

A FDID * 62210 State * MN Incident Date * 03 10 2014 Station 14 Incident Number * 14-0007309 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 Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract 0321 - 00

Street address 717 FRY ST
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection In front of Rear of Adjacent to Directions

SAINT PAUL MN 55104 -
 Apt./Suite/Room City State Zip Code

Cross street or directions, as applicable

C Incident Type * 412 Gas leak (natural gas or LPG)
 Incident Type

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

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date. ALARM always required

Month Day Year Hr Min Sec
03 10 2014 19:23:57

Alarm *

ARRIVAL required, unless canceled or did not arrive

Arrival * 03 10 2014 19:26:50

CONTROLLED Optional, Except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared 03 10 2014 19:47:58

E2 Shift & Alarms Local Option

A 01 D1
 Shift or Alarms District
 Platoon

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken *

45 Remove hazard
 Primary Action Taken (1)

42 HazMat detection,
 Additional Action Taken (2)

82 Notify other agencies.
 Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel

Suppression

EMS

Other 0006

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 evaluation 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 419
1 or 2 family dwelling

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

Local Option

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

 _____ - _____ - _____
 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

FIRE COMPANIES WERE DISPATCHED FOR A REPORT OF A NATURAL GAS ODOR FROM A VACANT DUPLEX AT 717 FRY AND 1642 WEST MINNEHAHA. CREWS USED FORCIBLE ENTRY TO GAIN ACCESS TO INVESTIGATE AND FOUND NO READINGS INSIDE. CREWS TURNED OFF LEFT SIDE METER DUE TO LEAK AT METER. BOARD-UP ARRIVED TO SECURE ONE PADLOCK HASP. XCEL TO CONTINUE.

L Authorization

_____	_____	_____	_____	_____	_____	_____
1544	HAWKINSON, FAWN L	150	C1	03	12	2014
Officer in charge ID	signature	Position or rank	Assignment	Month	Day	Year

 Check Box if same as Officer in charge. Member making report ID in charge.

_____	_____	_____	_____	_____	_____	_____
1544	HAWKINSON, FAWN L	150	C1	03	12	2014
Member making report ID in charge.	signature	Position or rank	Assignment	Month	Day	Year