

Data supplied by		FORM CJ-44A (4-15-87)	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
Name		SAMPLE SURVEY OF LAW ENFORCEMENT AGENCIES	
Title			
Official address (Number and street, city, State, ZIP Code)			
Telephone			
Area code	Number	Extension	
RETURN TO		Bureau of the Census ATTN: Governments Division Jeffersonville, Indiana 47132	

Please correct any error in name and address including ZIP Code.

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.

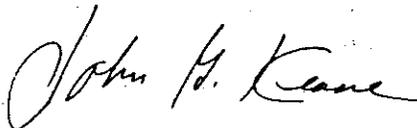
Your agency and other agencies on the scientifically selected sample will represent the characteristics and work of all law enforcement agencies in the United States. So that we can produce estimates with a high degree of accuracy and publish the survey results as soon as possible, please complete this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



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.)

- | | |
|---|--|
| <input type="checkbox"/> Traffic enforcement, direction, and control
<input type="checkbox"/> Accident investigations
<input type="checkbox"/> Patrol and first response to incidents
<input type="checkbox"/> Emergency medical services
<input type="checkbox"/> Property crime investigations
<input type="checkbox"/> Death investigations (murder, suicide, and unknown origin)
<input type="checkbox"/> Narcotics and vice enforcement
<input type="checkbox"/> Robbery, rape, and serious assault investigations
<input type="checkbox"/> Other criminal investigations
<input type="checkbox"/> Fingerprint processing | <input type="checkbox"/> Laboratory testing of drugs (any type)
<input type="checkbox"/> Ballistics work
<input type="checkbox"/> Telephone and radio communications and dispatch
<input type="checkbox"/> Court security
<input type="checkbox"/> Jail operations
<input type="checkbox"/> Serving civil process
<input type="checkbox"/> Civil defense
<input type="checkbox"/> Fire services
<input type="checkbox"/> Animal control
<input type="checkbox"/> Training academy operation
<input type="checkbox"/> Other – Specify _____ |
|---|--|

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 motorized units		Number of walking units		Number of first-line desk supervisors (7)
Beginning (1)	Ending (2)	One-officer (3)	Two-officers (4)	One-officer (5)	Two-officers (6)	

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 motorized units		Number of walking units		Number of first-line desk supervisors (7)
Beginning (1)	Ending (2)	One-officer (3)	Two-officers (4)	One-officer (5)	Two-officers (6)	

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

- Friday
 Saturday
 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 3? Mark (X) all that apply.

- Citizen calls Walk-ins
 Officers' calls Other – Specify
 Alarms

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

- Yes, regular 911
 Yes, expanded 911
 No

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

- No – SKIP to Section II
 Yes, one lockup
 Yes, more than one lockup – Enter number →

8. What is the maximum holding time for lockups under your administration?

- Less than 8 hours 25 – 48 hours
 8 – 24 hours 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?

_____ Average daily population

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.)

Total	Adults	Juveniles

Section II – EQUIPMENT

1. Does your agency provide the following to full-time sworn personnel? Mark (X) for each item.

Item	Agency supplies item	Agency supplies cash allowance	Agency does not supply
a. Uniforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sidearms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sidearm ammunition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Soft-body armor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Batons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Handcuffs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other – Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What type of sidearms are issued for use by your patrol officers?

- Revolver – Enter caliber _____
 Automatic – Enter caliber _____

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	

4a. Does your agency have a policy that authorizes patrol officers to take marked vehicles home?

- Yes
 No – SKIP to Section III

4b. Does your agency allow marked vehicles to be used by patrol officers during off-duty hours?

- Yes
 No

NOTE – Please include all employees of jails administered by your agency.

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?

- Monthly Weekly
 Twice a month Other – Specify
 Each two weeks

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	Authorized	
	Actual	
b. Nonsworn, i.e. all other	Authorized	
	Actual	
c. Total employees	Actual	

Section III – PERSONNEL – Continued

4. <input checked="" type="checkbox"/> 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 (*)).	Sworn personnel		Nonsworn personnel	
	Male (1)	Female (2)	Male (3)	Female (4)
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				

Fiscal year — Report for your most recently completed fiscal year.	Beginning			Ending		
	Month	Day	Year	Month	Day	Year

Section IV – SALARIES

1. <input checked="" type="checkbox"/> What is your agency's salary schedule for the following full-time positions?	Base annual salary	
	Minimum	Maximum
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.

<input checked="" type="checkbox"/> 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%) _____ %	Amount
2. Other operating expenditures , such as the purchase of supplies, food, and contractual services.		
<input checked="" type="checkbox"/> 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.		

Remarks