

**OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM  
PARTICIPANT COMPLETION REPORT  
Program Years 2016-2017**

Agency: <i>Sherburne County Sheriff's Dept</i>	Date: <i>07/15/16</i>
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**A. OPERATIONS REPORT**

**1. Personnel**

OHV Safety Enforcement Hours Worked by Agency Officers	<i>92</i>
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**2. Off-Highway Vehicle Enforcement**

a. Public complaints (OHV Related)	<i>113</i>
b. Arrests/Summons (OHV Related)	<i>6</i>
c. Warnings (oral and written, OHV related contacts)	<i>41</i>
d. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	<del>3</del> <i>1</i>
e. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	<i>0</i>

**3. Off-Highway Vehicle Accidents**

a. Number of Non-fatal OHV Accidents Reported to Your Agency	<i>1</i>
b. Number of Fatal OHV Accidents Reported to Your Agency	<i>0</i>

**4. Cooperative Activities**

- a. Include a narrative on the Off-Highway Vehicle Training and Education Projects/Efforts that your Agency accomplished or participated in during this fiscal year. *ANSWERED*

*Questions from Public on ATV/OHV Rules + Regulations.*

- b. Include a narrative on your agency's participation in DNR Off-Highway Vehicle Enforcement activities during the past fiscal year. This includes participation in training classes, and collaboration with local Conservation Officers.

*Collaboration - Met with local DNR C.O.'s. Participated in the off highway vehicle enforcement grant program.*

## B. FISCAL REPORT

### GROUP 1: PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	9		6358.83	6358.83
Part -Time				
Sub-Total				6358.83

### GROUP 2: SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
ATV maintenance		1287.17	1287.17
Sub-Total			1287.17

### GROUP 3: EQUIPMENT

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

### GROUP 4: TOTAL GRANT FUNDS

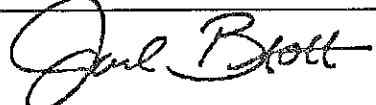
	Agency Funds	State Funds*	Total Cost
Grant Total Costs		71046.00	71046.00

\* 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 2015, First Special Session, Chapter 4, Article 3, Section 3, Sub division 7 and the information contained in this form is correct to the best of my knowledge.

Signature:

AGENCY ADMINISTRATOR:		TELEPHONE NUMBER	7103715-3500
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