EXETER FIRE DEPARTMENT MONTHLY CONSOLIDATED REPORT

| DED | - | END | INIA. |
|-----|-----|------|-------|
| PER | IUU | CINU | IIVG: |

Structure

Vehicles

TOTAL FIRE LOSS \$

Other

0

0

1,000

1,000

0

0

1,000

1,000

0

0

0

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|-------|---------|------|
| MO. | JANUARY | 2025 |

| MO: JANUARY | 2025 | | | | TUIO | T | |
|-------------------------------|-------------|-------------|-------------|------------------------------|-------------|-------------|-------------|
| PART 1 FIRE | THIS MO. | THIS YTD | LAST YTD | ALARMS | THIS MO. | THIS YTD | LAST YTD |
| Appliance | 1 | 1 | 2 | Master Box, Fire Alarm | 0 | 0 | 0 |
| Brush | 4 | 4 | 0 | Fire Alarm Maint/Malfunction | 0 | 0 | 0 |
| Chimney | 1 | 1 | 0 | Sprinkler System Malfunction | 0 | 0 | 0 |
| Structure | 1 | 1 | 0 | Fire Alarm, Private | 24 | 24 | 24 |
| Trash | 0 | 0 | 0 | ,, | | | |
| Vehicle | 2 | 2 | 0 | | | | |
| Spill, Leak w/Fire | 0 | 0 | 0 | EMERG. RESPONSES | 146 | 146 | 126 |
| Electrical | 0 | 0 | 0 | | | | |
| Explosion | 0 | 0 | 0 | | THIS | THIS | LAST |
| Unauthorized Burn | 0 | 0 | 0 | SERVICE CALLS | MO. | YTD | YTD |
| Controlled Burn | 0 | 0 | 0 | Fire Alarm System | 0 | 0 | 0 |
| Bomb Scare | 0 | 0 | 0 | Radio Box System | 0 | 0 | 0 |
| Smoke in the Area | 1 | 1 | 0 | Fire Permits Issued | 6 | 6 | 10 |
| Smoke in the Building | 1 | 1 | 0 | Service Call, Not Classified | 0 | 0 | 2 |
| Water Emergency | 0 | 0 | 3 | , | - | - | _ |
| Smoke/Odor Removal | 0 | 0 | 0 | TOTAL PART I | 152 | 152 | 138 |
| Power Line Down | 5 | 5 | 3 | | THIS | THIS | LAST |
| Wires Arcing/Short Electrical | 1 | 1 | 1 | PART II FIRE PREVENTION | MO. | YTD | YTD |
| Building Collapse | 1 | 1 | 0 | Plan Reviews | 1 | 1 | 1 |
| Fire Investigation | 0 | 0 | 0 | Drills/Public Education | 1 | 1 | 3 |
| Fire Mutual Aid, Given | 4 | 4 | 6 | Pre-Planning | 0 | 0 | 1 |
| Fire Mutual Aid, Received | 0 | 0 | 0 | Inspections | | | |
| Fire, Not Classified | 0 | 0 | 0 | Assembly | 0 | 0 | 3 |
| , | | | | Education | 0 | 0 | 1 |
| HAZ. MATERIAL | | | | Healthcare | 0 | 0 | 1 |
| Chemical Leak/Spill | 0 | 0 | 0 | Residential | 0 | 0 | 1 |
| LPG/Nat'l Gas Leak | 3 | 3 | 4 | Mercantile | 0 | 0 | 0 |
| Gas, Leak, Spill | 0 | 0 | 0 | Business | 0 | 0 | 1 |
| Hazmat Investigation | 0 | 0 | 0 | Industrial/Storage | 0 | 0 | 0 |
| Carbon Monoxide | 4 | 4 | 3 | Hazard Inspection | 0 | 0 | 4 |
| Hazmat, N/C Above | 3 | 3 | 0 | Oil Burner Inspection | 5 | 5 | 0 |
| , | | | | Site Inspection/Multi | 2 | 2 | 0 |
| RESCUE | | | | Day Care Life Safety | 0 | 0 | 0 |
| Auto Accident/Extrication | 14 | 14 | 11 | Tank Removal Inspection | 0 | 0 | 0 |
| Industrial Accident | 0 | 0 | 0 | Permits | | | |
| Lock In/Out | 3 | 3 | 5 | Assembly Permits | 0 | 0 | 3 |
| Water Rescue | 0 | 0 | 0 | Blasting Permits | 0 | 0 | 0 |
| Search | 0 | 0 | 0 | Oil Burner Permits | 5 | 5 | 2 |
| Elevator Emergency | 4 | 4 | 1 | Fire Alarm Permits | 2 | 2 | 2 |
| Assist Ambulance | 68 | 68 | 63 | Extingushing System Permits | 2 | 2 | 1 |
| Assist Police | 1 | 1 | 0 | Tank Removal Permits | 0 | 0 | 0 |
| Rescue N/C Above | 0 | 0 | 0 | NH Burn Permits | 12 | 12 | 4 |
| | | | | TOTAL PART II | 30 | 30 | 28 |
| Emergency Responses | 122 | 122 | 102 | Monthly | | | |
| | | - | | Property Total Value | 1,000 | | |
| FIRE LOSS | | | | Vs. Estimated Damage | 1,000 | | |
| . | _ | • | _ | | 40004 | | |

| Vs. Estimated Damage | 1,000 | | |
|----------------------|-------|--|--|
| Percentage Lost | 100% | | |
| | • | | |
| Year to Date | | | |
| Property Total Value | 1,000 | | |
| Vs. Estimated Damage | 1,000 | | |
| Percentage Lost | 100% | | |

| AMBULANCE - PART III | | THIS MO. | THIS YTD | LAST YTD | STATISTICAL INFO: | | | |
|----------------------------|------|-------------|------------------|------------------|--|------|------|-------|
| Allergic Reaction | | 0 | 0 | 1 | Personnel - Total 38 | | | |
| Behavioral | | 22 | 22 | 15 | | | | |
| Cardiovascular | | 17 | 17 | 16 | a. Administrative 5 | | | |
| Diabetic | | 4 | 4 | 2 | b. Permanent FF 28 | | | |
| Gastrointestinal | | 26 | 26 | 21 | c. Civilian 1 | | | |
| Heat/Hyperthermia | | 0 | 0 | 0 | d. Call FF | • | | |
| Hypothermia/Frostbite | | 0 | 0 | 0 | | | | |
| Neurological | | 49 | 49 | 33 | Training Hours | THIS | THIS | LAST |
| OB/GYN | | 0 | 0 | 1 | - | MO. | YTD | YTD |
| Poisoning/Overdose | | 3 | 3 | 2 | a. Permanent | 404 | 404 | 568.5 |
| Opioid Response | | 20 | 20 | 2 | b. Call | 4 | 4 | 0 |
| Respiratory Distress | | 0 | 0 | 22 | | | | |
| Toxic Exposure | | 0 | 0 | 1 | | | | |
| Trauma | | 46 | 46 | 55 | TOTAL HOURS | 408 | 408 | 569 |
| Urinary Tract | | 4 | 4 | 7 | | | | |
| Vascular | | 6 | 6 | 5 | | | | |
| Lift Assist | | 40 | 40 | 27 | | THIS | THIS | LAST |
| Hospital to Hospital | | 0 | 0 | 0 | PART IV HEALTH | MO. | YTD | YTD |
| Ambulance, Not Classified | | 7 | 7 | 12 | | | | |
| Ambulance Mutual Aid, Giv | ⁄en | 3 | 3 | 5 | Rest./Food Service | 4 | 4 | 10 |
| Ambulance Mutual Aid, Re | c'd | 1 | 1 | 0 | 2. Residential Inspection | 0 | 0 | 2 |
| | | | | | 3. Business Inspection | 0 | 0 | 2 |
| AMBULANCE TOTAL | | 244 | 244 | 222 | 4. Child Care Inspection | 1 | 1 | 0 |
| | | | | , | Animal Complaint | 0 | 0 | 1 |
| TOTAL PATIENT CONTA | CT | 12 | 256 | 188 | 6. Nuisances | 1 | 1 | 2 |
| | | | | | Disease Control/Rep. | 0 | 0 | 2 |
| | THIS | | LAST | | Healthcare/Hospital | 1 | 1 | 0 |
| | MO. | YTD | YTD | | 9. Miscellaneous | 4 | 4 | 2 |
| Medicare/Medicaid | 131 | 131 | 111 | | | | | |
| Commercial Insurance | 24 | 24 | 42 | | TOTAL PART IV | 11 | 11 | 21 |
| Vehicle Insurance | 2 | 2 | 2 | | | | | |
| Self Pay | 1 | 1 | 1 | | | | | |
| No Transport | 86 | 86 | 73 | | FIRE DEPT. REVENUE | THIS | THIS | LAST |
| | | | | | | MO. | YTD | YTD |
| BREAKDOWN BY AMBUL | ANCE | SERVIC | Е | | Accounts Billed | 8 | 8 | 5 |
| | | THIS | THIS | LAST | Amount Billed | 325 | 325 | 175 |
| | | MO. | YTD | YTD | Amount Collected | 325 | 325 | 175 |
| | ALS | 42 | 42 | 53 | Amount Conceted | 020 | 323 | 173 |
| | BLS | | 32 | 29 | HEALTH DEPT. REVENUE | THIS | THIS | LAST |
| | | 0_ | 02 | _0 | | MO. | YTD | YTD |
| Potential EMS loss to | | | | | | • . | | |
| mutual aid response. | | 556 | 556 | 0 | Accounts Billed | 2 | 2 | 6 |
| mataar ala reepeneer | | 000 | 000 | Ü | / looddine Dined | _ | _ | Ŭ |
| | | | | | Amount Billed | 375 | 375 | 1,550 |
| AMBULANCE REVENUE | | THIS | THIS | LAST | Amount Collected | 375 | 375 | 1,550 |
| | | MO. | YTD | YTD | | | | , |
| | | | _ | _ | | | | |
| Accounts Billed | | 77 | 77 | 79 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Amount Billed | | • | 71,442 | 77,598 | | | | |
| Contracted Allowances | | 51,483 | 51,483 | 36,616 | | | | |
| | | • | 51,483 | | | | | |
| Contracted Allowances | | 51,483 | 51,483 19,958 | 36,616 40,982 | | | | |