

PLAN DEVELOPMENT

LOCATION/BOUNDARIES	LOCATION TYPES	CROSS REFERENCE NO.
DESCRIPTION OF SAFETY PROBLEM		AFFECTED BEATS
		AFFECTED TIME/WATCH <input type="checkbox"/> 1ST WATCH <input type="checkbox"/> 2ND WATCH <input type="checkbox"/> 3RD WATCH
ASSOCIATED PROBLEMS <input type="checkbox"/> WEAPONS VIOLATIONS <input type="checkbox"/> SHOTS FIRED <input type="checkbox"/> AGGRAVATED BATTERIES <input type="checkbox"/> GANGS <input type="checkbox"/> DRUGS <input type="checkbox"/> LOITERING <input type="checkbox"/> GRAFFITI <input type="checkbox"/> DISTURBANCES <input type="checkbox"/> ROBBERIES <input type="checkbox"/> OTHER CRIMES _____ <input type="checkbox"/> OTHER ACTIVITIES _____		

IDENTIFIED BY <input type="checkbox"/> NO. OF CALLS FOR SERVICE _____ OEMC EVENT TYPES _____ <input type="checkbox"/> COMMUNITY CONCERNS <input type="checkbox"/> OFFICER OBSERVATIONS <input type="checkbox"/> BEAT COMMUNITY MEETINGS <input type="checkbox"/> OTHER _____	DATE RANGE _____ TO _____
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STATISTICAL SUPPORT <input type="checkbox"/> NO. OF COMMUNITY CONCERNS _____ <input type="checkbox"/> NO. OF ARRESTS _____ <input type="checkbox"/> NO. OF INCIDENTS/RD NUMBERS _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____	DATE RANGE _____ TO _____
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DECONFLICTION NOTIFICATIONS TBU VICE OTHER _____ DECONFLICTION RESULTS POSITIVE NEGATIVE

ANALYSIS OF PROBLEM (LIST INFORMATION DESCRIBING THE OFFENDER, VICTIM, AND LOCATION)

OFFENDER(S)	VICTIM(S)	COMMUNITY CONCERN(S)
1.	1.	1.
2.	2.	2.
3.	3.	3.

PROJECTED/EXPECTED OUTCOME(S) (LIST BOTH QUANTITATIVE AND QUALITATIVE OUTCOMES)

1.	3.
2.	4.

STRATEGIES (LIST STRATEGIES AND RESPONSIBLE PARTIES)

BUSINESS	LAW ENFORCEMENT	COMMUNITY	CITY DEPARTMENTS
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.

PREPARED BY	SIGNATURE	APPROVED BY	DATE
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ASSESSMENT OF STRATEGY PROGRESS

PLAN & STRATEGIES IMPLEMENTED

REVIEW DATE

ANALYSIS OF PLAN RESULTS/LIST REDEVELOPED STRATEGIES

CONTINUANCE DATE

NO. OF ARRESTS _____ NO. OF INCIDENTS/R.D. NUMBERS _____
 NO. OF IDSSRS _____ NO. OF COMMUNITY CONCERNS _____
 NO. OF ISRS _____ OTHER _____

RECOMMENDATION

CONTINUE PLAN
 CLOSE PLAN
 REDEVELOP PLAN

PLAN & STRATEGIES IMPLEMENTED

REVIEW DATE

ANALYSIS OF STRATEGY RESULTS/LIST REDEVELOPED STRATEGIES

CONTINUANCE DATE

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RECOMMENDATION

CONTINUE PLAN
 CLOSE PLAN
 REDEVELOP PLAN

ASSESSMENT OF STRATEGY PROGRESS

PLAN & STRATEGIES IMPLEMENTED _____ REVIEW DATE _____

ANALYSIS OF PLAN RESULTS/LIST REDEVELOPED STRATEGIES _____ CONTINUANCE DATE _____

<input type="checkbox"/> NO. OF ARRESTS _____	<input type="checkbox"/> NO. OF INCIDENTS/R.D. NUMBERS _____	RECOMMENDATION <input type="checkbox"/> CONTINUE PLAN <input type="checkbox"/> CLOSE PLAN <input type="checkbox"/> REDEVELOP PLAN
<input type="checkbox"/> NO. OF IDSSRS _____	<input type="checkbox"/> NO. OF COMMUNITY CONCERNS _____	
<input type="checkbox"/> NO. OF ISRS _____	<input type="checkbox"/> OTHER _____	

PLAN & STRATEGIES IMPLEMENTED _____ REVIEW DATE _____

ANALYSIS OF STRATEGY RESULTS/LIST REDEVELOPED STRATEGIES _____ CONTINUANCE DATE _____

<input type="checkbox"/> NO. OF ARRESTS _____	<input type="checkbox"/> NO. OF INCIDENTS/R.D. NUMBERS _____	RECOMMENDATION <input type="checkbox"/> CONTINUE PLAN <input type="checkbox"/> CLOSE PLAN <input type="checkbox"/> REDEVELOP PLAN
<input type="checkbox"/> NO. OF IDSSRS _____	<input type="checkbox"/> NO. OF COMMUNITY CONCERNS _____	
<input type="checkbox"/> NO. OF ISRS _____	<input type="checkbox"/> OTHER _____	

POST IMPLEMENTATION ANALYSIS

MAINTENANCE STRATEGIES

BUSINESS	LAW ENFORCEMENT	COMMUNITY	CITY DEPARTMENTS
1.	1.	1.	1.
2.	2.	2.	2.

STATISTICAL ANALYSIS _____

FINAL ANALYSIS AND EVALUATION OF THE PLAN (DESCRIBE IMPACT OF THE PLAN AND WHICH STRATEGIES HAVE BEEN MOST EFFECTIVE).

PROBLEM <input type="checkbox"/> REDUCED <input type="checkbox"/> ELIMINATED	REVIEW DATE _____ CLOSED DATE _____
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PREPARED BY _____	SIGNATURE _____	CLOSED BY _____	DATE _____	APPROVED BY _____	DATE _____
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