

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

Agency: Wabasha County Sheriff's Office	Date: October 13, 2017
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A. OPERATIONS REPORT

1. Personnel

OHV Safety Enforcement Hours Worked by Agency Officers	131
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2. Off-Highway Vehicle Enforcement

a. Public complaints (OHV Related)	0
b. Arrests/Summons (OHV Related)	0
c. Warnings (oral and written, OHV related contacts)	7 (8 ATV Contacts)
d. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	0
e. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	0

3. Off-Highway Vehicle Accidents

a. Number of Non-fatal OHV Accidents Reported to Your Agency	0
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.

N/A

- 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.

N/A

B. FISCAL REPORT

GROUP 1: PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	7	\$0	\$4,730.25	\$4,730.25
Part -Time	0	\$0	\$0	\$0
Sub-Total	7	\$0	\$4,730.25	\$4,730.25

GROUP 2: SUPPLIES AND EXPENSES

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

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	\$0	\$4,730.25	\$4,730.25

*** 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: Barbara Brommer, Administrative Assistant	TELEPHONE NUMBER (651) 565-1008
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