

RETURN
TO

RTI INTERNATIONAL
RESEARCH OPERATIONS CENTER
ATTN: DATA CAPTURE
5265 CAPITAL BOULEVARD
RALEIGH, NC 27616-2925
<https://TBD>
Telephone: TBD (toll-free)
Fax: TBD Email: TBD

2016 LAW ENFORCEMENT MANAGEMENT
AND STATISTICS (LEMAS) SURVEY

Form CJ-44
2016 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 this box. (Please correct any error in name and mailing address in the box below. If the label is correct, please check the box in the bottom right hand corner.)

Agency ID:

Password:

Name:

Title:

Agency:

The label is correct

INFORMATION SUPPLIED BY

NAME				TITLE		
TELEPHONE	Area Code	Number	Extension	FAX	Area Code	Number
EMAIL ADDRESS						

Completion and Return Instructions

- Unless otherwise noted, please answer all questions using **June 30, 2016** as a reference.
- Please do not leave any items blank.** If the answer to a question is unknown or not available, write "DK" in the space provided. If the answer is not applicable, write "NA" in the space provided. If the answer to a question is none or zero, write "0" in the space provided.
- There are four ways to submit this survey:
 - Online at <https://TBD> Please use the Agency ID and Password listed above to access the survey on the secure, encrypted website. This method allows for the ability to save partial data and return at a later time. If you or another staff member needs to access the survey multiple times, please only "submit" the survey once it is complete.
 - Mail the survey to RTI International (RTI) in the enclosed postage-paid envelope
 - Fax each page of the survey to **XXX-XXX-XXXX** (toll free)
 - Scan and email the survey to **TBD@rti.org**
- Please submit your completed questionnaire by XX XX, 2016.**
- If you have questions about the survey, items on the questionnaire, or how to submit completed responses, please contact the Survey Team at RTI by email at **TBD@rti.org** or call the Help Line at **XXX-XXX-XXXX** (toll free). The Help Line is available from 9:00 a.m. to 5:00 p.m. (EST). When communicating about the survey, please reference your Agency ID.
- If you have general comments or suggestions for improving the survey, please contact Shelley S. Hyland, LEMAS Program Manager, Bureau of Justice Statistics, by phone at 202-616-1706 or by email at Shelley.Hyland@usdoj.gov.
- Please retain a copy of your completed survey for one year. Questionnaires completed through the online option can be printed for your records.
- The Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 USC 3732), authorizes this information collection. Although this survey is voluntary, we need your participation to make the results comprehensive, accurate, and timely. We greatly appreciate your assistance.

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 3 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.

Section I: Descriptive Information

Unless otherwise noted, please answer all questions using June 30, 2016, as a reference.

1. Enter the number of **AUTHORIZED full-time paid agency positions and ACTUAL full-time and part-time paid agency employees as of June 30, 2016.** Full-time employees are those regularly scheduled for 35 or more hours per week. If none, enter '0.'

	AUTHORIZED full-time paid positions	ACTUAL paid agency employees	
		Full-time	Part-time
a. Sworn personnel with general arrest powers			
b. Officers/deputies with limited or no arrest powers (e.g., jail or court officers in some agencies)			
c. Non-sworn employees			
d. TOTAL (sum of lines 'a' through 'c')			

2. Of the total number of **FULL-TIME SWORN personnel with general arrest powers (as entered in 1.a, column 2), enter the number of each of the following:** (Personnel may be counted more than once. If none, enter '0.')

a. Uniformed officers with REGULARLY ASSIGNED DUTIES that include responding to citizen calls/requests for service	
b. Community Policing or Relations Officers, or other sworn personnel specifically designated to engage in community policing activities	
c. School Resource Officers, School Liaison Officers, or other general sworn personnel whose primary duties are related to school safety (exclude crossing guards)	

3. As of June 30, 2016, how many **RESERVE or AUXILIARY OFFICERS** did your agency have? Enter the full-time and part-time numbers below. If none, enter '0.'

	Full-time	Part-time
a. Sworn		
b. Limited/no arrest powers		
c. Non-sworn		

4. Enter the number of **FULL-TIME personnel according to their PRIMARY job responsibility as of June 30, 2016.** Count each full-time staff person only once. If a person performs more than one function, enter that person's count in the job category in which s/he spent most of her/his time. If none, enter '0'

	Sworn	Limited/no arrest powers	Non-sworn
a. Administration -- Chief of police or sheriff, assistants and other personnel who work in administrative capacity. <i>Include finance, personnel and internal affairs.</i>			
b. Field operations -- Police officers, deputies, detectives, inspectors, supervisors, and other personnel providing direct law enforcement services. <i>Include traffic, patrol, investigations and special operations.</i>			
1. Patrol/field officers only			
2. Detectives/investigators only			
c. Technical support -- Dispatchers, records clerks, data processors, and other personnel providing support services other than administrative. <i>Include communications, fleet management and training.</i>			
d. Jail-related duties -- Correctional officers, guards, and other support personnel who primarily work in the jail.			
e. Court related duties -- Bailiffs, security guards, process servers, etc.			
f. Other (e.g., crossing guards, parking enforcement, etc.)			

5. Enter your agency's total operating budget for the fiscal year that included June 30, 2016. If the budget is not available, provide an estimate and check the box below. Include jails administered by your agency. Do NOT include building

construction costs or major equipment purchases.

\$ _____ , _____ , _____

Please mark here if this figure is an estimate

Please indicate the date range of your agency's fiscal year that included June 30, 2016:

Start _____ End _____
mm dd mm dd

6. Enter the total estimated value of money, goods, and property received by your agency from an ASSET FORFEITURE program during the fiscal year that included June 30, 2016. If data are not available, provide an estimate and check the box below. Include federal, state and local funds. If no money, goods or property were received, enter '0'.

\$, , ,

Please mark here if this figure is an estimate

Section II: Personnel

Unless otherwise noted, please answer all questions using June 30, 2016, as a reference.

7a. Indicate your agency's minimum education requirement which new officer recruits must have at hiring or within two years of hiring. Mark only 1 response.

- Four-year college degree required
- Two-year college degree required
- Some college but no degree required
(Total credit hours required: _____)
- High school diploma or equivalent required
- No formal education requirement (SKIP to Question 8)

7b. Does your agency consider MILITARY SERVICE as an exemption to this minimum education requirement?

- Yes No

8. Does your agency require a new officer recruit to be a U.S. citizen before hire?

- Yes No

9. How many total hours of ACADEMY training and FIELD training (e.g., with FTO) are required of your agency's new officer recruits? Include law enforcement training only. Include both state/POST requirements plus additional agency requirements. If no training of that type is required, enter '0'.

	Total Hours
a. Academy training	_____
b. Field training	_____

10. On average, how many hours of IN-SERVICE training are required annually for your agency's NON-PROBATIONARY field/patrol officers? Include law enforcement training only. Include both state/POST requirements plus additional agency requirements. If no in-service training is required, enter '0'.

Average annual hours per officer

11. Which of the following screening techniques are used by your agency in selecting new officer recruits?

Background/record checks	Yes	No
a. Background investigation	<input type="checkbox"/>	<input type="checkbox"/>
b. Credit history check	<input type="checkbox"/>	<input type="checkbox"/>
c. Criminal history check	<input type="checkbox"/>	<input type="checkbox"/>
d. Driving record check	<input type="checkbox"/>	<input type="checkbox"/>
e. Social media check	<input type="checkbox"/>	<input type="checkbox"/>
Personal attributes	Yes	No
f. Personal interview	<input type="checkbox"/>	<input type="checkbox"/>
g. Personality/Psychological inventory	<input type="checkbox"/>	<input type="checkbox"/>
h. Polygraph exam	<input type="checkbox"/>	<input type="checkbox"/>
i. Psychological interview	<input type="checkbox"/>	<input type="checkbox"/>
j. Voice stress analyzer	<input type="checkbox"/>	<input type="checkbox"/>
k. Written aptitude test	<input type="checkbox"/>	<input type="checkbox"/>
l. Analytical/problem-solving ability assessment	<input type="checkbox"/>	<input type="checkbox"/>
Community relations skills	Yes	No
m. Assessment of understanding diverse cultural populations	<input type="checkbox"/>	<input type="checkbox"/>
n. Mediation/conflict management skills assessment	<input type="checkbox"/>	<input type="checkbox"/>
Physical attributes	Yes	No
o. Drug test	<input type="checkbox"/>	<input type="checkbox"/>
p. Medical exam	<input type="checkbox"/>	<input type="checkbox"/>
q. Vision test	<input type="checkbox"/>	<input type="checkbox"/>

r. Physical agility/fitness test	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------	--------------------------	--------------------------

12. Enter the number of FULL-TIME agency personnel who were bi- or multilingual as of June 30, 2016. Full-time employees are those regularly scheduled for 35 or more hours per week. If none, enter '0'.

a. Sworn	
b. Limited/no arrest powers	
c. Non-sworn	

	Male	Female
a. White, non-Hispanic		
b. Black or African American, non-Hispanic		
c. Hispanic or Latino		
d. American Indian or Alaska Native, non-Hispanic		
e. Asian, non-Hispanic		
f. Native Hawaiian or other Pacific Islander, non-Hispanic		
g. Two or more races		
h. Not known		
i. TOTAL (sum 'a' to 'h')		

13. Enter the number of FULL-TIME SWORN personnel who were HIRED or SEPARATED during the fiscal year including June 30, 2016 by RACE, HISPANIC ORIGIN and SEX. The TOTAL rows should have the same values. If none, enter '0'.

	New Hires	Separations
a. White, non-Hispanic		
b. Black or African American, non-Hispanic		
c. Hispanic or Latino		
d. American Indian or Alaska Native, non-Hispanic		
e. Asian, non-Hispanic		
f. Native Hawaiian or other Pacific Islander, non-Hispanic		
g. Two or more races		
h. Not known		
i. TOTAL (sum 'a' to 'h')		
j. Male		
k. Female		
l. TOTAL (sum 'j' and 'k')		

14. Enter the number of FULL-TIME SWORN personnel by RACE, HISPANIC ORIGIN and SEX for the pay period that included June 30, 2016. If none, enter '0'.

15. Enter the SEX, RACE and HISPANIC ORIGIN of the chief executive (i.e., Chief of Police, Sheriff, Commissioner) for the pay period that included June 30, 2016.

- a. Male Female
- b. White, non-Hispanic
 Black or African American, non-Hispanic
 Hispanic or Latino
 American Indian or Alaskan Native, non-Hispanic
 Asian, non-Hispanic
 Native Hawaiian or other Pacific Islander, non-Hispanic
 Two or more races
 Not known

16. Enter the number of FULL-TIME SWORN personnel by RACE, HISPANIC ORIGIN and SEX who held the following supervisory positions for the pay period that included June 30, 2016. If a position does not exist in your agency, enter 'N/A'. If none, enter '0'.

	Intermediate supervisor (below chief executive and above sergeant or first-line supervisor)	Sergeant or equivalent first-line supervisor
a. White, non-Hispanic		
b. Black or African American, non-Hispanic		
c. Hispanic or Latino		
d. American Indian or Alaska Native, non-Hispanic		
e. Asian, non-Hispanic		

f. Native Hawaiian or other Pacific Islander, non-Hispanic		
g. Two or more races		
h. Not known		
i. TOTAL (sum 'a' to 'h')		
j. Male		
k. Female		
l. TOTAL (sum 'j' and 'k')		

h. Marine (e.g., boat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV: Community Policing

20. As of June 30, 2016, did your agency's mission statement include a community policing component?
- Yes
 No
 N/A – agency does not have a mission statement

21. During the fiscal year including June 30, 2016, which of the following did your agency do?

	Yes	No
a. Maintain a written community policing plan	<input type="checkbox"/>	<input type="checkbox"/>
b. Use technology to support the analysis of community problems	<input type="checkbox"/>	<input type="checkbox"/>
c. Conduct a citizen police academy	<input type="checkbox"/>	<input type="checkbox"/>

22. During the fiscal year including June 30, 2016, what proportion of agency personnel received at least eight hours of community policing training (e.g., problem solving, SARA, or community partnerships)? Mark one choice per line. If your agency did not conduct training for a particular type of employee, please mark 'None.' If your agency did not have a particular type of employee for the specified time period, please mark 'N/A.'

	All	Some	None	N/A
a. New officer recruits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In-service sworn personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

23. As of June 30, 2016, how many FULL-TIME SWORN personnel with primary responsibility for patrol/field duties (reported in 4.b.1, column 1) were encouraged to engage in SARA-type problem solving projects? If none, enter '0'.

Full-time patrol/field officers

24. As of June 30, 2016, how many FULL-TIME SWORN personnel with primary responsibility for patrol/field duties (reported in 4.b.1, column 1) were assigned to specific geographic areas/beats? If none, enter '0'.

Full-time patrol/field officers

25. During the fiscal year including June 30, 2016, did your agency have a problem-solving partnership or written

17. Is collective bargaining authorized for your agency's employees?

	All	Some	None
a. Sworn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Limited/no arrest powers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Non-sworn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III: Operations

18. Enter the total number of calls for service (e.g., 911 calls, non-emergence calls, alarm or other source) received and dispatched by your agency during the fiscal year including June 30, 2016. If none, enter '0'. If data are not available, provide an estimate and check the corresponding box.

	Total Number	Estimate?
a. Calls/requests for service received		<input type="checkbox"/>
b. Calls/requests for service resulting in dispatch of officer(s) or use of on-site unit		<input type="checkbox"/>

19. During the fiscal year including June 30, 2016, did your agency use the following TYPES OF PATROL?

	Regularly	As Needed	No
a. Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Horse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Human transporter (e.g., Segway)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Manned aviation (e.g., airplane or helicopter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

agreement with any of the following?

	Yes	No
a. Advocacy groups	<input type="checkbox"/>	<input type="checkbox"/>
b. Business groups	<input type="checkbox"/>	<input type="checkbox"/>
c. Other local law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>
d. Neighborhood associations	<input type="checkbox"/>	<input type="checkbox"/>
e. University or research group	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

26. During the fiscal year including June 30, 2016, did your agency conduct or sponsor a formal survey of local residents on crime experiences, fear of crime, or satisfaction with police?

- Yes No

27. During the fiscal year including June 30, 2016, did your agency use information from a survey of citizens for any of the following?

- Agency did not conduct or sponsor a citizen survey at any time (skip to 28)

	Yes	No
a. Prioritizing crime/disorder problems	<input type="checkbox"/>	<input type="checkbox"/>
b. Allocating resources to neighborhoods	<input type="checkbox"/>	<input type="checkbox"/>
c. Evaluating officer or agency performance	<input type="checkbox"/>	<input type="checkbox"/>
d. Training development	<input type="checkbox"/>	<input type="checkbox"/>
e. Informing agency policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>

Section V: Equipment

28. Does your agency supply or give a cash allowance to its FULL-TIME SWORN personnel to purchase the following?
Mark all that apply in each row.

	Agency supplies	Agency provides cash allowance	Neither (officer provides)	Equipment not authorized
a. Primary sidearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Backup sidearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Body armor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Uniform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Which types of sidearms are authorized for use by your agency's FULL-TIME SWORN personnel? Mark all that apply in each row.

	On-duty primary sidearm	On-duty backup sidearm	Off-duty	Equipment not authorized
a. Semiautomatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Revolver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Which types of secondary firearms does your agency issue to FULL-TIME SWORN personnel or authorize for use?
Mark all that apply.

- Fully automatic rifle (e.g., M-16)
- Semi-automatic rifle (e.g., AR-15)
- Manual rifle
- Shotgun (any type)
- Other (please specify):

- N/A – no secondary firearms authorized

31. As of June 30, 2016, which of the following types of WEAPONS or ACTIONS were authorized for use by your agency's FULL-TIME SWORN personnel?

	Authorized for:		Not authorized
	All sworn	Some sworn	
a. Open hand techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Closed hand techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Takedown techniques (e.g., straight arm bar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hold or neck restraint (e.g., carotid hold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Leg hobble or other restraints (not including handcuffs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. OC spray/foam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Chemical agent projectile (e.g., CS/tear gas, OC pellets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Baton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Blunt force projectile (e.g., bean bag, rubber bullets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Conducted energy device (e.g., Taser, stun gun, Stinger)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. As of June 30, 2016, does your agency require written documentation when the following types of WEAPONS or ACTIONS are used by your agency's FULL-TIME SWORN?

	Yes	No	N/A
a. Open hand techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Closed hand techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Takedown techniques (e.g., straight arm bar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hold or neck restraint (e.g., carotid hold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Leg hobble or other restraints (not including handcuffs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. OC spray/foam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Chemical agent projectile (e.g., CS/tear gas, OC pellets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Baton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Blunt force projectile (e.g., bean bag, rubber bullets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Display of conducted energy device (e.g., Taser flashing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Use of conducted energy device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Display of firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Discharge of a firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Does your agency REQUIRE uniformed field/patrol officers to wear protective body armor while in the field?

- Yes - all the time
- Yes - in some circumstances
- No

34. Does your agency REQUIRE uniformed field/patrol officers to wear their seat belt while driving or riding in an agency vehicle?

- Yes - all the time
- Yes - in some circumstances
- No

35. During the fiscal year including June 30, 2016, did your agency operate any of the following types of motorized vehicles or equipment?

	Yes	No
a. Marked cars	<input type="checkbox"/>	<input type="checkbox"/>
b. Other marked vehicles (e.g., SUV, truck, or van)	<input type="checkbox"/>	<input type="checkbox"/>
c. Unmarked cars	<input type="checkbox"/>	<input type="checkbox"/>
d. Other unmarked vehicles (e.g., SUV, truck, or van)	<input type="checkbox"/>	<input type="checkbox"/>
e. Armored military-type vehicles (e.g., MRAP, tank, BearCat or other SWAT carrier)	<input type="checkbox"/>	<input type="checkbox"/>
f. All-terrain vehicles (ATVs)	<input type="checkbox"/>	<input type="checkbox"/>
g. Motorcycles	<input type="checkbox"/>	<input type="checkbox"/>
h. Boats	<input type="checkbox"/>	<input type="checkbox"/>
i. Manned aviation (e.g., airplane or helicopter)	<input type="checkbox"/>	<input type="checkbox"/>
j. Unmanned aerial drones	<input type="checkbox"/>	<input type="checkbox"/>
k. Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

36. During the fiscal year including June 30, 2016, how many of the following types of video cameras were operated by your agency on a REGULAR basis? If none, enter '0'.

	Total Number
a. Fixed-site surveillance in public areas	
b. Mobile surveillance	
c. In patrol cars	
d. On police officers (e.g. body-worn cameras)	
e. On weapons	
f. On aerial drones	

Section VI: Technology

37. As of June 30, 2016, did your agency maintain a website for any of the following?

Agency did not maintain a website (skip to 38)

	Yes	No
a. Providing direct access to crime statistics/data	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing direct access to stop (i.e., motor vehicle or street/field) statistics/data	<input type="checkbox"/>	<input type="checkbox"/>
c. Providing direct access to arrest statistics/data	<input type="checkbox"/>	<input type="checkbox"/>
d. Enabling citizens to report crimes or problems	<input type="checkbox"/>	<input type="checkbox"/>
e. Enabling citizens to ask questions and/or provide feedback	<input type="checkbox"/>	<input type="checkbox"/>
f. Enabling citizens to file complaints about police behavior or actions	<input type="checkbox"/>	<input type="checkbox"/>

38. As of June 30, 2016, did your agency use any of the following social media channels to communicate with the public?

	Yes	No
a. Twitter	<input type="checkbox"/>	<input type="checkbox"/>
b. Facebook, Google+, or similar service	<input type="checkbox"/>	<input type="checkbox"/>
c. Blogs	<input type="checkbox"/>	<input type="checkbox"/>
d. YouTube or other video sharing service	<input type="checkbox"/>	<input type="checkbox"/>
e. Mass communication/notification system (e.g. Nixle)	<input type="checkbox"/>	<input type="checkbox"/>

39. As of June 30, 2016, did your agency use computers for any of the following functions?

	Yes	No
a. Crime analysis (including crime mapping or hotspot identification)	<input type="checkbox"/>	<input type="checkbox"/>
b. Social network analysis	<input type="checkbox"/>	<input type="checkbox"/>
c. Intelligence gathering	<input type="checkbox"/>	<input type="checkbox"/>
d. Inter-agency information transmission	<input type="checkbox"/>	<input type="checkbox"/>
e. Automated booking	<input type="checkbox"/>	<input type="checkbox"/>

40. As of June 30, 2016, what was the PRIMARY method for transmitting criminal incident reports from the field to your agency's record management system? Mark only one response.

- Paper report
- Voice (cellphone, telephone, recording, radio)
- In-car fixed laptop/tablet
- Mobile laptop/tablet or phone
- Other (please specify):

41. As of June 30, 2016, did your agency use any of the following technologies on a REGULAR basis?

	Yes	No
a. Automated Fingerprint Identification System (AFIS)	<input type="checkbox"/>	<input type="checkbox"/>
b. Facial recognition	<input type="checkbox"/>	<input type="checkbox"/>
c. License plate readers (LPR)	<input type="checkbox"/>	<input type="checkbox"/>
d. Infrared (thermal) imagers	<input type="checkbox"/>	<input type="checkbox"/>
e. Electrical/engine disruption	<input type="checkbox"/>	<input type="checkbox"/>
f. Stolen vehicle tracking (e.g., LoJack)	<input type="checkbox"/>	<input type="checkbox"/>
g. Tire deflation devices	<input type="checkbox"/>	<input type="checkbox"/>
h. Gunshot detection (e.g., Shotspotter)	<input type="checkbox"/>	<input type="checkbox"/>
i. Firearm tracing (e.g., eTrace)	<input type="checkbox"/>	<input type="checkbox"/>
j. Ballistic imaging (e.g., NIBN, IBIS)	<input type="checkbox"/>	<input type="checkbox"/>
k. GPS	<input type="checkbox"/>	<input type="checkbox"/>

42. As of June 30, 2016, did your agency's field/patrol officers have direct access to the following types of information using in-field vehicle-mounted or mobile computers?

Agency did not use in-field computers (skip to 43)

	Yes	No
a. Motor vehicle records	<input type="checkbox"/>	<input type="checkbox"/>
b. Driving records	<input type="checkbox"/>	<input type="checkbox"/>
c. Criminal history records	<input type="checkbox"/>	<input type="checkbox"/>
d. Warrants	<input type="checkbox"/>	<input type="checkbox"/>
e. Protection orders	<input type="checkbox"/>	<input type="checkbox"/>
f. Inter-agency information system	<input type="checkbox"/>	<input type="checkbox"/>
g. Address history (e.g., repeat calls for service)	<input type="checkbox"/>	<input type="checkbox"/>
h. Crime statistics/mapping	<input type="checkbox"/>	<input type="checkbox"/>

43. As of June 30, 2016, did your agency have an operational computer-based personnel performance monitoring/assessment system (e.g., Early Warning or Early Intervention System) for monitoring or responding to problematic officer behavior?

- Yes No

44. As of June 30, 2016, did your agency maintain its own computerized files with any of the following information?

	Yes	No
a. Arrests	<input type="checkbox"/>	<input type="checkbox"/>
b. Calls for service	<input type="checkbox"/>	<input type="checkbox"/>
c. Civilian complaints	<input type="checkbox"/>	<input type="checkbox"/>
d. Criminal incident reports	<input type="checkbox"/>	<input type="checkbox"/>
e. Firearms recovered, seized or found	<input type="checkbox"/>	<input type="checkbox"/>
f. Gangs	<input type="checkbox"/>	<input type="checkbox"/>
g. Informants	<input type="checkbox"/>	<input type="checkbox"/>
h. Intelligence related to terrorist activity	<input type="checkbox"/>	<input type="checkbox"/>
i. Motor vehicle stops	<input type="checkbox"/>	<input type="checkbox"/>
j. Motor vehicle accidents	<input type="checkbox"/>	<input type="checkbox"/>
k. Pawn shop data	<input type="checkbox"/>	<input type="checkbox"/>
l. Protective orders	<input type="checkbox"/>	<input type="checkbox"/>
m. Stolen property	<input type="checkbox"/>	<input type="checkbox"/>
n. Street/field stops	<input type="checkbox"/>	<input type="checkbox"/>
o. Use of force incidents	<input type="checkbox"/>	<input type="checkbox"/>
p. Video surveillance	<input type="checkbox"/>	<input type="checkbox"/>
q. Warrants	<input type="checkbox"/>	<input type="checkbox"/>

Section VII: Policies and Procedures

Unless otherwise noted, please answer all questions using June 30, 2016, as a reference.

45. Which of the following best describes your agency's written policy for pursuit driving? Mark only one response.

- Prohibition (prohibits all pursuits)
- Discouragement (discourages all pursuits but does not prohibit)
- Restrictive (restricts decisions of officers to specific criteria such as type of offense or speed)
- Judgmental (leaves decision to officer's discretion)
- N/A- Agency does not have a written policy pertaining to vehicle pursuits

46. Does your agency have written policy or procedural directives on the following?

Officer conduct	Yes	No
a. Use of deadly force/firearm discharge	<input type="checkbox"/>	<input type="checkbox"/>
b. Use of less-lethal force	<input type="checkbox"/>	<input type="checkbox"/>
c. Code of conduct and appearance	<input type="checkbox"/>	<input type="checkbox"/>
d. Maximum work hours allowed	<input type="checkbox"/>	<input type="checkbox"/>
e. Off-duty conduct	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with special populations/situations	Yes	No
f. Mentally ill persons	<input type="checkbox"/>	<input type="checkbox"/>
g. Homeless persons	<input type="checkbox"/>	<input type="checkbox"/>
h. Domestic disputes	<input type="checkbox"/>	<input type="checkbox"/>
i. Juveniles	<input type="checkbox"/>	<input type="checkbox"/>
Procedural	Yes	No
j. In-custody deaths	<input type="checkbox"/>	<input type="checkbox"/>
k. Racial profiling/unbiased policing	<input type="checkbox"/>	<input type="checkbox"/>
l. Civilian complaints	<input type="checkbox"/>	<input type="checkbox"/>
m. Strip searches	<input type="checkbox"/>	<input type="checkbox"/>
n. Acts of terrorism	<input type="checkbox"/>	<input type="checkbox"/>
o. Active shooter	<input type="checkbox"/>	<input type="checkbox"/>
p. Stop and frisk	<input type="checkbox"/>	<input type="checkbox"/>
q. Foot pursuits	<input type="checkbox"/>	<input type="checkbox"/>
r. Motor vehicle stops	<input type="checkbox"/>	<input type="checkbox"/>
s. Investigation of employee misconduct	<input type="checkbox"/>	<input type="checkbox"/>
t. Prisoner transport	<input type="checkbox"/>	<input type="checkbox"/>
u. Mass demonstrations	<input type="checkbox"/>	<input type="checkbox"/>
v. Reporting use of force	<input type="checkbox"/>	<input type="checkbox"/>
w. Body-worn cameras	<input type="checkbox"/>	<input type="checkbox"/>
x. Social media	<input type="checkbox"/>	<input type="checkbox"/>
y. Cultural awareness training	<input type="checkbox"/>	<input type="checkbox"/>

47. As of June 30, 2016, does your agency require an external investigation in the following situations? Only include investigations conducted by another law enforcement or criminal investigative body. Do NOT include civilian reviews.

	Yes	No
a. Use of force resulting in a subject sustaining serious bodily injury	<input type="checkbox"/>	<input type="checkbox"/>
b. Use of force resulting in a subject's death	<input type="checkbox"/>	<input type="checkbox"/>
c. In-custody death not due to use of force (e.g., suicide, intoxication or accident)	<input type="checkbox"/>	<input type="checkbox"/>
d. Discharge of a firearm at or in the direction of a person	<input type="checkbox"/>	<input type="checkbox"/>

48. Is there a civilian complaint review board or agency in your jurisdiction that reviews complaints against officers in your agency?

- Yes No (skip to 51)

49. Does the civilian complaint review board or agency have independent investigative authority with subpoena powers?

- Yes- For all complaint cases
 Yes- Only for certain complaint types
 No

50. Does your agency have a written policy requiring that civilian complaints about USE OF FORCE receive separate investigation outside the chain of command where the accused officer is assigned?

- Yes No

Section VIII: Special Problems/Tasks

51. As of June 30, 2016, how did your agency address the following problems/tasks? Mark the most appropriate box for each problem/task listed below. Mark only one box per row.

Type of problem/task	(1) Agency HAS specialized unit with personnel assigned FULL- TIME to address this problem/task	Agency DOES NOT HAVE a specialized unit with full-time personnel			(5) Agency's jurisdiction does not have this problem (N/A)
		(2) Agency has designated personnel to address this problem/task	(3) Agency addresses this problem/task, but does not have designated personnel	(4) Agency does not formally address this problem/task	
a. Bias/hate crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bomb/explosive disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child abuse / endangerment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Crime prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Community policing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Crime analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cybercrime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Drug education in schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Drug enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Environmental crimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Financial crimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Firearms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Human trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Impaired drivers (DUI/DWI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Internal affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Juvenile crimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Missing children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Repeat offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Research and planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. School safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Special operations (e.g. SWAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Terrorism/homeland security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Victim assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>