

PARTICIPANT COMPLETION REPORT
OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM
Program Years 2018-2019

AGENCY: Koochiching County Sheriff's office

DATE: 07/06/2018

OPERATIONS REPORT

1. Personnel

OHV Safety Enforcement Hours Worked by Agency Officers:

315

2. Off-Highway Vehicle Enforcement

a. Public Complaints (OHV Related):

2

b. Arrests/Summons (OHV Related):

3

c. Warnings (oral and written, OHV related contacts):

2

d. Number of Alcohol Related Arrests (DWI, Reckless, & Careless):

1

e. Number of Illegal Operation Arrests (Speed & Operate on Roadway):

4

3. Cooperative Activities

a. Number of non-fatal OHV accidents reported to your agency:

6

b. Number of fatal OHV accidents reported to your agency:

0

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.

We patrolled hundreds of miles of trails, patrolling for safety compliance and also checking on shack properties for security and damage.

b. Include a narrative on your agency 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.

We were unable to do a collaborative enforcement day this year due to busy schedules.

FISCAL REPORT

GROUP 1: PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full-Time	8		11,092.93	11,092.93
Part-Time	4		2,032.74	2,032.74
Sub-Total	12		13,125.67	13,125.67

GROUP 2: SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Costs
Fuel		36.10	36.10
Sub-Total			

GROUP 3: EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Costs
Tools/Cabinet		1,416.27	1,416.27
Tools/Supplies		188.73	188.73
Misc. Hardware		260.34	260.34
Sub-Total			


GROUP 4: TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Costs
Grand Total Costs		15,027.11	15,027.11

***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 2017, Chapter 93, Article 1, Section 3, and the information contained in this form is correct to the best of my knowledge.

Signature:  _____

Date:

Phone Number: