

**A** FDID 27218 \* State MN Incident Date 08/02/2019 \* Station 14 Incident Number 19-0029660 \* 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 2419 Emerson AVE N  
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection  In front of  Rear of  Adjacent to  Directions

MINNEAPOLIS MN 55411 -   
 Apt./Suite/Room City State Zip Code

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 Date. ALARM always required

Alarm \* 08 02 2019 02:49:48  
 Month Day Year Hr Min Sec

ARRIVAL required, unless canceled or did not arrive

**E2 Shift & Alarms** Local Option

A 01 414F  
 Shift or Alarms District Platoon

**D Aid Given or Received\***

1  Mutual aid received  
 2  Automatic aid recv.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

Their FDID Their State  
 Their Incident Number

Arrival \* 08 02 2019 02:53:57  
 CONTROLLED Optional, Except for wildland fires

Controlled  
 LAST UNIT CLEARED, required except for wildland fires

Last Unit 08 02 2019 03:11:38  
 Cleared

**E3 Special Studies** Local Option

Special Study ID# Special Study Value

**F Actions Taken \***

32 Provide basic life  
 Primary Action Taken (1)

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 0002 Personnel 0007  
 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/boarded 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 962  
Residential street, road or  
 NFIRS-1 Revision 03/11/99

27218

FDTD \*

MN

State \*

MM

DD

YYYY

8

2

2019

Incident Date \*

14

Station

19-0029660

Incident Number \*

000

Exposure \*

Complete  
Narrative

**Narrative:**

E14 responded to a report of a shooting. E14 arrived and staged at 24th Avenue North and Fremont Avenue North waiting for a Code 4 from MPD officers on scene. E14 was cleared into scene to find two patients with gunshot wounds. A conscious female patient had a gunshot wound to her right chest and shoulder. An occlusive dressing was applied and patient was assessed for additional wounds and bleeding. E14 also assessed a male patient with multiple gunshot wounds to the chest and thoracic area. MPD officers were performing chest compressions. E14 took over chest compressions, applied trauma dressings to wounds that were bleeding. inserted a King airway and began rescue breathing. E14 continued with CPR and trauma management. Two North Memorial paramedic units arrived and took over primary care of the female patient. E14 assisted with loading female patient onto a stretcher and into the ambulance. Female patient was immediately transport to North Memorial Hospital. The second North paramedic unit assessed the male patient, applied a heart monitor and called the male patient deceased on scene after interpreting the heart monitor. E14 cleaned up the scene and returned to the station to decon and resupply the medical items used on scene. E14 returned to service.

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	
	<small>Check if same as alarm date</small>									
	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>8</u>	<u>2</u>	<u>2019</u>	<u>02:49</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input checked="" type="checkbox"/>	<u>8</u>	<u>2</u>	<u>2019</u>	<u>02:53</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
	Clear <input checked="" type="checkbox"/>	<u>8</u>	<u>2</u>	<u>2019</u>	<u>03:11</u>			<input type="checkbox"/> Other		
2 ID <u>L10</u> Type <u>12</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u>	<u>2</u>	<u>2019</u>	<u>02:56</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>8</u>	<u>2</u>	<u>2019</u>	<u>03:01</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
	Clear <input checked="" type="checkbox"/>	<u>8</u>	<u>2</u>	<u>2019</u>	<u>03:03</u>			<input type="checkbox"/> Other		
3 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>			<input type="checkbox"/> Other		
4 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>			<input type="checkbox"/> Other		
5 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>			<input type="checkbox"/> Other		
6 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>			<input type="checkbox"/> Other		
7 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>			<input type="checkbox"/> Other		
8 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>			<input type="checkbox"/> Other		
9 ID <u>    </u> Type <u>    </u>	Dispatch <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<u>    </u>	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input type="checkbox"/> Other
	Arrival <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="checkbox"/> Other	
	Clear <input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>			<input type="checkbox"/> Other		

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