

A	FDID: 62210	State: MN	Incident Date: MM 05 DD 07 YYYY 2016	Station: 08	Incident Number: SPFD160507014679	Exposure: 0	NFIRS-1 Basic
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B	Location Type <input checked="" type="checkbox"/> Street address	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: 0360	- 00	
	Intersection: 454 Ave N	Number/Zip Post	Prefix	Street or Highway	Street Type	Suffix
	In front of: SAINT PAUL	Apt./Suite/Room	City	State: MN	Zip Code: 55102	
	Rear of: _____					
	Adjacent to: _____					
	Directions: _____	Cross Street, Directions or National Grid, as applicable				
	US National Grid: _____					

C Incident Type 445 Arcing, shorted electrical equipment	E1 Dates and Times <small>Midnight is 0000</small>	E2 Shifts and Alarms	E3 Special Studies																																					
D Aid Given or Received	<table border="0" style="width:100%;"> <tr> <td style="font-size: x-small;">Check boxes if dates are the same as Alarm Date.</td> <td>Alarm</td> <td>Month: 05</td> <td>Day: 07</td> <td>Year: 2016</td> <td>Hour: 05</td> <td>Min: 02</td> <td>Sec: 33</td> </tr> <tr> <td></td> <td>Arrival</td> <td>Month: 05</td> <td>Day: 07</td> <td>Year: 2016</td> <td>Hour: 05</td> <td>Min: 07</td> <td>Sec: 37</td> </tr> <tr> <td></td> <td>Controlled</td> <td colspan="6">CONTROLLED optional, except for wildland fires</td> </tr> <tr> <td></td> <td>Last Unit Cleared</td> <td>Month: 05</td> <td>Day: 07</td> <td>Year: 2016</td> <td>Hour: 05</td> <td>Min: 34</td> <td>Sec: 33</td> </tr> </table>	Check boxes if dates are the same as Alarm Date.	Alarm	Month: 05	Day: 07	Year: 2016	Hour: 05	Min: 02	Sec: 33		Arrival	Month: 05	Day: 07	Year: 2016	Hour: 05	Min: 07	Sec: 37		Controlled	CONTROLLED optional, except for wildland fires							Last Unit Cleared	Month: 05	Day: 07	Year: 2016	Hour: 05	Min: 34	Sec: 33	<table border="0" style="width:100%;"> <tr> <td>Local Option: A</td> <td>Alarms: 1</td> <td>District: D2</td> </tr> </table>	Local Option: A	Alarms: 1	District: D2	<table border="0" style="width:100%;"> <tr> <td>Local Option: _____</td> <td>Special Study Value: _____</td> </tr> </table>	Local Option: _____	Special Study Value: _____
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1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given <input checked="" type="checkbox"/> None																																								

F Actions Taken	G1 Resources	G2 Estimated Dollar Losses and Values
55 Establish safe area 84 Refer to proper authority	<input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus: 7 Personnel: 0 EMS: 0 Other: 1	LOSSES: <small>Required for all fires if known. Optional for non-fires.</small> Property \$: 0 Contents \$: 0 PRE-INCIDENT VALUE: <small>Optional</small> Property \$: 0 Contents \$: 0

Completed Modules	H1 Casualties	H3 Hazardous Materials Release	J Mixed Use Property						
Fire-2 Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11	<input checked="" type="checkbox"/> None <table border="0" style="width:100%;"> <tr> <td style="font-size: x-small;">Death</td> <td style="font-size: x-small;">Injury</td> </tr> <tr> <td>Fire Service: 0</td> <td>0</td> </tr> <tr> <td>Civilian: _____</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: _____	_____	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	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
Death	Injury								
Fire Service: 0	0								
Civilian: _____	_____								

J Property Use Structures					
419	1 or 2 family dwelling	341	Clinic, clinic-type infirmary	628	Laboratory or science laboratory
311	24-hour care Nursing homes, 4 or more persons	342	Doctor, dentist or oral surgeon office	819	Livestock, poultry storage
241	Adult education center, college classroom	615	Electric-generating plant	700	Manufacturing, processing
182	Bar or nightclub	213	Elementary school, including kindergarten	579	Motor vehicle or boat sales, services, repair
464	Barracks, dormitory	519	Food and beverage sales, grocery store	429	Multifamily dwelling
439	Boarding/rooming house, residential hotels	215	High school/junior high school/middle school	882	Parking garage, general vehicle
599	Business office	331	Hospital - medical or psychiatric	459	Residential board and care
131	Church, mosque, synagogue, temple, chapel	449	Hotel/motel, commercial	161	Restaurant or cafeteria
		539	Household goods, sales, repairs	571	Service station, gas station
		381	Jail, prison (not juvenile)	891	Warehouse
		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	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 Code: **962**

Property Use Description: **Residential street, road or residential driveway**

K1 Person/Entity Involved

Local Option

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable) _____ Area Code _____ Phone Number _____

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

Same as person involved? Then check this box and skip the rest of this block.

Local Option

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable) _____ Area Code _____ Phone Number _____

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.