

**OFF-HIGHWAY VEHICLE SAFETY ENFORCEMENT GRANT PROGRAM
PARTICIPANT COMPLETION REPORT**

Program Years 2014-15

Agency: RENVILLE COUNTY SHERIFF'S OFFICE	Date: 06-30-2014
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1. OPERATIONS REPORT

1. **Personnel**

OHV Safety Enforcement Hours Worked by Agency Officers	0
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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)	0
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	3
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.

Each year our department holds an ATV training course at no cost to the kids except the fee to the State. This year we had nine students.

- 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.

The local DNR officer is very involved in classes and is always willing to help.

2. FISCAL REPORT

GROUP 1 PERSONNEL

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

GROUP 2 SUPPLIES AND EXPENSES

Itemized Expenses (Itemized)	Agency Funds	State Funds	Total Cost
2013 Artic Cat 700 Tracks	0	5399.00	5399.00
Sub-Total	0	5399.00	5399.00

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	5399.00	5399.00

* 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 **Minnesota 2013, Chapter 114, Article 3, Section 4 Subdivision 7** and the information contained in this form is correct to the best of my knowledge.

Signature:

AGENCY ADMINISTRATOR: Doug Pomplun	TELEPHONE NUMBER 320-523-3772
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