORITY of your agency’s FULL-TIME employees?

   Hours per week

2a. How frequently are PART-TIME employees of your agency paid?
   1. Monthly
   2. Twice a month
   3. Each two weeks
   4. Weekly
   5. Other – Specify

b. During the pay period that included June 15, 1987 what was the actual number of hours paid to part-time employees?

   Number of hours

3 What was the number of full-time and part-time employees of your agency during the pay period that included June 15, 1987?

   Type of employee | Number of full-time employees | Number of part-time employees
   a. Sworn personnel
   b. Nonsworn, i.e., all other
   c. Total employees
### Section III — PERSONNEL — Continued

4. Total number of agency employees BY RACE AND SEX during the pay period that included June 30, 1987 (If counts are not available from records, please provide estimates and indicate each with an asterisk (*)�).

<table>
<thead>
<tr>
<th></th>
<th>Sworn personnel</th>
<th>Nonsworn personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (1)</td>
<td>Female (2)</td>
</tr>
<tr>
<td></td>
<td>Male (3)</td>
<td>Female (4)</td>
</tr>
</tbody>
</table>

a. Total number of 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

<table>
<thead>
<tr>
<th>Fiscal year — Report for your most recently completed fiscal year.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Beginning</th>
<th>Ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

### Section IV — SALARIES

1. What is your agency’s salary schedule for the following full-time positions?

a. Chief of police or equivalent

b. Sergeant

c. Senior patrol officer

d. Entry level officer

2. What was the total number of paid overtime hours worked by sworn full-time personnel during the fiscal year reported above? Total hours ___________

3. What was the total overtime pay for hours worked by sworn full-time personnel during the fiscal year reported above? Total overtime pay $ ___________

### Section V — EXPENDITURES

What were your agency’s expenditures for the following during the fiscal year reported above?

Include expenditures of jails administered by your agency.

**A. OPERATING EXPENDITURES**

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.

**B. CAPITAL EXPENDITURES**

1. Equipment, e.g. purchase of cars, radios, computers, etc. with a life expectancy of 5 years or more.

2. Construction costs including new buildings, major repairs, or improvements.

3. Other, i.e. purchase of land, etc.