

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

|                       |                           |
|-----------------------|---------------------------|
| <b>Agency: Aitkin</b> | <b>Date: May 14, 2014</b> |
|-----------------------|---------------------------|

1. OPERATIONS REPORT

1. Personnel

|  |       |
|--|-------|
| SSE Safety Enforcement Hours Worked by Agency Officers | 750.5 |
|--|-------|

2. Off-Highway Vehicle Enforcement

|   |    |
|---|----|
| a. Public complaints (SSE Related)                                  | 29 |
| b. Arrests/Summons (SSE Related)                                    | 2  |
| c. Number of Alcohol Related Arrests (DWI, Reckless & Careless)     | 1  |
| d. Number of Illegal Operation Arrests (Speed & Operate on Roadway) | 1  |

3. Off-Highway Vehicle Accidents

|  |   |
|--|---|
| a. Number of Non-fatal SSE Accidents Reported to Your Agency | 8 |
| b. Number of Fatal SSE Accidents Reported to Your Agency     | 1 |

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.

Deputy Guida and Sheriff Turner taught Snowmobile Safety Class in Tamarack, MN in collaboration with the local Conservation Officers. This was a full class of youth operators.

- 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.

Deputy Guida attended and rode multiple vintage rides, assisted in snowmobile safety classes and assisted snowmobile clubs with widening trails and assessing dangerous locations to adjust. Patrolled with CO Fitzgerald and Co. Croatt in speed and trail sticker enforcement.

2. FISCAL REPORT  
**GROUP 1 PERSONNEL**

| Personnel        | Number of Officers | Agency Funds | State Funds | Total Cost |
|------------------|--------------------|--------------|-------------|------------|
| Full -Time       | 1                  | 13374.32     | 6145.00     | 19519.32   |
| Part -Time       |                    |              |             |            |
| <b>Sub-Total</b> |                    | 13374.32     | 6145.00     | 19519.32   |

**GROUP 2 SUPPLIES AND EXPENSES**

| Itemized Expenses (Itemized) | Agency Funds | State Funds | Total Cost |
|------------------------------|--------------|-------------|------------|
| Service & Labor              | 743.91       |             | 743.91     |
| Phone                        | 203.96       |             | 203.96     |
| Maintenance                  | 70.42        |             | 70.42      |
| Gas / Oil                    | 2474.43      |             | 2474.43    |
| <b>Sub-Total</b>             | 3492.73      |             | 3492.73    |

**GROUP 3 EQUIPMENT**

| Equipment (Itemized) | Agency Funds | State Funds | Total Cost |
|----------------------|--------------|-------------|------------|
|                      |              |             |            |
|                      |              |             |            |
|                      |              |             |            |
| <b>Sub-Total</b>     |              |             |            |

**GROUP 4 TOTAL GRANT FUNDS**

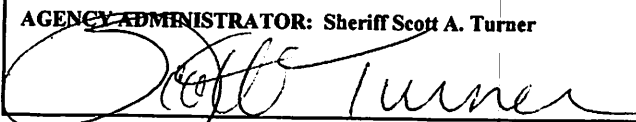
|                          | Agency Funds | State Funds* | Total Cost |
|--------------------------|--------------|--------------|------------|
| <b>Grant Total Costs</b> | 16867.05     | 6145.00      | 23012.05   |

\* 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: Sheriff Scott A. Turner<br> | TELEPHONE NUMBER 218-927-7431 |
|--|-------------------------------|