A MM DD 27218 MN 09 29 FDID * State * Incident Date *	YYYY 2020 05 20-0035573 000 Change Basic Station Incident Number * Exposure * No Activity						
B Location*	icate that the address for this incident is provided on the Wildland Fire Census Tract						
X Street address         Intersection         Intersection         In front of         Rear of         Adjacent to         Directions             Cross street or directions, as applicable							
C Incident Type *	E1 Date & Times Check boxes if dates are the Month Day Year Hr Min Sec Local Option						
D Aid Given or Received *	same as Alarm       ALARM always required         Date.       Alarm       09       29       2020       18:18:36       Shift or Platoon       Alarms       District         ARRIVAL required, unless canceled or did not arrive       Arrival *       09       29       2020       18:18:40       E3						
<pre>2 Automatic aid recv. 3 Mutual aid given 4 Automatic aid given 5 Other aid given N X None</pre>	CONTROLLED Optional, Except for wildland fires Controlled LAST UNIT CLEARED, required except for wildland fires Last Unit Cleared 09 29 2020 19:29:57						
F Actions Taken *	G1 Resources * Check this box and skip this section if an Apparatus or Personnel form is used. Check this box and skip this section if an Apparatus or Personnel form is used. None						
Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)	Apparatus       Personnel       Property       \$       000,000       000         Suppression       0003       0005       Contents       \$       , 000,000       000       000         EMS         PRE-INCIDENT VALUE: Optional        000,000          Other         Property       \$        000,000          Check box if resource counts include aid received resources.       Contents       \$						
Completed Modules       H1 * Casualties         Fire-2       Deaths Inju         Structure-3       Fire         Civil Fire Cas4       Fire         Fire Serv. Cas5       Civilian         EMS-6       HazMat-7         Wildland Fire-8       Required for Confined F         X Apparatus-9       2         X Personnel-10       U Unknown	Image: None       N       Not Mixed         1       Natural Gas: slow leak, no evauation or HazMat actions       20       Education use         2       Propane gas: <21 lb. tank (as in home BEQ grill)						
J Property Use* Structures 131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/Tavern or nightclub 213 Elementary school or kindergarten 215 High school or junior high 241 College, adult education 311 Care facility for the aged 331 Hospital Outside 124 Playground or park 655 Crops or orchard	341       Clinic,clinic type infirmary       539       Household goods,sales,repairs         342       Doctor/dentist office       579       Motor vehicle/boat sales/repair         361       Prison or jail, not juvenile       571       Gas or service station         419       1-or 2-family dwelling       599       Business office         429       Multi-family dwelling       615       Electric generating plant         439       Rooming/boarding house       629       Laboratory/science lab         449       Commercial hotel or motel       700       Manufacturing plant         459       Residential, board and care       819       Livestock/poultry storage(barn)         464       Dormitory/barracks       882       Non-residential parking garage         519       Food and beverage sales       891       Warehouse         936       Vacant lot       981       Construction site         938       Graded/care for plot of land       984       Industrial plant yard         946       Lake, river, stream       Lookup and enter a Property lise code only if						
669 Forest (timberland) 807 Outdoor storage area 919 Dump or sanitary landfill 931 Open land or field	951       Railroad right of way       Lookup and enter a Property Use code only if you have NOT checked a Property Use box:         960       Other street       Property Use       962         961       Highway/divided highway       Residential street/driveway       Residential street, road or residential street/driveway						

MM	DD YYYY			
27218 MN 9		05	20-0035573 000	Complete
FDID ★ State ★ Incide	ent Date ★	Station	Incident Number ★ Exposure ★	Narrative

Narrative:

E5 STOODBY TO ASSIST POLICE.

	MM DD YYYY N 9 29 202 Incident Date *	0 05 Station		-0035573		hange NFIRS - 9 Apparatus or Resources
B Apparatus or * Resource	Date and Time Check if same as alarm Month Day Yea	date	Sent X	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken
1 ID <u>BC3</u> Type 92	Arrival X 9 29	2020 18:18 2020 18:25 2020 19:29	x		Suppression EMS Other	
2 ID DEP	Arrival X 9 29	2020 18:18 2020 18:28 2020 19:16	x		Suppression EMS Other	
3 ID E5		2020 18:26 2020 18:26	x		Suppression EMS Other	
ID Type	Dispatch				Suppression EMS Other	
ID Type	Dispatch  Arrival Clear				Suppression EMS Other	
ID Type	Dispatch				Suppression EMS Other	
ID Type	Dispatch  Arrival  Clear				Suppression EMS Other	
ID Type	Dispatch  Arrival Clear				Suppression EMS	
ID Type	Dispatch  Arrival  Clear				Suppression EMS Other	
Type of Apparatus Ground Fire Suppres 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper of 16 Brush truck 17 ARF (Aircraft Res 10 Ground fire suppres Heavy Ground Equin 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, Aircraft 41 Aircraft: fixed of 42 Helitanker 43 Helicopter 40 Aircraft, other	ession combination scue and Firefighting) ression, other oment other	Marine Equipm 51 Fire boat w: 52 Boat, no pur 50 Marine appar Support Equip 61 Breathing ap 62 Light and a: 60 Support appa Medical & Ress 71 Rescue unit 72 Urban Search 73 High angle : 75 BLS unit 76 ALS unit 70 Medical and	ith pump mp ratus, c ment pparatus ir unit aratus, cue h & resc rescue u	other s support other cue unit unit	Use Shee Other 91 Mobile cc 92 Chief off 93 HazMat ur 94 Type 1 ha 95 Type 2 ha 99 Privately 00 Other app NN None UU Undetermi	mmand post ficer car hit and crew and crew owned vehicle paratus/resource