

A FDID 62210 State MN Incident Date MM 01 DD 17 YYYY 2019 Station 08 Incident Number SPFD190117002045 Exposure 0		NFIRS-1 Basic																																				
B Location Type 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. ☒ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions ☐ US National Grid Census Tract 0376 - 02 2295 BENSON Ave W Number/Milepost Prefix Street or Highway Street Type Suffix SAINT PAUL MN 55116 - Apt./Suite/Room City State Zip Code Cross Street, Direction or National Grid, as applicable																																						
C Incident Type 322 Motor vehicle accident with injuries		E1 Dates and Times Midnight is 0000 <table border="0" style="width: 100%;"> <tr> <td></td> <td>Month</td> <td>Day</td> <td>Year</td> <td>Hour</td> <td>Min</td> <td>Sec</td> </tr> <tr> <td>Alarm</td> <td> 01 </td> <td> 17 </td> <td> 2019 </td> <td> 09 </td> <td> 12 </td> <td> 02 </td> </tr> <tr> <td>Arrival</td> <td> 01 </td> <td> 17 </td> <td> 2019 </td> <td> 09 </td> <td> 15 </td> <td> 44 </td> </tr> <tr> <td>Controlled</td> <td colspan="6"> </td> </tr> <tr> <td>Last Unit Cleared</td> <td> 01 </td> <td> 17 </td> <td> 2019 </td> <td> 10 </td> <td> 52 </td> <td> 39 </td> </tr> </table>			Month	Day	Year	Hour	Min	Sec	Alarm	01	17	2019	09	12	02	Arrival	01	17	2019	09	15	44	Controlled							Last Unit Cleared	01	17	2019	10	52	39
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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="0" style="width: 100%;"> <tr> <td>Fire</td> <td>Death</td> <td>Injury</td> </tr> <tr> <td>Service</td> <td> 0 </td> <td> 0 </td> </tr> <tr> <td>Civilian</td> <td> </td> <td> </td> </tr> </table>		Fire	Death	Injury	Service	0	0	Civilian																												
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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	
669 Forest, timberland, woodland	124 Playground	
938 Graded and cared-for plots of land	951 Railroad right-of-way	
961 Highway or divided highway	962 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 **419**
Code
1 or 2 family dwelling
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		
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M Authorization						
7611	John Galle	DC	C2	01	17	2019
Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
7611	John Galle	DC	C2	01	17	2019
Member Making report ID	Signature	Position or rank	Assignment	Month	Day	Year

L Remarks		
Local Option		
DISPATCHED WITH LADDER #19 AND SQUAD #3 TO ASSIST MEDIC #19 FOR AN ACCIDENT INVOLVING A PICK UP TRUCK THAT HAD CRASHED INTO A GARAGE. POLICE AND INSPECTOR #12 (DSI) WERE ALSO ON SCENE TO EVALUATE THE STRUCTURE. SQUAD #3 REMAINED ON SCENE TO ASSIST IN REMOVING THE TRUCK. RUN #02045.		