

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

Agency: Aitkin County Sheriff's Office	Date: 6-26-15
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1. OPERATIONS REPORT

1. Personnel

SSE Safety Enforcement Hours Worked by Agency Officers	830
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2. Off-Highway Vehicle Enforcement

a. Public complaints (SSE Related)	9
b. Arrests/Summons (SSE Related)	0
c. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	3
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.
 Completed snowmobile safety instructors course.
 Handed out maps of trails, answered questions at events about local trails and laws.
 Spoke to Snowmobile Clubs about local issues
- 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.
 Rode Trails on days that snow was effecient.
 Assisted with vintage rides throughout the county.
 Assisted Conservation Officers with monitoring ice conditions & heaving.

2. FISCAL REPORT

GROUP 1 PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	1	11671.95	6145.00	17816.95
Part -Time				
Sub-Total	1	11671.95	6145.00	17816.95

GROUP 2 SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
Sub-Total			

GROUP 3 EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Cost
Sub-Total			

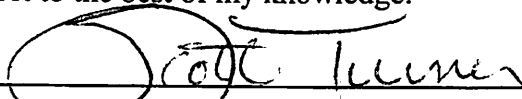
GROUP 4 TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Cost
Grant Total Costs	11671.95	6145.00	17816.95

* 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: Scott A. Turner, Sheriff	TELEPHONE NUMBER 218-927-7420
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