



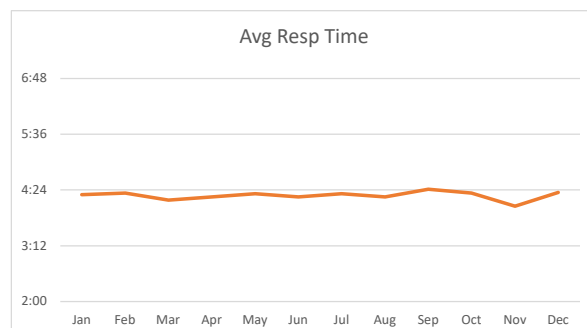
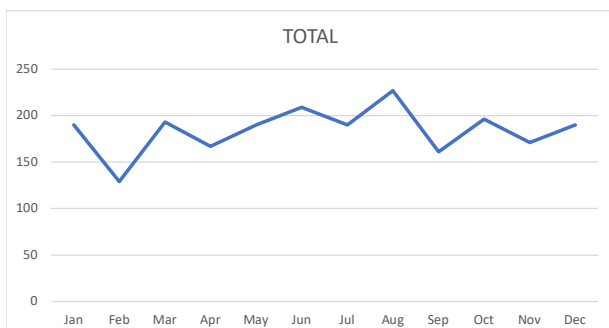
Village Fire Department  
901 Corbindale Rd  
Houston, TX, 77024  
Phone# (713) 468-7941 Fax# (713) 468-5039

## December 2025 Summary - All Cities

| Call/Incident Type/Detail                       | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total YTD |
|-------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| TOTAL                                           | 190 | 129 | 193 | 167 | 190 | 209 | 190 | 227 | 161 | 196 | 171 | 190 | 2213      |
| Abdominal Pain                                  | 1   | 2   | 4   | 2   | 0   | 6   | 3   | 4   | 1   | 2   | 2   | 3   | 30        |
| Allergic Reaction                               | 0   | 1   | 1   | 0   | 0   | 0   | 0   | 3   | 2   | 2   | 1   | 1   | 11        |
| Animal Bite                                     | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Assault                                         | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 1   | 3         |
| Back Pain                                       | 0   | 0   | 1   | 0   | 0   | 2   | 1   | 0   | 2   | 1   | 0   | 2   | 9         |
| Business Fire                                   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 1         |
| Carbon Monoxide Alarm with Symptoms             | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 2   | 0   | 0   | 0   | 3         |
| Carbon Monoxide Detector No Symptoms            | 5   | 2   | 2   | 3   | 2   | 4   | 6   | 5   | 1   | 5   | 9   | 1   | 45        |
| Cardiac/Respiratory Arrest                      | 1   | 2   | 1   | 2   | 0   | 1   | 2   | 0   | 0   | 1   | 0   | 0   | 10        |
| Check a Noxious Odor                            | 1   | 2   | 1   | 0   | 2   | 1   | 1   | 1   | 1   | 0   | 2   | 0   | 12        |
| Check for Fire                                  | 0   | 2   | 0   | 3   | 4   | 2   | 6   | 1   | 1   | 2   | 0   | 1   | 22        |
| Check for the Smell of Natural Gas              | 5   | 1   | 9   | 4   | 1   | 1   | 2   | 6   | 2   | 1   | 3   | 1   | 36        |
| Check for the Smell of Smoke                    | 1   | 0   | 1   | 2   | 1   | 2   | 1   | 3   | 0   | 1   | 4   | 2   | 18        |
| Chest Pain                                      | 5   | 1   | 7   | 2   | 11  | 7   | 7   | 6   | 4   | 4   | 1   | 3   | 58        |
| Child Locked in a Vehicle Engine and AC running | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1         |
| Child Locked in a Vehicle Engine not running    | 0   | 0   | 0   | 0   | 2   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 4         |
| Choking                                         | 0   | 0   | 0   | 2   | 1   | 0   | 0   | 1   | 0   | 1   | 2   | 1   | 8         |
| Diabetic Emergency                              | 0   | 1   | 0   | 0   | 1   | 1   | 1   | 2   | 0   | 0   | 1   | 0   | 7         |
| Difficulty Breathing                            | 11  | 4   | 9   | 5   | 4   | 9   | 4   | 8   | 4   | 5   | 5   | 9   | 77        |
| Dumpster Fire Not near Structure                | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 1   | 0   | 0   | 0   | 0   | 3         |
| Elevator Rescue                                 | 0   | 0   | 0   | 1   | 0   | 1   | 3   | 0   | 0   | 0   | 1   | 0   | 6         |
| Electrical Fire                                 | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 1         |
| Entrapment- Non MVC                             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 2         |
| Explosion                                       | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1         |
| Fall Victim                                     | 12  | 10  | 15  | 12  | 11  | 14  | 14  | 15  | 8   | 11  | 18  | 9   | 149       |
| Fire Alarm Business                             | 23  | 4   | 5   | 4   | 8   | 9   | 5   | 9   | 6   | 7   | 7   | 4   | 91        |
| Fire Alarm Church or School                     | 4   | 3   | 9   | 11  | 4   | 10  | 8   | 4   | 1   | 3   | 2   | 2   | 61        |
| Fire Alarm Residence                            | 31  | 23  | 18  | 25  | 28  | 35  | 49  | 41  | 29  | 30  | 19  | 28  | 356       |
| Gas Leak                                        | 4   | 3   | 1   | 2   | 1   | 3   | 1   | 1   | 1   | 2   | 2   | 3   | 24        |
| Grass Fire                                      | 0   | 0   | 0   | 0   | 2   | 0   | 0   | 0   | 0   | 4   | 0   | 0   | 6         |
| HAZMAT Emergency                                | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1         |
| Headache- Stroke symptoms not present           | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1   | 0   | 0   | 2         |
| Heart Problems                                  | 8   | 4   | 7   | 8   | 8   | 5   | 13  | 5   | 5   | 5   | 2   | 9   | 79        |
| Heat/Cold Exposure                              | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 2   | 0   | 0   | 0   | 0   | 4         |
| Hemorrhage/Laceration                           | 1   | 3   | 4   | 4   | 2   | 1   | 0   | 2   | 2   | 0   | 0   | 0   | 19        |
| House Fire                                      | 1   | 1   | 0   | 2   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 1   | 7         |
| Illegal Burning                                 | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1         |
| Injured Party                                   | 4   | 2   | 5   | 2   | 4   | 5   | 0   | 2   | 4   | 1   | 2   | 2   | 33        |
| Medical Alarm                                   | 3   | 1   | 2   | 3   | 2   | 1   | 6   | 4   | 1   | 6   | 9   | 4   | 42        |
| Motor Vehicle Collision                         | 22  | 14  | 23  | 11  | 15  | 19  | 11  | 17  | 13  | 12  | 14  | 11  | 182       |
| Motor Vehicle Collision with Entrapment         | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 0   | 3         |
| Motor Vehicle vs Motorcycle                     | 0   | 1   | 0   | 1   | 1   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 5         |
| Motor Vehicle vs Pedestrian                     | 0   | 0   | 0   | 2   | 2   | 2   | 0   | 0   | 0   | 2   | 3   | 1   | 12        |
| Object Down in Roadway                          | 0   | 0   | 3   | 5   | 0   | 3   | 1   | 1   | 0   | 1   | 2   | 0   | 16        |
| Oven/Appliance Fire                             | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2         |
| Overdose/Poisoning                              | 0   | 3   | 2   | 0   | 1   | 0   | 1   | 0   | 2   | 3   | 2   | 2   | 16        |
| Possible D.O.S.                                 | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1   | 4   | 1   | 8         |
| Powerlines Down Arcing/Burning                  | 1   | 0   | 4   | 1   | 2   | 4   | 3   | 6   | 2   | 7   | 1   | 1   | 32        |
| Pregnancy/ Childbirth                           | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 2         |
| Psychiatric Emergency                           | 2   | 2   | 4   | 3   | 6   | 1   | 4   | 3   | 2   | 2   | 5   | 5   | 39        |
| Seizures                                        | 0   | 0   | 4   | 2   | 0   | 1   | 4   | 5   | 2   | 4   | 2   | 4   | 28        |
| Service Call Non-emergency                      | 11  | 8   | 10  | 7   | 14  | 16  | 16  | 22  | 31  | 22  | 19  | 25  | 201       |
| Shooting/Stabbing                               | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 2         |
| Sick Call                                       | 9   | 12  | 16  | 17  | 19  | 15  | 8   | 19  | 11  | 24  | 7   | 26  | 183       |
| Smoke in Business                               | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Smoke in Residence                              | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 4         |
| Stroke                                          | 3   | 2   | 3   | 4   | 3   | 1   | 2   | 0   | 2   | 4   | 3   | 1   | 28        |
| Transformer Fire                                | 0   | 1   | 0   | 3   | 1   | 1   | 0   | 1   | 0   | 1   | 0   | 0   | 8         |
| Trash Fire                                      | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 2         |
| Traumatic Injury                                | 0   | 1   | 0   | 2   | 1   | 2   | 0   | 0   | 1   | 0   | 0   | 0   | 7         |
| Unconscious Party/Syncope                       | 10  | 8   | 12  | 8   | 15  | 9   | 3   | 10  | 6   | 11  | 11  | 17  | 120       |
| Unknown Medical Emergency                       | 6   | 3   | 5   | 1   | 6   | 3   | 0   | 5   | 7   | 3   | 2   | 4   | 45        |
| Vehicle Fire                                    | 1   | 2   | 3   | 0   | 1   | 6   | 1   | 5   | 1   | 1   | 1   | 1   | 23        |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 144             | 4:18          |
| Feb   | 105             | 4:20          |
| Mar   | 161             | 4:11          |
| Apr   | 135             | 4:15          |
| May   | 156             | 4:19          |
| Jun   | 166             | 4:15          |
| Jul   | 146             | 4:19          |
| Aug   | 175             | 4:15          |
| Sep   | 113             | 4:25          |
| Oct   | 157             | 4:20          |
| Nov   | 137             | 4:03          |
| Dec   | 149             | 4:21          |
|       | 1744            | 4:16          |

*\*Does not include 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





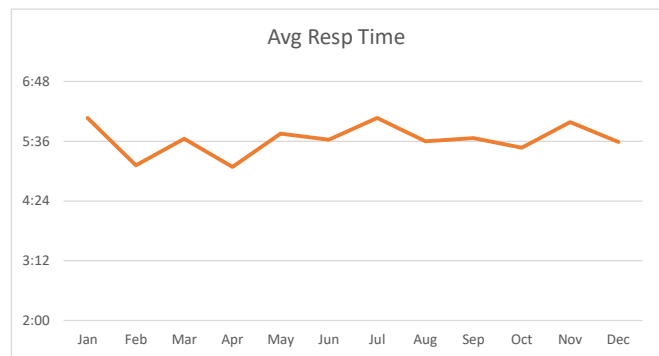
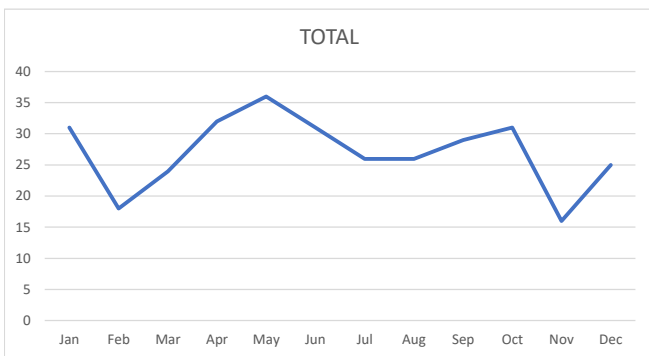
Village Fire Department  
901 Corbindale Rd  
Houston, TX, 77024  
Phone# (713) 468-7941 Fax# (713) 468-5039

### December 2025 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>31</b> | <b>18</b> | <b>24</b> | <b>32</b> | <b>36</b> | <b>31</b> | <b>26</b> | <b>26</b> | <b>29</b> | <b>31</b> | <b>16</b> | <b>25</b> | <b>325</b> |
| Abdominal Pain                                  | 0         | 0         | 1         | 0         | 0         | 0         | 1         | 0         | 1         | 1         | 0         | 0         | 4          |
| Allergic Reaction                               | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Animal Bite                                     | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Carbon Monoxide Detector with Symptoms          | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 1          |
| Carbon Monoxide Detector No Symptoms            | 2         | 0         | 2         | 0         | 0         | 0         | 4         | 2         | 0         | 2         | 3         | 0         | 15         |
| Cardiac/Respiratory Arrest                      | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 1         | 0         | 0         | 2          |
| Check a Noxious Odor                            | 0         | 0         | 0         | 0         | 1         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 2          |
| Check for Fire                                  | 0         | 1         | 0         | 1         | 1         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 4          |
| Check for the Smell of Natural Gas              | 1         | 0         | 2         | 1         | 0         | 1         | 1         | 0         | 0         | 0         | 1         | 0         | 7          |
| Check for the Smell of Smoke                    | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 2          |
| Chest Pain                                      | 0         | 0         | 1         | 2         | 2         | 0         | 2         | 0         | 0         | 0         | 0         | 0         | 7          |
| Child Locked in a Vehicle Engine and AC running | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 1          |
| Choking                                         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 1         | 3          |
| Difficulty Breathing                            | 4         | 1         | 0         | 0         | 1         | 2         | 0         | 1         | 0         | 0         | 0         | 0         | 9          |
| Fall Victim                                     | 3         | 1         | 0         | 2         | 2         | 2         | 2         | 3         | 0         | 1         | 2         | 1         | 19         |
| Fire Alarm Church or School                     | 2         | 0         | 0         | 1         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 1         | 5          |
| Fire Alarm Residence                            | 5         | 5         | 3         | 6         | 11        | 8         | 5         | 5         | 4         | 7         | 6         | 7         | 72         |
| Gas Leak                                        | 1         | 0         | 0         | 1         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 1         | 4          |
| Heart Problems                                  | 1         | 0         | 2         | 0         | 1         | 1         | 2         | 0         | 0         | 1         | 1         | 1         | 10         |
| Heat/Cold Exposure                              | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 1          |
| Hemorrhage/Laceration                           | 0         | 1         | 0         | 2         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 3          |
| House Fire                                      | 0         | 1         | 0         | 0         | 0         | 0         | 1         | 0         | 1         | 0         | 0         | 0         | 3          |
| Injured Party                                   | 0         | 1         | 0         | 0         | 2         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 4          |
| Medical Alarm                                   | 1         | 0         | 1         | 0         | 0         | 0         | 1         | 1         | 0         | 1         | 0         | 1         | 6          |
| Motor Vehicle Collision                         | 2         | 1         | 3         | 0         | 2         | 1         | 0         | 0         | 2         | 2         | 0         | 1         | 14         |
| Motor Vehicle vs Pedestrian                     | 0         | 0         | 0         | 0         | 1         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 2          |
| Object Down in Roadway                          | 0         | 0         | 1         | 0         | 0         | 1         | 1         | 1         | 0         | 0         | 0         | 0         | 4          |
| Oven/Appliance Fire                             | 0         | 0         | 1         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 2          |
| Overdose/Poisoning                              | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Possible D.O.S.                                 | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Powerlines Down Arcing/Burning                  | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 2         | 1         | 2         | 0         | 0         | 6          |
| Psychiatric Emergency                           | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 1         | 2          |
| Seizures                                        | 0         | 0         | 1         | 1         | 0         | 1         | 0         | 0         | 1         | 1         | 1         | 0         | 6          |
| Service Call Non-emergency                      | 5         | 3         | 3         | 4         | 1         | 5         | 2         | 7         | 14        | 7         | 1         | 5         | 57         |
| Sick Call                                       | 1         | 0         | 0         | 8         | 4         | 1         | 1         | 1         | 3         | 2         | 1         | 2         | 24         |
| Stroke                                          | 0         | 0         | 1         | 0         | 2         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 4          |
| Transformer Fire                                | 0         | 0         | 0         | 1         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 2          |
| Unconscious Party/Syncope                       | 1         | 1         | 2         | 1         | 2         | 1         | 0         | 0         | 0         | 1         | 0         | 3         | 12         |
| Unknown Medical Emergency                       | 1         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 2          |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 21              | 6:04          |
| Feb   | 10              | 5:07          |
| Mar   | 16              | 5:39          |
| Apr   | 24              | 5:05          |
| May   | 33              | 5:45          |
| Jun   | 22              | 5:38          |
| Jul   | 20              | 6:04          |
| Aug   | 12              | 5:36          |
| Sep   | 13              | 5:40          |
| Oct   | 16              | 5:28          |
| Nov   | 10              | 5:59          |
| Dec   | 15              | 5:35          |
|       | 212             | 5:38          |

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





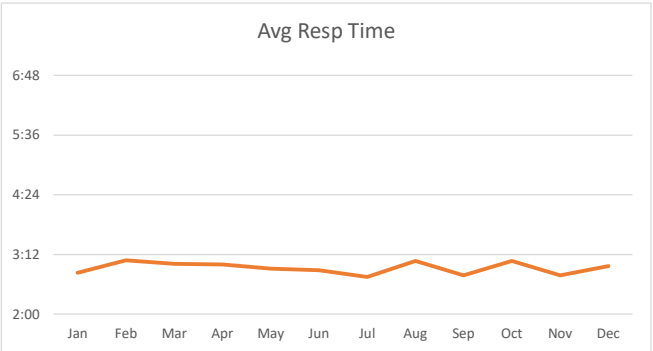
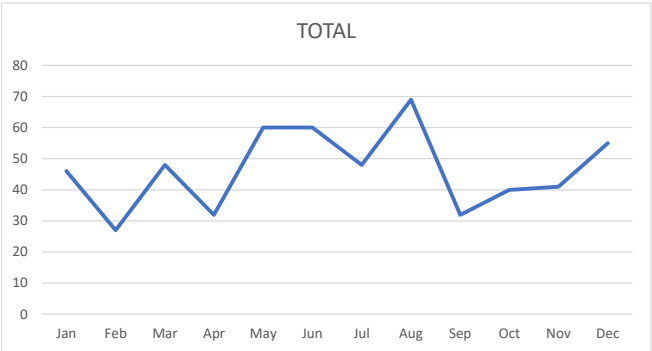
Village Fire Department  
901 Corbindale Rd  
Houston,TX,77024  
Phone# (713) 468-7941 Fax# (713) 468-5039

December 2025 Summary - Hedwig

| Call/Incident Type/Detail                    | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total YTD |
|----------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| TOTAL                                        | 46  | 27  | 48  | 32  | 60  | 60  | 48  | 69  | 32  | 40  | 41  | 55  | 558       |
| Abdominal Pain                               | 1   | 0   | 0   | 1   | 0   | 2   | 0   | 4   | 0   | 0   | 1   | 1   | 9         |
| Allergic Reaction                            | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 0   | 2         |
| Assault                                      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 1   | 3         |
| Back Pain                                    | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 1   | 0   | 1   | 4         |
| Carbon Monoxide Detector No Symptoms         | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 2         |
| Cardiac/Respiratory Arrest                   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Check a Noxious Odor                         | 0   | 1   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 3         |
| Check for Fire                               | 0   | 1   | 0   | 0   | 2   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 4         |
| Check for the Smell of Natural Gas           | 1   | 0   | 1   | 2   | 1   | 0   | 1   | 4   | 0   | 0   | 0   | 0   | 10        |
| Check for the Smell of Smoke                 | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 1   | 4         |
| Chest Pain                                   | 2   | 1   | 1   | 0   | 3   | 3   | 4   | 2   | 0   | 2   | 0   | 2   | 20        |
| Child Locked in a Vehicle Engine not running | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Diabetic Emergency                           | 0   | 1   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 1   | 0   | 4         |
| Difficulty Breathing                         | 2   | 0   | 4   | 1   | 0   | 5   | 1   | 3   | 1   | 1   | 4   | 3   | 25        |
| Dumpster Fire Not near Structure             | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 2         |
| Electrical Fire                              | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 1         |
| Elevator Rescue                              | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 2         |
| Fall Victim                                  | 4   | 2   | 6   | 4   | 6   | 5   | 3   | 5   | 1   | 2   | 5   | 0   | 43        |
| Fire Alarm Business                          | 12  | 2   | 3   | 1   | 5   | 7   | 2   | 6   | 5   | 4   | 1   | 1   | 49        |
| Fire Alarm Church or School                  | 0   | 0   | 2   | 0   | 1   | 2   | 3   | 1   | 0   | 2   | 0   | 0   | 11        |
| Fire Alarm Residence                         | 3   | 1   | 1   | 1   | 3   | 2   | 1   | 4   | 6   | 2   | 1   | 1   | 26        |
| Gas Leak                                     | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 2         |
| Grass Fire                                   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 3   | 0   | 0   | 4         |
| HAZMAT Emergency                             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1         |
| Heart Problems                               | 0   | 2   | 0   | 3   | 4   | 3   | 6   | 2   | 2   | 1   | 0   | 3   | 26        |
| Heat/Cold Exposure                           | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 1   | 0   | 0   | 3         |
| Hemorrhage/Laceration                        | 1   | 0   | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 3         |
| Injured Party                                | 2   | 1   | 1   | 0   | 1   | 2   | 0   | 0   | 2   | 0   | 0   | 1   | 10        |
| Medical Alarm                                | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 2   | 0   | 2   | 3   | 0   | 9         |
| Motor Vehicle Collision                      | 4   | 3   | 6   | 3   | 3   | 4   | 4   | 5   | 1   | 6   | 5   | 6   | 50        |
| Motor Vehicle vs Motorcycle                  | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Motor Vehicle vs Pedestrian                  | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 0   | 0   | 2   | 1   | 1   | 6         |
| Object Down in Roadway                       | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1         |
| Overdose/Poisoning                           | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 1   | 0   | 3         |
| Possible D.O.S                               | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 1   | 3         |
| Powerlines Down Arcing/Burning               | 1   | 0   | 1   | 1   | 0   | 2   | 2   | 0   | 0   | 0   | 0   | 0   | 7         |
| Psychiatric Emergency                        | 1   | 1   | 1   | 2   | 1   | 0   | 0   | 2   | 0   | 0   | 0   | 2   | 10        |
| Seizures                                     | 0   | 0   | 2   | 0   | 0   | 0   | 4   | 3   | 0   | 0   | 1   | 4   | 14        |
| Service Call Non-emergency                   | 2   | 2   | 3   | 1   | 4   | 7   | 2   | 3   | 3   | 2   | 4   | 3   | 36        |
| Shooting/ Stabbing                           | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 1         |
| Sick Call                                    | 3   | 4   | 2   | 4   | 9   | 3   | 4   | 9   | 2   | 3   | 2   | 12  | 57        |
| Smoke in Residence                           | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Stroke                                       | 0   | 0   | 1   | 3   | 0   | 0   | 0   | 0   | 1   | 2   | 1   | 0   | 8         |
| Transformer Fire                             | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 3         |
| Trash Fire                                   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 1         |
| Traumatic Injury                             | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 2         |
| Unconscious Party/Syncope                    | 1   | 3   | 5   | 2   | 9   | 5   | 2   | 2   | 0   | 2   | 6   | 6   | 43        |
| Unknown Medical Emergency                    | 3   | 1   | 3   | 0   | 2   | 1   | 0   | 4   | 3   | 0   | 0   | 1   | 18        |
| Vehicle Fire                                 | 1   | 0   | 2   | 0   | 0   | 4   | 0   | 1   | 0   | 0   | 0   | 1   | 9         |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 36              | 2:50          |
| Feb   | 24              | 3:05          |
| Mar   | 45              | 3:01          |
| Apr   | 31              | 3:00          |
| May   | 53              | 2:55          |
| Jun   | 50              | 2:53          |
| Jul   | 44              | 2:45          |
| Aug   | 60              | 3:04          |
| Sep   | 25              | 2:47          |
| Oct   | 35              | 3:04          |
| Nov   | 37              | 2:47          |
| Dec   | 50              | 2:58          |
|       | 490             | 2:55          |

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





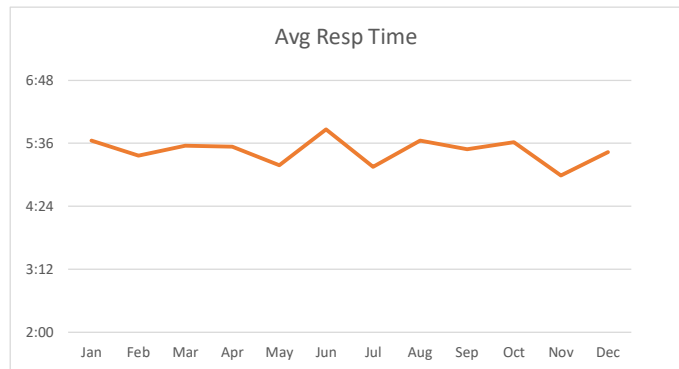
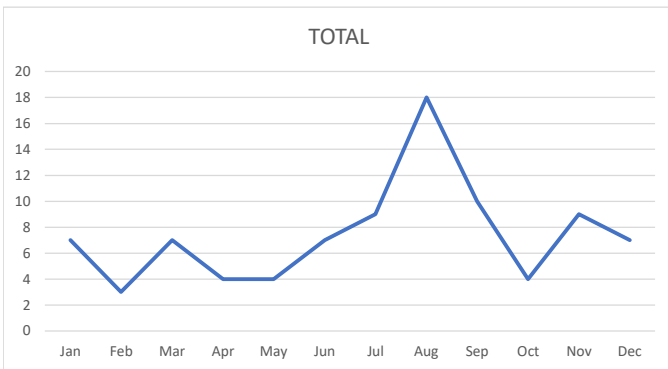
Village Fire Department  
901 Corbindale Rd  
Houston, TX, 77024  
Phone# (713) 468-7941 Fax# (713) 468-5039

## December 2025 Summary - Hilshire

| Call/Incident Type/Detail          | Jan      | Feb      | Mar      | Apr      | May      | Jun      | Jul      | Aug       | Sep       | Oct      | Nov      | Dec      | Total YTD |
|------------------------------------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|----------|----------|----------|-----------|
| <b>TOTAL</b>                       | <b>7</b> | <b>3</b> | <b>7</b> | <b>4</b> | <b>4</b> | <b>7</b> | <b>9</b> | <b>18</b> | <b>10</b> | <b>4</b> | <b>9</b> | <b>7</b> | <b>89</b> |
| Abdominal Pain                     | 0        | 1        | 0        | 0        | 0        | 1        | 0        | 0         | 0         | 0        | 0        | 0        | 2         |
| Cardiac/Respiratory Arrest         | 1        | 0        | 0        | 1        | 0        | 0        | 0        | 0         | 0         | 0        | 0        | 0        | 2         |
| Check for the Smell of Natural Gas | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 1         | 0        | 0        | 0        | 1         |
| Difficulty Breathing               | 1        | 0        | 1        | 0        | 0        | 0        | 0        | 0         | 2         | 1        | 0        | 0        | 5         |
| Dumpster Fire Not near Structure   | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 1         | 0         | 0        | 0        | 0        | 1         |
| Fall Victim                        | 0        | 0        | 1        | 0        | 0        | 0        | 0        | 2         | 0         | 0        | 2        | 1        | 6         |
| Fire Alarm Church or School        | 0        | 0        | 0        | 1        | 0        | 1        | 0        | 1         | 0         | 0        | 0        | 1        | 4         |
| Fire Alarm Residence               | 1        | 0        | 0        | 1        | 0        | 1        | 3        | 1         | 2         | 0        | 1        | 0        | 10        |
| Heart Problems                     | 1        | 0        | 0        | 0        | 0        | 0        | 1        | 0         | 0         | 1        | 1        | 0        | 4         |
| Hemorrhage/Laceration              | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 1         | 0        | 0        | 0        | 1         |
| House Fire                         | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0         | 0         | 0        | 0        | 1        | 1         |
| Medical Alarm                      | 0        | 0        | 0        | 1        | 0        | 0        | 0        | 0         | 0         | 0        | 0        | 0        | 1         |
| Motor Vehicle Collision            | 1        | 1        | 1        | 0        | 1        | 1        | 2        | 1         | 1         | 1        | 1        | 0        | 11        |
| Overdose/Poisoning                 | 0        | 1        | 0        | 0        | 0        | 0        | 0        | 0         | 0         | 0        | 0        | 0        | 1         |
| Psychiatric Emergency              | 1        | 0        | 1        | 0        | 0        | 0        | 2        | 1         | 1         | 0        | 1        | 1        | 8         |
| Service Call Non-emergency         | 0        | 0        | 0        | 0        | 0        | 0        | 1        | 9         | 0         | 0        | 2        | 0        | 12        |
| Sick Call                          | 0        | 0        | 0        | 0        | 0        | 2        | 0        | 1         | 1         | 1        | 1        | 1        | 7         |
| Trash Fire                         | 0        | 0        | 1        | 0        | 0        | 0        | 0        | 0         | 0         | 0        | 0        | 1        | 2         |
| Traumatic Injury                   | 0        | 0        | 0        | 0        | 1        | 0        | 0        | 0         | 0         | 0        | 0        | 0        | 1         |
| Unconscious Party/Syncope          | 1        | 0        | 1        | 0        | 0        | 0        | 0        | 0         | 1         | 0        | 0        | 0        | 3         |
| Unknown Medical Emergency          | 0        | 0        | 0        | 0        | 1        | 0        | 0        | 0         | 0         | 0        | 0        | 1        | 2         |
| Vehicle Fire                       | 0        | 0        | 1        | 0        | 1        | 1        | 0        | 1         | 0         | 0        | 0        | 0        | 4         |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 7               | 5:39          |
| Feb   | 3               | 5:22          |
| Mar   | 7               | 5:33          |
| Apr   | 2               | 5:32          |
| May   | 4               | 5:11          |
| Jun   | 6               | 5:52          |
| Jul   | 7               | 5:09          |
| Aug   | 9               | 5:39          |
| Sep   | 8               | 5:29          |
| Oct   | 4               | 5:37          |
| Nov   | 6               | 4:59          |
| Dec   | 6               | 5:26          |
|       | 69              | 5:27          |

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





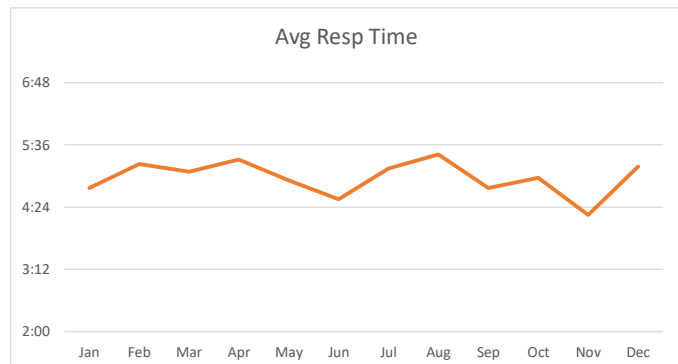
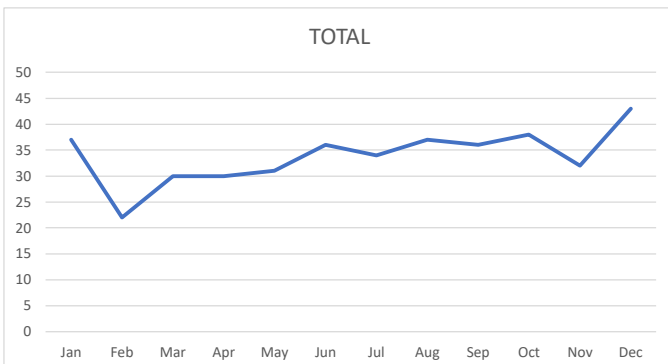
Village Fire Department  
901 Corbindale Rd  
Houston, TX, 77024  
Phone# (713) 468-7941 Fax# (713) 468-5039

## December 2025 Summary - Hunters Creek

| Call/Incident Type/Detail                    | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total YTD |
|----------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| TOTAL                                        | 37  | 22  | 30  | 30  | 31  | 36  | 34  | 37  | 36  | 38  | 32  | 43  | 406       |
| Abdominal Pain                               | 0   | 0   | 2   | 1   | 0   | 2   | 1   | 0   | 0   | 0   | 1   | 1   | 8         |
| Allergic Reaction                            | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 0   | 3         |
| Back Pain                                    | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 1         |
| Carbon Monoxide Alarm with Symptoms          | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Carbon Monoxide Detector No Symptoms         | 1   | 2   | 0   | 0   | 0   | 2   | 0   | 1   | 1   | 1   | 3   | 1   | 12        |
| Cardiac/Respiratory Arrest                   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Check a Noxious Odor                         | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 2         |
| Check for Fire                               | 0   | 0   | 0   | 0   | 1   | 0   | 3   | 1   | 1   | 0   | 0   | 1   | 7         |
| Check for the Smell of Natural Gas           | 1   | 0   | 1   | 1   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 5         |
| Check for the Smell of Smoke                 | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 1   | 0   | 0   | 3   | 0   | 6         |
| Chest Pain                                   | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 2   | 2   | 1   | 0   | 0   | 7         |
| Child Locked in a Vehicle Engine not running | 0   | 0   | 0   | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2         |
| Choking                                      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 0   | 2         |
| Diabetic Emergency                           | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 1         |
| Difficulty Breathing                         | 1   | 0   | 1   | 2   | 2   | 0   | 1   | 2   | 1   | 1   | 1   | 2   | 14        |
| Elevator Rescue                              | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Entrapment- Non MVC                          | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1         |
| Fall Victim                                  | 3   | 1   | 4   | 2   | 1   | 2   | 4   | 0   | 1   | 4   | 2   | 4   | 28        |
| Fire Alarm Business                          | 2   | 0   | 1   | 1   | 2   | 1   | 1   | 1   | 0   | 0   | 0   | 2   | 11        |
| Fire Alarm Church or School                  | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Fire Alarm Residence                         | 15  | 9   | 6   | 10  | 7   | 13  | 17  | 19  | 8   | 7   | 2   | 8   | 121       |
| Gas Leak                                     | 0   | 1   | 0   | 1   | 1   | 0   | 0   | 0   | 0   | 2   | 1   | 0   | 6         |
| Heart Problems                               | 3   | 1   | 1   | 0   | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 1   | 8         |
| Hemorrhage/Laceration                        | 0   | 1   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 3         |
| House Fire                                   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Illegal Burning                              | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1         |
| Injured Party                                | 1   | 0   | 2   | 1   | 0   | 1   | 0   | 0   | 1   | 0   | 1   | 0   | 7         |
| Medical Alarm                                | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 1   | 1   | 5         |
| Motor Vehicle Collision                      | 2   | 2   | 4   | 1   | 4   | 3   | 1   | 1   | 2   | 0   | 3   | 1   | 24        |
| Motor Vehicle Collision with Entrapment      | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 2         |
| Motor Vehicle vs Motorcycle                  | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 2         |
| Motor Vehicle vs Pedestrian                  | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Object Down in Roadway                       | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 0   | 3         |
| Overdose/Poisoning                           | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 1   | 1   | 1   | 5         |
| Possible D.O.S                               | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1         |
| Powerlines Down Arcing/Burning               | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 2   | 0   | 3   | 0   | 0   | 5         |
| Psychiatric Emergency                        | 0   | 0   | 0   | 0   | 2   | 0   | 0   | 0   | 0   | 0   | 2   | 1   | 5         |
| Seizures                                     | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 2         |
| Service Call Non-emergency                   | 0   | 0   | 0   | 1   | 0   | 2   | 1   | 1   | 7   | 4   | 6   | 12  | 34        |
| Sick Call                                    | 1   | 3   | 2   | 1   | 2   | 0   | 1   | 1   | 2   | 3   | 0   | 4   | 20        |
| Stroke                                       | 2   | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 1   | 1   | 0   | 6         |
| Transformer Fire                             | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1         |
| Traumatic Injury                             | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 1         |
| Unconscious Party/Syncope                    | 4   | 0   | 1   | 2   | 2   | 2   | 0   | 1   | 2   | 2   | 1   | 3   | 20        |
| Unknown Medical Emergency                    | 0   | 0   | 0   | 1   | 1   | 0   | 0   | 0   | 3   | 0   | 0   | 0   | 5         |
| Vehicle Fire                                 | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 1   | 1   | 0   | 0   | 0   | 3         |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 29              | 4:46          |
| Feb   | 16              | 5:14          |
| Mar   | 27              | 5:05          |
| Apr   | 23              | 5:19          |
| May   | 22              | 4:55          |
| Jun   | 25              | 4:33          |
| Jul   | 25              | 5:09          |
| Aug   | 31              | 5:25          |
| Sep   | 26              | 4:46          |
| Oct   | 32              | 4:58          |
| Nov   | 25              | 4:15          |
| Dec   | 29              | 5:11          |
|       | 310             | 4:58          |

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





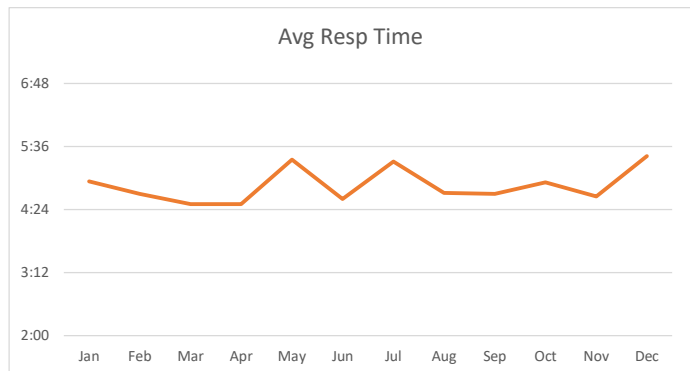
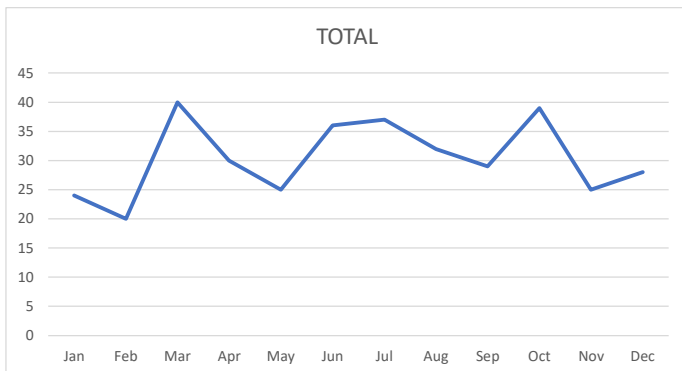
Village Fire Department  
901 Corbindale Rd  
Houston, TX, 77024  
Phone# (713) 468-7941 Fax# (713) 468-5039

### December 2025 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>24</b> | <b>20</b> | <b>40</b> | <b>30</b> | <b>25</b> | <b>36</b> | <b>37</b> | <b>32</b> | <b>29</b> | <b>39</b> | <b>25</b> | <b>28</b> | <b>365</b> |
| Abdominal Pain                         | 0         | 0         | 1         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 2          |
| Carbon Monoxide Detector with Symptoms | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 1         | 2          |
| Carbon Monoxide Detector No Symptoms   | 2         | 0         | 0         | 0         | 1         | 2         | 1         | 1         | 0         | 0         | 1         | 0         | 8          |
| Cardiac/Respiratory Arrest             | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Check a Noxious Odor                   | 1         | 0         | 0         | 0         | 1         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 3          |
| Check for Fire                         | 0         | 0         | 0         | 0         | 0         | 1         | 1         | 0         | 0         | 0         | 0         | 0         | 2          |
| Check for the Smell of Natural Gas     | 1         | 0         | 2         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 1         | 1         | 6          |
| Check for the Smell of Smoke           | 0         | 0         | 0         | 0         | 1         | 0         | 1         | 1         | 0         | 0         | 0         | 1         | 4          |
| Chest Pain                             | 1         | 0         | 1         | 0         | 3         | 0         | 0         | 2         | 1         | 0         | 0         | 1         | 9          |
| Choking                                | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 2          |
| Elevator Rescue                        | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 1          |
| Difficulty Breathing                   | 0         | 0         | 1         | 1         | 1         | 1         | 0         | 0         | 0         | 2         | 0         | 2         | 8          |
| Fall Victim                            | 2         | 3         | 3         | 1         | 0         | 2         | 3         | 3         | 3         | 1         | 1         | 2         | 24         |
| Fire Alarm Business                    | 0         | 0         | 1         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 2          |
| Fire Alarm Church or School            | 1         | 2         | 7         | 7         | 2         | 3         | 1         | 2         | 1         | 1         | 2         | 0         | 29         |
| Fire Alarm Residence                   | 5         | 5         | 8         | 6         | 5         | 8         | 18        | 9         | 8         | 14        | 8         | 8         | 102        |
| Gas Leak                               | 1         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 1         | 0         | 0         | 1         | 4          |
| Headache- Stroke symptoms not present  | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Heart Problems                         | 1         | 0         | 1         | 0         | 1         | 0         | 0         | 1         | 0         | 0         | 0         | 1         | 5          |
| Hemorrhage/Laceration                  | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 2          |
| House Fire                             | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Injured Party                          | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 1         | 0         | 0         | 0         | 0         | 2          |
| Medical Alarm                          | 1         | 0         | 1         | 2         | 0         | 1         | 1         | 1         | 1         | 1         | 5         | 0         | 14         |
| Motor Vehicle Collision                | 1         | 1         | 2         | 3         | 1         | 5         | 0         | 1         | 1         | 1         | 1         | 0         | 17         |
| Motor Vehicle vs Pedestrian            | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 1          |
| Object Down in Roadway                 | 0         | 0         | 2         | 2         | 0         | 1         | 0         | 0         | 0         | 0         | 1         | 0         | 6          |
| Overdose/Poisoning                     | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 1         | 0         | 1         | 4          |
| Powerlines Down Arcing/Burning         | 0         | 0         | 1         | 0         | 0         | 1         | 1         | 0         | 1         | 1         | 0         | 1         | 6          |
| Psychiatric Emergency                  | 0         | 0         | 1         | 0         | 2         | 0         | 1         | 0         | 0         | 1         | 0         | 0         | 5          |
| Seizures                               | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 1          |
| Service Call Non-emergency             | 3         | 3         | 2         | 0         | 5         | 1         | 7         | 1         | 5         | 6         | 1         | 3         | 37         |
| Sick Call                              | 2         | 1         | 5         | 1         | 2         | 4         | 1         | 3         | 2         | 7         | 0         | 3         | 31         |
| Smoke in Residence                     | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 2          |
| Stroke                                 | 0         | 1         | 1         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 3          |
| Transformer Fire                       | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Traumatic Injury                       | 0         | 1         | 0         | 1         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 3          |
| Unconscious Party/Syncope              | 1         | 1         | 0         | 1         | 0         | 0         | 0         | 3         | 0         | 2         | 3         | 2         | 13         |
| Unknown Medical Emergency              | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 16              | 4:56          |
| Feb   | 14              | 4:42          |
| Mar   | 26              | 4:30          |
| Apr   | 23              | 4:30          |
| May   | 15              | 5:21          |
| Jun   | 27              | 4:36          |
| Jul   | 22              | 5:19          |
| Aug   | 23              | 4:43          |
| Sep   | 19              | 4:42          |
| Oct   | 29              | 4:55          |
| Nov   | 17              | 4:39          |
| Dec   | 20              | 5:25          |
|       | 251             | 4:51          |

*\*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

## December 2025 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>44</b> | <b>39</b> | <b>42</b> | <b>36</b> | <b>34</b> | <b>39</b> | <b>34</b> | <b>43</b> | <b>25</b> | <b>45</b> | <b>47</b> | <b>32</b> | <b>460</b> |
| Abdominal Pain                               | 0         | 1         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 1         | 1         | 1         | 5          |
| Allergic Reaction                            | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 2         | 1         | 0         | 4          |
| Back Pain                                    | 0         | 0         | 1         | 0         | 0         | 2         | 0         | 0         | 0         | 0         | 0         | 1         | 4          |
| Business Fire                                | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 1          |
| Carbon Monoxide Detector No Symptoms         | 0         | 0         | 0         | 2         | 1         | 0         | 0         | 1         | 0         | 1         | 2         | 0         | 7          |
| Cardiac/Respiratory Arrest                   | 0         | 1         | 0         | 1         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 3          |
| Check a Noxious Odor                         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 1         | 0         | 2          |
| Check for Fire                               | 0         | 0         | 0         | 2         | 0         | 0         | 1         | 0         | 0         | 2         | 0         | 0         | 5          |
| Check for the Smell of Natural Gas           | 1         | 1         | 3         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 1         | 0         | 7          |
| Check for the Smell of Smoke                 | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 2          |
| Chest Pain                                   | 2         | 0         | 3         | 0         | 3         | 3         | 1         | 0         | 1         | 1         | 1         | 0         | 15         |
| Child Locked in a Vehicle Engine not running | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Choking                                      | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Diabetic Emergency                           | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 2          |
| Difficulty Breathing                         | 3         | 3         | 2         | 1         | 0         | 1         | 2         | 1         | 0         | 0         | 0         | 2         | 15         |
| Elevator Rescue                              | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Entrapment- Non MVC                          | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 1          |
| Explosion                                    | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 1          |
| Fall Victim                                  | 0         | 3         | 1         | 3         | 2         | 3         | 2         | 2         | 3         | 3         | 6         | 1         | 29         |
| Fire Alarm Business                          | 9         | 2         | 0         | 1         | 1         | 1         | 2         | 2         | 1         | 3         | 6         | 1         | 29         |
| Fire Alarm Church or School                  | 1         | 1         | 0         | 2         | 1         | 3         | 3         | 0         | 0         | 0         | 0         | 0         | 11         |
| Fire Alarm Residence                         | 2         | 3         | 0         | 1         | 2         | 3         | 4         | 3         | 1         | 0         | 1         | 4         | 24         |
| Gas Leak                                     | 1         | 2         | 1         | 0         | 0         | 2         | 1         | 0         | 0         | 0         | 1         | 0         | 8          |
| Grass Fire                                   | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 2          |
| Heart Problems                               | 2         | 1         | 3         | 5         | 2         | 1         | 3         | 2         | 3         | 1         | 0         | 3         | 26         |
| Heat/Cold Exposure                           | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Hemorrhage/Laceration                        | 0         | 1         | 3         | 0         | 0         | 1         | 0         | 1         | 0         | 0         | 0         | 0         | 6          |
| Injured Party                                | 1         | 0         | 2         | 1         | 1         | 0         | 0         | 1         | 1         | 1         | 1         | 1         | 10         |
| Medical Alarm                                | 1         | 0         | 0         | 0         | 0         | 0         | 2         | 0         | 0         | 1         | 0         | 2         | 6          |
| Motor Vehicle Collision                      | 12        | 6         | 6         | 4         | 4         | 5         | 4         | 8         | 6         | 2         | 4         | 3         | 64         |
| Motor Vehicle Collision with Entrapment      | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 1          |
| Motor Vehicle vs Motorcycle                  | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 2          |
| Motor Vehicle vs Pedestrian                  | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 2          |
| Object Down in Roadway                       | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Overdose/Poisoning                           | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 2          |
| Possible D.O.S.                              | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 2         | 0         | 3          |
| Powerlines Down Arcing/Burning               | 0         | 0         | 2         | 0         | 1         | 1         | 0         | 2         | 0         | 1         | 1         | 0         | 8          |
| Pregnancy/ Childbirth                        | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 2         | 2          |
| Psychiatric Emergency                        | 0         | 1         | 1         | 1         | 1         | 1         | 1         | 0         | 1         | 0         | 2         | 0         | 9          |
| Seizures                                     | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 1         | 1         | 2         | 0         | 0         | 5          |
| Service Call Non-emergency                   | 1         | 0         | 1         | 1         | 4         | 1         | 3         | 1         | 2         | 3         | 5         | 2         | 24         |
| Shooting/Stabbing                            | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Sick Call                                    | 2         | 4         | 7         | 3         | 2         | 5         | 1         | 4         | 1         | 8         | 3         | 4         | 44         |
| Smoke in Business                            | 0         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 0         | 0         | 1          |
| Stroke                                       | 1         | 1         | 0         | 0         | 1         | 0         | 1         | 0         | 0         | 1         | 2         | 0         | 7          |
| Transformer Fire                             | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 0         | 0         | 1         | 0         | 0         | 2          |
| Unconscious Party/Syncope                    | 2         | 3         | 3         | 2         | 2         | 1         | 1         | 4         | 3         | 4         | 1         | 3         | 29         |
| Unknown Medical Emergency                    | 2         | 2         | 2         | 0         | 2         | 0         | 0         | 1         | 1         | 3         | 2         | 2         | 17         |
| Vehicle Fire                                 | 0         | 2         | 0         | 0         | 0         | 1         | 0         | 2         | 0         | 1         | 1         | 0         | 7          |

| Month | # of Incidents* | Avg Resp Time |
|-------|-----------------|---------------|
| Jan   | 35              | 3:46          |
| Feb   | 38              | 4:19          |
| Mar   | 40              | 3:53          |
| Apr   | 32              | 3:47          |
| May   | 29              | 4:09          |
| Jun   | 36              | 4:34          |
| Jul   | 28              | 3:46          |
| Aug   | 39              | 4:07          |
| Sep   | 22              | 4:28          |
| Oct   | 40              | 4:02          |
| Nov   | 40              | 4:11          |
| Dec   | 28              | 4:12          |
|       | 407             | 4:06          |

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