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**LAW ENFORCEMENT AGENCY & LEL**

**INFORMATION FORM**

To improve our quality of services and to determine the needs of law enforcement agencies in our region, each year we ask agencies to submit information to our office with information about their agency’s field strength. This also allows you to designate your Law Enforcement Liaison (LEL). The LEL is the key contact for your agency and can help our office and yours in many ways. A list of their responsibilities is on page two. Primarily they are our main contact point with your agency when we have questions about financial and activity reports and finding missing documents. We ask that you complete the form on this first page and fax, mail, or email it back to us. Please keep a copy of both pages for your records.

**Agency Information**

**Chief/Sheriff (Print):\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Number of Officers: \_\_\_\_\_\_\_ Authorized Strength: \_\_\_\_\_\_\_**

**Number of Patrol Officers: \_\_\_\_\_\_\_\_**

(Do not include detectives or other officers not involved in traffic enforcement.)

**Seat Belt Policy with Disciplinary Action for Department in place:** \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

**Law Enforcement Liaison Information**

**Name of Law Enforcement Liaison:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEL Work Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEL Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Working Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(See Reverse Responsibilities)**

**RESPONSIBILITIES OF LAW ENFORCEMENT LIAISONS**

1. Each Agency receiving funds from the WV Governor’s Highway Safety Program shall designate a LEL as their representative to the GHSP. It does not require that they hold supervisory authority, but they should have the ability to speak for that agency.

2. Agencies are responsible for choosing their own LEL. The highway safety program will not choose an LEL for the agency. If there becomes an issue with the LEL at any point, the agency Chief/Sheriff will be notified,

3. When requests for funding are distributed, the LEL will receive the information. It is the LEL’s responsibility to notify their agency of enforcement opportunities,

4. Provide to the GHSP or Regional Coordinator all contact information including Work Phone and Cell Phone numbers, Regular Work Hours, and a working e-mail addresses, Fax number, or other contact info. Emails should be checked regularly, preferably daily, but at least several times a week,

5. To maintain funding they should be available to attend highway safety meetings as hosted by the Director or Regional Coordinator,

6. Maintain a roster of officers within their agencies that are eligible to work, listing their Regular Hourly Rate/ Overtime Hourly Rate/ Total Hourly cost. They will be responsible for updating this on request and assuring that only eligible officers participate in enforcement events. These officers must be Certified Officer/Chief with the WV Department of Justice),

7. The local highway safety coordinators will provide training in the correct completion of information, forms, and reports that are of interest to the GHSP that include, but not limited to, the following:

a. GHSP Overtime reporting form,

b. Report Beam Crash Report,

c. DUI Information Sheet (DMV Form 314),

8. The Agency LEL will meet with the Regional Coordinator to set agency goals and objectives for the Grant Period & work with them to reach those goals. This includes the justifications for all grant requests,

9. The GHSP and the Regional Coordinator will rely on the Agency LEL for vital information from the respective department (Late Crash Reports, No 314’s, and Missing Fatality Reports) that are pertinent to the success of both the regional and state highway safety offices. Each Agency LEL must be reliable and responsible to submit any and all requested information or to have the investigating officer to submit their paperwork.