

<b>A</b>		MM DD YYYY 04 20 2014	Station 07	Incident Number 14-0011495	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
FDID * 62210		State * MN	Incident Date *	Station	Incident Number *	Exposure *	
<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		1200	MINNEHAHA	AVE	E	Census Tract 0346 - 01	
<input type="checkbox"/> Intersection		Number/Milepost	Prefix	Street or Highway	Street Type	Suffix	
<input type="checkbox"/> In front of			SAINT PAUL	MN	55106	State Zip Code	
<input type="checkbox"/> Rear of		Apt./Suite/Room	City	State	Zip Code		
<input type="checkbox"/> Adjacent to							
<input type="checkbox"/> Directions		Cross street or directions, as applicable					
<b>C Incident Type *</b>			<b>E1 Date &amp; Times</b>			<b>E2 Shift &amp; Alarms</b>	
311 Medical assist, assist EMS crew			Midnight is 0000			Local Option	
Incident Type			Check boxes if dates are the same as Alarm Date.			Shift or Alarms District Platoon	
<b>D Aid Given or Received*</b>			ALARM always required			C 01 D3	
1 <input type="checkbox"/> Mutual aid received			Alarm * 04 20 2014 11:22:56			E3	
2 <input type="checkbox"/> Automatic aid recv.			ARRIVAL required, unless canceled or did not arrive			Special Studies	
3 <input type="checkbox"/> Mutual aid given			Arrival * 04 20 2014 11:26:01			Local Option	
4 <input type="checkbox"/> Automatic aid given			CONTROLLED Optional, except for wildland fires			Special Study ID# Special Study Value	
5 <input type="checkbox"/> Other aid given			Controlled				
N <input checked="" type="checkbox"/> None			LAST UNIT CLEARED, required except for wildland fires				
			Last Unit				
			Cleared 04 20 2014 12:17:22				
<b>F Actions Taken *</b>			<b>G1 Resources *</b>			<b>G2 Estimated Dollar Losses &amp; Values</b>	
52 Forcible entry			<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 <input checked="" type="checkbox"/>	
31 Provide first aid &			Suppression			Contents \$ 000,000 <input type="checkbox"/>	
Additional Action Taken (2)			EMS 0002			PRE-INCIDENT VALUE: Optional	
			Other			Property \$ 000,000 <input type="checkbox"/>	
Additional Action Taken (3)			<input type="checkbox"/> Check box if resource counts include aid received resources.			Contents \$ 000,000 <input type="checkbox"/>	
<b>Completed Modules</b>		<b>H1* Casualties</b>		<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		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		Service		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		3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container		33 <input type="checkbox"/> Medical use	
<input type="checkbox"/> EMS-6		H2 Detector		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 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				0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		60 <input type="checkbox"/> Industrial use	
						63 <input type="checkbox"/> Military use	
						65 <input type="checkbox"/> Farm use	
						00 <input type="checkbox"/> Other mixed use	
<b>J Property Use* Structures</b>			341 <input type="checkbox"/> Clinic, clinic type infirmary			539 <input type="checkbox"/> Household goods, sales, repairs	
131 <input type="checkbox"/> Church, place of worship			342 <input type="checkbox"/> Doctor/dentist office			579 <input type="checkbox"/> Motor vehicle/boat sales/repair	
161 <input type="checkbox"/> Restaurant or cafeteria			361 <input type="checkbox"/> Prison or jail, not juvenile			571 <input type="checkbox"/> Gas or service station	
162 <input type="checkbox"/> Bar/Tavern or nightclub			419 <input checked="" 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			Lookup and enter a Property Use code only if you have NOT checked a Property Use box:	
669 <input type="checkbox"/> Forest (timberland)			951 <input type="checkbox"/> Railroad right of way			Property Use 419	
807 <input type="checkbox"/> Outdoor storage area			960 <input type="checkbox"/> Other street			1 or 2 family dwelling	
919 <input type="checkbox"/> Dump or sanitary landfill			961 <input type="checkbox"/> Highway/divided highway			NFIRS-1 Revision 03/11/99	
931 <input type="checkbox"/> Open land or field			962 <input type="checkbox"/> Residential street/driveway				

**K1 Person/Entity Involved**

Local Option

Business name (if applicable)

Area Code

Phone Number

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
Number	Prefix	Street or Highway	Street Type	Suffix
Post Office Box	Apt./Suite/Room	City		
State	Zip Code			

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

**K2 Owner**

Same as person involved? Then check this box and skip The rest of this section.

Local Option

Business name (if Applicable)

Area Code

Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
Number	Prefix	Street or Highway	Street Type	Suffix
Post Office Box	Apt./Suite/Room	City		
State	Zip Code			

**L Remarks**

Local Option

ASSIST MEDIC #24, RUN #11495. WE FORCED ENTRY. HOME CARE NURSE ON SCENE AS WELL.

**L Authorization**

5627	SHELLER, MICHAEL R	183U	L7	04	20	2014
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year

<input checked="" type="checkbox"/>	5627	SHELLER, MICHAEL R	183U	L7	04	20	2014
Check Box if same as Officer in charge.	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year