

<b>A</b>		FDID <b>27218</b> *	State <b>MN</b> *	Incident Date <b>06/12/2024</b> *	Station <b>21</b>	Incident Number <b>24-0026711</b> *	Exposure <b>000</b> *	<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 checked="" type="checkbox"/> Street address		3401		HIAWATHA		AVE				
<input type="checkbox"/> Intersection		Number/Milepost Prefix		Street or Highway		Street Type		Suffix		
<input type="checkbox"/> In front of				MINNEAPOLIS		MN		55406		
<input type="checkbox"/> Rear of		Apt./Suite/Room		City		State		Zip Code		
<input type="checkbox"/> Adjacent to		Cross street or directions, as applicable								
<input type="checkbox"/> Directions										
<b>C Incident Type *</b>		<b>E1 Date &amp; Times</b> Midnight is 0000				<b>E2 Shift &amp; Alarms</b>				
321 EMS call, excluding vehicle accident		Check boxes if Date with Injury Month Day Year Hr Min Sec Date. ALARM always required				Local Option				
Incident Type		Alarm * 06/12/2024 21:31:56				B 01 321B				
<b>D Aid Given or Received *</b>		ARRIVAL required, unless canceled or did not arrive				Shift or Alarms District Platoon				
1 <input type="checkbox"/> Mutual aid received		<input checked="" type="checkbox"/> Arrival * 06/12/2024 21:35:27				<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				Special Study ID#				
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 Cleared 06/12/2024 22:28:55								
N <input checked="" type="checkbox"/> None										
<b>F Actions Taken *</b>		<b>G1 Resources *</b>			<b>G2 Estimated Dollar Losses &amp; Values</b>					
32 Provide basic life support		<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 Personnel			Property \$ , 000 , 000					
Additional Action Taken (2)		Suppression 0001 0003			Contents \$ , 000 , 000					
Additional Action Taken (3)		EMS			PRE-INCIDENT VALUE: Optional					
		Other			Property \$ , 000 , 000					
		<input type="checkbox"/> Check box if resource counts include aid received resources.			Contents \$ , 000 , 000					
<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 Service			1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions			10 <input type="checkbox"/> Assembly use		
<input type="checkbox"/> Civil Fire Cas.-4		Civilian			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					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		
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair			65 <input type="checkbox"/> Farm use		
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station			00 <input type="checkbox"/> Other mixed use		
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					
Outside		519 <input type="checkbox"/> Food and beverage sales			891 <input type="checkbox"/> Warehouse					
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot			981 <input type="checkbox"/> Construction site					
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/care for plot of land			984 <input type="checkbox"/> Industrial plant yard					
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream			Lookup and enter a Property Use code only if you have NOT checked a Property Use box:					
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way			Property Use 965					
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street			Vehicle parking area					
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway								
		962 <input type="checkbox"/> Residential street/driveway								

27218  
FDID \*

MN  
State \*

MM DD YYYY  
6 12 2024  
Incident Date \*

21  
Station

24-0026711  
Incident Number \*

000  
Exposure \*

Complete  
Narrative

**Narrative:**

E21 arrived to approximately 30-year-old male down in parking lot with Minneapolis police doing CPR. Police reported that he had been shot. E21 observed multiple gunshot wounds. E21 took over compressions from police. E21 placed I-gel and pod and breathed for patient using BVM. E21 suctioned patient while performing continuous CPR.

Hennepin paramedics arrived on scene and were briefed by E21. E21 assisted medics getting patient to stretcher and inside the ambulance while providing CPR. E21 rode in ambulance to assist medics on the way to HCMC.

<b>A</b> <span style="float:right;">NFIRS - 9 Apparatus or Resources</span>												
FDID	* 27218	State	* MN	Incident Date	* 6   12   2024	Station	21	Incident Number	* 24-0026711	Exposure	* 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change
<b>B Apparatus or * Resource</b>		<b>Date and Times</b> <small>Check if same as alarm date</small>				<b>Sent</b>	<b>Number of * People</b>	<b>Use</b> <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>			<b>Actions Taken</b>	
		Month Day Year Hour Min				<input checked="" type="checkbox"/>						
1	ID <input type="text" value="E21"/>	Dispatch	<input checked="" type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="12"/>	<input type="text" value="2024"/>	<input type="text" value="21:31"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Type <input type="text" value="11"/>	Arrival	<input checked="" type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="12"/>	<input type="text" value="2024"/>	<input type="text" value="21:35"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear	<input checked="" type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="12"/>	<input type="text" value="2024"/>	<input type="text" value="22:28"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
2	ID <input type="text"/>	Dispatch	<input checked="" type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="12"/>	<input type="text" value="2024"/>	<input type="text" value="21:31"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Type <input type="text"/>	Arrival	<input checked="" type="checkbox"/>	<input type="text" value="6"/>	<input type="text" value="12"/>	<input type="text" value="2024"/>	<input type="text" value="21:35"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	ID <input type="text"/>	Dispatch	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Type <input type="text"/>	Arrival	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	ID <input type="text"/>	Dispatch	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Type <input type="text"/>	Arrival	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	ID <input type="text"/>	Dispatch	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Type <input type="text"/>	Arrival	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	ID <input type="text"/>	Dispatch	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Type <input type="text"/>	Arrival	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	ID <input type="text"/>	Dispatch	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Type <input type="text"/>	Arrival	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	ID <input type="text"/>	Dispatch	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> Suppression	<input type="text"/>	<input type="text"/>
	Type <input type="text"/>	Arrival	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> EMS	<input type="text"/>	<input type="text"/>
		Clear	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

**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