

A		FDID 27218 *	State MN *	Incident Date 05/30/2024 *	Station 08	Incident Number 24-0024393 *	Exposure 000 *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic				
B Location*		<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.											
<input checked="" type="checkbox"/> Street address		2221		Blaisdell		AVE							
<input type="checkbox"/> Intersection		Number/Milepost Prefix		Street or Highway		Street Type		Suffix					
<input type="checkbox"/> In front of		18		MINNEAPOLIS		MN		55404					
<input type="checkbox"/> Rear of		Apt./Suite/Room		City		State		Zip Code					
<input type="checkbox"/> Adjacent to		Cross street or directions, as applicable											
<input type="checkbox"/> Directions													
C Incident Type *		E1 Date & Times Midnight is 0000				E2 Shift & Alarms							
321 EMS call, excluding vehicle accident		Check boxes if Date & Time are the same as Alarm Date. ALARM always required				Local Option							
Incident Type		Alarm * 05/30/2024 17:15:11				A 01 108A							
D Aid Given or Received *		ARRIVAL required, unless canceled or did not arrive				Shift or Alarms District Platoon							
1 <input type="checkbox"/> Mutual aid received		<input checked="" type="checkbox"/> Arrival * 05/30/2024 17:22:55				CONTROLLED Optional, Except for wildland fires							
2 <input type="checkbox"/> Automatic aid rcv.		Controlled				LAST UNIT CLEARED, required except for wildland fires							
3 <input type="checkbox"/> Mutual aid given		Last Unit				Special Studies							
4 <input type="checkbox"/> Automatic aid given		Cleared 05/30/2024 23:34:52				Local Option							
5 <input type="checkbox"/> Other aid given						Special Study ID# Special Study Value							
N <input checked="" type="checkbox"/> None													
F Actions Taken *		G1 Resources *				G2 Estimated Dollar Losses & Values							
32 Provide basic life support		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.				LOSSES: Required for all fires if known. Optional for non fires. None							
74 Provide apparatus		Apparatus 0010 Personnel 0023				Property \$, 000, 000							
55 Establish safe area		EMS				Contents \$, 000, 000							
		Other				PRE-INCIDENT VALUE: Optional							
		<input type="checkbox"/> Check box if resource counts include aid received resources.				Property \$, 000, 000							
						Contents \$, 000, 000							
Completed Modules		H1* Casualties <input type="checkbox"/> None				H3 Hazardous Materials Release				I Mixed Use Property			
<input type="checkbox"/> Fire-2		Deaths Injuries				N <input type="checkbox"/> None				NN <input type="checkbox"/> Not Mixed			
<input type="checkbox"/> Structure-3		Fire Service 005				1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions				10 <input type="checkbox"/> Assembly use			
<input type="checkbox"/> Civil Fire Cas.-4		Civilian				2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)				20 <input type="checkbox"/> Education use			
<input checked="" type="checkbox"/> Fire Serv. Cas.-5						3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container				33 <input type="checkbox"/> Medical use			
<input type="checkbox"/> EMS-6						4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage				40 <input type="checkbox"/> Residential use			
<input type="checkbox"/> HazMat-7		H2 Detector				5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable				51 <input type="checkbox"/> Row of stores			
<input type="checkbox"/> Wildland Fire-8		Required for Confined Fires.				6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall			
<input checked="" type="checkbox"/> Apparatus-9		1 <input type="checkbox"/> Detector alerted occupants				7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential			
<input checked="" type="checkbox"/> Personnel-10		2 <input type="checkbox"/> Detector did not alert them				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use			
<input type="checkbox"/> Arson-11		U <input type="checkbox"/> Unknown				9 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form				60 <input type="checkbox"/> Industrial use			
J Property Use* Structures		341 <input type="checkbox"/> Clinic, clinic type infirmary				539 <input type="checkbox"/> Household goods, sales, repairs				63 <input type="checkbox"/> Military use			
131 <input type="checkbox"/> Church, place of worship		342 <input type="checkbox"/> Doctor/dentist office				579 <input type="checkbox"/> Motor vehicle/boat sales/repair				65 <input type="checkbox"/> Farm use			
161 <input type="checkbox"/> Restaurant or cafeteria		361 <input type="checkbox"/> Prison or jail, not juvenile				571 <input type="checkbox"/> Gas or service station				66 <input type="checkbox"/> Other mixed use			
162 <input type="checkbox"/> Bar/Tavern or nightclub		419 <input type="checkbox"/> 1-or 2-family dwelling				599 <input type="checkbox"/> Business office							
213 <input type="checkbox"/> Elementary school or kindergarten		429 <input type="checkbox"/> Multi-family dwelling				615 <input type="checkbox"/> Electric generating plant							
215 <input type="checkbox"/> High school or junior high		439 <input type="checkbox"/> Rooming/boarding house				629 <input type="checkbox"/> Laboratory/science lab							
241 <input type="checkbox"/> College, adult education		449 <input type="checkbox"/> Commercial hotel or motel				700 <input type="checkbox"/> Manufacturing plant							
311 <input type="checkbox"/> Care facility for the aged		459 <input type="checkbox"/> Residential, board and care				819 <input type="checkbox"/> Livestock/poultry storage (barn)							
331 <input type="checkbox"/> Hospital		464 <input type="checkbox"/> Dormitory/barracks				882 <input type="checkbox"/> Non-residential parking garage							
Outside		519 <input type="checkbox"/> Food and beverage sales				891 <input type="checkbox"/> Warehouse							
124 <input type="checkbox"/> Playground or park		936 <input type="checkbox"/> Vacant lot				981 <input type="checkbox"/> Construction site							
655 <input type="checkbox"/> Crops or orchard		938 <input type="checkbox"/> Graded/care for plot of land				984 <input type="checkbox"/> Industrial plant yard							
669 <input type="checkbox"/> Forest (timberland)		946 <input type="checkbox"/> Lake, river, stream				Lookup and enter a Property Use code only if you have NOT checked a Property Use box:							
807 <input type="checkbox"/> Outdoor storage area		951 <input type="checkbox"/> Railroad right of way				Property Use 962							
919 <input type="checkbox"/> Dump or sanitary landfill		960 <input type="checkbox"/> Other street				Residential street, road or residence							
931 <input type="checkbox"/> Open land or field		961 <input type="checkbox"/> Highway/divided highway				NFIRS-1 Revision 03/11/99							
		962 <input checked="" type="checkbox"/> Residential street/driveway											

Narrative:

E10 was dispatched for EMS incident call for 1 shot at 2221 Blaisdell Ave. Reports came in of a possible 2nd victim in the apartment. E6 was dispatched to responded to assist due to a possible 2nd victim in the same apartment. BC1 asked E6 and E10 if they were staging. BC1 was on LaSalle heading toward the scene. While responding to scene before staging E10 came across a police officer down outside in the street along with another victim down. E10 stopped to render medical aid to the down police officer stating "shots fired in the area." Fire crew radioed to dispatch that there was an active shooter on Blaisdell and that 2 people were down- 1 was PD. Fire crew reported that the shooter was down and next to PD. Dispatched notified all crews that the shooter was still active on Blaisdell and to stay back.

BC1 stopped on LaSalle and Groveland.

BC1 assumed command, blocked LaSalle/Blaisdell and Groveland and set up a Command Post. BC1 requested a TAC channel. 10-2 and Duty Deputy responded to the scene.

BC1 had L11 stage at station 6

BC1 had E8 stage at station 8

E10 was in a hostile situation with active gunfire around them. They took cover behind the fire truck. PD arrived on scene and covered E10 who helped pick up the injured Police Officer and put him in the back of a squad car. The injured Officer was unconscious. E10 firefighter rendered medical aid to the Police Officer while another Officer transported them to HCMC code 3.

E6 entered 2221 being escorted by PD. Reports came in with 2 DOA's. E6 confirmed 1 patient was DOA. The other patient had a pulse but gunshot wound . E6 provided medical care to the patient, assisted loading the patient into the ambulance and rode to the hospital.

BC1 called for MCV. Fire Command was set up in the MCV on Blaisdell and Oak Grove with BC1, MCV and the Duty Deputy.

BC1 moved L11 to stage on LaSalle and Groveland to cover E10.

BC1 moved E8 stage on Nicolett and Franklin to cover E6.

BC1 had E4 report to the Fire Command.

E4 provided traffic control at LaSalle and 15th St.

10-2 staged on Franklin and Nicollet.

BC1 had E22 replace E8.

After building were cleared, BC1 cleared the fire companies from the scene. The Duty Deputy picked up the 3 ff's from HCMC and brought them back to station 6. EAP was called to station 6 for a Critical Incident Stress Debriefing.

A	FDID * <input type="text" value="27218"/>	State * <input type="text" value="MN"/>	Incident Date * MM <input type="text" value="5"/> DD <input type="text" value="30"/> YYYY <input type="text" value="2024"/>	Station <input type="text" value="08"/>	Incident Number * <input type="text" value="24-0024393"/>	Exposure * <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 9 Apparatus or Resources
B	Apparatus or * Resource	Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min			Sent <input type="checkbox"/> <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
<input type="text" value="1"/>	ID <input type="text" value="10-2"/> Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:20"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:57"/>	Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="23:34"/>	<input checked="" type="checkbox"/>	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value="2"/>	ID <input type="text" value="BC1"/> Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:20"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:22"/>	Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="20:59"/>	<input checked="" type="checkbox"/>	<input type="text" value="1"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value="3"/>	ID <input type="text" value="DEP"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:20"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:23"/>	Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="23:34"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value="4"/>	ID <input type="text" value="E10"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:16"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:28"/>	Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="21:01"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value="5"/>	ID <input type="text" value="E22"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="19:19"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="20:11"/>	Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="19:43"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value="6"/>	ID <input type="text" value="E4"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:43"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:57"/>	Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="22:25"/>	<input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value="7"/>	ID <input type="text" value="E6"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:18"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:23"/>	Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="20:02"/>	<input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value="8"/>	ID <input type="text" value="E8"/> Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:36"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:37"/>	Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="20:36"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>
<input type="text" value="9"/>	ID <input type="text" value="L11"/> Type <input type="text" value="91"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:21"/>	Arrival <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="17:28"/>	Clear <input checked="" type="checkbox"/> <input type="text" value="5"/> <input type="text" value="30"/> <input type="text" value="2024"/> <input type="text" value="21:05"/>	<input checked="" type="checkbox"/>	<input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/> <input type="text" value=""/>

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<input checked="" type="checkbox"/>	ID MFC Type 91	Dispatch <input checked="" type="checkbox"/>	5 30 2024	17:57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input checked="" type="checkbox"/>	5 30 2024	17:57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
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<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

**More Apparatus?
Use Additional
Sheets**

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined