

<b>A</b>		FDID * <u>27218</u>	State * <u>MN</u>	Incident Date * MM <u>12</u> DD <u>30</u> YYYY <u>2020</u>	Station <u>21</u>	Incident Number * <u>20-0047123</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
<b>B Location*</b>		<input type="checkbox"/> 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.							
<input type="checkbox"/> Street address		Number/Milepost <u>36</u>		Prefix <u>ST</u>		Street or Highway <u>E</u>		Street Type <u>ST</u> Suffix <u>E</u>	
<input checked="" type="checkbox"/> Intersection		Apt./Suite/Room <u>MINNEAPOLIS</u>		City <u>MINNEAPOLIS</u>		State <u>MN</u> Zip Code <u>55407</u>			
<input type="checkbox"/> In front of		S Cedar AVE							
<input type="checkbox"/> Rear of		Cross street or directions, as applicable							
<input type="checkbox"/> Adjacent to									
<input type="checkbox"/> Directions									
<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b> Midnight is 0000				<b>E2 Shift &amp; Alarms</b>			
<u>300A</u> EMS-Arrive & Cancelled before Pt		Check boxes if <input checked="" type="checkbox"/> Contact or No PT <input type="checkbox"/> ALARM always required				Local Option <u>B</u> <u>01</u> <u>321G</u>			
Incident Type		Date. Alarm * <u>12</u> <u>30</u> <u>2020</u> <u>18:18:10</u>				Shift or Alarms District <u>B</u> <u>01</u> <u>321G</u>			
<b>D Aid Given or Received*</b>		ARRIVAL required, unless canceled or did not arrive				Platoon			
1 <input type="checkbox"/> Mutual aid received		<input checked="" type="checkbox"/> Arrival * <u>12</u> <u>30</u> <u>2020</u> <u>18:23:10</u>				<b>E3 Special Studies</b>			
2 <input type="checkbox"/> Automatic aid rcv.		CONTROLLED Optional, Except for wildland fires				Local Option			
3 <input type="checkbox"/> Mutual aid given		<input type="checkbox"/> Controlled <u>          </u> <u>          </u> <u>          </u> <u>          </u>				Special Study ID# <u>9244</u> <u>3</u>			
4 <input type="checkbox"/> Automatic aid given		LAST UNIT CLEARED, required except for wildland fires				Special Study Value			
5 <input type="checkbox"/> Other aid given		<input checked="" type="checkbox"/> Last Unit <u>12</u> <u>30</u> <u>2020</u> <u>18:32:19</u>							
N <input checked="" type="checkbox"/> None		Cleared							
<b>F Actions Taken *</b>		<b>G1 Resources *</b>		<b>G2 Estimated Dollar Losses &amp; Values</b>					
<u>92A</u> Cancelled On Scene		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.		LOSSES: Required for all fires if known. Optional for non fires. None					
Primary Action Taken (1)		Apparatus <u>0001</u> Personnel <u>0003</u>		Property \$ <u>          </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>					
Additional Action Taken (2)		EMS <u>          </u> <u>          </u>		Contents \$ <u>          </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>					
Additional Action Taken (3)		Other <u>          </u> <u>          </u>		PRE-INCIDENT VALUE: Optional					
		<input type="checkbox"/> Check box if resource counts include aid received resources.		Property \$ <u>          </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>					
				Contents \$ <u>          </u> , <u>000</u> , <u>000</u> <input type="checkbox"/>					
<b>Completed Modules</b>		<b>H1* Casualties</b> <input type="checkbox"/> None		<b>H3 Hazardous Materials Release</b>				<b>I Mixed Use Property</b>	
<input type="checkbox"/> Fire-2		Deaths Injuries		N <input type="checkbox"/> None				NN <input type="checkbox"/> Not Mixed	
<input type="checkbox"/> Structure-3		Fire <u>          </u> <u>          </u>		1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions				10 <input type="checkbox"/> Assembly use	
<input type="checkbox"/> Civil Fire Cas.-4		Service <u>          </u> <u>          </u>		2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)				20 <input type="checkbox"/> Education use	
<input type="checkbox"/> Fire Serv. Cas.-5		Civilian <u>          </u> <u>          </u>		3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container				33 <input type="checkbox"/> Medical use	
<input type="checkbox"/> EMS-6		<b>H2 Detector</b>		4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage				40 <input type="checkbox"/> Residential use	
<input type="checkbox"/> HazMat-7		Required for Confined Fires.		5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable				51 <input type="checkbox"/> Row of stores	
<input type="checkbox"/> Wildland Fire-8		1 <input type="checkbox"/> Detector alerted occupants		6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall	
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them		7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential	
<input checked="" type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown		8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use	
<input type="checkbox"/> Arson-11				9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				60 <input type="checkbox"/> Industrial use	
<b>J Property Use* Structures</b>		341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs		63 <input type="checkbox"/> Military use		65 <input type="checkbox"/> Farm use	
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office		579 <input type="checkbox"/> Motor vehicle/boat sales/repair		66 <input type="checkbox"/> Other mixed use		00 <input type="checkbox"/> Other mixed use	
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile		571 <input checked="" type="checkbox"/> Gas or service station					
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input type="checkbox"/> 1-or 2-family dwelling		599 <input type="checkbox"/> Business office					
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling		615 <input type="checkbox"/> Electric generating plant					
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house		629 <input type="checkbox"/> Laboratory/science lab					
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel		700 <input type="checkbox"/> Manufacturing plant					
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care		819 <input type="checkbox"/> Livestock/poultry storage (barn)					
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks		882 <input type="checkbox"/> Non-residential parking garage					
		519 <input type="checkbox"/> Food and beverage sales		891 <input type="checkbox"/> Warehouse					
Outside		936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site					
124 <input type="checkbox"/> Playground or park		938 <input type="checkbox"/> Graded/care for plot of land		984 <input type="checkbox"/> Industrial plant yard					
655 <input type="checkbox"/> Crops or orchard		946 <input type="checkbox"/> Lake, river, stream							
669 <input type="checkbox"/> Forest (timberland)		951 <input type="checkbox"/> Railroad right of way							
807 <input type="checkbox"/> Outdoor storage area		960 <input type="checkbox"/> Other street							
919 <input type="checkbox"/> Dump or sanitary landfill		961 <input type="checkbox"/> Highway/divided highway							
931 <input type="checkbox"/> Open land or field		962 <input type="checkbox"/> Residential street/driveway							
						Property Use <u>571</u>		Service station, gas station	

27218  
FDID \*

MN  
State \*

MM DD  
12 30  
Incident Date \*

YYYY  
2020

21  
Station

20-0047123  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

E17 arrived to a MPD incident. Medics were on scene and cancelled E17.

<b>A</b>		FDID <u>27218</u> *	State <u>MN</u> *	MM <u>12</u> DD <u>30</u> YYYY <u>2020</u> *	Station <u>21</u>	Incident Number <u>20-0047123</u> *	Exposure <u>000</u> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
<b>B</b>	<b>Apparatus or * Resource</b>	<b>Date and Times</b> Check if same as alarm date Month Day Year Hour Min				<b>Sent</b> <input checked="" type="checkbox"/>	<b>Number of * People</b> <u>3</u>	<b>Use</b> Check ONE box for each apparatus to indicate its main use at the incident.	<b>Actions Taken</b>
<u>1</u>	ID <u>E17</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>30</u>	<u>2020</u>	<u>18:18</u>	<input checked="" type="checkbox"/>	Suppression	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>30</u>	<u>2020</u>	<u>18:23</u>	<input checked="" type="checkbox"/>	EMS	<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>12</u>	<u>30</u>	<u>2020</u>	<u>18:32</u>		Other	<input type="checkbox"/> <input type="checkbox"/>
<u>2</u>	ID <u>        </u> Type <u>        </u>	Dispatch <input checked="" type="checkbox"/>	<u>12</u>	<u>30</u>	<u>2020</u>	<u>18:18</u>	<input checked="" type="checkbox"/>	Suppression	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>12</u>	<u>30</u>	<u>2020</u>	<u>18:23</u>	<input checked="" type="checkbox"/>	EMS	<input type="checkbox"/> <input type="checkbox"/>
		Clear <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>		Other	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	ID <u>        </u> Type <u>        </u>	Dispatch <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<input type="checkbox"/>	Suppression	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<input type="checkbox"/>	EMS	<input type="checkbox"/> <input type="checkbox"/>
		Clear <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>		Other	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	ID <u>        </u> Type <u>        </u>	Dispatch <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<input type="checkbox"/>	Suppression	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<input type="checkbox"/>	EMS	<input type="checkbox"/> <input type="checkbox"/>
		Clear <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>		Other	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	ID <u>        </u> Type <u>        </u>	Dispatch <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<input type="checkbox"/>	Suppression	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<input type="checkbox"/>	EMS	<input type="checkbox"/> <input type="checkbox"/>
		Clear <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>		Other	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	ID <u>        </u> Type <u>        </u>	Dispatch <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<input type="checkbox"/>	Suppression	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<input type="checkbox"/>	EMS	<input type="checkbox"/> <input type="checkbox"/>
		Clear <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>		Other	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	ID <u>        </u> Type <u>        </u>	Dispatch <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<input type="checkbox"/>	Suppression	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<input type="checkbox"/>	EMS	<input type="checkbox"/> <input type="checkbox"/>
		Clear <input type="checkbox"/>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>		Other	<input type="checkbox"/> <input type="checkbox"/>

**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