



**COMPLETION REPORT**  
**SNOWMOBILE SAFETY ENFORCEMENT**  
**GRANT PROGRAM**

**COPY**

**Program Years 2016-2017**

<b>Agency:</b> <i>Todd County Sheriff's Office</i>	<b>Date:</b> <i>9-1-16</i>
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**A. OPERATIONS REPORT**

**1. Personnel**

Snowmobile Safety Enforcement Hours Worked by Agency Officers	<i>13</i>
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**2. Snowmobile Safety Enforcement**

a. Public complaints (Snowmobile Related Only)	<i>6</i>
b. Arrests/Summons (Snowmobile Related Only)	<i>-</i>
c. Warnings (oral and written, Snowmobile related contacts)	<i>-</i>
d. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	<i>-</i>
e. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	<i>-</i>

**3. Snowmobile Accidents**

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

**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.
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.  <i>Officer attended and spoke at a Snowmobile Safety Training Class.</i>

**B. FISCAL REPORT**

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**GROUP 1: PERSONNEL**

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	2	-	280.78	280.78
Part -Time	1	-	-	-
Sub-Total	3	-	-	280.78

**GROUP 2: SUPPLIES AND EXPENSES**

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
Fuel	-	40.37	40.37
Fix Snowmobile Trailer	-	114.61	114.61
Sub-Total		154.98	154.98

**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	-	435.76	435.76

\* 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 320-732-2157
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