



TERRELL PARK BOARD

6:00 PM, WEDNESDAY, JANUARY 20, 2016

BEN GILL PARK
RAIL CAR - TERRELL, TEXAS

Mary McCoy
Chairman

Diane Cockrill
Member

Alicia Spears
Member

Christy Gail
Member

Tim Royse
Member

Katie Osinde
Member

1. CALL TO ORDER
2. DISCUSS AND CONSIDER APPROVAL OF THE MINUTES OF NOVEMBER 18, 2015
3. DISCUSS AND CONSIDER ELECTION OF OFFICERS
4. UPDATE ON RAIL CAR RENOVATION
5. DISCUSS MISCELLANEOUS ITEMS
6. UPDATE ON SECURITY AND VANDALISM
7. HEAR REMARKS FROM VISITORS
8. ITEMS FOR FUTURE MEETINGS
9. SET NEXT MEETING DATE – MARCH 16, 2016
10. CONSIDER MOTION TO ADJOURN

I HEREBY CERTIFY THAT THIS NOTICE WAS POSTED ON THE BULLETIN BOARD AT TERRELL CITY HALL, 201 E. NASH ST., TERRELL, TEXAS, ON FRIDAY, JANUARY 8, 2016 AT 4:30 P.M.

John Rounsavall
JOHN ROUNSAVALL, CITY SECRETARY



Terrell Park Board Meeting Minutes
Wednesday, November 18, 2015
City of Terrell Service Center
400 Industrial Blvd
Terrell, TX 75160

MEMBERS PRESENT: Alicia Spears, Christy Gail, Tim Royce, Diane Cockrill

MEMBERS ABSENT: Mary Mccoy, Chris Pearson

VISITORS PRESENT: Glenn Caldwell - Director of Public Services, D.J. Ory - Council Member

CALL TO ORDER: The meeting was called to order by Alicia Spears at 6:05 p.m.

DISCUSS AND CONSIDER APPROVAL OF MINUTES: Motion to approve the September 16, 2015 minutes was made by Tim Royse. Second by Christy Gail. Motion carried.

UPDATE ON PARK MAINTENANCE & REPAIRS: Percy Butler, Parks Crew Leader provided an update. Many of the request/items have been completed. The other items are budget items that will need to go before the Council to get funding approved.

Breezy Hill Park - the merry-go-round will be removed. The water fountains will be repaired by the end of the year.

Kings Creek Park - all neighborhood parks are closed between dusk and dawn, no lights required. There is no money in the current budget to add a gazebo.

Restrooms Repairs - (Glenn provided an update) We will be taking bids and moving forward with work after the holidays. The City Council approved a budget line item for \$18,000 to have our cleaning service to help with cleaning the restrooms.

UPDATE ON FISCAL YEAR 2015-2016 BUDGET: The budget will remain the same as the proposed budget that was presented in our previous meeting. This budget will include funding for a Park Master Plan. We will be updating the tennis courts, making repairs to meet UIL Standards. Work is scheduled to begin November 18, 2015.

UPDATE ON RAIL CAR RENOVATION: We removed the tree buried the rail tracks. Eventually the vegetation will cover the tracks.

UPDATE ON YOUTH RECREATION MANAGER: The salary of this position will be a joint cost between the City of Terrell and TISD. The individual that is hired will be under the direction of the Director of Public Services. They will also help manage the pool. Mr. Buster Leaf will help interview and select a fulltime employee. They will be responsible for marketing, scheduling, managing volunteers, volleyball, basketball and tennis.

DISCUSS MISCELLANEOUS ITEMS: Tim Royse was nominated as Vice Chairman. The board will have an action item on the next meeting to officially elect/vote on officers. Katie Osinde will be appointed to the Park Board by the City Council. Her first meeting will be in January 2016.

UPDATE ON SECURITY AND VANDALISM: None

HEAR REMARKS FROM VISITORS: Councilman D.J. Ory made a suggestion about turning the Train Car into a sleeping opportunity.

ITEMS FOR FUTURE MEETINGS: None.

SET NEXT MEETING DATE: January 20, 2016 at 6:00PM at the Service Center.

CONSIDER MOTION TO ADJOURN: A motion was made by Dianne Cockrill to adjourn the meeting at 6:50pm. Second by Christy Gail. Motion carried.

PAGE #		ORI NUMBER		TEXAS INCIDENT REPORT				INTERNAL INCIDENT STATUS:		EXCEPTIONAL CLEARANCE STATUS:					
1		TX1290500						INCIDENT NUMBER		AGENCY NAME		<input type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input type="checkbox"/> (CO) Closed by Other Means <input checked="" type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded		<input type="checkbox"/> (A) Death of the Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Denied <input type="checkbox"/> (D) Victim Ref. to Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable	
15-034664		DATE(S) OF INCIDENT		R		AGENCY NAME		TIME RECEIVED		TIME ARRIVED		REPORTING AREA		EXCEPT. CLEAR. DATE	
12/17/2015 - 12/18/2015		16:00 - 13:00		Thursday - Friday		Terrell Police Department		13:33		13:43		North			
DISPATCHER		TIME RECEIVED		TIME ARRIVED		REPORTING AREA		EXCEPT. CLEAR. DATE		OFFENSE #		UCR CODE		OFFENSE STATUS:	
Tina.Smallwood - Smallwood, Tina Anette		13:33		13:43		North				1		290		<input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	
OFFENSE #		UCR CODE		OFFENSE STATUS:		OFFENDER USED:		Burglary (220) Location 14&19:		FORCED ENTRY?		# PREMISES ENTERED?			
1		290		<input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed		<input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs		<input checked="" type="checkbox"/> (N) Not Applicable		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
OFFENSE DESCRIPTION		STATUTE		ADDRESS OF OFFENSE		CRIMINAL MISCHIEF >=\$100<\$750-299 90042		28.03(b)(2)		BEN GILL PAVILLION - 2 - 131 BEN GILL PKWY, TERRELL, TX 7516					
LOCATION CODE (Enter 1)		WEAPON FORCE: (Max. 3)													
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility <input type="checkbox"/> (16) Lake/Waterway/Beach		<input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store <input type="checkbox"/> (25) Other/Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> (40) ATM Separate From Bank <input type="checkbox"/> (41) Auto Dealership New/Used <input type="checkbox"/> (42) Camp/Campground <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock/Wharf/Freight/Modal Terminal		<input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling Facility/Casino/Race Track <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input checked="" type="checkbox"/> (50) Park/Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College/University <input type="checkbox"/> (53) School - Elementary/Secondary <input type="checkbox"/> (54) Shelter - Mission/Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center		(For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (90) Other <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (99) None <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/Sleeping Pills <input type="checkbox"/> (85) Asphyxiation									
TYPE CRIMINAL ACTIVITY: (Max. 3)		TYPE GANG ACTIVITY: (Max. 3)													
<input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children		<input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming		<input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown											
BIAS MOTIVATED CRIME:															
None (No Bias)															
VICTIM #		NAME: Last, First, Middle		DRIVER'S LICENSE		DR. LI STATE		SOC. SEC. NO.		DATE OF BIRTH					
1		City of Terrell Parks Dept.													
RESIDENT ADDRESS: Street City State ZIP		201 E NASH ST, Terrell, TX 75160		RELATIONSHIP OF THIS VICTIM TO OFFENDERS											
OCCUPATION		RESIDENT PHONE													
		(972) 551-6622													
EMPLOYMENT PHONE		SEX:													
		<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown													
ETHNIC:		AGE:													
<input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		Exact Age _____													
RACE:		Range ____ / ____													
<input type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander		<input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown													
RES. STATUS:															
<input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown															
VICTIM TYPE:															
<input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other															
VICTIM INJURY: (Max. 5)		THIS VICTIM RELATED TO WHICH OFFENSES?													
<input type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration		<input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness		<input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9											
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES															
Aggravated Assault/Murder: (max. 2)		Negligent Manslaughter: (enter 1)													
<input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances		<input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings													
Justifiable Homicide: (enter 1)															
<input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer															
ADDITIONAL JUSTIFIABLE HOMICIDE CIRC: (enter 1)															
<input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information															
REPORT DATE		DAY		TIME (Military)		REPORTING OFFICER		CODE #		APPROVING SUPERVISOR		CODE #		DATE APPROVED	
12/18/2015		Fri		13:32		Officer Steven Johns		325170		Sergeant Jason W hitworth		329563		12/21/2015	

INCIDENT REPORT

VEHICLE	PAGE # 3	DATE 12/18/2015	INCIDENT # 15-034664	REPORTING OFFICER Officer Steven Johns		CODE # 325170	VICTIM NAME City of Terrell Parks Dept.																																																											
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE																																																										
	OWNER'S NAME				ADDRESS																																																													
	TOP/SOLID COLOR				SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																											
VEHICLE	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE																																																										
	OWNER'S NAME				ADDRESS																																																													
	TOP/SOLID COLOR				SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																											
	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (Include serial number, make, model, primary color)		OWNER	ITEM VALUE	RECOV. DATE																																																									
290	4	35	1	Door to men's room, toilet seat and toilet paper holder		V1	140.00																																																											
290	4	35	1	Water slide at pool		V1	200.00																																																											
TOTAL NUMBER VEHICLES STOLEN:			TOTAL NUMBER VEHICLES RECOVERED:			TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:																																																										
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.																																																																		
PROPERTY DESCRIPTION:																																																																		
(01) Aircraft	(02) Alcohol	(03) Automobiles	(04) Bicycles	(05) Buses	(06) Cloths/Furs	(07) Computer Hardware/Software	(08) Consumable Goods	(09) Credit/Debit Cards	(10) Drugs/Narcotics	(11) Drug/Narcotic Equipment	(12) Farm Equipment	(13) Firearms	(14) Gambling Equipment	(15) Heavy Construction/Industrial Equipment	(16) Household Goods	(17) Jewelry/Precious Metals/Gems	(18) Livestock	(19) Merchandise	(20) Money	(21) Negotiable Instruments	(22) Nonnegotiable Instruments	(23) Office-Type Equipment	(24) Other Motor Vehicles	(25) Purses/Handbags/Wallets	(26) Radios/TVs/VCRs/DVD Players	(27) Recordings-Audio/Visual	(28) Recreational Vehicles	(29) Structures-Single Occupancy	(30) Structures-Other Dwellings	(31) Structures-Commercial/Business	(32) Structures-Industrial/Manufacturing	(33) Structures-Public/Community	(34) Structures-Storage	(35) Structures-Other	(36) Tools	(37) Trucks	(38) Vehicle Parts/Accessories	(39) Watercraft	(40) Aircraft Parts/Accessories	(41) Artistic Supplies/Accessories	(42) Building Materials	(43) Camping/Hunting/Fishing Equipment/Supplies	(44) Chemicals	(45) Collections/Collectibles	(46) Documents/Personal or Business	(47) Explosives	(48) Firearm Accessories	(49) Fuel	(50) Identity Documents	(51) Identity - Intangible	(52) Law Enforcement Equipment	(53) Lawn/Yard/Garden Equipment	(54) Logging Equipment	(55) Medical/Medical Lab Equipment	(56) Metals, Non-Precious	(57) Musical Instruments	(58) Pets	(59) Photographic/Optical Equipment	(60) Crops	(61) Portable Electronic Communications	(62) Recreational/Sports Equipment	(63) Other	(64) Trailers	(65) Watercraft Equipment/Parts/Accessories	(66) Weapons - Other	(67) Pending Inventory (of Property)
DRUG TYPE				WHOLE DRUG QUANTITY	FRACTIONAL DRUG QUANTITY	DRUG MEASUREMENT			TYPE DRUG MEASUREMENT:																																																									
DRUG TYPE:									WEIGHT	CAPACITY																																																								
(A) "Crack" Cocaine				(D) Heroin	(G) Opium	(J) PSP	(M) Other Stimulants	(P) Other Drugs	(GM) Gram	(ML) Milliliter																																																								
(B) Cocaine				(E) Marijuana	(H) Other Narcotics	(K) Other Hallucinogens	(N) Barbiturates	(U) Unknown Type Drug	(KG) Kilogram	(LT) Liter																																																								
(C) Hashish				(F) Morphine	(I) LSD	(L) Amphetamines/Methamphetamines	(O) Other Depressants	(X) Over 3 Drug Types	(OZ) Ounce	(FO) Fluid Ounce																																																								
									(LB) Pound	(GL) Gallon																																																								
									UNITS																																																									
									(DU) Dosage Unit (Pills, etc.)																																																									
									(NP) Number of Plants																																																									
COMPLT.	NAME: Last, First, Middle				SEX:		AGE:		RACE:																																																									
	RESIDENT ADDRESS: Street City State Zip				<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown																																																									

CONFIDENTIAL SUPPLEMENT

WITNESSES

PAGE # 4	DATE 12/18/2015	INCIDENT NUMBER 15-034664	REPORTING OFFICER Officer Steven Johns	CODE # 325170	VICTIM NAME City of Terrell Parks Dept.	
NAME: Last, First, Middle				SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPL PHONE	
NAME: Last, First, Middle				SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPL PHONE	

NARRATIVE:

Caller Statement: doors damaged on the bathrooms at the big pavilion

Tina.Smallwood - 2015-12-18 13:33:43

411 nrt to pd to get a camera

GGR0009 - 2015-12-18 13:46:27

6421C at scene to photograph the damage.

SUPPLEMENT #1 Officer Steven Johns - 325170 12/18/2015 17:16

On Friday 12-18-2015 at approximately 1:33 P.M., Officer S.W. Johns # 6133 was dispatched to the main pavilion, located at 131 Ben Gill Pkwy., City of Terrell, Kaufman County, Texas in reference to damage found by city employees. On arrival at approximately 1:43 P.M., Johns # 6133 met with the reporting party, known as Percy Butler.

Butler stated that an unknown subject had damaged the men's room door and the toilet paper dispenser. The toilet seat was also missing. Butler further stated that there was damage to the water slide over at the city pool, located at 110 Randy Snow Ct. It appeared as if skateboarders had jumped the fence and had ridden their skateboards down the dry slide into the empty pool. Butler was unsure of the damage amount for the pool as it had just been resurfaced at a cost of \$30,000.00. Butler had already taken photographs of the damage. They were e-mailed to Johns # 6133 who placed them in the case file.

CONTINUATION PAGE

PAGE # 5	DATE 12/18/2015	INCIDENT # 15-034664	REPORTING OFFICER Officer Steven Johns	CODE # 325170	VICTIM NAME City of Terrell Parks Dept.
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Others Involved

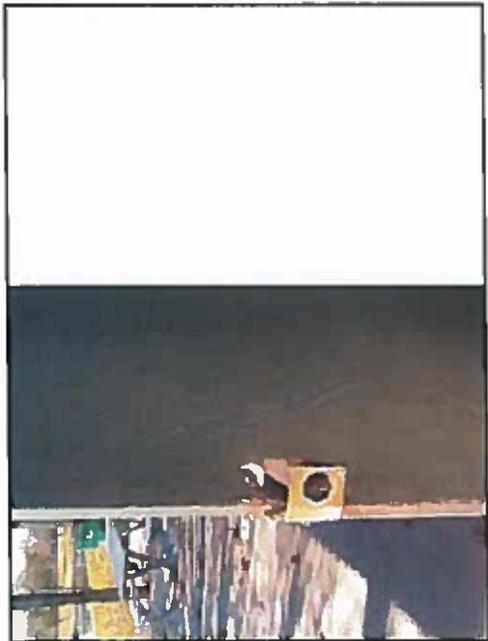
Reporting Person

NAME: Last, First, Middle				SEX:		AGE: 41		RACE:	
Butler, Percy Lynn				<input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	
RESIDENT ADDRESS: Street			City	State	Zip	RESIDENT PHONE		EMPLOYT. PHONE	
1028 WEST END ST, Terrell, TX					75160	(972) 551-0750		(972) 551-5001	

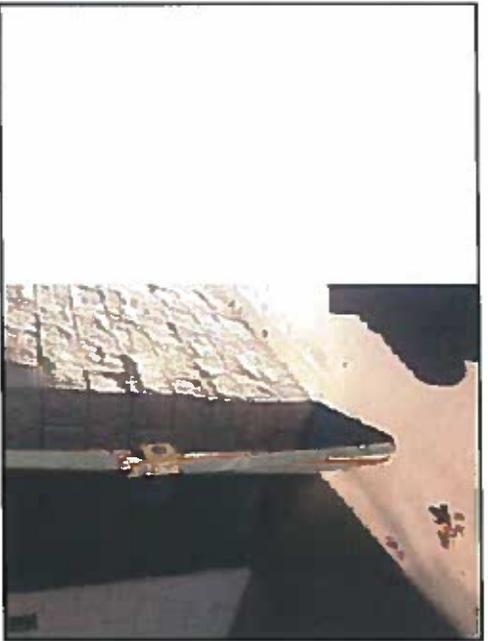
Incident Images

Terrell Police Department

Incident Number: 15-034664	Incident Date: 12/17/2015	Location Of Incident: BEN GILL PAVILLION - 2 - 131 BEN GILL PK	Primary Victim: City of Terrell Parks Dept.	Primary Offense: 290 - CRIMINAL MISCHIEF >=\$100-\$750-29990042
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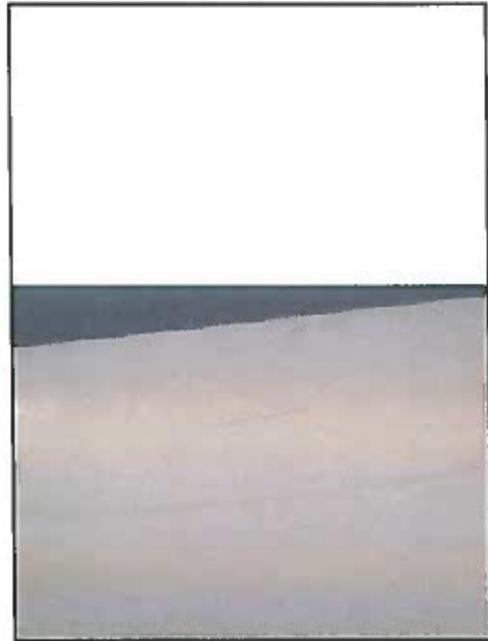
#1: Men's room door



#2: Men's room door



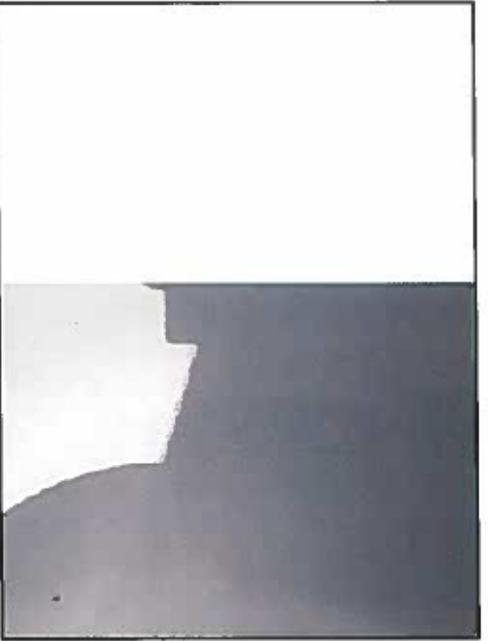
#3: Men's room toilet seat missing and paper dispenser damaged



#4: Water slide damage



#5: Water slide damage

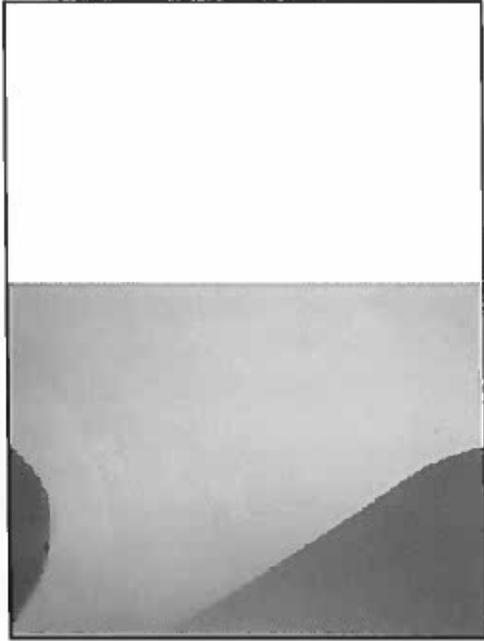


#6: Water slide damage

Incident Images

Terrell Police Department

Incident Number: 15-034664	Incident Date: 12/17/2015	Location Of Incident: BEN GILL PAVILLION - 2 - 131 BEN GILL PK	Primary Victim: City of Terrell Parks Dept.	Primary Offense: 290 - CRIMINAL MISCHIEF >=\$100-\$750-29990042
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#7: Water slide damage



#8: Water slide damage