

**A** MM DD YYYY  Delete  NFIRS -1  
 27218 MN 11 09 2018 14 18-0041050 000  Change  Basic  
 FDID \* State \* Incident Date \* Station Incident Number \* Exposure \*  No Activity

**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 [3731] [ ] [Morgan] [AVE] [N]  
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions

[ ] [MINNEAPOLIS] [MN] [55412] [ ]-[ ]  
 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 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 recv.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

Their FDID Their State  
 Their Incident Number

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 Personnel  
 Suppression [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]   
 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

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]

27218

FDID \*

MN

State \*

MM

DD

YYYY

11

9

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.

| Apparatus or * Resource              | Date and Times   |             |             |             |              | Sent<br><input checked="" type="checkbox"/> | Number of * People | Use<br><small>Check ONE box for each apparatus to indicate its main use at the incident.</small>                  | Actions Taken            |                          |
|--------------------------------------|--|-------------|-------------|-------------|--------------|---|--------------------|---|--------------------------|--------------------------|
|                                      | Check if same as alarm date<br>Month Day Year Hour Min |             |             |             |              |   |                    |   |                          |                          |
| 1 ID <u>E14</u><br>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<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 ID <u>    </u><br>Type <u>    </u> | Dispatch <input type="checkbox"/>                      | <u>    </u> | <u>    </u> | <u>    </u> | <u>    </u>  | <input type="checkbox"/>                    | <u>    </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 ID <u>    </u><br>Type <u>    </u> | Dispatch <input type="checkbox"/>                      | <u>    </u> | <u>    </u> | <u>    </u> | <u>    </u>  | <input type="checkbox"/>                    | <u>    </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 ID <u>    </u><br>Type <u>    </u> | Dispatch <input type="checkbox"/>                      | <u>    </u> | <u>    </u> | <u>    </u> | <u>    </u>  | <input type="checkbox"/>                    | <u>    </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 ID <u>    </u><br>Type <u>    </u> | Dispatch <input type="checkbox"/>                      | <u>    </u> | <u>    </u> | <u>    </u> | <u>    </u>  | <input type="checkbox"/>                    | <u>    </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 ID <u>    </u><br>Type <u>    </u> | Dispatch <input type="checkbox"/>                      | <u>    </u> | <u>    </u> | <u>    </u> | <u>    </u>  | <input type="checkbox"/>                    | <u>    </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 ID <u>    </u><br>Type <u>    </u> | Dispatch <input type="checkbox"/>                      | <u>    </u> | <u>    </u> | <u>    </u> | <u>    </u>  | <input type="checkbox"/>                    | <u>    </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 ID <u>    </u><br>Type <u>    </u> | Dispatch <input type="checkbox"/>                      | <u>    </u> | <u>    </u> | <u>    </u> | <u>    </u>  | <input type="checkbox"/>                    | <u>    </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 ID <u>    </u><br>Type <u>    </u> | Dispatch <input type="checkbox"/>                      | <u>    </u> | <u>    </u> | <u>    </u> | <u>    </u>  | <input type="checkbox"/>                    | <u>    </u>        | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><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