

# Appendix

OMB No. 1121-0128: Approval Expires 06/30/96

FORM **CJ-44**  
(7-8-93)

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

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**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
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**RETURN TO**

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

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

↓

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 II OPERATIONS - Continued**

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

Dogs

Horses

6. 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**

1a. Does your agency SUPPLY sidearms to its regular field/patrol officers?

1  Yes

2  No - SKIP to question 2a

b. Which of the following types of sidearms does your agency SUPPLY to its regular field/patrol officers?

Type -

(1) Revolver

(2) Semi-automatic

(3) Other sidearms - Specify

Caliber - Mark (X) all that apply					
.357 (a)	.38/.380 (b)	.45 (c)	9mm (d)	10mm (e)	Other caliber (Specify) (f)

2a. Are there any sidearms authorized, but not supplied by your agency, for use by its regular field/patrol officers while "on duty"?

1  Yes - Mark (X) all that apply

2  No - SKIP to question 3a

Type -

(1) Revolver

(2) Semi-automatic

(3) Other sidearms - Specify

Caliber - Mark (X) all that apply					
.357 (a)	.38/.380 (b)	.45 (c)	9mm (d)	10mm (e)	Other caliber (Specify) (f)

b. Does your agency give a cash allowance to regular field/patrol officers for purchase of any of the sidearms listed in 2a?

1  Yes

2  No

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

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) only one for each type					
Field/patrol operations			Special operations		
All (a)	Some (b)	None (c)	All (d)	Some (e)	None (f)

**Section III EQUIPMENT - Continued**

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

**a. Impact devices**

- 1  Traditional baton
- 2  PR-24 baton
- 3  Collapsible baton
- 4  Soft projectile
- 5  Rubber bullet
- 6  Other - Specify

**b. Electrical devices**

- 1  Stun gun
- 2  Other - Specify

**c. Chemical agents**

- 1  Tear gas - personal issue dispenser
- 2  Tear gas - large volume dispenser
- 3  Pepper fog/spray
- 4  Tranquilizer dart
- 5  Other - Specify

**d. Additional non-lethal weapons/actions**

- 1  Choke hold
- 2  Carotid hold
- 3  Capture net
- 4  Three-pole trip
- 5  Flash/bang grenade
- 6  Other - Specify

**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 <input checked="" type="checkbox"/>	

**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 box.** 1  Yes - Exclusive 2  Yes - Shared 3  No

**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 <input checked="" type="checkbox"/>			

**Section III EQUIPMENT - Continued**

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 inquires 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)
<b>1. Total authorized positions on June 30, 1993</b>				
<b>2. Enter the actual number of full-time and part-time agency employees during the pay period that included June 30, 1993. Sum of lines a through f</b>				
<b>a. Administration</b> - Chief of police or sheriff, assistants and other personnel who work in an administrative capacity. Include finance, personnel, and internal affairs.				
<b>b. Field operations</b> - Police officers, detectives, inspectors, supervisors, and other personnel providing direct services. Include traffic, patrol, investigations, and special operations.				
<b>c. Technical support</b> - Dispatchers, records clerks, data processors, and other personnel providing support services. Include communications, fleet management, and training.				
<b>d. Jail operations</b> - Correctional officers, guards, cooks, janitors, and other personnel who work in the jail.				
<b>e. Court operations</b> - Bailiffs, security guards, process servers, etc.				
<b>f. Other</b> , (e.g., crossing guards, parking monitors, etc.) - Specify <input checked="" type="checkbox"/>				
<b>3. Of the total number of FULL-TIME sworn personnel working in field operations (2b(1) above), enter the number of uniformed officers whose regular assigned duties included responding to calls for service.</b>				
<b>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 (*).</b>	Sworn personnel		Nonsworn personnel	
	Male (1)	Female (2)	Male (3)	Female (4)
<b>a. Total number of full-time agency employees</b> - Sum of lines b through f below				
<b>b. White, not of Hispanic origin</b>				
<b>c. Black, not of Hispanic origin</b>				
<b>d. Hispanic origin<sup>1</sup></b> (Sum of lines d(1) and d(2) below)				
<b>(1) White, Hispanic origin</b>				
<b>(2) Black, Hispanic origin</b>				
<b>e. American Indian/Alaska Native</b>				
<b>f. Asian/Pacific Islander</b>				

<sup>1</sup> 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(*).		
a. Total overtime hours worked		Hours
b. Total overtime monetary payment	\$	
c. Total overtime compensatory hours earned		Hours

Section VI EXPENDITURES	
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., purchase 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 <input type="checkbox"/> Yes                      2 <input type="checkbox"/> No - SKIP to question 2		
b. Which of the following best describes this residency requirement? Mark (X) only one.		
1 <input type="checkbox"/> Within State		
2 <input type="checkbox"/> Within county		
3 <input type="checkbox"/> Within municipality		
4 <input type="checkbox"/> Within metropolitan area		
5 <input type="checkbox"/> Within specified miles or driving time		
6 <input type="checkbox"/> 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	2
b. Shift differential pay	1	2
c. Education incentive pay	1	2
d. Merit pay	1	2
3. Indicate your agency's educational requirements for new officer recruits. Mark (X) only one.		
1 <input type="checkbox"/> Four-year college degree required		
2 <input type="checkbox"/> Two-year college degree required		
3 <input type="checkbox"/> Some college but no degree required Enter number of semester hours required _____		
4 <input type="checkbox"/> High school diploma or equivalent required		
5 <input type="checkbox"/> Other requirement - Specify <input checked="" type="checkbox"/>		
6 <input type="checkbox"/> 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 <input type="checkbox"/> Yes - Specify the type of organization. Mark (X) all that apply.		
1 <input type="checkbox"/> Local affiliate of national nonpolice union		
2 <input type="checkbox"/> National police union (e.g., FOP)		
3 <input type="checkbox"/> Local police union		
4 <input type="checkbox"/> Local unaffiliated union		
5 <input type="checkbox"/> Local police association		
6 <input type="checkbox"/> State police association		
7 <input type="checkbox"/> Regional police association		
8 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>		
_____		
_____		
2 <input type="checkbox"/> No		



