

**SNOWMOBILE SAFETY ENFORCEMENT GRANT PROGRAM
PARTICIPANT COMPLETION REPORT
Program Years 2012-13**

Agency: Mille Lacs County Sheriff	Date: 6-20-13
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1. OPERATIONS REPORT

1. Personnel

SSE Safety Enforcement Hours Worked by Agency Officers	99
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2. Off-Highway Vehicle Enforcement

a. Public complaints (SSE Related)	6
b. Arrests/Summons (SSE Related)	0
c. Warnings (oral and written, SSE related contacts)	4
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 SSE Accidents Reported to Your Agency	5
b. Number of Fatal SSE Accidents Reported to Your Agency	0

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.

2. FISCAL REPORT
GROUP 1 PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time	7	\$0	\$3933.65	\$3933.65
Part -Time	0			
Sub-Total	7	\$0	\$3933.65	\$3933.65

GROUP 2 SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
	0	0	0
Sub-Total	0	0	0

GROUP 3 EQUIPMENT

Equipment (Itemized)	Agency Funds	State Funds	Total Cost
	0	0	0
Sub-Total	0	0	0

GROUP 4 TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Cost
Grant Total Costs	\$0	\$3933.65	\$3933.65

* 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 2011, First Special Session, Chapter 2, Article 1, Section 4 Subdivision 7 and the information contained in this form is correct to the best of my knowledge.

Signature:

AGENCY ADMINISTRATOR: _____	TELEPHONE NUMBER 320-983-8250
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