

**SNOWMOBILE SAFETY ENFORCEMENT GRANT PROGRAM
PARTICIPANT COMPLETION REPORT**
Program Years 2010-11

Agency: <i>Carlton County Sheriff's Office</i>	Date: <i>10-12-2011</i>
------------------------------------------------	-------------------------

1. OPERATIONS REPORT

1. Personnel

Snowmobile Safety Enforcement Hours Worked by Agency Officers	<i>79</i>
---------------------------------------------------------------	-----------

2. Off-Highway Vehicle Enforcement

a. Public complaints (Snowmobile Safety Related)	<i>1</i>
b. Arrests/Summons (Snowmobile Safety Related)	<i>0</i>
c. Warnings (oral and written, Snowmobile Safety related contacts)	<i>12</i>
d. Number of Alcohol Related Arrests (DWI, Reckless & Careless)	<i>0</i>
e. Number of Illegal Operation Arrests (Speed & Operate on Roadway)	<i>0</i>

3. Off-Highway Vehicle Accidents

a. Number of Non-fatal Snowmobile Accidents Reported to Your Agency	<i>3</i>
b. Number of Fatal Snowmobile Accidents Reported to Your Agency	<i>0</i>

4. Cooperative Activities

- a. Include a narrative on the Snowmobile Safety Training and Education Projects/Efforts that your Agency accomplished or participated in during this fiscal year.

- None -

- 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.

Carlton County Sheriff's Deputies coordinated patrol activities with local Conservation Officer Scott Staples to monitor and enforce safe snowmobile activity on trails within Carlton County.

2. FISCAL REPORT
GROUP 1 PERSONNEL

Personnel	Number of Officers	Agency Funds	State Funds	Total Cost
Full -Time				
Part -Time	5	0	3731.58	3731.58
Sub-Total	5	0	3731.58	3731.58

GROUP 2 SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
Wear rods + oil	0	142.23	142.23
Fuel	0	112.19	112.19
Sub-Total		254.42	254.42

GROUP 3 EQUIPMENT

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


GROUP 4 TOTAL GRANT FUNDS

	Agency Funds	State Funds*	Total Cost
Grant Total Costs	0	3986.00	3986.00

* 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 the State of New York, Chapter 37, Article 17, Section 4 and the information contained in this form is correct to the best of my knowledge.

Signature:

AGENCY ADMINISTRATOR:  10-17-11	TELEPHONE NUMBER 218-384-3236
--------------------------------------------------------------------------------------------------------------------------	----------------------------------