

RETURN  
TO

Urban Institute, JPC-LEMAS  
2100 M Street, NW  
Washington, DC 20037  
<https://lemas.urban.org>  
Telephone: 202-261-5804  
Fax: 202-659-8985

**2012 LAW ENFORCEMENT MANAGEMENT  
AND ADMINISTRATIVE STATISTICS SURVEY**



FORM CJ-44  
2012 SURVEY OF STATE AND LOCAL  
LAW ENFORCEMENT AGENCIES  
U.S. Department of Justice  
Bureau of Justice Statistics

In correspondence about this survey, please refer to the number at the top left of the address label. (On the label, please correct any error in name and mailing address. If the label is correct, please check the box in the bottom right hand corner.)

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**INFORMATION SUPPLIED BY**

NAME				TITLE		
TELEPHONE	Area Code	Number	Extension	FAX	Area Code	Number
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**Instructions**

1. Please answer all questions with reference to the law enforcement agency specified on the label above. This survey is directed to a sample of state and local general purpose law enforcement agencies in the United States.
2. It may be necessary to gather information from multiple departments within your agency in order to complete this survey. Please review the whole survey and submit any requests for information to the appropriate staff prior to beginning your responses.
3. For additional information, please refer to the **Help Text in Appendix A**. Item-specific directions are provided. A **glossary of terms** is provided in **Appendix B** for your reference.
4. If you are unable to complete an item according to the directions, call the Help Line or make a note in the comments portion (Section J) to explain how you handled the item.
5. Please complete and return the survey by **MM/DD/YYYY**
6. Please retain a copy of the completed survey for your records.
7. Data collected through this project will be used for research and statistical purposes only (Title 42 USC 3725 and 3789g). Your participation is voluntary.
8. If you have questions or concerns, or if you need assistance completing the survey, please contact the Urban Institute at **lemas@urban.org** or call **202-261-5804**. Please call between 9:00 a.m. and 5:00 p.m. EST.

**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 4 hours 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.

Please do not leave any items blank. All "Yes/No" items require an answer. Blanks will not be accepted as "No" and may trigger a follow-up phone call for clarification. For assistance with any item, see the Help Text in Appendix A for item-specific guidance. A glossary of terms is provided in Appendix B for your reference. Please contact the Help Line if you have any questions or you are unable to complete a question as instructed. Document any instances where you were unable to complete items as requested in the comments portion (Section J).

**SECTION A – PERSONNEL**

SWORN personnel are those with general arrest powers.

FULL-TIME employees are those regularly scheduled for 35 or more hours per week.

Do not include seasonal or unpaid reserve officers until Question A5 and A6.

**A1. As of July 1, 2012, how many PAID SWORN personnel worked in your agency? Do not include seasonal employees whose positions are regularly added during peak months of the year and dropped after the peak season. If none, enter '0.'**

	Full-Time	Part-Time
a. MALE sworn personnel	1 _____	2 _____
b. FEMALE sworn personnel	1 _____	2 _____
c. TOTAL sworn personnel	1 _____	2 _____

**A2. As of July 1, 2012, how many FULL-TIME SWORN personnel were there in each of the following racial / ethnic categories? If none, enter '0.'**

a. White, not of Hispanic Origin	a. _____
b. Black or African American, not of Hispanic Origin	b. _____
c. Hispanic or Latino	c. _____
d. American Indian or Alaskan Native, not of Hispanic Origin	d. _____
e. Asian, not of Hispanic Origin	e. _____
f. Native Hawaiian or Other Pacific Islander, not of Hispanic Origin	f. _____
g. Two or more races	g. _____
h. Not known	h. _____
i. TOTAL personnel (sum of a through h)	i. _____

**A3. As of July 1, 2012, how many FULL-TIME SWORN personnel performed the following duties as their PRIMARY job responsibility? Count each officer or deputy only once. If none, enter '0.'**

a. Patrol duties (including community policing officers)	a. _____
b. Investigative duties (e.g., detectives)	b. _____
c. Jail-related duties	c. _____
d. Court-related duties	d. _____
e. Other duties	e. _____

**A4. As of July 1, 2012, how many FULL-TIME SWORN personnel held the following SUPERVISORY positions? If a position does not exist in your agency, check N/A. If none, enter '0.'**

	Male	Female	N/A
a. Chief Executive (i.e., Chief, Sheriff, Commissioner)	1 _____	2 _____	
b. Any intermediate supervisor, below Chief Executive	1 _____	2 _____	<input type="checkbox"/> <sup>99</sup>
c. Sergeant or equivalent first-line supervisor	1 _____	2 _____	<input type="checkbox"/> <sup>99</sup>

**A5. During the 12-month period ending June 30, 2012, how many PAID SEASONAL SWORN personnel worked in your agency (e.g., worked only in the summer or winter)? If none, enter '0.'**

	Full-Time	Part-Time
Seasonal sworn personnel	1 _____	2 _____

**A6. As of July 1, 2012, how many UNPAID SWORN reserve or auxiliary officers did your agency have? If none, enter '0.'**

\_\_\_\_\_ Number of sworn reserve / auxiliary personnel

**A7. As of July 1, 2012, how many PAID NONSWORN personnel worked at your agency? If none, enter '0.'**

	Full-Time	Part-Time
Paid nonsworn personnel	1 _____	2 _____

**A8. As of July 1, 2012, NONSWORN personnel performed what type(s) of job duties for your agency? Check either 'yes' or 'no' for each item.**

<sup>99</sup> Agency does not employ any NONSWORN personnel

**Yes No**

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | a. Administrative or clerical              |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | b. Building cleaning and maintenance       |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | c. Legal services                          |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | d. Accounting or financial management      |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | e. Forensic sciences                       |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | f. Research, statistics, or crime analysis |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | g. Personnel /human resources management   |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | h. Information technology specialist       |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | i. Vehicle maintenance                     |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | j. Call dispatcher                         |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | k. Court-related functions                 |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | l. Jail-related functions                  |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | m. Other, please specify:                  |

\_\_\_\_\_

**SECTION B – PAY AND BENEFITS**

**B1. As of July 1, 2012, what was your agency’s annual salary schedule for FULL-TIME SWORN positions?** *If no fixed salary schedule exists, list the lowest current pay as the minimum and the highest current pay as the maximum for each position below. If a position does not exist in your agency, check N/A.*

	Minimum	Maximum	N/A
a. Chief Executive (i.e., Chief, Sheriff, Commissioner)	\$ _____ .00	\$ _____ .00	
b. Sergeant or equivalent first-line supervisor	\$ _____ .00	\$ _____ .00	<input type="checkbox"/> <sub>99</sub>
c. Entry-level officer or deputy (Post Academy)	\$ _____ .00	\$ _____ .00	<input type="checkbox"/> <sub>99</sub>

**B2. As of July 1, 2012, which of the following include INCENTIVES for FULL-TIME SWORN personnel?** *Check either ‘yes’ or ‘no’ for each item. Incentives include either increased salary or additional paid leave.*

**Yes No**

- <sub>1</sub> <sub>2</sub> a. Educational achievement (e.g. college degree)
- <sub>1</sub> <sub>2</sub> b. Special skills or vocational training
- <sub>1</sub> <sub>2</sub> c. Bi-lingual or Multi-lingual ability
- <sub>1</sub> <sub>2</sub> d. Special duty assignments (e.g., K-9, horse patrol)
- <sub>1</sub> <sub>2</sub> e. Hazardous duty assignments
- <sub>1</sub> <sub>2</sub> f. Shift differential
- <sub>1</sub> <sub>2</sub> g. Residential incentive
- <sub>1</sub> <sub>2</sub> h. Merit/performance
- <sub>1</sub> <sub>2</sub> i. Other, please specify: \_\_\_\_\_

**B3. During the 12-month period ending June 30, 2012, did your agency COMPENSATE any personnel for OVERTIME work?**

**Yes No**

- <sub>1</sub> <sub>2</sub> a. Sworn personnel
- <sub>1</sub> <sub>2</sub> b. Nonsworn personnel

*If NO to B3a, skip to question B6.*

**B4. Which law enforcement functions were SWORN PERSONNEL AUTHORIZED to work OVERTIME?** *Check either ‘yes’ or ‘no’ for each item. Only include overtime work paid by your agency with no reimbursement from other agencies.*

**Yes No**

- <sub>1</sub> <sub>2</sub> a. Court testimony
- <sub>1</sub> <sub>2</sub> b. Extended shifts
- <sub>1</sub> <sub>2</sub> c. Increased patrol
- <sub>1</sub> <sub>2</sub> d. Investigations
- <sub>1</sub> <sub>2</sub> e. Administrative duties
- <sub>1</sub> <sub>2</sub> f. Emergency response
- <sub>1</sub> <sub>2</sub> g. Special events (e.g., parades or sporting events)
- <sub>1</sub> <sub>2</sub> h. Other functions, please specify:  
\_\_\_\_\_

**B5. During the 12-month period ending June 30, 2012, did your agency LIMIT the number of OVERTIME hours individual SWORN personnel could work for your agency?**

- <sub>1</sub> Yes
- <sub>2</sub> No

**B6. During the 12-month period ending June 30, 2012, did your agency allow SWORN personnel to WORK OUTSIDE YOUR AGENCY in a law enforcement capacity (e.g., off duty / extra duty job)?** *Include overtime employment arranged by your agency.*

- <sub>1</sub> Yes
- <sub>2</sub> No → Skip to B8

**B7. During the 12-month period ending June 30, 2012, what RESTRICTIONS were placed on SWORN PERSONNEL working outside your agency in a law enforcement capacity?** *Check all that apply.*

- <sub>1</sub> No limits
- <sub>2</sub> Number of hours worked
- <sub>3</sub> Type of establishment
- <sub>4</sub> Other criteria, please specify:  
\_\_\_\_\_

**B8. As of July 1, 2012, which of the following did your agency provide or reimburse expenses for FULL-TIME SWORN personnel?** *Check either ‘yes’ or ‘no’ for each item.*

**Yes No**

- <sub>1</sub> <sub>2</sub> a. Tuition costs
- <sub>1</sub> <sub>2</sub> b. Uniform costs
- <sub>1</sub> <sub>2</sub> c. Body armor
- <sub>1</sub> <sub>2</sub> d. Other safety equipment, excluding body armor
- <sub>1</sub> <sub>2</sub> e. Primary sidearm/firearm

**B9. As of July 1, 2012, did your agency allow ELIGIBLE SWORN personnel to take agency-owned vehicles to their home?** *Eligible personnel are those that qualify for or have the ability to obtain a department vehicle.*

**Authorized for:**

All Sworn Personnel	Some Sworn Personnel	Not Authorized	
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	a. Marked vehicles
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	b. Unmarked vehicles

**B10. As of July 1, 2012, was there an ORGANIZATION certified to BARGAIN on behalf of SWORN personnel in your agency?**

- <sub>1</sub> Yes
- <sub>2</sub> No → Skip to C1

**B11. As of July 1, 2012, what was the status of the COLLECTIVE BARGAINING AGREEMENT with this organization?**

- <sub>1</sub> Active
- <sub>2</sub> Expired
- <sub>3</sub> No agreement

**SECTION C – HIRES AND SEPARATIONS**

**C1. At any time between January 1, 2010 and June 30, 2012, did your agency IMPLEMENT a HIRING FREEZE (i.e., a policy of not hiring new personnel when existing personnel leave)?**

- 1 Yes  
2 No → Skip to C3

**C2. During this 30-month period, how many MONTHS was your agency's HIRING FREEZE in effect? If there was no such policy for a given year, enter '0.'**

	Number of Months		
	2010	2011	2012
a. Sworn employees	1 _____	2 _____	3 _____
b. Nonsworn employees	1 _____	2 _____	3 _____

**C3. During the 12-month period ending June 30, 2012, how many NONSWORN personnel were HIRED?**

- No NONSWORN personnel were hired in the 12 months that ended June 30, 2012.

	Full-Time	Part-Time
Number of nonsworn personnel hired	1 _____	2 _____

**C4. During the 12-month period ending June 30, 2012, how many SWORN personnel were HIRED? If none, enter '0.'**

- No sworn personnel were hired during the 12-month period ending June 30, 2012.

	Full-Time	Part-Time
a. Direct hires <i>Hires with no law enforcement certification or experience</i>	1 _____	2 _____
b. Pre-Service Hires <i>Hires with certification but no law enforcement experience</i>	1 _____	2 _____
c. Lateral hires <i>Hires with certification and law enforcement experience</i>	1 _____	2 _____
d. TOTAL New Hires	1 _____	2 _____

**C5. As of July 1, 2012, what types of additional law enforcement TRAINING were (or would be) required for LATERAL or PRE-SERVICE hires?**

- |                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
| <b>Pre-Service</b>                    |                                       |   |
| <b>Lateral</b>                        | <b>service</b>                        |   |
| <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | a. None   |
| <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | b. Abbreviated courses on departmental policies and practices |
| <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | c. Abbreviated field supervision                              |
| <input type="checkbox"/> 1            | <input type="checkbox"/> 2            | d. Same training as direct hires                              |
| <input type="checkbox"/> 1            | <input checked="" type="checkbox"/> 2 | e. Other lateral hires, please specify:<br>_____              |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2            | f. Other pre-service hires, please specify:<br>_____          |

**C6. As of July 1, 2012, what was your agency's minimum EDUCATION REQUIREMENT for SWORN NEW HIRES? Check one.**

- 1 No minimum requirement  
2 High school diploma or equivalent (e.g., GED)  
3 Some college but no degree  
4 Associate's Degree or equivalent  
5 Bachelor's Degree or equivalent  
6 Other requirement, please specify:  
 \_\_\_\_\_

**C7. Does your agency consider MILITARY SERVICE as an alternative to its minimum educational requirement for SWORN personnel?**

- 1 Yes  
2 No  
99 N/A

**C8. During the 12-month period ending June 30, 2012, how many employees hired for FULL-TIME SWORN positions had a BACHELOR'S DEGREE OR HIGHER? If none, enter '0.'**

\_\_\_\_\_ Full-time sworn hires with at least a bachelor's degree

**C9. What types of RETIREMENT PROGRAMS were available to all FULL-TIME SWORN EMPLOYEES HIRED during the 12-month period that ended June 30, 2012?**

- |                            |                            |  |
|----------------------------|----------------------------|--|
| <b>Yes</b>                 | <b>No</b>                  |  |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | a. Defined Benefits Retirement Plan  |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | b. Defined Contribution Plan (e.g., IRA, 401k)   |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | c. U.S. Social Security Program  |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | d. Other type of program, please specify the nature of this retirement program:<br>_____ |

**C10. During the 12-month period ending June 30, 2012, how many FULL-TIME SWORN personnel SEPARATED from your agency? If none, enter '0.'**

	Full-Time
a. Non-medical retirements	a. _____
b. Medical/disability retirements	b. _____
c. Voluntary resignations	c. _____
d. Layoffs	d. _____
e. Dismissals (e.g., terminated/fired by agency)	e. _____
f. Other separations	f. _____
g. TOTAL sworn personnel separated (sum of a through f)	g. _____

**C11. During the 12-month period ending June 30, 2012, how many NONSWORN personnel SEPARATED from your agency? If none, enter '0.'**

	Full-Time
a. Layoffs	a. _____
b. Other separation(s)	b. _____
c. TOTAL personnel separated	c. _____

## SECTION D – BUDGET AND FISCAL ISSUES

- D1.** In what MONTH does your FISCAL YEAR begin?  
\_\_\_\_\_
- D2.** What was your agency's TOTAL OPERATING BUDGET for the 12-month period that included July 1, 2012? Do not include constructions costs, major equipment expenditures or other capital expenditures.  
  
Operating Budget: \$ \_\_\_\_\_ .00  
 Check here if the figure above is an estimate
- D3.** During the 12-month fiscal period that included July 1, 2012, what were the sources of funding for the operational expenses of your agency? Include funds received through grants in your agency's response. Do not include capital expenditures.
- |                            |                            |  |
|----------------------------|----------------------------|--|
| Yes                        | No                         |  |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | a. One or more municipal governments               |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | b. One or more county governments                  |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | c. One or more state government agencies           |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | d. One or more federal government agencies         |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | e. Payment for contracted law enforcement services |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | f. Asset Forfeiture Program                        |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | g. User fees                                       |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Other, please specify:<br>_____                 |
- D4.** At any time between January 1, 2009 and June 30, 2012, did your agency implement AGENCY-WIDE REDUCTIONS in the base SALARY for sworn or non-sworn personnel?  
  
1 Yes  
2 No → Skip to D6
- D5.** If YES to Question D4, what was the PERCENT CHANGE in the base salary?
- |                       |          |
|-----------------------|----------|
|                       | % Change |
| a. Sworn personnel    | _____    |
| b. Nonsworn personnel | _____    |
- D6.** At any time since January 1, 2010, did your agency FURLOUGH ANY employees (i.e., reduce the number of PAID hours or days for employees)? Do not include reductions in overtime.  
  
1 Yes  
2 No → Skip to E1
- D7.** How many personnel were FURLOUGHED during at least one pay period in 2010, 2011 and 2012 (Do not include reductions in overtime)? If no personnel were furloughed in a particular year, enter '0.'
- |                       |          |          |          |
|-----------------------|----------|----------|----------|
|                       | 2010     | 2011     | 2012     |
| a. Sworn personnel    | 1. _____ | 2. _____ | 3. _____ |
| b. Nonsworn personnel | 1. _____ | 2. _____ | 3. _____ |

## SECTION E – COMMUNITY POLICING

- E1.** As of July 1, 2012, what best describes your agency's WRITTEN MISSION STATEMENT?
- 1 No written mission statement  
2 Written mission statement with NO community policing component  
3 Written mission statement WITH a community policing component
- E2.** During the 12-month period ending June 30, 2012, what proportion of FULL-TIME SWORN PERSONNEL received at least 8 HOURS of training on COMMUNITY POLICING issues (e.g., problem solving, SARA, and community partnerships)? Check one for both 'a' and 'b.'
- a. Recruit Training (Check one)**
- 1 All  
2 Half or More  
3 Less than Half  
4 None  
99 Not Applicable
- b. In-service Training (Check one)**
- 1 All  
2 Half or More  
3 Less than Half  
4 None
- E3.** During the 12-month period ending June 30, 2012, did your agency actively encourage PATROL OFFICERS to engage in SARA-TYPE PROBLEM-SOLVING PROJECTS?  
  
1 Yes  
2 No → Skip to E5
- E4.** During the 12-month period ending June 30, 2012, how many PATROL OFFICERS were engaged in SARA-TYPE PROBLEM-SOLVING PROJECTS? If none, enter '0.'
- \_\_\_\_\_ Number of patrol officers
- E5.** As of July 1, 2012, did your agency include COLLABORATIVE PROBLEM-SOLVING PROJECTS in the evaluation criteria of PATROL OFFICERS?  
  
1 Yes  
2 No
- E6.** During the 12-month period ending June 30, 2012, did your agency have a PROBLEM-SOLVING PARTNERSHIP or WRITTEN AGREEMENT with any local civic, business or governmental organizations? This could include Memoranda of Understanding.  
  
1 Yes  
2 No



E7. During the 12-month period ending June 30, 2012, did your agency regularly assign the SAME patrol officers' primary responsibility for a particular AREA OR BEAT within your agency's jurisdiction?

- 1 Yes  
2 No → Skip to E9;

E8. How MANY patrol officers were regularly given primary or exclusive responsibility for particular AREAS OR BEATS? *If none, enter '0.'*

\_\_\_\_\_ Number of patrol officers

E9. During the 12-month period ending June 30, 2012, did your agency utilize information from a SURVEY OF LOCAL RESIDENTS about crime, fear of crime or satisfaction with law enforcement?

- 1 Yes  
2 No

**SECTION F – TECHNOLOGY AND INFORMATION SYSTEMS**

F1. As of July 1, 2012, did your agency use any of the following TECHNOLOGIES to collect information?

Yes No

- 1 2 a. Gunshot detection system  
1 2 b. License plate readers  
1 2 c. Smartphones  
1 2 d. Video surveillance of public areas  
1 2 e. Video cameras in patrol vehicles  
1 2 f. Video cameras on patrol officers  
1 2 g. Video cameras on weapons  
1 2 h. Other types of video cameras

F2. As of July 1, 2012, did any of your patrol officers have DIRECT ELECTRONIC ACCESS (e.g., via computer, smart phone) to the following types of information while in the field?

Yes No

- 1 2 a. Motor vehicle records  
1 2 b. Driver license records  
1 2 c. Criminal history  
1 2 d. Outstanding warrants  
1 2 e. Protection orders  
1 2 f. History at address (e.g., repeat call for service)

F3. As of July 1, 2012, what was the PRIMARY METHOD for transmitting CRIMINAL INCIDENT REPORTS from the field to your agency's central information system? *Check one.*

- 1 Paper report  
2 Voice transmission (e.g., radio, phone)  
3 Smartphone  
4 Computer  
5 Other, please specify: \_\_\_\_\_

F4. As of July 1, 2012, did your agency maintain a COMPUTERIZED RECORDS SYSTEM for criminal incidents?

- 1 Yes  
2 No → Skip to F10

F5. What TYPES OF COMPUTERIZED RECORDS of criminal incidents are maintained by your agency?

Yes No

- 1 2 a. Incident-based statistical records  
1 2 b. Summary statistics  
1 2 c. Officer narratives  
1 2 d. Other, please specify: \_\_\_\_\_

F6. What TYPES OF DATA are included in your COMPUTERIZED RECORDS of criminal incidents?

Yes No

- 1 2 a. Narrative descriptions of offenses  
1 2 b. Offense codes (e.g., NCIC, UCR)  
1 2 c. State statutes or municipal offense codes  
1 2 d. Victim characteristics  
1 2 e. Suspect characteristics  
1 2 f. Offense location (e.g., street address, cross streets)  
1 2 g. Geocoded address of offense (X, Y coordinates)  
1 2 h. Offense date and time

F7. During the 12-month period ending June 30, 2012, WHO conducted RESEARCH OR STATISTICAL ANALYSES (including geospatial analyses) using your agency's computerized records of criminal incidents?

- No analyses were conducted. Skip to Question F10;

Yes No

- 1 2 a. Analyses conducted by agency staff  
1 2 b. Analyses conducted by external organizations

F8. If YES to F7a, during the 12-month period ending June 30, 2012, how MANY personnel conducted RESEARCH OR STATISTICAL ANALYSES using your agency's computerized records of criminal incidents? *If none, enter '0.'*

- \_\_\_\_\_ a. Analysis conducted FT by SWORN personnel  
 \_\_\_\_\_ b. Analysis conducted PT by SWORN personnel  
 \_\_\_\_\_ c. Analysis conducted FT by NONSWORN personnel  
 \_\_\_\_\_ d. Analysis conducted PT by NONSWORN personnel

F9. If YES to F7b, what TYPES OF OUTSIDE ORGANIZATIONS OR INDIVIDUALS conducted RESEARCH OR STATISTICAL ANALYSIS of your agency's computerized records of criminal incidents? *Check all that apply.*

- 1 Another law enforcement agency  
2 Another government agency  
3 A college, university, or non-profit organization  
4 A commercial vender  
5 Other source, please specify: \_\_\_\_\_

**F10. As of July 1, 2012, what crime-related information did your agency provide to the public on its WEBSITE? Check all that apply.**

Agency has no website. Skip to Question F12.

**Yes No**

- a. Jurisdiction-wide summaries of crime statistics  
  b. Summaries of crime statistics by districts, beats, neighborhoods or other areas within your jurisdiction  
  c. Street-level maps that report the location and nature of a variety of specific crimes  
  d. Street-level maps with details about the residential location of sex offenders  
  e. Other crime-related information, please specify:  
 \_\_\_\_\_

**F11. As of July 1, 2012, what kind of information was PROVIDED BY THE PUBLIC using your agency's website?**

**Yes No**

- a. Report crimes or other problems  
  b. Ask questions or provide feedback  
  c. File agency or officer complaints  
  d. Other, please specify:  
 \_\_\_\_\_

**F12. As of July 1, 2012, could the public REPORT crimes or other problems to your agency by EMAIL OR TEXTING?**

- Yes  
  No

**F13. Can the public arrange to RECEIVE INFORMATION about crime or other issues via email, recorded phone calls, cell phone texts, or other electronic means from your agency?**

- Yes  
  No

**F14. Does your agency use any of the electronic SOCIAL MEDIA listed below?**

**Yes No**

- a. Twitter  
  b. Facebook, Google+, or similar service  
  c. Blogs  
  d. YouTube or similar video sharing service  
  e. Mass communication/notification system (e.g., Nixle)  
  f. Other, please specify:  
 \_\_\_\_\_

**SECTION G – VEHICLES AND PURSUITS**

**G1. As of July 1, 2012, how many MARKED AND UNMARKED MOTORIZED VEHICLES were operated by your agency? Include all owned, rented, leased and confiscated vehicles that your agency USES. If none, enter '0.'**

- a. Marked cars (e.g., SUVs, vans, trucks)      a. \_\_\_\_\_  
 b. Unmarked cars (e.g., SUVs, vans, trucks)      b. \_\_\_\_\_

**G2. As of July 1, 2012, did your agency operate other TYPES OF MOTORIZED VEHICLES?**

**Yes No**

- a. Motorcycles  
  b. All-terrain vehicles (ATVs)  
  c. Fixed-wing aircraft  
  d. Helicopters  
  e. Boats  
  f. Unmanned aerial drones  
  g. Other, please specify: \_\_\_\_\_

**G3. As of July 1, 2012, which one of the following options best describes your agency's WRITTEN PURSUIT DRIVING POLICY? Check one.**

- Agency has no written policy on pursuit driving  
 Permitted – left to the discretion of the pursuing officer(s)  
 Permitted – restricted by policy to certain circumstances  
 Permitted – subject to supervisory review before initiation  
 Discouraged - all vehicle pursuits discouraged  
 Prohibited – all pursuits prohibited  
 Other, please specify:  
 \_\_\_\_\_

**G4. As of July 1, 2012, how does your agency DOCUMENT VEHICLE PURSUIT INCIDENTS? Check one.**

- No formal records of pursuit incidents maintained  
 Separate report  
 Use of force form  
 Offense or arrest reports  
 Other, please specify: \_\_\_\_\_

**G5. During the 12-month period ending June 30, 2012, how MANY VEHICLE PURSUITS occurred in your agency? If none, enter '0.'**

\_\_\_\_\_ Number of vehicle pursuits

- Check here if the figure above is an estimate.  
 Check here if the number is not known.

**G6. As of July 1, 2012, does your agency's WRITTEN FOOT PURSUIT POLICY include any of the following RESTRICTIONS?**

No written policy on foot pursuits. Skip to Question H1.

**Yes No**

- a. Officer acting alone  
  b. Officer loses visual contact with suspect  
  c. Two or more officers become separated to the degree that they cannot immediately assist each other  
  d. Officer loses radio contact with Dispatch or fellow backup officers  
  e. Suspect believed to be armed with firearm  
  f. Other, please specify: \_\_\_\_\_

**G7. Does your agency's WRITTEN FOOT PURSUIT POLICY encourage the use of CONTAINMENT TACTICS?**

- Yes  
  No

**SECTION H – USE OF FORCE AND OFFICER SAFETY**

**H1. As of July 1, 2012, which of the following types of WEAPONS or ACTIONS were authorized for use by your agency's SWORN FIELD/PATROL OFFICERS?**

**Authorized for:**

All Sworn Personnel	Some Sworn Personnel	Not Authorized	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	a. Handgun
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	b. Patrol Rifle
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	c. Shotgun
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	d. Batons
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	e. Other impact weapons
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	f. Soft projectiles (e.g., bean bag)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	g. OC spray/foam
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	h. Other chemical agent (excluding OC spray/foam)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	i. Conducted energy device (e.g., Taser™, Stinger™)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	j. Neck restraints (e.g., lateral vascular restraint)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	k. Takedown techniques (e.g., straight-arm bar)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	l. Open hand techniques
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	m. Closed-hand techniques
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	n. Leg hobble or other severe restraints

**H2. As of July 1, 2012, does your agency require documentation when the following types of WEAPONS OR ACTIONS are used?**

Yes	No	N/A	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	a. Display of firearm
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	b. Discharge of firearm
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	c. Baton
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	d. Other Impact weapon
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	e. Soft projectile (e.g., bean bag)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	f. OC spray/foam
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	g. Other chemical agent (excluding OC spray/foam)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	h. Display of conducted energy device
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	i. Discharge of conducted energy device
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	j. Neck Restraint (e.g., lateral vascular restraint)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	k. Takedown technique (e.g., straight-arm bar)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	l. Open-hand techniques
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	m. Closed-hand techniques
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99	n. Leg hobble or other severe restraints

**H3. As of July 1, 2012, how does your agency document USE OF FORCE INCIDENTS? Check one.**

- 1 Use of force form
- 2 Use of force documented in arrest/offense report
- 3 No formal records of use of force incidents maintained
- 4 Other method of documentation

**H4. During the 12-month period ending June 30, 2012, how did your agency record USE OF FORCE?**

- Agency does not record use of force

Yes	No	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	a. One report per incident
<input type="checkbox"/> 1	<input type="checkbox"/> 2	b. One report per officer/deputy involved
<input type="checkbox"/> 1	<input type="checkbox"/> 2	c. Other method used, please specify: _____

**H5. If YES to H4a, during the 12-month period ending June 30, 2012, how many TOTAL use of force INCIDENTS did your agency record? If none, enter '0.'**

\_\_\_\_\_ Number of INCIDENTS of use of force

- Check here if the number is an estimate
- Check here if the number is unknown

**H6. If YES to H4b, during the 12-month period ending June 30, 2012, how many separate REPORTS from individual officers or deputies did your agency record? If none, enter '0.'**

\_\_\_\_\_ Number of REPORTS of use of force

- Check here if the number is an estimate
- Check here if the number is unknown

**H7. As of July 1, 2012, according to your agency's WRITTEN POLICY, who is responsible for selecting BODY ARMOR FOR SWORN PERSONNEL? Check one.**

- 1 Agency has no written policy on body armor: Skip to H9
- 2 The agency selects body armor
- 3 The individual officer selects body armor
- 4 The individual officer selects with restrictions set by the department on the armor type or manufacturer
- 5 Other, please specify: \_\_\_\_\_

**H8. Does your agency's WRITTEN BODY ARMOR POLICY include any of the following requirements?**

Yes	No	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	a. Uniformed field/patrol officers must have access to body armor at all times
<input type="checkbox"/> 1	<input type="checkbox"/> 2	b. Uniformed field/patrol officers must wear body armor in certain high risk conditions, such as when serving warrants
<input type="checkbox"/> 1	<input type="checkbox"/> 2	c. Uniformed field/patrol officers must wear body armor in the field at all times
<input type="checkbox"/> 1	<input type="checkbox"/> 2	d. The body armor worn must be custom-fitted to the officer
<input type="checkbox"/> 1	<input type="checkbox"/> 2	e. Officers must be trained for the proper wear, care and maintenance of the armor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	f. Supervisors are required to inspect personnel for compliance with the body armor policy
<input type="checkbox"/> 1	<input type="checkbox"/> 2	g. The body armor must be purchased in compliance with the most current NIJ ballistic-resistant body armor standard

**H9. As of July 1, 2012, who PAYS FOR OR CONTRIBUTES to the purchase of BODY ARMOR used by agency personnel?**

- Agency personnel do not use body armor

Yes	No	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	a. The department
<input type="checkbox"/> 1	<input type="checkbox"/> 2	b. The individual officer/deputy
<input type="checkbox"/> 1	<input type="checkbox"/> 2	c. Grant funds
<input type="checkbox"/> 1	<input type="checkbox"/> 2	d. Other sources, please specify: _____



**SECTION I – ORGANIZATIONAL RESPONSES TO ISSUES / PROBLEMS**

**II. As of July 1, 2012, how did your agency ADDRESS the following ISSUES, PROBLEMS OR TASKS?** For each issue, please check the column that best describes your agency's approach to each issue.

Check **ONE** of the following options for EACH issue or problem: 1) Specialized Unit, 2) Dedicated Personnel, 3) No Dedicated Personnel or 4) Issue / Problem not formally addressed. For issues or problems addressed by a specialized unit, check whether the unit has any personnel assigned full-time, part-time or both.

	Specialized Unit		Dedicated Personnel	No Dedicated Personnel	Issue not formally addressed
	Personnel Assigned Full-time	Personnel Assigned Part-time			
	<i>Check if any personnel were assigned to this unit on a full-time basis</i>	<i>Check if any personnel were assigned to this unit on a part-time basis</i>	<i>Check if at least one person was assigned to this issue /problem on at least a part-time basis but the agency has no specialized unit</i>	<i>Check if the agency has specialized policies, procedures, or training but no dedicated personnel or specialized unit</i>	
a. Bias/Hate crime	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Bomb/Explosive disposal	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Child abuse/endangerment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Cybercrime	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Domestic / Intimate partner violence	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. Terrorism/homeland security	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. Human Trafficking	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. Drug/alcohol impaired driving	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. Juvenile crime	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. Gangs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. Re-entry surveillance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l. Fugitives / warrants	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
m. Victim assistance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
n. Special Operations Unit (e.g., SWAT, SRT)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**12. As of July 1, 2012, how many TOTAL SPECIALIZED UNITS did your agency have that addressed the issues or problems included above in Question II?** For example, your agency may have only two or three units that cover all the issues listed above rather than having a separate specialized unit for each. Please list how many separate units cover the issues addressed.

\_\_\_\_\_ Number of specialized units

**13. During the 12-month period ending June 30, 2012, did your agency participate in any MULTIJURISDICTIONAL task forces?** Include only ongoing efforts. Do not include ad hoc or single event collaborations.

- <sub>1</sub> Yes  
<sub>2</sub> No → Skip to Section J

**14. If YES to Question I3, which of the following issues were addressed by these task forces?**

- Yes No  
<sub>1</sub> <sub>2</sub> a. Special Operations Unit (e.g., SWAT, SRT)  
<sub>1</sub> <sub>2</sub> b. Drugs/Counter narcotics  
<sub>1</sub> <sub>2</sub> c. Gangs  
<sub>1</sub> <sub>2</sub> d. Human Trafficking  
<sub>1</sub> <sub>2</sub> e. Other, please specify:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SECTION J – FEEDBACK & SUBMISSION

Please write any comments you would like to share with the Bureau of Justice Statistics about (a) your survey response, (b) the survey content or format, (c) the manner of administration of the survey, or (d) any other applicable information.

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**Directions for submission:**

1. Please review your answers and make sure that no questions are left blank.
2. Retain a copy of your completed survey.
3. Return your completed survey in the enclosed postage-paid envelope to the Urban Institute, fax it to (202) 659-8985, or email it to [LEMAS@urban.org](mailto:LEMAS@urban.org).
4. If you have any additional questions, you may contact the Help Line (toll-free) at (877) xxx-xxxx between 9AM and 5PM EST.

**Thank you for taking the time to complete this important survey.**