

CITIZEN PERCEPTION OF CRIME

1. Taking into consideration the last year, what is your perception of crime?
Has it increased, decreased or remained the same?
 Increased Decreased Remained the same

2. Have you limited, changed or curtailed your activities due to your concern of crime?
 Yes No

3. Do you feel that crime is such an issue that you have considered moving?
 Yes No

How significant do you view the following situations during the daytime hours?

- | | not concerned | concerned | very concerned |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| 4. Having your home burglarized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Driving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Children are safe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Children exposed to drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Strangers loitering near your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Illegal parking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How significant do you view the following situations during the nighttime hours?

- | | not concerned | concerned | very concerned |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| 11. Having your home burglarized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Driving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Children are safe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | | |
|-----|------------------------------------|--------------------------|--------------------------|--------------------------|
| 15. | Children exposed to drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Strangers loitering near your home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Illegal parking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

To what extent are the issues listed below a problem?

- | | | Significant | Somewhat | Negligible |
|-----|----------------------------------|--------------------------|--------------------------|--------------------------|
| 18. | Car horns/stereos/alarms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Speeding cars/screeching tires | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Dilapidated streets/sidewalks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Visible drug possession and use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Illegal dumping/littering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | Loud music from homes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Noisy neighbors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | Parking/traffic problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | Pedestrians jay-walking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | Cars not yielding to pedestrians | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | Bicycle riding on sidewalks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. | Bicycle riding against traffic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | Inadequate street lighting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | Public drinking/intoxication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | Stray/barking dogs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | Trespassing upon your property | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. | Unsupervised children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

35. Vandalism/graffiti
36. Youths "hanging around"
37. Is the Police Department responsive to your needs?
 Yes No
38. Would you hesitate to call the Police Department for assistance?
 Yes No
39. Overall, how well do you feel the Police Department does in providing services to the community?
 Excellent Good Fair Poor
41. Your age: under 19 20-29 30-39
 40-49 50-59 60 plus
42. Sex: Male Female
43. Please tell us your street or area of where you live.

Which programs (existing and proposed) should the Police sustain?

	No support			Strong support	
Home security review	<input type="checkbox"/>				
DARE	<input type="checkbox"/>				
Police bicycle patrol	<input type="checkbox"/>				
Police foot patrol	<input type="checkbox"/>				
Elder services	<input type="checkbox"/>				
Police athletic league	<input type="checkbox"/>				
Landlord/tenant training	<input type="checkbox"/>				
Citizen police academy	<input type="checkbox"/>				