

\$2735

FUEL USE Summary (CORRECT)

| (Cont.) | DATE | FBI | ATF |
|-------------|--------|-------------|------------|
| From Page 2 | 21 MAR | <u>4699</u> | <u>125</u> |
| | | | 34 |
| | | | <u>95</u> |
| | 22 MAR | <u>4833</u> | <u>220</u> |
| | | 174 | 274 |
| | 23 MAR | <u>5007</u> | 274 |
| | | 261 | 23 |
| | 24 MAR | <u>5268</u> | <u>297</u> |
| | | 215 | 22 |
| | 25 MAR | <u>5483</u> | <u>319</u> |
| | | 174 | |
| | 26 MAR | <u>5657</u> | <u>319</u> |
| | | 177 | 70 |
| | 27 MAR | <u>5834</u> | <u>389</u> |
| | | 103 | |
| | 28 MAR | <u>5937</u> | <u>389</u> |
| | | 160 | 102 |
| | 29 MAR | <u>6100</u> | 51 |
| | | 99 | 97 |
| | 30 MAR | <u>6199</u> | <u>608</u> |
| | 31 MAR | <u>6294</u> | <u>636</u> |
| | | 95 | 28 |
| | 01 Apr | <u>6565</u> | <u>693</u> |
| | | 271 | 57 |
| | 02 Apr | <u>6742</u> | <u>767</u> |
| | | 177 | 74 |
| | 03 Apr | <u>6894</u> | <u>861</u> |
| | | 152 | 94 |

ROOM NO.
NO. OF GUESTS

20
2

Everyday Inn

1008 E. CREST
Waco, Texas 76705

No. 56099

Date 3-21-1993

REGISTRATION RECORD - PLEASE PRINT LAST NAME FIRST

NAME [REDACTED]

ADDRESS [REDACTED]

CITY & STATE [REDACTED]

GUEST SIGNATURE [REDACTED]

Payable by
cash in advance

CAR. YEAR MAKE LICENSE NUMBER

REPRESENTATIVE OF

| DATE | ROOM NO. | NO. GUESTS | ROOM CHARGE | | TAX | ARRIVAL | | DEPARTURE | | TOTAL CHARGES | PAID ON ACCOUNT | BALANCE DUE | CD ✓ | PREVIOUS BALANCE | CA ✓ | |
|------|----------|------------|-------------|--------|-----|---------|----|-----------|----|---------------|-----------------|-------------|------|------------------|------|-------|
| | | | NO. DAYS | AMOUNT | | AM | PM | AM | PM | | | | | | | OTHER |
| 2-21 | 19 | | 7 | 10.08 | | | | | | | | | | | | |
| 22 | | | | 10.08 | | | | | | | | | | | | |
| 23 | | | | 10.08 | | | | | | | | | | | | |
| 24 | | | | 10.08 | | | | | | | | | | | | |
| 25 | | | | 10.08 | | | | | | | | | | | | |
| 26 | | | | 10.08 | | | | | | | | | | | | |
| 27 | | | 7 | 10.08 | | | | | | 70.56 | 70.56 | | | | | |

EXPLANATION OF OTHER CHARGES

A. _____
 B. _____
 C. Guest's
 D. Last name _____

NO. OF GUESTS **20**

Everyday Inn

1008 E. CREST
Waco, Texas 76705

NO. 56100

Date **3-21-1993**

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

1) [REDACTED]

ADDRESS [REDACTED] Payable by
cash in advance

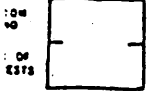
DATE **3** CAR YEAR MAKE LICENSE NUMBER

REST. NATURE REPRESENTATIVE OF

| DATE | ROOM NO. | NO. GUESTS | ROOM CHARGE | | TAX | ARRIVAL | AM PM | DEPARTURE | AM PM | TOTAL CHARGES | PAID ON ACCOUNT | BALANCE DUE | CR ✓ | PREVIOUS BALANCE | CR ✓ |
|------|----------|------------|-------------|--------|-----|---------|-------|-----------|-------|---------------|-----------------|-------------|------|------------------|------|
| | | | NO. DAYS | AMOUNT | | | | | | | | | | | |
| 21 | 20 | | | 10.00 | | | | | | | | | | | |
| 22 | | | | 10.00 | | | | | | | | | | | |
| 23 | | | | 10.00 | | | | | | | | | | | |
| 24 | | | | 10.00 | | | | | | | | | | | |
| 25 | | | | 10.00 | | | | | | | | | | | |
| 26 | | | | 10.00 | | | | | | | | | | | |
| 27 | | | 7 | 0.56 | | | | | | 70.56 | 70.56 | | | | |

EXPLANATION OF OTHER CHARGES

1. C. Guest's
2. D. Last name _____



Everyday Inn

1008 E. CREST
Waco, Texas 76705

NO 56101

Date 3-21-1973

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

[Redacted Name]

Payable by
cash in advance

ESS _____
CAR. YEAR _____ MAKE _____ LICENSE NUMBER _____

T. NATURE _____ REPRESENTATIVE OF _____

| DATE | ROOM NO | NO GUESTS | ROOM CHARGE | | TAX | ARRIVAL | AM PM | DEPARTURE | AM PM | TOTAL CHARGES | PAID OR ACCOUNT | BALANCE DUE | CR / | PREVIOUS BALANCE | CR / |
|------|---------|-----------|-------------|-------|-----|---------|-------|-----------|-------|---------------|-----------------|-------------|------|------------------|------|
| | | | NO DAYS | RATE | | | | | | | | | | | |
| | 19 | | | 10.00 | | | | | | | | | | | |
| | | | | 10.00 | | | | | | | | | | | |
| | | | | 10.00 | | | | | | | | | | | |
| | | | | 10.00 | | | | | | | | | | | |
| | | | | 10.00 | | | | | | | | | | | |
| | | | | 10.00 | | | | | | | | | | | |
| | | | 7 | 10.00 | | | | | | 70.56 | 70.56 | | | | |

CHARGES
C. _____
D. _____
Guest's Last name _____

ROOM NO
19
NO OF GUESTS

Everyday Inn

1008 E. CREST
Waco, Texas 76705

No 56102

Date 3-21-1993

REGISTRATION RECORD - PLEASE PRINT (LAST NAME FIRST)

NAME 

ADDRESS Payable by
cash in advance

CITY & STATE CAR. YEAR MAKE LICENSE NUMBER

GUEST SIGNATURE REPRESENTATIVE OF

| DATE | ROOM NO | NO GUESTS | ROOM CHARGE | | TAX | OTHER | | TOTAL CHARGES | PAID ON ACCOUNT | BALANCE DUE | CR ✓ | PREVIOUS BALANCE | C.R. ✓ |
|------|---------|-----------|-------------|--------|-----|-------|-------|---------------|-----------------|-------------|------|------------------|--------|
| | | | NO DAYS | AMOUNT | | L.D. | LOCAL | | | | | | |
| 3-21 | 19 | | | 10.08 | | | | | | | | | |
| 22 | | | | 10.08 | | | | | | | | | |
| 23 | | | | 10.08 | | | | | | | | | |
| 24 | | | | 10.08 | | | | | | | | | |
| 25 | | | | 10.08 | | | | | | | | | |
| 26 | | | | 10.08 | | | | | | | | | |
| 27 | | | 7 | 10.08 | | | | 70.56 | 70.56 | | | | |

EXPLANATION OF OTHER CHARGES
 A. C. Guest's
 B. D. Last name _____

MEMORANDUM

TO: HRT REAR TOC PERSONNEL
FROM: 1) [REDACTED]
SUBJECT: MEDICAL ACTION CHECK LIST

DATE: 3/21/93

2) [REDACTED]

3) 799-2378
4) [REDACTED]

MEDICAL ACTION CHECK LIST

The following actions are to be taken by the HRT Rear TOC at the initiation of tactical intervention at the crisis site:

1. Change Admin Radio to Primary Medical Channel A-W-12.
2. Notify AMT (American Medical Transport) action has been initiated. AMT will send available ambulances to staging area on a non-emergency basis. Telephone number 817/754-0355 (communications) Supervisor BRUMM (h) 751-1309, (mobil) 744-1471.

3. Place below listed hospitals on stand-by:

Local Hospitals

Telephone Numbers

HILLCREST HOSPITAL, Waco

756-8611

PROVIDENCE MEDICAL CENTER, Waco

751-4180

SCOTT AND WHITE HOSPITAL, Temple

744-2222

Secondary Hospitals

Telephone Numbers

PARKLAND HOSPITAL, Dallas

214/590-8848

COOK FT. WORTH CHILDREN'S
MEDICAL CENTER, Ft. Worth

817/885-4093

4. Dispatch FBI Helos as requested on A-W-12 for medevac.
5. Place below listed air medevac response groups on stand-by:
Care Flight 817/882-4000
Star Flight 1-800/531-7827
6. Notify Care Flight and Star Flight to respond to the secure LZ (2491 and Elk Road) if requested.
7. Notify hospitals of incoming casualties if requested.

3) [REDACTED] 6) [REDACTED]
4) [REDACTED] (PLS. MAINTAIN AT MEDICAL TOC)
2) [REDACTED]



Best Western
Old Main Lodge



IH 35 @ BAYLOR UNIVERSITY PO BOX 174
WACO, TEXAS 76703
(817) 753-0316 FAX (817) 753-3811
RESERVATIONS 1 800 299-WACO (9226)

GUEST FOLIO

| | |
|-------------|-----|
| BALANCE DUE | .00 |
|-------------|-----|

ARRIVE NGTS DEPART
SUN MAR21, 93 01 MON MAR22, 93

ROOM MKT S/A # T/A #
122 GM

TYPE A K R C E D M
QQ 1

NAME / ADDRESS

[REDACTED]
 TX CD
 [REDACTED]

SAN ANTONIO
78237 USA TX

GIU BY **DS**

TIME EMP FOLIO #
0938 S1 00339

| LINE | DATE | DESCRIPTION | REFERENCE | AMOUNT | ID |
|------|-------|-------------|-----------|--------|----|
| 1 | MAR21 | ROOM | Rm 122E | 38.00+ | NA |
| 2 | MAR22 | ROOM | MAR21 | 10.00+ | S1 |
| 3 | MAR22 | DISCOVER | | 48.00- | S1 |

Thanks for staying with us! If you need reservations for this or any other Best Western, just call 1-800-528-1234.

Have a safe trip!

