



U.S. DEPARTMENT OF COMMERCE
ECONOMICS AND STATISTICS ADMINISTRATION
U.S. CENSUS BUREAU
ACTING AS COLLECTION AGENT FOR

U.S. DEPARTMENT OF JUSTICE
Bureau of Justice Statistics

2007 CENSUS OF LAW ENFORCEMENT AVIATION UNITS

Law Enforcement Management and Administrative Statistics Program

CONTACT INFORMATION

1. Name of Unit Commander (<i>rank, first name, last name</i>)	3. Respondent telephone number	Area code	Number
2. Name of individual completing this form (<i>rank, first name, last name</i>)	4. Respondent fax number	Area code	Number

GENERAL INFORMATION

- If you have any questions, call **Nicole Adolph**, U.S. Census Bureau, at **1-800-253-2078**.
- Please complete the questionnaire before March 28, 2008.

INSTRUCTIONS

- Your agency is receiving this survey because it has been identified as operating a fixed-wing aircraft or helicopter.
- The questionnaire should be completed for the specific agency listed on the cover of the survey packet. If your aviation unit participates in a multijurisdictional task force or operates in conjunction with other air support programs, please provide the name(s) of these units on the back page of the survey.
- Please answer each question by marking the appropriate box and/or by providing the requested information in the space provided. In some cases you will be requested to skip certain questions based on your response.
- Please use calendar or fiscal year 2007 as the reference time frame for all questions referring to 2007. Otherwise, use the last day of calendar or fiscal year 2007 as the reference date.
- If the answer to a question is "unknown," write "DK" in the space provided.
- If the answer to a question is "none" or "zero," write "0" in the space provided.

BURDEN STATEMENT

Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average one hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531. The Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3732), authorizes this information collection. This request for information is in accordance with the clearance requirement of the Paperwork Reduction Act of 1980, as amended (44 U.S.C. 3507). Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

Section 1 – GENERAL INFORMATION

1. What is the official name of your aviation unit? (example: Maryland State Police Aviation Command)

2. From how many fixed-base points does your aviation unit operate?

If a precise figure is unavailable, please provide an estimate and mark (X) the checkbox.

Provide three- or four-digit FAA airport identifiers, if applicable:

3. Describe the geographic coverage provided by your aviation unit: (examples: State of Maryland; Cobb County, GA; City of Los Angeles)

4. Does your aviation unit provide 24-hour availability? Yes No

5. In 2007, what were your aviation unit's (or agency's) annual expenditures in the following categories? If precise figures are unavailable, please provide an estimate and mark (X) the checkbox.

- | | | | |
|-----------------------------------|----|--|--------------------------|
| a. Aircraft purchase | \$ | <input style="width: 80%; height: 20px;" type="text"/> | <input type="checkbox"/> |
| b. Aircraft leasing | \$ | <input style="width: 80%; height: 20px;" type="text"/> | <input type="checkbox"/> |
| c. Aircraft financing | \$ | <input style="width: 80%; height: 20px;" type="text"/> | <input type="checkbox"/> |
| d. Aircraft maintenance | \$ | <input style="width: 80%; height: 20px;" type="text"/> | <input type="checkbox"/> |
| e. Aircraft fuel | \$ | <input style="width: 80%; height: 20px;" type="text"/> | <input type="checkbox"/> |

Section 2 – EQUIPMENT

6. In 2007, did your aviation unit use any of the following types of aircraft?

	YES	NO
a. Fixed-wing aircraft	<input type="checkbox"/>	<input type="checkbox"/>
b. Helicopters	<input type="checkbox"/>	<input type="checkbox"/>
c. Unmanned aerial vehicles (UAVs)	<input type="checkbox"/>	<input type="checkbox"/>
d. Light-sport aircraft	<input type="checkbox"/>	<input type="checkbox"/>
e. Ultralight aircraft	<input type="checkbox"/>	<input type="checkbox"/>
f. Powered parachutes	<input type="checkbox"/>	<input type="checkbox"/>
g. Other type (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

7. Enter the number of fixed-wing aircraft and helicopters, used by your agency, that were obtained through:

- a. Seizure
- b. Government surplus
- c. Lease
- d. Purchase
- e. Other (Please specify)
-
- f. Total number of aircraft used (Sum of a through e)

	Fixed-wing	Helicopter

8. Were any of the aircraft or helicopters listed in question 7 obtained during 2007?

If a precise figure is unavailable, please provide an estimate and mark (X) the checkbox.

- Yes – If Yes, how many?
- No

Section 2 – EQUIPMENT – Continued

9. What percentage of your total aircraft or helicopters fall into the following age ranges:

- a. 1 year old or less %
- b. 13 months to 5 years %
- c. 61 months to 10 years %
- d. 121 months to 20 years %
- e. Older than 20 years %

TOTAL of a–e should equal 100%

10. Are any of the aircraft used by your aviation unit equipped with any of the following?

	YES	NO
a. FLIR with video camera	<input type="checkbox"/>	<input type="checkbox"/>
b. FLIR without video camera	<input type="checkbox"/>	<input type="checkbox"/>
c. Night vision compatibility	<input type="checkbox"/>	<input type="checkbox"/>
d. Searchlight	<input type="checkbox"/>	<input type="checkbox"/>
e. External cargo hook	<input type="checkbox"/>	<input type="checkbox"/>
f. External hoist	<input type="checkbox"/>	<input type="checkbox"/>
g. Public address system	<input type="checkbox"/>	<input type="checkbox"/>
h. Mobile data terminal	<input type="checkbox"/>	<input type="checkbox"/>
i. Downlink (digital)	<input type="checkbox"/>	<input type="checkbox"/>
j. Downlink (analog)	<input type="checkbox"/>	<input type="checkbox"/>

Section 3 – FUNCTIONS

11. Enter the total number of flight hours and missions flown for all aircraft operated by your aviation unit during 2007:

If your unit does not track missions, please mark (X) this box

	Fixed-wing	Helicopter	Other aircraft
a. Total flight hours			
b. Total missions			

12. During 2007, did your unit perform the following functions using fixed-wing aircraft and/or helicopters?

FUNCTION

	Fixed-wing		Helicopter	
	YES	NO	YES	NO
a. Routine patrol/patrol support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Speed enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Traffic enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Medical support/evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Firefighting/fire support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Search and rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Photographic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Drug location/interdiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Fugitive searches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prisoner transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Personnel transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. VIP flights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Pilot training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. SWAT operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Cargo/load operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 – PERSONNEL

14. Are pilots in your aviation unit required to be sworn law enforcement officers?

(if your unit does not operate fixed-wing planes or helicopters, please mark (X) NA.)

- a. Fixed-wing pilots Yes No NA
- b. Helicopter pilots Yes No NA

15. Are pilots required to have a minimum number of years of law enforcement experience?

Yes – Please enter the number of years:

If yes, does this experience have to be with your agency? Yes No

No

16. Are any of the pilots in your aviation unit Certificated Flight Instructors?

Yes No

17. Are pilot candidates required to hold pilot ratings prior to joining your aviation unit?

Yes No

18. What are the minimum ratings and flight-time requirements for new pilot candidates to be employed by or assigned to your aviation unit and act as Pilot in Command (PIC) —

a. Fixed-wing PIC:

- | | | | |
|---|-------------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> Private | <input type="checkbox"/> Commercial | <input type="checkbox"/> Instrument | <input type="checkbox"/> ATP |
| <input type="checkbox"/> NA, no fixed-wing pilots | <input type="checkbox"/> SEL | <input type="checkbox"/> SES | <input type="checkbox"/> MEL |
| | | | <input type="checkbox"/> MES |
- Other ratings/endorsements:

<input type="checkbox"/> No minimum ratings or requirements for pilot candidates	Total flight time: <input style="width: 150px;" type="text"/>	Instrument: <input style="width: 150px;" type="text"/>
	PIC fixed-wing: <input style="width: 150px;" type="text"/>	Turbine: <input style="width: 150px;" type="text"/>
	PIC multi-engine: <input style="width: 150px;" type="text"/>	Night flying: <input style="width: 150px;" type="text"/>
	Other time: <input style="width: 300px;" type="text"/>	

b. Helicopter PIC:

- | | | | |
|---|-------------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> Private | <input type="checkbox"/> Commercial | <input type="checkbox"/> Instrument | <input type="checkbox"/> ATP |
| <input type="checkbox"/> NA, no helicopter pilots | <input type="checkbox"/> SEL | <input type="checkbox"/> SES | <input type="checkbox"/> MEL |
| | | | <input type="checkbox"/> MES |
- Other ratings/endorsements:

<input type="checkbox"/> No minimum ratings or requirements for pilot candidates	Total flight time: <input style="width: 150px;" type="text"/>	Instrument: <input style="width: 150px;" type="text"/>
	PIC helicopter: <input style="width: 150px;" type="text"/>	Turbine: <input style="width: 150px;" type="text"/>
	PIC multi-engine: <input style="width: 150px;" type="text"/>	Night flying: <input style="width: 150px;" type="text"/>
	Other time: <input style="width: 300px;" type="text"/>	

19. Does your aviation unit (or agency) pay for any of the following training?

- a. Initial pilot training Yes No
- b. Advanced pilot ratings Yes No
- c. Recurrent training Yes No

Section 4 – PERSONNEL – Continued

20. How often do pilots in your aviation unit receive the following types of training?

Mark (X) all that apply.

	Monthly	Bimonthly	Quarterly	Biannually	Annually	Other – Specify \nearrow	N/A
a. In-house recurrent training . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input style="width: 100%;" type="text"/>	<input type="checkbox"/>
b. Factory recurrent training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input style="width: 100%;" type="text"/>	<input type="checkbox"/>
c. Unit check-rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input style="width: 100%;" type="text"/>	<input type="checkbox"/>
d. Other training – please specify \nearrow <input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input style="width: 100%;" type="text"/>	<input type="checkbox"/>

21. How many personnel are presently assigned to or employed by your aviation unit? (If personnel fall into more than one category, please include each only in the category that best applies.)

	Sworn agency personnel		Non-sworn agency personnel		Contractors	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
a. Pilots						
b. Observers or TFOs						
c. Paramedics/EMTs						
d. A/P Mechanics						
e. Administrative						
f. Other						
g. TOTAL (Sum of a through f)						

Section 5 – SAFETY

22. Does your aviation unit have a designated Safety Officer? Yes No

23. Does your aviation unit have a designated manual? Yes No

24. How often does your aviation unit conduct safety meetings?

Mark (X) one only.

- Monthly Biannually NA
 Bimonthly Annually
 Quarterly Other – Specify \rightarrow

25. Enter the total number of aviation accidents involving aircraft used by your unit during...
(Include any incidents in which the aircraft(s) caused damage or injury, or was damaged during use)

	Fixed-wing	Helicopter	Other aircraft
a. 2007			
b. 2003–2006			

26. Does your aviation unit have insurance coverage from a private insurer?

- Yes – insurance coverage is: \rightarrow Hull only Liability only Hull and liability
 No

Section 6 – FEMA RESOURCE TYPING

To complete this section and determine the Type Levels of your aircraft, please refer to the included FEMA Typed Resource Definitions document.

27. For each of the following resource categories, determine the HIGHEST Type Level (lowest = Type IV) for which each of your aircraft meet or exceed ALL of the Typing criteria. Enter the number of aircraft in the appropriate Type box or each resource category. Each aircraft may be counted more than once, but should only be counted once in each resource category. If no aircraft fall into a Type Level for a resource category, enter "0". If your aviation unit does not serve in a particular resource capacity, mark (X) the box "NA".

Resource Categories

	Type I	Type II	Type III	Type IV	NA
a. Emergency Medical Services: Air Ambulance (Fixed-Wing)					<input type="checkbox"/>
b. Emergency Medical Services: Air Ambulance (Rotary-Wing)					<input type="checkbox"/>
c. Law Enforcement: Patrol and Surveillance (Helicopter)					<input type="checkbox"/>
d. Law Enforcement: Observation Aircraft (Fixed-Wing)					<input type="checkbox"/>
e. Search and Rescue: Air Search Team (Fixed-Wing)					<input type="checkbox"/>
f. Search and Rescue: Airborne Reconnaissance (Fixed-Wing)					<input type="checkbox"/>

Section 7 – AIRCRAFT USE AMONG AREA AGENCIES

28. Aircraft use among area agencies

If you are familiar with any other area law enforcement agencies or task forces which either operate their own fixed-wing planes or helicopters or have access to planes or helicopters on a contractual basis, please provide the name(s) of the agency/unit/task force in the space below.

a. First additional agency

b. Second additional agency

c. Third additional agency

d. Fourth additional agency

e. Fifth additional agency

**END OF CENSUS FORM.
Thank you for your cooperation.**

*Please feel free to add any additional
comments in the space provided below.*

Comments