

A MM DD YYYY
 27218 MN 06 23 2018 20 18-0023057 000
 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.
 Street address
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix
 48 AVE N
 In front of
 Rear of
 Adjacent to
 Directions
 Apt./Suite/Room City State Zip Code
 MINNEAPOLIS MN 55430
 N ALDRICH AVE
 Cross street or directions, as applicable

C Incident Type *
 300A EMS-Arrive & Cancelled before
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm Date. ALARM always required
 Alarm * 06 23 2018 17:35:39
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 06 23 2018 17:40:00
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 06 23 2018 18:00:44

E2 Shift & Alarms
 Local Option
 C 01 420A
 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

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

F Actions Taken *
 92A Cancelled On Scene
 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 Personnel
 Suppression 0001 0003
 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 962
 Residential street, road or
 NFIRS-1 Revision 03/11/99

27218
FDID *

MN
State *

MM DD YYYY
6 23 2018
Incident Date *

20
Station

18-0023057
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

E20 dispatched to a possible shooting, arrived in area and staged. Recieved code 4 from MPD and continued in to scene. E20 walked in to area that was taped off and received information from MPD, that there was a victim in the alley. Found a male victim with an apparent gunshot wound lying in alley. North Memorial pronounced victim DOA, and put E20 back in 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	
	Check if same as alarm date									
	Month	Day	Year	Hour	Min					
1 ID E20 Type 11	Dispatch <input checked="" type="checkbox"/>	6	23	2018	17:35	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	6	23	2018	17:40			<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	6	23	2018	18:00			<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
5 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
6 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>							<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9 ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>							<input type="checkbox"/> EMS	<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>							<input type="checkbox"/> 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 |
|--|--|---|--|