

A FDID 27218 * State MN * Incident Date 11/09/2018 * Station 14 Incident Number 18-0041050 * Exposure 000 * 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. Street address 3731 Morgan AVE N Intersection In front of Rear of Adjacent to Directions MINNEAPOLIS MN 55412 - Cross street or directions, as applicable

C Incident Type * 321 EMS call, excluding vehicle Incident Type

E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm ALARM always required Date. Alarm * 11/09/2018 14:13:16 Month Day Year Hr Min Sec

E2 Shift & Alarms Local Option C 01 414B Shift or Alarms District Platoon

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

E1 Date & Times ARRIVAL required, unless canceled or did not arrive Arrival * 11/09/2018 14:16:17 CONTROLLED Optional, Except for wildland fires Controlled LAST UNIT CLEARED, required except for wildland fires Last Unit Cleared 11/09/2018 14:32:53

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

F Actions Taken * 32 Provide basic life Primary Action Taken (1) 73A Patient Lifting and Additional Action Taken (2) Additional Action Taken (3)

G1 Resources * Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus 0001 0004 Personnel 0001 0004 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, 000 Contents \$ 000, 000, 000 PRE-INCIDENT VALUE: Optional Property \$ 000, 000, 000 Contents \$ 000, 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 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

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 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

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 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 419 1 or 2 family dwelling NFIRS-1 Revision 03/11/99

27218

FDID *

MN

State *

MM

11

DD

9

YYYY

2018

Incident Date *

14

Station

18-0041050

Incident Number *

000

Exposure *

Complete
Narrative

Narrative:

E14 responded to report of person shot. E14 arrived and North medics were getting to patient as we were getting off E14. E14 got to patient and assisted with loading patient onto cot and into ambulance. E14 sent one crew person to ride with medics.

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			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
1 ID <u>E14</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>11</u>	<u>9</u>	<u>2018</u>	<u>14:13</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input checked="" type="checkbox"/>	<u>11</u>	<u>9</u>	<u>2018</u>	<u>14:16</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Clear <input checked="" type="checkbox"/>	<u>11</u>	<u>9</u>	<u>2018</u>	<u>14:32</u>			<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
2 ID _____ Type _____	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Clear <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
3 ID _____ Type _____	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Clear <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
4 ID _____ Type _____	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Clear <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
5 ID _____ Type _____	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Clear <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
6 ID _____ Type _____	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Clear <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
7 ID _____ Type _____	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Clear <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
8 ID _____ Type _____	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Clear <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
9 ID _____ Type _____	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Clear <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other

Type of Apparatus or Resources

Ground Fire Suppression

- 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

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 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

**More Apparatus?
Use Additional
Sheets**

Other

- 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