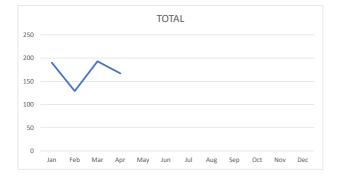


April 2025 Summary - All Cities

| TOTAL 190 129 193 167 | 679 9 |
|---|-----------------|
| Allergic Reaction | |
| Back Pain | 2 |
| Carbon Monoxide Detector No Symptoms 5 2 2 3 Cardiac/Respiratory Arrest 1 2 1 2 Check a Noxious Odor 1 2 1 0 Check for Fire 0 2 0 3 Check for the Smell of Natural Gas 5 1 9 4 Check for the Smell of Smoke 1 0 1 2 Chest Pain 5 1 7 2 2 Choking 0 0 0 2 2 2 Choking 0 0 0 2 2 2 2 Choking 0 0 0 2 | |
| Cardiac/Respiratory Arrest 1 2 1 2 Check a Noxious Odor 1 2 1 0 Check for Fire 0 2 0 3 Check for He Smell of Natural Gas 5 1 9 4 Check for the Smell of Smoke 1 0 1 2 Chest Pain 5 1 7 2 Choking 0 0 0 2 Diabetic Emergency 0 1 0 0 Difficulty Breathing 11 4 9 5 Elevator Rescue 0 0 0 1 1 Fall Victim 12 10 15 12 1 Fire Alarm Business 23 4 5 4 4 Fire Alarm Residence 31 23 18 25 25 Gas Leak 4 3 1 2 2 | 1 |
| Check a Noxious Odor 1 2 1 0 Check for Fire 0 2 0 3 Check for the Smell of Natural Gas 5 1 9 4 Check for the Smell of Smoke 1 0 1 2 Chest Pain 5 1 7 2 Choking 0 0 0 2 Diabetic Emergency 0 1 0 0 Difficulty Breathing 11 4 9 5 Elevator Rescue 0 0 0 1 Fail Victim 12 10 15 12 Fire Alarm Business 23 4 5 4 Fire Alarm Church or School 4 3 9 11 Fire Alarm Residence 31 23 18 25 Gas Leak 4 3 1 2 | 12 |
| Check for Fire 0 2 0 3 Check for the Smell of Natural Gas 5 1 9 4 Check for the Smell of Smoke 1 0 1 2 Chest Pain 5 1 7 2 Choking 0 0 0 2 Diabetic Emergency 0 1 0 0 Difficulty Breathing 11 4 9 5 Elevator Rescue 0 0 0 1 Fall Victim 12 10 15 12 Fire Alarm Business 23 4 5 4 Fire Alarm Church or School 4 3 9 11 11 Fire Alarm Residence 31 23 18 25 25 Gas Leak 4 3 1 2 2 | 6 |
| Check for the Smell of Natural Gas 5 1 9 4 Check for the Smell of Smoke 1 0 1 2 Chest Pain 5 1 7 2 Choking 0 0 0 2 Diabetic Emergency 0 1 0 0 Difficulty Breathing 11 4 9 5 Elevator Rescue 0 0 0 1 Fall Victim 12 10 15 12 Fire Alarm Business 23 4 5 4 Fire Alarm Church or School 4 3 9 11 Fire Alarm Residence 31 23 18 25 Gas Leak 4 3 1 2 | 4 |
| Check for the Smell of Smoke 1 0 1 2 Chest Pain 5 1 7 2 Choking 0 0 0 2 Diabetic Emergency 0 1 0 0 Difficulty Breathing 11 4 9 5 Elevator Rescue 0 0 0 1 Fall Victim 12 10 15 12 Fire Alarm Business 23 4 5 4 Fire Alarm Church or School 4 3 9 11 Fire Alarm Residence 31 23 18 25 Gas Leak 4 3 1 2 | 5 |
| Chest Pain 5 1 7 2 Choking 0 0 0 2 Diabetic Emergency 0 1 0 0 Difficulty Breathing 11 4 9 5 Elevator Rescue 0 0 0 1 Fall Victim 12 10 15 12 Fire Alarm Business 23 4 5 4 Fire Alarm Church or School 4 3 9 11 Fire Alarm Residence 31 23 18 25 Gas Leak 4 3 1 2 | 19 |
| Choking 0 0 0 2 Diabetic Emergency 0 1 0 0 Difficulty Breathing 11 4 9 5 Elevator Rescue 0 0 0 1 Fall Victim 12 10 15 12 Fire Alarm Business 23 4 5 4 Fire Alarm Church or School 4 3 9 11 Fire Alarm Residence 31 23 18 25 Gas Leak 4 3 1 2 | 4 |
| Diabetic Emergency 0 1 0 0 Difficulty Breathing 11 4 9 5 Elevator Rescue 0 0 0 1 Fall Victim 12 10 15 12 Fire Alarm Business 23 4 5 4 Fire Alarm Church or School 4 3 9 11 Fire Alarm Residence 31 23 18 25 Gas Leak 4 3 1 2 | 15 |
| Difficulty Breathing 11 4 9 5 Elevator Rescue 0 0 0 1 Fall Victim 12 10 15 12 Fire Alarm Business 23 4 5 4 Fire Alarm Church or School 4 3 9 11 Fire Alarm Residence 31 23 18 25 Gas Leak 4 3 1 2 | 2 |
| Elevator Rescue 0 0 0 1 | 1 |
| Fall Victim 12 10 15 12 Fire Alarm Business 23 4 5 4 Fire Alarm Church or School 4 3 9 11 Fire Alarm Residence 31 23 18 25 Gas Leak 4 3 1 2 | 29 |
| Fire Alarm Business 23 4 5 4 Fire Alarm Church or School 4 3 9 11 Fire Alarm Residence 31 23 18 25 Gas Leak 4 3 1 2 | 1 |
| Fire Alarm Church or School 4 3 9 11 Fire Alarm Residence 31 23 18 25 Gas Leak 4 3 1 2 | 49 |
| Fire Alarm Residence 31 23 18 25 Gas Leak 4 3 1 2 | 36 |
| Gas Leak 4 3 1 2 | 27 |
| | 97 |
| Heart Problems 8 4 7 8 | 10 |
| | 27 |
| Hemorrhage/Laceration 1 3 4 4 | 12 |
| House Fire 1 1 0 2 | 4 |
| Injured Party 4 2 5 2 | 13 |
| Medical Alarm 3 1 2 3 | 9 |
| Motor Vehicle Collision 22 14 23 11 | 70 |
| Motor Vehicle Collision with Entrapment 1 0 0 0 | 1 |
| Motor Vehicle vs Motorcycle 0 1 0 1 | 2 |
| Motor Vehicle vs Pedestrian 0 0 0 2 | 2 |
| Object Down in Roadway 0 0 3 5 | 8 |
| Oven/Appliance Fire 0 0 1 0 | 1 |
| Overdose/Poisoning 0 3 2 0 | 5 |
| Possible D.O.S. 1 0 0 0 | 1 |
| Powerlines Down Arcing/Burning 1 0 4 1 | 6 |
| Psychiatric Emergency 2 2 4 3 | 11 |
| Seizures 0 0 4 2 | 6 |
| Service Call Non-emergency 11 8 10 7 | 36 |
| Shooting/Stabbing 0 0 0 1 | 1 |
| Sick Call 9 12 16 17 | 54 |
| Smoke in Residence 2 0 0 0 | 2 |
| Stroke 3 2 3 4 | 12 |
| <u>Transformer Fire</u> 0 1 0 3 | 4 |
| Trash Fire 0 0 1 0 | 1 |
| Traumatic Injury 0 1 0 2 | 3 |
| Unconscious Party/Syncope 10 8 12 8 | |
| Unknown Medical Emergency 6 3 5 1 | 38 |
| Vehicle Fire 1 2 3 0 | 15 |

| Month | # of Incidents | Avg Resp Time |
|-------|----------------|---------------|
| Jan | 144 | 4:18 |
| Feb | 105 | 4:20 |
| Mar | 161 | 4:11 |
| Apr | 135 | 4:15 |
| May | | |
| Jun | | |
| Jul | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |
| | 545 | 4:16 |

Note: Nat'l Std Fire Response Time: 6:50 Note: Nat'l Std Fire EMS Time: 6:30



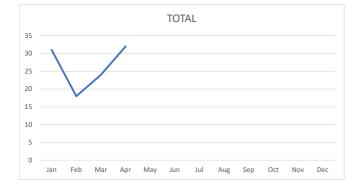


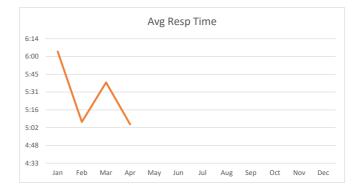


April 2025 Summary - Bunker Hill

| Call/Incident Type/Detail | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total YTD |
|--------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| TOTAL | 31 | 18 | 24 | 32 | | | | | | | | | 105 |
| Abdominal Pain | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Allergic Reaction | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Carbon Monoxide Detector No Symptoms | 2 | 0 | 2 | 0 | | | | | | | | | 4 |
| Check for Fire | 0 | 1 | 0 | 1 | | | | | | | | | 2 |
| Check for the Smell of Natural Gas | 1 | 0 | 2 | 1 | | | | | | | | | 4 |
| Check for the Smell of Smoke | 1 | 0 | 0 | 0 | | | | | | | | | 1 |
| Chest Pain | 0 | 0 | 1 | 2 | | | | | | | | | 3 |
| Choking | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Difficulty Breathing | 4 | 1 | 0 | 0 | | | | | | | | | 5 |
| Fall Victim | 3 | 1 | 0 | 2 | | | | | | | | | 6 |
| Fire Alarm Church or School | 2 | 0 | 0 | 1 | | | | | | | | | 3 |
| Fire Alarm Residence | 5 | 5 | 3 | 6 | | | | | | | | | 19 |
| Gas Leak | 1 | 0 | 0 | 1 | | | | | | | | | 2 |
| Heart Problems | 1 | 0 | 2 | 0 | | | | | | | | | 3 |
| Hemorrhage/Laceration | 0 | 1 | 0 | 2 | | | | | | | | | 3 |
| House Fire | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Injured Party | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Medical Alarm | 1 | 0 | 1 | 0 | | | | | | | | | 2 |
| Motor Vehicle Collision | 2 | 1 | 3 | 0 | | | | | | | | | 6 |
| Object Down in Roadway | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Oven/Appliance Fire | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Overdose/Poisoning | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Seizures | 0 | 0 | 1 | 1 | | | | | | | | | 2 |
| Service Call Non-emergency | 5 | 3 | 3 | 4 | | | | | | | | | 15 |
| Sick Call | 1 | 0 | 0 | 8 | | | | | | | | | 9 |
| Stroke | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Transformer Fire | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Unconscious Party/Syncope | 1 | 1 | 2 | 1 | | | | | | | | | 5 |
| Unknown Medical Emergency | 1 | 0 | 0 | 0 | | , | Ţ | Ţ | | , | | , | 1 |

| # of Incidents | Avg Resp Time |
|----------------|----------------------|
| 21 | 6:04 |
| 10 | 5:07 |
| 16 | 5:39 |
| 24 | 5:05 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 71 | 5:28 |
| | 21 10 16 24 |





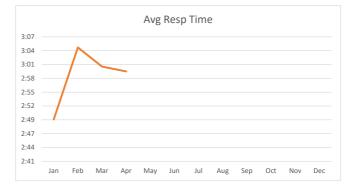


April 2025 Summary - Hedwig

| Call/Incident Type/Detail | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total YTD |
|------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| TOTAL | 46 | 27 | 48 | 32 | | | | | | | | | 153 |
| Abdominal Pain | 1 | 0 | 0 | 1 | | | | | | | | | 2 |
| Cardiac/Respiratory Arrest | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Check a Noxious Odor | 0 | 1 | 1 | 0 | | | | | | | | | 2 |
| Check for Fire | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Check for the Smell of Natural Gas | 1 | 0 | 1 | 2 | | | | | | | | | 4 |
| Check for the Smell of Smoke | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Chest Pain | 2 | 1 | 1 | 0 | | | | | | | | | 4 |
| Diabetic Emergency | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Difficulty Breathing | 2 | 0 | 4 | 1 | | | | | | | | | 7 |
| Fall Victim | 4 | 2 | 6 | 4 | | | | | | | | | 16 |
| Fire Alarm Business | 12 | 2 | 3 | 1 | | | | | | | | | 18 |
| Fire Alarm Church or School | 0 | 0 | 2 | 0 | | | | | | | | | 2 |
| Fire Alarm Residence | 3 | 1 | 1 | 1 | | | | | | | | | 6 |
| Gas Leak | 1 | 0 | 0 | 0 | | | | | | | | | 1 |
| Heart Problems | 0 | 2 | 0 | 3 | | | | | | | | | 5 |
| Hemorrhage/Laceration | 1 | 0 | 0 | 0 | | | | | | | | | 1 |
| Injured Party | 2 | 1 | 1 | 0 | | | | | | | | | 4 |
| Motor Vehicle Collision | 4 | 3 | 6 | 3 | | | | | | | | | 16 |
| Motor Vehicle vs Pedestrian | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Powerlines Down Arcing/Burning | 1 | 0 | 1 | 1 | | | | | | | | | 3 |
| Psychiatric Emergency | 1 | 1 | 1 | 2 | | | | | | | | | 5 |
| Seizures | 0 | 0 | 2 | 0 | | | | | | | | | 2 |
| Service Call Non-emergency | 2 | 2 | 3 | 1 | | | | | | | | | 8 |
| Sick Call | 3 | 4 | 2 | 4 | | | | | | | | | 13 |
| Smoke in Residence | 1 | 0 | 0 | 0 | | | | | | | | | 1 |
| Stroke | 0 | 0 | 1 | 3 | | | | | | | | | 4 |
| Transformer Fire | 0 | 1 | 0 | 1 | | | | | | | | | 2 |
| Traumatic Injury | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Unconscious Party/Syncope | 1 | 3 | 5 | 2 | | | | | | | | | 11 |
| Unknown Medical Emergency | 3 | 1 | 3 | 0 | | | | | | | | | 7 |
| Vehicle Fire | 1 | 0 | 2 | 0 | | | | | | | | | 3 |

| Month | # of Incidents | Avg Resp Time |
|-------|----------------|---------------|
| Jan | 36 | 2:50 |
| Feb | 24 | 3:05 |
| Mar | 45 | 3:01 |
| Apr | 31 | 3:00 |
| May | | |
| Jun | | |
| Jul | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |
| | 136 | 2:59 |





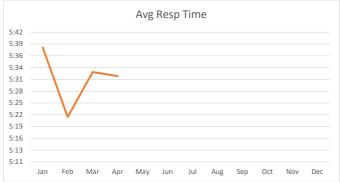


April 2025 Summary - Hilshire

| Call/Incident Type/Detail | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total YTD | Month | # of Incident |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|-------|---------------|
| TOTAL | 7 | 3 | 7 | 4 | | | | | | | | | 21 | Jan | 7 |
| Abdominal Pain | 0 | 1 | 0 | 0 | | | | | | | | | 1 | Feb | 3 |
| Cardiac/Respiratory Arrest | 1 | 0 | 0 | 1 | | | | | | | | | 2 | Mar | 7 |
| Difficulty Breathing | 1 | 0 | 1 | 0 | | | | | | | | | 2 | Apr | 2 |
| Fall Victim | 0 | 0 | 1 | 0 | | | | | | | | | 1 | May | |
| Fire Alarm Church or School | 0 | 0 | 0 | 1 | | | | | | | | | 1 | Jun | |
| Fire Alarm Residence | 1 | 0 | 0 | 1 | | | | | | | | | 2 | Jul | |
| Heart Problems | 1 | 0 | 0 | 0 | | | | | | | | | 1 | Aug | |
| Medical Alarm | 0 | 0 | 0 | 1 | | | | | | | | | 1 | Sep | |
| Motor Vehicle Collision | 1 | 1 | 1 | 0 | | | | | | | | | 3 | Oct | |
| Overdose/Poisoning | 0 | 1 | 0 | 0 | | | | | | | | | 1 | Nov | |
| Psychiatric Emergency | 1 | 0 | 1 | 0 | | | | | | | | | 2 | Dec | |
| Trash Fire | 0 | 0 | 1 | 0 | | | | | | | | | 1 | | 19 |
| Unconscious Party/Syncope | 1 | 0 | 1 | 0 | | | | | | | | | 2 | | |
| Vehicle Fire | 0 | 0 | 1 | 0 | | | | | | | | | 1 | | |

| Month | # of Incidents | Avg Resp Time |
|-------|----------------|---------------|
| Jan | 7 | 5:39 |
| Feb | 3 | 5:22 |
| Mar | 7 | 5:33 |
| Apr | 2 | 5:32 |
| May | | |
| Jun | | |
| Jul | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |
| | 19 | 5:31 |



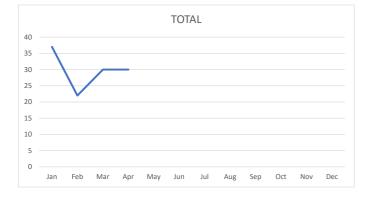


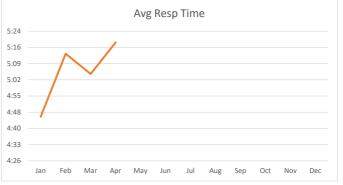


April 2025 Summary - Hunters Creek

| Call/Incident Type/Detail | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total YTD |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| TOTAL | 37 | 22 | 30 | 30 | | | | | | | | | 119 |
| Abdominal Pain | 0 | 0 | 2 | 1 | | | | | | | | | 3 |
| Allergic Reaction | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Carbon Monoxide Detector No Symptoms | 1 | 2 | 0 | 0 | | | | | | | | | 3 |
| Check a Noxious Odor | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Check for the Smell of Natural Gas | 1 | 0 | 1 | 1 | | | | | | | | | 3 |
| Check for the Smell of Smoke | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Chest Pain | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Difficulty Breathing | 1 | 0 | 1 | 2 | | | | | | | | | 4 |
| Fall Victim | 3 | 1 | 4 | 2 | | | | | | | | | 10 |
| Fire Alarm Business | 2 | 0 | 1 | 1 | | | | | | | | | 4 |
| Fire Alarm Residence | 15 | 9 | 6 | 10 | | | | | | | | | 40 |
| Gas Leak | 0 | 1 | 0 | 1 | | | | | | | | | 2 |
| Heart Problems | 3 | 1 | 1 | 0 | | | | | | | | | 5 |
| Hemorrhage/Laceration | 0 | 1 | 1 | 0 | | | | | | | | | 2 |
| House Fire | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Injured Party | 1 | 0 | 2 | 1 | | | | | | | | | 4 |
| Medical Alarm | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Motor Vehicle Collision | 2 | 2 | 4 | 1 | | | | | | | | | 9 |
| Motor Vehicle Collision with Entrapment | 1 | 0 | 0 | 0 | | | | | | | | | 1 |
| Motor Vehicle vs Motorcycle | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Object Down in Roadway | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Overdose/Poisoning | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Seizures | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Service Call Non-emergency | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Sick Call | 1 | 3 | 2 | 1 | | | | | | | | - | 7 |
| Stroke | 2 | 0 | 0 | 1 | | | | | | | | | 3 |
| Unconscious Party/Syncope | 4 | 0 | 1 | 2 | | | | | | | | | 7 |
| Unknown Medical Emergency | 0 | 0 | 0 | 1 | | | _ | | | | | | 1 |

| Month | # of Incidents | Avg Resp Time |
|-------|----------------|---------------|
| Jan | 29 | 4:46 |
| Feb | 16 | 5:14 |
| Mar | 27 | 5:05 |
| Apr | 23 | 5:19 |
| May | | |
| Jun | | |
| Jul | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |
| | 95 | 5:06 |





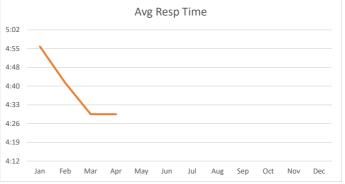


April 2025 Summary - Piney Point

| Call/Incident Type/Detail | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total YTD |
|--------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| TOTAL | 24 | 20 | 40 | 30 | | | | | | | | | 114 |
| Abdominal Pain | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Carbon Monoxide Detector No Symptoms | 2 | 0 | 0 | 0 | | | | | | | | | 2 |
| Cardiac/Respiratory Arrest | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Check a Noxious Odor | 1 | 0 | 0 | 0 | | | | | | | | | 1 |
| Check for the Smell of Natural Gas | 1 | 0 | 2 | 0 | | | | | | | | | 3 |
| Chest Pain | 1 | 0 | 1 | 0 | | | | | | | | | 2 |
| Choking | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Difficulty Breathing | 0 | 0 | 1 | 1 | | | | | | | | | 2 |
| Fall Victim | 2 | 3 | 3 | 1 | | | | | | | | | 9 |
| Fire Alarm Business | 0 | 0 | 1 | 1 | | | | | | | | | 2 |
| Fire Alarm Church or School | 1 | 2 | 7 | 7 | | | | | | | | | 17 |
| Fire Alarm Residence | 5 | 5 | 8 | 6 | | | | | | | | | 24 |
| Gas Leak | 1 | 0 | 0 | 0 | | | | | | | | | 1 |
| Heart Problems | 1 | 0 | 1 | 0 | | | | | | | | | 2 |
| Hemorrhage/Laceration | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| House Fire | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Medical Alarm | 1 | 0 | 1 | 2 | | | | | | | | | 4 |
| Motor Vehicle Collision | 1 | 1 | 2 | 3 | | | | | | | | | 7 |
| Object Down in Roadway | 0 | 0 | 2 | 2 | | | | | | | | | 4 |
| Overdose/Poisoning | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Powerlines Down Arcing/Burning | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Psychiatric Emergency | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Service Call Non-emergency | 3 | 3 | 2 | 0 | | | | | | | | | 8 |
| Sick Call | 2 | 1 | 5 | 1 | | | | | | | | | 9 |
| Smoke in Residence | 1 | 0 | 0 | 0 | | | | | | | | | 1 |
| Stroke | 0 | 1 | 1 | 0 | | | | | | | | | 2 |
| Transformer Fire | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Traumatic Injury | 0 | 1 | 0 | 1 | | | | | | | | | 2 |
| Unconscious Party/Syncope | 1 | 1 | 0 | 1 | | | | | | | | | 3 |

| Month | # of Incidents | Avg Resp Time |
|-------|----------------|---------------|
| Jan | 16 | 4:56 |
| Feb | 14 | 4:42 |
| Mar | 26 | 4:30 |
| Apr | 23 | 4:30 |
| May | | |
| Jun | | |
| Jul | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
| Dec | | |
| | 79 | 4:39 |







April 2025 Summary - Spring Valley

| Call/Incident Type/Detail | Jan | Feb | Mar | | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total YTD |
|--------------------------------------|-----|-----|-----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|
| TOTAL | 44 | 39 | 42 | 36 | | | | | | | | | 161 |
| Abdominal Pain | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Back Pain | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Carbon Monoxide Detector No Symptoms | 0 | 0 | 0 | 2 | | | | | | | | | 2 |
| Cardiac/Respiratory Arrest | 0 | 1 | 0 | 1 | | | | | | | | | 2 |
| Check for Fire | 0 | 0 | 0 | 2 | | | | | | | | | 2 |
| Check for the Smell of Natural Gas | 1 | 1 | 3 | 0 | | | | | | | | | 5 |
| Check for the Smell of Smoke | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Chest Pain | 2 | 0 | 3 | 0 | | | | | | | | | 5 |
| Difficulty Breathing | 3 | 3 | 2 | 1 | | | | | | | | | 9 |
| Elevator Rescue | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Fall Victim | 0 | 3 | 1 | 3 | | | | | | | | | 7 |
| Fire Alarm Business | 9 | 2 | 0 | 1 | | | | | | | | | 12 |
| Fire Alarm Church or School | 1 | 1 | 0 | 2 | | | | | | | | | 4 |
| Fire Alarm Residence | 2 | 3 | 0 | 1 | | | | | | | | | 6 |
| Gas Leak | 1 | 2 | 1 | 0 | | | | | | | | | 4 |
| Heart Problems | 2 | 1 | 3 | 5 | | | | | | | | | 11 |
| Hemorrhage/Laceration | 0 | 1 | 3 | 0 | | | | | | | | | 4 |
| Injured Party | 1 | 0 | 2 | 1 | | | | | | | | | 4 |
| Medical Alarm | 1 | 0 | 0 | 0 | | | | | | | | | 1 |
| Motor Vehicle Collision | 12 | 6 | 6 | 4 | | | | | | | | | 28 |
| Motor Vehicle vs Motorcycle | 0 | 1 | 0 | 0 | | | | | | | | | 1 |
| Motor Vehicle vs Pedestrian | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Object Down in Roadway | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Overdose/Poisoning | 0 | 0 | 1 | 0 | | | | | | | | | 1 |
| Possible D.O.S. | 1 | 0 | 0 | 0 | | | | | | | | | 1 |
| Powerlines Down Arcing/Burning | 0 | 0 | 2 | 0 | | | | | | | | | 2 |
| Psychiatric Emergency | 0 | 1 | 1 | 1 | | | | | | | | | 3 |
| Seizures | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Service Call Non-emergency | 1 | 0 | 1 | 1 | | | | | | | | | 3 |
| Shooting/Stabbing | 0 | 0 | 0 | 1 | | | | | | | | | 1 |
| Sick Call | 2 | 4 | 7 | 3 | | | | | | | | | 16 |
| Stroke | 1 | 1 | 0 | 0 | | | | | | | | | 2 |
| Unconscious Party/Syncope | 2 | 3 | 3 | 2 | | | | | | | | | 10 |
| Unknown Medical Emergency | 2 | 2 | 2 | 0 | | | | | | | | | 6 |
| Vehicle Fire | 0 | 2 | 0 | 0 | | | | | | | | | 2 |

| Month | # of Incidents | Avg Resp Time |
|-------|----------------|---------------|
| Jan | 35 | 3:46 |
| Feb | 38 | 4:19 |
| Mar | 40 | 3:53 |
| Apr | 32 | 3:47 |
| May | | |
| Jun | | |
| Jul | | |
| Aug | | |
| Sep | | |
| Oct | | |
| Nov | | |
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