

Narrative:

E28 was dispatched to shooting at 51 St. W. / Washburn Ave. S. E28 enroute from station and staged outside of station, waiting for code 4.

E28 arrived to 51 St. W./ Washburn north alley and found several MPD officers doing CPR. MPD Officer stated that they had been doing CPR for about 4 minutes. E28 checked for pulse, no pulse. We also check the lower abdominal bullet entry. There was lots of blood but could not find exit wound. E28 continue regular CPR for 2 minutes with an oral airway at the same time putting pressure on the entry wound. Pulse was checked, no pulse. We cut patient shirt off and started continuous ResQCPR with resQpod 16 and with 15L/Min of high flow O2 for about 3 minutes. HCMC medics arrived and checked for pulse: no pulse, pupils, and bullet entry wound. HCMC medics called off CPR.

They said it was a traumatic asystolic injury. Medics stated that they would notify their dispatcher. E28 asked MPD if there was anything else they needed, that was a negative. They took E28's names and we were released. E28 returned to service.

B Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min				Sent <input checked="" type="checkbox"/>	Number of * People <input type="checkbox"/>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken
<u>1</u>	ID <u>E28</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/>	<u>7</u>	<u>15</u>	<u>2017</u>	<u>23:41</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>7</u>	<u>15</u>	<u>2017</u>	<u>23:47</u>	<input checked="" type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
		Clear <input type="checkbox"/>	<u>7</u>	<u>16</u>	<u>2017</u>	<u>00:02</u>			<input type="checkbox"/> <input type="checkbox"/>
<u>2</u>	ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>3</u>	ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>4</u>	ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>5</u>	ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>6</u>	ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>7</u>	ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>8</u>	ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
<u>9</u>	ID <input type="checkbox"/> Type <input type="checkbox"/>	Dispatch <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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**
- | | | | |
|---|---|---|--|
| <p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 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 <p>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other | <p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <p>Medical & Rescue</p> <ul style="list-style-type: none"> 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 | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>More Apparatus?
Use Additional
Sheets</p> </div> | <p>Other</p> <ul style="list-style-type: none"> 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 <p>NN None
UU Undetermined</p> |
|---|---|---|--|