

ASHLAND COMMUNITY POLICING SURVEY

In the neighborhood or area where you live, how concerned are you about the following issues, based on your observation of the work performed by the Ashland Police Department.

(please check the number corresponding with your level of concern)

1. My personal safety

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

2. Theft and Burglaries

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

3. Juvenile problems

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

4. Gang activity

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

5. Buying and selling of drugs

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

6. Vandalism

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

7. Abandoned and junk cars

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

8. Trespassing/Loitering

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

9. Traffic violations or problems

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

10. Noise and disturbances

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

11. Safety and welfare of others

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

12. The overall community crime rate

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

13. Public Drinking

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1700 Greenup Avenue
PO Box 1864
Ashland, KY 41105

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

14. Youths hanging out

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

15. Neighborhood Disputes

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

16. Property Maintenance

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

17. Graffiti

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

18. Violent Street Crime

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

19. Unsupervised Children

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

20. Domestic Violence

(Not at all concerned) 1 2 3 4 5 (Extremely concerned)

Your general impression of the Police Department:

Key: SA = Strongly Agree

A = Agree

SLA = Slightly Agree

SLD = Slightly Disagree

D = Disagree

SD = Strongly Disagree

21. Officers are fair in dealing with citizen

SA A SLA SLD D SD

22. Officers are professional and helpful

SA A SLA SLD D SD

23. Officers response time is adequate (if applicable)

SA A SLA SLD D SD

24. More police officers are needed in my town

SA A SLA SLD D SD

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25. How do you rate the attitude and behavior of the police officers in your neighborhood?

Excellent Good Fair Poor Don't Know

26. How do you rate the management of the police department in its ability to address the needs of the community?

Excellent Good Fair Poor Don't Know

27. What is your opinion of the relationship between the residents of your neighborhood and the police department?

Excellent Good Fair Poor Don't Know

28. How do you rate the performance of the Police Department

Excellent Good Fair Poor

29. Is the police presence visible in your neighborhood

yes no

In the past year, in your neighborhood:

30. I have called for Police Department assistance

yes no

31. I have been a victim of any crime (in your neighborhood)

yes no

32. If yes to 30 or 31 above, were you satisfied with the way the Police Department addressed your problem?

yes somewhat no

33. I would like officers to patrol in my neighborhood more often

yes no

34. I know one or more of the officers in our community by name or sight

yes no

35. I support more officer and citizen involvement in solving problems

yes no

36. The police try to provide the services we want in our neighborhood

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yes no

37. Overall, I am satisfied with the police services in our neighborhood

yes no

38. What kind of interaction have you had with the Police Department (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Traffic Enforcement | <input type="checkbox"/> Traffic Accident |
| <input type="checkbox"/> Crime Victim/Report | <input type="checkbox"/> Witness |
| <input type="checkbox"/> D.A.R.E. Program | <input type="checkbox"/> Neighborhood Watch/Liaison |
| <input type="checkbox"/> Disabled Vehicle | <input type="checkbox"/> Bike Patrol |
| <input type="checkbox"/> Arrested | <input type="checkbox"/> Observed from distance |
| <input type="checkbox"/> None | <input type="checkbox"/> Other |

Demographics

39. Your age range:

18-29 30-39 40-49 50-59 60 and up

40. Your race

African American Caucasian Hispanic Oriental Other

41. Your gender

Female Male

42. Number of people in household:

43. Number of years in community:

44. Your neighborhood: Please list the area in which you live:

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Resident perception of the community

45. Do you feel safe walking in your neighborhood during the daytime?

Very Safe Somewhat Safe Somewhat Unsafe Very Unsafe

46. Do you feel safe walking in your neighborhood at night?

Very Safe Somewhat Safe Somewhat Unsafe Very Unsafe

47. How would you rate your fear of becoming a victim in your neighborhood

High Medium Low None

48. Were you a victim of crime within the last two years?

yes no

49. How would you rate the crime frequency in your neighborhood?

High Medium Low None

50. In the past, do you feel that crime in your neighborhood has:

Increased Stayed the Same Decreased

51. Do you think the town should establish a curfew for juveniles?

yes no

52. Please enter any additional comments you may have:

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