

AGENDA

ITEM

#1

TITUS COUNTY COMMISSIONERS' COURT

Public Participation Form

FILED FOR RECORD
2010 SEP -2 PM 2:54
COUNTY CLERK JIMMIE G. GRIFFIN
BY _____
DEPUTY _____

Instructions: Fill out all appropriate blanks. Please print or write legibly.

NAME: Harold Jackson Smith Jr.

ADDRESS: PO Box 369, Mt Pleasant, TX 75455

Do you represent any particular group or organization? NO

If you do represent a group or organization, please state the name of such group or organization?

N/A

Which agenda item (or items) do you wish to address? I want to speak during public comments

Do you wish to make an inquiry under Section 551.042 of the Open Meetings Act?

Signature: _____

Harold Jackson Smith Jr.

Date: _____

09/02/10 2:45pm

Jackson Smith

903-572-3088

Note: This Public Participation Form must be presented to the County Clerk prior to the time that the agenda item (or items) you wish to address are discussed before the Court.

TITUS COUNTY COMMISSIONERS' COURT

Public Participation Form

Instructions: Fill out all appropriate blanks. Please print or write legibly.

NAME: Teresa Price

ADDRESS: _____

Do you represent any particular group or organization? No

If you do represent a group or organization, please state the name of such group or organization?

Which agenda item (or items) do you wish to address? # 1

Do you wish to make an inquiry under Section 551.042 of the Open Meetings Act?

Signature: Teresa Price Date: 9/13/2010

Note: This Public Participation Form must be presented to the County Clerk prior to the time that the agenda item (or items) you wish to address are discussed before the Court.



ATTORNEY GENERAL OF TEXAS
GREG ABBOTT

CERTIFICATE *of* COURSE COMPLETION

The
Paternity Opportunity Program
hereby certifies that
Lydia Gonzalez
of
Titus County Clerk's Office
has completed training on
Acknowledgment of Paternity
on this day,
July 16, 2010.

Alicia G. Key

Director of Child Support Division

Entity Code: C225
General CEUs received: 3

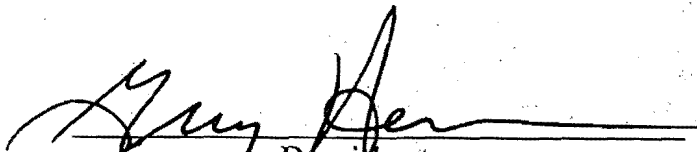
TEXAS COLLEGE OF PROBATE JUDGES

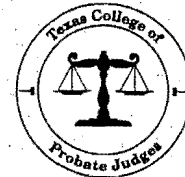
This is to certify that

Charity Jeffery
Probate/Civil Clerk
Titus County

has successfully completed the
Continuing Judicial Education program at

The Worthington Renaissance
Fort Worth, Texas
August 26-28, 2010


President
Judge Guy Herman



AGENDA

ITEM

#2



PATE TRANSPORTATION PARTNERS

To: Titus County Commissioners Court
From: Jennie N. Taraborelli
Date: September 13, 2010
RE: Titus County Pass-Through Program Status Report

MEMORANDUM

Status

To keep the Titus County Commissioners Court fully updated as to the progress of the Titus County Pass-Through Program, Pate Transportation Partners (PTP) offers the following status report:

Environmental*US 271**Environmental Clearance*

Complete – FONSI issued by Federal Highways Administration (FHWA).

Section 404 Permitting

Complete – United States Army Corps of Engineers (USACE) has granted NWP 14 SWF-2008-00245.

Archeological Mitigation and Data Recovery

The archeological team is continuing cleaning and cataloging artifacts. An updated status report is due the week of September 13.

*FM 2348**Environmental Clearance*

Complete – FONSI issued by FHWA.

Section 404 Permitting

Complete – United States Army Corps of Engineers (USACE) granted Individual Permit SWF-2009-00017 on May 17, 2010.

Archeological Mitigation and Data Recovery

This project will require the mitigation of one potential archeological site. The mitigation and data recovery, if necessary, will be conducted after the acquisition of the parcel of right-of-way.

*FM 1000**Environmental Assessment*

The Public Hearing Summary and the Request for Finding of No Significant Impact document has been drafted. The one missing item is the official transcript from the Court Reporter. PTP is hopeful that this document will be received the week of September 13. At that time, all documents will be submitted to TxDOT/FHWA.

Section 404 Permitting

Complete – United States Army Corps of Engineers (USACE) granted Individual Permit SWF-2009-00488 on June 14, 2010.

Archeological Mitigation and Data Recovery

This project will require the mitigation of one potential archeological site. The mitigation and data recovery, if necessary, will be conducted after the acquisition of the parcel of right-of-way.

Right-of-Way Acquisition*FM 2348*

ROW acquisition is ongoing for the FM 2348 Project. To date, settlement has been reached with ten of the twenty-three property owners. Funding requests have been forwarded to the County and parcels should be closing by the end of the week. PTP is still reviewing counteroffers. Two parcel have been forwarded to the legal team to begin condemnation proceedings.

Design*US 271*

PTP and PBS&J have forwarded all information regarding the increase in size of Wetland No. 2. Discussions have been initiated with Ms. Jennifer Walker, Section Leader with the Fort Worth District of the USACE, regarding the expansion of wetland by the property owner. The most favorable outcome from Titus County's perspective is enforcement action against the landowner. This should allow for restoration of the area and will let the project move forward under the existing permit. PBS&J forwarded information on the wetland so that an investigation could automatically begin including the original delineation and the approximate boundaries of the expanded area compared to the original and the video of the area. An expedited review has been requested as construction activities have already commenced.

Construction

US 271 ROW Clearing and Grubbing Contract

The surveyor has completed all staking of the ROW to all work by the contractor along the entire alignment. Work by H.H. Howard & Sons is progressing well. Clearing has occurred from both the north end and the south end. Several of the landowners in the mid-part of the alignment still have not completed the relocation of fencing or the removal of cattle. PTP and PAS are working with landowners to remove these obstructions quickly as to not impede the progress of Howard & Sons.

Contamination Remediation

All remediation of asbestos from structures along the US 271 alignment is complete.

Testing for other contaminants has been conducted on four parcels. Preliminary test results have concluded some contamination exists. PTP has ordered further samples to confirm the extent of the contamination. The appropriate regulatory agencies have been consulted and a remediation plan will be developed.

FM 2348 ROW Clearing and Grubbing Plans

The plans for the FM 2348 ROW Clearing and Grubb were forwarded to TxDOT for review. PTP expects to have comments by the end of September. This will allow clearing to commence just as soon as access or acquisition of all parcels has been secured.

Critical Path

- FM 2348 ROW Acquisition
- Receipt of FONSI for FM 1000
- Completion of Design for US 271

AGENDA

ITEM

#3

COMMISSIONERS' COURT
SPECIAL MEETING
August 23, 2010

11/226

BE IT REMEMBERED THAT THE TITUS COUNTY COMMISSIONERS' COURT met in a Special Meeting on Monday, August 23, 2010 at 9:00 a.m. in the Titus County Courtroom with the following members present:

SAM W. RUSSELL
DON BOGGS
MIKE FIELDS
PHILLIP HINTON
THOMAS HOCKADAY
TERESA PRICE
DEBBIE RHEA
NORMA NARRAMORE

COUNTY JUDGE
COMMISSIONER PRECINCT 1
COMMISSIONER PRECINCT 2
COMMISSIONER PRECINCT 3
COMMISSIONER PRECINCT 4
COUNTY CLERK, NOT PRESENT
TREASURER
DEMOCRATIC CHAIR

PUBLIC AND COUNTY OFFICIALS ATTENDING MEETING

CARL JOHNSON, Auditor
WILLIAM WHITE, Purchasing
MAMIE ROGERS
SHAWN BRYAN, Kaybro Tech.
JON ROACH
JOYCE SIMPSON

MIKE AHRENS, City Mgr.
LOU ANTONNELLI, Tribune
JOHN LIVINGSTON
DAVID JANAKES
TOM GRESHAM
JIMMY PARKER

JERENE SURRATT, Deputy Clerk
JENNIE TARABORELLI, Project Mgr
SHERYL PREDDY
BRIAN LEE
CAROL GRESHAM

Pledge of Allegiance: Led by Judge Sam Russell
Invocation: Commissioner Mike Fields

1. IN THE MATTER OF PUBLIC COMMENTS AND/OR REQUESTS FOR INFORMATION ON NON AGENDA ITEMS IN ACCORDANCE WITH SECTION 551-042, TEXAS OPEN MEETINGS ACT.

(Listen To Audio Track 1, 00:04:10 Hours)

Presentation by Carol Gresham:

Mrs. Gresham was present to answer any questions regarding her submission for the Titus County Commissioners' consideration for the 2010-2011 Budget process requesting any amount of money for the SAFE-T Shelter. The shelter is now serving 8 counties and approximately \$14,000 people. This has stretched the staff that has not been increased and has resulted in an increase in cost to provide services. A closet had been designated for a much needed room to accommodate additional people. Many of those using the shelter are Titus County Residents and she would like the Commissioners' Court to allocate any amount of money even if it is a token of \$200. Mrs. Gresham stated the benefit in stating Titus County Commissioners' Court supports the county the facility is located when she goes to other counties requesting funding. Other Counties the Shelter has received donations are \$10,000 City of Paris, \$9,000 United Way in Paris, \$3,000 from Morris County and the City of Daingerfield, \$3,000 from Franklin County, and \$2,700 from the Divorce Courts in Franklin County. Mrs. Gresham informs the Court of a grant received in the amount of \$800,000 for housing over the next 3 years of which only \$50,000 can be used for staffing and the remainder for rent, utilities and helping people in the area.

Judge Russell asked if the Shelter was on the list of prospective juror donations and she 12 / 2 2 6 they were not but expressed her desire to be placed on the list.

2. **Presentation on Loop Project present by Jennie Taraborelli, Project Manager**
(See Attachment #2 and/or Listen to Audio Track 1, 00:09:20 Hours)
Presentation by Project Manager, Jennie Taraborelli:

Environmental

US 271

- *Environmental Clearance* - Complete -FONSI issued by Federal Highways Administration (FHWA).
- *Section 404 Permitting* - Complete -United States Army Corps of Engineers (USACE) has granted NWP 14 SWF-200800245.
- *Archeological Mitigation and Data Recovery* - During July, the archeological recovery team focused efforts on a variety of post-fieldwork tasks, using 4 percent of the total person-hours budgeted for laboratory analysis and report preparation. These tasks included the following: reviewing feature forms and tabulating feature data to identify variation in the features and develop feature nomenclature and definitions; cleaning up the mapping data for the three sites, making coding/terminology consistent between them; organizing artifact bags by site and lot number to identify and resolve problems with lot number sequencing and mis-assignments; cataloging artifacts from 41TT851 and 41TT852; processing of notation samples; preparing fine-fraction samples from the notation samples for submittal to the analyst; and working through the coarse-fraction samples from the flotation samples to prepare them for analysis. These tasks will continue in August.

FM 2348

- *Environmental Assessment* - Complete -FONSI issued by FHWA.
- *Section 404 Permitting* - Complete -United States Army Corps of Engineers (USACE) granted Individual Permit SWF2009-00017 ON May 17, 2010.

FM 1000

- *Environmental Assessment* - On July 22, Titus County, in conjunction with TxDOT, conducted the Public Hearing for the FM 1000. As with all Public Hearings, the public has the opportunity to provide written comments/input and other exhibits for a period of ten (10) days following the public hearing. The comment period ended on August 5. One additional comment was received bringing the total of comments received for this project to three (3). All comments will be considered and any necessary changes will be incorporated into the final design plans. PBS&J is working on the Public Hearing Summary and PTP has drafted the Request for Finding of No Significant Impact document required by FHWA. [t is anticipated that these documents will be submitted to TxDOT /FHWA by the first of September.
- *Section 404 Permitting* - Complete -United States Army Corps of Engineers (USACE) granted individual Permit SWF2009-00488 on June 14, 2010.

Right-of-Way Acquisition

US 271- The condemnation proceedings for the remaining ten (10) parcels are proceeding with hearings for five (5) parcels scheduled the week of August 23. Again, full access to these parcels was secured under Possession and Use Agreements to accommodate construction.

FM 2348 - ROW acquisition is ongoing for the FM 2348 Project. Offers have been delivered on twenty-one (21) of the twenty-four (24) parcels. Several property owners have accepted the County's offer and funding requests have been forwarded to the County. Several property owners have submitted counteroffers which are being considered and several have asked for a time extension to consider the County's offer. In addition, nine (9) relocations are required for this project Property Acquisition Services (PAS) is working with those property owners/tenants this time.

Design

US 271 - One issue has come up regarding Wetland No. 2 on US 27 1. Since the completion of the jurisdictional determination, the approval of the Section 404 permit by the United States Corps of Engineers (USACE), the purchase of the appropriate mitigation credits and the approval of bridge layouts by TxDOT, the property owner has increased the size of this wetland. This action causes problems with the permit and if a solution cannot be obtained may require either the purchase of additional mitigation credits or a redesign and lengthening of the bridge at this location. All options have either a cost or schedule implication. PTP is certain this excavation was

done without the knowledge of USACE or without a permit. Discussions have been initiated with USACE as with the legal team handling condemnation and final settlement with the property owner. Until this issue is resolved, the design for US 271 cannot be completed.

Construction

US 271

- *ROW Clearing and Grubbing Contract* - On August 13, a pre-construction meeting was held with H.H. Howard Sons, Inc. to discuss contract requirements for the US 271 ROW Clearing and Grubbing Contract (TxDOT CSJ Nos.: 0248-09-003, 0248-01-071). In attendance were representatives of H.H. Howard & Sons, members of Titus County Commissioners Court, City of Mt. Pleasant, TxDOT, Union Pacific Railroad, several of the impacted utilities, Mt. Pleasant Fire and PTP staff. The project duration is 106 days, Monday through Friday with the option to work on Saturday upon approval of the Project Engineer. On August 16, H.H. Howard & Sons mobilized and time charges started. Work started on both the north and south ends of the project. Barricades have been erected and silt fencing is being placed as quickly as a little clearing is complete to allow for placement. On the north end of the project, clearing progressed from just south of US 67 to the first rail crossing and from FM 127 south to approximately STA 215+00. On the south end, progress was made from Airport Road to Cypress Lumber.
- *Contamination Remediation* - To release the various Structures to the contractor for clearing, PTP retained Brady Environmental to test the structures identified in the Environmental Document as potential candidates for asbestos contamination. Two were found to contain asbestos. HP EnviroVision was retained to handle remediation of those structures. On August 16, the 10-day notifications for asbestos abatement were filed with the Department of Health. All remediation work will be complete and structures will be released to the contractor no later than September 6. Testing for other contaminants has been conducted on four parcels. Preliminary test results have concluded some contamination exists. PTP has ordered further samples to confirm the extent of the contamination. The appropriate regulatory agencies have been consulted and a remediation plan will be developed.

FM 2348

- *ROW Clearing and Grubbing Plans* - The plans for the FM 2348 ROW Clearing and Grubbing are complete. On August 13, TxDOT assigned CSJ: 2240-01-016 to this contract. PTP is scheduled to submit the plans to TxDOT for review on August 25.

Critical Path

- FM 2348 ROW Acquisition
- Receipt of FONSI for FM 1000
- Completion of Design for US 271
- Approval of FM 2348 ROW Clearing and Grubbing Plans

3. IN THE MATTER OF CONSIDERING AND POSSIBLY APPROVING MINUTES FOR REGULAR MEETING OF THE COMMISSIONERS' COURT ON AUGUST 9, 2010.

**AUDIO IS THE OFFICIAL RECORD AS OF JUNE 28, 2010 (See website at www.co.titus.tx.us)
(See Attachment #2 and/or Listen to Audio Track, 00:26:00 Hours)**

**Motion was made by Commissioner Don Boggs and was second by Commissioner Mike Fields to approve the minutes for the Regular Meeting on August 9, 2010.
Motion was carried unanimously.**

4. IN THE MATTER OF CONSIDERING AND POSSIBLY APPROVING A PROPOSED TAX RATE FOR FY 2011.

(No Attachment Provided, Listen to Audio Track 1, 00:28:00 Hours)

Auditor, Carl Johnson, suggest the Court make their motion on the proposed not adopted effective tax rate which excludes the requirement of hearings.

Motion was made by Commissioner Thomas Hockaday and was seconded by Commissioner Phillip Hinton to approve proposed tax rate of FY 2011, that being the effective tax rate.

5. IN THE MATTER OF OPENING BIDS AND CONSIDERING AND POSSIBLY APPROVING THE FOLLOWING:

(See Attachment #5a-C and/or Listen to Audio Track 1, 00:32:16 Hours)

Notice was posted.

2 bids were opened on each item from Cypress Lumber and David Elmore:

- a. Sawmill Equipment:
 - 1. \$572.68 – David Elmore
 - 2. \$454.00 – Cypress Lumber
- b. Electric Control Bank (Debarker)
 - 1. \$512.00 – Cypress Lumber
 - 2. \$75.75 – David Elmore
- c. Electric Control Bank (Sawmill)
 - 1. \$1678.00 – Cypress Lumber
 - 2. \$68.00 – David Elmore

Motion was made by Commissioner Thomas Hockaday and was seconded by Commissioner Don Boggs to award the bids to David Elmore for the Sawmill Equipment and to Cypress Lumber for both Electric Control Banks.

Motion carried unanimously.

6. IN THE MATTER OF CONSIDERING AND POSSIBLY TAKING ACTION ON EMPLOYEE LIFE INSURANCE.

(See Attachment # 6 and/or Listen to Audio Track 1, 00:37:20 Hours)

Auditor, Carl Johnson presented 3 Life Plan Options:

- Option 1: Current
- Option 2: Flat \$50,000
- Option 3: 2x Salary to \$50,000

Motion was made by Commissioner Don Boggs and was seconded by Commissioner Mike Fields to keep the current plan.

Commissioner Boggs: Yea
Commissioner Fields: Yea
Commissioner Hinton: Nay
Commissioner Hockaday: Nay
County Judge Russell: Yea
Motion carried.

7. IN THE MATTER OF CONSIDERING AND POSSIBLY APPROVING CONTRACT BETWEEN THE DEPARTMENT OF STATE HEALTH PROGRAM VITAL STATISTICS UNIT AND TITUS COUNTY BEGINNING 09/01/2010 AND ENDING 08/31/2012.

(No Attachment provided, Listen to audio Track 1, 00:44:20 Hours)

Motion was made by Commissioner Mike Fields and was seconded by Commissioner Phillip Hinton to table this item.

Motion carried unanimously.

Motion was made by Commissioner Phillip Hinton and was seconded by Commissioner Mike Fields to approve travel and seminars for Titus County Employees and Elected Officials.
Motion carried unanimously.

11. IN THE MATTER OF CONSIDERING AND POSSIBLY APPROVING ORAL AND WRITTEN REPORTS OF COUNTY OFFICIALS.

(See Attachment #11 and/or Listen to Audio Track 1, 01:03:43 Hours)

Reports were received from the County Auditor, Talco VFD, and Winfield VFD.
Motion was made by Commissioner Thomas Hockaday and was seconded by Commissioner Phillip Hinton to approve oral and written reports by County Officials.
Motion carried unanimously.

12. IN THE MATTER OF CONSIDERING AND POSSIBLY TAKING ACTION ON THE TREASURER'S REPORT.

(See Attachment #12 and/or Listen to Audio Track 1, 01:11:45 Hours)

Motion was made by Commissioner Don Boggs and was seconded by Commissioner Mike Fields to approve Treasurer's Report.
Motion carried unanimously.

13. IN THE MATTER APPROVING BUDGET AMENDMENTS.
NONE

14. IN THE MATTER OF SIGNING PAY ORDERS AND APPROVING PAYMENTS.
(See Attachment #14 and/or Listen to Audio Track 1, 01:18:34 Hours: TAPE NOT CHANGED THEREFORE, AUDIO NOT COMPLETE ON THIS ITEM)

Motion was made by Commissioner Thomas Hockaday and was seconded by Commissioner Phillip Hinton to sign pay orders and approve payments.
Motion carried unanimously.

15. IN THE MATTER OF CLOSING COMMENTS BY COUNTY JUDGE AND COMMISSIONERS, IF ANY.
(TAPE NOT CHANGED THEREFORE, NO AUDIO ON THIS ITEM)

IN THE MATTER OF ADJOURNMENT.
(TAPE NOT CHANGED THEREFORE, NO AUDIO ON THIS ITEM)

Motion was made by Commissioner Phillip Hinton and seconded by Commissioner Thomas Hockaday to adjourn.

8. IN THE MATTER OF CONSIDERING AND POSSIBLY APPROVING THE APPOINTMENT TO SERVE ON THE REGIONAL ADVISORY COMMITTEE FOR ATCOG AREA AGENCY ON AGING.
(No Attachment provided, Listen to audio Track 1, 00:45:44 Hours)

Motion was made by Commissioner Phillip Hinton and was seconded by Commissioner Thomas Hockaday to appoint Paul Lindsey to serve on the Regional Advisory Committee for ATCOG Area Agency on Aging.

Motion carried unanimously.

9. IN THE MATTER OF REPORT FROM SHAWN BRYAN.
(See Attachment #9 and/or Listen to Audio Track 1, 00:47:20 Hours)

Presentation by Shawn Bryan, Kaybro Technologies:

Commissioner Boggs requested clarification on the procedures to resolve any PC issues. Mr. Bryan informed the Court that a ticketing system involved setting up a contact person by office who is issued a login and password. That user can go on-line and make their request. Upon request a message goes out to all technicians notifying them of an issue, which initiates a response to the request in real time creating an email to the requestor. The request is kept indefinitely for information regarding response and resolution time, and frequency of same problem. This is an effective way to monitor activity for our company, as well as, our customers.

Weekends were addressed as not being contracted by the County. All weekend responses are made to inform the requestor they will be handled on the following Monday. On occasion, emergencies have occurred and Mr. Bryan has handled them because of the past relationship he has had with the County.

With regard to the Security Server and the I-Series installations: the Security Server is completed to 90% with backups being the only thing left. Also, there are no viruses at this time. The I-Series should be completed by the end of September, the first of October according to an email from Net Data. The Court was informed that the current server was sitting at 80% and climbing.

The County will be receiving an approximate \$86,000 A/C Grant that may be used to for the server area. Mr. Bryan suggested the Court to contact the SO to see if there may be an 8x8 room available to house the servers and purchase an A/C designated for the room.

No action taken.

10. IN THE MATTER OF CONSIDERING AND POSSIBLY APPROVING TRAVEL AND SEMINARS FOR TITUS COUNTY EMPLOYEES AND ELECTED OFFICIALS.
(See Attachment #9 and/or Listen to Audio Track 1, 01:00:23 Hours)

- a. Request from SO for Jennifer Baxter and Sue Kruse to attend Dispatchers to Advanced Law Enforcement Dispatch in Frisco on September 20-21, 2010.
- b. Request from Judge Paula Dyke, JP2, to attend Justice of the Peace Seminar in Tyler on November 14, 2010.
- c. Request from Veterans Officer Steve Austin to attend the Newly Appointed Veteran County Service Officers and Assistants Training in Austin on September 28 – October 1, 2010

STATE OF TEXAS

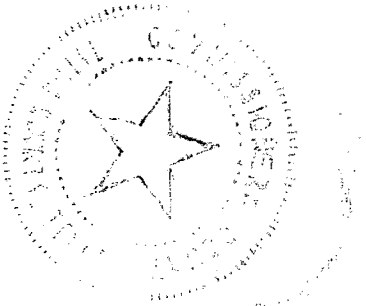
COUNTY OF TITUS

The above and foregoing is a true and complete Transcription of my notes taken in my capacity as County Clerk of the Commissioners Court of Titus County, Texas, on August 23, 2010 at the time and place heretofore set forth.

Attested to this 2nd day of September, 2010.

TERESA PRICE, Titus County Clerk

Teresa Price



AGENDA

ITEM

#5



Titus County Commissioners' Court
Mt. Pleasant, Texas

Proclamation #09-10
Proclaiming the Week of September 19-25, 2010
As

"Resource Conservation & Development Week" in Titus County

WHEREAS, Resource Conservation and Development Councils have contributed countless hours of community service to help care for and protect their natural resources in a way that will improve the area's economy, environment, and living standards since 1964; and


WHEREAS, the Northeast Texas RC&D Council, through its councils, continue providing a way for people to work together to plan and carry out activities that has made Titus County a better place to live.

FURTHER, We congratulate the Northeast Texas Resource Conservation and Development Council for their continued success in brightening the future of our communities by bringing together diverse groups of local volunteers to strengthen the spirit of community service in Titus County, not only through this week but throughout the year.

NOW, THEREFORE, I, Sam Russell & the Commissioners Court of Titus County, Texas, do hereby proclaim the week of September 19-25, 2010 as "RC&D Week" in Titus County. We give recognition to the fact that during this week, across the nation, Resource Conservation and Development Councils are performing community service projects to improve their communities.

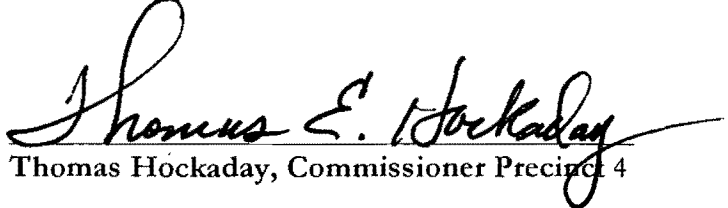
APPROVED this 13th day of Sept 2010, by the Commissioners Court of Titus County, Texas


Sam W. Russell, Titus County Judge



Don Boggs, Commissioner Precinct 1

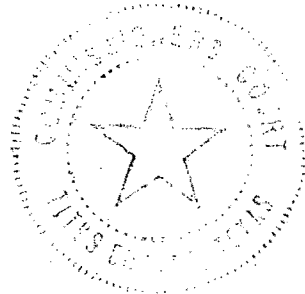

Mike Fields, Commissioner Precinct 2


Phillip Hinton, Commissioner Precinct 3


Thomas Hockaday, Commissioner Precinct 4

ATTEST:


County Clerk



AGENDA

ITEM

#6

**AGREEMENT BETWEEN
TITUS COUNTY AND NORTH ATLANTIC EXTRADITION SERVICE CONCERNING HOLDING
OF
PRISONERS IN THE TITUS COUNTY JAIL**

THE STATE OF TEXAS

TITUS COUNTY AND NORTH ATLANTIC EXTRADITION SERVICE

WHEREAS, TITUS County, Texas has available bed space in its jail facility, and

WHEREAS, NORTH ATLANTIC EXTRADITION SERVICE, has an existing need to house some of its prisoners in this facility for stop over and transfer; and

WHEREAS, it is the desire of both parties to use extra jail space in TITUS County to house prisoners from NORTH ATLANTIC EXTRADITION SERVICE, and this creates a mutually beneficial circumstance which gives rise to a need for both parties to contractually agree as to the terms and conditions by which such NORTH ATLANTIC EXTRADITION SERVICE prisoners may be held in the TITUS County jail;

NOW, THEREFORE, TITUS County, Texas and NORTH ATLANTIC EXTRADITION SERVICE, each acting herein by and through their duly authorized County Judge and Tony Mulligan Company President, after due consideration and approval of this contract by the Titus County Commissioners' Courts, do hereby covenant, stipulate and agree by and between themselves as follows:

1. As the need to house its prisoners for NORTH ATLANTIC EXTRADITION SERVICE, and as the availability of otherwise unused bed space continues in the jail facilities in TITUS County; TITUS County, acting through its serving Sheriff, may accept prisoners from NORTH ATLANTIC EXTRADITION SERVICE to be held, maintained and guarded in the jail facilities of TITUS County at the following daily rates per prisoner per day: \$50.00 per day per prisoner. Any prisoners delivered during any 24 hour period who is accepted by TITUS County for less than the full 24 hours of that day shall be considered to have been held for that day and payment for that day at the above rate per prisoner shall be due. Such payment shall be made by NORTH ATLANTIC EXTRADITION SERVICE to TITUS County with-in 30 days of the first day of each month beginning with the month following the first day on which prisoners from NORTH ATLANTIC EXTRADITION SERVICE are accepted by TITUS County. TITUS County shall document the number of prisoners and the number of days and shall furnish a monthly report of such to NORTH ATLANTIC EXTRADITION SERVICE by the 10th day of the billing month.
2. TITUS County shall reserve the right, based on its own jail population needs as determined solely within the discretion of the TITUS County Sheriff, to accept or to refuse to accept any prisoners tendered to it by NORTH ATLANTIC EXTRADITION SERVICE at any time throughout the existence of this agreement.
3. Upon the acceptance of NORTH ATLANTIC EXTRADITION SERVICE prisoners by TITUS County, acting through its Sheriff, NORTH ATLANTIC EXTRADITION SERVICE shall cause such prisoners to be delivered to the TITUS County Jail Facility in Mt. Pleasant, Texas, and any delivery or transportation needs for such prisoners requiring them to leave the confines of the TITUS County Jail shall be met and supplied by NORTH ATLANTIC EXTRADITION SERVICE and in no event shall TITUS County be required to transport either for delivery or return, or any other reason, the NORTH ATLANTIC EXTRADITION SERVICE prisoners delivered to and accepted by it.

4. NORTH ATLANTIC EXTRADITION SERVICE, in addition to the daily rate per prisoner specified above, shall also and additionally be financially responsible for all medical costs incurred by its prisoners while in the custody of the TITUS County Jail; and NORTH ATLANTIC EXTRADITION SERVICE shall additionally be financially responsible for any other costs or expenses which exceed the ordinary, usual and customary costs expected of prisoners housed within its Jail. Such unusual and non-customary costs which would be paid by NORTH ATLANTIC EXTRADITION SERVICE including but not limited to special dietary foods, beverages or other requirements; special educational requirements or materials; costs or expenses incurred for damage to any person or property or anyone by a prisoner from NORTH ATLANTIC EXTRADITION SERVICE while in the custody of TITUS County; as well as any indigent health care costs, court costs, or legal costs, associated with any conduct, need or action of NORTH ATLANTIC EXTRADITION SERVICE prisoner while in the custody of TITUS County. All transfers, transportation and delivery costs of NORTH ATLANTIC EXTRADITION SERVICE prisoners shall be borne by NORTH ATLANTIC EXTRADITION SERVICE including transfers to and from court appearances, hearings, as well as delivery to and from medical, mental or other treatment facilities. In addition, any NORTH ATLANTIC EXTRADITION SERVICE inmate admitted to any medical, mental or other treatment facility that requires Titus County to provide security, Titus County will be reimbursed at a rate of \$20.00 per hour per officer not to exceed 48 hours. NORTH ATLANTIC EXTRADITION SERVICE will be required to furnish their security personnel after the first 48 hours.
5. If at any time that a NORTH ATLANTIC EXTRADITION SERVICE prisoner is in the custody of the TITUS County Jail, the TITUS County Sheriff, acting in his sole and absolute discretion, shall determine that such prisoner should, for any reason, be returned to NORTH ATLANTIC EXTRADITION SERVICE, then upon eight (8) hours notice the NORTH ATLANTIC EXTRADITION SERVICE agrees to take possession and re-delivery of such prisoner into its custody at the TITUS County Jail without question or objection and such determination as made by the TITUS County Sheriff shall not be subject to any judicial review.

This agreement and the terms hereof shall be fully binding on each of the undersigned parties, and this agreement shall remain in effect for a period of one (1) year from the date hereof or until such earlier time as both parties, acting through their respective Commissioners' Court and Company President, may be duly adopted resolution mutually elect to terminate the same. Any dispute regarding the terms or conditions hereof shall be fixed in TITUS County, Texas, and any prevailing party in any judicial proceeding related to this agreement or involving any of the terms hereof shall be entitled to recover its costs and attorney's fees from the non-prevailing party which shall be in addition to any other sums due or payable hereunder. Any sums due to TITUS County by NORTH ATLANTIC EXTRADITION SERVICE and not paid within thirty (30) days of the date such are demanded or otherwise due shall accrue interest thereafter and until paid at the rate of twelve percent (12%) per annum.


This agreement and the terms set forth above constitute the entire agreement regarding these matters as between NORTH ATLANTIC EXTRADITION SERVICE and TITUS County and all prior negotiations, discussions and understandings have been merged herein and made a part hereof. There are no oral agreements or understandings which survive the execution of this written agreement.

WITNESS THE EXECUTION HEREOF, in duplicate, this 13 day of September, 2010.

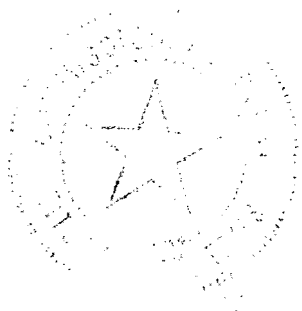
NORTH ATLANTIC EXTRADITION SERVICE

TITUS COUNTY

BY 
 TONY MULLIGAN PRESIDENT

BY 
 COUNTY JUDGE, TITUS COUNTY


 SHERIFF, TITUS COUNTY



ATTEST:


 COUNTY CLERK, TITUS COUNTY

AGENDA

ITEM

#7

DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2011-036260-001 (Contract), is entered into by and between the Department of State Health Services (DSHS or the Performing Agency), an agency of the State of Texas, for DSHS Program Vital Statistics Unit and TITUS COUNTY (Receiving Agency), a Government Entity, (collectively, the Parties).

1. **Purpose of the Contract.** Performing Agency agrees to provide and Receiving Agency agrees to purchase the services and/or goods as described in this Contract.
2. **Total Amount of the Contract.** The total amount of this Contract shall be determined by the number of birth certificates printed as a result of searches of the database.
3. **Term of the Contract.** This Contract begins on 09/01/2010 and ends on 08/31/2012. The Parties are not responsible for performance under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
4. **Authority.** Performing Agency enters into this Contract under the authority of Health and Safety Code, Chapter 1001. If this is an interagency, contract authority is also granted through the Texas Government Code, Interagency Cooperation Act, Chapter 771 et seq. If this contract is an interlocal, contract authority is also granted through the Texas Government Code, Interlocal Cooperation Act, Chapter 791 et seq.
5. **Documents Forming Contract.** The Contract consists of the following:
 - a. Core Contract (this document)
 - b. Exhibits, if applicable

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by Performing Agency and Receiving Agency and incorporated herein through written amendment.

This Contract may be modified within the Contract period by written amendment signed by both Parties.

6. Statement of Work.

Performing Agency agrees to provide on-line computer services in support of Receiving Agency from 7:00 a.m. to 6:00 p.m. Monday thru Friday, except holidays. In the event of an emergency or computer application error, Performing Agency may temporarily suspend services without advance notice.

Receiving Agency will search Performing Agency databases, locate data, and issue Certifications of Vital Records to authorized individuals requesting such data. The certifications will be in a format formally approved by Performing Agency. No limit will be established on the number of searches per month not resulting in issuance of a certification, provided the number is reasonable.

Receiving Agency will acquire the necessary data processing equipment, communications, hardware or software, and purchase "bank note" paper, as specified by Performing Agency. Performing Agency will assist in connection of the equipment, furnish software program and provide technical assistance, if necessary.

Receiving Agency acknowledges that records may not be located in the searching process instituted by Receiving Agency or records, which are located, may have errors due to:

- A) normal key-entry errors in spellings;
- B) accidental failure on the part of the Performing Agency to update a file for an amendment or paternity determination; and
- C) the event year does not exist on the system.

Receiving Agency will notify Performing Agency in writing, at least monthly of errors or suspected errors that exist on the data base information.

Receiving Agency is to maintain an inventory control and account for each document produced on "bank note" paper, including voided documents.

Receiving Agency is responsible for maintaining a system of vital record keeping that is in accordance with Chapters 195 of the Health and Safety Code and the regulations adopted there under.

7. **Payee.** The Parties agree that the following payee is entitled to receive payment for services rendered by DSHS or goods provided under this Contract:

Name: Department of State Health Services
 Address: 1100 West 49th Street
 Austin, Texas 78756-3199
 Vendor Identification Number: 35375375371000

8. **Payment Method.**

Fee for Service

Receiving Agency agrees to reimburse Performing Agency \$1.83 (One Dollar and 83/100) for each Certification of Vital Record printed as a result of searches of the database.

Receiving Agency agrees to charge the same base search fee for a birth certificate as Performing Agency. Additional fees may only be charged as authorized by Texas Health and Safety Code 191.

9. **Billing Instruction.** Performing Agency will submit a monthly itemized billing showing the number of transactions by date to Receiving Agency and payment will be made no later than thirty (30) days following the billing date. Payment will be considered made on the date postmarked.

10. **Confidentiality.** Parties are required to comply with state and federal laws relating to the privacy and confidentiality of patient and client records that contain Protected Health Information (PHI), or other information or records made confidential by law. Receiving Agency will maintain sufficient safeguards to prevent release or disclosure of any information obtained hereunder to anyone other than Receiving Agency employee(s) or those who have an official need for the information and are authorized to receive such records. Receiving Agency further agrees records obtained and issued, as specified under this contract, will be used for purposes as herein set out and the use of these records or data for other purposes must be agreed to in writing by both parties.

11. **Security of Patient or Client Records.** Receiving Agency agrees that all data received from Performing Agency shall be treated as confidential, and ensure all information provided to outsourced entities remains confidential and utilized as specified in any pertinent written agreements. Data will not be used for any purpose other than that specifically set forth herein. Data will not be made available to any other individual or organization without proper consent. Data will be maintained to prevent unauthorized access and will not be used to track back to any individual or organization identified by the data. Receiving Agency agrees to implement all reasonable and necessary procedures to ensure that only authorized users will have access and will notify Performing Agency immediately should it detect a security violation by one of its employees or any other person. Receiving Agency is responsible for insuring that authorized Receiving Agency employee(s) use only their own individual passwords while logged into Performing Agency on-line computer applications.

Performing Agency will inactivate any individual who does not use their account for ninety (90) days. Receiving Agency shall notify Performing Agency of all branch locations.

12. **Suspension of Services Under This Contract.** In the event of an emergency or computer overload, Performing Agency may temporarily suspend services without advance notice. This Contract may be immediately suspended upon reasonable suspicion by Performing Agency that the terms of this Contract have been violated. Performing Agency further reserves the right to terminate this Contract if, after reasonable notice and investigation, it is concluded that a violation of this Contract has occurred.

13. **Liability for Harm.** It is expressly understood that Performing Agency makes no guarantee of accuracy regarding the data provided to Receiving Agency under this contract.

14. **Termination.** This Contract may be terminated by mutual agreement of both parties. Either party may terminate this Contract by giving 30 day's written notice of its intent to terminate. Written notice may be sent by any method, which provides verification of receipt, and the 30 days will be calculated from the date of receipt. This Contract may be terminated for cause by either party for breach or failure to perform an essential requirement of the Contract.

Performing Agency reserves the right to limit or cancel access under this Contract should Performing Agency determine that it has insufficient capacity in its computer system to maintain current levels of transactions by Receiving Agency and/or that continued access by Receiving Agency is detrimental to the overall efficiency and operation of Performing Agency's computer systems. Any such limitation or termination of services will be upon written notice to Receiving Agency by Performing Agency.

Upon termination of all or part of this Contract, Department and Receiving Agency will be discharged from any further obligation created under the applicable terms of this Contract except for the equitable settlement of the respective accrued interests or obligations incurred prior to termination.

15. **Terms & Conditions.**

A. Federal and State Laws, Rules and Ordinances. Parties shall comply with all applicable federal and state statutes, rules and regulations.

B. Applicable Contracts Law and Venue for Disputes. Regarding all issues related to contract formation, performance, interpretation, and any issues that may arise in any dispute between the Parties, the Contract shall be governed by, and construed in accordance with, the laws of the State of Texas. In the event of a dispute between the Parties, venue for any suit shall be Travis County, Texas.

C. Exchange of Client-Identifying Information. Except as prohibited by other law, Receiving Agency and Performing Agency shall exchange Public Health Information (PHI) without the consent of clients in accordance with 45 CFR § 164.504(e)(3)(i)(B), Health and Safety Code § 533.009 and Rule Chapter 414, Subchapter A or other applicable law or rules. Contractor shall disclose information described in Health and Safety Code § 614.017(a)(2) relating to special needs offenders, to an agency described in Health and Safety Code §614.017(c) upon request of that agency, unless Contractor documents that the information is not allowed to be disclosed under 45 CFR Part 164 or other applicable law.

D. Records Retention. DSHS shall retain records in accordance with the Department's State of Texas Records Retention Schedule, located at <http://www.dshs.state.tx.us/records/schedules.shtm>, Department Rules and other applicable state and federal statutes and regulations governing medical, mental health, and substance abuse information.

E. Severability and Ambiguity. If any provision of this Contract is construed to be illegal or invalid, the illegal or invalid provision will be deemed stricken and deleted to the same extent

and effect as if never incorporated, but all other provisions will continue. Parties represent and agree that the language contained in this Contract is to be construed as jointly drafted, proposed and accepted.

F. Legal Notice. Any notice required or permitted to be given by the provisions of this Contract shall be deemed to have been received by a Party on the third business day after the date on which it was mailed to the Party at the address first given above (or at such other address as the Party shall specify to the Receiving Agency in writing) or, if sent by certified mail, on the date of receipt.

G. Immunity Not Waived. THE PARTIES EXPRESSLY AGREE THAT NO PROVISION OF THIS CONTRACT IS IN ANY WAY INTENDED TO CONSTITUTE A WAIVER BY DEPARTMENT OR THE STATE OF TEXAS OF ANY IMMUNITIES FROM SUIT OR FROM LIABILITY THAT DEPARTMENT OR THE STATE OF TEXAS MAY HAVE BY OPERATION OF LAW.

H. Waiver. Acceptance by either party of partial performance or failure to complain of any action, non-action or default under this Contract shall not constitute a waiver of either party's rights under the Contract.

I. Breach of Contract Claim. The process for a breach of contract claim against the Department provided for in Chapter 2260 of Texas Government Code and implemented in the rules at 25 TAC §§1.431-1.447 shall be used by Performing Agency and Receiving Agency to attempt to resolve any claim for breach of contract made against Performing Agency.

J. Inspections.

Receiving Agency shall permit authorized Performing Agency personnel, during normal working hours, to conduct site visits and review such records as needed to ascertain compliance with the terms of this contract.

K. Voided Records.

To ensure compliance with Texas Administrative Code 181.24 Abused, Misused, or Flagged Records, Performing Agency is asking all Local office staff to be prudent in reviewing and checking record information on the computer screen prior to printing. The State Vital Statistics Unit does not honor nor encourage what some may consider "courtesy or free copies". All documents printed via the remote access system are considered legal and viable documents. Every time a specific record is printed, it is counted. Once a record has been printed 10 times, it can no longer be issued without authorization from the State Vital Statistics Unit Office. Records printed by accident should be reported to the Security Manager to reset the lifetime count. The State Vital Statistics Unit is not responsible for: printers not being turned on, printing to wrong printer, printers not working properly, the accidental printing of a wrong record. In order to reset the lifetime count of a customer, Receiving Agency must notify Performing Agency Security Manager in writing to clear voided records from the remote access system's customer lifetime counts and the original voided certificate must be sent into the State Vital Statistics Unit Office.

L. Credits.

Performing Agency will handle credit requests on a case-by-case basis. Credits may be considered in those cases of emergency situations, i.e., equipment and systems failures or inclement weather. Receiving Agency shall submit these requests in writing along with pertinent documentation to provide justification to the State Registrar and/or designee for approval. Performing Agency will provide written documentation to the Receiving Agency on the status of the approval of credit requests.

16. **Entire Agreement.** The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

By signing below, the Parties acknowledge that they have read the Contract and agree to its terms, and that the persons whose signatures appear below have the requisite authority to execute this Contract on behalf of the named party.

DEPARTMENT OF STATE HEALTH SERVICES

TITUS COUNTY

By: Bob Burnette
Signature of Authorized Official

By: _____
Signature

Date

8/13/10

Date

Bob Burnette, C.P.M., CTPM

Printed Name and Title

Director, Client Services Contracting Unit

Address

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

City, State, Zip

(512) 458-7470

Telephone Number

Bob.Burnette@dshs.state.tx.us

E-mail Address for Official Correspondence

AGENDA

ITEM

#9

CLEVE JOHNSON
Titus County Constable Pct. 2
100 S. Madison
Mt. Pleasant TX. 75455
(903) 577-6766

Dear Sirs,

September 07, 2010

I would like permission for me and Jewel Lee to go to School on October 21, 2010. This course will be in Sulphur Springs TX. This is a Mandated Course # 3181 (LAW UPDATE). The charge is \$30.00 a person. I will need a check for \$60.00. Please take this out of my State Money for training

Thank you.

Cleve Johnson
Titus County Constable Pct.2 Cleve Johnson

OK
9/13/10
[Handwritten signature]

Auditor Office
SEP 07 2010
Received



Titus County Sheriff's Office

304 South Van Buren, Mount Pleasant, Texas, 75455
Phone (903) 572 - 6641
Fax (903) 577 - 8038

Timothy C. Ingram, Sheriff

Date: September 13, 2010

To: Titus County Judge
Titus County Commissioners

From: Sheriff Timothy Ingram

CC: Lt. Terry McDowell

Ref: Training Request

I would like to request training for the following Deputy;

Lt. Terry McDowell
Deputy Michael Kirkwood

Registration Fee:	Free	
Hotel:	3 nights x 1 room	\$255.00
Per Diem:	2 X 4 days X \$40.00	\$240.00
Total Training Cost		\$495.00

I am requesting to send the above mentioned Deputies to a Law Enforcement Expo with TCLEOSE credit though TEEEX. The training will be September 29 to October 1, 2010 in Dallas, Texas. This conference is free to our Titus County Deputies.

Respectfully submitted,

Timothy C. Ingram
Titus County Sheriff

Auditor Office
AUG 31 2010
Received

**TITUS COUNTY SHERIFF'S OFFICE
INTER-OFFICE MEMO**

To: Titus County Commissioners Court

Date: August 30, 2010

From: Tim Ingram, Sheriff

Subject: Training Request

Date: September 20 - 21

Location: Frisco, Texas

Course: Advanced law Enforcement Dispatch
Hosted by Frisco Police and Fire Communications

I am requesting to send Jennifer Baxter and Sue Kruse to an Advanced Law Enforcement Dispatch class being held in Frisco Texas. September 20 – 21.

Cost for the school includes

Hotel room for 2 nights	\$230.32
Per Diem for 2 nights for both	\$160.00
Registration Fee for both	<u>\$658.00</u>
Total cost	\$1048.32

Tim Ingram

*OK
Jennifer Kruse
9/13/10*



Titus County Sheriff's Office

304 South Van Buren, Mount Pleasant, Texas, 75455

Phone (903) 572 - 6641

Fax (903) 577 - 8038

Timothy C. Ingram, Sheriff

Date: July 26, 2010

To: Titus County Judge
Titus County Commissioners

From: Sheriff Tim Ingram

CC: Lt. Brent Smith

Ref: Training Request

I would like to request training for the following deputies;

~~Sgt. Paul Gordon~~ *Ken Wilson per Shelia*
Sgt. Aaron Baxter

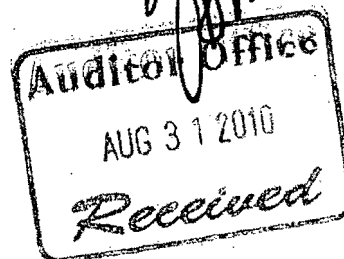
I am requesting to send the above named deputies to the Forensic Pathology for Death, Homicide and Criminal Investigation training course presented in Denton Texas and sponsored by the Denton Police Department and the Public Agency Training Council on September 22 & 23, 2010.

Registration -	\$295.00 ea	x 2	\$590.00	(Credit Card)
Lodging -	\$ 85.00 ea night	x 2	\$170.00	(Credit Card)
Meals -	\$ 80.00 ea	x 2	<u>\$160.00</u>	(Per Diem)

Total Costs \$920.00

Respectfully,

Timothy C. Ingram
Titus County Sheriff



Titus County Sheriff's Department

304 S Van Buren Street
Mount Pleasant, Texas 75455-4442
(903) 572-6641 Fax (903) 577-8038
Timothy C. Ingram, Sheriff

Date: 07/26/2010
To: Auditors Office
From: Lt. Brent Smith
Ref: Per Diem for Training

Employees Attending:

Sgt. Aaron Baxter	\$40.00 x 2 days = \$80.00
Sgt. Paul Gordon	\$40.00 x 2 days = <u>\$80.00</u>

Total Per Diem: \$160.00

****Class begins on September 22nd, 2010****

Public Agency Training Council

Jim Alsup, Director



National Criminal Justice
Public Safety Continuing Education

Sponsored By:
Denton Police Department Training Academy
Denton, Texas

Sponsored By:
Comal County Sheriff's Office
New Braunfels, Texas

Note: TCLEOSE credit will be given to each attendee

Training Seminar Forensic Pathology for the Death, Homicide and Criminal Investigator

Instructor:

Tracey S. Corey, M.D.

Tracey Corey is the Chief Medical Examiner for the State of Kentucky. Corey is a Clinical Professor of Pathology and the Division Director of Forensic Pathology at the University of Louisville School of Medicine. Dr. Corey is a Consultant to the FBI, National Center for the Analysis of Violent Crimes in the areas of Forensic Pathology & Pediatric Forensic Pathology since 1998. Dr. Corey is a member of College of American Pathologist, International Association of Bloodstain Pattern Analysts, American Academy

3 Ways to Register for a Seminar!

1. Register Online at www.patc.com — Yellow link upper left corner
2. Fax Form to Public Agency Training Council FAX: 1-317-821-5096
3. Mail Form to:

Public Agency Training Council
5235 Decatur Blvd
Indianapolis, Indiana 46241

Federal ID# 35-1907871

*** Pre-payment is not required to register ***

Upon receiving your registration we will send an invoice to the department or agency.

Checks, Claim Forms, Purchase Orders should be made payable to:
Public Agency Training Council

If you have any questions please call
317-821-5085 (Indianapolis)
800-365-0119 (Outside Indianapolis)



Seminar Title:	Forensic Pathology for Investigators	
Instructor:	Tracey Corey	
When:	September 22 & 23, 2010	October 26 & 27, 2010
Registration Time:	8:00 A.M. (Day One Both Locations)	
Seminar Location:	Denton Co. Pre-Trial Services 127 N Woodrow Denton, TX 76205	Comal Co. Sheriff's Office 3005 W San Antonio St New Braunfels, TX 78130
Hotel Reservations:	Holiday Inn 1434 Centre Place Denton, TX 76205 1-940-383-4100 \$85.00 single/double <u>ID w/ Public Agency Training Council.</u>	Courtyard New Braunfels River Village 750 IH 35 North New Braunfels, TX 78130 1-830-626-4700 \$85.00 single/double <u>ID w/ PATC.</u>
Registration Fee:	\$295.00 Includes Pathology Class Manual, Coffee Breaks, and Certificate of Completion.	
MARK ONE:	<input type="checkbox"/> Seminar ID# 9212 Denton, Texas	<input type="checkbox"/> Seminar ID# 9213 New Braunfels, Texas

Names of Attendees 1. _____
2. _____
3. _____
4. _____

Agency _____

August 20th, 2010

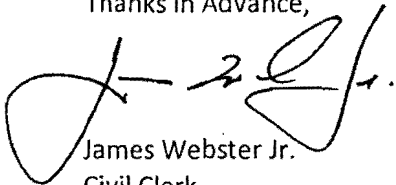
Titus County Commissioner's Court
100 West 1st St., Ste. 202
Mt. Pleasant, TX 75455

Subject: Court Personnel Seminar in Rockwall, TX

Dear Commissioner's Court,

I am scheduled to attend a court personnel seminar in Rockwall, TX on February 9th - 11th, 2011. Please send a check to the Texas State University/San Marcos for \$100 for my registration fee. I have attached the invoice to this letter which has to be sent with the payment in order for them to credit it properly.

Thanks in Advance,



James Webster Jr.
Civil Clerk
Justice of the Peace, Pct. 2
Judge Paula Dyke



OK
Tommy Russell
9/13/10

AUDITOR OFFICE
AUG 23 2010
Received

AGENDA

ITEM

#8



JOHN MARK COBERN
 TITUS COUNTY ATTORNEY
 TITUS COUNTY COURTHOUSE
 100 WEST FIRST STREET, STE 106
 MOUNT PLEASANT, TEXAS 75455

Kim Beard
 Legal Assistant
 Kristen Frazier
 Legal Assistant

Telephone (903) 572-0382
 Facsimile: (903) 577-7540

August 31, 2010

The Honorable Sam Russell
 Titus County Commissioners

Dear Sirs,

I suggest the following changes to the Titus County Employee Benefit Plan. I have underlined my suggested changes and crossed out my suggested deletions. Please review and let me know if you have any questions.

Notwithstanding any other provisions of the SUMMARY PLAN DESCRIPTION (attached hereto) to the contrary, a Retiree, as defined, may continue his own and his covered Dependent(s) medical expense (i.e., not life) coverage as an Employee on and after the day of retirement as long as he timely pays the entire or full cost for coverage and is not later employed. If Retiree is later employed by an employer that provides health insurance as a benefit to its employees, Retiree will no longer be allowed to continue their medical expense coverage as an employee. Further, if an employee meets the definition of retiree, (~~meets the age 75 rule~~) but has not yet retired and deceases-his covered dependents will be allowed to continue their medical expense coverage as an employee as long as he/she timely pays the entire ~~of full~~ cost for coverage, until such dependent reaches Medicare eligibility. All other reasons, other than the retirement reason, for termination will apply. Additionally the GLOSSARY OF TERMS Section at the end of the booklet is amended to include the following definition of "Retiree":

Retiree:

The term "retiree" mean an Employee who retires on or after January 1, 2000 who has been continuously employed by Titus County for at least 8 years and, at the time of retirement, the years of service with Titus County plus the employee's age must equal at least 75. ~~To comply with the "age 75 rule".~~

Sincerely,

John Mark Cobern

AGENDA

ITEM

#10

FUND NAME	CHECKING ACCOUNT	CHECKING AMOUNT	TDOA ACCOUNT	TDOA AMOUNT	FUND TOTAL
2010 010 GENERAL COUNTY FUND	MAIN	500.00			
	MAIN	800.00			
	MAIN	2,500.00			
	MAIN	400.00			
	MAIN	100.00			
	MAIN	369,237.97			
	MAIN	5,500,000.00		(122,825.57) = 246,412.40	
	GF JUVPROB				
	INVST-MAIN				5,873,537.97
2010 016 SECURITY FEES FUND	MAIN	122,044.23		(6.48) = 122,037.75	122,044.23
2010 017 JURY FUND	MAIN	5,000.00			
	MAIN	17,175.23		(11,466.15) = 5,709.08	22,175.23
2010 018 LAW LIBRARY FUND	MAIN	3,997.79		(360.15) = (4,357.94)	3,997.79
2010 019 EMPLOYEE FLOWER FUND	MAIN				
2010 021 ROAD & BRIDGE #1 FUND	MAIN	465,301.09		(27,389.11) = 437,911.98	465,301.09
2010 022 ROAD & BRIDGE #2 FUND	MAIN	68,359.82		(22,835.08) = 45,524.74	68,359.82
2010 023 ROAD & BRIDGE #3 FUND	MAIN	157,854.82		(4,956.26) = 152,898.56	157,854.82
2010 024 ROAD & BRIDGE #4 FUND	MAIN	564,232.57		(16,154.41) = 548,078.16	564,232.57
2010 025 CHAPTER 19:2010					
2010 026 CHAPTER 19: FY 2008	MAIN	1,629.55		- Will be Reimbursed	1,629.55
2010 027 CHAPTER 19: FY 2009	MAIN	178.85		- Will be Reimbursed	178.85
2010 028 JUSTICE COURT TECHNOLOGY	MAIN	30,439.21			30,439.21
2010 029 JUSTICE COURT TECHNOLOGY-JP2MAIN		13,001.52			13,001.52
2010 031 PARK FUND	MAIN	150.00			
	MAIN	5,511.99		(730.33) = 4,781.66	5,661.99
2010 032 TITUS CTY HISTORICAL SOCIETYMAIN		474.64			474.64
2010 040 HOMELAND SECURITY 2007	MAIN				
2010 041 VICTIM OF CRIME FUND	MAIN	129,659.73			129,659.73
2010 042 CRIMINAL JUSTICE FUND	MAIN	150.21			150.21
2010 043 COUNTY CLERK R&M FUND	MAIN	187,129.28		(3,698.76) = 183,430.52	187,129.28
2010 044 DISTRICT CLERK R&M FUND	MAIN	13,795.02		(13,710.00) = 85.02	13,795.02
2010 045 HOMELAND SECURITY 2009	MAIN	2,010.00		- Will be Reimbursed	2,010.00

10

FUND NAME	CHECKING ACCOUNT	CHECKING AMOUNT	TDOA ACCOUNT	TDOA AMOUNT	FUND TOTAL
2010 046 TEXAS VINE GRANT	MAIN				
2010 047 DISTRICT ATTORNEY FUND	MAIN	3,777.67		<75.00> - 3,702.67	3,777.67
2010 048 COUNTY ATTORNEY FUND	MAIN	7,839.61		<124.79> - 7714.82	7,839.61
2010 049 HOMELAND SECURITY GRANT	MAIN				
2010 050 VEHICLE INVENTORY TAX ACCOUNT	TAX ACCT	74,825.85			74,825.85
2011 051 FAMILY AND PROTECTIVE SERVIC					
2010 052 TEXAS CAPITAL FUND ESCROW	FUTX CAP ESC TD-TXCAPES	58,433.40 575,000.00			633,433.40
2010 053 SHERIFF SEIZED ACCOUNT	SO SEIZED	41,919.52			41,919.52
2010 054 DISTRICT ATTORNEY SEIZED	ACDA SEIZED	121,995.30			121,995.30
2010 055 DIST ATTY DRUG FORFEITURE	FUDRUG FORF	459,632.55			459,632.55
2010 056 SHERIFF FORFEITURE FUND	FORFEIT FORFEIT	2,000.00 41,138.18			43,138.18
2010 057 CUSTOMS AND BORDER PROTECTION	MAIN	330.17			330.17
2010 058 STATE CRIMINAL ALIEN ASST	PRMAIN	970.15			970.15
2010 059 SHERIFF COMMISSARY FUND	MAIN	47,367.73		<344.72> - 47,023.01	47,367.73
2010 060 JAG 1-FEDERAL GRANT	MAIN				
2010 061 1971 BOND I&S FUND	(UNL TX I&S TD-UNLI&S				
2010 062 1977 & 1977A I&S FUND	(R&B I&S TD R&B I&S				
2010 063 1993 JAIL I&S FUND	JAIL I&S TD-JAILI&S				
2010 064 2004 ROW I&S	ROW I&S	23,419.54			23,419.54
2010 065 2006 I&S LOOP PROJECT	I&S06 LOOP				
2010 067 2007 LOOP BOND	07LB I&S	1,159,836.51			1,159,836.51
2010 068 TITUS COUNTY 2009 BOND I&S	09 BND I&S	182,353.76			182,353.76
2010 071 HIGHWAY ROW FUND	UNL TX ROW TD-UNLROW	899,390.23			899,390.23
2010 073 TITUS COUNTY BELL TOWER FUND	MAIN	2,775.29			2,775.29

FUND NAME	CHECKING ACCOUNT	CHECKING AMOUNT	TDOA ACCOUNT	TDOA AMOUNT	FUND TOTAL
2010 074 WAR MEMORIAL	MAIN				
2010 075 2004 RIGHT OF WAY	2004 ROW TD-04 ROW	104,979.69 3,600,000.00			3,704,979.69
2010 076 LOOP CONSTRUCTION FUND	LOOP LOOP LOOP	9,893,294.43 5,199,984.50 28,310,364.02			43,403,642.95
2010 083 COMMISSARY STORE	COMM STORE	12,938.25			12,938.25
2010 084 ELECTION FUND	MAIN	78.36			78.36
2010 085 MAINTENANCE BLDG FUND	MAIN	48,807.48		<3,876,46> = 44,931.02	48,807.48
2010 086 INSURANCE FUND	MAIN INS	167,705.95- 659,698.68			491,992.73
2010 090 DISTRICT CLERK AGENCY FUND	DIST CLK DIST CLK	344,188.12 273,218.98			617,407.10
2010 091 COUNTY CLERK CASH BOND ACCT	BAIL BOND	96,829.05			96,829.05
2010 096 GENERAL FIXED ASSETS					
2010 097 GENERAL L/T DEBT ACCOUNT GRO					
2010 098 PAYROLL CLEARING FUND	PAYROLL	139,918.67-			139,918.67-
2011 129 TJPC-G-2009	STATE AID				
2011 132 TJPC-G-2005-225	STATE AID				
2011 137 TJPC-STATE AID	STATE AID				
2011 141 SERVICE FEE ACCOUNT	SERV FEE				
TOTAL		59,585,763.54		<228,493.27> = 59,357,270.27	59,585,763.54

CHECK ACCOUNT	CHECK
ACCOUNT BALANCE - MAIN	7,590,241.65
ACCOUNT BALANCE - TAX ACCT	74,825.85
ACCOUNT BALANCE - TX CAP ESC	58,433.40
ACCOUNT BALANCE - TD-TXCAPES	575,000.00
ACCOUNT BALANCE - SO SEIZED	41,919.52
ACCOUNT BALANCE - DA SEIZED	121,995.30
ACCOUNT BALANCE - DRUG FORF	459,632.55
ACCOUNT BALANCE - FORFEIT	43,138.18
ACCOUNT BALANCE - ROW I&S	23,419.54
ACCOUNT BALANCE - 07LB I&S	1,159,836.51
ACCOUNT BALANCE - 09 BND I&S	182,353.76
ACCOUNT BALANCE - UNL TX ROW	899,390.23
ACCOUNT BALANCE - 2004 ROW	104,979.69
ACCOUNT BALANCE - TD-04 ROW	3,600,000.00
ACCOUNT BALANCE - LOOP	43,403,642.95
ACCOUNT BALANCE - COMM STORE	12,938.25
ACCOUNT BALANCE - INS	659,698.68
ACCOUNT BALANCE - DIST CLK	617,407.10
ACCOUNT BALANCE - BAIL BOND	96,829.05
ACCOUNT BALANCE - PAYROLL	139,918.67-
	<hr/>
TOTAL	59,585,763.54

TDOA ACCOUNT

TDOA

TOTAL

FEE CODE	FEE DESCRIPTION	GL ACCOUNT	COLLECTED	REVERSL	LIABILITY	OFFENSES					
						PRIOR TO 9-01-91	9-01-91 THRU 8-31-97	9-01-97 THRU 8-30-99	8-31-99 THRU 8-31-01	9-01-01 THRU 12-31-03	AFTER 1-01-04
ATTY	attorney's fee		250.00		250.00						
BIRTH	Birth Certificate		22.00		22.00						
CA	Certificate of Adoption		25.00		25.00						
CAR	CAR Fund		15.00		15.00						
HPA	Department of State		5,605.00		5,605.00						
OUTCO	Out of County Sheriff/Constable		156.00		156.00						
RFND	REFUNDS		245.00		245.00						
UNERN	Unearnend		367.00		367.00						
	TOTAL DEPT				5,951.00						
	TOTAL FUND				5,951.00						
ABSTR	abstract of judgment	010-103-101	8.00		8.00						
CERTM	CERTIFIED MAIL SERVICE	010-103-101	300.00		300.00						
CIT	citations	010-103-101	280.00		280.00						
CITFE	Attorney Ageneral Citation	010-103-101	10.56		10.56						
CLKFE	Attorney General Clerk's Fee	010-103-101	33.00		33.00						
COPY	Copies	010-103-101	151.00		151.00						
COUNT	counter claim	010-103-101	15.00		15.00						
CVCLK	Civil Clerk's Fee	010-103-101	1,873.00		1,873.00						
EXECU	writ of execution	010-103-101	8.00		8.00						
INTER	interventions	010-103-101	15.00		15.00						
JURY	Jury Fee	010-103-101	30.00		30.00						
M&E	motion to enforce	010-103-101	15.00		15.00						
M&M	motion to modify	010-103-101	75.00		75.00						
MNT	motion for new trial	010-103-101	15.00		15.00						
PSCLK	Passport Clerk	010-103-101	1,550.00		1,550.00						
RS	Record Search	010-103-101	35.00		35.00						
SALE	order of sale	010-103-101	8.00		8.00						
SERVE	Sherriff's Fee	010-103-101	525.00		525.00						
TRUST	Interest from trust accounts	010-103-101	50.00		50.00						
WITHH	withholding of earnings	010-103-101	295.00		295.00						
	TOTAL DEPT				5,204.44						
FPF	FAMILY PROTECTION FEE	010-202-226	210.00		210.00						
	TOTAL DEPT				210.00						
CRPF	court records preservation fund	010-340-415	340.00		340.00						
RPF	Records Preservation Fee	010-340-701	225.00		225.00						
	TOTAL DEPT				565.00						
	TOTAL FUND				5,979.44						

RECEIVED
SEP 01 2010
TITUS COUNTY JUDGE

Debra Abston
District Clerk

47/226

FEE CODE	FEE DESCRIPTION	GL ACCOUNT	COLLECTED	REVERSL	LIABILITY	OFFENSES					
						PRIOR TO 9-01-91	9-01-91 THRU 8-31-97	9-01-97 THRU 8-30-99	8-31-99 THRU 8-31-01	9-01-01 THRU 12-31-03	AFTER 1-01-04
STENO	Steno Fee	017-103-101	480.00		480.00						
	TOTAL DEPT				480.00						
SECUR	Security Service Fee	017-340-707	160.00		160.00						
	TOTAL DEPT				160.00						
	TOTAL FUND				640.00						
LL	Law Library Fee	018-103-101	1,260.00		1,260.00						
	TOTAL DEPT				1,260.00						
	TOTAL FUND				1,260.00						
STIND	STATE FUND & INDIGENT FEE FAMILY	041-202-055	920.00		920.00						
SFIFC	STATE FUND & INDIGENT FEE CIVIL	041-202-056	800.00		800.00						
JSF	JUDICIAL SUPPORT FEE	041-202-129	1,554.00		1,554.00						
CADP	court of appeal district fee	041-202-148	170.00		170.00						
	TOTAL DEPT				3,444.00						
IND	Indigent Fee	041-345-450	316.00		316.00						
	TOTAL DEPT				316.00						
	TOTAL FUND				3,760.00						
DCRPF	district clerk records management	044-103-101	225.00		225.00						
	TOTAL DEPT				225.00						
DCTF	district court technology fund	044-340-702	210.00		210.00						
	TOTAL DEPT				210.00						
	TOTAL FUND				435.00						
TOTAL COLLECTED			18,025.44		18,025.44						
LESS MONEY WITHOUT A GL ACCT NBR					5,951.00-						
TOTAL MONEY WITH A GL ACCT NBR					12,074.44						
TOTAL UNEARNED AS OF 08/31/2010			26,673.72-								

DISTRIBUTION SUMMARY FOR DEBRA ABSTON, DISTRICT CLERK

FEE CODE	FEE DESCRIPTION	GL ACCOUNT	COLLECTED	REVERSL	LIABILITY	OFFENSES					
						PRIOR TO 9-01-91	9-01-91 THRU 8-31-97	9-01-97 THRU 8-30-99	8-31-99 THRU 8-31-01	9-01-01 THRU 12-31-03	AFTER 1-01-04
TOTAL DEPT											
TOTAL FUND											
CLERK	Criminal Clerks Fee	010-103-101	369.00		369.00				45.00	9.00	315.00
DA	District Attorney Fee	010-103-101	188.00		188.00				24.00		164.00
FINE	Fine	010-103-101	28,099.20		28,099.20				1,549.00	160.00	26,390.20
SF	Sheriff's Fee for Criminal	010-103-101	580.00		580.00				75.00		505.00
SSF	Security Service Fee	010-103-101	46.00		46.00				5.00		41.00
TF	transaction fee	010-103-101	14.00		14.00				2.00		12.00
TRIAL	Trial Fee	010-103-101	55.00		55.00				8.00	1.00	46.00
TOTAL DEPT									1,708.00	170.00	27,473.20
TOTAL FUND									1,708.00	170.00	27,473.20
RMF	Records Management Fee	010-340-702	265.50		265.50				22.50		243.00
TOTAL DEPT									22.50		243.00
TOTAL FUND									22.50		243.00
EMS	ems trauma fund	041-103-101	109.00		109.00						109.00
TOTAL DEPT											109.00
TOTAL FUND											109.00
CRJUR	JURY SERVICE FEE	041-202-121	36.00		36.00				4.00		32.00
IDF	indigent defense fund	041-202-140	10.00		10.00						10.00
DRUG	drug court program fee	041-202-143	111.00		111.00						111.00
DNA	dna testing	041-202-144	19.00		19.00						19.00
CJSF	CRIMINAL JUDICIAL SUPPORT FEE	041-202-151	36.00		36.00				4.00		32.00
TOTAL DEPT									8.00		204.00
TOTAL FUND									8.00		204.00
TPF	Time Payment Fee	041-343-450	227.00		227.00				25.00		202.00
TOTAL DEPT									25.00		202.00
TOTAL FUND									25.00		202.00
CCC	Consolidated Court Cost	041-347-450	1,368.00		1,368.00				133.00		1,235.00
TOTAL DEPT									133.00		1,235.00
TOTAL FUND									133.00		1,235.00
CDCRM	CRIMINAL DIST CLERKS RECORD MANAGE	044-103-101	22.50		22.50				2.50		20.00
TOTAL DEPT									2.50		20.00
TOTAL FUND									2.50		20.00
TOTAL COLLECTED			31,555.20		31,555.20				1,899.00	170.00	29,486.20
LESS MONEY WITHOUT A GL ACCT NBR											
TOTAL MONEY WITH A GL ACCT NBR									1,899.00	170.00	29,486.20

TOTAL UNEARNED AS OF 08/31/2010 26,673.72

SUGAR HILL VOLUNTEER FIRE DEPARTMENT
FIRE PROTECTION FOR THE MONTH OF August

COUNTY	600.00
INSURANCE	-272.15
<hr/>	
	327.85
VOLUNTEERS	1,020.00
TOTAL	1,347.85

RECEIVED

SEP 02 2010

TITUS COUNTY JUDGE

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>73</u>	Mutual Aid Information:	
Date	<u>8/4/10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Wed</u>	<u>Sugar Hill</u> (WK305)	<u>Talco</u> (WK302)
Alarm Time	<u>16:50</u>	<u>Mt. Pleasant</u> (WK601)	Cookeville (WK501)
En Route	<u>1659</u>	Nortex(WK000)	Five Star (WK401)
Arrival/On Scene	<u>1700</u>	Winfield (WK303)	Tri-Lakes (WK304)
Controlled		<u>T.F.S.</u>	<u>E.M.S.</u> Sheriff D.P.S
In Service	<u>19:40</u>	Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Wildland fire</u>	

Location or address CR 1915

Owner Name Rock Rathosi Phone Number 602-703-2461

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 4 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used 0

Brush 22 gallons used 0 Brush 23 gals used 0

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

1. [Signature] 1800 8

2. Michelle Cook 1801 9

3. Dan McKinney 1804 10

4. Larry Hearn 1802 11

5. _____ 12

6. _____ 13

7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number 74
 Date 8/5/10
 Day of Week THURSDAY
 Alarm Time 1620
 En Route 1626
 Arrival/On Scene 16:48
 Controlled _____
 In Service 1910

Mutual Aid Information:

Circle FD's that responded, even if disregarded

- Sugar Hill (WK305) Talco (WK302)
- Mt. Pleasant (WK601) Cookeville (WK501)
- Nortex (WK000) Five Star (WK401)
- Winfield (WK303) Tri-Lakes (WK304)
- T.F.S E.M.S. Sheriff D.P.S

Other Departments Incident Report _____

TYPE OF INCIDENT Structure

Location or address 2290 South Jefferson
 Owner Name Pilgrims Feed Phone Number _____
 GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 5 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used _____ Brush 23 gals used _____

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

- ²⁰ 1. Jay Clark 1800 8
- ²³ 2. Michelle Cook 1801 9
- ²⁰ 3. Larry Pearson 1802 10
- ²³ 4. Wesley Vandiver 1803 11
- ⁹⁹ 5. Larone Pearson 1807 12
- 6. _____ 13
- 7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number 75
 Date 8-5-10
 Day of Week Thursday
 Alarm Time 18:16
 En Route _____
 Arrival/On Scene _____
 Controlled _____
 In Service 18:25

Mutual Aid Information:

Circle FD's that responded, even if disregarded

Sugar Hill (WK305) Talco (WK302)
Mt. Pleasant (WK601) Cookeville (WK501)
 Nortex(WK000) Five Star (WK401)
 Winfield (WK303) Tri-Lakes (WK304)
 T.F.S E.M.S. Sheriff D.P.S

Other Departments Incident Report _____

TYPE OF INCIDENT Structure Disregard

Location or address Trailer 2041 North Jefferson
 Owner Name _____ Phone Number _____
 GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 1 Total number of Sugar Hill Apparatus 1

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used _____ Brush 23 gals used _____

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

1. Michelle Clark 18018
2. _____ 9 _____
3. _____ 10 _____
4. _____ 11 _____
5. _____ 12 _____
6. _____ 13 _____
7. _____ 14 _____

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>76</u>	Mutual Aid Information:	
Date	<u>8/8/10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Sunday</u>	<u>Sugar Hill</u> (WK305)	Talco (WK302)
Alarm Time	<u>9:56 0:31</u>	Mt. Pleasant (WK601)	Cookeville (WK501)
En Route	<u>10:03</u>	Nortex(WK000)	Five Star (WK401)
Arrival/On Scene	<u>10:05</u>	Winfield (WK303)	Tri-Lakes (WK304)
Controlled		T.F.S	<u>E.M.S.</u> Sheriff D.P.S
In Service	<u>10:20</u>	Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Auto vs Ped</u>	

Location or address 810 FM 71 E

Owner Name _____ Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 26 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used _____ Brush 23 gals used 0

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

26. Jerry Clark 1800

99. Raymond Hearns 1807

3. Zachary Hearns 1801 10

26 4. Dan McKinnis 1804 11

99 5. Arson Williams 1811 12

99 6. Larry Hearns 1807 13

23 7. Michelle Clark 1801 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number 77
 Date 8-13-10
 Day of Week Friday
 Alarm Time 15:15
 En Route 15:16
 Arrival/On Scene 15:20
 Controlled _____
 In Service 1550

Mutual Aid Information:
 Circle FD's that responded, even if disregarded
 Sugar Hill (WK305) Talco (WK302)
 Mt Pleasant (WK601) Cookeville (WK501)
 Nortex(WK000) Five Star (WK401)
 Winfield (WK303) Tri-Lakes (WK304)
 T.F.S E.M.S. Sheriff D.P.S
 Other Departments Incident Report _____
 TYPE OF INCIDENT SO Assist

Location or address 73 P.R. 3940
 Owner Name Regina Bunch Phone Number _____
 GPS Lat. _____ Long _____

Resources and Apparatus
 Total number of Sugar Hill Personnel 3 Total number of Sugar Hill Apparatus 1

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____
 Brush 22 gallons used _____ Brush 23 gals used _____
 Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #
 99. Jay Clark 1800 8
 99. Michelle Clark 1401 9
 26. Wesley Henderson 1803 0
 4. _____ 11
 5. _____ 12
 6. _____ 13
 7. _____ 14

Med (1)

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>78</u>	Mutual Aid Information:	
Date	<u>8/14/10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>SAT</u>	<u>Sugar Hill</u> (WK305)	<u>Talco</u> (WK302)
Alarm Time	<u>1220</u>	<u>Mt. Pleasant</u> (WK601)	Cookeville (WK501)
En Route	<u>1225</u>	Nortex(WK000)	Five Star (WK401)
Arrival/On Scene	<u>12:45</u>	Winfield (WK303)	Tri-Lakes (WK304)
Controlled		T.F.S	<u>E.M.S.</u> <u>Sheriff</u> <u>D.P.S</u>
In Service	<u>1:30</u>	Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Auto vs Hog</u>	

Location or address 71 6 miles East of Sugar Hill

Owner Name Anita D. Boney Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 6 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used _____ Brush 23 gals used φ

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

23. Jay Clark 1800 8

99. Michelle Oed 1801 9

006. Lavonne Haruo 1807 10

99. Larry Hearson 1802 11

26. Wesley Vandura 1803 12

23. Aaron Williams 1811 13

7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>79</u>	Mutual Aid Information:	
Date	<u>8-14-10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>SAT</u>	<u>Sugar Hill (WK305)</u>	<u>Talco (WK302)</u>
Alarm Time	<u>19:20</u>	<u>Mt. Pleasant (WK601)</u>	<u>Cookeville (WK501)</u>
En Route	<u>19:30</u>	<u>Nortex (WK000)</u>	Five Star (WK401)
Arrival/On Scene	<u>19:45</u>	<u>Winfield (WK303)</u>	<u>Tri-Lakes (WK304)</u>
Controlled	_____	T.F.S.	<u>E.M.S.</u> Sheriff D.P.S
In Service	<u>20:45</u>	Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Structure</u>	

Location or address 1208 W 1st St

Owner Name _____ Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 4 Total number of Sugar Hill Apparatus 1

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used 0

Brush 22 gallons used _____ Brush 23 gals used _____

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

20. Jerry Clark 1880 8

99. [Signature] 1810 9

1. David McKinney

20. Michelle Clark 1891

5. _____ 12

6. _____ 13

7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>80</u>	Mutual Aid Information:	
Date	<u>8-17-10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Tuesday</u>	<u>Sugar Hill (WK305)</u>	<u>Talco (WK302)</u>
Alarm Time	<u>6:24</u>	<u>Mt. Pleasant (WK601)</u>	<u>Cookeville (WK501)</u>
En Route	<u>6:29</u>	<u>Nortex (WK000)</u>	<u>Five Star (WK401)</u>
Arrival/On Scene	_____	Winfield (WK303)	Tri-Lakes (WK304)
Controlled	_____	T.F.S	<u>E.M.S.</u> Sheriff D.P.S
In Service	<u>06:35</u>	Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Barn Fire/Disregard</u>	

Location or address 607 CR 3150

Owner Name _____ Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 3 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used:

Engine 20 gallons used 0

Brush 22 gallons used 0 Brush 23 gals used _____

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

221. Jay Clark 1800 8

52. Michelle Clark 18019

503. Wesley Handker 1803 10

4. _____ 11

5. _____ 12

6. _____ 13

7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number 81
 Date 8/17/10
 Day of Week Tuesday
 Alarm Time 12:40
 En Route 12:40
 Arrival/On Scene 12:50
 Controlled _____
 In Service 12 58

Mutual Aid Information:

Circle FD's that responded, even if disregarded

Sugar Hill (WK305) Talco (WK302)
 Mt. Pleasant (WK601) Cookeville (WK501)
 Nortex(WK000) Five Star (WK401)
 Winfield (WK303) Tri-Lakes (WK304)
 T.F.S E.M.S. Sheriff D.P.S

Other Departments Incident Report _____

TYPE OF INCIDENT Grass Fire

Location or address CR 3360 unable to locate
 Owner Name _____ Phone Number _____
 GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 2 Total number of Sugar Hill Apparatus 1

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____
 Brush 22 gallons used 0 Brush 23 gals used _____
 Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

1. Jerry Clark 1800 8
2. Michelle Clark 1801 9
3. _____ 10
4. _____ 11
5. _____ 12
6. _____ 13
7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>82</u>	Mutual Aid Information:	
Date	<u>8/17/10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Tuesday</u>	Sugar Hill (WK305)	Talco (WK302)
Alarm Time	<u>13:41</u>	Mt. Pleasant (WK601)	Cookeville (WK501)
En Route	<u>13:45</u>	Nortex (WK000)	Five Star (WK401)
Arrival/On Scene	<u>13:59</u>	Winfield (WK303)	Tri-Lakes (WK304)
Controlled		T.F.S.	E.M.S.
In Service	<u>1506</u>	Sheriff	D.P.S.
		Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Structure/Wildland</u>	

Location or address 75 CR 1605

Owner Name _____ Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 3 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used:

Engine 20 gallons used 0

Brush 22 gallons used _____ Brush 23 gals used 0

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

231. Jerry Clark 1800

232. Michelle Clark 1801

3. Wesley Vanclum 1803 ^{M2} 10

4. _____ 11

5. _____ 12

6. _____ 13

7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>83</u>	Mutual Aid Information:	
Date	<u>8-21-10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Sat</u>	<u>Sugar Hill</u> (WK305)	Talco (WK302)
Alarm Time	<u>10:12</u>	<u>Mt. Pleasant</u> (WK601)	Cookeville (WK501)
En Route	<u>10:16</u>	Nortex(WK000)	Five Star (WK401)
Arrival/On Scene	<u>10:18</u>	Winfield (WK303)	Tri-Lakes (WK304)
Controlled	<u>10:30</u>	T.F.S	E.M.S.
In Service	<u>10:38</u>		<u>Sheriff</u> D.P.S
		Other Departments Incident Report _____	
		TYPE OF INCIDENT _____	

Location or address 1402 + CR 3910

Owner Name Dyke Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 4 Total number of Sugar Hill Apparatus 1

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used 100 Brush 23 gals used _____

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

1. Jay Oank 1800 8

2. Michelle Oank 1801 9

3. Gredy Thompson 1808 10

4. Larry Pearson 1802 11

5. _____ 12

6. _____ 13

7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>84</u>	Mutual Aid Information:	
Date	<u>8/23/10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Monday</u>	<u>Sugar Hill (WK305)</u>	<u>Talco (WK302)</u>
Alarm Time	<u>1915</u>	<u>Mt. Pleasant (WK601)</u>	Cookeville (WK501)
En Route	<u>1920</u>	Nortex(WK000)	Five Star (WK401)
Arrival/On Scene		Winfield (WK303)	Tri-Lakes (WK304)
Controlled	<u>1930</u>	T.F.S	E.M.S.
In Service	<u>1935</u>	Sheriff	D.P.S
		Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Structure/Standby</u>	

Location or address E Lyde Talco

Owner Name _____ Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 1 Total number of Sugar Hill Apparatus 1

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used 0

Brush 22 gallons used _____ Brush 23 gals used _____

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

1. [Signature] 1800

2. _____ 9 _____

3. _____ 10 _____

4. _____ 11 _____

5. _____ 12 _____

6. _____ 13 _____

7. _____ 14 _____

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>85</u>	Mutual Aid Information:	
Date	<u>8-27-10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Friday</u>	<u>Sugar Hill</u> (WK305)	<u>Talco</u> (WK302)
Alarm Time	<u>12:38</u>	<u>Mt. Pleasant</u> (WK601)	Cookeville (WK501)
En Route	<u>12:38</u>	Nortex(WK000)	Five Star (WK401)
Arrival/On Scene	<u>12:40</u>	Winfield (WK303)	Tri-Lakes (WK304)
Controlled	<u>1727</u>	<u>T.F.S.</u>	<u>E.M.S.</u> Sheriff D.P.S
In Service	<u>1833</u>	Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Grass Fire</u>	

Location or address 4 miles down CR 3925

Owner Name Estrella Ranch Phone Number _____

GPS Lat. N33°21.725 Long W094°53.962

Resources and Apparatus

Total number of Sugar Hill Personnel 7 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used 300 Brush 23 gals used 300

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

991. [Signature] 1800 8

992. Michelle Oul 1801 9

993. Dan McKinney 1804 10

994. Bernie Thompson 1805 11

995. [Signature] 1814 12

996. Kendall Jones 1812 13

997. [Signature] 1802 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>86</u>	Mutual Aid Information:	
Date	<u>8-27-10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Friday</u>	<u>Sugar Hill</u> (WK305)	<u>Talco</u> (WK302)
Alarm Time	<u>18:54</u>	<u>Mt. Pleasant</u> (WK601)	Cookeville (WK501)
En Route	<u>18:56</u>	Nortex (WK000)	Five Star (WK401)
Arrival/On Scene	<u>19:10</u>	Winfield (WK303)	Tri-Lakes (WK304)
Controlled	<u>19:32</u>	<u>T.F.S.</u>	E.M.S. Sheriff D.P.S.
In Service	<u>20:25</u>	Other Departments Incident Report _____	
		TYPE OF INCIDENT _____	

Location or address 71 + 1905

Owner Name _____ Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 7 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used 200 Brush 23 gals used 300

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

1.	<u>[Signature]</u>	<u>1800</u>	<u>8</u>
2.	<u>Michelle Oad</u>	<u>1801</u>	<u>9</u>
3.	<u>Long Pearson</u>	<u>1802</u>	<u>10</u>
4.	<u>Dan McKimes</u>	<u>1804</u>	<u>11</u>
5.	<u>Lavonne Pearson</u>	<u>1807</u>	<u>12</u>
6.	<u>Kendall Jones</u>	<u>1812</u>	<u>13</u>
7.	<u>Wesley Kessler</u>	<u>1813</u>	<u>14</u>

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number 87
 Date 8-27-10
 Day of Week Fri
 Alarm Time 1952
 En Route 1952
 Arrival/On Scene —
 Controlled —
 In Service 20:15

Mutual Aid Information:

Circle FD's that responded, even if disregarded

Sugar Hill (WK305) Talco (WK302)
 Mt. Pleasant (WK601) Cookeville (WK501)
 Nortex(WK000) Five Star (WK401)
 Winfield (WK303) Tri-Lakes (WK304)
 T.F.S E.M.S. Sheriff D.P.S

Other Departments Incident Report _____

TYPE OF INCIDENT No Fire

Location or address 3925
 Owner Name _____ Phone Number _____
 GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 6 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used 0 Brush 23 gals used 0

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

1. [Signature] 1800 8
2. Michelle Oak 1801 9
3. Dan McKney 1804 10
4. Lavonne Hearmon 1807 11
5. Wesley Vandere 1813 12
6. Larry Hearmon 1802 13
7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>88</u>	Mutual Aid Information:	
Date	<u>8/28/10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Saturday</u>	<u>Sugar Hill (WK305)</u>	<u>Talco (WK302)</u>
Alarm Time	<u>6:30</u>	<u>Mt. Pleasant (WK601)</u>	<u>Cookeville (WK501)</u>
En Route	_____	<u>Nortex (WK000)</u>	Five Star (WK401)
Arrival/On Scene	_____	Winfield (WK303)	<u>Tri-Lakes (WK304)</u>
Controlled	_____	T.F.S	<u>E.M.S.</u> Sheriff D.P.S
In Service	<u>9:44</u>	Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Structure</u>	

Location or address 1000 + 49

Owner Name _____ Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 4 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used _____ Brush 23 gals used 0

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

23 1. Jerry Clark 1800 8

99 2. Michelle Clark 1801 9

23 3. James Carr 1809 10

99 4. Wesley Vandewen 1803 11

5. _____ 12

6. _____ 13

7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>89</u>	Mutual Aid Information:	
Date	<u>8-29-10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Sunday</u>	<u>Sugar Hill</u> (WK305)	<u>Talco</u> (WK302)
Alarm Time	<u>10:50</u>	<u>Mt. Pleasant</u> (WK601)	Cookeville (WK501)
En Route	<u>10:59</u>	Nortex(WK000)	Five Star (WK401)
Arrival/On Scene	<u>11:02</u>	Winfield (WK303)	Tri-Lakes (WK304)
Controlled	<u>12:00</u>	T.F.S	<u>E.M.S.</u> Sheriff D.P.S
In Service	<u>12:20</u>	Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Trash/Grass</u>	

Location or address 1653 CR 1925

Owner Name Mr. Cockren Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 4 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used 150 Brush 23 gals used 250

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

23 1. [Signature] 1800 8

23 2. [Signature] 1801 9

99 3. [Signature] 1812 10

23 [Signature] 1802 11

5. _____ 12

6. _____ 13

7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number 90
 Date 8-29-10
 Day of Week Sunday
 Alarm Time 12:56
 En Route 1307
 Arrival/On Scene 1326
 Controlled 1450
 In Service 14:55

Mutual Aid Information:

Circle FD's that responded, even if disregarded

Sugar Hill (WK305) Talco (WK302)
 Mt. Pleasant (WK601) Cookeville (WK501)
 Nortex (WK000) Five Star (WK401)
 Winfield (WK303) Tri-Lakes (WK304)

T.F.S. E.M.S. Sheriff D.P.S.

Other Departments Incident Report _____

TYPE OF INCIDENT structure/woods

Location or address CR 1660

Owner Name _____ Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 6 Total number of Sugar Hill Apparatus 2

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used 150 Brush 23 gals used 6

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

- 23 1. Jerry Clark 1800 8
- 2. Michelle Clark 1801 9
- 99 Shannon Hearon 1807 10
- 99 Fanny Hearon 1802 11
- 22 Dan McKinney 1804 12
- 22 Kendall Jones 1817 13
- 7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>92</u>	Mutual Aid Information:	
Date	<u>8/29/10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Sun</u>	<u>Sugar Hill (WK305)</u>	<u>Talco (WK302)</u>
Alarm Time	<u>1515</u>	<u>Mt. Pleasant (WK601)</u>	Cookeville (WK501)
En Route	<u>1515</u>	Nortex(WK000)	Five Star (WK401)
Arrival/On Scene	<u>1530</u>	Winfield (WK303)	Tri-Lakes (WK304)
Controlled		T.F.S	<u>E.M.S.</u> <u>Sheriff</u> D.P.S
In Service	<u>1605</u>	Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Make up</u>	

Location or address Hwy 271 & Bridges Chapple

Owner Name _____ Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 4 Total number of Sugar Hill Apparatus 1

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used 0 Brush 23 gals used _____

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

B-24. Janey Clark 1800 8

B-22. Michelle Clark 1801 9

POV 3. Lanny Deam 1802 10

POV 4. Lavonne Deam 1807 11

5. _____ 12

6. _____ 13

7. _____ 14

SUGAR HILL VOLUNTEER FIRE DEPARTMENT

INCIDENT REPORT

Incident Number	<u>92</u>	Mutual Aid Information:	
Date	<u>8-30-10</u>	Circle FD's that responded, even if disregarded	
Day of Week	<u>Monday</u>	<u>Sugar Hill (WK305)</u>	<u>Talco (WK302)</u>
Alarm Time	<u>20:20</u>	<u>Mt. Pleasant (WK601)</u>	<u>Cookeville (WK501)</u>
En Route	_____	Nortex(WK000)	Five Star (WK401)
Arrival/On Scene	_____	Winfield (WK303)	<u>Tri-Lakes (WK304)</u>
Controlled	_____	T.F.S	E.M.S.
In Service	<u>20:25</u>	Sheriff	D.P.S
		Other Departments Incident Report _____	
		TYPE OF INCIDENT <u>Disregard</u>	

Location or address Feed Store FM 71 West Talco

Owner Name _____ Phone Number _____

GPS Lat. _____ Long _____

Resources and Apparatus

Total number of Sugar Hill Personnel 5 Total number of Sugar Hill Apparatus 1

Circle Apparatus Used and fill in gallons used: Engine 20 gallons used _____

Brush 22 gallons used _____ Brush 23 gals used _____

Rescue 26 MAC25 4-Wheeler Trailer

Volunteers Signature and Call #

1. [Signature] 1800 8

2. [Signature] 1806 9

3. [Signature] 1812 10

4. [Signature] 1810 11

5. [Signature] 1809 12

6. _____ 13

7. _____ 14

PAYMENT TYPE	POSTING CLERK	
CK 14,891.00	CAROLYN	19,629.00
CA 31,968.00	KARA	2,426.00
CR 25,409.00-	LYDIA	1,863.00
DD 1,861.00	CHARITY	1,763.00
	SALINA	3,741.00
MO 217.00		
ES 5,462.00		
CG 432.00		
-----	-----	-----
29,422.00		29,422.00

PAYMENTS TO ESCROW 6,250.00
PAYMENTS TO CHARGE 360.00

+ CASH PAYMENTS	31,968.00	
- CHANGE	25,409.00-	

= CASH BALANCE	6,559.00	
+ CHECKS	8,281.00	
+ MONEY ORDERS	217.00	

= TOTAL DEPOSIT	15,057.00	
+ PAID BY ESCROW	5,462.00	
+ PAID BY CHARGE	432.00	
+ PAID BY DIR DEP	1,861.00	DIRECT DEPOSITS INCLUDED

= DIST. TOTALS	22,812.00	
+ ESCROW/CHARGE	6,610.00	

= TOTAL RECEIPTS	29,422.00	

RECEIVED
SEP 02 2010
TITUS COUNTY JUDGE

Jeresa Price
9/2/2010

LRR130 08/01/2010 THRU 08/31/2010
RUN ON 09/02/2010 08:51

DISTRIBUTION SUMMARY

TITUS COUNTY

PAGE 1

	CLERK	COUNTY	STATE	TOTAL
010340400 CLERK'S FEES	15,786.00	.00	480.00	16,266.00
010340407 SECURITY FEE	.00	487.00	.00	487.00
041202065 COMPTR.BIRTH CERT FEE	.00	.00	387.00	387.00
041202066 FAMILY TRUST FUND	.00	.00	480.00	480.00
043340400 CLERK'S RECORD MANAGEMENT	2,616.00	.00	.00	2,616.00
043340401 ARCHIVE FEE	215.00	2,361.00	.00	2,576.00
TOTAL REPORT AMOUNT	18,617.00	2,848.00	1,347.00	22,812.00
TOTAL ESCROW PAYMENTS				6,250.00
TOTAL CHARGE PAYMENTS				360.00

LRR130 08/01/2010 THRU 08/31/2010
RUN ON 09/02/2010 08:51

DISTRIBUTION SUMMARY

TITUS COUNTY

PAGE 2

	CLERK	COUNTY	STATE	TOTAL
COUNTY CLERK FEES				
010340400 CLERK'S FEES	15,786.00			
043340400 CLERK'S RECORD MANAGEMENT	2,616.00			
043340401 ARCHIVE FEE	215.00			

**TOTAL COUNTY CLERK FEES	18,617.00	*TOTAL FEES	18,617.00	
COUNTY FEES				
010340407 SECURITY FEE	487.00			
043340401 ARCHIVE FEE	2,361.00			

**TOTAL COUNTY FEES	2,848.00	*TOTAL FEES	21,465.00	
STATE FEES				
010340400 MARRIAGE LICENSE	480.00	CHECK #: _____		
041202065 COMPTR.BIRTH CERT FEE	387.00	CHECK #: _____		
041202066 FAMILY TRUST FUND	480.00	CHECK #: _____		

TOTAL STATE FEES	1,347.00	*TOTAL FEES	22,812.00	

FEE CODE	FEE DESCRIPTION	GL ACCOUNT	COLLECTED	REVERSL	LIABILITY	OFFENSES					
						PRIOR TO 9-01-91	9-01-91 THRU 8-31-97	9-01-97 THRU 8-30-99	8-31-99 THRU 8-31-01	9-01-01 THRU 12-31-03	AFTER 1-01-04
BOND	CASH BOND		1,090.00		1,090.00						1,090.00
	TOTAL DEPT				1,090.00						1,090.00
	TOTAL FUND				1,090.00						1,090.00
UNERN	UNERN/ESCROW	010 202 220	100.00		100.00						100.00
	TOTAL DEPT				100.00						100.00
SUPPL	SUPPLEMENTAL CRT-INITIATED GUARDIAN	010 426 410	100.00		100.00						
	TOTAL DEPT				100.00						
	TOTAL FUND				200.00						100.00
CJUDE	CONTINUING JUSTICE EDUCATION	010-202-202	25.00		25.00						
	TOTAL DEPT				25.00						
SHERF	SHERIFF'S FEE	010-340-200	130.00		130.00						75.00
CLERK	CLERK'S FEES	010-340-400	1,208.50		1,208.50						685.50
CLK2	CLERK'S FEE	010-340-400	52.00		52.00						
CT	COUNTY TRANSACTION FEE	010-340-400	31.90		31.90						31.90
FINE	FINES	010-340-400	9,256.83		9,256.83				500.00		8,756.83
CSF	CRIME STOPPERS FEE	010-340-404	266.00		266.00						266.00
VIDEO	VIDEO FEES	010-340-405	90.00		90.00						90.00
CTRM	COURTHOUSE RECORDS MANAGEMENT	010-340-406	352.50		352.50						342.50
JUDGE	JUDGE'S SIGNATURE	010-340-413	12.00		12.00						
CONST	CONSTABLE SERVICE FEE (\$75.00)	010-340-901	75.00		75.00						
	TOTAL DEPT				11,474.73				500.00		10,247.73
ATTY	ATTORNEY'S FEES	010-426-410	435.00		435.00						435.00
CTAPT	COURT APPOINTED ATTORNEY FEES	010-426-410	730.00		730.00						730.00
	TOTAL DEPT				1,165.00						1,165.00
	TOTAL FUND				12,664.73				500.00		11,412.73
SF	SECURITY FEES	016-340-407	75.00		75.00						58.00
	TOTAL DEPT				75.00						58.00
	TOTAL FUND				75.00						58.00
LAWLB	LAW LIBRARY	018-342-403	175.00		175.00						
	TOTAL DEPT				175.00						
	TOTAL FUND				175.00						

FEE CODE	FEE DESCRIPTION	GL ACCOUNT	COLLECTED	REVERSL	LIABILITY	OFFENSES					
						PRIOR TO 9-01-91	9-01-91 THRU 8-31-97	9-01-97 THRU 8-30-99	8-31-99 THRU 8-31-01	9-01-01 THRU 12-31-03	AFTER 1-01-04
6CORTA	6 CRT APPEAL-SB658 EFF 9/1/09	041 202 148	25.00		25.00						
	TOTAL DEPT				25.00						
	TOTAL FUND				25.00						
IDFCV	INDIGENTS LEGAL SERVICE CIVIL \$5	041-202-037	50.00		50.00						
EMS	EMERGENCY MGMT SERVICE \$100	041-202-057	540.00		540.00						540.00
CRJF	CRIMINAL JUDICIAL FUND \$15	041-202-067	292.00		292.00						292.00
CCC	CONSOLIDATED COURT COST	041-202-115	1,826.00		1,826.00						1,826.00
TIME	TIME PAYMENT REPORT 50%	041-202-116	487.00		487.00						487.00
TRAFF	STATE TRAFFIC FEE \$30	041-202-118	30.00		30.00						30.00
CRJS	JUDICIAL SUPPORT FEE CRIM \$6	041-202-124	212.00		212.00						212.00
JS	JUDICIAL SALARY	041-202-124	6.00		6.00						6.00
CVJS	CIVIL JUDICIAL SUPPORT FEE \$42	041-202-127	168.00		168.00						
CRJRF	JURY REINBURSEMENT FEE \$4	041-202-128	84.00		84.00						84.00
TCVCF	TX. CRIME VICTIMS COMP. FUND \$12	041-202-135	184.00		184.00						184.00
CVJF	CIVIL JUDICIAL FUND FEE \$40	041-202-136	242.00		242.00						
DCP	DRUG CRT PROG FEE \$50	041-202-143	516.00		516.00						516.00
IDFCR	INDIGENT DEFENSE FUND CRIM \$2	041-202-145	41.00		41.00						41.00
TRF	TRAFFIC VIOLATION FEE	041-202-153	.10		.10						.10
	TOTAL DEPT				4,678.10						4,218.10
	TOTAL FUND				4,678.10						4,218.10
TECH	TECHNOLOGY FEE	043 340 402	52.00		52.00						32.00
	TOTAL DEPT				52.00						32.00
	TOTAL FUND				52.00						32.00
CKRM	CLERK'S RECORD MANAGEMENT	043-340-400	55.00		55.00						40.00
	TOTAL DEPT				55.00						40.00
	TOTAL FUND				55.00						40.00
TOTAL COLLECTED			19,014.83		19,014.83				500.00		16,950.83
LESS MONEY WITHOUT A GL ACCT NBR					1,090.00-						1,090.00-
TOTAL MONEY WITH A GL ACCT NBR					17,924.83				500.00		15,860.83



City of

K.M. (Mike) Sloan
Mayor
Jackie Moore
City Secretary

P.O. Box 365
Talco, Texas 75487
Phone: 903-379-3731 Fax: 903-379-3311

Craig Ingram
Kenny Swinford
Councilmen

FIRE PROTECTION FOR JUNE 2010.....\$ 1,000.00

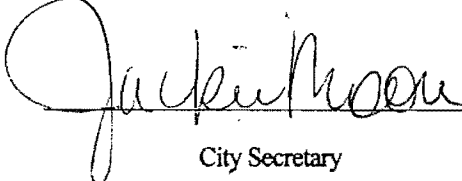
RECEIVED
SEP 08 2010
TITUS COUNTY JUDGE

Jackie Moore

City Secretary

FIRE REPORTS FOR JUNE 2010

<u>#</u>	<u>DATE</u>	<u>OWNER</u>	<u>LOCATION</u>	<u>TYPE</u>
076	6-06-10	ELIVERTO PAREDES	FM 1896	MVA
077	6-06-10	EXXON PROD. CO.	TCRD 1905	GRASS
081	6-09-10		TCRD 3445	STRUCTURE
083	6-10-10		TCRD 1920	CAR IN WATER
091	6-27-10		US 271 N OF TALCO	MVA
092	6-29-10	ANDY MARTIN	109 2 ND ST BOGATA	STRUCTURE


City Secretary

FIRE ACTIVITY REPORT JUNE 2010

RANDY CARROLL 1 1 1 1 1 1

ROBERT HOLLIS

CLARENCE WATTS 1

RANDY WINNIFORD 1 1 1 1

RANDY PITTS 1

RYAN CASE 1 1 1

GARY YOUNGBLOOD

MICHAEL MARS 1

NATHAN CARROLL 1 1 1

WADE ALLEN

R.C. PITTS

SAM ROSS

JOEL HANKS 1 1 1

LISA CARROLL

JENNIFER BRYAN

JERRY BOYD 1 1

TORRIE CARROLL 1

JUSTIN BRYAN

CHRIS SHIRLEY

RYAN WINNIFORD

COURTNEY PITTS 1

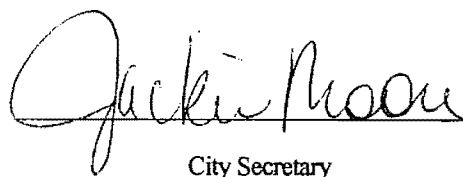
JOSH PETTICREW

26\$12.00= \$312.00

\$1000.00

+ 312.00

\$1312.00


City Secretary

Talco Fire Department

Talco City Limits	
In	Out <input checked="" type="checkbox"/>

Date <u>6/6/10</u>	City <u>MT. PLEASANT</u>	County <u>Texas</u>	Incident # <u>076</u>
Location <u>(FM 1896) (1.8 E 20527)</u>	Dispatched <u>1922</u>	Arrived <u>1929</u>	Control <u>1935</u> Clear <u>1955</u>
Incident Type	Structure Fire	<u>MVA</u>	Grass Fire Medical
Other	Hazmat		Investigation
	<u>Mutual Aid</u>		Y/ <u>N</u> Given / Received

Weather Conditions	Temp. <u> </u>	Wind <u> </u>	Humidity <u> </u> %	Rain <u>Y/N</u>
--------------------	-------------------	------------------	------------------------	-----------------

Actions Taken	Extinguish	Extricate	Other
Investigate	Pt. Package <input checked="" type="checkbox"/>		

Owner Contact Info / Vehicle #1			
Name	<u>Elberto Paredes</u>	Phone	<u>UNKNOWN</u>
Address	<u>1520 CR 3216 Pittsburg</u>		
Insurance	Y/N	Company	Policy #
Lic #	<u>36VMN8</u>	State	<u>TX</u>
Serial / VIN	<u>1FTNW21L0YED57895</u>		
Make	<u>Ford</u>	Model	<u>F-250</u>
			Year <u>2000</u>

Occupant Contact Info / Vehicle #2			
Name			Phone
Address			
Insurance	Y/N	Company	Policy #
Lic #		State	
Serial / VIN			
Make		Model	Year

Talco Response			
	ID#		ID#
E 36	<u>708 717</u>	BRT 32	<u>705</u>
E 38		BRT 31	
T 35		Four wheeler	
R 33		C 30	<u>703</u>

Incident Commander

Talco VFD Personnel			
Name	ID #	Name	ID #
<u>1 700 R L Carroll</u>	<u>700</u>		
<u>2 703 [Signature]</u>	<u>703</u>		
<u>3 705 [Signature]</u>	<u>705</u>		
<u>4 708 [Signature]</u>	<u>708</u>		
<u>5 715 [Signature]</u>	<u>715</u>		
<u>6 717 [Signature]</u>	<u>717</u>		
7			
8			
9			
10			
11			
12			

Talco Fire Department ✓

Talco City Limits	
In	Out ✓

Date 6-6-10	City Talco	County TITUS	Incident # 077
Location TCRD 1905	Dispatched 2220	Arrived 2230	Control 2250 Clear 2306
Incident Type	Structure Fire	MVA	Grass Fire <input checked="" type="checkbox"/> Medical
Other		Hazmat	Investigation
		Mutual Aid	Y/ <input checked="" type="checkbox"/> Given / Received

Weather Conditions	Temp. 87	Wind 0	Humidity 75 % Rain Y/<input checked="" type="checkbox"/>
Actions Taken	Extinguish <input checked="" type="checkbox"/>	Extricate	Other
Investigate	Pt. Package		

Owner Contact Info / Vehicle #1			
Name Exxon PROD.CO. (MAYNARD LSE)	Phone 903-379-2401		
Address Rt 1, BOX 1 TALCO, TX 75487			
Insurance Y/N	Company	Policy #	
Lic #	State	Serial / VIN	
Make	Model	Year	

Occupant Contact Info / Vehicle #2			
Name	Phone		
Address			
Insurance Y/N	Company	Policy #	
Lic #	State	Serial / VIN	
Make	Model	Year	

Talco Response			
	ID#		ID#
36		BRT 32	<input checked="" type="checkbox"/> 705
38		BRT 31	<input checked="" type="checkbox"/> 703
35 <input checked="" type="checkbox"/>	717	Four wheeler	
33		C 30	700

Incident Commander **708**

Talco VFD Personnel			
Name	ID #	Name	ID#
D E	705		
Cowboy Pitts	723		
Michael Man	718		
Paul Taylor	715		
Frank Williams	708		
Randy Pitts	702		
Paul Jones	717		
K & Carroll	700		
			21
			22
			23
			24

Talco Fire Department /

Talco City Limits	
In	Out <input checked="" type="checkbox"/>

Date <u>06-09-10</u>	City <u>MT. PLEASANT</u>	County <u>TITUS</u>	Incident # <u>081</u>
Location <u>Trl 3445</u>	Dispatched <u>0759</u>	Arrived <u>---</u>	Control <u>---</u>
Clear <u>0805</u>	Incident Type: Structure Fire <input checked="" type="checkbox"/> MVA <input type="checkbox"/> Grass Fire <input type="checkbox"/> Medical <input type="checkbox"/>		

Other	Hazmat	Investigation
Mutual Aid <input checked="" type="checkbox"/> N <input type="checkbox"/>		Given <input checked="" type="checkbox"/> Received <input type="checkbox"/>

Weather Conditions	Temp. <u>---</u>	Wind <u>---</u>	Humidity <u>---</u> %	Rain <u>Y</u> <input checked="" type="checkbox"/>
--------------------	------------------	-----------------	-----------------------	---

Actions Taken	Extinguish	Extricate	Other
Investigate	Pl. Package	DISREGARDED	

Owner Contact Info / Vehicle #1			
Name	/		Phone
Address	/		
Insurance	Y <input type="checkbox"/> N <input type="checkbox"/> Company	Policy #	
License #	State	Serial / VIN	/
Make	Model	Year	

Occupant Contact Info / Vehicle #2			
Name	/		Phone
Address	/		
Insurance	Y <input type="checkbox"/> N <input type="checkbox"/> Company	Policy #	
License #	State	Serial / VIN	/
Make	Model	Year	

Talco Response			
ID#	Unit	Type	ID#
36		BRT 32	
38		BRT 31	
35	<u>700</u>	Four wheeler	
33		C 30	

Incident Commander

Talco VFD Personnel			
Name	ID #	Name	ID#
<u>R.L. Caroll</u>	<u>700</u>	13	
		14	
		15	
		16	
		17	
		18	
		19	
		20	
		21	
		22	
		23	
		24	

Talco Fire Department

Talco City Limits	
In	Out <input checked="" type="checkbox"/>

Date <i>6/10/10</i>	City <i>TALCO</i>	County <i>TITUS</i>	Incident # <i>083</i>
Location <i>TCRd 1920</i>	Dispatched <i>1946</i>	Arrived <i>1949</i>	Control <i>—</i> Clear <i>2021</i>
Incident Type	Structure Fire	MVA	Grass Fire
Other <i>Car in water</i>		Hazmat	Investigation
		Mutual Aid	Y / N Given / Received
Weather Conditions	Temp. <i>—</i>	Wind <i>—</i>	Humidity <i>—</i> % Rain <input checked="" type="checkbox"/> N
Actions Taken	Extinguish	Extricate	Other
Investigate	Pt. Package	<i>DISREGARDED BY 708</i>	

Owner Contact Info / Vehicle #1			
Name			Phone
Address			
Insurance Y / N	Company	Policy #	
Lic #	State	Serial / VIN	
Make	Model		Year

Occupant Contact Info / Vehicle #2			
Name			Phone
Address			
Insurance Y / N	Company	Policy #	
Lic #	State	Serial / VIN	
Make	Model		Year

INCIDENT INFORMATION

Structure Fire			
Residential	Commercial	Mobile Home <i>Y / N</i>	Initial Interior Attack <i>Y / N</i>
Construction Type	Wood frame	Metal Frame	# of stories

Motor Vehicle Accident			
Vehicle Types			
Extrication Used <i>Y / N</i>	# of Vehicles Involved		
Time of Extrication	Start	End	# of Patients

Grass/ Woods Fire			
Type of Vegetation	Grass	Woods	GPS <i>N</i>
Structures Saved	Structures Lost	# of Acres	<i>W</i>

Hazmat			
Type of Hazmat	PPE Type <i>A</i> <i>B</i> <i>C</i>		

Medical (See Attached Medical Form)

Water Resources and Foam Use

Location of Hydrant or Water Resource			
# of Gallons of Water	Portable Extinguisher Used? <i>Y / N</i>		
# of Gallons of Foam	Need Recharge? <i>Y / N</i>		
Type	<i>A</i>	<i>B</i>	<i>C</i>

Talco Fire Department ✓

Talco City Limits	
In	Out <input checked="" type="checkbox"/>

Date <i>06-27-10</i>		City <i>TALCO</i>		County <i>TITUS</i>		Incident # <i>091</i>	
Location <i>US271 N of Teller</i>		Dispatched <i>1500</i>		Arrived <i>---</i>		Control <i>---</i>	
Clear <i>1517</i>		Structure Fire		MVA <input checked="" type="checkbox"/>		Grass Fire	
Medical		Other		Hazmat		Investigation	
Mutual Aid		Y <input checked="" type="checkbox"/>		Given		Received	

Weather Conditions		Temp.	Wind	Humidity %	Rain Y <input checked="" type="checkbox"/>
Actions Taken		Extinguish	Extricate	Other <i>DISREGARDED</i>	
Investigate		Pt. Package			

Owner Contact Info / Vehicle #1					
Name			Phone		
Address					
Insurance	Y/N	Company	Policy #		
License #	State		Serial / VIN		
Make	Model		Year		

Occupant Contact Info / Vehicle #2					
Name			Phone		
Address					
Insurance	Y/N	Company	Policy #		
License #	State		Serial / VIN		
Make	Model		Year		

Talco Response			
	ID#		ID#
36	<i>700</i>	BRT 32	
38		BRT 31	<i>703</i>
35		Four wheeler	
33		C 30	

Incident Commander

Talco VFD Personnel			
Name	ID #	Name	ID#
<i>R.L. Carroll</i>	<i>700</i>		13
<i>Northwell</i>	<i>703</i>		14
<i>Lorrie Carroll</i>	<i>721</i>		15
			16
			17
			18
			19
			20
			21
			22
			23
			24

Talco Fire Department ✓

Talco City Limits	
In	Out ✓

Date 6/29/10		City BOGATA		County TITUS		Incident # 092	
Location 109 2nd St Bogata		Dispatched 0840		Arrived 0920		Control 0945	
Clear 1000		Structure Fire <input checked="" type="checkbox"/>		MVA		Grass Fire	
Medical		Other		Hazmat		Investigation	
Mutual Aid <input checked="" type="checkbox"/> N		Given		Received			
Weather Conditions		Temp.		Wind		Humidity %	
Rain		Y/N		Action Taken		Extinguish <input checked="" type="checkbox"/>	
Extricate		Other		Investigate		Pt. Package	

Driver/Control Info / Vehicle #1			
Name MARTIN, ANDY		Phone unknown	
Address 102 S MAIN, BOGATA, TX 75417			
Insurance Y/N		Company	
Policy #		Lic #	
State		Serial/VIN	
Make		Model	
Year			

Occupant/Control Info / Vehicle #2			
Name		Phone	
Address			
Insurance Y/N		Company	
Policy #		Lic #	
State		Serial/VIN	
Make		Model	
Year			

Talco Response			
	ID#		ID#
E 36	ONE MAN 708	BRT 32	ONE MAN
E 38		BRT 31	ONE MAN 715
T 35		Four wheeler	
R 33	ONE MAN 700	C 30	

Incident Commander

Talco MFD Personnel			
Name	ID #	Name	ID#
1 Randy Winn	708	13	
2 Jim [unclear]	715	14	
3 CLARENCE WITTS	711	15	
4 Red Caswell	700	16	
5		17	
6		18	
7		19	
8		20	
9		21	
10		22	
11		23	
12		24	



Winfield Volunteer
Fire Department
P. O. Box 108
Winfield, Texas 75493

9 Runs @ 12.00 = \$ 108.00
Fire Protection

Total \$ 708.00

Month Aug Year 2010
Fire Protection

Mike Henson

Fire Chief

RECEIVED

SEP 08 2010

TITUS COUNTY JUDGE

INCIDENT REPORT WINFIELD V.F.D.

87/226
NFIRS-1

[] DELETE
[] CHANGE

A	FDID	INCIDENT NO <i>28</i>	EXP NO	MO <i>8</i>	DAY <i>23</i>	YR <i>10</i>	DAY OF WEEK <i>MONDAY</i>	ALARM TIME <i>2:05</i>	ARRIVAL TIME <i>2:16</i>	IN SERVICE <i>2120</i>		
B	TYPE OF SITUATION FOUND <i>LARGE BRUSH FIRE</i>						TYPE OF ACTION TAKEN <i>ALLOWED OWNERS TO BURN</i>			MUTUAL AID Recd [] Given		
C	FIXED PROPERTY USE <i>PASTURE</i>						IGNITION FACTOR					
D	CORRECT ADDRESS <i>CR 1165</i>							CO.	TWN	ZIP CODE	CENSUS TRACT	
E	OCCUPANT NAME							TELEPHONE		ROOM/APT NO		
F	OWNER NAME				ADDRESS				TELEPHONE			
G	METHOD OF ALARM FROM PUBLIC				TYPE OF ALARM			DISTRICT	SHIFT	STATION	NO. ALARMS	
H	911 USED			PERSONNEL RESPONDED		ENGINES RESPONDED		AERIAL APPARATUS		OTHER VEHICLES		

ALL INCIDENTS

NUMBER OF INJURIES FIRE SERVICE	OTHER	NUMBER OF FATALITIES FIRE SERVICE	OTHER
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CAS

J	COMPLEX		MOBILE PROPERTY TYPE			
K	AREA OF FIRE ORIGIN		EQUIPMENT INVOLVED IN IGNITION			
	FORM OF HEAT OF IGNITION		TYPE OF MATERIAL IGNITED		FORM OF MATERIAL IGNITED	
A	METHOD OF EXTINGUISHMENT		LEVEL OF FIRE ORIGIN		ESTIMATED LOSS	ESTIMATED VALUE

ALL FIRES

I	NUMBER OF STORIES			CONSTRUCTION TYPE		
J	EXTENT OF FLAME DAMAGE			EXTENT OF SMOKE DAMAGE		
K	DETECTOR PERFORMANCE			SPRINKLER PERFORMANCE		
L	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE		AVENUE OF SMOKE TRAVEL		
		FORM OF MATERIAL GENERATING MOST SMOKE				

STRUCTURE

IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

[] CHECK IF COMMENTS

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) <i>Rip Narmore Assit Chief</i>	DATE <i>8/23/10</i>
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)	DATE

ACRES BURNED	PROPERTY INFORMATION				WEATHER	
TIMBER	AREA TYPE	FIRE DANGER RATING			TYPE	
WOODLAND	LAND USE				TEMP	HUMIDITY: %
BRUSH					deg F	
GRASS	LATITUDE	LONGITUDE	SLOPE	ASPECT	WIND SPEED: mph	DIRECTION:
CROP				%		
... Crop Name _____)	PROPERTY MANAGEMENT				SHADE: %	TIME OBSERVED
TOTAL ACRES BURNED	If Within 99' of Road, Railroad or Power Line...				IF PERSON CAUSED...	
DATE SPREAD SUPPRESSION COST	HORIZ DIST TYPE OF R.O.W.				AGE	GENDER
	ft					

CAUSE/FACTORS	
MAJOR CAUSE	FUEL MODEL
INITIATION FACTOR	ACTIVITY TYPE
CONTRIBUTING FACTOR (1) [] Cause [] Spread	CONTRIBUTING FACTOR (2) [] Cause [] Spread

INSURANCE INFO: Company:		Agent:	Phone #:
--------------------------	--	--------	----------

Truck-1 <u>807 Bill Crowell</u>	Truck-3 _____	Truck-4 _____
Truck-5 _____		
<u>Rip Hansen 8071</u>	21. _____	21. _____
	22. _____	22. _____
	23. _____	23. _____
	24. _____	24. _____
	25. _____	25. _____
	26. _____	26. _____
	27. _____	27. _____
	28. _____	28. _____
	29. _____	29. _____
	30. _____	30. _____

Comments: _____

INCIDENT REPORT WINFIELD V.F.D.

89/226
NFIRS-1

[] DELETE
[] CHANGE

A	FDID	INCIDENT NO <i>55</i>	EXP NO	MO <i>8</i>	DAY <i>5</i>	YR <i>10</i>	DAY OF WEEK <i>Thu</i>	ALARM TIME <i>4:15</i>	ARRIVAL TIME <i>4:30</i>	IN SERVICE <i>7:00</i>	
B	TYPE OF SITUATION FOUND <i>Fire In Conveyor belt</i>						TYPE OF ACTION TAKEN <i>Assisted MPFD</i>			MUTUAL AID () Recd () Given	
C	FIXED PROPERTY USE						IGNITION FACTOR				
D	CORRECT ADDRESS							CO.	TWN	ZIP CODE <i>75455</i>	CENSUS TRACT
E	OCCUPANT NAME								TELEPHONE	ROOM/APT NO	
F	OWNER NAME <i>Pilgrims Feed</i>					ADDRESS			TELEPHONE		
G	METHOD OF ALARM FROM PUBLIC			TYPE OF ALARM			DISTRICT	SHIFT	STATION	NO. ALARMS	
H	911 USED		PERSONNEL RESPONDED		ENGINES RESPONDED		AERIAL APPARATUS		OTHER VEHICLES		

ALL INCIDENTS

I	NUMBER OF INJURIES FIRE SERVICE	OTHER	NUMBER OF FATALITIES FIRE SERVICE	OTHER
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CAS

J	COMPLEX	MOBILE PROPERTY TYPE
K	AREA OF FIRE ORIGIN	EQUIPMENT INVOLVED IN IGNITION
	FORM OF HEAT OF IGNITION	TYPE OF MATERIAL IGNITED
		FORM OF MATERIAL IGNITED
M	METHOD OF EXTINGUISHMENT	LEVEL OF FIRE ORIGIN
		ESTIMATED LOSS
		ESTIMATED VALUE

ALL FIRES

N	NUMBER OF STORIES	CONSTRUCTION TYPE
O	EXTENT OF FLAME DAMAGE	EXTENT OF SMOKE DAMAGE
P	DETECTOR PERFORMANCE	SPRINKLER PERFORMANCE
Q	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE
		AVENUE OF SMOKE TRAVEL
		FORM OF MATERIAL GENERATING MOST SMOKE

STRUCTURE

IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

[] CHECK IF COMMENTS

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) <i>Mark Vasquez</i>	DATE <i>8/15/10</i>
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)	DATE <i>8/15/10</i>

U

ACRES BURNED		PROPERTY INFORMATION				WEATHER	
TIMBER WOODLAND BRUSH GRASS CROP Crop Name _____		AREA TYPE LAND USE LATITUDE LONGITUDE SLOPE ASPECT PROPERTY MANAGEMENT		FIRE DANGER RATING SLOPE ASPECT %		TYPE TEMP HUMIDITY: deg F % WIND SPEED: DIRECTION: mph SHADE: TIME OBSERVED %	
TOTAL ACRES BURNED		If Within 99' of Road, Railroad or Power Line...				IF PERSON CAUSED...	
DATE SPREAD SUPPRESSION COST		HORIZ DIST TYPE OF R.O.W. ft				AGE GENDER	

CAUSE/FACTORS

MAJOR CAUSE _____ FUEL MODEL _____

INITIATION FACTOR _____ ACTIVITY TYPE _____

CONTRIBUTING FACTOR (1) [] Cause [] Spread	CONTRIBUTING FACTOR (2) [] Cause [] Spread
--	--

SURANCE INFO: Company: _____ Agent: _____ Phone #: _____

Truck-1 <u>807 Bill Crowell</u>	Truck-3 _____	Truck-4 _____
Truck-5 _____		

<u>Mark Vasquez 809</u>	21. _____
	22. _____
	23. _____
	24. _____
	25. _____
	26. _____
	27. _____
	28. _____
	29. _____
	30. _____

Comments: _____

INCIDENT REPORT WINFIELD V.F.D.

91/226
NFIRS-1

[] DELETE
[] CHANGE

FDID	INCIDENT NO <i>31</i>	EXP NO	MO <i>8</i>	DAY <i>14</i>	YR <i>10</i>	DAY OF WEEK <i>SATURDAY</i>	ALARM TIME <i>1745</i>	ARRIVAL TIME <i>20 00</i>	IN SERVICE <i>20 20</i>	
TYPE OF SITUATION FOUND <i>STRUCTURE FIRE</i>						TYPE OF ACTION TAKEN			MUTUAL AID () Recd () Given	
FIXED PROPERTY USE						IGNITION FACTOR				
CORRECT ADDRESS <i>1205 N 74th MT. Pleasant</i>						CO.	TWN	ZIP CODE	CENSUS TRACT	
OCCUPANT NAME							TELEPHONE		ROOM/APT NO	
OWNER NAME				ADDRESS				TELEPHONE		
METHOD OF ALARM FROM PUBLIC				TYPE OF ALARM			DISTRICT	SHIFT	STATION	NO. ALARMS
911 USED			PERSONNEL RESPONDED		ENGINES RESPONDED		AERIAL APPARATUS		OTHER VEHICLES	

NUMBER OF INJURIES FIRE SERVICE	OTHER	NUMBER OF FATALITIES FIRE SERVICE	OTHER
------------------------------------	-------	--------------------------------------	-------

COMPLEX	MOBILE PROPERTY TYPE		
AREA OF FIRE ORIGIN	EQUIPMENT INVOLVED IN IGNITION		
FORM OF HEAT OF IGNITION	TYPE OF MATERIAL IGNITED	FORM OF MATERIAL IGNITED	
METHOD OF EXTINGUISHMENT	LEVEL OF FIRE ORIGIN	ESTIMATED LOSS	ESTIMATED VALUE

NUMBER OF STORIES	CONSTRUCTION TYPE		
EXTENT OF FLAME DAMAGE	EXTENT OF SMOKE DAMAGE		
DETECTOR PERFORMANCE	SPRINKLER PERFORMANCE		
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE		AVENUE OF SMOKE TRAVEL
	FORM OF MATERIAL GENERATING MOST SMOKE		

IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

[] CHECK IF COMMENTS

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) <i>Kip Warrmore Assis Chief</i>	DATE <i>8/14/10</i>
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)	DATE

ALL INCIDENTS

CASES

ALL FIRES

STRUCTURE

ACRES BURNED	PROPERTY INFORMATION	WEATHER
TIMBER WOODLAND BRUSH GRASS CROP Crop Name _____)	AREA TYPE FIRE DANGER RATING LAND USE LATITUDE LONGITUDE SLOPE ASPECT PROPERTY MANAGEMENT	TYPE TEMP deg F HUMIDITY % WIND SPEED: mph DIRECTION: SHADE: % TIME OBSERVED
TOTAL ACRES BURNED	If Within 99' of Road, Railroad or Power Line...	IF PERSON CAUSED...
DATE SPREAD SUPPRESSION COST	HORIZ. DIST. TYPE OF R.O.W. ft	AGE GENDER

CAUSE/FACTORS

MAJOR CAUSE FUEL MODEL

INITIATION FACTOR ACTIVITY TYPE

CONTRIBUTING FACTOR (1) [] Cause [] Spread	CONTRIBUTING FACTOR (2) [] Cause [] Spread
--	--

SURANCE INFO: Company: _____ Agent: _____ Phone #: _____

Truck-1 807 Bill Crowell	Truck-3 _____	Truck-4 _____
Truck-5 _____		
King Van 807	11. _____	21. _____
Mark Vasquez 809	12. _____	22. _____
	13. _____	23. _____
	14. _____	24. _____
	15. _____	25. _____
	16. _____	26. _____
	17. _____	27. _____
	18. _____	28. _____
	19. _____	29. _____
	20. _____	30. _____

Comments: _____

INCIDENT REPORT WINFIELD V.F.D.

NFIRS-1

DELETE
 CHANGE

A
B
C
D
E
F
G
H

FDID	INCIDENT NO 37	EXP NO	MO 8	DAY 17	YR 10	DAY OF WEEK Tuesday	ALARM TIME 5:40	ARRIVAL TIME 5:55	IN SERVICE 6:30
TYPE OF SITUATION FOUND Small Brush fire outside of road						TYPE OF ACTION TAKEN			MUTUAL AID <input checked="" type="checkbox"/> Recd <input type="checkbox"/> Given
FIXED PROPERTY USE					IGNITION FACTOR				
CORRECT ADDRESS CR 1070						CO. Knox	TWN 10	ZIP CODE 75493	CENSUS TRACT
OCCUPANT NAME							TELEPHONE		ROOM/APT NO
OWNER NAME				ADDRESS				TELEPHONE	
METHOD OF ALARM FROM PUBLIC			TYPE OF ALARM			DISTRICT	SHIFT	STATION	NO. ALARMS
911 USED		PERSONNEL RESPONDED		ENGINES RESPONDED		AERIAL APPARATUS		OTHER VEHICLES	

ALL INCIDENTS

NUMBER OF INJURIES FIRE SERVICE	OTHER	NUMBER OF FATALITIES FIRE SERVICE	OTHER
------------------------------------	-------	--------------------------------------	-------

CASES

J
K
L

COMPLEX		MOBILE PROPERTY TYPE	
AREA OF FIRE ORIGIN		EQUIPMENT INVOLVED IN IGNITION	
FORM OF HEAT OF IGNITION	TYPE OF MATERIAL IGNITED	FORM OF MATERIAL IGNITED	
METHOD OF EXTINGUISHMENT	LEVEL OF FIRE ORIGIN	ESTIMATED LOSS	ESTIMATED VALUE

ALL FIRES

M
N
O
P

NUMBER OF STORIES		CONSTRUCTION TYPE	
EXTENT OF FLAME DAMAGE		EXTENT OF SMOKE DAMAGE	
DETECTOR PERFORMANCE		SPRINKLER PERFORMANCE	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE		AVENUE OF SMOKE TRAVEL
	FORM OF MATERIAL GENERATING MOST SMOKE		

STRUCTURE

IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

CHECK IF COMMENTS

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) Jessie Raschke Firefighter	DATE 8/17/10
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)	DATE

ACRES BURNED		PROPERTY INFORMATION				WEATHER	
TIMBER WOODLAND BRUSH GRASS CROP ... Crop Name		AREA TYPE	FIRE DANGER RATING			TYPE	
TOTAL ACRES BURNED		LAND USE				TEMP	HUMIDITY:
DATE SPREAD		LATITUDE	LONGITUDE	SLOPE	ASPECT	deg F	%
SUPPRESSION COST		PROPERTY MANAGEMENT				WIND SPEED:	DIRECTION:
		If Within 99' of Road, Railroad or Power Line...				mph	
		HORIZ DIST TYPE OF R.O.W.				SHADE:	TIME OBSERVED
		ft				%	
						IF PERSON CAUSED...	
						AGE	GENDER

CAUSE/FACTORS

MAJOR CAUSE

MINOR CAUSE

FUEL MODEL

ACTIVITY TYPE

CONTRIBUTING FACTOR (1) [Cause] Spread	CONTRIBUTING FACTOR (2) [Cause] Spread
--	--

INSURANCE INFO: Company: Agent: Phone #:

Truck-1 807 Bill Crowell Truck-3 _____ Truck-4 _____

Truck-5 _____

<u>Tim Southerland 806</u>	11. _____	21. _____
<u>Jennie Ragsdale</u>	12. _____	22. _____
	13. _____	23. _____
	14. _____	24. _____
	15. _____	25. _____
	16. _____	26. _____
	17. _____	27. _____
	18. _____	28. _____
	19. _____	29. _____
	20. _____	30. _____

Comments: _____

INCIDENT REPORT WINFIELD V.F.D.

NFIRS-1

DELETE
 CHANGE

FDID	INCIDENT NO 28	EXP NO	MO 8	DAY 23	YR 10	DAY OF WEEK MONDAY	ALARM TIME 7:05	ARRIVAL TIME 2:16	IN SERVICE 2:20	
TYPE OF SITUATION FOUND LARGE BRICK FIRE						TYPE OF ACTION TAKEN ALLOWED OWNERS TO BRICK			MUTUAL AID Recd <input type="checkbox"/> Given <input type="checkbox"/>	
FIXED PROPERTY USE PASTURE						IGNITION FACTOR				
CORRECT ADDRESS CR 1163							CO.	TWN	ZIP CODE	CENSUS TRACT
OCCUPANT NAME								TELEPHONE	ROOM/APT NO	
OWNER NAME					ADDRESS			TELEPHONE		
METHOD OF ALARM FROM PUBLIC				TYPE OF ALARM			DISTRICT	SHIFT	STATION	NO. ALARMS
911 USED			PERSONNEL RESPONDED		ENGINES RESPONDED		AERIAL APPARATUS		OTHER VEHICLES	

NUMBER OF INJURIES FIRE SERVICE	OTHER	NUMBER OF FATALITIES FIRE SERVICE	OTHER
------------------------------------	-------	--------------------------------------	-------

COMPLEX		MOBILE PROPERTY TYPE	
AREA OF FIRE ORIGIN		EQUIPMENT INVOLVED IN IGNITION	
FORM OF HEAT OF IGNITION	TYPE OF MATERIAL IGNITED	FORM OF MATERIAL IGNITED	
METHOD OF EXTINGUISHMENT	LEVEL OF FIRE ORIGIN	ESTIMATED LOSS	ESTIMATED VALUE

NUMBER OF STORIES		CONSTRUCTION TYPE	
EXTENT OF FLAME DAMAGE		EXTENT OF SMOKE DAMAGE	
DETECTOR PERFORMANCE		SPRINKLER PERFORMANCE	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE		AVENUE OF SMOKE TRAVEL
	FORM OF MATERIAL GENERATING MOST SMOKE		

IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

CHECK IF COMMENTS

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) Kip Warrmore Assit Chief	DATE 8/23/10
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE)	DATE

ALL INCIDENTS

CASES

ALL FIRES

STRUCTURE

ACRES BURNED	PROPERTY INFORMATION	WEATHER
TIMBER	AREA TYPE FIRE DANGER RATING	TYPE
WOODLAND	LAND USE	TEMP HUMIDITY: deg F %
BRUSH	LATITUDE LONGITUDE SLOPE ASPECT	WIND SPEED: DIRECTION: mph
GRASS	PROPERTY MANAGEMENT	SHADE: TIME OBSERVED %
CROP		
Crop Name _____)	<i>If Within 99' of Road, Railroad or Power Line...</i>	IF PERSON CAUSED...
TOTAL ACRES BURNED	HORIZ DIST TYPE OF R.O.W. ft	AGE GENDER
TIME SPREAD SUPPRESSION COST		

USE/FACTORS	
MAJOR CAUSE	FUEL MODEL
CONTRIBUTING FACTOR	ACTIVITY TYPE
CONTRIBUTING FACTOR (1) () Cause () Spread	CONTRIBUTING FACTOR (2) () Cause () Spread

SURANCE INFO: Company: _____ Agent: _____ Phone #: _____

Truck-1 <u>807 Bill Crowell</u>	Truck-3 _____	Truck-4 _____
Truck-2 _____		
Truck-5 _____		
<u>807</u>	11. _____	21. _____
	12. _____	22. _____
	13. _____	23. _____
	14. _____	24. _____
	15. _____	25. _____
	16. _____	26. _____
	17. _____	27. _____
	18. _____	28. _____
	19. _____	29. _____
	20. _____	30. _____

Comments: _____

Cookville VFD

Month of June 2010

Protection	\$600.00
Personal Responded	\$1080.00
Insurance	<u>\$-233.21</u>
Total	\$1445.79

CVFD Chief:

J.W. McCollum

RECEIVED

SEP 08 2010

TITUS COUNTY JUDGE

Active		2010		2010		2010			
Call #	Name	April	Meetings	May	Meetings	June	Meetings		
	Total Run	4	2	7	2	10	2	55	
	Total Meetings & Runs	6		9		12		61	
1300	Wesley McCollum	3	2	4	2	7	2	44	72%
1302	Barry Vaught	2	1	2	0	4	0	16	26%
1303	Teddy Bradley	2	2	0	1	3	0	15	25%
1304	Mike Logan	3	2	5	1	10	2	44	72%
1305	Billy Bob Reynolds	3	2	2	2	8	2	40	66%
1306	Kathy Logan	0	2	1	1	3	2	17	28%
1308	Patrick Crockett	2	2	2	2	9	2	22	36%
1314	Ron Bristow	1	1	0	0	4	0	17	28%
1313	Ray Hill	1	1	2	1	6	1	14	23%
1319	Laura Reynolds	0	2	1	1	1	0	16	26%
1320	Steve Adkison	2	2	0	1	2	2	21	34%
1321	Harvey Sass	2	2	2	1	5	2	31	51%
1327	Cory Adamack	2	2	2	1	8	2	34	56%
1329	Jacob Shumate	1	2	2	1	8	2	30	49%
1330	Joshua Simmons			0	2	7	2	32	52%
1331	Lori Vaught			1	1	0	2	12	20%
1332	David Carmicheal			0	0	0	1	16	26%
1333	Aliasha Cheek			0	0	0	1	32	52%
\$ 12.00	Per Run	24		26		85			
		\$288.00		\$312.00		\$1,020.00			41%

Non Active

Call #	Name	Total Runs							
	Total Meetings & Runs							61	
1301	Teddy Reynolds	1	1	0	1	2	0	5	8%
1307	Sue Johnson	0	1	0	1	0	0	1	2%
1311	Doug Vaught	2	1	0	1	0	0	9	15%
1328	Gib Johnson	0	0	0	0	0	0	2	3%
1312	Charlette Johnson	0	0	0	0	0	0	0	0%
1317	Pie Vaught	0	0	0	0	0	0	0	0%
1323	Wanda Adkison	1	0	0	0	0	0	0	0%
1324	Brian Pope	0	1	0	2	3	1	4	7%
1326	Matt Bryant	0	1	0	1	0	0	0	0%
		1		0		5			
		\$ 12.00		\$ -		\$ 60.00			
		\$ 300.00		\$312.00		\$ 1,080.00			3%

Member Ship Committee



Cookville Vol. Fire Dept.

Run Report

Property of OSRA
Not to be modified in any way

DATE: 6-25-10	INCIDENT NUMBER:
Person Making Report: 1729	

TIMES	DISPATCHED: 1:30	EN ROUTE:	ARRIVAL: 7:35	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS:	CITY: Cookville	STATE: Tx	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD: 170 East Bound	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input checked="" type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
2008	4V4NC9T448N	Volvo	18wheeler	%
	261542	Lic# A4214		\$.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55	<input checked="" type="checkbox"/> BT-51	<input type="checkbox"/>	<input type="checkbox"/> GIVEN
	<input type="checkbox"/>	<input type="checkbox"/> T-56	<input type="checkbox"/> BT-52	<input type="checkbox"/>	<input type="checkbox"/> RECEIVED
	<input type="checkbox"/>		<input type="checkbox"/> BT-53	<input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD	<input type="checkbox"/> NVFD	FIREFIGHTERS []	PUMPERS []	FIRST UNIT #
	<input type="checkbox"/> WVFD	<input type="checkbox"/> FSVFD	APPARATUS []	TANKERS []	ASSUMED #
	<input type="checkbox"/> TLVFD	<input type="checkbox"/> S.O.	WATER USED [] [GAL]	BOOSTER []	
	<input type="checkbox"/> SHVFD	<input checked="" type="checkbox"/> E. M.S.		OTHERS []	
	<input type="checkbox"/> TVFD	<input type="checkbox"/> (OTHER)			

SUPPLIES USED ON SCENE

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Ray Hill	1313	Joshua Dimmas	1330	Cory Adams	1327	Mike Logan	1304		
J Shumate	1329	Laura Reynolds		Patricia Carter	1300				
H. SAS	1321	Louie B...	1314	Billy Reynolds	1305				

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Multiple blank lines for describing the incident.

Additional Comments

Multiple blank lines for additional comments.

INSURANCE COMPANY: _____ POLICY # _____
 ADDRESS: _____
 PHONE # _____

Signature of Report Maker: _____ Signature of Fire Chief: _____



Cookville Vol. Fire Dept.

Run Report

Property of OSRA
Not to be modified in any way

DATE: 10-22-10	INCIDENT NUMBER:
Person Making Report: Cory Adamek	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: CL 4260	CITY: Cookville	STATE: TX	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input checked="" type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1: HAROLD COLEMAN SS/DL# TX 417580	Address:	City, State, Zip	Phone Number 903-767-6237
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet: <input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	Structural Use: <input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	Approximate Fire and Water Damage % \$.00 Insurance Carrier:	Exterior Construction <input type="checkbox"/> Brick <input type="checkbox"/> Veneer <input type="checkbox"/> Metal <input type="checkbox"/> Mobile Home	Roof Construction <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model: 96	VIN#	Make: NISSAN	Model: XT XE	Approximate Fire and Water Damage 100 % \$.00 Insurance Carrier:

APPARATUS	PUMPER/ENGINE <input type="checkbox"/>	TANKER <input type="checkbox"/> T-55 <input type="checkbox"/> T-56	BRUSH <input checked="" type="checkbox"/> BT-51 <input checked="" type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	RESCUE/RESPONSE <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	MUTUAL AID <input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
	MUTUAL AID	DEPARTMENTS (1) <input type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	DEPARTMENTS (2) <input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	NUMBER OF (COMBINED) FIREFIGHTERS [5] APPARATUS [4] WATER USED [] [GAL]	NUMBER OF (COMBINED) PUMPERS [] TANKERS [] BOOSTER [] OTHERS []

SUPPLIES USED ON SCENE

102/226

<input type="checkbox"/> 5" HOSE	Qty	<input type="checkbox"/> RED LINE	Qty	<input type="checkbox"/> SCBA	Qty	<input type="checkbox"/> AIR BAGS	Qty	<input type="checkbox"/> PUMP	Qty
<input type="checkbox"/> 3" HOSE	Qty	<input type="checkbox"/> PIKE POLES	Qty	<input type="checkbox"/> FOAM	Qty	<input type="checkbox"/> MEDICAL	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 2 1/2" HOSE	Qty	<input type="checkbox"/> RADIOS	Qty	<input type="checkbox"/> SPREADERS	Qty	<input type="checkbox"/> PPV	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 1 1/2" HOSE	Qty	<input type="checkbox"/> LIGHT TOWER	Qty	<input type="checkbox"/> CUTTERS	Qty	<input type="checkbox"/> PORT EXT.	Qty	<input type="checkbox"/> OTHER (LIST)	Qty

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
<i>Bob Reynolds</i>	<i>1305</i>	<i>Parker</i>	<i>1308</i>						
<i>Mike Logan</i>	<i>1309</i>	<i>Cory Adams</i>	<i>1327</i>						
<i>Jody</i>	<i>1301</i>								

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:



Cookville Vol. Fire Dept.

Run Report

Property of OSRA
Not to be modified in any way

103/226

DATE:	INCIDENT NUMBER:
Person Making Report: <i>[Signature]</i>	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: <i>High 67E</i>	CITY: <i>MT Pleasant</i>	STATE: <i>TX</i>	ZIP CODE: <i>75435</i>
(OR) MILE MARKER AND ROAD: <i>McKellar Ranch</i>	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input checked="" type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input checked="" type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input checked="" type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> (Detached)		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle
	<input type="checkbox"/> Commercial			

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
<i>1997</i>	<i>1FM2V1786V4B3019</i>	<i>Ford</i>	<i>Expedition</i>	%
<i>1991</i>	<i>16CDM26A215008</i>	<i>Chery</i>	<i>S10</i>	\$.00
	<i>1FTHF26A94WA20658</i>	<i>Ford</i>	<i>F150</i>	Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55	<input checked="" type="checkbox"/> BT-51	<input type="checkbox"/>	<input type="checkbox"/> GIVEN
	<input type="checkbox"/>	<input type="checkbox"/> T-56	<input type="checkbox"/> BT-52	<input type="checkbox"/>	<input type="checkbox"/> RECEIVED
	<input type="checkbox"/>		<input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD	<input type="checkbox"/> NVFD	FIREFIGHTERS [<i>15</i>]	PUMPERS []	FIRST UNIT # <i>22</i>
	<input type="checkbox"/> WVFD	<input type="checkbox"/> FSVFD	APPARATUS [<i>4</i>]	TANKERS []	9.5
	<input type="checkbox"/> TLVFD	<input checked="" type="checkbox"/> S.O.	WATER USED [<i>11</i>] GAL	BOOSTER []	ASSUMED # <i>9.5</i>
	<input type="checkbox"/> SHVFD	<input checked="" type="checkbox"/> E. M.S.		OTHERS []	
	<input type="checkbox"/> TVFD	<input checked="" type="checkbox"/> (OTHER)			

SUPPLIES USED ON SCENE

104/226

<input type="checkbox"/> 5" HOSE	Qty	<input type="checkbox"/> RED LINE	Qty	<input type="checkbox"/> SCBA	Qty	<input type="checkbox"/> AIR BAGS	Qty	<input type="checkbox"/> PUMP	Qty
<input type="checkbox"/> 3" HOSE	Qty	<input type="checkbox"/> PIKE POLES	Qty	<input type="checkbox"/> FOAM	Qty	<input type="checkbox"/> MEDICAL	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 2 1/2" HOSE	Qty	<input type="checkbox"/> RADIOS	Qty	<input type="checkbox"/> SPREADERS	Qty	<input type="checkbox"/> PPV	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 1 1/2" HOSE	Qty	<input type="checkbox"/> LIGHT TOWER	Qty	<input type="checkbox"/> CUTTERS	Qty	<input type="checkbox"/> PORT EXT.	Qty	<input type="checkbox"/> OTHER (LIST)	Qty

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
<i>Clay Reed</i>	1301	<i>Justice C. C. ...</i>	1300						
<i>H. ...</i>	1321	<i>...</i>	1310						
<i>Mike Logan</i>	1309								

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Multiple blank lines provided for describing the incident.

Additional Comments

Multiple blank lines provided for additional comments.

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:

(5)



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 6-15-10	INCIDENT NUMBER:
Person Making Report:	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: Fm 1001 &	CITY: Cookville	STATE: Tx.	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) Front of Bethal Church	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input checked="" type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1: CLAIPT CAMRON	Address:	City, State, Zip Cookville Tx 75558	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet: <input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	Structural Use: <input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	Approximate Fire and Water Damage % \$0.00 Insurance Carrier:	Exterior Construction <input type="checkbox"/> Brick <input type="checkbox"/> Veneer <input type="checkbox"/> Metal <input type="checkbox"/> Mobile Home	Roof Construction <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model: 2004	VIN# 1GCHK24424 E298517	Make: Chevy	Model: 2500 HD SILVERADO	Approximate Fire and Water Damage % \$0.00 Insurance Carrier:

APPARATUS	PUMPER/ENGINE <input checked="" type="checkbox"/> E. 2 <input checked="" type="checkbox"/> R 1 <input type="checkbox"/>	TANKER <input type="checkbox"/> T-55 <input type="checkbox"/> T-56 <input type="checkbox"/>	BRUSH <input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	RESCUE/RESPONSE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST) <input type="checkbox"/>	MUTUAL AID <input type="checkbox"/> GIVEN <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
	MUTUAL AID	DEPARTMENTS (1) <input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	DEPARTMENTS (2) <input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input checked="" type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input checked="" type="checkbox"/> (OTHER)	NUMBER OF (COMBINED) FIREFIGHTERS [15] APPARATUS [4] WATER USED [] GAL	NUMBER OF (COMBINED) PUMPERS [] TANKERS [] BOOSTER [] OTHERS []
				INCIDENT COMMAND FIRST UNIT # ASSUMED #	

SUPPLIES USED ON SCENE

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input checked="" type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input checked="" type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input checked="" type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Billy Reynolds	1305	J Shumate	1329	Patrick Crockett	1308				
Ray Hill	1313	Joshua Simms	1330						
Mike Logan	1304	H. SASS	1321						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Came ~~about~~ South on Fm 1001 To A curve went off EAST side of road. Rolled the Truck over on the CAB.

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: _____ Signature of Fire Chief: _____



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 6-12-10	INCIDENT NUMBER:
Person Making Report: Billy Bob Reynolds	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: 1771 CR3225	CITY: M+Pleasant	STATE: Tx	ZIP CODE: 758455
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	
1/4 mile North on CR 3225 on the Right.			

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input checked="" type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> (Detached)		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle
	<input type="checkbox"/> Commercial			

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input checked="" type="checkbox"/> T-55	<input checked="" type="checkbox"/> BT-51	<input type="checkbox"/>	<input checked="" type="checkbox"/> GIVEN
	<input type="checkbox"/>	<input type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-52	<input type="checkbox"/>	<input type="checkbox"/> RECEIVED
			<input checked="" type="checkbox"/> BT-53	<input type="checkbox"/>	<input type="checkbox"/> N/A
				<input type="checkbox"/>	
				<input type="checkbox"/>	

MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD	<input type="checkbox"/> NVFD	FIREFIGHTERS [13]	PUMPERS []	FIRST UNIT #
	<input type="checkbox"/> WVFD	<input type="checkbox"/> FSVFD	APPARATUS [7]	TANKERS []	ASSUMED #
	<input type="checkbox"/> TLVFD	<input type="checkbox"/> S.O.	WATER USED [2400] [GAL]	BOOSTER []	
	<input type="checkbox"/> SHVFD	<input type="checkbox"/> E. M.S.		OTHERS []	
<input type="checkbox"/> TVFD	<input checked="" type="checkbox"/> (OTHER) TFS.				

SUPPLIES USED ON SCENE

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Ray Hill	1313	Jacob Shumate	1309	Joshua Simms	1320	Wesley McCollum	1300		
STEVE ADAMS	1320	Cory Adams	1321	FARGEN CRICKET	1308				
Billy B Reynolds	1305	HSA 35	1321	mike LOGAN	1304				

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

~~Next~~ Next Door Neighbor was Burning Grass Clipping & Left it.

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Billy B Reynolds

Signature of Fire Chief:



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE:	INCIDENT NUMBER:
Person Making Report:	

TIMES	DISPATCHED: 5:30	EN ROUTE:	ARRIVAL: 5:35	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: 67 + CR 4040	CITY: Mt. Pleasant	STATE: Tx	ZIP CODE: 75455
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input checked="" type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model: 96	VIN# 2ME L M 75WXTX 669842	Make: MERCURY LP# 239 XDK	Model: GRAND MARQUIS LS	Approximate Fire and Water Damage % \$0.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55	<input checked="" type="checkbox"/> BT-51	<input type="checkbox"/>	<input type="checkbox"/> GIVEN
	<input type="checkbox"/>	<input type="checkbox"/> T-56	<input type="checkbox"/> BT-52	<input type="checkbox"/>	<input checked="" type="checkbox"/> RECEIVED
			<input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> N/A

MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD	<input type="checkbox"/> NVFD	FIREFIIGHTERS []	PUMPERS []	FIRST UNIT #
	<input type="checkbox"/> WVFD	<input type="checkbox"/> FSVFD	APPARATUS [4]	TANKERS []	ASSUMED #
	<input type="checkbox"/> TLVFD	<input checked="" type="checkbox"/> S.O.	WATER USED [] [GAL]	BOOSTER []	
	<input type="checkbox"/> SHVFD	<input checked="" type="checkbox"/> E. M.S.		OTHERS []	
	<input type="checkbox"/> TVFD	<input type="checkbox"/> (OTHER)			

SUPPLIES USED ON SCENE

<input type="checkbox"/> 5" HOSE	Qty	<input type="checkbox"/> RED LINE	Qty	<input type="checkbox"/> SCBA	Qty	<input type="checkbox"/> AIR BAGS	Qty	<input type="checkbox"/> PUMP	Qty
<input type="checkbox"/> 3" HOSE	Qty	<input type="checkbox"/> PIKE POLES	Qty	<input type="checkbox"/> FOAM	Qty	<input type="checkbox"/> MEDICAL	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 2 1/2" HOSE	Qty	<input type="checkbox"/> RADIOS	Qty	<input type="checkbox"/> SPREADERS	Qty	<input type="checkbox"/> PPV	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 1 1/2" HOSE	Qty	<input type="checkbox"/> LIGHT TOWER	Qty	<input type="checkbox"/> CUTTERS	Qty	<input type="checkbox"/> PORT EXT.	Qty	<input type="checkbox"/> OTHER (LIST)	Qty

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Cory Adamek	1327	J Shumate	1329	M J Parn	1304				
Billy Reynolds	1305	W M Collym	1300						
Joshua Simms	1330	Frank [unclear]	1300						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Additional Comments

Buick Century	W09 SHG Tx.	1989
INSURANCE COMPANY:	POLICY #	
ADDRESS:		
PHONE #		

Signature of Report Maker:	Signature of Fire Chief:

7



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 6-10-10	INCIDENT NUMBER:
Person Making Report: <i>Frank Jackson</i>	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: 500 Box 3210	CITY: MT. PLEASANT	STATE:	ZIP CODE:
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input checked="" type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input checked="" type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input checked="" type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1: LETICIA MORANES	Address: 55 DR 4030 #14	City, State, Zip: MT PLEASANT	Phone Number: 903-305-7516
Victim # 2:	Address:	City, State, Zip:	Phone Number:
Victim # 3:	Address:	City, State, Zip:	Phone Number:
Owner: (if different from Victim #1)	Address:	City, State, Zip:	Phone Number:

STRUCTURAL DESCRIPTION				
Approximate Square Feet: <input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	Structural Use: <input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	Approximate Fire and Water Damage % \$0.00 Insurance Carrier:	Exterior Construction <input type="checkbox"/> Brick <input checked="" type="checkbox"/> Vencer <input type="checkbox"/> Metal <input type="checkbox"/> Mobile Home	Roof Construction <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model: 2002	VIN#	Make: NISSAN	Model: 2002	Approximate Fire and Water Damage % \$0.00 Insurance Carrier:

APPARATUS	<input type="checkbox"/> PUMPER/ENGINE	<input type="checkbox"/> TANKER T-55 T-56	<input checked="" type="checkbox"/> BRUSH BT-51 BT-52 BT-53	<input type="checkbox"/> RESCUE/RESPONSE <input type="checkbox"/> OTHER (LIST)	<input checked="" type="checkbox"/> MUTUAL AID GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
	MUTUAL AID	DEPARTMENTS (1) <input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	DEPARTMENTS (2) <input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E.M.S. <input type="checkbox"/> (OTHER)	NUMBER OF (COMBINED) FIREFIGHTERS [7] APPARATUS [1] WATER USED [0] [GAL]	NUMBER OF (COMBINED) PUMPERS [] TANKERS [] BOOSTER [] OTHERS []

SUPPLIES USED ON SCENE

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Ray Hill	1313	Patrick Calvert	1308	Billy Reynolds	1305	Ron Bristow	1321	Boyz Vard	1302
Cory Adams	1327	Halley [unclear]	1304	Wesley McCain	1300	Toshua Sierens	1350		
Mike [unclear]	1304	Jacob Shultz	1329	Teddy Bradley	1303	Brian Pope	1324		

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

CAR STAVED IN APPROX 2-5' OF WATER

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: <u>6/10/12</u>	INCIDENT NUMBER:
Person Making Report: <u>Trace Crockett</u>	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: <u>CR 5140</u>	CITY: <u>COOKVILLE</u>	STATE: <u>TN</u>	ZIP CODE: <u>75558</u>
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input checked="" type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input checked="" type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	<u>\$.00</u>	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				<u>\$.00</u>
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55	<input checked="" type="checkbox"/> BT-51	<input type="checkbox"/>	<input type="checkbox"/> GIVEN
	<input type="checkbox"/>	<input type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-52	<input type="checkbox"/>	<input checked="" type="checkbox"/> RECEIVED
	<input type="checkbox"/>		<input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD	<input type="checkbox"/> NVFD	FIREFIIGHTERS [<u>12</u>]	PUMPERS []	FIRST UNIT # <u>53</u>
	<input type="checkbox"/> WVFD	<input type="checkbox"/> FSVFD	APPARATUS [<u>4</u>]	TANKERS []	ASSUMED # <u>1300</u>
	<input type="checkbox"/> TLVFD	<input type="checkbox"/> S.O.	WATER USED [] [GAL]	BOOSTER []	
	<input type="checkbox"/> SHVFD	<input type="checkbox"/> E. M.S.		OTHERS []	
	<input type="checkbox"/> TVFD	(OTHER)			

SUPPLIES USED ON SCENE

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Ray Hill	1313	Jacob Shumate	1329	Ron Bristow	1314	Kathy Logan	1306	Barry Voss	1302
Wesley McCallum	1300	Billy Reynolds	1305	Teddy Bradley	1303	Joshua Simmons	1330		
Barrett Barrett	1508	Corey Adomado	1327	Mike Logan	1304	Brian Pope	1324		

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Car Stranded in Water

Additional Comments

DID NOT FIND CAR, CAR DISCOVERED

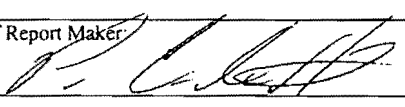
INSURANCE COMPANY:

POLICY #

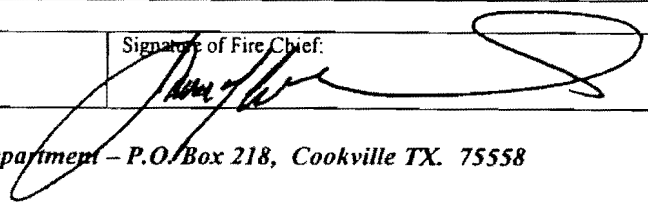
ADDRESS:

PHONE #

Signature of Report Maker:



Signature of Fire Chief:





Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: <u>6/10/10</u>	INCIDENT NUMBER:
Person Making Report: <u>Frederick Crockett</u>	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: <u>Storm Check Roads</u>	CITY: <u>Cookville</u>	STATE: <u>TN</u>	ZIP CODE: <u>37558</u>
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input checked="" type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input checked="" type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input checked="" type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	<u>\$.00</u>	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				<u>\$.00</u>
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55 <input type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input checked="" type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [<u>12</u>] APPARATUS [<u>3</u>] WATER USED [] [GAL]	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # <u>51</u> ASSUMED # <u>1000</u>

SUPPLIES USED ON SCENE

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Carl Baston	131	Patricia Lockert	1308	Wesley McCall	1311	Kathy Logan	1306	Bang Vanif	1302
Corey Adamek	132	W. Shumate	1309	Joshua Simmon	1330	Roy Hill	1313		
Ted Brumby	1303	Billy Reynolds	1305	Mike Logan	1304	Brian Pope	1324		

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT


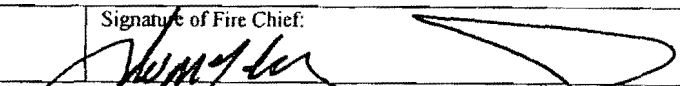
CHINA DISTRICT Roads for debris & water on road

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker:  Signature of Fire Chief: 

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558



Cookville Vol. Fire Dept.

Run Report

Property of OSRA
Not to be modified in any way

DATE: 6-9-2010	INCIDENT NUMBER:
Person Making Report: <i>[Signature]</i>	

TIMES	DISPATCHED: 1:50	EN ROUTE: <i>[Initials]</i>	ARRIVAL: 8:00	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: CR 343G	CITY: Cookville	STATE: TX	ZIP CODE: 75455
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input checked="" type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet: <input checked="" type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	Structural Use: <input type="checkbox"/> Home <input type="checkbox"/> Shop <input checked="" type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	Approximate Fire and Water Damage 100 % \$0.00 UNKNOWN Insurance Carrier:	Exterior Construction <input type="checkbox"/> Brick <input checked="" type="checkbox"/> Veneer <input type="checkbox"/> Metal <input type="checkbox"/> Mobile Home	Roof Construction <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage % \$0.00 Insurance Carrier:

APPARATUS	PUMPER/ENGINE <input type="checkbox"/>	TANKER <input checked="" type="checkbox"/> T-55 <input type="checkbox"/> T-56	BRUSH <input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	RESCUE/RESPONSE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	MUTUAL AID <input type="checkbox"/> GIVEN <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
	MUTUAL AID	DEPARTMENTS (1) <input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input checked="" type="checkbox"/> TLVFD <input checked="" type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	DEPARTMENTS (2) <input checked="" type="checkbox"/> NVFD <input checked="" type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	NUMBER OF (COMBINED) FIREFIGHTERS [] APPARATUS [] WATER USED [] [GAL]	NUMBER OF (COMBINED) PUMPERS [] TANKERS [] BOOSTER [] OTHERS []

SUPPLIES USED ON SCENE

<input type="checkbox"/> 5" HOSE	QTY	<input checked="" type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input checked="" type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input checked="" type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Jim Calloway	1300	HSA SS	1321	Bryan Lavoy	1302				
STEVE ADKISON	1320	Jacob Stewart	1324						
Cory Adams	1327	Mike Logan	1304						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

SO was called because of rumors saying someone may have set.

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:

[Handwritten signatures]

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

Cookville VFD

Month of July 2010

Protection	\$600.00
Personal Responded	\$1260.00
Insurance	<u>\$-233.21</u>
Total	\$1626.79

CVFD Chief:

J.W. McCollum

RECEIVED

SEP 08 2010

TITUS COUNTY JUDGE

Active		2010		2010		2010			
Call #	Name	May	Meetings	June	Meetings	July	Meetings		
	Total Run	7	2	10	2	22	2	55	
	ToTal Meetings & Runs	9		12		24		61	
1300	Wesley McCollum	4	2	7	2	9	2	44	72%
1302	Barry Vaught	2	0	4	0	5	1	16	26%
1303	Teddy Bradley	0	1	3	0	6	1	15	25%
1304	Mike Logan	5	1	10	2	11	2	44	72%
1305	Billy Bob Reynolds	2	2	8	2	10	2	40	66%
1306	Kathy Logan	1	1	3	2	4	1	17	28%
1308	Patrick Crockett	2	2	9	2	9	2	22	36%
1314	Ron Bristow	0	0	4	0	2	1	17	28%
1313	Ray Hill	2	1	6	1	2	1	14	23%
1319	Laura Reynolds	1	1	1	0	4	1	16	26%
1320	Steve Adkison	0	1	2	2	7	1	21	34%
1321	Harvey Sass	2	1	5	2	8	1	31	51%
1327	Cory Adamack	2	1	8	2	7	1	34	56%
1329	Jacob Shumate	2	1	8	2	6	1	30	49%
1330	Joshua Simmons	0	2	7	2	10	2	32	52%
1331	Lori Vaught	1	1	0	2	2	1	12	20%
1332	David Carmicheal	0	0	0	1	2	1	16	26%
1333	Aliesha Cheek	0	0	0	1	7	2	32	52%
\$ 12.00	Per Run	26		85		102			
		\$312.00		\$1,020.00		\$1,224.00			41%

Non Active

Call #	Name	Total Runs							
	Total Runs								
	ToTal Meetings & Runs							61	
1301	Teddy Reynolds	0	1	2	0	0	1	5	8%
1307	Sue Johnson	0	1	0	0	0	1	1	2%
1311	Doug Vaught	0	1	0	0	3	1	9	15%
1328	Gib Johnson	0	0	0	0	0	1	2	3%
1312	Charlette Johnson	0	0	0	0	0	0	0	0%
1317	Pie Vaught	0	0	0	0	0	0	0	0%
1323	Wanda Adkison	0	0	0	0	0	0	0	0%
1324	Brian Pope	0	2	3	1	0	0	4	7%
1326	Matt Bryant	0	1	0	0	0	0	0	0%
		0		5		3			
		\$ -		\$ 60.00		\$ 36.00			
		\$312.00		\$ 1,080.00		\$ 1,260.00			3%

Member Ship Committee

1327	1304	1304	1308						
Cory Admack			Jacob Sr	1329					
Mike Logan	1304		Pat. Crockett	1308					

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL									
DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Stove on Fire.

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: _____

Signature of Fire Chief: _____

(7)



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 7-28-10	INCIDENT NUMBER:
Person Making Report: Billy Bob Reynolds	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: 11646 FM 71 West	CITY: TALCO	STATE: TX	ZIP CODE:
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

<i>Ante Paga</i>	<i>306</i>								
<i>June 4/2017</i>	<i>1700</i>								

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL									
DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Mobile Home Total

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: _____

Signature of Fire Chief: _____



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 7-19-10	INCIDENT NUMBER:
Person Making Report: MIKE LOGAN	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: 728 County Road 1550	CITY: MT. Pleasant	STATE: TX	ZIP CODE: 75455
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) White oak community		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input checked="" type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet: <input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	Structural Use: <input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	Approximate Fire and Water Damage 100 % \$.00 Insurance Carrier:	Exterior Construction <input type="checkbox"/> Brick <input type="checkbox"/> Veneer <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Mobile Home	Roof Construction <input type="checkbox"/> Composition <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage % \$.00 Insurance Carrier:

<i>Ted Brown</i>	<i>1202 Long Vaught</i>								
<i>Kelly [unclear]</i>	<i>1304 HARVEY SASS 1321</i>								

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL									
DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Fire on The Cook Stove ,

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker:
Billy Bob Reynolds

Signature of Fire Chief: _____

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

(6)



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 7-25-10	INCIDENT NUMBER:
Person Making Report: <i>Billy Bob Reynolds</i>	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) <i>1 1/2 miles west of FM 1402 on right.</i>		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input checked="" type="checkbox"/> OTHER (LIST) <i>cook stove on fire</i>
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE:	INCIDENT NUMBER:
Person Making Report: <i>[Signature]</i>	

TIMES	DISPATCHED: 5:00	EN ROUTE:	ARRIVAL: 5:08	RETURN TO SERVICE: 5:08	AT STATION:
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CALL LOCATION			
STREET ADDRESS:	CITY: Mt Pleasant	STATE: TX	ZIP CODE: 75455
(OR) MILE MARKER AND ROAD: 1	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) Ricky Baker House		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE:	INCIDENT NUMBER:
Person Making Report: <i>[Signature]</i>	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
	5:00			5:09	

CALL LOCATION			
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
	Mt Pleasant	TX	75455
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		
165.5 mm	Truck on Fire		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input checked="" type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE:	INCIDENT NUMBER:
Person Making Report:	<i>Bory Adamek</i>

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
	4:30	4:34	4:45		

CALL LOCATION			
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
3320 Fm 215	mt Pleasant	TX	75455
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input checked="" type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input checked="" type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input checked="" type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage	Insurance Carrier:	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

1330	1332	1333	1329	1301				
John Simpson	Allen	Chief	Jacob					
Don Cook	Mr. Regan							

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL									
DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Got Dispatched at 2:30. Enroute at 2:30 Arrived on scene to a Grass Fire on County Road 3155 with a slow burning Fire.

Additional Comments:

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: *Coz Adamek*

Signature of Fire Chief: _____

(9)



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-2-10	INCIDENT NUMBER:
Person Making Report: Cory Adamek	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
	2:30	2:35	2:40	2:45 3:00	3:08

CALL LOCATION			
STREET ADDRESS: 3150 CR 3155	CITY: Cookville	STATE: TX	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#	CR 3155	Cookville TX 75558	
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

T. BEADY	1303	DOUG VAUGHT	1311	Kelly Ford	1306	Billy Bob	
BARRY VAUGHT	1302	PATRICK LEAVITT	1308	Joshua	1330	STEVE LEADY	1320

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL									
DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Additional Comments

INSURANCE COMPANY:	POLICY #
ADDRESS:	
PHONE #	

Signature of Report Maker:	Signature of Fire Chief:

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

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135/226



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE:	INCIDENT NUMBER:
Person Making Report:	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:

CALL LOCATION			
STREET ADDRESS: CR 4760	CITY:	STATE:	ZIP CODE:
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input checked="" type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input checked="" type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input checked="" type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$0.00
				Insurance Carrier:

1121	WILLIAM P. HARRIS	1300	DR. J. W. HARRIS
1321	Mike Logan		
1308	John Simmons		Dr. J. W. Harris

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL									
DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT
Disregarded in Route

Additional Comments

INSURANCE COMPANY:	POLICY #
ADDRESS:	
PHONE #	

Signature of Report Maker: <i>Cory Adams</i>	Signature of Fire Chief:
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Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558





Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-20-10	INCIDENT NUMBER:
Person Making Report: Cory Adamek	

TIMES	DISPATCHED: 4:00	EN ROUTE: 4:03	ARRIVAL:	RETURN TO SERVICE: 4:08	AT STATION: 4:09
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CALL LOCATION			
STREET ADDRESS: I-30 166 mi	CITY: Mt Pleasant	STATE: TX	ZIP CODE: 75455
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input checked="" type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input checked="" type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input checked="" type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

Teddy Bradley	1303	A Check	1338						
Billy Reynolds	1305	Parade	1308						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL									
DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

TRUCK FIRE AT 17th MILE MARKER I 30 EAST. Mutual Aid to ~~Parade~~ Ombaha Fire Dept. & Dis Regarded.

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: *Billy Bob Reynolds*

Signature of Fire Chief: _____

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

⑦



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 7-27-10	INCIDENT NUMBER:
Person Making Report: Billy B Reynolds 1305	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:

CALL LOCATION			
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
(OR) MILE MARKER AND ROAD: EAST 178 mile MARKER I-30	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input checked="" type="checkbox"/> OTHER (LIST) Tree Fire
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$0.00
				Insurance Carrier:



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE:	INCIDENT NUMBER:
Person Making Report:	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: DANNY Smith 264 CR 4325	CITY: 903-572-4240 Cookville TX	STATE: TX	ZIP CODE: 75358
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

5th Station	1320	Doug V. Angelo	1311	Blevinotts	1305				
Patrice Cook	1326	Joshua Simmons	1330	Chew	1333				

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL									
DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

(Area) Mower cut elbow in gas line, we shut meter off

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: _____

Signature of Fire Chief: _____

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

(10)



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 5-10-18	INCIDENT NUMBER:
Person Making Report:	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: 302 FM 1000	CITY: Cookville,	STATE: TEXAS	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) White Frame House		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input checked="" type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> (Detached)		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle
	<input type="checkbox"/> Commercial			

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$0.00
				Insurance Carrier:

103	1303	1330	1327	1308	1300
Teel Brumby	Kathy Logan	Steve Kiser	Amy Adams	Harve Lockett	

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL									
DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

GRASS & BRUSH FIRE ON THE TYPE 2 HUNTING LAND BURNED ABOUT _____ ACRES AT HILL HOLE. APP. 15 TO 18 ACRES TFS PUT A PLOW LINE DOWN AROUND FIRE

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: Billy Bob Reynolds

Signature of Fire Chief: _____

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

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Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 7-24-10	INCIDENT NUMBER:
Person Making Report: <i>Billy Reynolds</i>	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:

CALL LOCATION			
STREET ADDRESS: CR 3445	CITY: Cookville	STATE: TX	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> (Detached)		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle
	<input type="checkbox"/> Commercial			

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

1305	Billy Reynolds	1327	Tammy Lyndell	1330	Harvey Sasser	1321	Broughton	1329	John Keller	1360
------	----------------	------	---------------	------	---------------	------	-----------	------	-------------	------

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL									
DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

BEARING went out on a John Deere Round Baler #530 Seat (1) Bale on Fire. Suceded the Bale & let it BURN up..

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: _____

Signature of Fire Chief: _____



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 7-16-10	INCIDENT NUMBER:
Person Making Report: Cory Adamek	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
	4:45 4:45	4:50	5:05	6:00	6:15

CALL LOCATION			
STREET ADDRESS: CR 3365	CITY: Argo	STATE: TX	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1: Clyde AMOS	Address:	City, State, Zip	Phone Number
SS/DL#		Argo TX 75558	903-572-2373
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

Cookville VFD

Month of August 2010

Protection	\$600.00
Personal Responded	\$2280.00
Insurance	<u>\$-233.21</u>
Total	\$2646.79

CVFD Chief:

J.W. McCollum

RECEIVED

SEP 08 2010

TITUS COUNTY JUDGE

Active		2010		2010		2010			
Call #	Name	June	Meetings	July	Meetings	August	Meetings		
	Total Run	10	2	22	2	23	2	55	
	Total Meetings & Runs	12		24		25		61	
1300	Wesley McCollum	7	2	9	2	22	2	44	72%
1302	Barry Vaught	4	0	5	1	5	1	16	26%
1303	Teddy Bradley	3	0	6	1	4	1	15	25%
1304	Mike Logan	10	2	11	2	18	1	44	72%
1305	Billy Bob Reynolds	8	2	10	2	16	2	40	66%
1306	Kathy Logan	3	2	4	1	5	2	17	28%
1308	Patrick Crockett	9	2	9	2	0	0	22	36%
1314	Ron Bristow	4	0	2	1	9	1	17	28%
1313	Ray Hill	6	1	2	1	3	1	14	23%
1319	Laura Reynolds	1	0	4	1	9	1	16	26%
1320	Steve Adkison	2	2	7	1	8	1	21	34%
1321	Harvey Sass	5	2	8	1	14	1	31	51%
1327	Cory Adamack	8	2	7	1	15	1	34	56%
1329	Jacob Shumate	8	2	6	1	12	1	30	49%
1330	Joshua Simmons	7	2	10	2	9	2	32	52%
1331	Lori Vaught	0	2	2	1	5	2	12	20%
1332	David Carmicheal	0	1	2	1	11	1	16	26%
1333	Aliesha Cheek	0	1	7	2	20	2	32	52%
\$ 12.00	Per Run	85		102		185			
		\$1,020.00		\$1,224.00		\$2,220.00			41%

Non Active

Call #	Name	Total Runs							
	Total Meetings & Runs							61	
1301	Teddy Reynolds	2	0	0	1	1	1	5	8%
1307	Sue Johnson	0	0	0	1	0	0	1	2%
1311	Doug Vaught	0	0	3	1	4	1	9	15%
1328	Gib Johnson	0	0	0	1	0	1	2	3%
1312	Charlette Johnson	0	0	0	0	0	0	0	0%
1317	Pie Vaught	0	0	0	0	0	0	0	0%
1323	Wanda Adkison	0	0	0	0	0	0	0	0%
1324	Brian Pope	3	1	0	0	0	0	4	7%
1326	Matt Bryant	0	0	0	0	0	0	0	0%
		5		3		5			
		\$ 60.00		\$ 36.00		\$ 60.00			
		\$ 1,080.00		\$ 1,260.00		\$ 2,280.00			3%

Member Ship Committee



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: B-5-10	INCIDENT NUMBER: 151/226
Person Making Report: Billy Bob Reynolds	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: 2401 N Jefferson	CITY: m+Pleasant	STATE: Tx	ZIP CODE: 75455
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) TRAILER PARK Lot # 6		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input checked="" type="checkbox"/> OTHER (LIST) clothes DRYER FIRE
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet: <input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	Structural Use: <input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	Approximate Fire and Water Damage % \$.00 Insurance Carrier:	Exterior Construction <input type="checkbox"/> Brick <input type="checkbox"/> Veneer <input type="checkbox"/> Metal <input type="checkbox"/> Mobile Home	Roof Construction <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage % \$.00 Insurance Carrier:

APPARATUS	PUMPER/ENGINE <input type="checkbox"/>	TANKER <input type="checkbox"/> T-55 <input type="checkbox"/> T-56	BRUSH <input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input type="checkbox"/> BT-53	RESCUE/RESPONSE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	MUTUAL AID <input type="checkbox"/> GIVEN <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
	MUTUAL AID	DEPARTMENTS (1) <input checked="" type="checkbox"/> MPFD <input checked="" type="checkbox"/> WVFD <input checked="" type="checkbox"/> TLVFD <input checked="" type="checkbox"/> SHVFD <input checked="" type="checkbox"/> TVFD	DEPARTMENTS (2) <input checked="" type="checkbox"/> NVFD <input checked="" type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input checked="" type="checkbox"/> (OTHER) Police Dept.	NUMBER OF (COMBINED) FIREFIGHTERS [] APPARATUS [] WATER USED [] GAL	NUMBER OF (COMBINED) PUMPERS [] TANKERS [] BOOSTER [] OTHERS []

SUPPLIES USED ON SCENE

152/226

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Billy Reynolds	1305	Berry Vaught	1302	Alicia Chock	1333				
Laura Reynolds	1319	Cory Adamack	1327						
Wesley	1300	D. Carmickle	1332						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Fire in the vent pipe of a clothes dryer. Fire was out on arrival. Dryer cord was melted.

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: Billy Bob Reynolds Signature of Fire Chief: _____



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-5-10	INCIDENT NUMBER: 153/226
Person Making Report: Billy Bob Reynolds	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: 271 South	CITY: mtPleasant	STATE: Tx	ZIP CODE: 75455
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) Pilgrims Feed mill mtPleasant Tx. 75455	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input checked="" type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input checked="" type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input checked="" type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input checked="" type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$0.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55 <input type="checkbox"/> T-56	<input type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> GIVEN <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD <input checked="" type="checkbox"/> WVFD <input checked="" type="checkbox"/> TLVFD <input checked="" type="checkbox"/> SHVFD <input checked="" type="checkbox"/> TVFD	<input checked="" type="checkbox"/> NVFD <input checked="" type="checkbox"/> FSVFD <input checked="" type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIIGHTERS [] APPARATUS [] WATER USED [] [GAL]	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # ASSUMED #

SUPPLIES USED ON SCENE

154/226

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Billy Reynolds	1305	Alicia Chert	1333	D. Carmickle	1332				
Laura Reynolds	1319	Berry Vaught	1302	J. Simmon	1330				
Wesley	1300	Cory Adamack	1307						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Help with OVER Haul at the feed mill.

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: Billy Bob Reynolds

Signature of Fire Chief: _____

8



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-5-10	INCIDENT NUMBER: 155/226
Person Making Report: [Signature]	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
	4:15	4:38	4:30	5:00	5:42

CALL LOCATION			
STREET ADDRESS: 271 South	CITY: Mt Pleasant TX	STATE: TX	ZIP CODE: 75455
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input checked="" type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1: Pilgrims Feed mill	Address: 271 South	City, State, Zip: Mt Pleasant TX	Phone Number:
SS/DL#			
Victim # 2:	Address:	City, State, Zip:	Phone Number:
SS/DL#			
Victim # 3:	Address:	City, State, Zip:	Phone Number:
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip:	Phone Number:
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet: <input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	Structural Use: <input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	Approximate Fire and Water Damage: % \$.00 Insurance Carrier:	Exterior Construction: <input type="checkbox"/> Brick <input type="checkbox"/> Veneer <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Mobile Home	Roof Construction: <input type="checkbox"/> Composition <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage: % \$.00 Insurance Carrier:

APPARATUS	PUMPER/ENGINE <input type="checkbox"/>	TANKER <input checked="" type="checkbox"/> T-55 <input type="checkbox"/> T-56	BRUSH <input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	RESCUE/RESPONSE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	MUTUAL AID <input type="checkbox"/> GIVEN <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
	MUTUAL AID	DEPARTMENTS (1) <input checked="" type="checkbox"/> MPFD <input checked="" type="checkbox"/> WVFD <input checked="" type="checkbox"/> TLVFD <input checked="" type="checkbox"/> SHVFD <input checked="" type="checkbox"/> TVFD	DEPARTMENTS (2) <input checked="" type="checkbox"/> NVFD <input checked="" type="checkbox"/> FSVFD <input checked="" type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	NUMBER OF (COMBINED) FIREFIGHTERS [9] APPARATUS [] WATER USED [] [GAL]	NUMBER OF (COMBINED) PUMPERS [5] TANKERS [4] BOOSTER [] OTHERS []

SUPPLIES USED ON SCENE

156/226

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
SADK	150M	D. Carmick	133	Harvey	1321	Benny Venzel	1302		
Alchick	1335	Cory A. Amex	1327	Billy Reynolds	1315				
J. Simmons	1330	Wesley	1300	KARA Reynolds	1319				

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Explosion in A Feed Silo ~~at~~ At the Pilgrams Feed mill on Hwy 871 South & Fire.

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: *Billy Ed Reynolds* Signature of Fire Chief: _____

⑩



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-6-10	INCIDENT NUMBER: 1571226
Person Making Report: Jimmie Callum	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
	12:15	12:20	12:25	1:10	1:15

CALL LOCATION			
STREET ADDRESS: Hwy 67 E	CITY: Omaha	STATE: TX	ZIP CODE:
(OR) MILE MARKER AND ROAD: Hwy 67 E	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) 1 mile out of Titus County in Morris County		

CALL TYPE	<input checked="" type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input checked="" type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input checked="" type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1: SS/DL# <i>UNKNOWN</i>	Address:	City, State, Zip	Phone Number
Victim # 2: SS/DL#	Address:	City, State, Zip	Phone Number
Victim # 3: SS/DL#	Address:	City, State, Zip	Phone Number
Owner: (if different from Victim #1) SS/DL#	Address:	City, State, Zip	Phone Number

STRUCTURAL DESCRIPTION				
Approximate Square Feet: <input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	Structural Use: <input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	Approximate Fire and Water Damage % \$0.00 Insurance Carrier:	Exterior Construction <input type="checkbox"/> Brick <input type="checkbox"/> Veneer <input type="checkbox"/> Metal <input type="checkbox"/> Mobile Home	Roof Construction <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model: 2008	VIN# <i>MISSISSIPPI UNKNOWN</i>	Make: Nissan	Model: MAXIMUM	Approximate Fire and Water Damage % \$0.00 Insurance Carrier:

APPARATUS	PUMPER/ENGINE <input type="checkbox"/>	TANKER <input type="checkbox"/> T-55 <input type="checkbox"/> T-56	BRUSH <input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	RESCUE/RESPONSE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	MUTUAL AID <input checked="" type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
	MUTUAL AID	DEPARTMENTS (1) <input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	DEPARTMENTS (2) <input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input checked="" type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input checked="" type="checkbox"/> (OTHER) <i>OMAHA VFD</i>	NUMBER OF (COMBINED) FIREFIGHTERS [10] APPARATUS [4] WATER USED [0] [GAL]	NUMBER OF (COMBINED) PUMPERS [] TANKERS [] BOOSTER [] OTHERS []

SUPPLIES USED ON SCENE

158/226

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
J Simpson	1330	Lojan	1309	Walt	1306				
D Cantle	1337	Billy Bob							
H Sam	1321	Jacob Shumate	1329						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#
Omaha VFD									

DESCRIPTION of INCIDENT

Morris County 1 mile EAST OF Titus County 1 CAR Roll Over 1 Intrapment

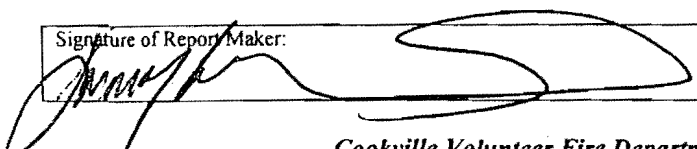
Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

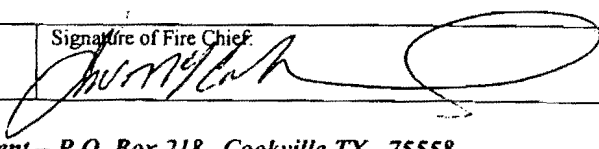
ADDRESS: _____

PHONE # _____

Signature of Report Maker:



Signature of Fire Chief:



Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

FA



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-10-11	INCIDENT NUMBER: 159/226
Person Making Report: <i>[Signature]</i>	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
	2:00	2:15	N/A	2:22	2:23

CALL LOCATION			
STREET ADDRESS: 5873 Fm 1001	CITY: Argo	STATE: TEXAS	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) SA		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$0.00
				Insurance Carrier:

APPARATUS	<input type="checkbox"/> PUMPER/ENGINE	<input type="checkbox"/> TANKER	<input checked="" type="checkbox"/> BRUSH	<input type="checkbox"/> RESCUE/RESPONSE	<input type="checkbox"/> MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55	<input type="checkbox"/> BT-51	<input type="checkbox"/>	<input type="checkbox"/> GIVEN
	<input type="checkbox"/>	<input type="checkbox"/> T-56	<input type="checkbox"/> BT-52	<input type="checkbox"/>	<input type="checkbox"/> RECEIVED
			<input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> OTHER (LIST)	<input checked="" type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input type="checkbox"/> MPFD	<input type="checkbox"/> NVFD	FIREFIGHTERS [17]	PUMPERS []	FIRST UNIT # 1305
	<input type="checkbox"/> WVFD	<input type="checkbox"/> FSVFD	APPARATUS [2]	TANKERS []	ASSUMED # 1305
	<input type="checkbox"/> TLVFD	<input type="checkbox"/> S.O.	WATER USED [300] [GAL]	BOOSTER []	
	<input type="checkbox"/> SHVFD	<input type="checkbox"/> E. M.S.		OTHERS []	
	<input type="checkbox"/> TVFD	<input type="checkbox"/> (OTHER)			

SUPPLIES USED ON SCENE

160/226

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Mike Logan	1304	Todd Bradley		Wesley Middle	1300				
Ron Bristow		Alicia Chock	1333	Laura Reynolds	1319				
Billy B. Reynolds	1305	Jacob Shuman	1329						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

51 on scene small CAR Fire 53 Disregarded

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker:

Signature of Fire Chief:

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

18



Cookville Vol. Fire Dept.

Run Report

Property of OSRA
Not to be modified in any way

DATE: B-11-10	INCIDENT NUMBER: 161/226
Person Making Report: <i>Billy Bob Reynolds</i>	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: Gen Hall 2199 CR 3150	CITY: Cookville	STATE: Tx	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD: 2.5 mile on CR3150	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial (Detached)		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$0.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55	<input checked="" type="checkbox"/> BT-51	<input type="checkbox"/>	<input checked="" type="checkbox"/> GIVEN
	<input type="checkbox"/>	<input type="checkbox"/> T-56	<input type="checkbox"/> BT-52	<input type="checkbox"/>	<input type="checkbox"/> RECEIVED
	<input type="checkbox"/>		<input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD	<input type="checkbox"/> NVFD	FIREFIGHTERS [7]	PUMPERS []	FIRST UNIT #
	<input type="checkbox"/> WVFD	<input type="checkbox"/> FSVFD	APPARATUS [5]	TANKERS []	ASSUMED #
	<input type="checkbox"/> TLVFD	<input type="checkbox"/> S.O.	WATER USED [150] GAL	BOOSTER []	
	<input type="checkbox"/> SHVFD	<input type="checkbox"/> E. M.S.		OTHERS []	
	<input type="checkbox"/> TVFD	(OTHER)			

SUPPLIES USED ON SCENE

162/226

<input type="checkbox"/> 5" HOSE	Qty	<input type="checkbox"/> RED LINE	Qty	<input type="checkbox"/> SCBA	Qty	<input type="checkbox"/> AIR BAGS	Qty	<input type="checkbox"/> PUMP	Qty
<input type="checkbox"/> 3" HOSE	Qty	<input type="checkbox"/> PIKE POLES	Qty	<input type="checkbox"/> FOAM	Qty	<input type="checkbox"/> MEDICAL	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 2 1/2" HOSE	Qty	<input type="checkbox"/> RADIOS	Qty	<input type="checkbox"/> SPREADERS	Qty	<input type="checkbox"/> PPV	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 1 1/2" HOSE	Qty	<input type="checkbox"/> LIGHT TOWER	Qty	<input type="checkbox"/> CUTTERS	Qty	<input type="checkbox"/> PORT EXT.	Qty	<input type="checkbox"/> OTHER (LIST)	Qty

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Joshua Simmons	1330	Alicia Chalk	1333	SADKIGON	1320				
Billy Reynolds	1305	Laura Reynolds	1307	Justin Walker	1300				
Mike Logan	1309	Corry Adams	1327						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

~~GRASS FIRE~~ GRASS FIRE on CR 3150, BEARING went out on A HAY BALER
 SEAT one Bale on fire & GRASS.

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Billy Bob Reynolds

Signature of Fire Chief:





Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE:	INCIDENT NUMBER: 163/226
Person Making Report:	

TIMES	DISPATCHED: 7:32	EN ROUTE:	ARRIVAL: 7:40	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: West 7th	CITY: MP	STATE: TX	ZIP CODE: 75435
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input checked="" type="checkbox"/> > 1500	<input checked="" type="checkbox"/> Home	75% %	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	Insurance Carrier:	<input checked="" type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)		<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input checked="" type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input checked="" type="checkbox"/> e1 <input checked="" type="checkbox"/> e2	<input type="checkbox"/> T-55 <input type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD <input checked="" type="checkbox"/> WVFD <input checked="" type="checkbox"/> TLVFD <input checked="" type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input checked="" type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [25] APPARATUS [1] WATER USED [] [GAL]	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # 900 ASSUMED # 900

SUPPLIES USED ON SCENE

164/226

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Bugs Vangst	1302	R. Bruston	1314	A. Cheek	B3				
J. Shumate	1329	W. McCallum	1300						
Garry Adams	1327	Mike Logan	1304						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Fire started in rear of house

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:

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Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 20-13-10	INCIDENT NUMBER: 165/226
Person Making Report:	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
	9:35	9:46	9:45	10:08	10:25

CALL LOCATION			
STREET ADDRESS: 67-CP 4020	CITY: Cookville	STATE: TX	ZIP CODE: 75550
(OR) MILE MARKER AND ROAD: Hess Road	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input checked="" type="checkbox"/> OTHER (LIST) Burning Cross Ties
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$0.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55 <input checked="" type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [8] APPARATUS [3] WATER USED [1] GAL	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # 1300 ASSUMED # 1300

SUPPLIES USED ON SCENE

166/226

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input checked="" type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input checked="" type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Douglas	1311	RAY HILL	1313	[Signature]	1300				
A. Heck	1383	H. SASS	1321	Com Adenack	1327				
J. Shemate	1329	M. Kellogg	1309	[Signature]	1330				

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

RR Crossing on fire

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

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Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-15-10	INCIDENT NUMBER: 167/226
Person Making Report: Billy Bob Reynolds	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
	Mt Pleasant	Tx	75455
(OR) MILE MARKER AND ROAD: 1 mile west SE	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) McKellar Ranch		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	<input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	% 100 \$.00 Insurance Carrier:	<input type="checkbox"/> Brick <input type="checkbox"/> Veneer <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Mobile Home	<input type="checkbox"/> Composition <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				% \$.00 Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input checked="" type="checkbox"/> T-55 <input checked="" type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input checked="" type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [] APPARATUS [] WATER USED [] [GAL]	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # ASSUMED #

SUPPLIES USED ON SCENE

168/226

<input type="checkbox"/> 5" HOSE	QTY	<input checked="" type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input checked="" type="checkbox"/> PIKE POLES	QTY	<input checked="" type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input checked="" type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Billy Reynolds	1305	Harvey Sims	1321	Laure Reynolds	1319	Corey Adams	1327	Jimmy Keller	1300
Ray Hill	1313	Scott K	1302	Jacob Shurtz	1329	Alliea Check	1335	Tommy	1328
Mike Logan	1304	Teddy Bradley	1304	Josh Simmon	1350	David Carmikel	1332		

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Hay Barn Fire, 1 truck Burnt, 1 Square Trailer Burnt, 30 Round Bales of Hay Burnt.

Additional Comments

INSURANCE COMPANY: POLICY #
 ADDRESS:
 PHONE #

Signature of Report Maker: *Billy Bob Reynolds*
 Signature of Fire Chief: *Jimmy Keller*

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75538



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-15-10	INCIDENT NUMBER: 169/226
Person Making Report: J.W. McCollum	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
		6:00	6:05	to 7:42	7:55

CALL LOCATION			
STREET ADDRESS: Hwy 67E	CITY: McPHERSON	STATE: TX	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) McKellar Ranch		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet: <input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	Structural Use: <input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	Approximate Fire and Water Damage % \$.00 Insurance Carrier:	Exterior Construction <input type="checkbox"/> Brick <input type="checkbox"/> Veneer <input type="checkbox"/> Metal <input type="checkbox"/> Mobile Home	Roof Construction <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage % \$.00 Insurance Carrier:

APPARATUS	<input type="checkbox"/> PUMPER/ENGINE	<input type="checkbox"/> T-55 <input type="checkbox"/> T-56	<input type="checkbox"/> BRUSH <input type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> RESCUE/RESPONSE <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> MUTUAL AID <input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUTUAL AID	DEPARTMENTS (1) <input type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	DEPARTMENTS (2) <input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	NUMBER OF (COMBINED) FIREFIGHTERS [5] APPARATUS [] WATER USED [] [GAL]	NUMBER OF (COMBINED) PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	INCIDENT COMMAND FIRST UNIT # 130 ASSUMED #

SUPPLIES USED ON SCENE

170/226

<input type="checkbox"/> 5" HOSE	Qty	<input checked="" type="checkbox"/> RED LINE	Qty	<input type="checkbox"/> SCBA	Qty	<input type="checkbox"/> AIR BAGS	Qty	<input type="checkbox"/> PUMP	Qty
<input type="checkbox"/> 3" HOSE	Qty	<input type="checkbox"/> PIKE POLES	Qty	<input type="checkbox"/> FOAM	Qty	<input type="checkbox"/> MEDICAL	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 2 1/2" HOSE	Qty	<input checked="" type="checkbox"/> RADIOS	Qty	<input type="checkbox"/> SPREADERS	Qty	<input type="checkbox"/> PPV	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 1 1/2" HOSE	Qty	<input type="checkbox"/> LIGHT TOWER	Qty	<input type="checkbox"/> CUTTERS	Qty	<input type="checkbox"/> PORT EXT.	Qty	<input type="checkbox"/> OTHER (LIST)	Qty

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
<i>Cory Adams</i>		<i>Billy Bobley</i>							
<i>Steve Adkison</i>		<i>Jim [unclear]</i>							
<i>Doug Wright</i>									

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Rekindal of fire at McKellar Ranch

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:

Cookville Volunteer Fire Department -- P.O. Box 218, Cookville TX. 75558

⑤



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-15-10	INCIDENT NUMBER: 171/226
Person Making Report:	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL: 7:35	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: C 3155	CITY: Cookville	STATE: TX	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD: 1/2 mile from 3180	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input checked="" type="checkbox"/> OTHER (LIST) tree fire
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1: SS/DL#	Address:	City, State, Zip	Phone Number
Victim # 2: SS/DL#	Address:	City, State, Zip	Phone Number
Victim # 3: SS/DL#	Address:	City, State, Zip	Phone Number
Owner: (if different from Victim #1) SS/DL#	Address:	City, State, Zip	Phone Number

STRUCTURAL DESCRIPTION				
Approximate Square Feet: <input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	Structural Use: <input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	Approximate Fire and Water Damage % \$.00 Insurance Carrier:	Exterior Construction <input type="checkbox"/> Brick <input type="checkbox"/> Veneer <input type="checkbox"/> Metal <input type="checkbox"/> Mobile Home	Roof Construction <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage % \$.00 Insurance Carrier:

APPARATUS	PUMPER/ENGINE <input type="checkbox"/>	TANKER <input type="checkbox"/> T-55 <input type="checkbox"/> T-56	BRUSH <input type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	RESCUE/RESPONSE <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	MUTUAL AID <input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> N/A
	MUTUAL AID	DEPARTMENTS (1) <input type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	DEPARTMENTS (2) <input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	NUMBER OF (COMBINED) FIREFIGHTERS [7] APPARATUS [] WATER USED [] (GAL)	NUMBER OF (COMBINED) PUMPERS [] TANKERS [] BOOSTER [] OTHERS []
				INCIDENT COMMAND FIRST UNIT # 131/ ASSUMED # 300	

SUPPLIES USED ON SCENE

172/226

<input type="checkbox"/> 5" HOSE	QTY	<input checked="" type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input checked="" type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input checked="" type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#
J. Simmons	1330	J. Shumate	1329	H. Lane	1328	SADKIS	1320
A. Chuk	1333	Ray Hill	1313	John Walker	1300		
Donna [unclear]	1311	Mike Logan	1304				

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

of 3155

Tire Fire Called County Commissioner to Come Cut Tires Highway 903.

577-4108 Sheriff's Office MP PD

572-0402 Pr 4

577-7200 Sheriff's Jail

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

(A)



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-16-12	INCIDENT NUMBER: 173/226
Person Making Report: 1329	

TIMES	DISPATCHED: 6:20	EN ROUTE: 00	ARRIVAL: 6:30	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: 607 CR3150	CITY: Cookville	STATE: Tx	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input checked="" type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input checked="" type="checkbox"/> ea	<input type="checkbox"/> T-55 <input checked="" type="checkbox"/> T-56	<input type="checkbox"/> BT-51 <input checked="" type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input checked="" type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input checked="" type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input checked="" type="checkbox"/> NVFD <input checked="" type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [10] APPARATUS [5] WATER USED [] [GAL]	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # 1300 ASSUMED #

SUPPLIES USED ON SCENE

174/226

<input type="checkbox"/> 5" HOSE	Qty	<input type="checkbox"/> RED LINE	Qty	<input type="checkbox"/> SCBA	Qty	<input type="checkbox"/> AIR BAGS	Qty	<input type="checkbox"/> PUMP	Qty
<input type="checkbox"/> 3" HOSE	Qty	<input type="checkbox"/> PIKE POLES	Qty	<input type="checkbox"/> FOAM	Qty	<input type="checkbox"/> MEDICAL	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 2 1/2" HOSE	Qty	<input type="checkbox"/> RADIOS	Qty	<input type="checkbox"/> SPREADERS	Qty	<input type="checkbox"/> PPV	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 1 1/2" HOSE	Qty	<input type="checkbox"/> LIGHT TOWER	Qty	<input type="checkbox"/> CUTTERS	Qty	<input type="checkbox"/> PORT EXT.	Qty	<input type="checkbox"/> OTHER (LIST)	Qty

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#
Steve SACKSON	1320	A. Cheek	1333	P. Vaughn	1331	J. Shumate	1329
D. VAUGHN	1311	H. HASS	1321	R. Brewster	1314	W. McCallum	1300
Billy Reynolds	1305	Therrell	1301	Arzogar	1309	David Carmichael	

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Appears Barn possibly was set on fire. Put out fire upon arrival. no major damage

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: Jacob Shumate

Signature of Fire Chief: [Signature]

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

13



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-17-10	INCIDENT NUMBER: 175/226
Person Making Report:	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: Hwy 107	CITY: Cookville	STATE: TX	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55 <input type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input checked="" type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input checked="" type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [] APPARATUS [] WATER USED [] [GAL]	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # ASSUMED #



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: <u>8-19-10</u>	INCIDENT NUMBER: 177/226
Person Making Report:	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: <u>CR 4200</u>	CITY: <u>Cookville</u>	STATE: <u>TN</u>	ZIP CODE: <u>75558</u>
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet: <input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	Structural Use: <input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	Approximate Fire and Water Damage % \$.00 Insurance Carrier:	Exterior Construction <input type="checkbox"/> Brick <input type="checkbox"/> Veneer <input type="checkbox"/> Metal <input type="checkbox"/> Mobile Home	Roof Construction <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage % \$.00 Insurance Carrier:

APPARATUS	PUMPER/ENGINE <input type="checkbox"/>	TANKER <input type="checkbox"/> T-55 <input type="checkbox"/> T-56	BRUSH <input checked="" type="checkbox"/> BT-51 <input checked="" type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	RESCUE/RESPONSE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	MUTUAL AID <input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
	MUTUAL AID	DEPARTMENTS (1) <input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input checked="" type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	DEPARTMENTS (2) <input checked="" type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	NUMBER OF (COMBINED) FIREFIGHTERS [] APPARATUS [] WATER USED [] [GAL]	NUMBER OF (COMBINED) PUMPERS [] TANKERS [] BOOSTER [] OTHERS []



Cookville Vol. Fire Dept.

Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-17-10	INCIDENT NUMBER: 179/226
Person Making Report:	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: 1605 Greenhill Rd	CITY: Mt. Pleasant	STATE: TX	ZIP CODE: 78455
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55 <input checked="" type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [] APPARATUS [] WATER USED [] [GAL]	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # ASSUMED #

SUPPLIES USED ON SCENE

180/226

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
A. Chum	1302	D. J. Gille	1332	Cory Adamek	1327	[Signature]	1300		
S. Adkins	1320	Mike Lopez	1304	[Signature]	1331				
R. Bestow	1314	H. Lane	1326	[Signature]	1306				

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Blank area for describing the incident.

Additional Comments

Blank area for additional comments.

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-18-10	INCIDENT NUMBER: 181/226
Person Making Report: J. McCall	

TIMES	DISPATCHED: 9:30	EN ROUTE: 9:35	ARRIVAL: 9:45	RETURN TO SERVICE: 10:00	AT STATION: 10:05
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CALL LOCATION			
STREET ADDRESS: 2976 FM 1000	CITY: Cookville	STATE: Tx	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input checked="" type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input checked="" type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$0.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55 <input type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIIGHTERS [] APPARATUS [] WATER USED [] (GAL)	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # ASSUMED #

SUPPLIES USED ON SCENE

182/226

<input type="checkbox"/> 5" HOSE	Qty	<input type="checkbox"/> RED LINE	Qty	<input type="checkbox"/> SCBA	Qty	<input type="checkbox"/> AIR BAGS	Qty	<input type="checkbox"/> PUMP	Qty
<input type="checkbox"/> 3" HOSE	Qty	<input type="checkbox"/> PIKE POLES	Qty	<input type="checkbox"/> FOAM	Qty	<input type="checkbox"/> MEDICAL	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 2 1/2" HOSE	Qty	<input type="checkbox"/> RADIOS	Qty	<input type="checkbox"/> SPREADERS	Qty	<input type="checkbox"/> PPV	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 1 1/2" HOSE	Qty	<input type="checkbox"/> LIGHT TOWER	Qty	<input type="checkbox"/> CUTTERS	Qty	<input type="checkbox"/> PORT EXT.	Qty	<input type="checkbox"/> OTHER (LIST)	Qty

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Teddy Bradley		Jacob Shimm		Dickie 1332		H SASS 1321			
Billy Bob Reynolds		Carole Reynolds		Mike Loyd 1309		Donnell 1300			
Joshua Simons		Alicia Owen 1333		SADKSON 1320					

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

TRASH FIRE

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

11



Cookville Vol. Fire Dept.

Run Report

Property of OSRA
Not to be modified in any way

DATE: 9-18-12	INCIDENT NUMBER: 183/226
Person Making Report: Kelly Bob Reynolds	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:

CALL LOCATION			
STREET ADDRESS: 7470 Hwy 67E	CITY: Cookville	STATE: Tx.	ZIP CODE: 75558
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input checked="" type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input checked="" type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input checked="" type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1: <u>SUE DAVIS</u>	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION			
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction
<input type="checkbox"/> > 1500 <input type="checkbox"/> 1500 - 2000 <input type="checkbox"/> 2000 - 2500 <input type="checkbox"/> < 2500	<input type="checkbox"/> Home <input type="checkbox"/> Shop <input type="checkbox"/> Garage (Detached) <input type="checkbox"/> Commercial	% \$0.00 Insurance Carrier:	<input type="checkbox"/> Brick <input type="checkbox"/> Veneer <input type="checkbox"/> Metal <input type="checkbox"/> Mobile Home
			Roof Construction
			<input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION			
Year Model:	VIN#	Make:	Model:
		FORD	TAURUS SE
		Approximate Fire and Water Damage	
		% \$0.00 Insurance Carrier:	

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> T-55 <input type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input checked="" type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input checked="" type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input checked="" type="checkbox"/> (OTHER) DPS	FIREFIIGHTERS [] APPARATUS [] WATER USED [] (GAL)	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # 5103 ASSUMED #

SUPPLIES USED ON SCENE

184/226

<input type="checkbox"/> 5" HOSE	Qty	<input type="checkbox"/> RED LINE	Qty	<input type="checkbox"/> SCBA	Qty	<input type="checkbox"/> AIR BAGS	Qty	<input type="checkbox"/> PUMP	Qty
<input type="checkbox"/> 3" HOSE	Qty	<input type="checkbox"/> PIKE POLES	Qty	<input type="checkbox"/> FOAM	Qty	<input type="checkbox"/> MEDICAL	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 2 1/2" HOSE	Qty	<input type="checkbox"/> RADIOS	Qty	<input type="checkbox"/> SPREADERS	Qty	<input type="checkbox"/> PPV	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 1 1/2" HOSE	Qty	<input type="checkbox"/> LIGHT TOWER	Qty	<input type="checkbox"/> CUTTERS	Qty	<input type="checkbox"/> PORT EXT.	Qty	<input type="checkbox"/> OTHER (LIST)	Qty

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#
ACNEK	1333	J. Reynolds	1319	Bob	1321	Ted King	1303
Billy Reynolds	1305	J. Shumate	1304	A SASS	1321	R Baistow	1314
Josh SIMMONS	1330	M. E. ...	1304	Greg ...	1327		

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

one vehicle Rollover Patient was pinned. Had to be extricated.

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Billy Bob Reynolds

Signature of Fire Chief:

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

[Handwritten scribbles]

11



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-24-11	INCIDENT NUMBER: 185/226
Person Making Report: Jim Colburn	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
	5:50	6:01	6:10	6:20	6:25

CALL LOCATION			
STREET ADDRESS: Hwy 67 Cl 4030	CITY: Cookville	STATE: TN	ZIP CODE: 37558
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input checked="" type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55 <input type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> GIVEN <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input checked="" type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [] APPARATUS [] WATER USED [] [GAL]	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # 1330 ASSUMED # 1300

SUPPLIES USED ON SCENE

186/226

<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
H. SASS	1321	B. No Bob Reynolds	1305	Josha S. ...	1330				
M. McKeegan	1304	Scotty ...	1329						
Jerry ...	1300	Michael ...	1333						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Car in Creek on its side

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558

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Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: <u>8-28-10</u>	INCIDENT NUMBER: <u>187/226</u>
Person Making Report: <u>Alisa Cheek</u>	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: <u>CR4355</u>	CITY: <u>Mt. Pleasant</u>	STATE: <u>TX</u>	ZIP CODE: <u>75455</u>
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances) <u>1/4 mile north of Hwy 49 on CR4355</u>	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	<u>% 25</u>	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	<u>\$.00</u>	<input type="checkbox"/> Veneer	<input checked="" type="checkbox"/> Metal
<input checked="" type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input checked="" type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				<u>%</u>
				<u>\$.00</u>
				Insurance Carrier:

APPARATUS	<input type="checkbox"/> PUMPER/ENGINE	<input checked="" type="checkbox"/> TANKER T-55 T-56	<input type="checkbox"/> BRUSH BT-51 BT-52 BT-53	<input type="checkbox"/> RESCUE/RESPONSE OTHER (LIST)	<input type="checkbox"/> MUTUAL AID GIVEN RECEIVED N/A
	MUTUAL AID	DEPARTMENTS (1) <input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input checked="" type="checkbox"/> TLVFD <input checked="" type="checkbox"/> SHVFD <input checked="" type="checkbox"/> TVFD	DEPARTMENTS (2) <input checked="" type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	NUMBER OF (COMBINED) FIREFIGHTERS [] APPARATUS [] WATER USED [] GAL	NUMBER OF (COMBINED) PUMPERS [] TANKERS [] BOOSTER [] OTHERS []

SUPPLIES USED ON SCENE

188/226

<input type="checkbox"/> 5" HOSE	QTY	<input checked="" type="checkbox"/> RED LINE	QTY	<input checked="" type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input checked="" type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input checked="" type="checkbox"/> RADIOS	QTY	<input checked="" type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input checked="" type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Alicia Chavez	1333	Jacob	1329						
Wesley	1300	Ron	1314						
Mike Logan	1304	Billy R.	1355						

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Front 25% of chicken house totally lost. Smoke damage to the rest of the house.

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: Alicia Chavez Signature of Fire Chief: _____

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Cookville Vol. Fire Dept.

Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-28-10	INCIDENT NUMBER: 189/226
Person Making Report: <i>Jim Walker</i>	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
	6:35	6:40	6:45	7:10	7:15

CALL LOCATION			
STREET ADDRESS: <i>97 04015</i>	CITY: <i>Mt Pleasant</i>	STATE: <i>TX</i>	ZIP CODE: <i>75558</i>
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input checked="" type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$0.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55 <input type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input checked="" type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [] APPARATUS [] WATER USED [] [GAL]	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # <i>B+18</i> ASSUMED # <i>900</i>

SUPPLIES USED ON SCENE

190/226

<input type="checkbox"/> 5" HOSE	Qty	<input checked="" type="checkbox"/> RED LINE	Qty	<input type="checkbox"/> SCBA	Qty	<input type="checkbox"/> AJR BAGS	Qty	<input type="checkbox"/> PUMP	Qty
<input type="checkbox"/> 3" HOSE	Qty	<input type="checkbox"/> PIKE POLES	Qty	<input checked="" type="checkbox"/> FOAM	Qty	<input type="checkbox"/> MEDICAL	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 2 1/2" HOSE	Qty	<input checked="" type="checkbox"/> RADIOS	Qty	<input type="checkbox"/> SPREADERS	Qty	<input type="checkbox"/> PPV	Qty	<input type="checkbox"/> OTHER (LIST)	Qty
<input type="checkbox"/> 1 1/2" HOSE	Qty	<input type="checkbox"/> LIGHT TOWER	Qty	<input type="checkbox"/> CUTTERS	Qty	<input type="checkbox"/> PORT EXT.	Qty	<input type="checkbox"/> OTHER (LIST)	Qty

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
<i>K. Lopez</i>	<i>1306</i>								
<i>W. V. [unclear]</i>	<i>300</i>								

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Grass Fire Caught Vehicle on fire

Additional Comments

INSURANCE COMPANY:

POLICY #

ADDRESS:

PHONE #

Signature of Report Maker:

Signature of Fire Chief:

Cookville Volunteer Fire Department - P.O. Box 218, Cookville TX. 75558



Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8-29-10	INCIDENT NUMBER: 191/226
Person Making Report: Alicia Cheery	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: FM 2512 S. CR 1660	CITY: Mt. Pleasant	STATE: TX	ZIP CODE: 75455
(OR) MILE MARKER AND ROAD:		(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)	

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input checked="" type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55 <input checked="" type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input checked="" type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input checked="" type="checkbox"/> TLVFD <input checked="" type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input checked="" type="checkbox"/> NVFD <input checked="" type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [] APPARATUS [] WATER USED [] (GAL)	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # ASSUMED #



Cookville Vol. Fire Dept.

Run Report

Property of OSRA
Not to be modified in any way

DATE: B-30-10	INCIDENT NUMBER: 193/226
Person Making Report: Billy Bob Reynolds	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
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CALL LOCATION			
STREET ADDRESS: Hwy 71 West	CITY: Talco	STATE: Tx	ZIP CODE:
(OR) MILE MARKER AND ROAD: Richard Stansell Feed Store	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input checked="" type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
				%
				\$0.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55 <input type="checkbox"/> T-56	<input type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input checked="" type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> MPFD <input type="checkbox"/> WVFD <input checked="" type="checkbox"/> TLVFD <input checked="" type="checkbox"/> SHVFD <input checked="" type="checkbox"/> TVFD	<input checked="" type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [] APPARATUS [] WATER USED [] [GAL]	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # 700 ASSUMED # 700

SUPPLIES USED ON SCENE

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<input type="checkbox"/> 5" HOSE	QTY	<input type="checkbox"/> RED LINE	QTY	<input type="checkbox"/> SCBA	QTY	<input type="checkbox"/> AIR BAGS	QTY	<input type="checkbox"/> PUMP	QTY
<input type="checkbox"/> 3" HOSE	QTY	<input type="checkbox"/> PIKE POLES	QTY	<input type="checkbox"/> FOAM	QTY	<input type="checkbox"/> MEDICAL	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 2 1/2" HOSE	QTY	<input type="checkbox"/> RADIOS	QTY	<input type="checkbox"/> SPREADERS	QTY	<input type="checkbox"/> PPV	QTY	<input type="checkbox"/> OTHER (LIST)	QTY
<input type="checkbox"/> 1 1/2" HOSE	QTY	<input type="checkbox"/> LIGHT TOWER	QTY	<input type="checkbox"/> CUTTERS	QTY	<input type="checkbox"/> PORT EXT.	QTY	<input type="checkbox"/> OTHER (LIST)	QTY

RESPONDING PERSONNEL

NAME	#	NAME	#	NAME	#	NAME	#	NAME	#
Mike Logan	1364	B Reynolds	1305						
Alicia Cheek	1333	L Reynolds	1319						
Lori Vaught	1332								

MUTUAL AID DEPARTMENT RESPONDING PERSONNEL

DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#	DEPARTMENT	#

DESCRIPTION of INCIDENT

Talko 700 got on scene. Disregarded All Fire Departments it was a Control Burn at that location.

Additional Comments

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

PHONE # _____

Signature of Report Maker: Billy Bob Reynolds

Signature of Fire Chief: _____

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Cookville Vol. Fire Dept.
Run Report

Property of OSRA
Not to be modified in any way

DATE: 8/24/10	INCIDENT NUMBER: 195/226
Person Making Report: Alisha Arison Cheek	

TIMES	DISPATCHED:	EN ROUTE:	ARRIVAL:	RETURN TO SERVICE:	AT STATION:
	11:15	11:18	11:25	12:25	12:31

CALL LOCATION			
STREET ADDRESS: FM 1993 & I 30	CITY: Mt Pleasant	STATE: TX	ZIP CODE: 75455
(OR) MILE MARKER AND ROAD:	(OR) OTHER DESCRIPTION OF LOCATION (Use landmarks and distances)		

CALL TYPE	<input checked="" type="checkbox"/> EXTRICATION/RESCUE	<input type="checkbox"/> SPILL/LEAK	<input type="checkbox"/> STRUCTURAL FIRE	<input type="checkbox"/> TRASH FIRE	<input type="checkbox"/> OTHER (LIST)
	<input checked="" type="checkbox"/> EMS	<input type="checkbox"/> CLEAN UP	<input type="checkbox"/> VEHICLE FIRE	<input type="checkbox"/> BURN BAN	
	<input checked="" type="checkbox"/> MVA	<input type="checkbox"/> GRASS FIRE	<input type="checkbox"/> MUTUAL AID	<input type="checkbox"/> FALSE CALL	

VICTIM INFORMATION			
Victim # 1:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 2:	Address:	City, State, Zip	Phone Number
SS/DL#			
Victim # 3:	Address:	City, State, Zip	Phone Number
SS/DL#			
Owner: (if different from Victim #1)	Address:	City, State, Zip	Phone Number
SS/DL#			

STRUCTURAL DESCRIPTION				
Approximate Square Feet:	Structural Use:	Approximate Fire and Water Damage	Exterior Construction	Roof Construction
<input type="checkbox"/> > 1500	<input type="checkbox"/> Home	%	<input type="checkbox"/> Brick	<input type="checkbox"/> Composition
<input type="checkbox"/> 1500 - 2000	<input type="checkbox"/> Shop	\$0.00	<input type="checkbox"/> Veneer	<input type="checkbox"/> Metal
<input type="checkbox"/> 2000 - 2500	<input type="checkbox"/> Garage (Detached)	Insurance Carrier:	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> < 2500	<input type="checkbox"/> Commercial		<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Asphalt Shingle

VEHICLE DESCRIPTION				
Year Model:	VIN#	Make:	Model:	Approximate Fire and Water Damage
		Chevrolet	Suburban	%
				\$0.00
				Insurance Carrier:

APPARATUS	PUMPER/ENGINE	TANKER	BRUSH	RESCUE/RESPONSE	MUTUAL AID
	<input type="checkbox"/>	<input type="checkbox"/> T-55 <input type="checkbox"/> T-56	<input checked="" type="checkbox"/> BT-51 <input type="checkbox"/> BT-52 <input checked="" type="checkbox"/> BT-53	<input type="checkbox"/> <input type="checkbox"/> OTHER (LIST)	<input type="checkbox"/> GIVEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> N/A
MUTUAL AID	DEPARTMENTS (1)	DEPARTMENTS (2)	NUMBER OF (COMBINED)	NUMBER OF (COMBINED)	INCIDENT COMMAND
	<input checked="" type="checkbox"/> -MPFD <input type="checkbox"/> WVFD <input type="checkbox"/> TLVFD <input type="checkbox"/> SHVFD <input type="checkbox"/> TVFD	<input type="checkbox"/> NVFD <input type="checkbox"/> FSVFD <input type="checkbox"/> S.O. <input checked="" type="checkbox"/> E. M.S. <input type="checkbox"/> (OTHER)	FIREFIGHTERS [] APPARATUS [] WATER USED [] GAL	PUMPERS [] TANKERS [] BOOSTER [] OTHERS []	FIRST UNIT # ASSUMED #

AGENDA

ITEM

#11

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ACCOUNT NAME	BEGINNING CASH BALANCE	CASH RECEIPTS	CASH DISBURSEMENTS	ENDING CASH BALANCE
2010 GENERAL COUNTY FUND				
JURY JP#1 C-O-H	500.00	.00	.00	500.00
JURY JP#2 C-O-H	.00	.00	.00	.00
CO CLERK-CASH ON HAND	800.00	.00	.00	800.00
JURY-COUNTY CLERK	2,500.00	.00	.00	2,500.00
JP#1 CASH ON HAND	.00	.00	.00	.00
TAX A/C-CASH ON HAND	400.00	.00	.00	400.00
PETTY CASH JP#1	100.00	.00	.00	100.00
PETTY CASH-COUNTY CLERK	.00	.00	.00	.00
JP#1 ACCT#90243801	.00	.00	.00	.00
CASH IN BANK	698,112.84	441,074.20	676,522.52-	462,664.52
CIB-CDS	5,500,000.00	.00	.00	5,500,000.00
JUV PROB ACCT #90184900	.00	.00	.00	.00
INVESTMENT	.00	.00	.00	.00
FUND TOTALS	6,202,412.84	441,074.20	676,522.52-	5,966,964.52
2010 SECURITY FEES FUND				
CASH IN BANK	120,955.58	1,845.50	692.26-	122,108.82
FUND TOTALS	120,955.58	1,845.50	692.26-	122,108.82
2010 JURY FUND				
CASH ON HAND -JURY	5,000.00	.00	.00	5,000.00
CASH IN BANK	22,733.81	7,769.39	12,338.38-	18,164.82
FUND TOTALS	27,733.81	7,769.39	12,338.38-	23,164.82
2010 LAW LIBRARY FUND				
CASH IN BANK	2,640.44-	4,388.00	7,005.35-	5,257.79-
FUND TOTALS	2,640.44-	4,388.00	7,005.35-	5,257.79-
2010 EMPLOYEE FLOWER FUND				
CASH IN BANK	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 ROAD & BRIDGE #1 FUND				
CASH IN BANK	542,974.69	11,663.48	81,537.69-	473,100.48
FUND TOTALS	542,974.69	11,663.48	81,537.69-	473,100.48
2010 ROAD & BRIDGE #2 FUND				
CASH IN BANK	104,235.77	8,346.84	35,635.45-	76,947.16
FUND TOTALS	104,235.77	8,346.84	35,635.45-	76,947.16
2010 ROAD & BRIDGE #3 FUND				
CASH IN BANK	211,713.08	8,164.82	54,061.48-	165,816.42
FUND TOTALS	211,713.08	8,164.82	54,061.48-	165,816.42
2010 ROAD & BRIDGE #4 FUND				
CASH IN BANK	760,740.05	8,859.49	197,160.93-	572,438.61
FUND TOTALS	760,740.05	8,859.49	197,160.93-	572,438.61
2010 CHAPTER 19:2010				
FUND TOTALS	.00	.00	.00	.00
2010 CHAPTER 19: FY 2008				
CASH IN BANK	1,190.00-	.00	439.55-	1,629.55-
FUND TOTALS	1,190.00-	.00	439.55-	1,629.55-
2010 CHAPTER 19: FY 2009				
CASH IN BANK	.00	.00	178.85-	178.85-

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COMBINED STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FROM AUGUST

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ACCOUNT NAME	BEGINNING CASH BALANCE	CASH RECEIPTS	CASH DISBURSEMENTS	ENDING CASH BALANCE
FUND TOTALS	.00	.00	178.85-	178.85-
2010 JUSTICE COURT TECHNOLOGY				
CASH IN BANK	30,195.18	754.00	509.97-	30,439.21
FUND TOTALS	30,195.18	754.00	509.97-	30,439.21
2010 JUSTICE COURT TECHNOLOGY-JP2				
CASH IN BANK	12,378.52	623.00	.00	13,001.52
FUND TOTALS	12,378.52	623.00	.00	13,001.52
2010 PARK FUND				
PETTY CASH	150.00	.00	.00	150.00
CASH IN BANK	8,001.67	.00	1,951.43-	6,050.24
FUND TOTALS	8,151.67	.00	1,951.43-	6,200.24
2010 TITUS CTY HISTORICAL SOCIETY				
CASH IN BANK	494.64	.00	20.00-	474.64
FUND TOTALS	494.64	.00	20.00-	474.64
2010 NO FUND RECORD				
FUND TOTALS	.00	.00	.00	.00
2010 HOMELAND SECURITY 2007				
CASH IN BANK	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 VICTIM OF CRIME FUND				
CASH IN BANK	200,439.00	65,755.87	142,211.14-	123,983.73
FUND TOTALS	200,439.00	65,755.87	142,211.14-	123,983.73
2010 CRIMINAL JUSTICE FUND				
CASH IN BANK	135.21	120.00	105.00-	150.21
FUND TOTALS	135.21	120.00	105.00-	150.21
2010 COUNTY CLERK R&M FUND				
CASH IN BANK	191,652.83	4,672.98	7,670.46-	188,655.35
FUND TOTALS	191,652.83	4,672.98	7,670.46-	188,655.35
2010 DISTRICT CLERK R&M FUND				
CASH IN BANK	12,536.52	805.00	4.00-	13,337.52
FUND TOTALS	12,536.52	805.00	4.00-	13,337.52
2010 HOMELAND SECURITY 2009				
CASH-IN-BANK	.00	.00	2,010.00-	2,010.00-
FUND TOTALS	.00	.00	2,010.00-	2,010.00-
2010 TEXAS VINE GRANT				
CASH IN BANK	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 DISTRICT ATTORNEY FUND				
CASH IN BANK	3,777.67	.00	.00	3,777.67
FUND TOTALS	3,777.67	.00	.00	3,777.67
2010 COUNTY ATTORNEY FUND				
CASH IN BANK	5,441.57	2,398.04	.00	7,839.61
FUND TOTALS	5,441.57	2,398.04	.00	7,839.61

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COMBINED STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FROM AUGUST

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ACCOUNT NAME	BEGINNING CASH BALANCE	CASH RECEIPTS	CASH DISBURSEMENTS	ENDING CASH BALANCE
2010 HOMELAND SECURITY GRANT				
CASH IN BANK	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 VEHICLE INVENTORY TAX ACCOUNT				
CASH IN BANK	74,825.85	.00	.00	74,825.85
FUND TOTALS	74,825.85	.00	.00	74,825.85
2010 FAMILY AND PROTECTIVE SERVICES				
CASH IN BANK	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 TEXAS CAPITAL FUND ESCROW FUND				
CASH IN BANK	52,293.68	6,139.72	.00	58,433.40
CIB-CD	575,000.00	.00	.00	575,000.00
FUND TOTALS	627,293.68	6,139.72	.00	633,433.40
2010 SHERIFF SEIZED ACCOUNT				
CASH IN BANK	41,871.80	47.72	.00	41,919.52
FUND TOTALS	41,871.80	47.72	.00	41,919.52
2010 DISTRICT ATTORNEY SEIZED ACCT				
CASH IN BANK	86,581.53	35,413.77	.00	121,995.30
FUND TOTALS	86,581.53	35,413.77	.00	121,995.30
2010 DIST ATTY DRUG FORFEITURE FUND				
CASH IN BANK	462,890.76	5,680.76	8,938.97-	459,632.55
FUND TOTALS	462,890.76	5,680.76	8,938.97-	459,632.55
2010 SHERIFF FORFEITURE FUND				
PETTY CASH	2,000.00	.00	.00	2,000.00
CASH IN BANK	41,091.35	46.83	.00	41,138.18
FUND TOTALS	43,091.35	46.83	.00	43,138.18
2010 CUSTOMS AND BORDER PROTECTION				
CASH IN BANK	330.17	.00	.00	330.17
FUND TOTALS	330.17	.00	.00	330.17
2010 STATE CRIMINAL ALIEN ASST PROG				
CASH IN BANK	970.15	81.50	81.50-	970.15
FUND TOTALS	970.15	81.50	81.50-	970.15
2010 SHERIFF COMMISSARY FUND				
CASH IN BANK	50,836.19	.00	3,468.46-	47,367.73
FUND TOTALS	50,836.19	.00	3,468.46-	47,367.73
2010 JAG 1-FEDERAL GRANT				
CASH IN BANK	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 1971 BOND I&S FUND(UNL TX I&S)				
CASH - UNLIMITED I&S	.00	.00	.00	.00
CASH -TIME DEPOSITS (UNL I&S)	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 1977 & 1977A I&S FUND(R&B I&S)				
CASH IN BANK	.00	.00	.00	.00

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COMBINED STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FROM AUGUST

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ACCOUNT NAME	BEGINNING CASH BALANCE	CASH RECEIPTS	CASH DISBURSEMENTS	ENDING CASH BALANCE
CASH-CD	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 1993 JAIL I&S FUND				
CASH IN BANK	.00	.00	.00	.00
CIB-CD	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 2004 ROW I&S				
CASH IN BANK	67,071.37	2,113.17	45,765.00-	23,419.54
FUND TOTALS	67,071.37	2,113.17	45,765.00-	23,419.54
2010 2006 I&S LOOP PROJECT				
CASH IN BANK	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 2007 LOOP BOND				
CASH IN BANK	1,751,158.60	10,793.55	602,115.64-	1,159,836.51
FUND TOTALS	1,751,158.60	10,793.55	602,115.64-	1,159,836.51
2010 TITUS COUNTY 2009 BOND I&S				
CASH IN BANK	1,045,707.86	12,489.65	875,843.75-	182,353.76
FUND TOTALS	1,045,707.86	12,489.65	875,843.75-	182,353.76
2010 HIGHWAY ROW FUND				
CASH IN BANK	898,366.34	1,023.89	.00	899,390.23
CASH-TIME DEPOSITS (UNL ROW)	.00	.00	.00	.00
FUND TOTALS	898,366.34	1,023.89	.00	899,390.23
2010 TITUS COUNTY BELL TOWER FUND				
CASH IN BANK	3,025.29	50.00	300.00-	2,775.29
FUND TOTALS	3,025.29	50.00	300.00-	2,775.29
2010 WAR MEMORIAL				
CASH IN BANK	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 2004 RIGHT OF WAY				
CASH IN BANK	104,860.18	119.51	.00	104,979.69
CIB-CD'S	3,600,000.00	.00	.00	3,600,000.00
FUND TOTALS	3,704,860.18	119.51	.00	3,704,979.69
2010 LOOP CONSTRUCTION FUND				
CASH IN BANK	7,740,723.01	3,015,813.73	863,242.31-	9,893,294.43
CASH IN BANK (TEXPOOL)	5,199,984.50	.00	.00	5,199,984.50
CASH IN BANK (GFS)	31,310,364.02	.00	3,000,000.00-	28,310,364.02
FUND TOTALS	44,251,071.53	3,015,813.73	3,863,242.31-	43,403,642.95
2010 COMMISSARY STORE				
CASH-IN-BANK	12,938.25	.00	.00	12,938.25
FUND TOTALS	12,938.25	.00	.00	12,938.25
2010 ELECTION FUND				
CASH IN BANK	11,149.47	2,775.44	11,049.99-	2,874.92
FUND TOTALS	11,149.47	2,775.44	11,049.99-	2,874.92
2010 MAINTENANCE BLDG FUND				
CASH IN BANK	60,848.14	3,098.06	12,208.04-	51,738.16

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COMBINED STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FROM AUGUST

TO AUGUST

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ACCOUNT NAME	BEGINNING CASH BALANCE	CASH RECEIPTS	CASH DISBURSEMENTS	ENDING CASH BALANCE
FUND TOTALS	60,848.14	3,098.06	12,208.04-	51,738.16
2010 INSURANCE FUND				
CASH IN BANK	128,968.96-	106,739.86	145,741.85-	167,970.95-
CASH IN BANK	503,376.39	156,322.29	.00	659,698.68
FUND TOTALS	374,407.43	263,062.15	145,741.85-	491,727.73
2010 DISTRICT CLERK AGENCY FUND				
CASH IN BANK	344,188.12	.00	.00	344,188.12
CD-DISTRICT CLERK	273,218.98	.00	.00	273,218.98
FUND TOTALS	617,407.10	.00	.00	617,407.10
2010 COUNTY CLERK CASH BOND ACCT				
CASH IN BANK	96,829.05	.00	.00	96,829.05
FUND TOTALS	96,829.05	.00	.00	96,829.05
2010 GENERAL FIXED ASSETS				
FUND TOTALS	.00	.00	.00	.00
2010 GENERAL L/T DEBT ACCOUNT GROUP				
CASH IN BANK	.00	.00	.00	.00
FUND TOTALS	.00	.00	.00	.00
2010 PAYROLL CLEARING FUND				
CASH IN BANK	.00	299,591.42	299,591.42-	.00
FUND TOTALS	.00	299,591.42	299,591.42-	.00
2010 JUVENILE BOARD				
CASH IN BANK	88.87	5,343.87	7,148.59-	1,715.85-
FUND TOTALS	88.87	5,343.87	7,148.59-	1,715.85-
GRAND TOTALS	62,715,759.15	4,230,925.35	7,095,549.98-	59,851,134.52

AGENDA

ITEM

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
TRI LAKES VOLUNTEER FIR	2010 010-115-140	A/R-INSURANCE VFD	INSURANCE	JULY 2010	09/11/2010		272.15-	.00
TRI LAKES VOLUNTEER FIR	2010 010-115-140	A/R-INSURANCE VFD	INSURANCE	AUG 2010	09/11/2010		272.15-	.00
FIVE STAR VOLUNTEER FIR	2010 010-115-140	A/R-INSURANCE VFD	INSURANCE	AUG 2010	09/11/2010		272.15-	.00
COOKVILLE VOLUNTEER FIR	2010 010-115-140	A/R-INSURANCE VFD	INSURANCE	JUNE 2010	09/11/2010		272.15-	.00
COOKVILLE VOLUNTEER FIR	2010 010-115-140	A/R-INSURANCE VFD	INSURANCE	JULY 2010	09/11/2010		272.15-	.00
COOKVILLE VOLUNTEER FIR	2010 010-115-140	A/R-INSURANCE VFD	INSURANCE	AUG 2010	09/11/2010		272.15-	.00
WINFIELD VOLUNTEER FIRE	2010 010-115-140	A/R-INSURANCE VFD	INSURANCE	AUG. 2010	09/11/2010		272.15-	.00
SUGAR HILL VOLUNTEER FI	2010 010-115-140	A/R-INSURANCE VFD	INSURANCE	AUG. 2010	09/12/2010		272.15-	.00

							2,177.20-	
FIRMINS	2010 010-202-212	JP #4 (MCNUTT)-DD	ENVELOPE PRINTED #1	52410-0	09/13/2010	027907	130.00	.00
FIRMINS	2010 010-202-212	JP #4 (MCNUTT)-DD	AAG 70-260-05 2011	52410-0	09/13/2010	027907	44.36	.00
FIRMINS	2010 010-202-212	JP #4 (MCNUTT)-DD	CARTRIDGE CC604FN	52410-0	09/13/2010	027907	48.20	.00
FIRMINS	2010 010-202-212	JP #4 (MCNUTT)-DD	FOLDERS YELLOW SMD	52410-0	09/13/2010	027907	27.72	.00
FIRMINS	2010 010-202-212	JP #4 (MCNUTT)-DD	CUSTOM CUT SHEET 85	52410-0	09/13/2010	027907	30.39	.00
FIRMINS	2010 010-202-212	JP #4 (MCNUTT)-DD	CARTRIDGE C8721WN	52410-0	09/13/2010	027907	19.62	.00
BAXTER, AARON	2010 010-202-217	COMPTRROLLER-TRAIN	MEALS	DENTON	09/12/2010		80.00	.00
VISA	2010 010-202-217	COMPTRROLLER-TRAIN	XXXX XXXX 0046	SCHOOLS	09/11/2010	SHERIF	311.53	.00
WILSON, KEN	2010 010-202-217	COMPTRROLLER-TRAIN	FORENSIC SCHOOL	DENTON, TEXA	09/11/2010	MEALS	160.00	.00
MCDOWELL, TERRY	2010 010-202-217	COMPTRROLLER-TRAIN	TCLOSE	DALLAS, TEXA	09/12/2010	MEALS	120.00	.00
KIRKWOOD, MICHAEL	2010 010-202-217	COMPTRROLLER-TRAIN	TCLEOSE	DALLAS, TEXA	09/12/2010	MEALS	120.00	.00
NORTH TEXAS JPCA	2010 010-202-218	COMPTRROLLER TRAIN	SCHOOL	CLEVE JOHNSO	09/11/2010		30.00	.00
NORTH TEXAS JPCA	2010 010-202-218	COMPTRROLLER TRAIN	SCHOOL	JEWEL LEE	09/11/2010		30.00	.00

							1,151.82	
FIRMINS	2010 010-400-310	OFFICE EXPENSE	PENCILS UNV 55520	525890	09/13/2010	027955	3.86	17.95
LOVETT PUBLISHING GROUP	2010 010-400-310	OFFICE EXPENSE	LOVETT'S JUDICIAL C	9202	09/11/2010	028078	219.50	14.29
TLC OFFICE SYSTEMS	2010 010-400-310	OFFICE EXPENSE	COPIES	90341	09/13/2010	JOYCE	62.42	17.95

							COUNTY JUDGE - EXPENDITURES	285.78
TLC OFFICE SYSTEMS	2010 010-403-310	OFFICE EXPENSE	COPIES	89748	09/12/2010	PRICE	23.09	3.64
TLC OFFICE SYSTEMS	2010 010-403-310	OFFICE EXPENSE	COPIES	91769	09/11/2010	PRICE	270.00	3.64
TLC OFFICE SYSTEMS	2010 010-403-310	OFFICE EXPENSE	COPIES	91768	09/11/2010	PRICE	44.00	3.64

							COUNTY CLERK - EXPENDITURES	337.09
PURCHASE POWER	2010 010-409-311	POSTAGE - COURTHO	POSTAGE METER	800090000376	09/13/2010	AUG10	1,018.99	4.14-
PITNEY BOWES	2010 010-409-311	POSTAGE - COURTHO	POSTAGE METER LEASE	6598560-JY10	09/13/2010	TITUS	2,028.00	4.14-
PURCHASE POWER	2010 010-409-311	POSTAGE - COURTHO	POSTAGE CRTHOUSE	8000 9000 03	09/13/2010	SEPT10	1,081.36	4.14-
TITUS REGIONAL MEDICAL	2010 010-409-406	PHYSICALS - EMPLO	EXAM PHYSICAL J DAV	DAVIS/AMOS	09/13/2010	027976	44.00	8.17
TITUS REGIONAL MEDICAL	2010 010-409-406	PHYSICALS - EMPLO	EXAM PHYSICAL K AMO	DAVIS/AMOS	09/13/2010	027976	44.00	8.17
CRITTENDEN, RANDY L. PH	2010 010-409-406	PHYSICALS - EMPLO	EXAM PSYCHOLOGICAL	GOODMAN/WASH	09/12/2010	028032	150.00	3.89
VISA CREDIT CARD	2010 010-409-424	TELEPHONE - NOT D	XXXX XXXX 0014	AT&T	09/13/2010	PCT 3	24.95	5.06
BOGGS, DON	2010 010-409-424	TELEPHONE - NOT D	REIMBURSE CELL	JULY 2010	09/11/2010		70.00	4.69
BOGGS, DON	2010 010-409-424	TELEPHONE - NOT D	REIMBURSE CELL	AUG. 2010	09/11/2010		70.00	4.69
VERIZON WIRELESS	2010 010-409-424	TELEPHONE - NOT D	CELL PHONE	6467224430	09/12/2010	DURANT	87.57	4.69
VERIZON WIRELESS	2010 010-409-424	TELEPHONE - NOT D	CELL PHONE	64687074371	09/11/2010	DYKE	110.25	4.69
MCNUTT, KAY	2010 010-409-427	TRAVEL & SEMINARS	REIMBURSE MILAGE	7-30-2010	09/11/2010	TYLER	65.00	27.97

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
PATTERSON, TERESA	2010 010-409-427	TRAVEL & SEMINARS	REIMBURSE MILAGE	SOUTH PADRE	09/12/2010		615.81	27.97
BAXTER, AARON	2010 010-409-427	TRAVEL & SEMINARS	ADVANCE LAW ENFORCE	MEALS	09/12/2010	FRISCO	80.00	27.97
VISA	2010 010-409-427	TRAVEL & SEMINARS	XXXX XXXX 0046	SCHOOLS.	09/11/2010	SHERIF	230.52	27.97
KRUSE, MELINDA SUE	2010 010-409-427	TRAVEL & SEMINARS	ADVANCE LAW ENFORCE	FRISCO, TEXA	09/12/2010	MEALS	80.00	27.97
MT. PLEASANT DAILY TRIB	2010 010-409-431	PUBLICATIONS	PUBLICATIONS	ANUAL COMPEN	09/13/2010		56.93	39.66
MT. PLEASANT DAILY TRIB	2010 010-409-431	PUBLICATIONS	PUBLICATIONS	BIDS HEAT PU	09/11/2010		189.11	37.14
TITUS COUNTY APPRAISAL	2010 010-409-472	TAX APPRAISAL DIS	4TH QUARTER	4TH QUARTER	09/12/2010	TITUS	30,167.55	21.11
MT. PLEASANT INDUSTRIAL	2010 010-409-473	INDUSTRIAL FOUNDA	MARKETING EXPENSE	AUG. 1, 2010	09/12/2010		1,000.00	.00
TEXAS ASSOCIATION OF CO	2010 010-409-495	OTHER EXPENSE	TITUS CO TECHNOLOGY	2010-497	09/13/2010		995.77	46.07-
LAKES REGIONAL MHMR CEN	2010 010-409-505	DHS RENT(DR.LAWLE	CONTRIBUTION	TITUS COUNTY	09/13/2010		303.90	68.33
LAKES REGIONAL MHMR CEN	2010 010-409-505	DHS RENT(DR.LAWLE	CONTRIBUTION	TITUS COUNTY	09/13/2010		303.90	67.50

NONDEPARTMENTAL - EXPENDITURES							38,817.61	
JACKSON OIL COMPANY, IN	2010 010-410-330	VEHICLE EXP-BUS M	GAS RNL 17.01 GA X	182983	09/13/2010	027978	40.50	27.31
JACKSON OIL COMPANY, IN	2010 010-410-330	VEHICLE EXP-BUS M	GAS RNL 16.509 GA X	182675	09/12/2010	027827	38.68	19.30
JACKSON OIL COMPANY, IN	2010 010-410-330	VEHICLE EXP-BUS M	GAS RNL 18.0010 GA	183292	09/11/2010	028066	41.36	19.30

BUSINESS MANAGER-EXPENDITURES							120.54	
STOVALL & SHELTON	2010 010-426-410	CO COURT - APPOIN	ATTY: STOVALL	SIMPSON	09/13/2010		250.00	21.36
STOVALL & SHELTON	2010 010-426-410	CO COURT - APPOIN	ATTY: SHELTON	MOTLEY22960	09/13/2010		250.00	21.36
LESHER & ASSOCIATES	2010 010-426-410	CO COURT - APPOIN	ATTY: LESHER	YAGAR	09/12/2010		250.00	19.94
LESHER & ASSOCIATES	2010 010-426-410	CO COURT - APPOIN	ATTY: LESHER	WALKER	09/12/2010		250.00	19.94
OLVERA, J. FELIX	2010 010-426-412	CO COURT - TRANSL	TRANSLATING	8-25-2010	09/12/2010	COUNTY	225.00	39.00
WHEELER, BECKY K. CSR	2010 010-426-413	CO COURT - COURT	COURT REPORTING	8-25-2010	09/13/2010		300.00	120.71-
KAUFMAN COUNTY CLERK	2010 010-426-414	COMMITMENT FEES	COMMITMENT	SHEPARD	09/11/2010		40.00	20.82

COUNTY COURT - EXPENDITURES							1,565.00	
TLC OFFICE SYSTEMS	2010 010-435-310	OFFICE EXP-DIST J	COPIES	89287	09/13/2010	WHITE	30.00	70.83
OLD III, BIRD	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: OLD	BUKOSLIE	09/13/2010		225.00	13.84
OLD III, BIRD	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: OLD	KNAPP	09/13/2010		112.50	13.84
OLD III, BIRD	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: OLD	VISSERING...	09/13/2010		112.50	13.84
STOVALL & SHELTON	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: SHELTON	EDWARDS	09/13/2010		400.00	13.84
STOVALL & SHELTON	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: STOVALL	SIMPSON	09/13/2010		400.00	13.84
STOVALL & SHELTON	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: STOVALL	MARTIN	09/13/2010		400.00	13.84
STOVALL & SHELTON	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: STOVALL	WALKER	09/13/2010		400.00	13.84
STOVALL & SHELTON	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: STOVALL	THOMAS	09/11/2010		400.00	11.34
STOVALL & SHELTON	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: STOVALL	SMITH	09/11/2010		350.00	11.34
RUSSELL, SAM	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: RUSSELL	MELVIN	09/11/2010		400.00	11.34
CHISM, LORI (ATTY)	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: CHISM	GARRETT	09/12/2010		75.00	11.34
CHISM, LORI (ATTY)	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: CHISM	ZUNIGA	09/12/2010		75.00	11.34
CHISM, LORI (ATTY)	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: CHISM	AYDELOTT	09/12/2010		75.00	11.34
CHISM, LORI (ATTY)	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: CHISM	COBBINS	09/11/2010		400.00	11.34
CHISM, LORI (ATTY)	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: CHISM	MARTINSON	09/11/2010		500.00	11.34
CHISM, LORI (ATTY)	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: CHISM	LEE	09/11/2010		400.00	11.34
CHISM, LORI (ATTY)	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: CHISM	REEVES	09/11/2010		400.00	11.34
DOKE, SARAH	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: DOKE	WILBURN	09/12/2010		225.00	11.34
DOKE, SARAH	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: DOKE	HOOD	09/12/2010		225.00	11.34
DOKE, SARAH	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: DOKE	HILL	09/12/2010		206.25	11.34
COBB, MAC	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: COBB	STEPHENS	09/11/2010		400.00	11.34

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JR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
KECK LADYE HAROLYN	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: KECK	CALIXTO	09/13/2010		150.00	13.84
KECK LADYE HAROLYN	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: KECK	ZUNIGA	09/13/2010		97.50	13.84
KECK LADYE HAROLYN	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: KECK	BUKOSBIE	09/13/2010		247.50	13.84
KECK LADYE HAROLYN	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: KECK	AVILA	09/13/2010		172.50	13.84
LEE, CLYDE E.	2010 010-435-410	DIST CRT-ATTYS-AD	ATTY: LEE	THOMAS	09/11/2010		500.00	11.34
JON KREGEL CONSULTANTS	2010 010-435-412	DIST COURT - TRAN	TRANSLATING	082610	09/12/2010		2,508.00	12.51
BARNETT, JUNE J.	2010 010-435-413	DIST COURT - COUR	COURT REPORTER	8-26-2010	09/13/2010		150.00	9.25
ALLEN, THOMAS G.	2010 010-435-495	OTHER EXP-DIST CO	COMPETENCY EVALUATI	484-BOYD	09/11/2010		1,312.50	23.84
DISTRICT COURT - EXPENDITURES							11,349.25	
FIRMINS	2010 010-450-310	OFFICE EXPENSE	CLASP ENVELOPE 10 X	524110	09/11/2010	027909	74.95	.30
FIRMINS	2010 010-450-310	OFFICE EXPENSE	CLASP ENVELOPE 9 X	524110	09/11/2010	027909	54.95	.30
FIRMINS	2010 010-450-310	OFFICE EXPENSE	CLASP ENVELOPE 6 X	524110	09/11/2010	027909	49.95	.30
WELLS FARGO FINANCIAL L	2010 010-450-310	OFFICE EXPENSE	COPIER PAYMENT	6745713276	09/12/2010	ABSTON	380.00	.30
TLC OFFICE SYSTEMS	2010 010-450-310	OFFICE EXPENSE	COPIES	201821	09/11/2010	ABSTON	72.03	.30
TLC OFFICE SYSTEMS	2010 010-450-310	OFFICE EXPENSE	COPIES	90782	09/11/2010	ABSTON	180.70	.30
SOUTHWEST FILING AND ST	2010 010-450-310	OFFICE EXPENSE	SHIPPING	13732	09/11/2010	027774	8.58	.30
SOUTHWEST FILING AND ST	2010 010-450-310	OFFICE EXPENSE	NUMBERS #7	13732	09/11/2010	027774	28.50	.30
SOUTHWEST FILING AND ST	2010 010-450-310	OFFICE EXPENSE	NUMBERS #1	13732	09/11/2010	027774	47.50	.30
DISTRICT CLERK - EXPENDITURES							897.16	
FIRMINS	2010 010-451-310	OFFICE EXPENSE	STAPLES UNV 79000	525520	09/11/2010	027942	.79	12.58-
ECHO PUBLISHING COMPANY	2010 010-451-310	OFFICE EXPENSE	REPLY FORMS 2000/E	15080-MCNUIT	09/13/2010	027943	89.90	11.06-
TLC OFFICE SYSTEMS	2010 010-451-310	OFFICE EXPENSE	COPIES	91770	09/11/2010	MCNUIT	44.61	12.58-
JP#1-EXPENDITURES							135.30	
FIRMINS	2010 010-452-310	OFFICE EXPENSE	FOLDERS SMD 1294011	525300	09/11/2010	027938	83.16	32.11
FIRMINS	2010 010-452-310	OFFICE EXPENSE	ORGANIZER SHEETS AV	525300	09/11/2010	027938	7.68	32.11
TLC OFFICE SYSTEMS	2010 010-452-310	OFFICE EXPENSE	COPIES	91772	09/11/2010	DYKE	44.00	32.11
JP #2 (DYKE)-EXPENDITURES							134.84	
BOUNCEBACK LLC	2010 010-475-310	OFFICE EXP-CO ATT	MONTHLY FEE	10 10649	09/11/2010	COBURN	52.00	90.86-
ECHO PUBLISHING COMPANY	2010 010-475-310	OFFICE EXP-CO ATT	BUSINESS CARDS PAU	15078	09/12/2010	028029	45.00	90.86-
JACKSON OIL COMPANY, IN	2010 010-475-330	GAS & OIL	GAS RNL 12.451 GA X	183291	09/11/2010	028067	28.61	.00
COUNTY ATTY - EXPENDITURES							125.61	
FIRMINS	2010 010-495-310	OFFICE EXPENSE	INDEX TABS UNV 2086	531520	09/11/2010	028080	17.02	3.40
TLC OFFICE SYSTEMS	2010 010-495-310	OFFICE EXPENSE	COPIES	89882	09/13/2010	AMBER	43.56	3.61
COUNTY AUDITOR-EXPENDITURES							60.58	
FIRMINS	2010 010-499-310	OFFICE EXPENSE	HI LITERS AVE 59489	521700	09/11/2010	027844	4.63	51.23-
FIRMINS	2010 010-499-310	OFFICE EXPENSE	BINDER CLIPS UNV 10	521700	09/11/2010	027844	.99	51.23-
FIRMINS	2010 010-499-310	OFFICE EXPENSE	BINDER CLIPS UNV 10	521700	09/11/2010	027844	2.49	51.23-

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	REM
FIRMS	2010 010-499-310	OFFICE EXPENSE	YELLOW LEGAL PADS U	521700	09/11/2010	027844	7.29	51.23-
FIRMS	2010 010-499-310	OFFICE EXPENSE	COPY PAPER 8.5 X 11	521700	09/11/2010	027844	63.98	51.23-
FIRMS	2010 010-499-310	OFFICE EXPENSE	CARTRIDGE LEX E250A	524930	09/11/2010	027841	99.00	51.23-
FIRMS	2010 010-499-310	OFFICE EXPENSE	CARTRIDGE LEX 12A74	524930	09/11/2010	027841	134.82	51.23-
FIRMS	2010 010-499-310	OFFICE EXPENSE	CALCULATOR CANON MP	527470	09/11/2010	027998	41.99	51.23-
TLC OFFICE SYSTEMS	2010 010-499-310	OFFICE EXPENSE	COPIES	91978	09/11/2010	COOK	40.00	51.23-
BUSINESS FORM SOLUTIONS	2010 010-499-310	OFFICE EXPENSE	BLANK TAX STATEMENT	14849	09/11/2010	028071	292.88	51.23-

COUNTY TAX A/C-EXPENDITURES 688.07

KAYBRO TECHNOLOGIES	2010 010-503-401	COMPUTER MANAGER	MONTHLY SERVICE	SEPT 2010	09/12/2010	1208	3,333.00	7.47
EXPERT COMPUTING SOLUTI	2010 010-503-420	INTERNET EXPENSE	INTERNET SERVICES	14023-TITUS	09/12/2010		340.00	.00

DATA PROCESSING-EXPENDITURES 3,673.00

AMSAN	2010 010-510-363	SUPPLIES - COURTH	KIT ROLL TOWEL RENO	2295000376	09/13/2010	027988	48.58	9.55
AMSAN	2010 010-510-363	SUPPLIES - COURTH	SPRAY POWDER FRESH	2295000376	09/13/2010	027988	44.90	9.55
KLEANHOME JANITORAL SUP	2010 010-510-363	SUPPLIES - COURTH	SUPER SIX	112770	09/13/2010	028001	55.60	9.55
KLEANHOME JANITORAL SUP	2010 010-510-363	SUPPLIES - COURTH	MOP HEAD 16 OZ	112770	09/13/2010	028001	16.56	9.55
KLEANHOME JANITORAL SUP	2010 010-510-363	SUPPLIES - COURTH	DISCOUNT 16 OZ	112770	09/13/2010	028001	7.22	9.55
MCCOY BUILDING	2010 010-510-363	SUPPLIES - COURTH	CREDIT INV 6125094	6125071/6125	09/13/2010	027990	2.65	9.55
MCCOY BUILDING	2010 010-510-363	SUPPLIES - COURTH	CLEANOUT WIWTH PLUG	6125071/6125	09/13/2010	027990	8.38	9.55
MCCOY BUILDING	2010 010-510-363	SUPPLIES - COURTH	CREDIT INV 6125096	6125071/6125	09/13/2010	027990	8.38	9.55
MCCOY BUILDING	2010 010-510-363	SUPPLIES - COURTH	ADAPTER PVC 4"	6125071/6125	09/13/2010	027990	5.26	9.55
MCCOY BUILDING	2010 010-510-363	SUPPLIES - COURTH	CLEANUP PLUG PVC 4"	6125071/6125	09/13/2010	027990	2.65	9.55
MCCOY BUILDING	2010 010-510-363	SUPPLIES - COURTH	CLEANUP PLUG PVC 4"	6125071/6125	09/13/2010	027990	5.30	9.55
MCCOY BUILDING	2010 010-510-363	SUPPLIES - COURTH	CLEANUP PLUG PVC 4"	6125071/6125	09/13/2010	027990	2.65	9.55
VISA CREDIT CARD	2010 010-510-363	SUPPLIES - COURTH	BATTERIES		09/13/2010	027757	23.24	9.55
VISA CREDIT CARD	2010 010-510-363	SUPPLIES - COURTH	BOTTLED WATER	BOTTLE WATER	09/13/2010	027867	13.92	9.55
MASON HARDWARE	2010 010-510-450	REPAIRS & MAINT.-	DRAIN TAIL PIECE	246970/69/67	09/11/2010	028084	2.79	24.45
MASON HARDWARE	2010 010-510-450	REPAIRS & MAINT.-	RETURN FOR CREDIT	246970/69/67	09/11/2010	028084	1.59	24.45
MASON HARDWARE	2010 010-510-450	REPAIRS & MAINT.-	TAIL PIECE 104210	246970/69/67	09/11/2010	028084	1.59	24.45
DOTSON ELECTRIC SERVICE	2010 010-510-450	REPAIRS & MAINT.-	REPLACE BALLAST JP	1747/1737	09/13/2010	027917	165.00	25.04
DOTSON ELECTRIC SERVICE	2010 010-510-450	REPAIRS & MAINT.-	REPLACE BALLAST JP	1747/1737	09/13/2010	027917	97.50	25.04
ROBERTS AIR CONDITIONIN	2010 010-510-450	REPAIRS & MAINT.-	A/C REPAIR ANNEX	37979	09/13/2010	027959	304.00	25.04
ROBERTS AIR CONDITIONIN	2010 010-510-450	REPAIRS & MAINT.-	REPAIR A/C UNIT ST	38113	09/13/2010	028040	80.00	25.04
ROBERTS AIR CONDITIONIN	2010 010-510-450	REPAIRS & MAINT.-	A/C REPAIR CO CLER	TITUS COUNTY	09/12/2010	028023	48.00	24.45
ROBERTS AIR CONDITIONIN	2010 010-510-450	REPAIRS & MAINT.-	A/C REPAIR ANNEX	TITUS COUNTY	09/12/2010	028023	96.00	24.45
WILLIAMS ELECTRIC	2010 010-510-450	REPAIRS & MAINT.-	WIRING NEW PHONE SY	397952/39795	09/11/2010	028092	162.35	24.45
WILLIAMS ELECTRIC	2010 010-510-450	REPAIRS & MAINT.-	REPLACE BALLASTS J	397952/39795	09/11/2010	028092	155.30	24.45
ADVANCE ALARM & ELECTRO	2010 010-510-450	REPAIRS & MAINT.-	REPAIR FIRE ALARM P	1152352	09/13/2010	028039	85.00	25.04
ADVANCE ALARM & ELECTRO	2010 010-510-450	REPAIRS & MAINT.-	ANNUAL FIRE ALARM I	1152381	09/11/2010	028089	315.00	24.45
STANLEY'S LANDSCAPE MAN	2010 010-510-452	LAWN MAINTENANCE	LAWN MAINTENANCE	203 - TITUS	09/11/2010		690.00	2.00
SCHINDLER ELEVATOR CORP	2010 010-510-485	ELEVATOR EXP-COUR	MAINTENANCE CONTRAC	8102716616	09/12/2010	028041	814.14	8.63-

COURTHOUSE EXPENDITURES 3,223.87

AMSAN	2010 010-515-495	OTHER EXPENSE-EXT	TOWEL KIT ROLL RENO	229500186	09/13/2010	027935	48.58	.00
AMSAN	2010 010-515-495	OTHER EXPENSE-EXT	NABC SPA 7116-12ENO	229500186	09/13/2010	027935	28.20	.00
AMSAN	2010 010-515-495	OTHER EXPENSE-EXT	GLASS CLEANER RENO	229500186	09/13/2010	027935	28.32	.00
AMSAN	2010 010-515-495	OTHER EXPENSE-EXT	TOWEL ROLL DISPENSE	229500186	09/13/2010	027935	41.89	.00
AMSAN	2010 010-515-495	OTHER EXPENSE-EXT	SPARCLING SPA 7118-	229500186	09/13/2010	027935	38.28	.00

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
STANSELL PEST CONTROL	2010 010-515-495	OTHER EXPENSE-EXT	RODENT CONTROL	CO AGTS-RODE	09/12/2010	028059	40.00	.00

							EXTENSION MEETING ROOM-EXPEND.	225.27
WINFIELD VOLUNTEER FIRE	2010 010-542-415	FIRE VOLUNTEERS-W	VOLUNTEERS	AUG. 2010	09/11/2010		108.00	64.93
WINFIELD VOLUNTEER FIRE	2010 010-542-416	FIRE PROTECTION-W	FIRE PROTECTION	AUG. 2010	09/11/2010		600.00	51.39

							TOTAL WINFIELD FIRE EXP	708.00
CITY OF TALCO V.F.D.	2010 010-543-415	FIRE VOLUNTEERS-T	VOLUNTEERS	JUNE 2010	09/11/2010		312.00	32.80
CITY OF TALCO V.F.D.	2010 010-543-416	FIRE PROTECTION-T	FIRE PROTECTION	JUNE 2010	09/11/2010		1,000.00	16.67

							TOTAL FIRE EXP-TALCO	1,312.00
TRI LAKES VOLUNTEER FIR	2010 010-544-415	FIRE VOLUNTEERS-T	VOLUNTEERS	JULY 2010	09/11/2010		60.00	19.60
TRI LAKES VOLUNTEER FIR	2010 010-544-415	FIRE VOLUNTEERS-T	VOLUNTEERS	AUG 2010	09/11/2010		276.00	19.60
TRI LAKES VOLUNTEER FIR	2010 010-544-416	FIRE PROTECTION-T	FIRE PROTECTION	JULY 2010	09/11/2010		600.00	8.33
TRI LAKES VOLUNTEER FIR	2010 010-544-416	FIRE PROTECTION-T	FIRE PROTECTION	AUG. 2010	09/11/2010		600.00	8.33

							TOTAL TRI LAKES FIRE EXP	1,536.00
COOKVILLE VOLUNTEER FIR	2010 010-545-415	FIRE VOLUNTEERS-C	VOLUNTEERS	JUNE 2010	09/11/2010		1,080.00	83.36-
COOKVILLE VOLUNTEER FIR	2010 010-545-415	FIRE VOLUNTEERS-C	VOLUNTEERS	JULY 2010	09/11/2010		1,368.00	83.36-
COOKVILLE VOLUNTEER FIR	2010 010-545-415	FIRE VOLUNTEERS-C	VOLUNTEERS	AUG 2010	09/11/2010		2,280.00	83.36-
COOKVILLE VOLUNTEER FIR	2010 010-545-416	FIRE PROTECTION-C	FIRE PROTECTION	JUNE 2010	09/11/2010		600.00	8.33
COOKVILLE VOLUNTEER FIR	2010 010-545-416	FIRE PROTECTION-C	FIRE PROTECTION	JULY 2010	09/11/2010		600.00	8.33
COOKVILLE VOLUNTEER FIR	2010 010-545-416	FIRE PROTECTION-C	FIRE PROTECTION	AUG. 2010	09/11/2010		600.00	8.33

							TOTAL COOKVILLE FIRE EXP	6,528.00
FIVE STAR VOLUNTEER FIR	2010 010-546-415	FIRE VOLUNTEERS-F	VOLUNTEERS	AUG 2010	09/11/2010		612.00	7.20-
FIVE STAR VOLUNTEER FIR	2010 010-546-415	FIRE VOLUNTEERS-F	VOLUNTEERS	JULY 2010	09/11/2010		516.00	7.20-
FIVE STAR VOLUNTEER FIR	2010 010-546-416	FIRE PROTECTION-F	FIRE PROTECTION	AUG. 2010	09/11/2010		600.00	.00

							TOTAL FIVE STAR FIRE EXP	1,728.00
SUGAR HILL VOLUNTEER FI	2010 010-548-415	FIRE VOLUNTEERS-S	VOLUNTEERS	AUG. 2010	09/12/2010		1,020.00	29.40
SUGAR HILL VOLUNTEER FI	2010 010-548-416	FIRE PROTECTION-S	FIRE PROTECTION	AUG. 2010	09/12/2010		600.00	.00

							TOTAL SUGAR HILL-EXPEN	1,620.00
JOHNSON, CLEVELAND *CLE	2010 010-555-425	TRANSPORTING	REIMBURSE MILAGE	TERRELL	09/11/2010		112.50	35.18
LEE, JEWEL	2010 010-555-425	TRANSPORTING	JEWELL & CLEVE	2 MEALS	09/11/2010	TERREL	22.26	35.18

							OPC/JUV. OFFICER EXPENDITURES	134.76
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	LEDGER SHEETS NAT 1	525100	09/13/2010	027932	23.48	7.27

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	REM
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	COPY PAPER 8.5 X 11	526070	09/13/2010	027975	639.80	7.27
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	FILE CAB RAILS UNV	525400	09/13/2010	027939	4.99	7.27
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	FILE CAB LOCK F24	525400	09/13/2010	027939	19.20	7.27
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	STAPLES UNV 79000	52919	09/12/2010	028043	4.74	3.83
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	TAPE HOLDER C38BK	52919	09/12/2010	028043	4.74	3.83
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	FABRIC BOARD QRT 76	52844	09/12/2010	028022	59.21	3.83
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	SCOTCH TAPE 3M 6200	52844	09/12/2010	028022	39.24	3.83
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	PENS MS11BK BLK INK	52844	09/12/2010	028022	32.30	3.83
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	LEGAL PADS UNV 2063	52844	09/12/2010	028022	29.16	3.83
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	PACKING TAPE 2" 3M	52844	09/12/2010	028022	30.00	3.83
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	SCISSORS FSK 2108	52844	09/12/2010	028022	11.28	3.83
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	TONER BRO TN350470A	530220	09/11/2010	028062	191.97	3.83
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	CARTRIDGE HP Q6470A	530220	09/11/2010	028062	149.00	3.83
FIRMINS	2010 010-560-310	OFFICE EXPENSE -	RIBBON VICTOR BR80C	530220	09/11/2010	028062	4.46	3.83
PITNEY BOWES	2010 010-560-310	OFFICE EXPENSE -	INK CARTRIDGE RED 7	679373	09/11/2010	028037	150.00	3.83
OFFICE EQUIPMENT CENTER	2010 010-560-310	OFFICE EXPENSE -	MONTHLY MAINT	213952-0	09/12/2010	SHERIF	327.88	3.83
VISA CREDIT CARD	2010 010-560-310	OFFICE EXPENSE -	BATTERY SIZC	XXXX 0014	09/13/2010	027748	46.48	7.27
NORTH CENTRAL COMMUNICA	2010 010-560-310	OFFICE EXPENSE -	LABELS FOR DISPATCH	3779	09/13/2010	027984	10.00	7.27
NORTH CENTRAL COMMUNICA	2010 010-560-310	OFFICE EXPENSE -	SHIPPING	3779	09/13/2010	027984	5.00	7.27
VISA	2010 010-560-312	POSTAGE	XXXX XXXX 0046	UPS	09/11/2010	SHERIF	9.11	6.90-
JACKSON OIL COMPANY, IN	2010 010-560-330	GAS & OIL	GAS RNL 1324.16 GA	182987	09/13/2010	027982	3,152.69	1.53
JACKSON OIL COMPANY, IN	2010 010-560-330	GAS & OIL	GAS RNL 1415.3730 G	182571	09/12/2010	027831	3,315.79	8.07-
JACKSON OIL COMPANY, IN	2010 010-560-330	GAS & OIL	GAS RNL 1698.9230 G	183288	09/11/2010	028070	3,880.64	8.07-
ARAMARK SERVICES INC	2010 010-560-333	FEEDING PRISONERS	STAFF MEALS 3 X 1.6	2301000045-T	09/11/2010	028044	4.95	13.71-
ARAMARK SERVICES INC	2010 010-560-333	FEEDING PRISONERS	LATE CHARGE	2301000045-T	09/11/2010	028044	29.06	13.71-
ARAMARK SERVICES INC	2010 010-560-333	FEEDING PRISONERS	STAFF MEALS 89 X 1	2301000045-T	09/11/2010	028044	13.20	13.71-
ARAMARK SERVICES INC	2010 010-560-333	FEEDING PRISONERS	INMATE MEALS 2600 X	2301000045-T	09/11/2010	028044	4,290.00	13.71-
ARAMARK SERVICES INC	2010 010-560-333	FEEDING PRISONERS	INMATE MEALS 2569 X	2301000045-T	09/11/2010	028044	4,238.85	13.71-
ARAMARK SERVICES INC	2010 010-560-333	FEEDING PRISONERS	STAFF MEALS 1 X 1.	2301000046	09/11/2010	028090	1.74	13.71-
ARAMARK SERVICES INC	2010 010-560-333	FEEDING PRISONERS	INMATE MEALS 2501 X	2301000046	09/11/2010	028090	4,346.74	13.71-
FIRMINS	2010 010-560-342	JAIL SUPPLIES	PRINTER STAND	521360	09/11/2010	027802	25.00	37.13
FIRMINS	2010 010-560-342	JAIL SUPPLIES	DESK	521360	09/11/2010	027802	75.00	37.13
H & R DISTRIBUTORS	2010 010-560-342	JAIL SUPPLIES	MAXWELL HOUSE COFFE	85772	09/12/2010	028060	110.40	37.13
AMSAN	2010 010-560-342	JAIL SUPPLIES	TOILET TISSUE APP12	229500103	09/13/2010	027931	316.40	38.78
AMSAN	2010 010-560-342	JAIL SUPPLIES	KIT ROLL TOWEL RNO	229500103	09/13/2010	027931	97.16	38.78
AMSAN	2010 010-560-342	JAIL SUPPLIES	TOWEL MF APP12502	229500103	09/13/2010	027931	84.60	38.78
VISA CREDIT CARD	2010 010-560-342	JAIL SUPPLIES	DVD-RW 3/PKG	XXXX XXXX 00	09/13/2010	027852	48.00	38.78
VISA CREDIT CARD	2010 010-560-342	JAIL SUPPLIES	VACUUM CLEANER PUR	VACUUM CLEANER	09/13/2010	027868	139.96	38.78
LOWES	2010 010-560-342	JAIL SUPPLIES	LAMO 150 WATT CLEAR	904572	09/12/2010	027922	27.80	37.13
FOSDICK, BRAD	2010 010-560-342	JAIL SUPPLIES	PORTABLE AIR CONDIT	TITUS COUNTY	09/13/2010	028007	250.00	38.78
CHARM TEX	2010 010-560-342	JAIL SUPPLIES	TOILET BOWL BRUSH J	43533/43671	09/12/2010	027672	28.92	37.13
CHARM TEX	2010 010-560-342	JAIL SUPPLIES	ESTIMATED SHIPPING	43533/43671	09/12/2010	027672	25.00	37.13
CHARM TEX	2010 010-560-342	JAIL SUPPLIES	BUTTING BEIGE JA/FP	43533/43671	09/12/2010	027672	31.90	37.13
CHARM TEX	2010 010-560-342	JAIL SUPPLIES	CLEANING/BUTTING RE	43533/43671	09/12/2010	027672	27.90	37.13
CHARM TEX	2010 010-560-342	JAIL SUPPLIES	BLK STRIPPING JA/FP	43533/43671	09/12/2010	027672	27.90	37.13
CHARM TEX	2010 010-560-342	JAIL SUPPLIES	CORN BROOM JA/UN592	43533/43671	09/12/2010	027672	61.90	37.13
CHARM TEX	2010 010-560-342	JAIL SUPPLIES	MOP HEAD CUT END JA	43533/43671	09/12/2010	027672	49.18	37.13
CHARM TEX	2010 010-560-342	JAIL SUPPLIES	SHIPPING	43816/43015/	09/12/2010	027478	36.00	37.13
CHARM TEX	2010 010-560-342	JAIL SUPPLIES	SHEET FLAT 5490W130	43816/43015/	09/12/2010	027478	147.60	37.13
CHARM TEX	2010 010-560-342	JAIL SUPPLIES	BATH TOWELL BT2040	43816/43015/	09/12/2010	027478	76.72	37.13
CHARM TEX	2010 010-560-342	JAIL SUPPLIES	KIT TOWELL KT/KT 15	43816/43015/	09/12/2010	027478	41.80	37.13
DASH GLOVES	2010 010-560-342	JAIL SUPPLIES	GLOVES BLACK MAX PF	513022	09/13/2010	027927	139.80	38.78
DASH GLOVES	2010 010-560-342	JAIL SUPPLIES	GLOVES BLACK MAX PF	513022	09/13/2010	027927	139.80	38.78
MAINTENANCE BUILDING FU	2010 010-560-354	AUTO EXPENSE	LABOR AND MATERIAL	SHERIFF	09/13/2010	028017	23.50	39.38
MAINTENANCE BUILDING FU	2010 010-560-354	AUTO EXPENSE	LABOR AND MATERIAL	SHERIFF	09/13/2010	028017	151.80	39.38

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
MAINTENANCE BUILDING FU	2010 010-560-354	AUTO EXPENSE	LABOR AND MATERIAL	..SHERIFF ..	09/13/2010	027970	206.84	39.38
MAINTENANCE BUILDING FU	2010 010-560-354	AUTO EXPENSE	LABOR AND MATERIAL	..SHERIFF ..	09/13/2010	027970	237.95	39.38
MAINTENANCE BUILDING FU	2010 010-560-354	AUTO EXPENSE	LABOR AND MATERIAL	..SHERIFF ..	09/13/2010	027970	231.50	39.38
MAINTENANCE BUILDING FU	2010 010-560-354	AUTO EXPENSE	LABOR AND MATERIAL	..SHERIFF ..	09/13/2010	027970	23.50	39.38
MCCOLLUM ELECTRONICS	2010 010-560-370	RADIO EXPENSE	RADIO CLIP	13008	09/13/2010	027996	11.00	45.84
MCCOLLUM ELECTRONICS	2010 010-560-370	RADIO EXPENSE	REPLACE MIC UNIT 4	13065	09/12/2010	028058	38.50	43.28
KIRBY RESTAURANT SUPPLY	2010 010-560-403	LAUNDRY-CO JAIL	LAUNDRY CHARGE FOR	921468	09/11/2010	028091	516.95	30.80
CLINIC PHARMACY	2010 010-560-405	PRISONER MEDICAL	PRISONER MEDICAL	009205	09/11/2010		3,600.90	22.45-
TITUS REGIONAL MEDICAL	2010 010-560-405	PRISONER MEDICAL	PRISONER MEDICAL	AUG. 2010	09/11/2010	TITUS	800.00	22.45-
RED RIVER VALLEY RADIOL	2010 010-560-405	PRISONER MEDICAL	PRISONER MEDICAL	RUSSELL GILM	09/12/2010		24.00	22.45-
VISA	2010 010-560-425	TRANSPORT PRISONER	XXXX XXXX 0046	TRANSPORTS	09/11/2010	SHERIF	515.01	1988.19
NORTH ATLANTIC EXTRADIT	2010 010-560-425	TRANSPORT PRISONER	TRANSPORT	FIDEL HIPOLI	09/12/2010	26988	743.00	1988.19
NORTH ATLANTIC EXTRADIT	2010 010-560-425	TRANSPORT PRISONER	TRANSPORT	SHAWN AMENT	09/12/2010	27098	679.90	1988.19
E D H ELECTRIC, INC.	2010 010-560-450	JAIL MAINTENANCE	REPAIR INTERCOM SYS	100873	09/13/2010	028003	1,328.00	23.52
E D H ELECTRIC, INC.	2010 010-560-450	JAIL MAINTENANCE	REPAIR INTERCOM 8-2	100935	09/11/2010	028081	230.74	20.95
E D H ELECTRIC, INC.	2010 010-560-450	JAIL MAINTENANCE	REPAIR INTERCOM 8-1	100935	09/11/2010	028081	576.00	20.95
UNIVERSAL TIME EQUIPMEN	2010 010-560-450	JAIL MAINTENANCE	REPAIR SMOKE ALARM	40032	09/12/2010	028033	562.50	20.95
STANSELL PEST CONTROL	2010 010-560-450	JAIL MAINTENANCE	SPRAY FOR ROACHES	JAIL-ROACHES	09/12/2010	028061	100.00	20.95
EASTER-OWENS ELECTRIC C	2010 010-560-450	JAIL MAINTENANCE	SHUPPING	08876-TITUS	09/12/2010	028005	20.00	20.95
EASTER-OWENS ELECTRIC C	2010 010-560-450	JAIL MAINTENANCE	PUSH BUTTON MECH 50	08876-TITUS	09/12/2010	028005	84.00	20.95
EASTER-OWENS ELECTRIC C	2010 010-560-450	JAIL MAINTENANCE	SPEAKERS WP 500903	08876-TITUS	09/12/2010	028005	144.00	20.95
LOWES	2010 010-560-450	JAIL MAINTENANCE	INV 01279	901352	09/12/2010	028055	102.27	20.95
LOWES	2010 010-560-450	JAIL MAINTENANCE	INV 01352	901352	09/12/2010	028055	79.40	20.95
LOWES	2010 010-560-450	JAIL MAINTENANCE	INV ?????	901352	09/12/2010	028055	58.72	20.95
LOWES	2010 010-560-450	JAIL MAINTENANCE	INV 01827	901352	09/12/2010	028055	230.60	20.95
LOWES	2010 010-560-450	JAIL MAINTENANCE	INV 06928	901352	09/12/2010	028055	81.34	20.95
LOWES	2010 010-560-450	JAIL MAINTENANCE	INV 01978	901352	09/12/2010	028055	57.96	20.95
LOWES	2010 010-560-450	JAIL MAINTENANCE	INV 09787	901352	09/12/2010	028055	5.92	20.95
LOWES	2010 010-560-450	JAIL MAINTENANCE	INV 09733	901352	09/12/2010	028055	19.23	20.95
LOWES	2010 010-560-450	JAIL MAINTENANCE	INV 02245	901352	09/12/2010	028055	335.96	20.95
CRUSE UNIFORMS AND EQUI	2010 010-560-485	UNIFORMS & BADGES	CREDIT INV 052610	210779	09/12/2010	027889	996.56-	1.05
CRUSE UNIFORMS AND EQUI	2010 010-560-485	UNIFORMS & BADGES	SHIPPING	210779	09/12/2010	027889	15.03	1.05
CRUSE UNIFORMS AND EQUI	2010 010-560-485	UNIFORMS & BADGES	CHEVRON CORPORAL 11	210779	09/12/2010	027889	185.00	1.05
CRUSE UNIFORMS AND EQUI	2010 010-560-485	UNIFORMS & BADGES	PATCHES 11113-88	210779	09/12/2010	027889	800.00	1.05
CRUSE UNIFORMS AND EQUI	2010 010-560-485	UNIFORMS & BADGES	PATCHES	210780	09/11/2010	27889	3.47	1.05
BOLAND PRODUCTION SUPPL	2010 010-560-495	OTHER EXPENSE	SHIPPING	09-9484	09/12/2010	028020	15.00	30.56
BOLAND PRODUCTION SUPPL	2010 010-560-495	OTHER EXPENSE	BLANK AMMO B223M200	09-9484	09/12/2010	028020	200.00	30.56
SHERIFF OFCE/JAIL-EXPENDITURES							38,999.93	
CLAYTON, BRIAN	2010 010-570-425	TRANSPORTING	REIMBURSE MILAGE	8-10-2010	09/13/2010	GREGG	60.00	65.41
JONES, VICKI W.	2010 010-570-425	TRANSPORTING	REIMBURSE MILAGE	8-31-2010	09/13/2010	GREGG	39.75	65.41
76TH & 276TH JUD. DIST.	2010 010-570-496	LOCAL FUND - JUV	LOCAL FUNDING	SEPT 2010	09/13/2010		3,482.85	8.33-
JUVENILE PROB - EXPENDITURES							3,582.60	
FIRMINS	2010 010-580-495	OTHER EXP-HWY PAT	CORRECTION TAPE BIC	521450	09/11/2010	027836	4.40	22.77
FIRMINS	2010 010-580-495	OTHER EXP-HWY PAT	POSTIT 3 X 3 18/PK	521450	09/11/2010	027836	10.44	22.77
FIRMINS	2010 010-580-495	OTHER EXP-HWY PAT	ADDRESS LABELS AVE	521450	09/11/2010	027836	26.98	22.77
VISA CREDIT CARD	2010 010-580-495	OTHER EXP-HWY PAT	CD SLEEVE 516908	HIGHWAY PATR	09/13/2010	028030	58.41	25.55
VISA CREDIT CARD	2010 010-580-495	OTHER EXP-HWY PAT	FOLDER 1/3 CUT 4743	HIGHWAY PATR	09/13/2010	028030	13.44	25.55
VISA CREDIT CARD	2010 010-580-495	OTHER EXP-HWY PAT	CATRIDGE CANON 627	HIGHWAY PATR	09/13/2010	028030	44.74	25.55
VISA CREDIT CARD	2010 010-580-495	OTHER EXP-HWY PAT	CATRIDGE HP 381015	HIGHWAY PATR	09/13/2010	028030	200.80	25.55

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GENERAL COUNTY FUND

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OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
VISA CREDIT CARD	2010 010-580-495	OTHER EXP-HWY PAT SHEET PROTECTORS 48	HIGHWAY PATR	09/13/2010	028030	7.99	25.55	
VISA CREDIT CARD	2010 010-580-495	OTHER EXP-HWY PAT CARTRIDGE HP 583093	HIGHWAY PATR	09/13/2010	028030	63.71	25.55	
HIGHWAY PATROL - EXPENDITURES							430.91	
TRI SPECIAL UTILITY DIS	2010 010-585-442	WEIGH STATION-WAT WATER-UTILITY	WEIGH-NORTH	09/12/2010		24.42	14.83	
TRI SPECIAL UTILITY DIS	2010 010-585-442	WEIGH STATION-WAT WATER-UTILITY	WEIGH-SOUTH	09/12/2010		24.42	14.83	
WEIGH STATION-EXPENDITURES							48.84	
ECHO PUBLISHING COMPANY	2010 010-590-310	ENVIRONMENTAL-OFF ENV NOTICE FORMS	1 15040	09/13/2010	027782	531.00	51.50	
ENVIRONMEN INSPECTOR-EXPENDITU							531.00	
D H R	2010 010-631-403	DHR	DHR/CHILD PROTECT S	09132010	09/13/2010	450.00	.00	
D H R	2010 010-631-403	DHR	DHR/CHILD PROTECT S	09132010	09/13/2010	450.00	8.33-	
LAKE COUNTY CASA	2010 010-631-412	CASA	MONTHLY PAYMENT	TITUS CO	09/13/2010	2,000.00	.00	
LAKE COUNTY CASA	2010 010-631-412	CASA	MONTHLY PAYMENT	TITUS CO	09/13/2010	2,000.00	8.33-	
HUMAN SERVICES							4,900.00	
WELLS FARGO FINANCIAL L	2010 010-665-310	OFFICE EXP-CO AGT COPIER PAYMENT	6745733355	09/11/2010		151.94	3.70	
CO AGTS - EXPENDITURES							151.94	
GENERAL COUNTY FUND							FUND TOTAL	122,825.57

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SECURITY FEES FUND

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
MASON HARDWARE	2010 016-510-480	COURTHOUSE SECURI	KEYS	246324	09/13/2010	027956	3.24	99.64
MASON HARDWARE	2010 016-510-480	COURTHOUSE SECURI	KEYS	246812	09/11/2010	028063	3.24	99.62

							COURTHOUSE SECURITY	6.48

		SECURITY FEES FUND				FUND TOTAL	6.48	

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JURY FUND

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OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
HARRISON, PATRICIA	2010 017-435-400	COURT REPORTER EX	COURT REPORTING	8-26-2010	09/13/2010		250.00	4.29
MORRIS COUNTY	2010 017-435-400	COURT REPORTER EX	COURT REPORTER	L. CARROLL	09/12/2010		2,727.16	5.25-
MORRIS COUNTY	2010 017-435-400	COURT REPORTER EX	COURT REPORTER	C.LEFEVRE	09/12/2010		3,284.99	5.25-
VICTIMS OF CRIME FUND	2010 017-435-485	JURORS-DISTRICT C	JUROR DONATIONS	8-23-1010	09/13/2010		10.00	4.88
TITUS COUNTY CHILD WELF	2010 017-435-485	JURORS-DISTRICT C	JUROR DONATIONS	8-23-2010	09/13/2010		140.00	4.88
LAKE COUNTY CASA	2010 017-435-485	JURORS-DISTRICT C	JUROR DONATIONS	DONALD FISHE	09/13/2010		10.00	4.88
LAKE COUNTY CASA	2010 017-435-485	JURORS-DISTRICT C	JUROR DONATIONS	ARNOLD BOBBY	09/13/2010		10.00	4.88
TITUS COUNTY DISTRICT C	2010 017-435-485	JURORS-DISTRICT C	JURY MONEY	9-8-2010	09/11/2010		1,010.00	.84
DALLAS COUNTY TREASURER	2010 017-435-495	JURY-OTHER EXPENS	EXPERT WITNESS	HUNTER & BAK	09/13/2010	209417	4,024.00	101.20-

JURY 11,466.15

JURY FUND

FUND TOTAL

11,466.15

2010/2010 22:56

LAW LIBRARY FUND

A/P CLAIMS LIST

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
WEST GROUP	2010 018-465-486	BOOKS - LAW LIB	LAW BOOKS	821248440	09/11/2010		360.15	11.67-
							----- 360.15	
		LAW LIBRARY FUND		FUND TOTAL			----- 360.15	

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ROAD & BRIDGE #1 FUND

A/P CLAIMS LIST

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

DOR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
JACKSON OIL COMPANY, IN	2010 021-611-330	GAS & OIL	DIESEL LS 217.7560	182965	09/13/2010	027980	502.21	38.05
JACKSON OIL COMPANY, IN	2010 021-611-330	GAS & OIL	DIESEL LS 206.58 GA	182673	09/12/2010	027829	458.86	35.01
JACKSON OIL COMPANY, IN	2010 021-611-330	GAS & OIL	DIESEL RED LS 136.2	183290	09/11/2010	028068	301.33	35.01
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 23.77	147381	09/13/2010	027991	1,445.22	18.16
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 25.53	147126/14710	09/13/2010	027987	1,552.22	18.16
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 25.11	147126/14710	09/13/2010	027987	1,526.69	18.16
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 25.13	147126/14710	09/13/2010	027987	1,527.90	18.16
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 25.14	147126/14710	09/13/2010	027987	1,528.51	18.16
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 24.98	147126/14710	09/13/2010	027987	1,518.78	18.16
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 24.86	147126/14710	09/13/2010	027987	1,511.49	18.16
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 25.26	147126/14710	09/13/2010	027987	1,535.81	18.16
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 24.93	147291	09/13/2010	027972	1,515.74	18.16
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 25.01	147291	09/13/2010	027972	1,520.61	18.16
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 25.05	147291	09/13/2010	027972	1,523.04	18.16
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX	147463	09/11/2010	28048	1,538.85	13.72
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 24.94	147475	09/11/2010	028094	1,516.35	13.72
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 25.04	147475	09/11/2010	028094	1,522.43	13.72
RICHARD DRAKE CONSTRUCT	2010 021-611-332	OTHER ROAD MATERI	COLD MIX DEL 23.68	147475	09/11/2010	028094	1,439.74	13.72
MAINTENANCE BUILDING FU	2010 021-611-339	TIRES	LABOR AND MATERIAL	PCT 1 ...	09/13/2010	027969	418.00	6.47
MAINTENANCE BUILDING FU	2010 021-611-339	TIRES	LABOR AND MATERIAL	PCT 1 ...	09/13/2010	027969	115.85	6.47
CONROY FORD TRACTOR	2010 021-611-360	REPAIRS	PLOW BOLT 558212PB	85451	09/13/2010	027953	21.42	63.89
CONROY FORD TRACTOR	2010 021-611-360	REPAIRS	NUT 558N	85451	09/13/2010	027953	4.50	63.89
DALE'S AUTO REPAIR	2010 021-611-360	REPAIRS	MVI STICKER 848-216	PCT 1 - TITU	09/13/2010	027973	14.50	63.89
DALE'S AUTO REPAIR	2010 021-611-360	REPAIRS	MVI STICKER 717-483	PCT 1 - TITU	09/13/2010	027973	14.50	63.89
DALE'S AUTO REPAIR	2010 021-611-360	REPAIRS	MVI STICKER 666-060	PCT 1 - TITU	09/13/2010	027973	14.50	63.89
DALE'S AUTO REPAIR	2010 021-611-360	REPAIRS	MVI STICKER 891-251	PCT 1 - TITU	09/13/2010	027973	14.50	63.89
DALE'S AUTO REPAIR	2010 021-611-360	REPAIRS	MVI STICKER 878-966	PCT 1 - TITU	09/13/2010	027973	14.50	63.89
DALE'S AUTO REPAIR	2010 021-611-360	REPAIRS	MVI STICKER 899-46	PCT 1 - TITU	09/13/2010	027973	14.50	63.89
DALE'S AUTO REPAIR	2010 021-611-360	REPAIRS	MVI STICKER 90 FOR	PCT 1 - TITU	09/13/2010	027973	14.50	63.89
CATERPILLAR FINANCIAL S	2010 021-611-463	LEASE	LEASE-SEPT 2010	13660137	09/13/2010		1,712.06	.00
PRIEFERT MFG CO, INC	2010 021-611-495	MISCELLANEOUS	TRANSPORT BOMAG	PCT 1 -TITUS	09/13/2010	027971	200.00	.00
DAVIS TREE SERVICE	2010 021-611-495	MISCELLANEOUS	CUT TREES CR1342	142266	09/11/2010	028076	600.00	.00
RYCHLIK AUTO SERVICE	2010 021-611-495	MISCELLANEOUS	TOW CHARGE 878-966	08934	09/13/2010	028015	150.00	.00

ROAD & BRIDGE # 1 27,309.11

ROAD & BRIDGE #1 FUND

FUND TOTAL

27,309.11

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ROAD & BRIDGE #2 FUND

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

DOR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	COLD MIX DEL	25.38 147310	09/13/2010	028006	1,543.10	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	25.64 146972/14696	09/13/2010	027743	1,542.25	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	25.39 146972/14696	09/13/2010	027743	1,527.21	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	25.36 146972/14696	09/13/2010	027743	1,525.40	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	25.31 146972/14696	09/13/2010	027743	1,522.40	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	25.24 146972/14696	09/13/2010	027743	1,518.19	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	25.42 146972/14696	09/13/2010	027743	1,529.01	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	25.15 146972/14696	09/13/2010	027743	1,512.77	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	26.10 146972/14696	09/13/2010	027743	1,569.92	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	25.55 146972/14696	09/13/2010	027743	1,536.83	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	25.76 146972/14696	09/13/2010	027743	1,549.46	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	25.21 146972/14696	09/13/2010	027743	1,516.38	55.48-
RICHARD DRAKE CONSTRUCT	2010 022-612-332	OTHER ROAD MATERI	OIL SAND DEL	25.02 146972/14696	09/13/2010	027743	1,504.95	55.48-
MAINTENANCE BUILDING FU	2010 022-612-339	TIRES	LABOR AND MATERIAL	PCT 2	09/13/2010	027968	178.40	6.40-
MCCOY BUILDING	2010 022-612-341	SUPPLIES	PAINT MASONRY WHITE	6125436	09/13/2010	028025	21.99	70.07
VISA CREDIT CARD	2010 022-612-341	SUPPLIES	WASP & HORNET SPRAY	WASP & HORNE	09/13/2010	027679	47.28	70.07
MASON HARDWARE	2010 022-612-360	REPAIRS	TAP N GO HEAD	246968	09/11/2010	028085	19.99	19.91
MAINTENANCE BUILDING FU	2010 022-612-360	REPAIRS	LABOR AND MATERIAL	PCT 2	09/13/2010	027968	295.78	23.72
MAINTENANCE BUILDING FU	2010 022-612-360	REPAIRS	LABOR AND MATERIAL	PCT 2	09/13/2010	028018	51.06	23.72
MAINTENANCE BUILDING FU	2010 022-612-360	REPAIRS	LABOR AND MATERIAL	PCT 2	09/13/2010	028018	13.60	23.72
CONROY FORD TRACTOR	2010 022-612-360	REPAIRS	RETAINER FONN94549N	86193	09/13/2010	028027	8.38	23.72
CONROY FORD TRACTOR	2010 022-612-360	REPAIRS	WELDMENT 00776619	86097/86184/	09/12/2010	028047	127.70	19.91
CONROY FORD TRACTOR	2010 022-612-360	REPAIRS	SHIPPING	86097/86184/	09/12/2010	028047	26.51	19.91
CONROY FORD TRACTOR	2010 022-612-360	REPAIRS	WELDMENT 00777737	86097/86184/	09/12/2010	028047	206.24	19.91
CONROY FORD TRACTOR	2010 022-612-360	REPAIRS	FREIGHT	86097/86184/	09/12/2010	028047	10.01	19.91
CONROY FORD TRACTOR	2010 022-612-360	REPAIRS	SCREW 82022544	86097/86184/	09/12/2010	028047	16.56	19.91
CONROY FORD TRACTOR	2010 022-612-360	REPAIRS	CREDIT INV 86112	86097/86184/	09/12/2010	028047	127.70	19.91
CONROY FORD TRACTOR	2010 022-612-360	REPAIRS	RING 85801098	86097/86184/	09/12/2010	028047	30.04	19.91
CONROY FORD TRACTOR	2010 022-612-360	REPAIRS	PIN 85801097	86097/86184/	09/12/2010	028047	33.76	19.91
CONROY FORD TRACTOR	2010 022-612-360	REPAIRS	BUCKET TOOTH 876124	86097/86184/	09/12/2010	028047	58.16	19.91
BOBBY'S LAWNMOWER	2010 022-612-360	REPAIRS	CHAINSAW CHAIN 91-5	0001188	09/13/2010	028028	16.00	23.72
BOBBY'S LAWNMOWER	2010 022-612-360	REPAIRS	CHAINSAW FILE	0001188	09/13/2010	028028	2.00	23.72
CRA PAYMENT CENTER	2010 022-612-360	REPAIRS	LINK 02972816	L56585	09/13/2010	027951	371.00	23.72
CRA PAYMENT CENTER	2010 022-612-360	REPAIRS	SHIPPING	L56585	09/13/2010	027951	18.12	23.72
CRA PAYMENT CENTER	2010 022-612-360	REPAIRS	SHIPPING	L56725	09/12/2010	028046	20.90	19.91
CRA PAYMENT CENTER	2010 022-612-360	REPAIRS	PIN 00023200	L56725	09/12/2010	028046	3.68	19.91
CRA PAYMENT CENTER	2010 022-612-360	REPAIRS	BLADE 00020900	L56725	09/12/2010	028046	23.74	19.91
CRA PAYMENT CENTER	2010 022-612-360	REPAIRS	BLADE BOLT 2782900	L56725	09/12/2010	028046	37.90	19.91
CRA PAYMENT CENTER	2010 022-612-360	REPAIRS	BLADE 02761500	L56725	09/12/2010	028046	83.70	19.91
BRADDOCK'S AUTO TRIM AN	2010 022-612-360	REPAIRS	TINT WINDOW ON TRAC	PCT 2 TINT	09/13/2010	027950	30.00	23.72
TRI SPECIAL UTILITY DIS	2010 022-612-442	UTITITIES-WATER	WATER-UTILITY	PCT 2>FIELDS	09/12/2010		32.10	65.97
VISA CREDIT CARD	2010 022-612-495	MISCELLANEOUS	TIRE GAUGE	TIRE GAUGE	09/13/2010	027840	9.44	76.15
VISA CREDIT CARD	2010 022-612-495	MISCELLANEOUS	RADIO XDHR6435	TIRE GAUGE	09/13/2010	027840	90.00	76.15
LOWES	2010 022-612-495	MISCELLANEOUS	GATORADE 20 OZ	908477	09/12/2010	027842	51.05	75.96
LOWES	2010 022-612-495	MISCELLANEOUS	TAX CREDIT	908477	09/12/2010	027842	4.20	75.96
LOWES	2010 022-612-495	MISCELLANEOUS	TAX	908477	09/12/2010	027842	4.20	75.96

ROAD & BRIDGE # 2 21,705.26

GUARANTY BOND BANK	2010 022-680-631	PRINC-09 FORD TRU DUMP TRUCK	PRIN SEPT 20	09/11/2010	PCT 2	1,046.25	.85-
GUARANTY BOND BANK	2010 022-680-671	INT-09 FORD TRK (DUMP TRUCK	INT SEPT 201	09/11/2010	PCT 2	103.57	8.46-

1,149.82

ROAD & BRIDGE #2 FUND FUND TOTAL 22,855.08

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

DOR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
JACKSON OIL COMPANY, IN	2010 023-613-330	GAS & OIL	DIESEL LS 125.071 G	182986	09/13/2010	027981	288.45	25.77-
JACKSON OIL COMPANY, IN	2010 023-613-330	GAS & OIL	DIESEL LS 75.50 GA	182986	09/13/2010	027981	189.50	25.77-
JACKSON OIL COMPANY, IN	2010 023-613-330	GAS & OIL	GAS RNL 473.1 GA X	74284	09/13/2010	028002	1,023.88	25.77-
JACKSON OIL COMPANY, IN	2010 023-613-330	GAS & OIL	STATE GAS TAX	74284	09/13/2010	028002	95.62	25.77-
JACKSON OIL COMPANY, IN	2010 023-613-330	GAS & OIL	DIESEL RED LS 381.1	74284	09/13/2010	028002	875.54	25.77-
JACKSON OIL COMPANY, IN	2010 023-613-330	GAS & OIL	DIESEL RED LS 83.03	182672	09/12/2010	027830	409.52	30.19-
JACKSON OIL COMPANY, IN	2010 023-613-330	GAS & OIL	DIESEL REG LS 139.3	182672	09/12/2010	027830	337.00	30.19-
JACKSON OIL COMPANY, IN	2010 023-613-330	GAS & OIL	DIESEL LS 149.43 GA	183289	09/11/2010	028069	357.56	30.19-
MAINTENANCE BUILDING FU	2010 023-613-339	TIRES	TIRE 900-2094	3453-PCT 3	09/13/2010	028019	89.20	8.15-
MASON HARDWARE	2010 023-613-341	SUPPLIES	MATER LOCKS KEYED A	246735	09/12/2010	028050	27.99	62.05
LOWES	2010 023-613-341	SUPPLIES	GATORADE	906511	09/12/2010	027900	81.68	62.05
MASON HARDWARE	2010 023-613-360	REPAIRS	BOLTS 1/2 X 1 1/2	246294	09/13/2010	027941	45.98	7.48
MASON HARDWARE	2010 023-613-360	REPAIRS	NUTS 1/2	246294	09/13/2010	027941	23.98	7.48
MAINTENANCE BUILDING FU	2010 023-613-360	REPAIRS	AIR FILTER TS115A	PCT 3 - TITU	09/13/2010	027967	41.91	7.48
CONROY FORD TRACTOR	2010 023-613-360	REPAIRS	HYD HOSE 180.25 FT	86338	09/12/2010	028045	66.69	6.95
CONROY FORD TRACTOR	2010 023-613-360	REPAIRS	HYD FITTING WHO6U60	86338	09/12/2010	028045	6.95	6.95
CONROY FORD TRACTOR	2010 023-613-360	REPAIRS	HYD FITTING WHO6U10	86338	09/12/2010	028045	7.21	6.95
BOBBY'S LAWNMOWER	2010 023-613-360	REPAIRS	CHOKE LEVER 5036084	0001187	09/13/2010	028011	8.90	7.48
PITTSBURG TRACTOR INC	2010 023-613-360	REPAIRS	BUSHHOG TEETH 65882	38334	09/13/2010	027933	258.58	7.48
PITTSBURG TRACTOR INC	2010 023-613-360	REPAIRS	BUSHHOG TEETH 65883	38334	09/13/2010	027933	258.58	7.48
TRI SPECIAL UTILITY DIS	2010 023-613-442	UTILITY-WATER	WATER-UTILITY	PCT 3-HINTON	09/12/2010		24.42	58.58
MASON HARDWARE	2010 023-613-495	MISCELLANEOUS	RESPIRATORS 451740	246490	09/13/2010	028016	35.80	39.74-
MASON HARDWARE	2010 023-613-495	MISCELLANEOUS	KEYS	246779	09/12/2010	028056	12.96	40.11-
JON-WAYNE COMPANY	2010 023-613-495	MISCELLANEOUS	MATERIAL REPAIR ICE	44067	09/13/2010	028009	225.86	39.74-
JON-WAYNE COMPANY	2010 023-613-495	MISCELLANEOUS	LABOR REPAIR ICE	44067	09/13/2010	028009	162.50	39.74-

ROAD & BRIDGE # 3 4,956.26

ROAD & BRIDGE #3 FUND FUND TOTAL 4,956.26

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

FOR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	¢ REM
RICHARD DRAKE CONSTRUCT	2010 024-614-332	OTHER ROAD MATERI	COLD MIX DEL 25.42	147322	09/13/2010	027914	1,545.54	107.75-
RICHARD DRAKE CONSTRUCT	2010 024-614-332	OTHER ROAD MATERI	COLD MIX DEL 25.32	147322	09/13/2010	027914	1,539.46	107.75-
RICHARD DRAKE CONSTRUCT	2010 024-614-332	OTHER ROAD MATERI	COLD MIX DEL 25.37	147322	09/13/2010	027914	1,542.50	107.75-
RICHARD DRAKE CONSTRUCT	2010 024-614-332	OTHER ROAD MATERI	COLD MIX DEL 25.37	147322	09/13/2010	027914	1,542.50	107.75-
RICHARD DRAKE CONSTRUCT	2010 024-614-332	OTHER ROAD MATERI	COLD MIX DEL 25.38	147322	09/13/2010	027914	1,543.10	107.75-
RICHARD DRAKE CONSTRUCT	2010 024-614-332	OTHER ROAD MATERI	COLD MIX DEL 25.33	147322	09/13/2010	027914	1,540.06	107.75-
RICHARD DRAKE CONSTRUCT	2010 024-614-332	OTHER ROAD MATERI	COLD MIX DEL 25.34	147322	09/13/2010	027914	1,540.67	107.75-
RICHARD DRAKE CONSTRUCT	2010 024-614-332	OTHER ROAD MATERI	COLD MIX DEL 25.34	147322	09/13/2010	027914	1,540.67	107.75-
RICHARD DRAKE CONSTRUCT	2010 024-614-332	OTHER ROAD MATERI	COLD MIX DEL 25.36	147322	09/13/2010	027914	1,541.89	107.75-
RICHARD DRAKE CONSTRUCT	2010 024-614-332	OTHER ROAD MATERI	COLD MIX DEL 25.37	147322	09/13/2010	027914	1,542.50	107.75-
LITTLE GIANT	2010 024-614-339	TIRES	LABOR	39-TITUS	09/13/2010	028026	45.00	16.97-
LITTLE GIANT	2010 024-614-339	TIRES	FRONT TIRE BACKHOE	21-PCT 4	09/13/2010	028013	149.95	16.97-
LITTLE GIANT	2010 024-614-339	TIRES	METAL STEMS	21-PCT 4	09/13/2010	028013	13.98	16.97-
MAINTENANCE BUILDING FU	2010 024-614-339	TIRES	LABOR AND MATERIAL	PCT 4	09/13/2010	027966	89.20	16.97-
AIRGAS	2010 024-614-341	SUPPLIES	ELECTRODES E6011 5	106132994	09/13/2010	027997	92.25	96.80
AIRGAS	2010 024-614-341	SUPPLIES	HAZ MAT CHARGE	106132994	09/13/2010	027997	8.00	96.80
MAINTENANCE BUILDING FU	2010 024-614-360	REPAIRS	LABOR AND MATERIAL	PCT 4	09/13/2010	027966	218.75	29.43
TRI SPECIAL UTILITY DIS	2010 024-614-442	UTILITIES-WATER	WATER-UTILITY	PCT 4>HOCKAD	09/12/2010		26.50	47.22
LOWES	2010 024-614-495	MISCELLANEOUS	GATORADE 3 PUNCH/3	909167	09/12/2010	027903	91.89	91.17

ROAD & BRIDGE # 4 16,154.41

ROAD & BRIDGE #4 FUND FUND TOTAL 16,154.41

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10/2010 11:22:56

PARK FUND

A/P CLAIMS LIST



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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

DOR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
VISA CREDIT CARD	2010 031-660-450	MAINTENANCE & MOW	WASP & HORNET SPRAY	WASP SPRAY	09/13/2010	027680	47.28	70.42
AMSAN	2010 031-660-495	MISCELLANEOUS - P	LINER 55 GA REN2601	229046073	09/13/2010	027906	192.90	67.57-
BOBBY'S LAWNMOWER	2010 031-660-495	MISCELLANEOUS - P	REWIND SPRING 17722	1185	09/13/2010	027992	10.90	67.57-
BOBBY'S LAWNMOWER	2010 031-660-495	MISCELLANEOUS - P	STARTER ROPE	1185	09/13/2010	027992	3.00	67.57-
BOBBY'S LAWNMOWER	2010 031-660-495	MISCELLANEOUS - P	LABOR	1185	09/13/2010	027992	22.50	67.57-
ECHO PUBLISHING COMPANY	2010 031-660-495	MISCELLANEOUS - P	PARK ENVELOPES	15040-PARK	09/13/2010	027904	453.75	67.57-

							730.33	

PARK FUND							FUND TOTAL	730.33

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COUNTY CLERK R&M FUND

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
DATA	2010 043-403-330	R&M EXPENSE	BOOK CODE CHANGE FO	12547	09/11/2010	028038	125.00	13.65-
FIRMINS	2010 043-403-330	R&M EXPENSE	CARTRIDGE HEW CC364	526220	09/11/2010	027986	310.18	13.65-
FIRMINS	2010 043-403-330	R&M EXPENSE	RINGBINDER CLI 6193	521560	09/11/2010	027843	13.42	13.65-
FIRMINS	2010 043-403-330	R&M EXPENSE	FASTNERS ACC 70424	521560	09/11/2010	027843	13.65	13.65-
FIRMINS	2010 043-403-330	R&M EXPENSE	PAPER CLIPS UNV 722	520960	09/11/2010	027807	30.96	13.65-
FIRMINS	2010 043-403-330	R&M EXPENSE	PAPER CLIPS UNV 722	520960	09/11/2010	027807	10.56	13.65-
FIRMINS	2010 043-403-330	R&M EXPENSE	PEN BK440C BLUE	520960	09/11/2010	027807	16.80	13.65-
FIRMINS	2010 043-403-330	R&M EXPENSE	PRENCIL PAP 3030131	520960	09/11/2010	027807	12.54	13.65-
FIRMINS	2010 043-403-330	R&M EXPENSE	RIBBON OKI 42377801	520960	09/11/2010	027807	39.27	13.65-
ACS	2010 043-403-330	R&M EXPENSE	DIGITIZE/UPLOAD PRE	545179	09/13/2010	026681	3,086.40	12.72-
STAPLES ADVANTAGE	2010 043-403-330	R&M EXPENSE	RETURN 6 FT CABLE	3140775567	09/12/2010	027892	17.92-	13.65-
STAPLES ADVANTAGE	2010 043-403-330	R&M EXPENSE	CABLE 6 FT USB	3140775567	09/12/2010	027892	39.98	13.65-
STAPLES ADVANTAGE	2010 043-403-330	R&M EXPENSE	CABLE 6 FT USB	3140775567	09/12/2010	027892	17.92	13.65-

							3,698.76	

COUNTY CLERK R&M FUND						FUND TOTAL	3,698.76	

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DISTRICT CLERK-R&M FUND

A/P CLAIMS LIST



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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

OR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
SOUTHWEST FILING AND ST	2010 044-450-570	CAPITAL OUTLAY	FILING SYSTEM	13702-TITUS	09/11/2010	027949	13,710.00	.00
							----- 13,710.00	
		DISTRICT CLERK R&M FUND		FUND TOTAL			----- 13,710.00	

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DISTRICT ATTORNEY FUND

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

DOR NAME

ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	± REM
2010 047-476-480	DUES	DUES	CHUCK BAILEY	09/11/2010		75.00	.00

75.00

DISTRICT ATTORNEY FUND

FUND TOTAL

75.00

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COUNTY ATTORNEY FUND

A/P CLAIMS LIST

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

DOR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
JACKSON OIL COMPANY, IN	2010 048-475-330	GAS & OIL	GAS RNL 36.011 GA X	182674	09/12/2010	027828	84.36	.00
JACKSON OIL COMPANY, IN	2010 048-475-330	GAS & OIL	GAS RNL 16.98 GA X	182984	09/12/2010	027979	40.43	.00

							124.79	

COUNTY ATTORNEY FUND				FUND TOTAL		124.79		

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SHERIFF COMMISSARY FUND

A/P CLAIMS LIST



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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

FOR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
CHARM TEX	2010 059-512-370	HYGIENE SUPPLIES	EST SHIPPING	0044462	09/12/2010	027930	28.00	26.42
CHARM TEX	2010 059-512-370	HYGIENE SUPPLIES	RAZOR CLEAR H/DRO4	0044462	09/12/2010	027930	29.44	26.42
CHARM TEX	2010 059-512-370	HYGIENE SUPPLIES	SHAMPOO H/CTSSB4	0044462	09/12/2010	027930	115.60	26.42
CHARM TEX	2010 059-512-370	HYGIENE SUPPLIES	ESTIMATED SHIPPING	0041770	09/12/2010	027201	10.00	26.42
CHARM TEX	2010 059-512-370	HYGIENE SUPPLIES	TOOTH BRUSH TB30	0041770	09/12/2010	027201	8.18	26.42
CHARM TEX	2010 059-512-370	HYGIENE SUPPLIES	SHAMPOO CTSSB4	0041770	09/12/2010	027201	115.60	26.42
CHARM TEX	2010 059-512-480	PRISONER UNIFORMS	SHIPPING	0044790	09/11/2010	027787	7.00	40.55
CHARM TEX	2010 059-512-480	PRISONER UNIFORMS	DISPOSABLE COVERALL	0044790	09/11/2010	027787	30.90	40.55

							344.72	

SHERIFF COMMISSARY FUND				FUND TOTAL			344.72	

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MAINTENANCE BLDG FUND

A/P CLAIMS LIST

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

DOOR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	¢ REM
JACKSON OIL COMPANY, IN	2010 085-615-330	GAS & OIL	GAS RNL 34.6420 X 2	182982	09/13/2010	027977	82.48	33.61
JACKSON OIL COMPANY, IN	2010 085-615-330	GAS & OIL	GAS RNL 50.87 GA X	182676	09/12/2010	027826	119.17	31.68
JACKSON OIL COMPANY, IN	2010 085-615-330	GAS & OIL	GAS RNL 32.124 GA X	183293	09/11/2010	028065	73.81	31.68
SOUTHERN TIRE MART	2010 085-615-331	TIRES	CREDIT FET	57042380/570	09/13/2010	028012	80.35-	8.13-
SOUTHERN TIRE MART	2010 085-615-331	TIRES	CREDIT FET	57042380/570	09/13/2010	028012	20.51-	8.13-
SOUTHERN TIRE MART	2010 085-615-331	TIRES	TIRES 10R22.5	57042380/570	09/13/2010	028012	800.00	8.13-
SOUTHERN TIRE MART	2010 085-615-331	TIRES	FET CHARGE	57042380/570	09/13/2010	028012	64.28	8.13-
SOUTHERN TIRE MART	2010 085-615-331	TIRES	TIRE 10R22.5 RADIAL	57042380/570	09/13/2010	028012	209.60	8.13-
SOUTHERN TIRE MART	2010 085-615-331	TIRES	FET CHARGE	57042380/570	09/13/2010	028012	16.07	8.13-
SOUTHERN TIRE MART	2010 085-615-331	TIRES	TIRE 9.00 R 20	57042380/570	09/13/2010	028012	235.50	8.13-
SOUTHERN TIRE MART	2010 085-615-331	TIRES	FET CHARGE	57042380/570	09/13/2010	028012	20.51	8.13-
SOUTHERN TIRE MART	2010 085-615-331	TIRES	CREDIT INV 57041614	57042380/570	09/13/2010	028012	594.00-	8.13-
BENSON ENVIRONMENTAL	2010 085-615-331	TIRES	PICKUP AUTO TIRES	104567	09/13/2010	027985	503.80	8.13-
BENSON ENVIRONMENTAL	2010 085-615-331	TIRES	PICKUP TRUCK TIRES	104567	09/13/2010	027985	132.00	8.13-
MASON HARDWARE	2010 085-615-396	SHOP SUPPLIES	WINDEX 429340	246192/24620	09/13/2010	027957	3.99	2.08-
MASON HARDWARE	2010 085-615-396	SHOP SUPPLIES	FANTASTIK 353125	246192/24620	09/13/2010	027957	3.49	2.08-
MASON HARDWARE	2010 085-615-396	SHOP SUPPLIES	MR CLEAN 522110	246192/24620	09/13/2010	027957	3.99	2.08-
MASON HARDWARE	2010 085-615-396	SHOP SUPPLIES	SCRUB BUBBLES 25583	246192/24620	09/13/2010	027957	3.99	2.08-
MASON HARDWARE	2010 085-615-396	SHOP SUPPLIES	RESOLVE 637023	246192/24620	09/13/2010	027957	6.99	2.08-
MASON HARDWARE	2010 085-615-396	SHOP SUPPLIES	BOWL BRUSH 6078109	246192/24620	09/13/2010	027957	4.99	2.08-
MASON HARDWARE	2010 085-615-396	SHOP SUPPLIES	DOLLY WHEELS 726705	246192/24620	09/13/2010	027957	17.98	2.08-
ELLIOTT JEEP EAGLE	2010 085-615-396	SHOP SUPPLIES	SENSOR 56029398AA	80101	09/13/2010	027962	36.67	2.08-
AIRGAS	2010 085-615-396	SHOP SUPPLIES	OXYGEN 150	106126760/13	09/13/2010	028008	18.45	2.08-
AIRGAS	2010 085-615-396	SHOP SUPPLIES	HAZ MAT CHARGE	106126760/13	09/13/2010	028008	1.85	2.08-
AIRGAS	2010 085-615-396	SHOP SUPPLIES	TRANSPORT CHARGE	106126760/13	09/13/2010	028008	1.00	2.08-
AIRGAS	2010 085-615-396	SHOP SUPPLIES	MIX GAS	106126760/13	09/13/2010	028008	44.30	2.08-
AIRGAS	2010 085-615-396	SHOP SUPPLIES	HAZ MAT CHARGE	106126760/13	09/13/2010	028008	4.43	2.08-
AIRGAS	2010 085-615-396	SHOP SUPPLIES	TRANSPORT CHARGE	106126760/13	09/13/2010	028008	1.00	2.08-
AIRGAS	2010 085-615-396	SHOP SUPPLIES	REPAIR OXYGEN REGUL	106103895	09/13/2010	027952	50.92	2.08-
CARQUEST AUTO PARTS	2010 085-615-396	SHOP SUPPLIES	CREDIT RCD1057	945278/94527	09/13/2010	027965	26.99-	2.08-
CARQUEST AUTO PARTS	2010 085-615-396	SHOP SUPPLIES	HYD OIL RO5	945278/94527	09/13/2010	027965	53.90	2.08-
CARQUEST AUTO PARTS	2010 085-615-396	SHOP SUPPLIES	DISC PADS BMD1057A	945278/94527	09/13/2010	027965	35.22	2.08-
CARQUEST AUTO PARTS	2010 085-615-396	SHOP SUPPLIES	CERAMIC PADS RCD105	945278/94527	09/13/2010	027965	26.99	2.08-
VISA CREDIT CARD	2010 085-615-396	SHOP SUPPLIES	WIJNDSHIELD WASHER	WASHER FLUID	09/13/2010	027893	6.72	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BATTERY 58-72	<< TITUS COU	09/13/2010	028010	55.57	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BATTERY CORE CHARGE	<< TITUS COU	09/13/2010	028010	12.00	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BATTERY FEE	<< TITUS COU	09/13/2010	028010	3.00	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	FLASHER BP552	<< TITUS COU	09/13/2010	028010	8.97	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	LIGHT ST70RS	<< TITUS COU	09/13/2010	028010	7.65	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	MARKER LIGHT MC53RS	<< TITUS COU	09/13/2010	028010	2.55	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	WIX AIR FILTER 4284	<< TITUS COU	09/13/2010	028010	38.08	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	WIX AIR FILTER 4284	<< TITUS COU	09/13/2010	028010	9.52	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	DISC PADS SM9094284	<< TITUS COU	09/13/2010	028010	32.56	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BATTERY 24/24R48	<< TITUS COU	09/13/2010	028010	46.32	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BATTERY CORE CHARGE	<< TITUS COU	09/13/2010	028010	12.00	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BATTERY CORE CREDIT	<< TITUS COU	09/13/2010	028010	12.00-	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BATTERY FEE	<< TITUS COU	09/13/2010	028010	3.00	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	HOSE CLAMP MP5072	<< TITUS COU	09/13/2010	028010	3.20	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BRAKE CALIPER 18-80	<< TITUS COU	09/13/2010	028010	52.91	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BRAKE CLEAN 72408	<< TITUS COU	09/13/2010	028010	23.88	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BRAKE FLUID 72105	<< TITUS COU	09/13/2010	028010	12.99	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BRAKE CALIPER CORE	<< TITUS COU	09/13/2010	028010	70.00	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BRAKE CALIPER CORE	<< TITUS COU	09/13/2010	028010	70.00-	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BRAKE CALIPER 18-80	<< TITUS COU	09/13/2010	028010	52.91	2.08-
O'REILLY AUTOMOTIVE, IN	2010 085-615-396	SHOP SUPPLIES	BRAKE CALIPER CORE	<< TITUS COU	09/13/2010	028010	70.00	2.08-

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ALL RECORDS FROM 09/11/2010 TO 09/13/2010 DATE-TO-BE-PAID

DOR NAME	ACCOUNT #	ACCOUNT NAME	ITEM/REASON	INVOICE #	DATE TBP	PO NO	AMOUNT	% REM
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	BRAKE CALIPER CORE	<< TITUS COU	09/13/2010	028010	70.00-	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	DISC PADS MKD 225FE	<< TITUS COU	09/13/2010	028010	68.21	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	OIL DRI 40	<< TITUS COU	09/13/2010	028010	21.96	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	CREDIT INV 0385-120	<< TITUS COU	09/13/2010	028010	40.84-	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	CREDIT INV 0385-118	<< TITUS COU	09/13/2010	028010	183.69-	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	BATTERY CORE CREDIT	<< TITUS COU	09/13/2010	028010	12.00-	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	HOSE CLAMP MP50104	TITUS COUNTY	09/13/2010	027963	4.54	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	HOSE CLAMP MP5010	TITUS COUNTY	09/13/2010	027963	8.40	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	REPAIR KIT 90110	TITUS COUNTY	09/13/2010	027963	9.99	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	AIR FILTER WIX 7676	TITUS COUNTY	09/13/2010	027963	41.91	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	TURN ROTORS	TITUS COUNTY	09/13/2010	027963	40.00	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	SEAL BEAM 4636	TITUS COUNTY	09/13/2010	027963	13.99	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	CERAMIC PADS SC931	..TITUS COUN	09/13/2010	027963	36.09	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	WIX OIL FILTER 159M	..TITUS COUN	09/13/2010	027963	19.92	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	WASHER SOLVENT WIP	..TITUS COUN	09/13/2010	027963	3.98	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	MINI LAMP 194	..TITUS COUN	09/13/2010	027963	1.68	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	HOSE CLAMP MP5044	..TITUS COUN	09/13/2010	027963	2.44	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	CERAMIC PADS SC1040	..TITUS COUN	09/13/2010	027963	40.84	2.08-
O'REILLY AUTOMOTIVE,	IN 2010 085-615-396	SHOP SUPPLIES	ANTI FREEZE GAL	..TITUS COUN	09/13/2010	027963	19.98	2.08-
CUSTOM PRODUCTS CORPORA	2010 085-615-396	SHOP SUPPLIES	WHITE ALUM SIGN BLA	TITUS COUNTY	09/11/2010	028083	1,414.00	9.93-
ABC AUTO	2010 085-615-396	SHOP SUPPLIES	CREDIT WAG MX11053	..TITUS COUN	09/13/2010	027964	63.53-	2.08-
ABC AUTO	2010 085-615-396	SHOP SUPPLIES	DISC PADS WAG MX105	..TITUS COUN	09/13/2010	027964	53.76	2.08-
ABC AUTO	2010 085-615-396	SHOP SUPPLIES	BULLSEYE REPAIR COC	..TITUS COUN	09/13/2010	027964	9.00	2.08-
ABC AUTO	2010 085-615-396	SHOP SUPPLIES	DISC PADS WAG MX105	..TITUS COUN	09/13/2010	027964	63.53	2.08-
ABC AUTO	2010 085-615-396	SHOP SUPPLIES	TURN BRAKE DRUMS	MAINT-TITUS	09/13/2010	028014	40.00	2.08-
TNT AUTOMOTIVE	2010 085-615-396	SHOP SUPPLIES	ALIGN FRONT END UNI	240107	09/13/2010	027954	34.95	2.08-

3,876.46

MAINTENANCE BLDG FUND

FUND TOTAL

3,876.46

GRAND TOTAL

228,493.27