

A FDID * State * Incident Date * Station Incident Number * Exposure * Delete Change No Activity **NFIRS -1 Basic**

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract -

Street address Intersection Number/Milepost Prefix Street or Highway Street Type Suffix

In front of - Rear of Apt./Suite/Room City State Zip Code

Adjacent to Directions Cross street or directions, as applicable

C Incident Type * Assist police - Washdown Incident Type

E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm ALARM always required Date. Alarm * Month Day Year Hr Min Sec

E2 Shift & Alarms Local Option Shift or Alarms District Platoon

D Aid Given or Received* 1 Mutual aid received Their FDID Their State 2 Automatic aid recv. 3 Mutual aid given 4 Automatic aid given 5 Other aid given Their Incident Number N None

E3 Special Studies Local Option Special Study ID# Special Study Value

F Actions Taken * Provide manpower Primary Action Taken (1) Provide equipment Additional Action Taken (2) Provide water Additional Action Taken (3)

G1 Resources * Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS Other Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires. None Property \$, 000 , 000 Contents \$, 000 , 000 PRE-INCIDENT VALUE: Optional Property \$, 000 , 000 Contents \$, 000 , 000

Completed Modules Fire-2 Structure-3 Civil Fire Cas.-4 Fire Serv. Cas.-5 EMS-6 HazMat-7 Wildland Fire-8 Apparatus-9 Personnel-10 Arson-11

H1* Casualties None Deaths Injuries Fire Service Civilian

H2 Detector Required for Confined Fires. 1 Detector alerted occupants 2 Detector did not alert them U Unknown

H3 Hazardous Materials Release N None 1 Natural Gas: slow leak, no evacuation or HazMat actions 2 Propane gas: <21 lb. tank (as in home BBQ grill) 3 Gasoline: vehicle fuel tank or portable container 4 Kerosene: fuel burning equipment or portable storage 5 Diesel fuel/fuel oil: vehicle fuel tank or portable 6 Household solvents: home/office spill, cleanup only 7 Motor oil: from engine or portable container 8 Paint: from paint cans totaling < 55 gallons 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property NN Not Mixed 10 Assembly use 20 Education use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Bus. & Residential 59 Office use 60 Industrial use 63 Military use 65 Farm use 00 Other mixed use

J Property Use* Structures 131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/Tavern or nightclub 213 Elementary school or kindergarten 215 High school or junior high 241 College, adult education 311 Care facility for the aged 331 Hospital

341 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile 419 1-or 2-family dwelling 429 Multi-family dwelling 439 Rooming/boarding house 449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/barracks 519 Food and beverage sales 539 Household goods, sales, repairs 579 Motor vehicle/boat sales/repair 571 Gas or service station 599 Business office 615 Electric generating plant 629 Laboratory/science lab 700 Manufacturing plant 819 Livestock/poultry storage (barn) 882 Non-residential parking garage 891 Warehouse

Outside 124 Playground or park 655 Crops or orchard 669 Forest (timberland) 807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field 936 Vacant lot 938 Graded/care for plot of land 946 Lake, river, stream 951 Railroad right of way 960 Other street 961 Highway/divided highway 962 Residential street/driveway 981 Construction site 984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use Residential street, road or **NFIRS-1 Revision 03/11/99**

MM DD YYYY

27218
FDID *

MN
State *

6 24
Incident Date *

2018

20
Station

18-0023104
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

E20 dispatched code 2 by MPD for a washdown. Arrived and used a tank line, bleach, soap and scrub brush to clean up scene. E20 put back in service by MPD.

B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	Check if same as alarm date									
	Month	Day	Year	Hour	Min					
1 ID <u>E20</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>6</u>	<u>24</u>	<u>2018</u>	<u>00:24</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>6</u>	<u>24</u>	<u>2018</u>	<u>00:31</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>6</u>	<u>24</u>	<u>2018</u>	<u>01:14</u>				<input type="checkbox"/>	<input type="checkbox"/>
2 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
3 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
4 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
5 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
6 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
7 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
8 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>
9 ID _____ Type _____	Dispatch <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	_____	_____	_____	_____		_____		<input type="checkbox"/>	<input type="checkbox"/>

Type of Apparatus or Resources

- | | | | |
|---|---|--|---|
| <p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other | <p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <p>Medical & Rescue</p> <ul style="list-style-type: none"> 71 Rescue unit 72 Urban Search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other | <p>More Apparatus?
Use Additional
Sheets</p> | <p>Other</p> <ul style="list-style-type: none"> 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource NN None UU Undetermined |
|---|---|--|---|