

# ASHLAND COMMUNITY POLICING SURVEY

**In the neighborhood or are 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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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)

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**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

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**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                      |

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### **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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