



Eastern Adams Regional Police Department



PUBLIC SAFETY SURVEY

Directions: Please answer the following questions to the best of your knowledge. All of your responses will be absolutely confidential.

Section I: Your Community

1. Please rate the seriousness of the following crimes and quality of life issues in Oxford Township/New Oxford Borough for the past year. *(Check only one box for each item)*

	Very Serious	Moderately Serious	Slightly Serious	Not a Problem	Don't Know
Burglary/House Break-Ins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assaults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assaults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unlawful Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupervised House Parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Control Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underage Drinking Parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unlawful Weapon Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loitering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speeding Motor Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drunk Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Rage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card/Check Fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer/Internet Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding in Streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassing Phone Calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solicitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycles on sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unreasonable Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments on Crime:

2. Have you ever been the victim of a crime in Oxford Township or New Oxford Borough? Yes No

3. In Oxford Township/New Oxford Borough have you ever: *(Check all that apply)*

<input type="checkbox"/>	Stopped to ask an officer for advice or directions?
<input type="checkbox"/>	Stopped to talk to a police officer about a community issue?
<input type="checkbox"/>	Called the police station to talk about a community issue?
<input type="checkbox"/>	Been involved in a traffic accident, which required police intervention?
<input type="checkbox"/>	Been involved in a police/community outreach program (ex: Bike Safety)?
<input type="checkbox"/>	Been stopped for a traffic offense?
<input type="checkbox"/>	Been questioned by the police and released (other than traffic offenses)?
<input type="checkbox"/>	Reported a crime?
<input type="checkbox"/>	Been Arrested?
<input type="checkbox"/>	Filed a formal complaint against an Eastern Adams Regional Officer/Department?

4. In your opinion how much have the following factors contributed to the crime rate in Oxford Township/New Oxford Borough over the past year? *(Check only one box for each subject)*

	Large Influence	Moderate Influence	Slight Influence	No Influence	Don't Know
Courts are too lenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol Abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of alternate activities for youths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of jobs/employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited police presence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty/Low Income.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intolerance of difference based on: race, religion, sexual orientation, ect...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social programs/Welfare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over Population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of weapons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affluence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What type of security do you use at home? (Circle all that apply - This survey is anonymous)

<input type="checkbox"/> Alarm System	<input type="checkbox"/> Sensor Lights	<input type="checkbox"/> Standard Window/Door Locks
<input type="checkbox"/> Dead Bolt Locks	<input type="checkbox"/> Dog	<input type="checkbox"/> Exterior/Interior Burglar Bars
<input type="checkbox"/> Do Not Secure Home	<input type="checkbox"/> Other _____	

6. In your opinion, how likely is it that you will be the victim of a **property** crime in Oxford Township/New Oxford Borough over the next five years?

<input type="checkbox"/> Highly Likely	<input type="checkbox"/> Moderately Likely	<input type="checkbox"/> Slightly Likely	<input type="checkbox"/> Not at all Likely
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7. In your opinion, how likely is it that you will be the victim of a violent crime in Oxford Township/New Oxford Borough over the next five years?

<input type="checkbox"/> Highly Likely	<input type="checkbox"/> Moderately Likely	<input type="checkbox"/> Slightly Likely	<input type="checkbox"/> Not at all Likely
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8. How much time do you spend actively participating in the community each month?
(Community based programs, committees or volunteer)

<input type="checkbox"/> 1-7 hours	<input type="checkbox"/> 8-12 hours	<input type="checkbox"/> 13-20 hours	<input type="checkbox"/> 21+ hours	<input type="checkbox"/> Do not Participate
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9. In your opinion, compared to other communities neighboring Oxford Township/New Oxford Borough; how safe is your community?

<input type="checkbox"/> Much Safer	<input type="checkbox"/> Slightly Safer	<input type="checkbox"/> About the same	<input type="checkbox"/> Less Safe	<input type="checkbox"/> Much Less Safe
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10. What do you believe about the prevalence of crime in Oxford Township/ New Oxford Borough ? (Check only one)

<input type="checkbox"/>	crime has increased over the last five years
<input type="checkbox"/>	crime has remained the same over the past five years
<input type="checkbox"/>	crime has decreased over the last five years
<input type="checkbox"/>	Don't know

11. Please check one response for each statement:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I feel safe at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe walking alone in my neighborhood after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe walking with others after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my personal property is safe when I leave home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When returning home at night, I feel safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe leaving my home/car unlocked during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe alone in Oxford Township/New Oxford Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How serious do you think the illegal drug problem is in our community? (Please check one box for each item)

<input type="checkbox"/>	Oxford Township
<input type="checkbox"/>	New Oxford Borough
<input type="checkbox"/>	New Oxford High School
<input type="checkbox"/>	New Oxford Middle School
<input type="checkbox"/>	New Oxford elementary School
<input type="checkbox"/>	Playground/Parks
<input type="checkbox"/>	Within the adult community

Section II: Police Department

12. Please respond whether you agree or disagree with the following statements: (Please check one box for each item)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
The police presence in my neighborhood is appropriate for the need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic enforcement meets the needs of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police department is providing appropriate community education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort of the Police Department to enforce the law are compatible with community needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Police Department responds to calls in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastern Adams Regional Officers respect the rights of individuals and treat people fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone calls to the Police department are handled professionally and courteously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A formal complaint against a police officer will receive a fair, timely and objective response.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Eastern Adams Regional Police Department solicits and welcomes community input.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Police Department has a good public image.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Eastern Adams Regional Police Officers look professional in appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police information provided in local newspaper is useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Eastern Adams Regional Police Department does it's job well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section III: Demographic Information

14. How long have you lived in Oxford Township/New Oxford Borough?

Less than one year
 1-3 years
 4-10 years
 11-20 years
 21+ years

15. How old are you?

18-24
 25-34
 35-44
 45-54
 55-64
 65+

16. How many people are in your household?

1 person
 2-3 persons
 4-5 persons
 6+ persons

17. Do you have any children under the age of 21 living in your household?

Yes
 No
 if yes, please list their ages: _____

18. Do you own or rent your home?

 Own Rent

Other: _____

19. Average household year income before taxes?

 under \$30,000 \$30,000 - \$59,000 \$60,000 - \$89,000 \$90,000+

20. What is your current employment status? (please check one box)

 Employed Unemployed Student Housewife/Husband Retired Disabled

Other: _____

21. What is your Race?

 Caucasian African American Asian Hispanic

Other: _____

22. Do you or anyone in the household own a firearm for sport or protection against crime?

 Yes No Choose not to answer

Section IV: Your Comments:

Please feel free to use as much space or additional pages as necessary.

Please Return To:
Eastern Adams Regional Police Department
110 North Berlin Avenue
New Oxford, PA 17350

THIS SURVEY IS CONFIDENTIAL & ANONYMOUS

Additional Comments: