

A FDID * 27218 State * MN Incident Date * MM 09 DD 07 YYYY 2024 Station 21 Incident Number * 24-0042594 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 4052 Minnehaha AVE
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection
 In front of
 Rear of
 Adjacent to
 Directions

10 MINNEAPOLIS MN 55406
 Apt./Suite/Room City State Zip Code

_____ Cross street or directions, as applicable

C Incident Type *
300B EMS-Asst medics-did NOT provide
 Incident Type

E1 Date & Times Midnight is 0000

Check boxes if any of the times are the same as Alarm Date. ALARM always required

Alarm * 09 07 2024 05:05:03
 ARRIVAL required, unless canceled or did not arrive

Arrival * 09 07 2024 05:23:05
 CONTROLLED Optional, Except for wildland fires

Controlled _____
 LAST UNIT CLEARED, required except for wildland fires

Last Unit 09 07 2024 05:55:44
 Cleared

E2 Shift & Alarms Local Option

B 01 321C
 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 *

73 Provide manpower
 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 0001 Personnel 0003
 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 \$ _____, _____, _____
 Contents \$ _____, _____, _____

PRE-INCIDENT VALUE: Optional

Property \$ _____, _____, _____
 Contents \$ _____, _____, _____

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 429
Multifamily dwelling

27218
FDID *

MN
State *

MM DD
9 7
Incident Date *

YYYY
2024

21
Station

24-0042594
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

E21 staged with report of active shooter. Once scene was code 4, E21 arrived and stood by assisting Hennepin paramedics providing equipment as needed for one patient. E21 assisted paramedics with medical treatment to patient. Once patient was ready for transport, E21 was released. E21 remained on scene until building was cleared by police. Once MPD reported all clear E21 returned to available status.

A FDID * <u>27218</u> State * <u>MN</u> Incident Date * MM <u>9</u> DD <u>7</u> YYYY <u>2024</u> Station <u>21</u> Incident Number * <u>24-0042594</u> Exposure * <u>000</u> <input type="checkbox"/> Delete <input type="checkbox"/> Change NFIRS - 9 Apparatus or Resources										
B Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small>					Sent	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	Month Day Year Hour Min					<input checked="" type="checkbox"/>				
<u>1</u> ID <u>E21</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>9</u>	<u>7</u>	<u>2024</u>	<u>05:05</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>9</u>	<u>7</u>	<u>2024</u>	<u>05:23</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>9</u>	<u>7</u>	<u>2024</u>	<u>05:55</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>2</u> ID <u> </u> Type <u> </u>	Dispatch <input checked="" type="checkbox"/>	<u>9</u>	<u>7</u>	<u>2024</u>	<u>05:05</u>	<input checked="" type="checkbox"/>	<u>3</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
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	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>
<u> </u> 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	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>
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	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/>	<input type="checkbox"/>
<u> </u> 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	<input type="checkbox"/>	<input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<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
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NFIRS-9 Revision 11/17/98