

A FDID 62210 State MN Incident Date MM 05 DD 07 YYYY 2016 Station 08 Incident Number SPFD160507014679 Exposure 0		NFIRS-1 Basic																																				
B Location Type ☒ Street address Intersection 454 SMITH Ave N Number/Milepost Prefix Street or Highway Street Type Suffix In front of SAINT PAUL MN 55102 Apt./Suite/Room City State Zip Code Rear of Adjacent to Directions US National Grid																																						
C Incident Type 445 Arcing, shorted electrical equipment		E1 Dates and Times Midnight is 0000 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Month</th> <th>Day</th> <th>Year</th> <th>Hour</th> <th>Min</th> <th>Sec</th> </tr> <tr> <td>Alarm</td> <td> 05 </td> <td> 07 </td> <td> 2016 </td> <td> 05 </td> <td> 02 </td> <td> 33 </td> </tr> <tr> <td>Arrival</td> <td> 05 </td> <td> 07 </td> <td> 2016 </td> <td> 05 </td> <td> 07 </td> <td> 37 </td> </tr> <tr> <td>Controlled</td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Last Unit Cleared</td> <td> 05 </td> <td> 07 </td> <td> 2016 </td> <td> 05 </td> <td> 34 </td> <td> 33 </td> </tr> </table>			Month	Day	Year	Hour	Min	Sec	Alarm	05	07	2016	05	02	33	Arrival	05	07	2016	05	07	37	Controlled							Last Unit Cleared	05	07	2016	05	34	33
	Month	Day	Year	Hour	Min	Sec																																
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D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given ☒ None		E2 Shifts and Alarms Local Option A 1 D2 Shift or Platoon Alarms District E3 Special Studies Local Option Special Study ID# Special Study Value																																				
F Actions Taken 55 Establish safe area Primary Action Taken (1) 84 Refer to proper authority Additional Action Taken (2)		G1 Resources ☒ Check this box and test this block if an Apparatus or Personnel Module is used. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Apparatus</th> <th>Personnel</th> </tr> <tr> <td>Suppression</td> <td> 7 </td> <td> 0 </td> </tr> <tr> <td>EMS</td> <td> 0 </td> <td> 0 </td> </tr> <tr> <td>Other</td> <td> 1 </td> <td> 0 </td> </tr> </table>			Apparatus	Personnel	Suppression	7	0	EMS	0	0	Other	1	0																							
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G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. Property \$ 0 ☒ None Contents \$ 0 ☒ PRE-INCIDENT VALUE: Optional Property \$ 0 Contents \$ 0																																						
Completed Modules Fire-2 Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 ☒ Apparatus-9 ☒ Personnel-10 Arson-11		H1 Casualties ☒ None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Death</th> <th>Injury</th> </tr> <tr> <td>Fire Service</td> <td> 0 </td> <td> 0 </td> </tr> <tr> <td>Civilian</td> <td> </td> <td> </td> </tr> </table> H2 Detector 1 Required for confined fires. Detector alerted occupants 2 Detector did not alert occupants U Unknown			Death	Injury	Fire Service	0	0	Civilian																												
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H3 Hazardous Materials Release 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None		I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use																																				

J Property Use Structures	341 Clinic, clinic-type infirmary	629 Laboratory or science laboratory
419 1 or 2 family dwelling	342 Doctor, dentist or oral surgeon office	819 Livestock, poultry storage
311 24-hour care Nursing homes, 4 or more persons	615 Electric-generating plant	700 Manufacturing, processing
241 Adult education center, college classroom	213 Elementary school, including kindergarten	579 Motor vehicle or boat sales, services, repair
162 Bar or nightclub	519 Food and beverage sales, grocery store	429 Multifamily dwelling
464 Barracks, dormitory	215 High school/junior high school/middle school	882 Parking garage, general vehicle
439 Boarding/rooming house, residential hotels	331 Hospital - medical or psychiatric	459 Residential board and care
599 Business office	449 Hotel/motel, commercial	161 Restaurant or cafeteria
131 Church, mosque, synagogue, temple, chapel	539 Household goods, sales, repairs	571 Service station, gas station
	361 Jail, prison (not juvenile)	891 Warehouse
Outside	984 Industrial plant yard - area	960 Street, other
981 Construction site	946 Lake, river, stream	936 Vacant lot
655 Crops or orchard	931 Open land or field	
919 Dump, sanitary landfill	807 Outside material storage area	
689 Forest, timberland, woodland	124 Playground	
938 Graded and cared-for plots of land	951 Railroad right-of-way	
961 Highway or divided highway	882 X Residential street, road or residential driveway	

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use **962** Code

Residential street, road or residential driveway

Property Use Description

K1 Person/Entity Involved	Business Name (If Applicable)	Area Code	Phone Number
Local Option			
Check this box if same address as incident Location (Section B). 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		

K2 Owner	Business Name (If Applicable)	Area Code	Phone Number
Local Option			
Check this box if same address as incident Location (Section B). 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		

M Authorization						
3612	David Berger	DC	C2	05	08	2016
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
3612	David Berger	DC	C2	05	08	2016
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

L Remarks
Local Option
CREWS WERE CALLED FOR SMOKE COMING FROM A MANHOLE IN THE STREET BY A RESIDENT.
ON ARRIVAL, RIGS BLOCKED THE INTERSECTIONS ON BOTH SIDES OF THE MANHOLE AND I TALKED WITH THE RESIDENT WHO CALLED. THE RESIDENT SAID THEY HEARD A LOUD BANG AND THEN LOST POWER. THE RESIDENT THEN WENT OUTSIDE AND SAW SMOKE COMING FROM THE MANHOLE IN THE STREET.
THIS MANHOLE IS AN ELECTRICAL RUNWAY FOR XCEL. THE RESIDENT WAS TOLD TO STAY AWAY FROM THE MANHOLE, PREFERABLY GO BACK INSIDE AND THAT WE ARE GOING TO SECURE THE AREA AND WAIT FOR XCEL TO ARRIVE.
XCEL FINALLY ARRIVED AND SAID THEY WERE GOING TO FIND THE SWITCH FOR THIS GRID AND WOULD RETURN SHORTLY. WHEN THEY RETURNED, THE POWER WAS BACK ON AND WE WERE TOLD EVERYTHING WAS FINE AND THEY NO LONGER NEEDED FIRE'S ASSISTANCE.