

**SNOWMOBILE SAFETY ENFORCEMENT GRANT PROGRAM
PARTICIPANT COMPLETION REPORT**
Program Years 2014-15

Agency: Crow Wing County Sheriff's Office	Date: 06/17/16
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1. OPERATIONS REPORT

1. **Personnel**

SSE Safety Enforcement Hours Worked by Agency Officers	127.5
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2. **Off-Highway Vehicle Enforcement**

a. Public complaints (SSE Related)	13
b. Arrests/Summons (SSE Related)	2
c. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	0
d. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	2

3. **Off-Highway Vehicle Accidents**

a. Number of Non-fatal SSE Accidents Reported to Your Agency	6
b. Number of Fatal SSE Accidents Reported to Your Agency	0

4. **Cooperative Activities**

- a. Include a narrative on the Snowmobile Training and Education Projects/Efforts that your Agency accomplished or participated in during this fiscal year. **Two deputies were sent to a 3 hour snowmobile specific enforcement training class put on by local DNR enforcement officers.**

- b. Include a narrative on your agency's participation in DNR Snowmobile Safety Enforcement activities during the past fiscal year. This includes participation in training classes, and collaboration with local Conservation Officers. **Late winter of 2014 provided heavy snowfall and ample patrol opportunities. Speed enforcement on grant-in-aid trails and area lakes was focused on. There was no patrol conducted in the winter of 2015 due to lack of snow cover.**

2. FISCAL REPORT
GROUP 1 PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	6		4302.30	
Part -Time	2		779.91	
Sub-Total			5082.21	5082.21

GROUP 2 SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
Oil, fuel, sled parts		255.82	
Sub-Total		255.82	255.82

GROUP 3 EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Cost
Helmet, clothing		91.27	
Sub-Total		91.27	91.27

GROUP 4 TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Cost
Grant Total Costs		5429.30	\$5429.30

*** Total of State Funds should equal Amount of Payment on Agreement.**

Unexpended Funds will not be reimbursed. Keep a copy of this report for your records.

This is to certify that the State Funds requested were used only for the purposes set forth in Laws of **Minnesota 2013, Chapter 114, Article 3, Section 4 Subdivision 7** and the information contained in this form is correct to the best of my knowledge.

Signature:

AGENCY ADMINISTRATOR: Sgt Adam Kronstedt	TELEPHONE NUMBER 218-829-4749
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