



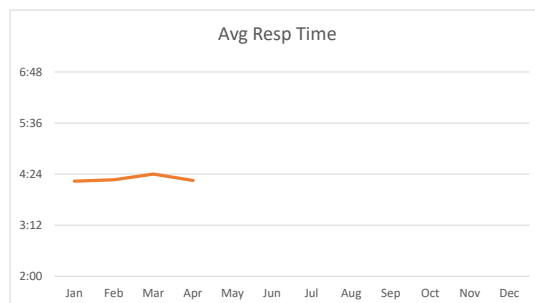
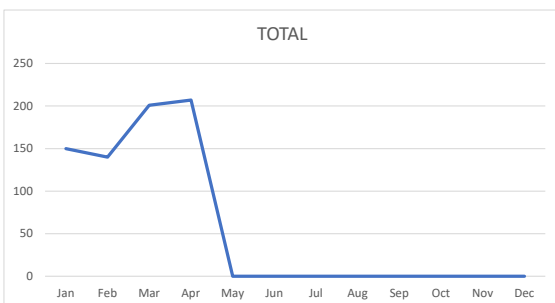
Village Fire Department  
 901 Corbindale Rd  
 Houston, TX, 77024  
 Phone# (713) 468-7941 Fax# (713) 468-5039

2026 Summary - All Cities

| Call/Incident Type/Detail                       | Jan        | Feb        | Mar        | Apr        | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Total YTD  |
|-------------------------------------------------|------------|------------|------------|------------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| <b>TOTAL</b>                                    | <b>150</b> | <b>140</b> | <b>201</b> | <b>207</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>698</b> |
| Abdominal Pain                                  | 1          | 1          | 0          | 0          | 0        |          |          |          |          |          |          |          | 2          |
| Allergic Reaction                               | 0          | 0          | 2          | 1          |          |          |          |          |          |          |          |          | 3          |
| Animal Bite                                     | 0          | 0          | 1          | 0          |          |          |          |          |          |          |          |          | 1          |
| Assault                                         | 1          | 0          | 2          | 0          |          |          |          |          |          |          |          |          | 3          |
| Automatic Aid                                   | 0          | 0          | 1          | 0          |          |          |          |          |          |          |          |          | 1          |
| Automatic Aid- Apartment Fire                   | 0          | 0          | 4          | 9          |          |          |          |          |          |          |          |          | 13         |
| Automatic Aid- Building Fire                    | 0          | 0          | 3          | 5          |          |          |          |          |          |          |          |          | 8          |
| Automatic Aid- Elevator Rescue                  | 0          | 0          | 7          | 1          |          |          |          |          |          |          |          |          | 8          |
| Automatic Aid- Entrapment MVC                   | 0          | 0          | 3          | 0          |          |          |          |          |          |          |          |          | 3          |
| Automatic Aid- Gas Leak                         | 0          | 0          | 5          | 6          |          |          |          |          |          |          |          |          | 11         |
| Automatic Aid- High Rise Fire                   | 0          | 0          | 1          | 1          |          |          |          |          |          |          |          |          | 2          |
| Automatic Aid- House Fire                       | 0          | 0          | 5          | 4          |          |          |          |          |          |          |          |          | 9          |
| Back Pain                                       | 0          | 1          | 0          | 1          |          |          |          |          |          |          |          |          | 2          |
| Business Fire                                   | 1          | 0          | 0          | 0          |          |          |          |          |          |          |          |          | 1          |
| Carbon Monoxide Alarm with Symptoms             | 3          | 1          | 1          | 0          |          |          |          |          |          |          |          |          | 5          |
| Carbon Monoxide Detector No Symptoms            | 6          | 4          | 6          | 5          |          |          |          |          |          |          |          |          | 21         |
| Cardiac/Respiratory Arrest                      | 0          | 1          | 1          | 2          |          |          |          |          |          |          |          |          | 4          |
| Check a Noxious Odor                            | 0          | 1          | 0          | 0          |          |          |          |          |          |          |          |          | 1          |
| Check for Fire                                  | 2          | 1          | 1          | 1          |          |          |          |          |          |          |          |          | 5          |
| Check for the Smell of Natural Gas              | 5          | 2          | 1          | 3          |          |          |          |          |          |          |          |          | 11         |
| Check for the Smell of Smoke                    | 3          | 2          | 0          | 0          |          |          |          |          |          |          |          |          | 5          |
| Chest Pain                                      | 4          | 8          | 3          | 5          |          |          |          |          |          |          |          |          | 20         |
| Child Locked in a Vehicle Engine and AC running | 0          | 0          | 1          | 0          |          |          |          |          |          |          |          |          | 1          |
| Child Locked in a Vehicle Engine not running    | 0          | 0          | 1          | 0          |          |          |          |          |          |          |          |          | 1          |
| Choking                                         | 0          | 1          | 1          | 1          |          |          |          |          |          |          |          |          | 3          |
| Diabetic Emergency                              | 1          | 2          | 1          | 2          |          |          |          |          |          |          |          |          | 6          |
| Difficulty Breathing                            | 9          | 8          | 7          | 8          |          |          |          |          |          |          |          |          | 32         |
| Dumpster Fire Not near Structure                | 0          | 0          | 0          | 0          |          |          |          |          |          |          |          |          | 0          |
| Elevator Rescue                                 | 1          | 2          | 1          | 0          |          |          |          |          |          |          |          |          | 4          |
| Electrical Fire                                 | 0          | 0          | 0          | 1          |          |          |          |          |          |          |          |          | 1          |
| Entrapment- Non MVC                             | 0          | 0          | 0          | 0          |          |          |          |          |          |          |          |          | 0          |
| Explosion                                       | 0          | 0          | 0          | 0          |          |          |          |          |          |          |          |          | 0          |
| Fall Victim                                     | 11         | 9          | 10         | 20         |          |          |          |          |          |          |          |          | 50         |
| Fire Alarm Business                             | 3          | 5          | 4          | 3          |          |          |          |          |          |          |          |          | 15         |
| Fire Alarm Church or School                     | 0          | 4          | 2          | 5          |          |          |          |          |          |          |          |          | 11         |
| Fire Alarm Residence                            | 22         | 23         | 24         | 25         |          |          |          |          |          |          |          |          | 94         |
| Gas Leak                                        | 2          | 2          | 1          | 0          |          |          |          |          |          |          |          |          | 5          |
| Grass Fire                                      | 0          | 1          | 0          | 0          |          |          |          |          |          |          |          |          | 1          |
| HAZMAT Emergency                                | 0          | 0          | 0          | 0          |          |          |          |          |          |          |          |          | 0          |
| Headache- Stroke symptoms not present           | 2          | 1          | 1          | 1          |          |          |          |          |          |          |          |          | 5          |
| Heart Problems                                  | 2          | 4          | 10         | 10         |          |          |          |          |          |          |          |          | 26         |
| Heat/Cold Exposure                              | 0          | 0          | 0          | 0          |          |          |          |          |          |          |          |          | 0          |
| Hemorrhage/Laceration                           | 1          | 1          | 1          | 1          |          |          |          |          |          |          |          |          | 4          |
| House Fire                                      | 3          | 0          | 1          | 1          |          |          |          |          |          |          |          |          | 5          |
| Illegal Burning                                 | 0          | 1          | 0          | 0          |          |          |          |          |          |          |          |          | 1          |
| Injured Party                                   | 1          | 3          | 1          | 3          |          |          |          |          |          |          |          |          | 8          |
| Medical Alarm                                   | 3          | 1          | 4          | 3          |          |          |          |          |          |          |          |          | 11         |
| Motor Vehicle Collision                         | 13         | 16         | 21         | 23         |          |          |          |          |          |          |          |          | 73         |
| Motor Vehicle Collision with Entrapment         | 0          | 1          | 1          | 0          |          |          |          |          |          |          |          |          | 2          |
| Motor Vehicle vs Motorcycle                     | 0          | 0          | 0          | 0          |          |          |          |          |          |          |          |          | 0          |
| Motor Vehicle vs Pedestrian                     | 0          | 0          | 1          | 0          |          |          |          |          |          |          |          |          | 1          |
| Object Down in Roadway                          | 0          | 0          | 2          | 4          |          |          |          |          |          |          |          |          | 6          |
| Oven/Appliance Fire                             | 0          | 0          | 1          | 0          |          |          |          |          |          |          |          |          | 1          |
| Overdose/Poisoning                              | 0          | 1          | 1          | 1          |          |          |          |          |          |          |          |          | 3          |
| Possible D.O.S.                                 | 1          | 0          | 0          | 1          |          |          |          |          |          |          |          |          | 2          |
| Powerlines Down Arcing/Burning                  | 1          | 3          | 3          | 1          |          |          |          |          |          |          |          |          | 8          |
| Pregnancy/ Childbirth                           | 0          | 0          | 0          | 0          |          |          |          |          |          |          |          |          | 0          |
| Psychiatric Emergency                           | 3          | 3          | 2          | 1          |          |          |          |          |          |          |          |          | 9          |
| Seizures                                        | 4          | 1          | 5          | 1          |          |          |          |          |          |          |          |          | 11         |
| Service Call Non-emergency                      | 18         | 9          | 11         | 17         |          |          |          |          |          |          |          |          | 55         |
| Shooting/Stabbing                               | 0          | 0          | 0          | 0          |          |          |          |          |          |          |          |          | 0          |
| Sick Call                                       | 8          | 7          | 13         | 8          |          |          |          |          |          |          |          |          | 36         |
| Smoke in Business                               | 0          | 1          | 0          | 0          |          |          |          |          |          |          |          |          | 1          |
| Smoke in Residence                              | 0          | 1          | 0          | 0          |          |          |          |          |          |          |          |          | 1          |
| Stroke                                          | 1          | 1          | 4          | 7          |          |          |          |          |          |          |          |          | 13         |
| Transformer Fire                                | 0          | 0          | 4          | 0          |          |          |          |          |          |          |          |          | 4          |
| Trash Fire                                      | 1          | 0          | 0          | 1          |          |          |          |          |          |          |          |          | 2          |
| Traumatic Injury                                | 0          | 0          | 0          | 1          |          |          |          |          |          |          |          |          | 1          |
| Unconscious Party/Syncope                       | 8          | 4          | 12         | 8          |          |          |          |          |          |          |          |          | 32         |
| Unknown Medical Emergency                       | 3          | 1          | 0          | 4          |          |          |          |          |          |          |          |          | 8          |
| Vehicle Fire                                    | 2          | 1          | 2          | 1          |          |          |          |          |          |          |          |          | 6          |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 117             | 4:14          |
| Feb   | 119             | 4:16          |
| Mar   | 142             | 4:24          |
| Apr   | 136             | 4:15          |
| May   |                 |               |
| Jun   |                 |               |
| Jul   |                 |               |
| Aug   |                 |               |
| Sep   |                 |               |
| Oct   |                 |               |
| Nov   |                 |               |
| Dec   |                 |               |
| 514   |                 | 4:17          |

\*Does not include HFD, Cancelled, Disregard Enroute, Objects Down, and Nonemergency Service Calls\*  
 Note: Nat'l Std Fire Response Time: 6:50  
 Note: Nat'l Std Fire EMS Time: 6:30





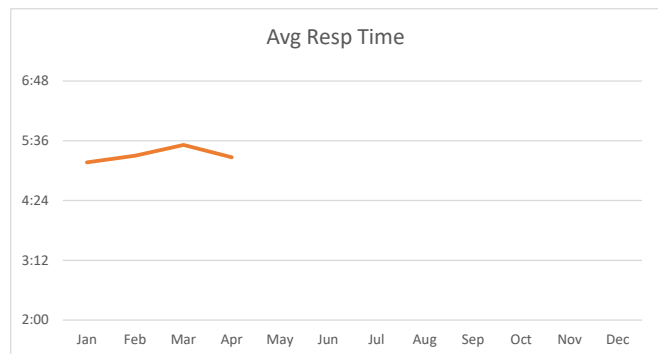
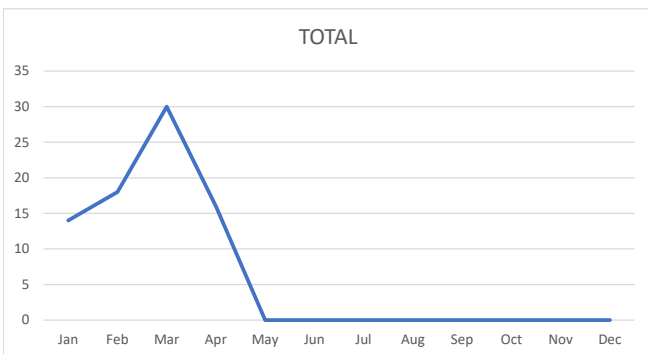
Village Fire Department  
 901 Corbindale Rd  
 Houston, TX, 77024  
 Phone# (713) 468-7941 Fax# (713) 468-5039

### 2026 Summary - Bunker Hill

| Call/Incident Type/Detail                       | Jan       | Feb       | Mar       | Apr       | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Total YTD |
|-------------------------------------------------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| <b>TOTAL</b>                                    | <b>14</b> | <b>18</b> | <b>30</b> | <b>16</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>78</b> |
| Abdominal Pain                                  | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Allergic Reaction                               | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Animal Bite                                     | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Carbon Monoxide Detector with Symptoms          | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1         |
| Carbon Monoxide Detector No Symptoms            | 1         | 1         | 1         | 1         |          |          |          |          |          |          |          |          | 4         |
| Cardiac/Respiratory Arrest                      | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Check a Noxious Odor                            | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Check for Fire                                  | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Check for the Smell of Natural Gas              | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Check for the Smell of Smoke                    | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Chest Pain                                      | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Child Locked in a Vehicle Engine and AC running | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Choking                                         | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1         |
| Diabetic Emergency                              | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1         |
| Difficulty Breathing                            | 1         | 0         | 1         | 2         |          |          |          |          |          |          |          |          | 4         |
| Fall Victim                                     | 2         | 3         | 2         | 2         |          |          |          |          |          |          |          |          | 9         |
| Fire Alarm Church or School                     | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Fire Alarm Residence                            | 3         | 3         | 7         | 4         |          |          |          |          |          |          |          |          | 17        |
| Gas Leak                                        | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Grass Fire                                      | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Headache- Stroke symptoms not present           | 1         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 2         |
| Heart Problems                                  | 0         | 0         | 1         | 1         |          |          |          |          |          |          |          |          | 2         |
| Heat/Cold Exposure                              | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Hemorrhage/Laceration                           | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1         |
| House Fire                                      | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Injured Party                                   | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Medical Alarm                                   | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Motor Vehicle Collision                         | 0         | 1         | 3         | 1         |          |          |          |          |          |          |          |          | 5         |
| Motor Vehicle vs Pedestrian                     | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1         |
| Motor Vehicle Collision with Entrapment         | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Object Down in Roadway                          | 0         | 0         | 0         | 2         |          |          |          |          |          |          |          |          | 2         |
| Oven/Appliance Fire                             | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Overdose/Poisoning                              | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Possible D.O.S.                                 | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Powerlines Down Arcing/Burning                  | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1         |
| Psychiatric Emergency                           | 1         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Seizures                                        | 1         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 2         |
| Service Call Non-emergency                      | 2         | 2         | 3         | 0         |          |          |          |          |          |          |          |          | 7         |
| Sick Call                                       | 2         | 1         | 1         | 0         |          |          |          |          |          |          |          |          | 4         |
| Smoke in Residence                              | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Stroke                                          | 0         | 0         | 1         | 1         |          |          |          |          |          |          |          |          | 2         |
| Transformer Fire                                | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1         |
| Unconscious Party/Syncope                       | 0         | 0         | 2         | 0         |          |          |          |          |          |          |          |          | 2         |
| Unknown Medical Emergency                       | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Vehicle Fire                                    | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1         |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 9               | 5:10          |
| Feb   | 14              | 5:18          |
| Mar   | 23              | 5:31          |
| Apr   | 11              | 5:16          |
| May   |                 |               |
| Jun   |                 |               |
| Jul   |                 |               |
| Aug   |                 |               |
| Sep   |                 |               |
| Oct   |                 |               |
| Nov   |                 |               |
| Dec   |                 |               |
| <hr/> |                 |               |
|       | 57              | 5:18          |

*\*Does not include Cancelled, Disregard Enroute, Objects Down, and Nonemergency Service Calls\**





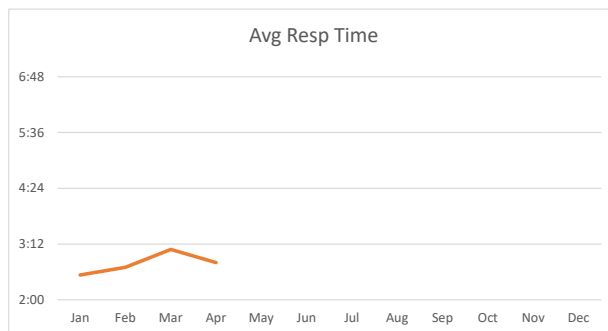
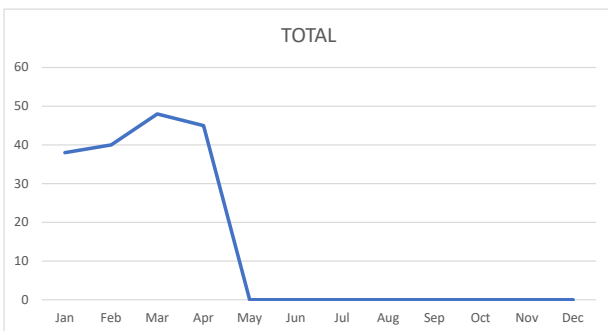
Village Fire Department  
 901 Corbindale Rd  
 Houston, TX, 77024  
 Phone# (713) 468-7941 Fax# (713) 468-5039

### 2026 Summary - Hedwig

| Call/Incident Type/Detail                    | Jan       | Feb       | Mar       | Apr       | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Total YTD  |
|----------------------------------------------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| <b>TOTAL</b>                                 | <b>38</b> | <b>40</b> | <b>48</b> | <b>45</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>171</b> |
| Abdominal Pain                               | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Allergic Reaction                            | 0         | 0         | 2         | 1         |          |          |          |          |          |          |          |          | 3          |
| Assault                                      | 1         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 2          |
| Automatic Aid                                | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Automatic Aid- Entrapment MVC                | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Back Pain                                    | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1          |
| Carbon Monoxide Detector No Symptoms         | 0         | 0         | 1         | 1         |          |          |          |          |          |          |          |          | 2          |
| Cardiac/Respiratory Arrest                   | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Check a Noxious Odor                         | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Check for Fire                               | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Check for the Smell of Natural Gas           | 0         | 2         | 1         | 1         |          |          |          |          |          |          |          |          | 4          |
| Check for the Smell of Smoke                 | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Chest Pain                                   | 2         | 1         | 2         | 1         |          |          |          |          |          |          |          |          | 6          |
| Child Locked in a Vehicle Engine not running | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Choking                                      | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1          |
| Diabetic Emergency                           | 0         | 1         | 1         | 1         |          |          |          |          |          |          |          |          | 3          |
| Difficulty Breathing                         | 1         | 3         | 1         | 3         |          |          |          |          |          |          |          |          | 8          |
| Dumpster Fire Not near Structure             | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Electrical Fire                              | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1          |
| Elevator Rescue                              | 1         | 2         | 1         | 0         |          |          |          |          |          |          |          |          | 4          |
| Fall Victim                                  | 1         | 2         | 5         | 4         |          |          |          |          |          |          |          |          | 12         |
| Fire Alarm Business                          | 3         | 4         | 4         | 1         |          |          |          |          |          |          |          |          | 12         |
| Fire Alarm Church or School                  | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Fire Alarm Residence                         | 4         | 5         | 1         | 1         |          |          |          |          |          |          |          |          | 11         |
| Gas Leak                                     | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Grass Fire                                   | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| HAZMAT Emergency                             | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Headache- Stroke symptoms not present        | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1          |
| Heart Problems                               | 1         | 3         | 4         | 4         |          |          |          |          |          |          |          |          | 12         |
| Heat/Cold Exposure                           | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Hemorrhage/Laceration                        | 1         | 1         | 1         | 0         |          |          |          |          |          |          |          |          | 3          |
| House Fire                                   | 1         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 2          |
| Injured Party                                | 1         | 3         | 1         | 0         |          |          |          |          |          |          |          |          | 5          |
| Medical Alarm                                | 0         | 0         | 1         | 1         |          |          |          |          |          |          |          |          | 2          |
| Motor Vehicle Collision                      | 6         | 3         | 3         | 8         |          |          |          |          |          |          |          |          | 20         |
| Motor Vehicle vs Motorcycle                  | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Motor Vehicle vs Pedestrian                  | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Object Down in Roadway                       | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Overdose/Poisoning                           | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Possible D.O.S                               | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Powerlines Down Arcing/Burning               | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Psychiatric Emergency                        | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Seizures                                     | 3         | 1         | 1         | 0         |          |          |          |          |          |          |          |          | 5          |
| Service Call Non-emergency                   | 5         | 2         | 1         | 3         |          |          |          |          |          |          |          |          | 11         |
| Shooting/ Stabbing                           | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Sick Call                                    | 2         | 2         | 3         | 4         |          |          |          |          |          |          |          |          | 11         |
| Smoke in Residence                           | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Stroke                                       | 0         | 0         | 2         | 2         |          |          |          |          |          |          |          |          | 4          |
| Transformer Fire                             | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Trash Fire                                   | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Traumatic Injury                             | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1          |
| Unconscious Party/Syncope                    | 3         | 2         | 3         | 4         |          |          |          |          |          |          |          |          | 12         |
| Unknown Medical Emergency                    | 2         | 1         | 0         | 1         |          |          |          |          |          |          |          |          | 4          |
| Vehicle Fire                                 | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1          |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 31              | 2:32          |
| Feb   | 35              | 2:42          |
| Mar   | 42              | 3:05          |
| Apr   | 41              | 2:48          |
| May   |                 |               |
| Jun   |                 |               |
| Jul   |                 |               |
| Aug   |                 |               |
| Sep   |                 |               |
| Oct   |                 |               |
| Nov   |                 |               |
| Dec   |                 |               |
| <hr/> |                 |               |
|       | 149             | 2:46          |

*\*Does not include Cancelled, Disregard Enroute, Objects Down, and Nonemergency Service Calls\**





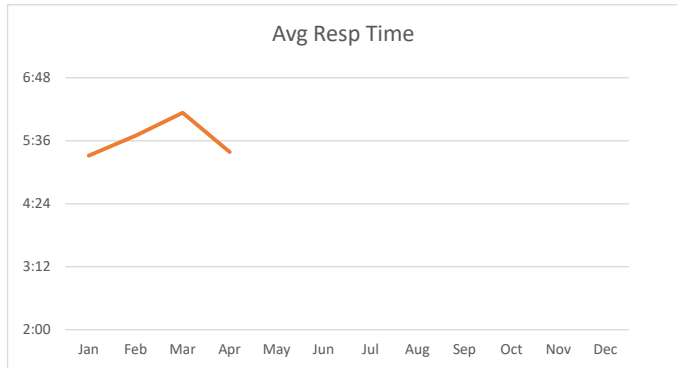
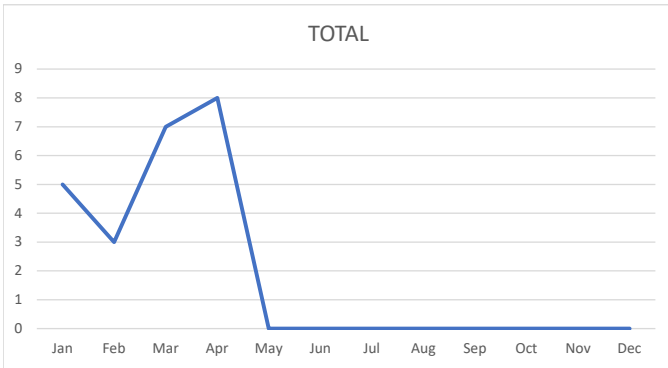
Village Fire Department  
 901 Corbindale Rd  
 Houston, TX, 77024  
 Phone# (713) 468-7941 Fax# (713) 468-5039

### 2026 Summary - Hilshire

| Call/Incident Type/Detail           | Jan      | Feb      | Mar      | Apr      | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Total YTD |
|-------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| <b>TOTAL</b>                        | <b>5</b> | <b>3</b> | <b>7</b> | <b>8</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>23</b> |
| Abdominal Pain                      | 1        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 1         |
| Carbon Monoxide Alarm with Symptoms | 0        | 1        | 0        | 0        |          |          |          |          |          |          |          |          | 1         |
| Cardiac/Respiratory Arrest          | 0        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 0         |
| Chest Pain                          | 0        | 1        | 0        | 0        |          |          |          |          |          |          |          |          | 1         |
| Check for the Smell of Natural Gas  | 0        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 0         |
| Choking                             | 0        | 0        | 0        | 1        |          |          |          |          |          |          |          |          | 1         |
| Diabetic Emergency                  | 1        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 1         |
| Difficulty Breathing                | 0        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 0         |
| Dumpster Fire Not near Structure    | 0        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 0         |
| Fall Victim                         | 0        | 0        | 0        | 1        |          |          |          |          |          |          |          |          | 1         |
| Fire Alarm Church or School         | 0        | 0        | 1        | 2        |          |          |          |          |          |          |          |          | 3         |
| Fire Alarm Residence                | 2        | 0        | 1        | 0        |          |          |          |          |          |          |          |          | 3         |
| Heart Problems                      | 0        | 0        | 0        | 1        |          |          |          |          |          |          |          |          | 1         |
| Hemorrhage/Laceration               | 0        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 0         |
| House Fire                          | 0        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 0         |
| Medical Alarm                       | 0        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 0         |
| Motor Vehicle Collision             | 0        | 1        | 1        | 0        |          |          |          |          |          |          |          |          | 2         |
| Overdose/Poisoning                  | 0        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 0         |
| Psychiatric Emergency               | 1        | 0        | 1        | 1        |          |          |          |          |          |          |          |          | 3         |
| Service Call Non-emergency          | 0        | 0        | 0        | 1        |          |          |          |          |          |          |          |          | 1         |
| Sick Call                           | 0        | 0        | 1        | 1        |          |          |          |          |          |          |          |          | 2         |
| Trash Fire                          | 0        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 0         |
| Traumatic Injury                    | 0        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 0         |
| Unconscious Party/Syncope           | 0        | 0        | 1        | 0        |          |          |          |          |          |          |          |          | 1         |
| Unknown Medical Emergency           | 0        | 0        | 0        | 0        |          |          |          |          |          |          |          |          | 0         |
| Vehicle Fire                        | 0        | 0        | 1        | 0        |          |          |          |          |          |          |          |          | 1         |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 4               | 5:19          |
| Feb   | 3               | 5:42          |
| Mar   | 6               | 6:08          |
| Apr   | 5               | 5:23          |
| May   |                 |               |
| Jun   |                 |               |
| Jul   |                 |               |
| Aug   |                 |               |
| Sep   |                 |               |
| Oct   |                 |               |
| Nov   |                 |               |
| Dec   |                 |               |
|       | 18              | 5:38          |

*\*Does not include Cancelled, Disregard Enroute, Objects Down, and Nonemergency Service Calls\**





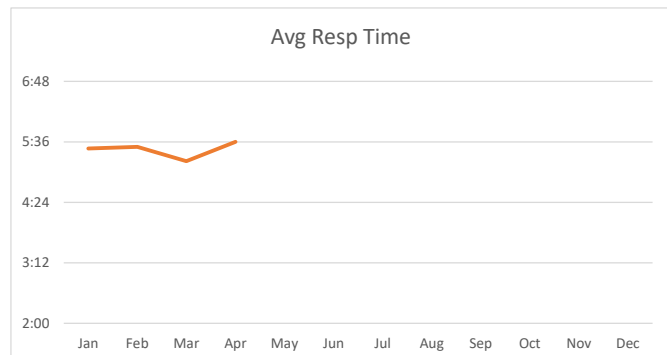
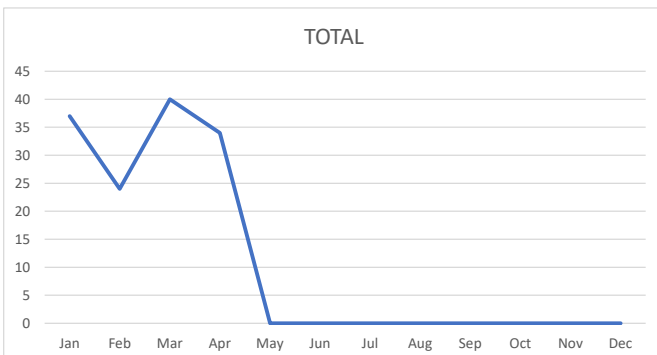
Village Fire Department  
 901 Corbindale Rd  
 Houston, TX, 77024  
 Phone# (713) 468-7941 Fax# (713) 468-5039

### 2026 Summary - Hunters Creek

| Call/Incident Type/Detail                    | Jan       | Feb       | Mar       | Apr       | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Total YTD  |
|----------------------------------------------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| <b>TOTAL</b>                                 | <b>37</b> | <b>24</b> | <b>40</b> | <b>34</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>135</b> |
| Abdominal Pain                               | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Allergic Reaction                            | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Animal Bite                                  | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Back Pain                                    | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Carbon Monoxide Alarm with Symptoms          | 3         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 3          |
| Carbon Monoxide Detector No Symptoms         | 1         | 1         | 2         | 0         |          |          |          |          |          |          |          |          | 4          |
| Cardiac/Respiratory Arrest                   | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1          |
| Check a Noxious Odor                         | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Check for Fire                               | 2         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 3          |
| Check for the Smell of Natural Gas           | 2         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 3          |
| Check for the Smell of Smoke                 | 1         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 1          |
| Chest Pain                                   | 0         | 2         | 1         | 0         |          |          |          |          |          |          |          |          | 3          |
| Child Locked in a Vehicle Engine not running | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Choking                                      | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Diabetic Emergency                           | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Difficulty Breathing                         | 1         | 1         | 2         | 1         |          |          |          |          |          |          |          |          | 5          |
| Elevator Rescue                              | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Entrapment- Non MVC                          | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Fall Victim                                  | 6         | 0         | 1         | 5         |          |          |          |          |          |          |          |          | 12         |
| Fire Alarm Business                          | 0         | 1         | 0         | 1         |          |          |          |          |          |          |          |          | 2          |
| Fire Alarm Church or School                  | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Fire Alarm Residence                         | 8         | 6         | 7         | 12        |          |          |          |          |          |          |          |          | 33         |
| Gas Leak                                     | 1         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 2          |
| Heart Problems                               | 0         | 1         | 2         | 1         |          |          |          |          |          |          |          |          | 4          |
| Hemorrhage/Laceration                        | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| House Fire                                   | 1         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 2          |
| Illegal Burning                              | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1          |
| Injured Party                                | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Medical Alarm                                | 1         | 1         | 0         | 1         |          |          |          |          |          |          |          |          | 3          |
| Motor Vehicle Collision                      | 3         | 1         | 7         | 2         |          |          |          |          |          |          |          |          | 13         |
| Motor Vehicle Collision with Entrapment      | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Motor Vehicle vs Motorcycle                  | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Motor Vehicle vs Pedestrian                  | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Object Down in Roadway                       | 0         | 0         | 2         | 0         |          |          |          |          |          |          |          |          | 2          |
| Oven/Appliance Fire                          | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Overdose/Poisoning                           | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Possible D.O.S                               | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1          |
| Powerlines Down Arcing/Burning               | 1         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 2          |
| Psychiatric Emergency                        | 0         | 2         | 0         | 0         |          |          |          |          |          |          |          |          | 2          |
| Seizures                                     | 0         | 0         | 2         | 0         |          |          |          |          |          |          |          |          | 2          |
| Service Call Non-emergency                   | 4         | 1         | 4         | 2         |          |          |          |          |          |          |          |          | 11         |
| Sick Call                                    | 0         | 3         | 1         | 3         |          |          |          |          |          |          |          |          | 7          |
| Stroke                                       | 0         | 0         | 1         | 1         |          |          |          |          |          |          |          |          | 2          |
| Transformer Fire                             | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Traumatic Injury                             | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Unconscious Party/Syncope                    | 1         | 1         | 3         | 2         |          |          |          |          |          |          |          |          | 7          |
| Unknown Medical Emergency                    | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Vehicle Fire                                 | 1         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 1          |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 27              | 5:28          |
| Feb   | 19              | 5:30          |
| Mar   | 31              | 5:13          |
| Apr   | 27              | 5:36          |
| May   |                 |               |
| Jun   |                 |               |
| Jul   |                 |               |
| Aug   |                 |               |
| Sep   |                 |               |
| Oct   |                 |               |
| Nov   |                 |               |
| Dec   |                 |               |
| <hr/> |                 |               |
|       | 104             | 5:26          |

*\*Does not include Cancelled, Disregard Enroute, Objects Down, and Nonemergency Service Calls\**





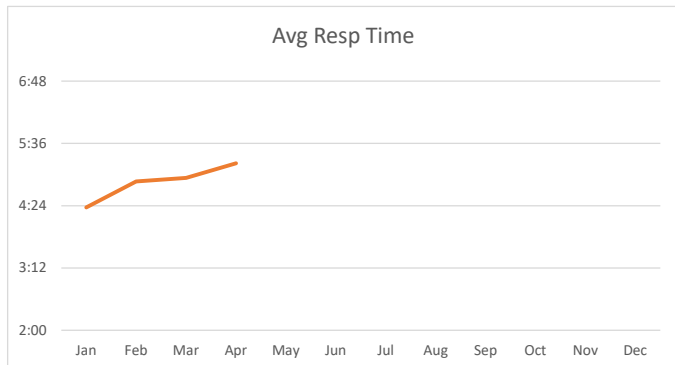
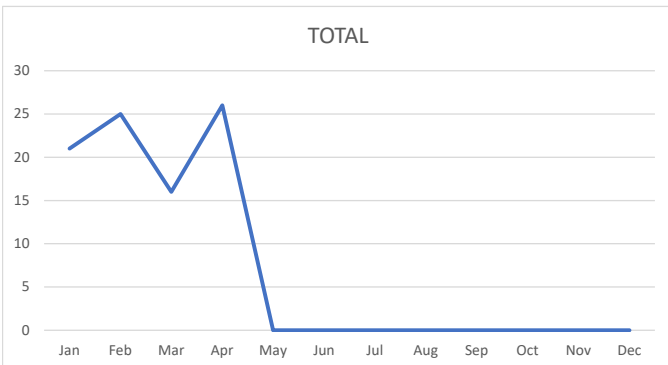
Village Fire Department  
 901 Corbindale Rd  
 Houston, TX, 77024  
 Phone# (713) 468-7941 Fax# (713) 468-5039

### 2026 Summary - Piney Point

| Call/Incident Type/Detail                | Jan       | Feb       | Mar       | Apr       | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Total YTD |
|------------------------------------------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| <b>TOTAL</b>                             | <b>21</b> | <b>25</b> | <b>16</b> | <b>26</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>88</b> |
| Abdominal Pain                           | 0         | 0         | 0         | 0         | 0        |          |          |          |          |          |          |          | 0         |
| Carbon Monoxide Detector with Symptoms   | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Carbon Monoxide Detector No Symptoms     | 0         | 1         | 0         | 1         |          |          |          |          |          |          |          |          | 2         |
| Cardiac/Respiratory Arrest               | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Check a Noxious Odor                     | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Check for Fire                           | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Check for the Smell of Natural Gas       | 2         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 2         |
| Check for the Smell of Smoke             | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Chest Pain                               | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Child lock in Vehicle Engine not running | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1         |
| Choking                                  | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Elevator Rescue                          | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Difficulty Breathing                     | 1         | 2         | 1         | 1         |          |          |          |          |          |          |          |          | 5         |
| Fall Victim                              | 1         | 1         | 1         | 5         |          |          |          |          |          |          |          |          | 8         |
| Fire Alarm Business                      | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1         |
| Fire Alarm Church or School              | 0         | 3         | 0         | 1         |          |          |          |          |          |          |          |          | 4         |
| Fire Alarm Residence                     | 3         | 7         | 6         | 5         |          |          |          |          |          |          |          |          | 21        |
| Gas Leak                                 | 1         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Headache- Stroke symptoms not present    | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Heart Problems                           | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Hemorrhage/Laceration                    | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| House Fire                               | 1         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Injured Party                            | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1         |
| Medical Alarm                            | 1         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 2         |
| Motor Vehicle Collision                  | 1         | 3         | 1         | 1         |          |          |          |          |          |          |          |          | 6         |
| Motor Vehicle vs Pedestrian              | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Object Down in Roadway                   | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1         |
| Overdose/Poisoning                       | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Possible D.O.S.                          | 1         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Powerlines Down Arcing/Burning           | 0         | 2         | 1         | 1         |          |          |          |          |          |          |          |          | 4         |
| Psychiatric Emergency                    | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Seizures                                 | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Service Call Non-emergency               | 3         | 3         | 0         | 5         |          |          |          |          |          |          |          |          | 11        |
| Sick Call                                | 3         | 0         | 3         | 0         |          |          |          |          |          |          |          |          | 6         |
| Smoke in Business                        | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |
| Smoke in Residence                       | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Stroke                                   | 0         | 0         | 0         | 2         |          |          |          |          |          |          |          |          | 2         |
| Transformer Fire                         | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1         |
| Trash Fire                               | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1         |
| Traumatic Injury                         | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Unconscious Party/Syncope                | 2         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 2         |
| Unknown Medical Emergency                | 1         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 1         |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 16              | 4:22          |
| Feb   | 20              | 4:52          |
| Mar   | 14              | 4:56          |
| Apr   | 15              | 5:13          |
| May   |                 |               |
| Jun   |                 |               |
| Jul   |                 |               |
| Aug   |                 |               |
| Sep   |                 |               |
| Oct   |                 |               |
| Nov   |                 |               |
| Dec   |                 |               |
| <hr/> |                 |               |
|       | 65              | 4:50          |

*\*Does not include Cancelled, Disregard Enroute, Objects Down, and Nonemergency Service Calls\**





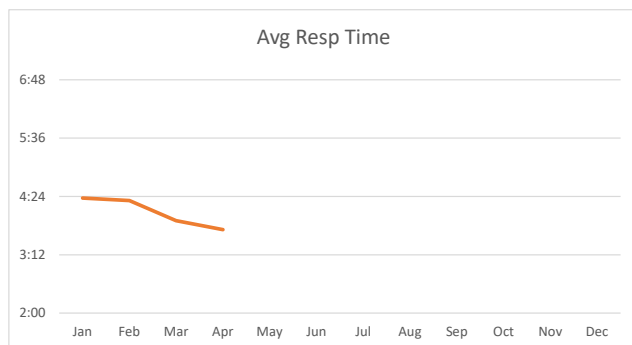
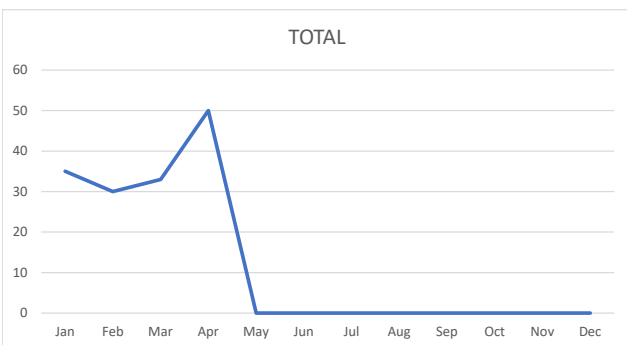
Village Fire Department  
 901 Corbindale Rd  
 Houston, TX, 77024  
 Phone# (713) 468-7941 Fax# (713) 468-5039

### 2026 Summary - Spring Valley

| Call/Incident Type/Detail                     | Jan       | Feb       | Mar       | Apr       | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Total YTD  |
|-----------------------------------------------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|
| <b>TOTAL</b>                                  | <b>35</b> | <b>30</b> | <b>33</b> | <b>50</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>148</b> |
| Abdominal Pain                                | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Allergic Reaction                             | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Assault                                       | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Back Pain                                     | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1          |
| Business Fire                                 | 1         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 1          |
| Carbon Monoxide Detector No Symptoms          | 4         | 1         | 2         | 1         |          |          |          |          |          |          |          |          | 8          |
| Cardiac/Respiratory Arrest                    | 0         | 0         | 0         | 2         |          |          |          |          |          |          |          |          | 2          |
| Check a Noxious Odor                          | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Check for Fire                                | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1          |
| Check for the Smell of Natural Gas            | 1         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 2          |
| Check for the Smell of Smoke                  | 2         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 2          |
| Chest Pain                                    | 2         | 4         | 0         | 4         |          |          |          |          |          |          |          |          | 10         |
| Child Locked in Vehicle Engine and AC running | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Child Locked in a Vehicle Engine not running  | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Choking                                       | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Diabetic Emergency                            | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1          |
| Difficulty Breathing                          | 5         | 2         | 2         | 1         |          |          |          |          |          |          |          |          | 10         |
| Elevator Rescue                               | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Entrapment- Non MVC                           | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Explosion                                     | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Fall Victim                                   | 1         | 3         | 1         | 3         |          |          |          |          |          |          |          |          | 8          |
| Fire Alarm Business                           | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Fire Alarm Church or School                   | 0         | 0         | 0         | 2         |          |          |          |          |          |          |          |          | 2          |
| Fire Alarm Residence                          | 2         | 2         | 2         | 3         |          |          |          |          |          |          |          |          | 9          |
| Gas Leak                                      | 0         | 2         | 0         | 0         |          |          |          |          |          |          |          |          | 2          |
| Grass Fire                                    | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Headache- Stroke symptoms not present         | 1         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 2          |
| Heart Problems                                | 1         | 0         | 3         | 3         |          |          |          |          |          |          |          |          | 7          |
| Heat/Cold Exposure                            | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Hemorrhage/Laceration                         | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Injured Party                                 | 0         | 0         | 0         | 2         |          |          |          |          |          |          |          |          | 2          |
| Medical Alarm                                 | 1         | 0         | 2         | 0         |          |          |          |          |          |          |          |          | 3          |
| Motor Vehicle Collision                       | 3         | 7         | 6         | 11        |          |          |          |          |          |          |          |          | 27         |
| Motor Vehicle Collision with Entrapment       | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Motor Vehicle vs Motorcycle                   | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Motor Vehicle vs Pedestrian                   | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Object Down in Roadway                        | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1          |
| Overdose/Poisoning                            | 0         | 0         | 0         | 1         |          |          |          |          |          |          |          |          | 1          |
| Possible D.O.S.                               | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Powerlines Down Arcing/Burning                | 0         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 1          |
| Pregnancy/ Childbirth                         | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Psychiatric Emergency                         | 1         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 2          |
| Seizures                                      | 0         | 0         | 1         | 1         |          |          |          |          |          |          |          |          | 2          |
| Service Call Non-emergency                    | 4         | 1         | 3         | 6         |          |          |          |          |          |          |          |          | 14         |
| Shooting/Stabbing                             | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Sick Call                                     | 1         | 1         | 4         | 0         |          |          |          |          |          |          |          |          | 6          |
| Smoke in Business                             | 0         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 0          |
| Stroke                                        | 1         | 1         | 0         | 1         |          |          |          |          |          |          |          |          | 3          |
| Transformer Fire                              | 0         | 0         | 1         | 0         |          |          |          |          |          |          |          |          | 1          |
| Trash Fire                                    | 1         | 0         | 0         | 0         |          |          |          |          |          |          |          |          | 1          |
| Unconscious Party/Syncope                     | 2         | 1         | 3         | 2         |          |          |          |          |          |          |          |          | 8          |
| Unknown Medical Emergency                     | 0         | 0         | 0         | 3         |          |          |          |          |          |          |          |          | 3          |
| Vehicle Fire                                  | 1         | 1         | 0         | 0         |          |          |          |          |          |          |          |          | 2          |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 30              | 4:22          |
| Feb   | 28              | 4:19          |
| Mar   | 26              | 3:54          |
| Apr   | 40              | 3:43          |
| May   |                 |               |
| Jun   |                 |               |
| Jul   |                 |               |
| Aug   |                 |               |
| Sep   |                 |               |
| Oct   |                 |               |
| Nov   |                 |               |
| Dec   |                 |               |
| <hr/> |                 |               |
|       | 124             | 4:04          |

*\*Does not include Cancelled, Disregard Enroute, Objects Down, and Nonemergency Service Calls\**





Village Fire Department  
 901 Corbindale Rd  
 Houston, TX, 77024  
 Phone# (713) 468-7941 Fax# (713) 468-5039

### 2026 Summary - Houston Fire Department Automatic Aid

| Call/Incident Type/Detail            | Jan      | Feb      | Mar       | Apr       | May      | Jun      | Jul      | Aug      | Sep      | Oct      | Nov      | Dec      | Total YTD |
|--------------------------------------|----------|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| <b>TOTAL</b>                         | <b>0</b> | <b>0</b> | <b>27</b> | <b>28</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>55</b> |
| Automatic Aid                        | 0        | 0        | 0         | 0         |          |          |          |          |          |          |          |          | 0         |
| Automatic Aid- Apartment Fire        | 0        | 0        | 4         | 9         |          |          |          |          |          |          |          |          | 13        |
| Automatic Aid- Building Fire         | 0        | 0        | 3         | 5         |          |          |          |          |          |          |          |          | 8         |
| Automatic Aid- Elevator Rescue       | 0        | 0        | 7         | 1         |          |          |          |          |          |          |          |          | 8         |
| Automatic Aid- Entrapment MVC        | 0        | 0        | 2         | 0         |          |          |          |          |          |          |          |          | 2         |
| Automatic Aid- Gas Leak              | 0        | 0        | 5         | 6         |          |          |          |          |          |          |          |          | 11        |
| Automatic Aid- High Rise Fire        | 0        | 0        | 1         | 1         |          |          |          |          |          |          |          |          | 2         |
| Automatic Aid- House Fire            | 0        | 0        | 5         | 4         |          |          |          |          |          |          |          |          | 9         |
| Carbon Monoxide Detector No Symptoms | 0        | 0        | 0         | 1         |          |          |          |          |          |          |          |          | 1         |
| Medical Alarm                        | 0        | 0        | 0         | 1         |          |          |          |          |          |          |          |          | 1         |

| Month     | # of Incidents* | Avg Resp Time |
|-----------|-----------------|---------------|
| Jan       | 0               |               |
| Feb       | 0               |               |
| Mar       | 16              | 7:57          |
| Apr       | 13              | 7:24          |
| May       |                 |               |
| Jun       |                 |               |
| Jul       |                 |               |
| Aug       |                 |               |
| Sep       |                 |               |
| Oct       |                 |               |
| Nov       |                 |               |
| Dec       |                 |               |
| <b>29</b> |                 | <b>7:40</b>   |

