



U.S. DEPARTMENT OF COMMERCE  
ECONOMICS AND STATISTICS ADMINISTRATION  
U.S. CENSUS BUREAU  
ACTING AS COLLECTION AGENT FOR

U.S. DEPARTMENT OF JUSTICE  
Bureau of Justice Statistics

## 2007 CENSUS OF LAW ENFORCEMENT AVIATION UNITS

### Law Enforcement Management and Administrative Statistics Program

#### CONTACT INFORMATION

1. Name of Unit Commander ( <i>rank, first name, last name</i> )	3. Respondent telephone number	Area code	Number
2. Name of individual completing this form ( <i>rank, first name, last name</i> )	4. Respondent FAX number	Area code	Number

#### GENERAL INFORMATION

- If you have any questions, call **Nicole Adolph**, U.S. Census Bureau, at **1-800-253-2078**.
- Please complete the questionnaire before February 11, 2008.

#### INSTRUCTIONS

- Your agency is receiving this survey because it has been identified as operating a fixed-wing aircraft or helicopter.
- The questionnaire should be completed for the specific agency listed on the cover of the survey packet. If your aviation unit participates in a multijurisdictional task force or operates in conjunction with other air support programs, please provide the name(s) of these units on the back page of the survey.
- Please answer each question by marking the appropriate box and/or by providing the requested information in the space provided. In some cases you will be requested to skip certain questions based on your response.
- Please use calendar or fiscal year 2007 as the reference time frame for all questions referring to 2007. Otherwise, use the last day of calendar or fiscal year 2007 as the reference date.
- If the answer to a question is "unknown," write "DK" in the space provided.
- If the answer to a question is "none" or "zero," write "0" in the space provided.

#### BURDEN STATEMENT

Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average one hour per response, including 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 Director, Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531. The Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3732), authorizes this information collection. This request for information is in accordance with the clearance requirement of the Paperwork Reduction Act of 1980, as amended (44 U.S.C. 3507). Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

## Section 1 – GENERAL INFORMATION

**1. What is the official name of your aviation unit?** (example: Maryland State Police Aviation Command)

**2. From how many fixed-base points does your aviation unit operate?**

If a precise figure is unavailable, please provide an estimate and mark (X) the checkbox. . . . .

Provide three or four digit FAA airport identifiers, if applicable:

**3. Describe the geographic coverage provided by your aviation unit:** (examples: State of Maryland; Cobb County, GA; City of Los Angeles)

**4. Does your aviation unit provide 24-hour availability?** . . . . .  Yes  No

**5. In 2007, what were your aviation unit's (or agency's) annual expenditures in the following categories?** If precise figures are unavailable, please provide an estimate and mark (X) the checkbox.

- |                                   |    |  |                          |
|-----------------------------------|----|--|--------------------------|
| a. Aircraft purchase . . . . .    | \$ | <input style="width: 80%;" type="text"/> | <input type="checkbox"/> |
| b. Aircraft leasing . . . . .     | \$ | <input style="width: 80%;" type="text"/> | <input type="checkbox"/> |
| c. Aircraft financing . . . . .   | \$ | <input style="width: 80%;" type="text"/> | <input type="checkbox"/> |
| d. Aircraft maintenance . . . . . | \$ | <input style="width: 80%;" type="text"/> | <input type="checkbox"/> |
| e. Aircraft fuel . . . . .        | \$ | <input style="width: 80%;" type="text"/> | <input type="checkbox"/> |

## Section 2 – EQUIPMENT

**6. In 2007, did your aviation unit use any of the following types of aircraft?**

	YES	NO
a. Fixed-wing aircraft . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
b. Helicopters . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
c. Unmanned aerial vehicles (UAVs) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
d. Light-sport aircraft . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
e. Ultralight aircraft . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
f. Powered parachutes . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
g. Other type (Please specify below) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**7. Enter the number of fixed-wing aircraft and helicopters, used by your agency, that were obtained through:**

- a. Seizure . . . . .
- b. Government surplus . . . . .
- c. Lease . . . . .
- d. Purchase . . . . .
- e. Other (Please specify) . . . . .
- 
- f. Total number of aircraft used (Sum of a through e) . . . . .

	Fixed-wing	Helicopter

**8. Were any of the aircraft or helicopters listed in question 7 obtained during 2007?**

If a precise figure is unavailable, please provide an estimate and mark (X) the checkbox.

- Yes – If Yes, how many?
- No

## Section 2 – EQUIPMENT – Continued

**9. What percentage of your total aircraft or helicopters fall into the following age ranges:**

- a. 1 year old or less ..... %
- b. 13 months to 5 years ..... %
- c. 61 months to 10 years ..... %
- d. 121 months to 20 years ..... %
- e. Older than 20 years ..... %

**TOTAL of a–e should equal 100%**

**10. Are any of the aircraft used by your aviation unit equipped with any of the following?**

	YES	NO
a. FLIR with video camera .....	<input type="checkbox"/>	<input type="checkbox"/>
b. FLIR without video camera .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Night vision compatibility .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Searchlight .....	<input type="checkbox"/>	<input type="checkbox"/>
e. External cargo hook .....	<input type="checkbox"/>	<input type="checkbox"/>
f. External hoist .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Public address system .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Mobile data terminal .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Downlink (digital) .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Downlink (analog) .....	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3 – FUNCTIONS

**11. Enter the total number of flight hours and missions flown for all aircraft operated by your aviation unit during 2007:**

*If your unit does not track missions, please mark (X) this box*

	Fixed-wing	Helicopter	Other aircraft
a. Total flight hours .....			
b. Total missions .....			

**12. During 2007, did your unit perform the following functions using fixed-wing aircraft and/or helicopters?**

FUNCTION

	Fixed-wing		Helicopter	
	YES	NO	YES	NO
a. Routine patrol/patrol support .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Speed enforcement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Traffic enforcement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Medical support/evacuation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Firefighting/fire support .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Search and rescue .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Surveillance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Photographic .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Drug location/interdiction .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Fugitive searches .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prisoner transport .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Personnel transport .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. VIP flights .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Pilot training .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. SWAT operations .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Cargo/load operations .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3 – FUNCTIONS – Continued

**13. Does your aviation unit engage in the following activities?** *If yes, please enter the number of times the functions were performed during 2007. If you do not track this information, enter "DK" for "don't know" in the box. If you are providing an estimate, put an asterisk (\*) next to the number.*

**a. General operations**

- (1) Respond to calls for service or requests for assistance .....
- (2) Direct assistance to ground units in arrests .....
- (3) Searches using thermal imagery camera equipment .....
- (4) Vehicle following/pursuits .....
- (5) Foot pursuit/chases .....
- (6) Traffic enforcement citations .....
- (7) DUI arrests .....
- (8) Stolen vehicle recoveries (e.g., LoJack tracking) .....
- (9) Photo flights (for crime scene investigation, land layout prior to a raid, etc.) .....

**b. Homeland security**

Counterterrorism missions .....  
 Include missions flown in support of critical facility checks (buildings, ports, harbors, public utilities, inland waterways, oil refineries, bridges and spans, water storage/reservoirs, National/State monuments, water treatment plants, irrigation facilities, airports, natural resources)

**c. Special Weapons and Tactics (SWAT) operations**

- (1) Tactical insertions of SWAT members .....
- (2) Tactical insertions via helicopter skid deployment .....
- (3) Tactical insertions via fast rope/rappel deployment .....
- (4) Incidents involving Airborne Use of Force (AUF) .....

**d. Air ambulance or Emergency Medical Services (EMS) operations**

- (1) Searches for lost or stranded hikers, skiers, boaters, etc. ....
- (2) Hoist rescues .....
- (3) Other rescue missions .....
- (4) Air responses to on-scene medical emergencies .....
- (5) Transports to medical facilities .....

**e. Surveillance operations**

- (1) Counternarcotics missions .....
- (2) Other criminal activity surveillance missions .....

**f. Prisoner transport**

- (1) Prisoner air transport missions .....
- (2) Extraditions conducted using unit aircraft .....

**g. Firefighting**

- (1) Missions flown in support of firefighting operations .....

	YES	NO
<input type="checkbox"/> [ ]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> [ ]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> [ ]	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/> [ ]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> [ ]	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4 – PERSONNEL

**14. Are pilots in your aviation unit required to be sworn law enforcement officers?**

*(if your unit does not operate fixed-wing planes or helicopters, please mark (X) NA.)*

- a. Fixed-wing pilots .....  Yes  No  NA
- b. Helicopter pilots .....  Yes  No  NA

**15. Are pilots required to have a minimum number of years of law enforcement experience?**

Yes – Please enter the number of years:

If yes, does this experience have to be with your agency?  Yes  No

No

**16. Are any of the pilots in your aviation unit Certificated Flight Instructors?**

Yes  No

**17. Are pilot candidates required to hold pilot ratings prior to joining your aviation unit?**

Yes  No

**18. What are the minimum ratings and flight-time requirements for new pilot candidates to be employed by or assigned to your aviation unit and act as Pilot in Command (PIC) —**

**a. Fixed-wing PIC:**

- Private  Commercial  Instrument  ATP  
 NA, no fixed-wing pilots  SEL  SES  MEL  MES  
 Other ratings/endorsements:

No minimum ratings or requirements for pilot candidates

Total flight time:  Instrument:   
 PIC fixed-wing:  Turbine:   
 PIC multi-engine:  Night flying:   
 Other time:

**b. Helicopter PIC:**

- Private  Commercial  Instrument  ATP  
 NA, no helicopter pilots  SEL  SES  MEL  MES  
 Other ratings/endorsements:

No minimum ratings or requirements for pilot candidates

Total flight time:  Instrument:   
 PIC helicopter:  Turbine:   
 PIC multi-engine:  Night flying:   
 Other time:

**19. Does your aviation unit (or agency) pay for any of the following training?**

- a. Initial pilot training .....  Yes  No
- b. Advanced pilot ratings .....  Yes  No
- c. Recurrent training .....  Yes  No

### Section 4 – PERSONNEL – Continued

**20. How often do pilots in your aviation unit receive the following types of training?**

Mark (X) all that apply.

	Monthly	Bimonthly	Quarterly	Biannually	Annually	Other – Specify $\downarrow$	N/A
<b>a.</b> In-house recurrent training . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input style="width: 100%;" type="text"/>	<input type="checkbox"/>
<b>b.</b> Factory recurrent training . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input style="width: 100%;" type="text"/>	<input type="checkbox"/>
<b>c.</b> Unit check-rides . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input style="width: 100%;" type="text"/>	<input type="checkbox"/>
<b>d.</b> Other training – please specify $\downarrow$ <input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input style="width: 100%;" type="text"/>	<input type="checkbox"/>

**21. How many personnel are presently assigned to or employed by your aviation unit? (If personnel fall into more than one category, please include each only once in the category that best applies.)**

	Sworn agency personnel		Non-sworn agency personnel		Contractors	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
<b>a.</b> Pilots . . . . .						
<b>b.</b> Observers or TFOs . . . . .						
<b>c.</b> Paramedics/EMTs . . . . .						
<b>d.</b> A/P Mechanics . . . . .						
<b>e.</b> Administrative . . . . .						
<b>f.</b> Other . . . . .						
<b>g.</b> TOTAL (Sum of a through f) . . . . .						

### Section 5 – SAFETY

**22. Does your aviation unit have a designated Safety Officer?**  Yes  No

**23. Does your aviation unit have a designated manual?**  Yes  No

**24. How often does your aviation unit conduct safety meetings?**

Mark (X) one only.

- Monthly
  Bimonthly
  Quarterly
  Biannually
  Annually
  Other – Specify  $\rightarrow$  
 NA

**25. Enter the total number of aviation accidents involving aircraft used by your unit during...**  
(Include any incidents in which the aircraft(s) caused damage or injury, or was damaged during use)

	Fixed-wing	Helicopter	Other aircraft
<b>a.</b> 2007 . . . . .			
<b>b.</b> 2003–2006 . . . . .			

**26. Does your aviation unit have insurance coverage from a private insurer?**

- Yes – insurance coverage is:  $\rightarrow$ 
 Hull only
  Liability only
  Hull and liability
   
 No

## Section 6 – AIRCRAFT USE AMONG AREA AGENCIES

### 27. Aircraft use among area agencies

If you are familiar with any other area law enforcement agencies or task forces which either operate their own fixed-wing planes or helicopters or have access to planes or helicopters on a contractual basis, please provide the name(s) of the agency/unit/task force in the space below.

#### a. First additional agency

#### b. Second additional agency

#### c. Third additional agency

#### d. Fourth additional agency

#### e. Fifth additional agency

**END OF CENSUS FORM.  
Thank you for your cooperation.**

*Please feel free to add any additional  
comments in the space provided below.*

Comments