A   MM   DD     MN   07   28	YYYY         2014         14         14-0022898         000         [           Station         Incident Number ★         Exposure ★         [	Delete NFIRS -1 Change Basic No Activity					
B Location★     Check this box to Indicate that the address for this incident is provided on the Wildland Fire   Census Tract   0321   - 00							
X Street address  Intersection In front of Rear of Adjacent to  Directions  Street address  Number/Milepost Prefi	INT PAUL MN 55	Street Type Suffix 5104 -					
C Incident Type *	F1 Date & Times Midnight is 0000	E2 Shift & Alarms					
111   Building fire	Check boxes if Month Day Year Hr Min Sec dates are the	Local Option					
Incident Type  Aid Given or Received*	Same as Alarm ALARM always required  Date. Alarm #   07   28   2014   23:15:30	A 01 D1 Shift or Alarms District					
<u> </u>	ARRIVAL required, unless canceled or did not arrive	Platoon					
1 Mutual aid received 2 Automatic aid recv. 3 Mutual aid given 4 Automatic aid given 5 Other aid given N N None  Their FDID Their State  Their FDID Their State	X Arrival ★ 07 28 2014 23:19:20 CONTROLLED Optional, Except for wildland fires  Controlled LAST UNIT CLEARED, required except for wildland fires  Last Unit 07 29 2014 01:24:51	E3 Special Studies Local Option Special Special Study ID# Study Value					
F Actions Taken *	G1 Resources * G2 Estimated Dolla	ar Losses & Values					
Primary Action Taken (1)  [51   Ventilate Additional Action Taken (2)  [12   Salvage & overhaul Additional Action Taken (3)	Check this box and skip this section if an Apparatus or Personnel form is used.  Apparatus Personnel  Suppression 0003 Contents \$ , Con	194 , 000					
Completed Modules H1*Casualties	None H3 Hazardous Materials Release I M	fixed Use Property					
Deaths Inj	uries N None  1 Natural Gas: slow leak, no evauation or HazMat actions 20 Propane gas: <21 lb. tank (as in home BBQ grill) 33 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	Not Mixed Assembly use Education use Medical use Residential use Row of stores Enclosed mall Bus. & Residential Office use Industrial use Military use Farm use Other mixed use					
J Property Use* Structures		oods,sales,repairs le/boat sales/repair					
131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/Taran or nightclub 3 Elementary school or kindergarten 215 High school or junior high 241 College, adult education 311 Care facility for the aged 331 Hospital Outside	361 Prison or jail, not juvenile 571 Gas or serv. 419 X 1-or 2-family dwelling 599 Business of 429 Multi-family dwelling 615 Electric ger 439 Rooming/boarding house 629 Laboratory/9 449 Commercial hotel or motel 700 Manufacturing 459 Residential, board and care 819 Livestock/pc	ice station fice nerating plant science lab ng plant bultry storage(barn) tial parking garage					
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	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  984 Industrial  Lookup and enter a Proyou have NOT checked a  Property Use 4:  1 or 2 family	plant yard  perty Use code only if Property Use box:					

K1 Person/Entit		Business name (if applicable	2)	65 Area	11 - 403 - 0053 Phone Number	J
Check This Box if same address as incident location. Then skip the three duplicate address lines.	Post Office Box MN 55104 State Zip Code	SNELLING Prefix Street or Highway	D LOPI  MI Last N  SAINT  uite/Room City  Lemental Forms (Ni	PAUL	Suffi Suffi:	J
Then che	person involved? ock this box and skip 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 N 3109 Number  Post Office Box MN   55409 State Zip Code	W 50TH Prefix Street or Highway	MI Last N  8 MINNEA		Suffi  Street Type  Suffi	_
	SUPPLIES, AND ID CHECKED FOR I UP/DOWN DUPL METERS. RED C BROCHURE. BOA CR #18 RESERVE	EX. ROSS WAS DECLINEI RD-UP WAS CALLED RIG.	Y AND SECONDAR' FIRE WAS IN TI  D BY THREE ADU	Y SEARCHES. HE SECOND FL LTS. THEY W	PULLED ATTACK LINES, THEY THEN VENTILATE OOR KITCHEN AND REAR VERE GIVEN AN DOORS. A TOW WAS	
L Authorization		TNGON	1.14-0	1 1	11 07 11 00 11 00	01.41
1544 Officer in charg		INSON, FAWN L	250 Position or rank	C1 Assignment		014
Check Box if X 1544 same as Officer Member making re in charge.		INSON, FAWN L	Position or rank	C1. Assignment	07 [29] 2   2   1   2   2   2   3   4   4   4   4   4   4   4   4   4	014