

**ACTIVATION OF MOBILE SUPPORT UNIT
IN ACCORDANCE WITH IC 10-14-3-19 AND EXECUTIVE ORDER 13-09
ACTIVATION NUMBER 20161021A**

I, DAVID W. KANE, AS EXECUTIVE DIRECTOR OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY, DO HEREBY ACTIVATE A MOBILE SUPPORT UNIT AS FOLLOWS:

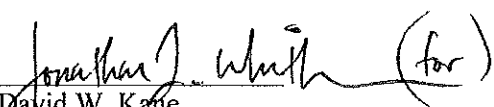
1. The Mobile Support Unit shall consist of law enforcement personnel from the City of Indianapolis, Town of Brookville, Town of Munster, City of Hammond, Town of Griffith, Michigan City, Town of Schererville, and Lake County to provide law enforcement support as needed to the County of Morton located in North Dakota for a situation involving civil unrest and criminal activities related to opposition of the Dakota Access Pipeline (DAPL) project. This Mobile Support Unit will be under the command of [REDACTED] the Mobile Support Unit Commander until November 8, 2016.
2. The Emergency Management Assistance Compact is being used for this out of state deployment.
3. The Mobile Support Unit shall congregate at the Munster Police Department and deploy from Munster, Indiana on **October 22, 2016** to the Morton County Tactical Operations Center, in Morton County, North Dakota to perform law enforcement duties through **November 6, 2016** and will arrive back in Indiana on **November 8, 2016**.
4. The Mobile Support Unit consists of the sixteen (16) individuals listed on the roster attached as **Exhibit 1** of this Activation Order. Twenty-one (21) law enforcement officers from the Indiana Department of Natural Resources will be traveling with this MSU. This roster may only be changed when the Mobile Support Unit Commander creates, signs and dates an amended roster which is then approved in writing by the IDHS Executive Director.

Prior to deployment, the Commander will obtain a completed and signed Mobile Support Unit member checklist, attached as **Exhibit 2** of this Activation Order, from each MSU team member. The Mobile Support Unit Commander shall forward a copy of these completed checklists to the State Emergency Operations Center and the State Finance Section Chief.

Prior to deployment, the Commander must send a notice to the employer of each Mobile Support Unit member who deploys in an "employed and working" status as displayed in **Exhibit 3** of this Activation Order. This notice will inform the employer of this activation order and will describe the reimbursement procedures under which the employer may seek reimbursement from IDHS for the salary of the unit member and his or her other allowable expenses.

5. The Mobile Support Unit Commander, The Mobile Support Unit, this Mobile Support Unit Activation Order, and Reimbursement shall be subject to IC 10-14-3-19, the Mobile Support Unit Guidelines at: http://www.in.gov/dhs/files/Mobile_Support_Unit_Guidelines_3-3-10.pdf, and the March 4, 2016 Disaster Reimbursements Information Bulletin issued by the Indiana Department of Homeland Security.
6. Under IC 10-14-3-19(c), each member of the Mobile Support Unit is considered to be a state emergency management worker for the purposes of IC 10-14-3-15 while serving as a member of the Mobile Support Unit. All members of this Mobile Support Team must be deploying in an "employed and working status" with the individual's employer. To be eligible to be placed on a roster, Mobile Support Unit members must have health insurance coverage and also be covered by workers compensation through their employer.

SIGNED THIS 21st DAY OF October 2016


David W. Kane
Executive Director

Indiana Department of Homeland Security

[illegible]

Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST
(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|--------|--|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: | | Title: | |
| Address | | | |
| City: | State: | Zip Code: | |
| E-mail: | | Phone No.: | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: _____ | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: | | | |
| Employer's Mailing Address | | | |
| City | State | Zip Code | |
| Employer's Federal Tax ID: | | | |
| Employer's Contact Person: | | | |
| Contact's E-mail: | | Contact's Phone No.: | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: | | Hourly Fringe Benefits: | |
| Eligible for paid overtime (Yes or No): | | | |
| Overtime Hourly Wage: | | Overtime Hourly Fringe Benefits: | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
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| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
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MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street
Indianapolis, IN 46204

Exhibit 3

**NOTICE TO EMPLOYER OF EMPLOYEE MEMBER OF A MOBILE SUPPORT UNIT THAT
MAY BE ACTIVATED IN ACCORDANCE WITH IC 10-14-3-19**

Under the provisions of IC 10-14-3-19, the Executive Director of the Indiana Department of Homeland Security has the authority to activate one or more mobile support units to respond to a disaster, public health emergency, public safety emergency, or other event that requires emergency action. One or more of your employees has volunteered to be a member of a mobile support unit to provide fire, hazardous materials, emergency medical or other essential response services.

While serving as a member of a mobile support unit ("MSU"), your employee is an emergency management worker as provided in IC 10-14-3-15. Under that statute, except in cases of willful misconduct, gross negligence, or bad faith, any emergency management worker complying with or reasonably attempting to comply with IC 10-14-3 or any order or rule adopted under IC 10-14-3, or under any ordinance relating to blackout or other precautionary measures enacted by any political subdivision of the state, is not liable for the death of or injury to persons or for damage to property as a result of any such activity.

In addition, under IC 10-14-3-19, the follow reimbursement of employers or self-employed individuals is permitted:

(f) The state may reimburse a political subdivision for:

(1) the compensation paid and actual and necessary travel, subsistence, and maintenance expenses of an employee of the political subdivision while the employee is serving as a member of a mobile support unit;

(2) all payments for death, disability, or injury of an employee incurred in the course of duty while the employee was serving as a member of a mobile support unit;

(3) all losses of or damage to supplies and equipment of the political subdivision or the employee incurred while the employee was serving as a member of a mobile support unit; and

(4) the cost of a backfill employee necessary for the political subdivision to fill the position and perform the duties of an employee deployed on a mobile support unit to assist another state under the Emergency Management Assistance Compact, but only if and to the extent the cost of the backfill employee represents an extra cost to the political subdivision.

(g) For an individual of a mobile support unit who is not an employee of the state or a political subdivision, the state may:

(1) compensate the individual:

(A) at a rate of pay approved by the executive director;

(B) by reimbursing the individual for the actual and necessary:

(i) travel;

(ii) subsistence; and

(iii) maintenance;

expenses of the individual of the mobile support unit incurred while the individual is on duty as a member of a mobile support unit; and

(C) for all losses of or damage to supplies and equipment of the individual incurred while the individual is on duty as a member of a mobile support unit;



An Equal Opportunity Employer

or

(2) reimburse the individual's employer for:

(A) the compensation paid and the actual and necessary:

(i) travel;

(ii) subsistence; and

(iii) maintenance;

expenses of the employee while the employee is on duty as a member of a mobile support unit;

(B) all losses of or damage to supplies and equipment of the employer or the employee incurred in the course of duty while the employee was on duty as a member of a mobile support unit.

Questions concerning this notice can be referred to the EOC Manager, Indiana Department of Homeland Security, Division of Response and Recovery, at [REDACTED] or by email at EOCManager@dhs.in.gov.

Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST

(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|-------------------|--|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address: [REDACTED] | | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code: [REDACTED] | |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: <input checked="" type="checkbox"/> | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: <u>Lake County Sheriff</u> | | | |
| Employer's Mailing Address <u>2293 N. Main Street</u> | | | |
| City <u>Crown Point</u> | State <u>IN</u> | Zip Code <u>46307</u> | |
| Employer's Federal Tax ID: _____ | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: <u>\$ 22.41</u> | | Hourly Fringe Benefits: _____ | |
| Eligible for paid overtime (Yes or No): <u>yes</u> | | | |
| Overtime Hourly Wage <u>\$ 33.81</u> | | Overtime Hourly Fringe Benefits: _____ | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Clothes, bags, hygiene supplies, food, drinks</u> | | | |
| | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Vehicle, uniforms, equipment, vest, duty weapon</u> | | | |
| | | | |
| | | | |

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MOBILE SUPPORT UNIT MEMBER CHECKLIST

(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|-------------------|--|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address: [REDACTED] | | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code: [REDACTED] | |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: <u>GRIFFITH PD</u> | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: <u>TOWN OF GRIFFITH, IN</u> <u>GRIFFITH POLICE DEPT.</u> | | | |
| Employer's Mailing Address: <u>115 N. BROAD ST.</u> | | | |
| City: <u>GRIFFITH</u> | State: <u>IN</u> | Zip Code: <u>46319</u> | |
| Employer's Federal Tax ID: <u>35-6001051</u> | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: <u>\$ 20.24</u> | | Hourly Fringe Benefits: _____ | |
| Eligible for paid overtime (<input checked="" type="radio"/> Yes or No): | | | |
| Overtime Hourly Wage: <u>\$ 39.36</u> | | Overtime Hourly Fringe Benefits: _____ | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Clothes, bag, hygiene supplies, Food, drinks</u> | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>FLEET # 9159 2016 FORD EXPLORER 1FMEK8AR2GGD16217</u> | | | |
| <u>uniforms, vest, equipment, duty weapon</u> | | | |

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MOBILE SUPPORT UNIT MEMBER CHECKLIST
(This checklist must be updated by each DRTF member annually by January 1.)

| | | |
|---|--|---------------------|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | |
| Name: [REDACTED] | Title: [REDACTED] | |
| Address [REDACTED] | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code [REDACTED] |
| E-mail: [REDACTED] | Phone No. [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | |
| Employed by Local Government Agency: YES _____ | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | |
| Employer's Name: Munster Police Department | | |
| Employer's Mailing Address 1001 Ridge Road | | |
| City Munster | State IN | Zip Code 46321 |
| Employer's Federal Tax ID: 35-6001128 | | |
| Employer's Contact Person: [REDACTED] | | |
| Contact's E-mail: [REDACTED] | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | |
| Hourly Wage: 27.38 | Hourly Fringe Benefits: | |
| Eligible for paid overtime (Yes or No): YES | | |
| Overtime Hourly Wage: 41.07 | Overtime Hourly Fringe Benefits: | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | |
| All equipment that I would be bringing to a normal callout from the district | | |
| Clothes, bags, hygiene supplies, food, drinks | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | |
| Vehicle, uniforms, vest, weapon equipment | | |

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| | | | |
|---|-------------------|--|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address: [REDACTED] | | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code: [REDACTED] | |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: <u>YES</u> | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: <u>Hammond Police Dept. City of Hammond</u> | | | |
| Employer's Mailing Address: <u>509 Douglas St.</u> | | | |
| City: <u>Hammond</u> | State: <u>IN</u> | Zip Code: <u>46320</u> | |
| Employer's Federal Tax ID: _____ | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: <u>\$ 30.81</u> | | Hourly Fringe Benefits: _____ | |
| Eligible for paid overtime (Yes or No): <u>YES</u> | | | |
| Overtime Hourly Wage: <u>\$ 46.21</u> | | Overtime Hourly Fringe Benefits: _____ | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>TACTICAL GEAR, Handguns, rifles,</u> | | | |
| <u>Clothes, bags, hygiene supplies, food, drinks</u> | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Vehicle, uniforms, vest, duty weapon,</u> | | | |
| <u>Police equipment</u> | | | |
| | | | |

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MOBILE SUPPORT UNIT MEMBER CHECKLIST

(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|-------------------|---|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address: [REDACTED] | | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code: [REDACTED] | |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: <u>X</u> | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: <u>City of Hammond Police Department</u> | | | |
| Employer's Mailing Address: <u>509 Douglas St.</u> | | | |
| City: <u>Hammond</u> | State: <u>IN</u> | Zip Code: <u>46320</u> | |
| Employer's Federal Tax ID: _____ | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: <u>\$ 27.00</u> | | Hourly Fringe Benefits: <u>N/A</u> | |
| Eligible for paid overtime (Yes or No): <u>Yes</u> | | | |
| Overtime Hourly Wage: <u>\$ 40.48</u> | | Overtime Hourly Fringe Benefits: <u>N/A</u> | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Hydration System, Clothing, bag, hygiene supplies, Food, drinks</u> | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Police Duty gear including weapons, Police Uniforms, Soft (T-shirt)/(Tackles) Uniform</u> | | | |
| <u>Squad Car pending administrative approval.</u> | | | |
| <u>Vest, duty weapon</u> | | | |

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MOBILE SUPPORT UNIT MEMBER CHECKLIST
(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|-------------------|--|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address: [REDACTED] | | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code: [REDACTED] | |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: <u>X</u> | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: <u>City of Hammond Police Department</u> | | | |
| Employer's Mailing Address: <u>509 Douglas St.</u> | | | |
| City: <u>Hammond</u> | State: <u>IN</u> | Zip Code: <u>46320</u> | |
| Employer's Federal Tax ID: _____ | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: <u>\$ 30.35</u> | | Hourly Fringe Benefits: _____ | |
| Eligible for paid overtime (Yes or No): <u>Yes.</u> | | | |
| Overtime Hourly Wage: <u>\$45.52</u> | | Overtime Hourly Fringe Benefits: _____ | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Clothing, bag, hygiene supplies, food, drinks</u> | | | |
| | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Police Duty Gear + Uniforms - SWAT Gear</u> | | | |
| <u>+ Vehicle Pending Approval</u> | | | |
| <u>Vest, duty weapon equipment,</u> | | | |

Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST

(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|-------------------|--|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address: [REDACTED] | | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code: [REDACTED] | |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: <u>yes</u> | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: <u>Town of Schererville (Police Dept)</u> | | | |
| Employer's Mailing Address: <u>25 E. Joliet St</u> | | | |
| City: <u>Schererville</u> | State: <u>IN</u> | Zip Code: <u>46375</u> | |
| Employer's Federal Tax ID: _____ | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: <u>\$ 27.36</u> | | Hourly Fringe Benefits: _____ | |
| Eligible for paid overtime (Yes or No): <u>Yes</u> | | | |
| Overtime Hourly Wage: <u>\$ 41.04</u> | | Overtime Hourly Fringe Benefits: _____ | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Clothes, bag personal hygiene supplies, Food, drinks</u> | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Vehicle provided by Schererville Police Dept</u> | | | |
| <u>Vest, duty weapon, police equipment</u> | | | |

Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST

(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|--|--|----------------------|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address: [REDACTED] | | | |
| City: [REDACTED] | | State: [REDACTED] | Zip Code: [REDACTED] |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: <input type="checkbox"/> Yes | | Employed by State Government Agency: <input type="checkbox"/> No | |
| Employed by Non-Governmental Employer: <input type="checkbox"/> No | | Volunteer Fire Department Member: <input type="checkbox"/> No | |
| Other: <input type="checkbox"/> N/A; If Other, please explain | | | |
| | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: Munster Police Department | | | |
| Employer's Mailing Address 1001 Ridge Road | | | |
| City Munster | | State IN | Zip Code 46321 |
| Employer's Federal Tax ID: 356001128 | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: \$35.08 | | Hourly Fringe Benefits: | |
| Eligible for paid overtime (Yes or No): Yes | | | |
| Overtime Hourly Wage: \$52.62 | | Overtime Hourly Fringe Benefits: | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| Misc. clothes, bags, misc. hygiene supplies, misc. food snacks etc. | | | |
| | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| Vehicle, uniforms, equipment to perform basic functions of job. <i>vest, duty weapon</i> | | | |
| | | | |
| | | | |

Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST

(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|--|--|----------------------|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address: [REDACTED] | | | |
| City: [REDACTED] | | State: [REDACTED] | Zip Code: [REDACTED] |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: <input checked="" type="checkbox"/> X | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain _____ | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: Michigan City Police Department | | | |
| Employer's Mailing Address: 1201 East Michigan Boulevard | | | |
| City Michigan City | | State IN | Zip Code 46360 |
| Employer's Federal Tax ID: 35-6001108 | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: 24.50 | | Hourly Fringe Benefits: _____ | |
| Eligible for paid overtime (Yes or No): Yes | | | |
| Overtime Hourly Wage: 36.75 | | Overtime Hourly Fringe Benefits: _____ | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| Clothes, bag, personal hygiene supplies. | | | |
| food & drinks. | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| 2016 Ford Explorer (only if needed) vest, duty weapon, police equipment | | | |

Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST
 (This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|--|--|----------------------|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address: [REDACTED] | | | |
| City: [REDACTED] | | State: [REDACTED] | Zip Code: [REDACTED] |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: <input checked="" type="checkbox"/> X | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: Lake County Sheriff's Department | | | |
| Employer's Mailing Address: 2293 N Main Street | | | |
| City: Crown Point | | State: IN | Zip Code: 46307 |
| Employer's Federal Tax ID: _____ | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: \$22.41 | | Hourly Fringe Benefits: _____ | |
| Eligible for paid overtime (Yes or No): Yes | | | |
| Overtime Hourly Wage: \$37.41 | | Overtime Hourly Fringe Benefits: _____ | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| clothes, bag, personal hygiene supplies. | | | |
| food & drink | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| Vehicle, vest, uniforms, duty weapon. | | | |
| general police equipment | | | |

Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST

(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|-------------------|--|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address: [REDACTED] | | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code: [REDACTED] | |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: <input checked="" type="checkbox"/> | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: <u>Lake County Sheriff's Dept.</u> | | | |
| Employer's Mailing Address: <u>2293 N. Main St.</u> | | | |
| City: <u>Crown Point</u> | State: <u>IN</u> | Zip Code: <u>46307</u> | |
| Employer's Federal Tax ID: _____ | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: <u>22.41</u> | | Hourly Fringe Benefits: _____ | |
| Eligible for paid overtime (Yes or No): <u>YES</u> | | | |
| Overtime Hourly Wage: <u>\$37.50</u> | | Overtime Hourly Fringe Benefits: _____ | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Clothes, bag, personal hygiene supplies,</u> | | | |
| <u>food & drink</u> | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Vehicle, vest, uniforms, duty weapon &</u> | | | |
| <u>general police equipment.</u> | | | |

Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST
(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|--|---|-----------------------|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address [REDACTED] | | | |
| City: [REDACTED] | | State: [REDACTED] | Zip Code: [REDACTED] |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: <u>Yes</u> | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: <u>Brookville Police Department</u> | | | |
| Employer's Mailing Address <u>634 Main St</u> | | | |
| City <u>Brookville</u> | | State <u>Indiana</u> | Zip Code <u>47012</u> |
| Employer's Federal Tax ID: <u>35-6000963</u> | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: <u>\$20.85</u> | | Hourly Fringe Benefits: <u>N/A</u> | |
| Eligible for paid overtime (Yes or No): <u>Yes</u> | | | |
| Overtime Hourly Wage: <u>\$31.28</u> | | Overtime Hourly Fringe Benefits: <u>N/A</u> | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Clothes,</u> | | | |
| | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| <u>Glock 22 .40 cal w/ M3 light Serial # LEV896, Glock 27 .40 cal Serial # LHM781,</u> | | | |
| <u>Bushmaster AR 15 Serial # BK1507753, Taser X26 Serial # X00-622430, Riot Gear, Uniforms</u> | | | |
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Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST (This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|-------------------|--|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address [REDACTED] | | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code: [REDACTED] | |
| E-mail [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: Marion County Sheriff's Office _____ | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: Marion County Sheriff's Office | | | |
| Employer's Mailing Address 40 S Alabama St | | | |
| City Indianapolis | Indiana | 46204 | |
| Employer's Federal Tax ID: 356000172 | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No. [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: 20.60 | | Hourly Fringe Benefits: | |
| Eligible for paid overtime (Yes or No): yes | | | |
| Overtime Hourly Wage: 30.90 | | Overtime Hourly Fringe Benefits: | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| AR 15, Glock 23, Cold Weather Gear | | | |
| | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| Glock 22, gas Mask, riot shield | | | |
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Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST

(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|-------------------|--|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address [REDACTED] | | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code: [REDACTED] | |
| E-mail: [REDACTED] | | Phone No. [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: Marion County Sheriff's Office | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: Marion County Sheriff's Office | | | |
| Employer's Mailing Address 40 S. Alabama St | | | |
| City Indianapolis | State Indiana | Zip Code 46204 | |
| Employer's Federal Tax ID: 356000172 | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: 17.20 | | Hourly Fringe Benefits: | |
| Eligible for paid overtime (Yes or No):yes | | | |
| Overtime Hourly Wage: 25.80 | | Overtime Hourly Fringe Benefits: | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| Cold Weather gear | | | |
| | | | |
| | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| AR 15, 870 shotgun, Glock 22 and Glock 27, gas Mask, riot shield | | | |
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Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST

(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|-------------------|--|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address [REDACTED] | | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code: [REDACTED] | |
| E-mail: [REDACTED] | | Phone No.: [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: Marion County Sheriff's Office | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: Marion County Sheriff's Office | | | |
| Employer's Mailing Address 40 S Alabama St. | | | |
| City Indianapolis | State Indiana | Zip Code 46204 | |
| Employer's Federal Tax ID: 356000172 | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: 18.77 | | Hourly Fringe Benefits: | |
| Eligible for paid overtime (Yes or No): Yes | | | |
| Overtime Hourly Wage: 28.17 | | Overtime Hourly Fringe Benefits: | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| Cold weather gear, | | | |
| | | | |
| | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| AR 15, 870 shotgun, Glock 22 and Glock 27, gas Mask, riot shield 1 Chevy Tahoe | | | |
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| | | | |

Exhibit 2

MOBILE SUPPORT UNIT MEMBER CHECKLIST

(This checklist must be updated by each DRTF member annually by January 1.)

| | | | |
|---|-------------------|--|--|
| 1. MOBILE SUPPORT UNIT MEMBER INFORMATION | | | |
| Name: [REDACTED] | | Title: [REDACTED] | |
| Address [REDACTED] | | | |
| City: [REDACTED] | State: [REDACTED] | Zip Code: [REDACTED] | |
| E-mail: [REDACTED] | | Phone No. [REDACTED] | |
| 2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit) | | | |
| Employed by Local Government Agency: Marion County Sheriff's Office | | Employed by State Government Agency: _____ | |
| Employed by Non-Governmental Employer: _____ | | Volunteer Fire Department Member: _____ | |
| Other: _____; If Other, please explain | | | |
| 3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPARTMENT MEMBER, COMPLETE THE FOLLOWING: | | | |
| Employer's Name: Marion County Sheriff's Office | | | |
| Employer's Mailing Address 40 S Alabama St | | | |
| City Indianapolis | State Indiana | Zip Code 46204 | |
| Employer's Federal Tax ID: 356000172 | | | |
| Employer's Contact Person: [REDACTED] | | | |
| Contact's E-mail: [REDACTED] | | Contact's Phone No.: [REDACTED] | |
| 4. IF EMPLOYED (Information to be provided by Employer's HR Director): | | | |
| Hourly Wage: 22.23 | | Hourly Fringe Benefits: | |
| Eligible for paid overtime (Yes or No): Yes | | | |
| Overtime Hourly Wage: 33.35 | | Overtime Hourly Fringe Benefits: | |
| 5. PERSONAL SUPPLIES AND EQUIPMENT WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| Cold Weather Gear, AR 15, Glock 27 | | | |
| | | | |
| | | | |
| 6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING: | | | |
| Glock 22, 40 MM Launcher, 37 MM Launcher, Tac700 pepper ball launcher 1 Chevy Tahoe | | | |
| | | | |
| | | | |