

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

Agency: <u>Sherburne County Sheriff</u>	Date: <u>062817</u>
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A. OPERATIONS REPORT

1. Personnel

OHV Safety Enforcement Hours Worked by Agency Officers	<u>302</u>
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2. Off-Highway Vehicle Enforcement

a. Public complaints (OHV Related)	<u>135</u>
b. Arrests/Summons (OHV Related)	<u>10</u>
c. Warnings (oral and written, OHV related contacts)	<u>55</u>
d. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	<u>2</u>
e. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	<u>1</u>

3. Off-Highway Vehicle Accidents

a. Number of Non-fatal OHV Accidents Reported to Your Agency	<u>3</u>
b. Number of Fatal OHV Accidents Reported to Your Agency	<u>2</u>

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.

- Fielded calls from the public regarding rules and regulations.
- Educated public through literature and conversation.

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.

- Conducted OHV training for Reserve Deputies and encouraged all Reserves to take online course.
- Worked with local Conservation Officers to identify problem areas in the County.

B. FISCAL REPORT

GROUP 1: PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	2		3026.57	3026.57
Part -Time				
Sub-Total	2		3026.57	3026.57

GROUP 2: SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
Mies- maintenance		134.80	134.80
Sub-Total		134.80	134.80

GROUP 3: EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Cost
ATV		4484.69	4484.69
Sub-Total		4484.69	4484.69

GROUP 4: TOTAL GRANT FUNDS

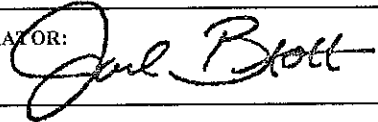
	Agency Funds	State Funds*	Total Cost
Grant Total Costs		7646.00	7646.00

* 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	763 765 3500
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