

A		FDID 27218 *	State MN *	Incident Date 05/25/2020 *	Station 17	Incident Number 20-0018197 *	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 type="checkbox"/> Street address		Number/Milepost		Prefix		Street or Highway		ST	E				
<input checked="" type="checkbox"/> Intersection		36											
<input type="checkbox"/> In front of		Apt./Suite/Room		City		State		Zip Code					
<input type="checkbox"/> Rear of		MINNEAPOLIS		MN		55407							
<input type="checkbox"/> Adjacent to		PARK AVE											
<input type="checkbox"/> Directions		Cross street or directions, as applicable											
C Incident Type *		E1 Date & Times				E2 Shift & Alarms							
321 EMS call, excluding vehicle accident		Midnight is 0000				Local Option							
Incident Type		Check boxes if dates are the same as Alarm Date.				Shift or District							
D Aid Given or Received *		Alarm * 05/25/2020 20:30:31				C 01 217F							
1 <input type="checkbox"/> Mutual aid received		ARRIVAL required, unless canceled or did not arrive				Platoon							
2 <input type="checkbox"/> Automatic aid recv.		<input checked="" type="checkbox"/> Arrival * 05/25/2020 20:32:49				E3 Special Studies							
3 <input type="checkbox"/> Mutual aid given		CONTROLLED Optional, Except for wildland fires				Local Option							
4 <input type="checkbox"/> Automatic aid given		<input type="checkbox"/> Controlled				Special Study ID#							
5 <input type="checkbox"/> Other aid given		LAST UNIT CLEARED, required except for wildland fires				Special Study Value							
N <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Last Unit Cleared 05/25/2020 21:23:15											
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							
Primary Action Taken (1)		Apparatus Personnel				Property \$ 000,000							
Additional Action Taken (2)		Suppression 0001 0004				Contents \$ 000,000							
Additional Action Taken (3)		EMS				PRE-INCIDENT VALUE: Optional							
		Other				Property \$ 000,000							
		<input type="checkbox"/> Check box if resource counts include aid received resources.				Contents \$ 000,000							
Completed Modules		H1* Casualties				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				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 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		H2 Detector				4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage				40 <input type="checkbox"/> Residential use			
<input type="checkbox"/> HazMat-7		Required for Confined Fires.				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		1 <input type="checkbox"/> Detector alerted occupants				6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only				53 <input type="checkbox"/> Enclosed mall			
<input checked="" type="checkbox"/> Apparatus-9		2 <input type="checkbox"/> Detector did not alert them				7 <input type="checkbox"/> Motor oil: from engine or portable container				58 <input type="checkbox"/> Bus. & Residential			
<input checked="" type="checkbox"/> Personnel-10		U <input type="checkbox"/> Unknown				8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons				59 <input type="checkbox"/> Office use			
<input type="checkbox"/> Arson-11						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											
		962 <input checked="" type="checkbox"/> Residential street/driveway											

27218
FDID *

MN
State *

MM DD
5 25
Incident Date *

YYYY
2020

17
Station

20-0018197
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

E17 was started code-two to assist EMS on a call, then updated to code-three. Pre-arrival info stated only that pt had trauma to his mouth. E17 arrived at Cup Foods (38th & Chicago) with multiple squads on scene and small crowd of citizens. As 17s attempted to locate the patient, the crew overheard and was told by several people that the police 'had killed the man.' Bystanders were upset but not unruly. No clear info on pt or location was given by either initial pd officers or bystanders. Crew finally located an officer inside the store who stated HCMC medics had loaded the patient and relocated from the scene. E17 encountered an off-duty firefighter who had witnessed the end of the struggle and witnessed the pt go from struggling to unresponsive on the ground while handcuffed and subdued by PD. Dispatch notified E17 that medics needed Fire code-three, and E17 relocated to 36th & Park Ave.

Two crew members got in ambulance. Medics had Lucas device working on an unresponsive, pulseless male. Pt had advanced airway secured; E17 took over ventilations and also assisted medics getting IV and meds prepared. Crew accompanied medics to HCMC STAB room, continuing w/ ministrations. Medics performed pulse checks several times, finding none, and delivered one shock by their monitor. Pt's condition did not change. E17 helped get pt into STAB room, continuing ventilations until relieved by ER staff.

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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 <u>4</u>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken
1 ID <u>E17</u> Type <u>11</u>	Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>25</u> <u>2020</u> <u>20:30</u> Arrival <input checked="" type="checkbox"/> <u>5</u> <u>25</u> <u>2020</u> <u>20:32</u> Clear <input checked="" type="checkbox"/> <u>5</u> <u>25</u> <u>2020</u> <u>21:23</u>	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 ID _____ Type _____	Dispatch <input checked="" type="checkbox"/> <u>5</u> <u>25</u> <u>2020</u> <u>20:30</u> Arrival <input checked="" type="checkbox"/> <u>5</u> <u>25</u> <u>2020</u> <u>20:32</u> Clear <input type="checkbox"/> _____	<input checked="" type="checkbox"/>	<u>4</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ID _____ Type _____	Dispatch <input type="checkbox"/> _____ Arrival <input type="checkbox"/> _____ Clear <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"/> <input type="checkbox"/>
ID _____ Type _____	Dispatch <input type="checkbox"/> _____ Arrival <input type="checkbox"/> _____ Clear <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"/> <input type="checkbox"/>
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ID _____ Type _____	Dispatch <input type="checkbox"/> _____ Arrival <input type="checkbox"/> _____ Clear <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"/> <input type="checkbox"/>
ID _____ Type _____	Dispatch <input type="checkbox"/> _____ Arrival <input type="checkbox"/> _____ Clear <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"/> <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	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> More Apparatus? Use Additional Sheets </div>	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
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