

# Appendix A: Training Assignments

## Analysis Assignment

The objective of this field assignment is very straightforward. For the previous Field Assignment, you developed an Analysis Plan. In training today, we discussed and critiqued those plans. The objective for this field assignment is to **carry out the analysis plan**.

1. Implement your Analysis Plan for the targeted problem. As part of the plan, you should begin to identify the problem people at that place. Work with the crime analysts and David Choate on this aspect of the assignment.
  - a. Collect the data
  - b. Carry out the analysis
  - c. Interpret the results
  - d. What do the results tell us about the problem?
  - e. Are there specific individuals that you have identified as part of the problem?

**\*\*Use all of the available resources to conduct the analysis, especially the crime analysts.**

Please select a group leader who will present the results of the analysis to the rest of the training class during our next session. Presentation of results should be in the range of 15-20 minutes.

## Response Assignment

The objective of this field assignment is to develop a detailed Response Plan. Your plan should address all of the questions below. Think big! We don't expect that you will be able to implement this plan during our training, but it can serve as a framework for what you do going forward.

What are the primary components of your Response Plan?

- a. What types of strategies will you employ?
  - i. Place-based?
  - ii. Person-based?
- b. Who will be involved? What will each team member contribute?
- c. In terms of Situational Crime Prevention, how will your plan modify the situation (increasing effort, increasing risks, reducing rewards, reducing/avoiding provocations, removing excuses)? Explain
- d. What resources will you need? How long will it take?
- e. What are the primary challenges to implementing this plan?
- f. How will you know if it works (or doesn't work)?

Please select a group leader who will present the Response Plan to the rest of the training class during our next session. Presentation of results should be in the range of 15-20 minutes; please use visual aids such as Power Point.

## Assessment Assignment

Your work groups have now been re-formulated to add members from different units. Your groups now have expertise from several different perspectives. As a group, re-visit the work that has been completed to date regarding Analysis and Response. Answer the first and second questions below. Then move on to the final phase of SARA, Assessment, and answer #3.

1. Is there additional analysis to be done? What other data needs to be collected and analyzed? Do you have a complete understanding of the causes of the problem?
2. Modify your response plan to include the entire group. Describe the new response plan and specify how each of the members of the group will be involved in the response.
3. How will you evaluate or assess your response?
  - a. What is the primary outcome measure(s)?
  - b. What data will you collect data? How will you collect it?
  - c. What resources will you need for assessment?
  - d. How long will it take?
  - e. How can you be sure that your response has caused a change in the problem (rather than something else causing the change)?

Please select a group leader who will present the response plan to the rest of the training class during our next session. Presentation of results should be in the range of 15-20 minutes. Reminder: Be prepared to hear feedback on your assignment and to provide feedback on the work of other groups.

**Appendix B: 6201 West Olive Resident Survey (English and Spanish)**

# Glendale Smart Policing Initiative Residential Survey

August 17, 2012

Hello, my name is \_\_\_\_\_. I work for Arizona State University and we are working with the Glendale Police Department on a project surveying people living in these apartments in order to learn more about their opinions about public safety and crime. This is a research study. We are asking a member of each unit to participate in the survey. Let me assure you that your responses will be kept confidential and we will not ask you for your name or any other information that identifies you. Your participation in this study is voluntary. You can skip questions if you wish. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. The results of this study may be used in reports, presentations, or publications but your name will not be known, and please do not use any names during the interview. Would you be able to take 15 minutes to answer some questions?

**1. Are you of at least 18 years of age?**

- No -Discontinue Interview  
 Yes - Continue, Go to Q-2

**2. First I am going to read to you a list of common community concerns. Please tell me whether you think each one is not a problem, somewhat of a problem, or a big problem in your apartment complex.**

|  | NOT A PROBLEM         | SOMEWHAT OF A PROBLEM | A BIG PROBLEM         | DONT KNOW             | Not Applicable        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Are broken windows or other home fixtures...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Are drunks or drug users hanging around your complex...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Are people who do not keep up their unit...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. Are people saying things, insulting or bothering people as they walk around the complex...            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. Is vandalism or graffiti...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. Are people fighting and arguing...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G. Are noisy neighbors or loud parties...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H. Is prostitution...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I. Are abandoned cars in your parking lot...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| J. Is open drug dealing...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| K. Is garbage and litter lying about...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| L. Are cars being broken into or things being stolen from cars...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| M. Are apartments being broken into...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| N. Are people driving too fast or recklessly through the parking lots of the complex...                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| O. Are groups of teenagers hanging around in hall ways, parking lots, or around the apartment complex... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**3. Overall, in the past 6 months, would you say that your apartment complex has become a better place to live, has gotten worse, or is it about the same as it used to be?**

- Worse  
 About the Same  
 Better  
 DK

**4. In the past 6 months, have you been verbally harassed, physically intimidated, assaulted, robbed, or had any of your property vandalized or stolen in your complex?**

- No  
 Yes

**5. In the past 6 months, has any one living in your unit been verbally harassed, physically intimidated, assaulted, robbed, or had any of your property vandalized or stolen in your complex?**

- No  
 Yes

**6. Now, I am going to read you a list of crimes. For each crime, please rate how serious the crime problem you think exists in your apartment complex in the last 6 months. Your choices are not a problem, somewhat of a problem, or a big problem.**

|                                    | NOT A PROBLEM         | SOMEWHAT OF A PROBLEM | A BIG PROBLEM         | DONT KNOW             | Not Applicable        |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Is vandalism or graffiti...     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Is burglary from apartments...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Is burglary from cars...        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. Is car theft...                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. Is robbery...                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. Is threats or intimidation...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G. Is assault...                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H. Is the possession of weapons... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I. Is drug use...                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| J. Is drug sales...                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**7. How worried are you about being the victim of a crime in your complex?**

Not worried  
 Somewhat worried  
 Very worried  
 Don't Know / Refused

**8. How worried are you when you have to be away from home for a long time that someone might try to break in to your unit?**

Not worried  
 Somewhat worried  
 Very worried  
 Don't Know / Refused

**9. How worried are you about walking alone in your complex?**

Not worried  
 Somewhat worried  
 Very worried  
 Don't Know / Refused

**Next I am going to read you a series of statements about the Glendale Police Department.**

**10. First, overall, how satisfied are you with the quality of police services in your apartment complex?**

Very Satisfied  
 Somewhat Satisfied  
 Somewhat Dissatisfied  
 Very Dissatisfied

**11. Over the past 6 months, have you noticed police officers working in your apartment complex?**

No - SKIP TO Q-13  
 Yes

**12. You have indicated that you have noticed patrol officers working in your complex. Next tell me how much do you agree or disagree with each statement below.**

The police that work in my apartment complex...

|  | STRONGLY DISAGREE     | SOMEWHAT DISAGREE     | NEITHER AGREE NOR DISAGREE | SOMEWHAT AGREE        | STRONGLY AGREE        | DONT KNOW             | Not Applicable        |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Can be trusted...                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Are too tough on people...                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Use more force than is needed...                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. Treat people fairly...                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. Are respectful of people...                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. Stop too many people...                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G. I am afraid of the police in my neighborhood... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**The last few questions are for classification purposes only.**

**13. How many adults (aged 18 or more), including yourself, live in your apartment?**

0  1  
 2  3  
 4  5  
 6  7  
 8  9

**14. How many children (aged 17 or less), live in your apartment?**

0  1  
 2  3  
 4  5  
 6  7  
 8  9

**15. How old are you?**

0  1  
 2  3  
 4  5  
 6  7  
 8  9

**16. How long have you lived in this complex?**

Years:  years

Months:  months

**17. What is your current marital status?**

Single -never married  
 Married  
 Married, but legally separated  
 Cohabiting, but not legally married  
 Divorced  
 Widowed  
 REFUSED

**18. What is your race or ethnicity?**

White (not Hispanic)  
 Black (not Hispanic)  
 Hispanic or Latino (a)  
 American Indian or Alaskan Native  
 Asian or Pacific Islander  
 Multiple (specify)  
 Other (specify)

**19. What is your gender?**

Male  
 Female

Finally, if you have any questions concerning this research study, please contact the research team at: (602) 496-1470.  
 If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788.  
 Thank you very much for your help! Have a Great Day!

# Glendale Smart Policing Initiative Residential Survey

June 11, 2012

Hola, mi nombre es \_\_\_\_\_. Yo trabajo para la Universidad Estatal de Arizona y estamos trabajando con el Departamento de Policía de Glendale, en un proyecto entrevistando a personas que vivan en estos apartamentos para aprender más sobre las opiniones que tengan acerca de la seguridad pública y el crimen. Le estamos pidiendo que algún miembro de la unidad participe en la encuesta. Deje asegurarle que sus respuestas se mantendrán confidenciales y no le pedimos su nombre o alguna otra información que lo identifique. ¿Podría usted tomar 15 minutos para contestar algunas preguntas?

**1. ¿Tiene usted al menos 18 años de edad?**

- No -Discontinue Interview  
 Si - Continue, Go to Q-2

**2. Primero voy a empezar por leerle una lista de preocupaciones comunes entre la comunidad. Por favor dígame si usted piensa si alguna de ellas es ningún problema, algo de problema, o un problema grande en sus apartamentos.**

|   | No Aplica             |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   |                       |                       |                       | No sé                 |                       |
|   | Un problema grande    |                       |                       |                       |                       |
|   | Algo de problema      |                       |                       |                       |                       |
|   | Ningún problema       |                       |                       |                       |                       |
| A. Ventanas quebradas u otros accesorios del hogar rotos son ...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Gente borracha o gente que use droga vagando alrededor de los apartamentos son ...                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Gente que no le de mantención a su unidad es ...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. Gente diciendo cosas, insultando, o molestando a gente cuando caminan alrededor de los apartamentos son... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. Vandalismo u grafiti (rayas/letras en las paredes) es ...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. Gente peleando o discutiendo es ...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G. Vecinos que hacen mucho ruido o fiestas ruidosas son ...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H. Prostitución es ...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I. Carros abandonados en el parqueadero ...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| J. Venta de drogas al descubierto es ...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| K. Basura tirada alrededor es ...   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| L. Se meten a los carros o roban cosas de los carros ...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| M. Se meten a los apartamentos a robar ...  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| N. Gente manejando muy rápido o descuidadamente en los apartamentos es...                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| O. Grupo de jóvenes vagando en los pasillos, parqueaderos, o alrededor de los apartamentos son ...            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**3. En general, en los últimos 6 meses, usted diría que los apartamentos se han convertido en un mejor lugar para vivir, han empeorado, o están más o menos igual que lo que eran antes?**

- Peor  
 Más o menos igual  
 Mejor  
 No se

**4. En los últimos 6 meses en sus apartamentos, ¿Ha usted sido verbal mente molestado/a, físicamente intimidado/a, agredido/a, robado/a, o ha tenido cualquiera de su**

- No  Si

**5. En los últimos 6 meses en sus apartamentos, ¿Ha alguien que viva en su unidad sido verbal mente molestado/a, físicamente intimidado/a, agredido/a, robado/a, o ha tenido cualquiera de su propiedad destrozada o robada?**

- No  Si

**6. Ahora, le voy a leer una lista de crímenes. Para cada crimen, por favor diga que tan serio crea usted es el crimen un problema que existe en los apartamentos en los últimos 6 meses. Sus opciones son ningún problema, algo de problema, o un problema grande.**

|   | No Aplica             |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   |                       |                       |                       | No sé                 |                       |
|   | Un problema grande    |                       |                       |                       |                       |
|   | Algo de problema      |                       |                       |                       |                       |
|   | Ningún problema       |                       |                       |                       |                       |
| A. Vandalismo o grafiti es ...                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Robo a los apartamentos es ...                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Robo a los carros es...                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. Robo de carros es ...                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. Robo en su presencia (ex: bajo amenaza) es ... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. Amenazas o intimidación es ...                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G. Agresión (violencia a los demás) es ...        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| H. Posesión de de armas es ...                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I. Uso de drogas es...                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| J. Venta de drogas es ...                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**7. En sus apartamentos, ¿Que tan preocupado/a esta usted de ser una víctima de algún crimen?**

Ninguna preocupación  
 Algo de preocupación  
 Mucha preocupación  
 No sé / Rehusó

**8. ¿Que tan preocupado/a esta usted cuando tiene que estar fuera de su casa por mucho tiempo de que alguien trate de robar su unidad?**

Ninguna preocupación  
 Algo de preocupación  
 Mucha preocupación  
 No sé / Rehusó

**9. ¿Que tanto le preocupa a usted caminar solo/a en los apartamentos?**

Ninguna preocupación  
 Algo de preocupación  
 Mucha preocupación  
 No sé / Rehusó

Ahora me gustaria preguntarle algunas preguntas acerca de si usted, miembros de su hogar, o vecinos has sido victima de un crimen.

**10. En general, que tan satisfecho/a esta usted con la cualidad de los servicios de policia en sus apartamentos? Esta usted:**

Muy satisfecho/a  
 Algo satisfecho/a  
 Algo di satisfecho/a  
 Muy di satisfecho/a

**11. En los últimos 6 meses ¿Ha usted visto a oficiales de policia trabajando en los apartamentos?**

No - Skip to Q-13  
 Si

**12. Usted ha indicado que ha visto a oficiales de policia trabajando aquí en los apartamentos. Ahora, dígame que tan de acuerdo o en desacuerdo esta usted con las siguientes frases.**

La policia que trabaja en mis apartamentos...

|   | Muy de acuerdo        | Algo de acuerdo       | Ni de acuerdo ni en desacuerdo | Algo en desacuerdo    | Muy en desacuerdo     | No Aplica             | No sé                 |
|---|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Es de confianza...                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Es muy dura con la gente...                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Usa más fuerza que la que ocupan...              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. Tratan a la gente justamente...                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| E. Son respetuosos de la gente...                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| F. Paran a mucha gente...                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| G. Yo tengo miedo de la policia en my vecindario... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Ahora quiero preguntarle unas cuantas preguntas por propósitos de clasificacion solamente.

**13. ¿Cuántos adultos (18 años o más), incluyéndose usted mismo, viven en el apartamento?**

0  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9

**14. ¿Cuántos niños/as (de 17 años o menor) viven en su apartamento?**

0  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9

**15. Cuantos años tiene usted ?**

0  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9

**15. ¿Que tanto ha vivido usted aquí?**

|                      | Años                    | Meses                   |
|----------------------|-------------------------|-------------------------|
| <input type="text"/> | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="text"/> | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="text"/> | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="text"/> | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="text"/> | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="text"/> | <input type="radio"/> 5 | <input type="radio"/> 5 |
| <input type="text"/> | <input type="radio"/> 6 | <input type="radio"/> 6 |
| <input type="text"/> | <input type="radio"/> 7 | <input type="radio"/> 7 |
| <input type="text"/> | <input type="radio"/> 8 | <input type="radio"/> 8 |
| <input type="text"/> | <input type="radio"/> 9 | <input type="radio"/> 9 |

**17. Cual es su estado civil?**

Soltero/a -nunca casado/a  
 Casado/a  
 Casado/a, pero legalmente separados  
 Viviendo en union libre, pero no legalmente casados  
 Divorciado/a  
 Viudo/a  
 REHUSO

**18. ¿Cuál es su raza o etnicidad?**

Blanco (No hispano)  
 Negro (No hispano)  
 Hispano o Latino (a)  
 Indio Americano, Nativo de Alaska  
 Asiático o de las Islas del Pacifico  
 Multiple (especifique)  
 Otra (especifique)

**19. Cual es su género?**

Hombre  
 Mujer

Muchas Gracias por su ayuda! Que tenga un muy buen día!



## **Appendix C: Social and Physical Disorder Survey**

# Glendale SMART Policing Project

## Block/Street inventory

|                 |  |                |
|-----------------|--|----------------|
| Team            |  | Street Address |
| Rater           |  |                |
| Date (mm/dd/yy) |  |                |
| Time started    |  |                |

### I. General block/street characteristics

| <i>1. Traffic volume</i> | <i>2. Litter/glass</i> | <i>3. People</i> |
|--------------------------|------------------------|------------------|
| None                     | None                   | None             |
| Very Light               | Very Light             | Less than 5      |
| Light                    | Light                  | 6-20             |
| Moderate                 | Moderate               | 21-50            |
| Heavy                    | Heavy                  | 51-100           |
| Very Heavy               | Very Heavy             | 100+             |
| Blocked                  |                        |                  |
| Pedestrian only          |                        |                  |
|                          |                        |                  |
|                          |                        |                  |
|                          |                        |                  |

### II. Block/street physical environment

| <i>4. How many of the following?</i>             | <i>Tallies</i> | <i>#</i> | <i>5. Indication of...</i>         | <i>Yes</i> | <i>No</i> |
|--|----------------|----------|------------------------------------|------------|-----------|
| Undrivable/damaged cars on street                |                |          | Prostitution                       |            |           |
| Damage on street property, broken street lights  |                |          | Drug dealing                       |            |           |
| Private property disorder (garbage/debris/NWV's) |                |          | Drug use                           |            |           |
| Graffiti   |                |          | Public alcohol drinking            |            |           |
| Evidence of painted over graffiti                |                |          | Panhandling                        |            |           |
| Abandoned lots (with garbage, etc.)              |                |          | Homeless people                    |            |           |
| % of residences with bars/gratings               |                |          | Children in the street/parking lot |            |           |
| Broken sections of sidewalk (potholes, etc.)     |                |          | Teenagers hanging out              |            |           |
| Broken sections of street (potholes, etc.)       |                |          | Adults hanging out                 |            |           |
| Evidence of drug consumption                     |                |          | People eating outside              |            |           |
| Evidence of alcohol consumption                  |                |          | People playing outside             |            |           |
| Lots/buildings under construction/renovation     |                |          | Police presence                    |            |           |
| Boarded/abandoned units                          |                |          |                                    |            |           |
| Overgrown foliage                                |                |          |                                    |            |           |
| Evidence of revitalization (comment below)       |                |          |                                    |            |           |

### III. Comments (notable issues, evidence of modified homes or revitalization, mixed quality of housing stock, interactions, artistic graffiti, other uses of land, etc.)

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## Appendix D: Vehicle Report Card

**Glendale Police  
Department**



**Vehicle**

**Report Card**

**Glendale Police  
Department**



**Vehicle**

**Report Card**

**Glendale Police  
Department**



**Vehicle**

**Report Card**

The Glendale Police Department is concerned about your safety, and the safety of your property. Vehicle burglary is a common type of property crime yet it is an easy type of crime to prevent. All it takes is a few minutes to protect your car. We have completed this form today to help you keep your property safe.

Your vehicle:

No Issues

Possible Victim

Areas for improvement:

- Property in plain view
- Keys left in vehicle
- Window open
- Vehicle left unsecured
- Other \_\_\_\_\_

For questions or more theft prevention tips contact your Community Action Team

623-930-3380

The Glendale Police Department is concerned about your safety, and the safety of your property. Vehicle burglary is a common type of property crime yet it is an easy type of crime to prevent. All it takes is a few minutes to protect your car. We have completed this form today to help you keep your property safe.

Your vehicle:

No Issues

Possible Victim

Areas for improvement:

- Property in plain view
- Keys left in vehicle
- Window open
- Vehicle left unsecured
- Other \_\_\_\_\_

For questions or more theft prevention tips contact your Community Action Team

623-930-3380

The Glendale Police Department is concerned about your safety, and the safety of your property. Vehicle burglary is a common type of property crime yet it is an easy type of crime to prevent. All it takes is a few minutes to protect your car. We have completed this form today to help you keep your property safe.

Your vehicle:

No Issues

Possible Victim

Areas for improvement:

- Property in plain view
- Keys left in vehicle
- Window open
- Vehicle left unsecured
- Other \_\_\_\_\_

For questions or more theft prevention tips contact your Community Action Team

623-930-3380

## **Appendix E: Floor Plan of Arrowhead Towne Center**



ARROWHEAD TOWNE CENTER  
 7700 W. Arrowhead Towne Center  
 Glendale, AZ 85308  
 Phone: (602) 979-7720  
 Fax: (602) 979-4447

For Leasing  
 Information Contact:  
 Sean McMillen  
 The Nicerati Company  
 1141 North Central  
 Phoenix, AZ 85029  
 Phone: (602) 583-6200  
 Fax: (602) 583-1864

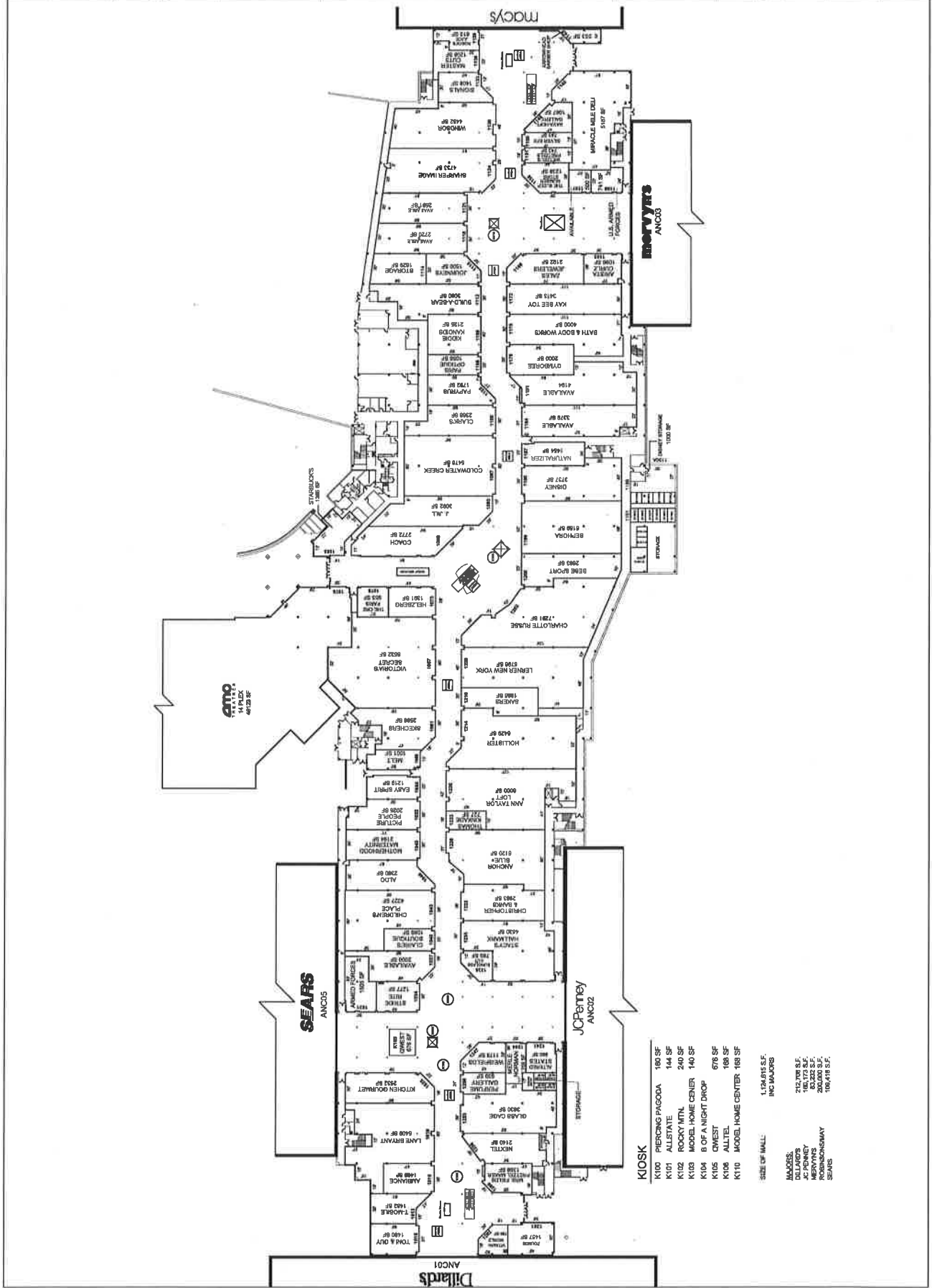
Note:  
 This is a schematic plan only  
 intended to show the general layout  
 of the shopping center or part  
 thereof. This plan is not to be scaled.

LAST UPDATED: 02.21.07  
 BY: AJ

**westcor**  
 A Subsidiary of MACERICH

visit our web site at  
[www.westcor.com](http://www.westcor.com)

**FIRST LEVEL  
 LEASE PLAN**



- KIOSK**  
 K100 PIERCING PAGOODA 180 SF  
 K101 ALLSTATE 144 SF  
 K102 ROCKY MTL. 240 SF  
 K103 MODEL HOME CENTER 140 SF  
 K104 B OF A NIGHT DROP 678 SF  
 K105 CWEST 108 SF  
 K106 ALTEL 183 SF  
 K110 MODEL HOME CENTER 183 SF
- SIZE OF MALL:**  
 1,124,815 S.F.  
 INC MAJORS
- RETAILERS:**  
 212,778 S.F.  
 180,173 S.F.  
 200,000 S.F.  
 200,000 S.F.  
 109,478 S.F.



**ARROWHEAD TOWNE CENTER**  
 7700 W. Arrowhead Towne Center  
 Glendale, AZ 85308  
 Phone: (623) 979-7720  
 Fax: (623) 979-4447

For Leasing  
 Information Contact:  
 Sean McMichon  
 The Macerich Company  
 11411 North Tatum Blvd.  
 Phoenix, AZ 85028  
 Phone: (602) 963-6200  
 Fax: (602) 953-1964

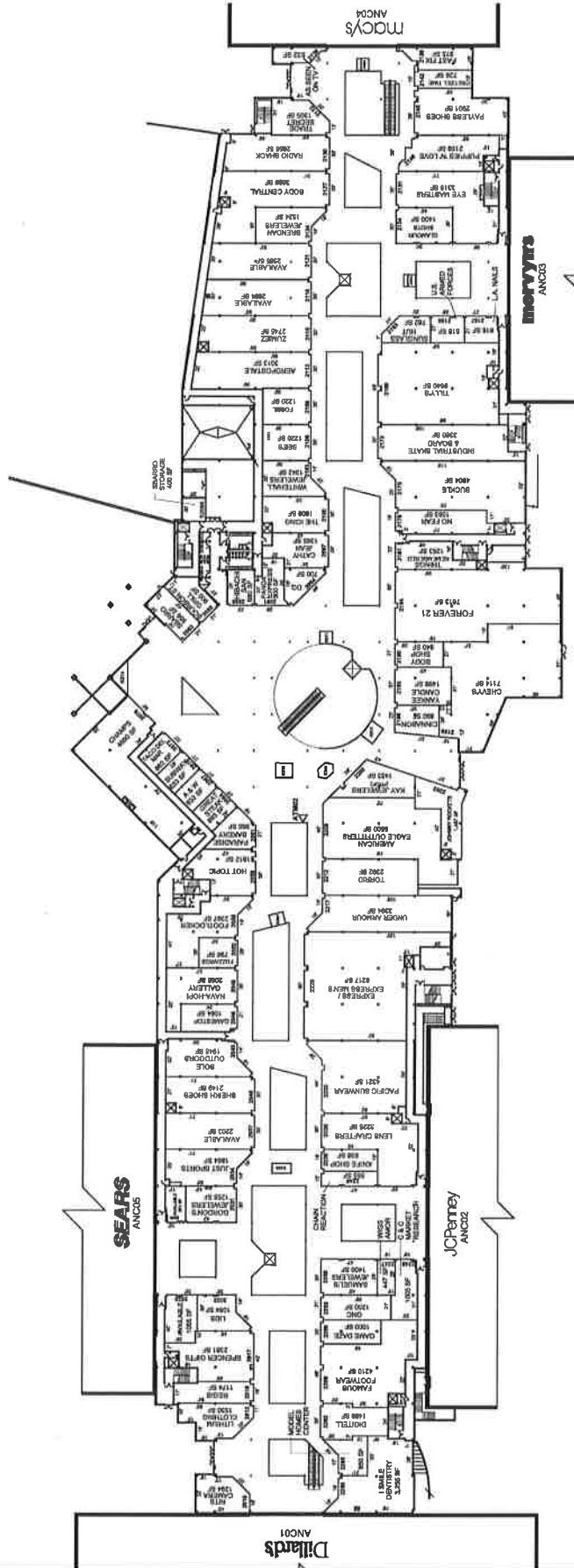
Note: This is a schematic plan only intended to show the general layout of the shopping center or part thereof. This plan is not to be scaled.

LAST UPDATED: 02.09.07  
 BY: AH

**westcor**

A Subsidiary of MACERICH  
 visit our web site at  
 www.westcor.com

**SECOND LEVEL  
 LEASE PLAN**



- KIOSK**
- K207 200 SF
  - K208 177 SF
  - K209 152 SF
  - K210 152 SF
  - K211 152 SF
  - K212 152 SF

- SIZE OF WALL:**
- 1,049.95 LF
  - 1,049.95 LF
  - 742.08 LF
  - 18,173.5 LF
  - 10,222.5 LF
  - 10,844.5 LF

- ANCHORS:**
- DILLARDS
  - JCPENNEY
  - MACYS
  - MACYS
  - MACYS
  - SEARS



# **Appendix F: Arrowhead Towne Center Reporting Form**

# Arrowhead Towne Center Incident Reporting Form - Glendale Smart Policing Initiative

## MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

**CORRECT:** ●      **INCORRECT:**

## COMPLETING BUBBLES

- When filling in bubbles:**
1. Mark ONE letter or number per column.
  2. Start from the leftmost column and work your way to the right.
  3. For numbers, zero-fill from left.

| INCIDENT DATE              |                      |                      |
|----------------------------|----------------------|----------------------|
| MONTH                      | DAY                  | YEAR                 |
| <input type="radio"/> Jan  |                      |                      |
| <input type="radio"/> Feb  |                      |                      |
| <input type="radio"/> Mar  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Apr  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> May  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> June | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> July | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Aug  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Sept | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Oct  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Nov  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Dec  | <input type="text"/> | <input type="text"/> |

| INCIDENT TIME        |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

| REPORT DATE                |                      |                      |
|----------------------------|----------------------|----------------------|
| MONTH                      | DAY                  | YEAR                 |
| <input type="radio"/> Jan  |                      |                      |
| <input type="radio"/> Feb  |                      |                      |
| <input type="radio"/> Mar  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Apr  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> May  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> June | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> July | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Aug  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Sept | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Oct  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Nov  | <input type="text"/> | <input type="text"/> |
| <input type="radio"/> Dec  | <input type="text"/> | <input type="text"/> |

| REPORT TIME          |
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| <input type="text"/> |
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| <input type="text"/> |

| NUMBER OF SUSPECTS   |
|----------------------|
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| INCIDENT NUMBER      |                      |
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| <input type="text"/> | <input type="text"/> |

| FLOOR                        |
|------------------------------|
| <input type="radio"/> First  |
| <input type="radio"/> Second |

| SPACE#               |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
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| <input type="text"/> |
| <input type="text"/> |
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| <input type="text"/> |
| <input type="text"/> |

| TENANT SPACE                  |
|-------------------------------|
| <input type="radio"/> Inside  |
| <input type="radio"/> Outside |

| SUSPECT ON CAMERA         |
|---------------------------|
| <input type="radio"/> No  |
| <input type="radio"/> Yes |

| PHOTO OF SUSPECT          |
|---------------------------|
| <input type="radio"/> No  |
| <input type="radio"/> Yes |

| WEAPON INVOLVED           |
|---------------------------|
| <input type="radio"/> No  |
| <input type="radio"/> Yes |

| MALL SPACE                     |
|--------------------------------|
| <input type="radio"/> Indoors  |
| <input type="radio"/> Outdoors |

| TYPE OF INVOLVEMENT            |
|--------------------------------|
| <input type="radio"/> Guest    |
| <input type="radio"/> Employee |
| <input type="radio"/> Other    |

| TYPE OF CRIME / MISCONDUCT                    |
|---|
| <input type="radio"/> Alcohol Consumption     |
| <input type="radio"/> Assault / Fighting      |
| <input type="radio"/> Disorderly Conduct      |
| <input type="radio"/> Criminal Damage         |
| <input type="radio"/> Drug Use / Sales        |
| <input type="radio"/> Fraud / Stolen Property |
| <input type="radio"/> Motor Vehicle Theft     |
| <input type="radio"/> Robbery - Weapon        |
| <input type="radio"/> Suspicious Activity     |
| <input type="radio"/> Theft - from a Vehicle  |
| <input type="radio"/> Theft - Shoplifting     |
| <input type="radio"/> Trespass Violation      |
| <input type="radio"/> Other                   |

| LOCATION OF INCIDENT                     |   |   |
|--|---|---|
| <input type="radio"/> Northwest Entrance | <input type="radio"/> East Mall (Upper Level)                 | <input type="radio"/> North AMC Parking Lot         |
| <input type="radio"/> Southwest Entrance | <input type="radio"/> East Mall (Lower Level)                 | <input type="radio"/> North Macy's Parking Lot      |
| <input type="radio"/> North Center Court | <input type="radio"/> West Mall (Upper Level)                 | <input type="radio"/> East Macy's Parking Lot       |
| <input type="radio"/> South Center Court | <input type="radio"/> West Mall (Lower Level)                 | <input type="radio"/> South Macy's Parking Lot      |
| <input type="radio"/> Patio              | <input type="radio"/> North Dillard's Parking Lot             | <input type="radio"/> South Forever 21 Parking Lot  |
| <input type="radio"/> Northeast Entrance | <input type="radio"/> West Dillard's Parking Lot              | <input type="radio"/> South Chevy's Parking Lot     |
| <input type="radio"/> Southeast Entrance | <input type="radio"/> South Dillard's Parking Lot             | <input type="radio"/> South JC Penney's Parking Lot |
| <input type="radio"/> Food Court         | <input type="radio"/> North Sears Parking Lot                 | <input type="radio"/> Outer ring road               |
| <input type="radio"/> Center Court       | <input type="radio"/> North Dick's Sporting Goods Parking Lot | <input type="radio"/> Other: _____                  |

| VEHICLE INFO - IF APPLICABLE |                              |                               |                               |  |                             |
|------------------------------|------------------------------|-------------------------------|-------------------------------|--|-----------------------------|
| MAKE                         | MODEL                        | STYLE                         | COLOR                         | YEAR                                     |                             |
| <input type="text"/>         | <input type="text"/>         | <input type="text"/>          | <input type="text"/>          | <input type="text"/>                     |                             |
| LICENSE PLATE #              | STATE                        | TAG YEAR                      | DISTINGUISHING TRAITS         |  |                             |
| <input type="text"/>         | <input type="text"/>         | <input type="text"/>          | <input type="text"/>          |  |                             |
| ATTRIBUTED TO:               | <input type="radio"/> VICTIM | <input type="radio"/> SUSPECT | <input type="radio"/> WITNESS | <input type="radio"/> SUSPICIOUS VEHICLE | <input type="radio"/> OTHER |

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**COMPLETE AT LEAST ONE "PERSON TYPE" SECTION FOR EACH SUSPECT AND VICTIM, STARTING WITH SUSPECT #1.  
ADD ADDITIONAL VICTIMS, SUSPECTS AND WITNESSES AS NECESSARY, USING THE "ADD PERSON" FORM.**

Person #1     SUSPECT     VICTIM     WITNESS     OTHER

Ban this person?    Checked ID?  
 YES     NO     YES     NO

NAME (Start from the left - Last Name - space - First Name - space - MI)

Grid of letters for name entry: A-Z, a-z, and digits 0-9.

HOME ADDRESS (OR BUSINESS ADDRESS IF BUSINESS VICTIM)    CITY    STATE    ZIP

| SEX                          | RACE (Mark all that apply)                      | HAIR                                | LENGTH                         | EYES                        | HEIGHT        | BUILD                             |
|------------------------------|---|-------------------------------------|--------------------------------|-----------------------------|---------------|-----------------------------------|
| <input type="radio"/> Male   | <input type="radio"/> American Indian           | <input type="radio"/> Black         | <input type="radio"/> Bald     | <input type="radio"/> Black |               | <input type="radio"/> Small       |
| <input type="radio"/> Female | <input type="radio"/> Asian or Pacific Islander | <input type="radio"/> Blonde        | <input type="radio"/> Short    | <input type="radio"/> Blue  |               | <input type="radio"/> Thin / Slim |
| <b>GLASSES</b>               | <input type="radio"/> Black or African-American | <input type="radio"/> Brown - Dark  | <input type="radio"/> Collar   | <input type="radio"/> Brown | <b>WEIGHT</b> | <input type="radio"/> Medium      |
|                              | <input type="radio"/> Hispanic or Latino (a)    | <input type="radio"/> Brown - Light | <input type="radio"/> Shoulder | <input type="radio"/> Gray  |               | <input type="radio"/> Muscular    |
| <input type="radio"/> Yes    | <input type="radio"/> White                     | <input type="radio"/> Gray          | <input type="radio"/> Long     | <input type="radio"/> Green |               | <input type="radio"/> Large       |
| <input type="radio"/> No     | <input type="radio"/> Other                     | <input type="radio"/> Red           |                                | <input type="radio"/> Hazel |               | <input type="radio"/> Obese       |
|                              |   | <input type="radio"/> Other         |                                | <input type="radio"/> Other |               |                                   |

**CLOTHING**

| BOTTOMS                       | TOP - (Mark all that Apply)          | Shoes                 | Bottoms               | COLORS                                     | Top                   | Hat - if any          |
|-------------------------------|--------------------------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|
| <input type="radio"/> Shorts  | <input type="radio"/> Blouse         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Black                | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Pants   | <input type="radio"/> Buttoned - L/S | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Blue                 | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Jeans   | <input type="radio"/> Buttoned - S/S | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Brown                | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Skirt   | <input type="radio"/> Coat / Jacket  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Gray                 | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Dress   | <input type="radio"/> Dress          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Green                | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Other   | <input type="radio"/> Halter         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Khaki / Tan          | <input type="radio"/> | <input type="radio"/> |
| <b>TRAITS</b>                 | <input type="radio"/> Hoodie         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Orange               | <input type="radio"/> | <input type="radio"/> |
|                               | <input type="radio"/> Polo           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Purple               | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Solid   | <input type="radio"/> Sweater        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Red                  | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Striped | <input type="radio"/> Tank-top       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> White                | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Pattern | <input type="radio"/> T-Shirt        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Yellow               | <input type="radio"/> | <input type="radio"/> |
|                               | <input type="radio"/> OTHER          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Other / Multicolored | <input type="radio"/> | <input type="radio"/> |
|                               |                                      | <b>SHADE</b>          |                       |  |                       |                       |
|                               |                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Dark                 | <input type="radio"/> | <input type="radio"/> |
|                               |                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Light                | <input type="radio"/> | <input type="radio"/> |

**Appendix G: Arrowhead Towne Center Partner of the  
Month Certificate**



## Smart Policing Initiative (SPI) Project

### Arrowhead Towne Center Competition for Mall Security Personnel

### Award for “SPI Partner of the Month”

Starting in February, each month the SPI team at ASU and Glendale PD will select a mall security team member for the “SPI Partner of the Month” award. The winner will receive a **certificate and a \$25 Visa gift card**.

Awards will be given to the security team member whose ASU Smart Policing “Bubble Sheet” forms for suspicious/criminal activity are **the most accurate and complete**.

For more details or if you have questions, please contact David Choate at [dchoate@asu.edu](mailto:dchoate@asu.edu) or 602-496-1473.