



MINNEAPOLIS FIRE DEPARTMENT
FIELD REPORT

(Number of pages including this cover sheet 28)

A FDID 27218 * State MN * Incident Date 08 01 2007 * Station 11 Incident Number 07-0021451 * Exposure 000 * Delete Change No Activity NFIRS - 1 Basic

B Location* 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. Census Tract _____ - _____

Street address 500 2ND ST SE
 Number/Milepost Prefix Street or Highway Street Type Suffix

Intersection
 In front of
 Rear of
 Adjacent to
 Directions

Apt./Suite/Room _____ City MINNEAPOLIS State MN Zip Code 55414 - _____

Cross street or directions, as applicable _____

C Incident Type *
351 | Extrication of victim(s) from
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm ALARM always required
 Date Alarm * 08 01 2007 18:08:00
 ARRIVAL required, unless canceled or did not arrive
 Arrival * 08 01 2007 18:11:50
 CONTROLLED Optional, Except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit
 Cleared 08 02 2007 19:20:59

E2 Shift & Alarms Local Option
 02 | 311A
 Shift or Alarms District Platoon

D Aid Given or Received*

1 Mutual aid received 27131 _____
 Their FDID Their State

2 Automatic aid recv.
 3 Mutual aid given
 4 Automatic aid given
 5 Other aid given
 N None

Their Incident Number _____

E3 Special Studies Local Option
 Special Study ID# _____ Special Study Value _____

F Actions Taken *

22 | Rescue, remove from
 Primary Action Taken (1)

21 | Search
 Additional Action Taken (2)

23 | Extricate, disentangle
 Additional Action Taken (3)

G1 Resources *

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel
 Suppression 0041 0108

EMS _____
 Other _____

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ _____, _____, _____
 Contents \$ _____, _____, _____

PRE-INCIDENT VALUE: Optional
 Property \$ _____, _____, _____
 Contents \$ _____, _____, _____

Completed Modules

Fire-2
 Structure-3
 Civil Fire Cas.-4
 Fire Serv. Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1* Casualties None
 Deaths Injuries
 Fire Service _____ 007
 Civilian _____

H2 Detector Required for Confined Fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release

N None
 1 Natural Gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21 lb. tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling < 55 gallons
 0 Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN Not Mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Bus. & Residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

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

341 Clinic, clinic type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1-or 2-family dwelling
 429 Multi-family dwelling
 439 Rooming/boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

539 Household goods, sales, repairs
 579 Motor vehicle/boat sales/repair
 571 Gas or service station
 599 Business office
 615 Electric generating plant
 629 Laboratory/science lab
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

Outside

124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

936 Vacant lot
 938 Graded/care for plot of land
 946 Lake, river, stream
 951 Railroad right of way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

981 Construction site
 984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:
 Property Use 921
Bridge, trestle

27218
FDID *

MN
State *

MM DD YYYY
8 1 2007
Incident Date *

11
Station

07-0021451
Incident Number *

000
Exposure *

Complete
Narrative

Narrative:

On Aug. 1, 2007 the Minneapolis Fire Department responded to the collapse of the Interstate 35W Bridge over the Mississippi River.

Upon initial arrival crews reported a major collapse of the interstate bridge and initiated the request for additional resources. Approximately 28 pieces of apparatus responded to the initial call which included engine companies, truck companies, command vehicles, technical rescue vehicles, hazmat teams, and water rescue equipment.

A general call back of all department personnel was requested through dispatch and by the use of local media in addition to a mutual aid request for additional support from mutual aid partners.

In response to the general call back personnel returned to their assigned stations to staff spare apparatus and assist mutual aid partners who were requested to back fill stations for units that responded to the incident.

Upon arrival, personnel engaged in immediate on scene rescue efforts. Rescue operations were focused in two Divisions which were established on the North and South side of the bridge collapse including a unified water group which assumed the water rescue responsibility on and around the portion of the bridge in the river.

Initial Incident Command was established on the 10th Ave Bridge to direct the immediate rescue activities. The 10th Ave Bridge gave Command a very good vantage point to observe the rescue efforts in both Divisions to include the water group.

Staging areas were established by command to assist in support of the divisions by the coordination of arriving support. The support included resources from local, state and federal agencies.

The initial rescue efforts were very challenging, under very tenuous conditions with the risk assessment focused on the unstable conditions and the potential for secondary movement/collapse of additional bridge sections. Structural engineers were requested early in the incident to make an assessment of the collapse site in regards to the potential of a secondary collapse and to assist with the risk management of responders.

Personnel assigned to each division faced many challenging rescues and extrications. They were faced with the daunting task of assisting multiple victims who had self rescued prior to the arrival of responders.

The southern division was confronted with several vehicle fires requiring multiple lines to be laid to include the positioning of an elevated master stream to gain control of and the extinguishment of the vehicle fires. The unstable conditions caused by the collapse and the position of some of these vehicles made all fire suppression, and rescue efforts very difficult.

The northern division faced many of the same conditions as the southern division. In addition the northern division was confronted by the reports of rail cars containing hazardous materials, power lines severed under the collapse and the report of a facility containing radioactive isotopes being damaged in the collapse with the potential for possible contamination. Command isolated the identified hazards and made requests for assistance through unified command for mitigation assistance.

The unified water group rescued victims from the portion of the bridge decking located in the river and transported victims to triage and treatment areas establishes in both divisions.

Emergency Medical Services lead by Hennepin County Medical Center set up treatment, triage and transport areas in both the north and south divisions. There were four triage, treatment,

Narrative:

and transport areas established due to access issues created by the collapse of the bridge. The EMS system did a remarkable job in triaging, treating and transporting approximately 55 patients in 1 hour and 40 minutes from the time of the first call received.

At the completion of the initial rescue phase the Command was relocated to the Unified Command Post location made up of cooperating agencies from local, state and federal agencies. As the incident moved into the recovery phase the fire department passed command to law enforcement and assumed a support role in the Unified Command structure throughout the remainder of the recovery effort. Through both the rescue and recovery phases of the response a unified command structure was established and maintained.

Command of Tactical Operations was confronted with a number of focused areas during the rescue phase of the incident including:

- Life Safety
- Fire
- Hazmat
- Technical Rescue
- Water Rescue
- Safety of response personnel
- Accountability
- Security

Submitted is a synopsis of the involvement of the Minneapolis Fire Department during the I35 Bridge collapse. If additional detailed information is required feel free to contact me.

John Fruetel
Assistant Chief of Operations
Minneapolis Fire Department

Incident Commander of Record: 10-2

Ladder Useage

Aerial
Ground
Roof

Lines Used to Control the Fire

| | |
|---------------|------|
| Handline | Size |
| Master Stream | |

Equipment Used:

Hand Extingushier (Pump Can/Dugas) F
Foam F

A FDID * 27218 State * MN Incident Date * 8 1 2007 Station 11 Incident Number * 07-0021451 Exposure * 000 Delete Change NFIRS - 5 Fire Service Casualty

B Injured Person Identification Number 1 Male * 1 Career **C Casualty Number ***
2 Female 2 Volunteer 1 Casualty Number

First Name [REDACTED] MI D Last Name [REDACTED] Suffix [REDACTED]

D Age or Date of Birth * Age 38 In years OR Date Of Birth [REDACTED] Month Day Year

E Date & Time of Injury Midnight is 0000 Date of Injury 8 1 2007 Month Day Year Time of Injury 18:50:00 Hour Minutes

F Responses Number of prior responses during past 24 hours 2

G1 Usual Assignment Suppression EMS Prevention Training Maintenance Communications Administration Fire investigation Other

G2 Physical Condition Just Prior To Injury Rested Other Fatigued Undetermined ILL or Injured

G3 Severity Report only, including exposure First aid only Treated by physician (no lost time) Moderate (lost time) Severe (lost time) Life threatening (lost time) Death

G4 Taken To Hospital Doctor's office Morgue/funeral home Residence Station or quarters Other Not transported

G5 Activity at Time of Injury 61 Searching for victim Activity at time of injury

H1 Primary Apparent Symptom 21 Cut or laceration Primary apparent symptom

H2 Primary Area of Body Injured 65 Hand and fingers Primary injured body part or area

I1 Cause of Firefighter Injury 6 Contact with object Cause of Injury

I2 Factor Contributing to Injury 00 Contributing factor, Contributing Factor

I3 Object Involved in Injury None 00 Object Object involved in injury

J1 Where Injury Occurred Enroute to FD Location At FD location Enroute to incident scene Enroute to medical facility At scene in structure At scene outside At medical facility Returning from incident Returning from med facility Other

J2 Story Where Injury Occurred Check this box and enter the story if the injury occurred inside or on a structure [REDACTED] Below grade [REDACTED] story of injury Injury occurred outside

J3 Specific Location Complete as Applicable In aircraft In boat or ship or barge In rail vehicle In motor vehicle In sewer In tunnel In structure In attic In water In well In ravine In quarry or mine In ditch or trench In open pit On steep grade On fire escape/outside stairs On vertical surface or ledge On ground ladder On aerial ladder or in basket On roof Outside at grade Other

J4 Vehicle Type Complete ONLY if Specific Location code is-60 Suppression vehicle EMS vehicle Other FD vehicle Non-FD vehicle

Remarks _____

If protective equipment failed and was a factor in this injury, please complete the other side of this form.

A FDID 27218 * State MN * Incident Date 8/1/2007 Station 11 Incident Number 07-0021451 * Exposure 000 * Delete Change

B Injured Person 1 Male * 1 Career
Identification Number 2 Female 2 Volunteer

First Name [Redacted] M MI Last Name [Redacted] Suffix

C Casualty Number *
[Redacted] 2
Casualty Number

D Age or Date of Birth *
Age 46
In years
OR
Date Of Birth [Redacted]
Month Day Year

E Date & Time of Injury Midnight is 0000.
Date of Injury 8/1/2007
Month Day Year
Time of Injury 18:30:00
Hour Minutes

F Responses
Number of prior responses during past 24 hours 0

G1 Usual Assignment
1 Suppression
2 EMS
3 Prevention
4 Training
5 Maintenance
6 Communications
7 Administration
8 Fire investigation
0 Other

G2 Physical Condition Just Prior To Injury
1 Rested 0 Other
2 Fatigued U Undetermined
4 ILL or Injured

G4 Taken To
1 Hospital
4 Doctor's office
5 Morgue/funeral home
6 Residence
7 Station or quarters
0 Other
N Not transported

G3 Severity
1 Report only, including exposure
2 First aid only
3 Treated by physician (no lost time)
4 Moderate (lost time)
5 Severe (lost time)
6 Life threatening (lost time)
7 Death

G5 Activity at Time of Injury
61 Searching for victim
Activity at time of injury

H1 Primary Apparent Symptom
33 Strain or sprain
Primary apparent symptom

I1 Cause of Firefighter Injury
3 Slip/trip
Cause of Injury

I3 Object Involved in Injury
 None

H2 Primary Area of Body Injured
74 Ankle
Primary injured body part or area

I2 Factor Contributing to Injury
54 Uneven surface, included
Contributing Factor

I3 Object Involved in Injury
NN None
Object involved in injury

J1 Where Injury Occurred
1 Enroute to FD Location
2 At FD location
3 Enroute to incident scene
4 Enroute to medical facility
5 At scene in structure
6 At scene outside
7 At medical facility
8 Returning from incident
9 Returning from med facility
0 Other

J3 Specific Location Complete as Applicable
65 In aircraft
64 In boat or ship or barge
63 In rail vehicle
61 In motor vehicle
54 In sewer
53 In tunnel
49 In structure
45 In attic
36 In water
35 In well
34 In ravine
33 In quarry or mine
32 In ditch or trench
31 In open pit
28 On steep grade
27 On fire escape/outside stairs
26 On vertical surface or ledge
25 On ground ladder
24 On aerial ladder or in basket
23 On roof
22 Outside at grade
00 Other

J4 Vehicle Type Complete ONLY if Specific Location code is > 60
1 Suppression vehicle
2 EMS vehicle
3 Other FD vehicle
4 Non-FD vehicle

Remarks _____

If protective equipment failed and was a factor in this injury, please complete the other side of this form.

NFIRS-5 Revision 8/18/99

J2 Story Where Injury Occurred
Check this box and enter the story if the injury occurred inside or on a structure
[Redacted] Below grade Story of Injury
2 Injury occurred outside

| | | | | | | | | |
|----------|--------------|------------|-------------------------------------|------------|------------------------------|----------------|--|---------------------------------------|
| A | FDID * 27218 | State * MN | Incident Date * MM 8 DD 1 YYYY 2007 | Station 11 | Incident Number * 07-0021451 | Exposure * 000 | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS - 5 Fire Service Casualty |
|----------|--------------|------------|-------------------------------------|------------|------------------------------|----------------|--|---------------------------------------|

| | | | |
|-------------------------|-----------------------|---|----------------------------|
| B Injured Person | Identification Number | 1 <input checked="" type="checkbox"/> Male * 1 <input checked="" type="checkbox"/> Career 2 <input type="checkbox"/> Female 2 <input type="checkbox"/> Volunteer | C Casualty * Number |
| First Name [REDACTED] | MI A | Last Name [REDACTED] | Suffix [REDACTED] |
| | | | Casualty Number 3 |

| | | |
|------------------------------------|---|--|
| D Age or Date of Birth * | E Date & Time of Injury Midnight is 0000 | F Responses |
| Age 26 OR Date Of Birth [REDACTED] | Date of Injury 8/1/2007 Time of Injury 19:15:00 | Number of prior responses during past 24 hours 0 |

| | | |
|--|---|--|
| G1 Usual Assignment | G2 Physical Condition Just Prior To Injury | G4 Taken To |
| 1 <input checked="" type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other | 1 <input checked="" type="checkbox"/> Rested 0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued U <input type="checkbox"/> Undetermined 4 <input type="checkbox"/> ILL or Injured | 1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other N <input checked="" type="checkbox"/> Not transported |
| | G3 Severity | G5 Activity at Time of Injury |
| | 1 <input checked="" type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death | 36 Removing flammable Activity at time of injury |

| | | |
|--|--|--|
| H1 Primary Apparent Symptom 24 Contusion/bruise: minor Primary apparent symptom | I1 Cause of Firefighter Injury 6 Contact with object Cause of Injury | I3 Object Involved in Injury <input type="checkbox"/> None |
| H2 Primary Area of Body Injured 63 Elbow Primary injured body part or area | I2 Factor Contributing to Injury 10 Collapse or falling Contributing Factor | 94 Non-fire Object involved in injury |

| | | |
|--|--|--|
| J1 Where Injury Occurred | J3 Specific Location Complete as Applicable | J4 Vehicle Type Complete ONLY if Specific Location code is > 60 |
| 1 <input type="checkbox"/> Enroute to FD Location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> Enroute to incident scene 4 <input type="checkbox"/> Enroute to medical facility 5 <input type="checkbox"/> At scene in structure 6 <input checked="" type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other | 65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat or ship or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input checked="" type="checkbox"/> Other | 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle |
| J2 Story Where Injury Occurred Check this box and enter the story if the injury occurred inside or on a structure | | Remarks |
| 1 <input type="checkbox"/> story if the injury occurred inside or on a structure <input type="checkbox"/> Below grade Story of Injury | | |
| 2 <input checked="" type="checkbox"/> Injury occurred outside | | |
| | | If protective equipment failed and was a factor in this injury, please complete the other side of this form. |

NFIRS-5 Revision 8/18/99

A FDID 27218 * State MN * Incident Date 8 1 2007 Station 11 Incident Number 07-0021451 * Exposure 000 * Delete Change NFIRS - 5 Fire Service Casualty

B Injured Person Identification Number 1 Male * 1 Career **C Casualty Number** * 4
2 Female 2 Volunteer

First Name [REDACTED] MI A Last Name [REDACTED] Suffix [REDACTED]
 Casualty Number 4

D Age or Date of Birth * Age 35 OR Date Of Birth [REDACTED]
 In years OR Month Day Year

E Date & Time of Injury Midnight is 0000 Date of Injury 8 1 2007 Time of Injury 18:15:00
 Month Day Year Hour Minutes

F Responses Number of prior responses during past 24 hours 0

G1 Usual Assignment Suppression EMS Prevention Training Maintenance Communications Administration Fire investigation Other

G2 Physical Condition Just Prior To Injury Rested Other Fatigued Undetermined ILL or Injured

G3 Severity Report only, including exposure First aid only Treated by physician (no lost time) Moderate (lost time) Severe (lost time) Life threatening (lost time) Death

G4 Taken To Hospital Doctor's office Morgue/funeral home Residence Station or quarters Other Not transported

G5 Activity at Time of Injury 64 Water rescue
 Activity at time of injury

H1 Primary Apparent Symptom 53 Nausea
 Primary apparent symptom

H2 Primary Area of Body Injured 83 Stomach
 Primary injured body part or area

I1 Cause of Firefighter Injury 0 Cause of injury, other
 Cause of Injury

I2 Factor Contributing to Injury 00 Contributing factor,
 Contributing Factor

I3 Object Involved in Injury None
 Object involved in injury

J1 Where Injury Occurred Enroute to FD Location At FD location Enroute to incident scene Enroute to medical facility At scene in structure At scene outside At medical facility Returning from incident Returning from med facility Other

J2 Story Where Injury Occurred Check this box and enter the story if the injury occurred inside or on a structure [REDACTED] Below grade Injury occurred outside

J3 Specific Location Complete as Applicable In aircraft In boat or ship or barge In rail vehicle In motor vehicle In sewer In tunnel In structure In attic In water In well In ravine In quarry or mine In ditch or trench In open pit On steep grade On fire escape/outside stairs On vertical surface or ledge On ground ladder On aerial ladder or in basket On roof Outside at grade Other

J4 Vehicle Type Complete ONLY if Specific Location code is >60 Suppression vehicle EMS vehicle Other FD vehicle Non-FD vehicle

Remarks _____

If protective equipment failed and was a factor in this injury, please complete the other side of this form.

NFIRS-5 Revision 8/18/99

A FDID * 27218 State * MN Incident Date * 8 1 2007 Station 11 Incident Number * 07-0021451 Exposure * 000 Delete Change NFIRS - 5 Fire Service Casualty

B Injured Person Identification Number 1 Male * 1 Career 2 Female 2 Volunteer **C Casualty * Number** 5

D Age or Date of Birth * Age 32 OR Date Of Birth Month Day Year **E Date & Time of Injury** Midnight is 0000 Date of Injury Month Day Year 8 1 2007 Time of Injury Hour Minutes 18:30:00 **F Responses** Number of prior responses during past 24 hours 0

G1 Usual Assignment
1 Suppression
2 EMS
3 Prevention
4 Training
5 Maintenance
6 Communications
7 Administration
8 Fire investigation
0 Other

G2 Physical Condition Just Prior To Injury
1 Rested 0 Other
2 Fatigued U Undetermined
4 ILL or Injured

G3 Severity
1 Report only, including exposure
2 First aid only
3 Treated by physician (no lost time)
4 Moderate (lost time)
5 Severe (lost time)
6 Life threatening (lost time)
7 Death

G4 Taken To
1 Hospital
4 Doctor's office
5 Morgue/funeral home
6 Residence
7 Station or quarters
0 Other
N Not transported

G5 Activity at Time of Injury
63 Rescuing non-fire victim
Activity at time of injury

H1 Primary Apparent Symptom
00 Other
Primary apparent symptom

I1 Cause of Firefighter Injury
7 Overexertion/strain
Cause of Injury

I3 Object Involved in Injury
 None

H2 Primary Area of Body Injured
42 Pelvis or groin
Primary injured body part or area

I2 Factor Contributing to Injury
33 Operating in confined
Contributing Factor

I3 Object Involved in Injury
NN None
Object involved in injury

J1 Where Injury Occurred
1 Enroute to FD Location
2 At FD location
3 Enroute to incident scene
4 Enroute to medical facility
5 At scene in structure
6 At scene outside
7 At medical facility
8 Returning from incident
9 Returning from med facility
0 Other

J3 Specific Location Complete as Applicable
65 In aircraft
64 In boat or ship or barge
63 In rail vehicle
61 In motor vehicle
54 In sewer
53 In tunnel
49 In structure
45 In attic
36 In water
35 In well
34 In ravine
33 In quarry or mine
32 In ditch or trench
31 In open pit
28 On steep grade
27 On fire escape/outside stairs
26 On vertical surface or ledge
25 On ground ladder
24 On aerial ladder or in basket
23 On roof
22 Outside at grade
00 Other

J4 Vehicle Type Complete ONLY if Specific Location code is >60
1 Suppression vehicle
2 EMS vehicle
3 Other FD vehicle
4 Non-FD vehicle

J2 Story Where Injury Occurred
Check this box and enter the story if the injury occurred inside or on a structure
1 Story of Injury
2 Injury occurred outside
Below grade

Remarks
If protective equipment failed and was a factor in this injury, please complete the other side of this form.
NFIRS-5 Revision 8/18/99

B Injured Person 1 Male * 1 Career
 Identification Number 2 Female 2 Volunteer
 First Name [Redacted] MI J Last Name [Redacted] Suffix [Redacted]
 Casualty Number 6

D Age or Date of Birth * Age 39 OR Date Of Birth [Redacted]
 In years OR Month Day Year
E Date & Time of Injury Midnight is 0000 Date of Injury 8 1 2007 Time of Injury 19:00:00
 Month Day Year Hour Minutes
F Responses Number of prior responses during past 24 hours 0

G1 Usual Assignment
 1 Suppression
 2 EMS
 3 Prevention
 4 Training
 5 Maintenance
 6 Communications
 7 Administration
 8 Fire investigation
 0 Other

G2 Physical Condition Just Prior To Injury
 1 Rested 0 Other
 2 Fatigued U Undetermined
 4 ILL or Injured
G3 Severity
 1 Report only, including exposure
 2 First aid only
 3 Treated by physician (no lost time)
 4 Moderate (lost time)
 5 Severe (lost time)
 6 Life threatening (lost time)
 7 Death

G4 Taken To
 1 Hospital
 4 Doctor's office
 5 Morgue/funeral home
 6 Residence
 7 Station or quarters
 0 Other
 N Not transported
G5 Activity at Time of Injury
63 Rescuing non-fire victim
 Activity at time of injury

H1 Primary Apparent Symptom
25 Abrasion
 Primary apparent symptom

I1 Cause of Firefighter Injury
U Undetermined
 Cause of Injury

I3 Object Involved in Injury
 None

H2 Primary Area of Body Injured
75 Foot and toes
 Primary injured body part or area

I2 Factor Contributing to Injury
54 Uneven surface, included
 Contributing Factor

I3 Object Involved in Injury
NN None
 Object involved in injury

J1 Where Injury Occurred
 1 Enroute to FD Location
 2 At FD location
 3 Enroute to incident scene
 4 Enroute to medical facility
 5 At scene in structure
 6 At scene outside
 7 At medical facility
 8 Returning from incident
 9 Returning from med facility
 0 Other

J3 Specific Location Complete as Applicable
 65 In aircraft
 64 In boat or ship or barge
 63 In rail vehicle
 61 In motor vehicle
 54 In sewer
 53 In tunnel
 49 In structure
 45 In attic
 36 In water
 35 In well
 34 In ravine
 33 In quarry or mine
 32 In ditch or trench
 31 In open pit
 28 On steep grade
 27 On fire escape/outside stairs
 26 On vertical surface or ledge
 25 On ground ladder
 24 On aerial ladder or in basket
 23 On roof
 22 Outside at grade
 00 Other

J4 Vehicle Type Complete ONLY if Specific Location code 1S>60
 1 Suppression vehicle
 2 EMS vehicle
 3 Other FD vehicle
 4 Non-FD vehicle
 Remarks

J2 Story Where Injury Occurred
 Check this box and enter the story if the injury occurred inside or on a structure
 Inside Below grade
 Story of Injury
 2 Injury occurred outside

If protective equipment failed and was a factor in this injury, please complete the other side of this form.
 NFIRS-5 Revision 8/18/99

A FDID * 27218 State * MN Incident Date * 8 / 1 / 2007 Station 11 Incident Number * 07-0021451 Exposure * 000 Delete Change NFIRS - 5 Fire Service Casualty

B Injured Person Identification Number 1 Male * 1 Career **C** Casualty * Number 7
2 Female 2 Volunteer
 First Name [REDACTED] MI P Last Name [REDACTED] Suffix [REDACTED] Casualty Number 7

D Age or Date of Birth * Age 43 OR Date of Birth [REDACTED] **E** Date & Time of Injury Midnight is 0000 Date of Injury 8 / 1 / 2007 Time of Injury 18:45:00 **F** Responses 3
In years OR Month Day Year Month Day Year Hour Minutes Number of prior responses during past 24 hours

G1 Usual Assignment **G2** Physical Condition Just Prior To Injury **G4** Taken To
 1 Suppression 1 Rested 0 Other
 2 EMS 2 Fatigued U Undetermined
 3 Prevention 4 ILL or Injured
 4 Training
 5 Maintenance **G3** Severity
 6 Communications 1 Report only, including exposure
 7 Administration 2 First aid only
 8 Fire investigation 3 Treated by physician (no lost time)
 0 Other 4 Moderate (lost time)
 5 Severe (lost time)
 6 Life threatening (lost time)
 7 Death
G5 Activity at Time of Injury 64 Water rescue
Activity at time of injury

H1 Primary Apparent Symptom 33 Strain or sprain **I1** Cause of Firefighter Injury 6 Contact with object **I3** Object Involved in Injury
Primary apparent symptom Cause of Injury None
H2 Primary Area of Body Injured 23 Shoulder **I2** Factor Contributing to Injury 50 Slippery or uneven 91 Person: victim
Primary injured body part or area Contributing Factor Object involved in injury

J1 Where Injury Occurred **J3** Specific Location Complete as Applicable **J4** Vehicle Type Complete ONLY if Specific Location code is >60
 1 Enroute to FD Location 65 In aircraft 1 Suppression vehicle
 2 At FD location 64 In boat or ship or barge 2 EMS vehicle
 3 Enroute to incident scene 63 In rail vehicle 3 Other FD vehicle
 4 Enroute to medical facility 61 In motor vehicle 4 Non-FD vehicle
 5 At scene in structure 54 In sewer
 6 At scene outside 53 In tunnel
 7 At medical facility 49 In structure
 8 Returning from incident 45 In attic
 9 Returning from med facility 36 In water
 0 Other 35 In well
 27 On fire escape/outside stairs
 26 On vertical surface or ledge
 25 On ground ladder
 24 On aerial ladder or in basket
 23 On roof
 22 Outside at grade
 00 Other
 J2 Story Where Injury Occurred
 Check this box and enter the story if the injury occurred inside or on a structure Below grade
 2 Injury occurred outside
 Remarks
 If protective equipment failed and was a factor in this injury, please complete the other side of this form.
 NFIRS-5 Revision 8/18/99

A FDID * 27218 State * MN Incident Date * MM 8 DD 1 YYYY 2007 Station 11 Incident Number * 07-0021451 Exposure * 000
 Delete Change
 NFIRS - 9 Apparatus or Resources

| B Apparatus or * Resource | Date and Times | | | | | Sent <input type="checkbox"/> | Number of * People | Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------|----------|----------------------------------|--------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Dispatch | Arrival | Clear | Month | Day | | | | Year | Hour | Min | |
| 1 ID <u>10-2</u> Type <u>92</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:28</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>19:01</u> | <input checked="" type="checkbox"/> | <u>0</u> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>2</u> | <u>2007</u> | <u>02:48</u> | | | | | |
| 2 ID <u>10-31</u> Type <u>92</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>19:12</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>19:42</u> | <input checked="" type="checkbox"/> | <u>0</u> | | | |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>23:43</u> | | | | | |
| 3 ID <u>10-50</u> Type <u>92</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:18</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:26</u> | <input checked="" type="checkbox"/> | <u>1</u> | | | |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>20:01</u> | | | | | |
| 4 ID <u>10-71</u> Type <u>92</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:37</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:54</u> | <input checked="" type="checkbox"/> | <u>0</u> | | | |
| | | | | <u>8</u> | <u>2</u> | <u>2007</u> | <u>01:12</u> | | | | | |
| 5 ID <u>10-8</u> Type <u>92</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:53</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>19:01</u> | <input checked="" type="checkbox"/> | <u>0</u> | | | |
| | | | | <u>8</u> | <u>2</u> | <u>2007</u> | <u>03:31</u> | | | | | |
| 6 ID <u>B12</u> Type <u>52</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:39</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:50</u> | <input checked="" type="checkbox"/> | <u>0</u> | | | |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>23:08</u> | | | | | |
| 7 ID <u>B22</u> Type <u>52</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:13</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:22</u> | <input checked="" type="checkbox"/> | <u>0</u> | | | |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:17</u> | | | | | |
| 8 ID <u>B4</u> Type <u>52</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:08</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:18</u> | <input checked="" type="checkbox"/> | <u>0</u> | | | |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:56</u> | | | | | |
| 9 ID <u>BC1</u> Type <u>92</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:13</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:18</u> | <input checked="" type="checkbox"/> | <u>1</u> | | | |
| | | | | <u>8</u> | <u>1</u> | <u>2007</u> | <u>23:22</u> | | | | | |

A FDID * 27218 State * MN Incident Date * MM 8 DD 1 YYYY 2007 Station 11 Incident Number * 07-0021451 Exposure * 000 Delete Change NFIRS - 9 Apparatus or Resources

| B Apparatus or * Resource | Date and Times | | | | Sent <input type="checkbox"/> | Number of * People | Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken | |
|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|--------------------|---|--------------------------|--------------------------|
| | Dispatch | Arrival | Clear | Check if same as alarm date Month Day Year Hour Min | | | | | |
| 1 ID <u>BC2</u> Type <u>92</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>8</u> <u>1</u> <u>2007</u> <u>18:48</u> | <input checked="" type="checkbox"/> | <u>1</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 ID <u>BC3</u> Type <u>92</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> <u>1</u> <u>2007</u> <u>18:08</u> | <input checked="" type="checkbox"/> | <u>1</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 ID <u>BC4</u> Type <u>92</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>8</u> <u>1</u> <u>2007</u> <u>18:36</u> | <input checked="" type="checkbox"/> | <u>2</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 ID <u>DEP</u> Type <u>92</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>8</u> <u>1</u> <u>2007</u> <u>18:18</u> | <input checked="" type="checkbox"/> | <u>2</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 ID <u>E1</u> Type <u>11</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> <u>1</u> <u>2007</u> <u>18:18</u> | <input checked="" type="checkbox"/> | <u>3</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 ID <u>E11</u> Type <u>11</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> <u>1</u> <u>2007</u> <u>18:08</u> | <input checked="" type="checkbox"/> | <u>3</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 ID <u>E12</u> Type <u>11</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> <u>1</u> <u>2007</u> <u>18:39</u> | <input checked="" type="checkbox"/> | <u>3</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 ID <u>E14</u> Type <u>11</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>8</u> <u>1</u> <u>2007</u> <u>18:27</u> | <input checked="" type="checkbox"/> | <u>3</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 ID <u>E15</u> Type <u>11</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> <u>1</u> <u>2007</u> <u>18:25</u> | <input checked="" type="checkbox"/> | <u>3</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> | <input type="checkbox"/> |

A FDID 27218 * State MN * Incident Date 8 1 2007 Station 11 Incident Number 07-0021451 * Exposure 000 * Delete Change NFIRS - 9 Apparatus or Resources

| B Apparatus or * Resource | Date and Times | | | | | Sent <input type="checkbox"/> | Number of * People | Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken | |
|-----------------------------------|--|----------|----------|-------------|--------------|-------------------------------------|--------------------|---|--------------------------|--------------------------|
| | Check if same as alarm date Month Day Year Hour Min | | | | | | | | | |
| 1 ID <u>E16</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:25</u> | <input checked="" type="checkbox"/> | <u>3</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:31</u> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input type="checkbox"/> | <u>8</u> | <u>2</u> | <u>2007</u> | <u>00:16</u> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 ID <u>E17</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:29</u> | <input checked="" type="checkbox"/> | <u>3</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:38</u> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:45</u> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 ID <u>E19</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:18</u> | <input checked="" type="checkbox"/> | <u>6</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:23</u> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:43</u> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 ID <u>E2</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:46</u> | <input checked="" type="checkbox"/> | <u>3</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:51</u> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>23:50</u> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 ID <u>E20</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:25</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"/> |
| | Arrival <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:35</u> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>21:14</u> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 ID <u>E21</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:15</u> | <input checked="" type="checkbox"/> | <u>3</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:20</u> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>20:00</u> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 ID <u>E22</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:13</u> | <input checked="" type="checkbox"/> | <u>3</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:22</u> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:17</u> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 ID <u>E27</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:25</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"/> |
| | Arrival <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:32</u> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>20:56</u> | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 ID <u>E28</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:44</u> | <input checked="" type="checkbox"/> | <u>3</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:51</u> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>20:56</u> | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| B Apparatus or * Resource | Date and Times | | | | | Sent <input type="checkbox"/> X | Number of * People | Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken | | | |
|-----------------------------------|--|----------|----------|-------------|--------------|-------------------------------------|--------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Check if same as alarm date Month Day Year Hour Min | | | | | | | | | | | |
| 1 ID <u>E4</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:08</u> | <input checked="" type="checkbox"/> | <u>3</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:18</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:56</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 ID <u>E5</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:32</u> | <input checked="" type="checkbox"/> | <u>3</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:37</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>23:56</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 ID <u>E6</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:28</u> | <input checked="" type="checkbox"/> | <u>3</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:31</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input type="checkbox"/> | <u>8</u> | <u>2</u> | <u>2007</u> | <u>00:34</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 ID <u>E7</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:36</u> | <input checked="" type="checkbox"/> | <u>3</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:39</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:21</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 ID <u>E8</u> Type <u>11</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:34</u> | <input checked="" type="checkbox"/> | <u>3</u> | <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>8</u> | <u>1</u> | <u>2007</u> | <u>18:40</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>21:30</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 ID <u>L10</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:36</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"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:40</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>21:10</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 ID <u>L11</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:44</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"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:48</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>23:11</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 ID <u>L3</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:08</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"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:16</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:41</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 ID <u>L4</u> Type <u>12</u> | Dispatch <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:18</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"/> | | |
| | Arrival <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:27</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clear <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:31</u> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

A FDID 27218 * State MN * Incident Date 8 1 2007 Station 11 Incident Number 07-0021451 * Exposure 000 * Delete Change
 NFIRS - 9 Apparatus or Resources

| B Apparatus or * Resource | Date and Times | | | | | Sent <input type="checkbox"/> | Number of * People | Use Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken | |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------|-------------|----------------------------------|--------------------|---|--------------------------|--------------------------|
| | Dispatch | Arrival | Clear | Month | Day | | | | Year | Hour |
| 1 ID <u>L5</u> Type <u>12</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:29</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:35</u> | <input checked="" type="checkbox"/> | <u>4</u> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:32</u> | <input type="checkbox"/> | | <input type="checkbox"/> |
| 2 ID <u>MFC</u> Type <u>91</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:29</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:29</u> | <input checked="" type="checkbox"/> | <u>2</u> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>2</u> | <u>2007</u> | <u>02:27</u> | <input type="checkbox"/> | | <input type="checkbox"/> |
| 3 ID <u>R1</u> Type <u>73</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:08</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:13</u> | <input checked="" type="checkbox"/> | <u>10</u> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:25</u> | <input type="checkbox"/> | | <input type="checkbox"/> |
| 4 ID <u>R9</u> Type <u>93</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:08</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:13</u> | <input checked="" type="checkbox"/> | <u>5</u> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>2</u> | <u>2007</u> | <u>00:36</u> | <input type="checkbox"/> | | <input type="checkbox"/> |
| 5 ID <u>SAL</u> Type <u>61</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:38</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:40</u> | <input checked="" type="checkbox"/> | <u>1</u> | <input type="checkbox"/> |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>22:04</u> | <input type="checkbox"/> | | <input type="checkbox"/> |
| 6 ID <u> </u> Type <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 ID <u> </u> Type <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 ID <u> </u> Type <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 ID <u> </u> Type <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <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 | 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 |
|--|--|---|--|

NFIRS-9 Revision 11/17/98

| | | | | | | | | |
|----------|---------------------|-------------------|--|-------------------|-------------------------------------|-----------------------|--|---------------------------------|
| A | FDID * 27218 | State * MN | Incident Date * MM 8 DD 1 YYYY 2007 | Station 11 | Incident Number * 07-0021451 | Exposure * 000 | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS - 10 Personnel |
|----------|---------------------|-------------------|--|-------------------|-------------------------------------|-----------------------|--|---------------------------------|

| B Apparatus or Resource * | Date and Times | Sent | Number of People * | Use | Actions Taken |
|---------------------------|--|-------------------------------------|--------------------|--|---|
| Use codes listed below | Check if same as alarm date Month Day Year Hours/mins | <input checked="" type="checkbox"/> | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. |

| | | | | | | | | | | |
|----------|----------------|--|---|---|------|-------|--|---|---|--|
| 1 | ID BC2 | Dispatch <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:48 | Sent <input checked="" type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> <input type="checkbox"/> |
| | Type 92 | Arrival <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:48 | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | Clear <input type="checkbox"/> | 8 | 2 | 2007 | 03:04 | | | | <input type="checkbox"/> <input type="checkbox"/> |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|--------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| 016091 | Penn, Cherie | DC | <input checked="" type="checkbox"/> | | | | |

| | | | | | | | | | | |
|----------|----------------|--|---|---|------|-------|--|---|---|--|
| 2 | ID BC3 | Dispatch <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:08 | Sent <input checked="" type="checkbox"/> | 1 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> <input type="checkbox"/> |
| | Type 92 | Arrival <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:17 | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | Clear <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 23:41 | | | | <input type="checkbox"/> <input type="checkbox"/> |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|---------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| 010858 | Bosell, Scott | CP | <input checked="" type="checkbox"/> | | | | |

| | | | | | | | | | | |
|----------|----------------|--|---|---|------|-------|--|---|---|--|
| 3 | ID BC4 | Dispatch <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:36 | Sent <input checked="" type="checkbox"/> | 2 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="checkbox"/> <input type="checkbox"/> |
| | Type 92 | Arrival <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:43 | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| | | Clear <input type="checkbox"/> | 8 | 2 | 2007 | 00:18 | | | | <input type="checkbox"/> <input type="checkbox"/> |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|-------------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| 015940 | Otis, Edward | BC | <input checked="" type="checkbox"/> | | | | |
| 016487 | Priest Jr, Walten | CP | <input checked="" type="checkbox"/> | | | | |

A FDID **27218** * State **MN** * Incident Date **8** / **1** / **2007** Station **11** Incident Number **07-0021451** * Exposure **000** * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** Check if same as alarm date **Sent** **Number of People** **Use** Check ONE box for each apparatus to indicate its main use at the incident. **Actions Taken** List up to 4 actions for each apparatus and each personnel.

1 ID **DEP** Dispatch **8** / **1** / **2007** **18:18** Sent **2** Suppression EMS Other
 Type **92** Arrival **8** / **1** / **2007** **18:20** Clear **8** / **2** / **2007** **02:30**

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|------------------|----------------------------------|---------------|--|--------------|--------------|--------------|--------------|
| 011800 014015 | Dickinson, Michael Kidd, Jean | DC DC | X X | | | | |

2 ID **E1** Dispatch **8** / **1** / **2007** **18:18** Sent **3** Suppression EMS Other
 Type **11** Arrival **8** / **1** / **2007** **18:23** Clear **8** / **1** / **2007** **23:22**

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|----------------------------|---|-----------------|--|--------------|--------------|--------------|--------------|
| 012060 014192 108260 | Fernandez, John Korogi, Michael Schiele, Travis | FMO CP FF | X X X | | | | |

3 ID **E11** Dispatch **8** / **1** / **2007** **18:08** Sent **3** Suppression EMS Other
 Type **11** Arrival **8** / **1** / **2007** **18:11** Clear **8** / **1** / **2007** **23:41**

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|----------------------------|---|-----------------|--|--------------|--------------|--------------|--------------|
| 015290 031332 096224 | Montgomery, Michael Sayers, Robert Si-Asar, Anura | FMO FF CP | X X X | | | | |

A FDID * 27218 State * MN Incident Date * MM 8 DD 1 YYYY 2007 Station 11 Incident Number * 07-0021451 Exposure * 000
 Delete Change
 NFIRS - 10
Personnel

B Apparatus or Resource * Date and Times
 Use codes listed below Check if same as alarm date
 Month Day Year Hours/mins

1 ID E12 Type 11
 Dispatch 8 1 2007 18:39 Sent Number of People 3 Use Suppression EMS Other
 Arrival 8 1 2007 18:50 Actions Taken
 Clear 8 1 2007 23:08

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------------------|---------------|--|--------------|--------------|--------------|--------------|
| 014220 | Kurth Jr, Frank | CP | X | | | | |
| 101002 | Jackson, Vincent | FF | X | | | | |
| 101549 | Wendt, Anthony | FF | X | | | | |

2 ID E14 Type 11
 Dispatch 8 1 2007 18:27 Sent Number of People 3 Use Suppression EMS Other
 Arrival 8 1 2007 18:39 Actions Taken
 Clear 8 2 2007 00:27

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------------------|---------------|--|--------------|--------------|--------------|--------------|
| 098746 | Gilbert, Douglas | CP | X | | | | |
| 103873 | Casper, Daniel | FF | X | | | | |
| 109516 | Patrick, Steven | FF | X | | | | |

3 ID E15 Type 11
 Dispatch 8 1 2007 18:25 Sent Number of People 3 Use Suppression EMS Other
 Arrival 8 1 2007 18:31 Actions Taken
 Clear 8 1 2007 21:44

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|-----------------|---------------|--|--------------|--------------|--------------|--------------|
| 017505 | Thurner, Frank | CP | X | | | | |
| 096575 | Caouette, Julie | FMO | X | | | | |
| 101053 | Hupp, Thomas | FF | X | | | | |

A FDID * 27218 State * MN Incident Date * MM 8 DD 1 YYYY 2007 Station 11 Incident Number * 07-0021451 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Use codes listed below

| Date and Times | Sent | Number of * People | Use | Actions Taken |
|---|-------------------------------------|--------------------|--|---|
| Check if same as alarm date Month Day Year Hours/mins | <input type="checkbox"/> | | Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | List up to 4 actions for each apparatus and each personnel. |
| Dispatch <input checked="" type="checkbox"/> <u>8</u> <u>1</u> <u>2007</u> <u>18:25</u> | <input checked="" type="checkbox"/> | <u>3</u> | | <input type="checkbox"/> <input type="checkbox"/> |
| Arrival <input checked="" type="checkbox"/> <u>8</u> <u>1</u> <u>2007</u> <u>18:31</u> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> <input type="checkbox"/> |
| Clear <input type="checkbox"/> <u>8</u> <u>2</u> <u>2007</u> <u>00:16</u> | | | | <input type="checkbox"/> <input type="checkbox"/> |

| Personnel ID | Name | Rank or Grade | Attend <input type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|-----------------|---------------|---------------------------------|--------------|--------------|--------------|--------------|
| 013401 | Jackson, Sandy | FMO | X | | | | |
| 098118 | Klancke, Shawn | FMO | X | | | | |
| 098126 | Ramos, Milagros | FF | X | | | | |

2 ID E17 Type 11

| | | | | |
|---|--|----------|---|---|
| Dispatch <input checked="" type="checkbox"/> <u>8</u> <u>1</u> <u>2007</u> <u>18:29</u> | Sent <input checked="" type="checkbox"/> | <u>3</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> <input type="checkbox"/> |
| Arrival <input checked="" type="checkbox"/> <u>8</u> <u>1</u> <u>2007</u> <u>18:38</u> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> EMS | <input type="checkbox"/> <input type="checkbox"/> |
| Clear <input checked="" type="checkbox"/> <u>8</u> <u>1</u> <u>2007</u> <u>22:45</u> | | | <input type="checkbox"/> Other | <input type="checkbox"/> <input type="checkbox"/> |

| Personnel ID | Name | Rank or Grade | Attend <input type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|-----------------|---------------|---------------------------------|--------------|--------------|--------------|--------------|
| 011565 | Crowley, Thomas | CP | X | | | | |
| 017685 | Vossen, Anthony | FMO | X | | | | |
| 098762 | Reid, Justin | FF | X | | | | |

3 ID E19 Type 11

| | | | | |
|---|--|----------|---|---|
| Dispatch <input checked="" type="checkbox"/> <u>8</u> <u>1</u> <u>2007</u> <u>18:18</u> | Sent <input checked="" type="checkbox"/> | <u>6</u> | <input checked="" type="checkbox"/> Suppression | <input type="checkbox"/> <input type="checkbox"/> |
| Arrival <input checked="" type="checkbox"/> <u>8</u> <u>1</u> <u>2007</u> <u>18:23</u> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> EMS | <input type="checkbox"/> <input type="checkbox"/> |
| Clear <input checked="" type="checkbox"/> <u>8</u> <u>1</u> <u>2007</u> <u>22:43</u> | | | <input type="checkbox"/> Other | <input type="checkbox"/> <input type="checkbox"/> |

| Personnel ID | Name | Rank or Grade | Attend <input type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|-------------------|---------------|---------------------------------|--------------|--------------|--------------|--------------|
| 015464 | Nalepka, Daniel | FMO | X | | | | |
| 017488 | Thornberg, Thomas | CP | X | | | | |
| 096244 | Trebil, Barry | FF | X | | | | |
| 101016 | Sone, Linda | FF | X | | | | |
| 101538 | Levens, John | FF | X | | | | |
| 107285 | Herington, Ryan | FF | X | | | | |

MM DD YYYY
 27218 MN 8 1 2007 11 07-0021451 000
 FDID * State * Incident Date * Station Incident Number * Exposure *

Delete
 Change

NFIRS - 10 Personnel

| Apparatus or Resource | Date and Times | Sent | Number of People | Use | Actions Taken |
|------------------------|--|-------------------------------------|------------------|--|---|
| Use codes listed below | Check if same as alarm date Month Day Year Hours/mins | <input checked="" type="checkbox"/> | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. |

| | | | | | | | | | | | | |
|---|----------------|--|---|---|------|-------|------|-------------------------------------|---|---|--|--|
| 1 | ID <u>E2</u> | Dispatch <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:46 | Sent | <input checked="" type="checkbox"/> | 3 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | | |
| | Type <u>11</u> | Arrival <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:51 | | | | | | |
| | | Clear <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 23:50 | | | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|-----------------|---------------|--------|--------------|--------------|--------------|--------------|
| 017141 | Sewell, Andre | CP | X | | | | |
| 096247 | Miller, Cynthia | FF | X | | | | |
| 096578 | Terry, Michael | FMO | X | | | | |

| | | | | | | | | | | | | |
|---|----------------|--|---|---|------|-------|------|-------------------------------------|---|---|--|--|
| 2 | ID <u>E20</u> | Dispatch <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:25 | Sent | <input checked="" type="checkbox"/> | 4 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | | |
| | Type <u>11</u> | Arrival <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:35 | | | | | | |
| | | Clear <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 21:14 | | | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|----------------|---------------|--------|--------------|--------------|--------------|--------------|
| 010622 | Bible Jr, John | CP | X | | | | |
| 098098 | Avent, Jayson | FMO | X | | | | |
| 100999 | Graham, Corey | FF | X | | | | |
| 108257 | Hites, Brian | FF | X | | | | |

| | | | | | | | | | | | | |
|---|----------------|--|---|---|------|-------|------|-------------------------------------|---|---|--|--|
| 3 | ID <u>E21</u> | Dispatch <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:15 | Sent | <input checked="" type="checkbox"/> | 3 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | | |
| | Type <u>11</u> | Arrival <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:20 | | | | | | |
| | | Clear <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 20:00 | | | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------------------|---------------|--------|--------------|--------------|--------------|--------------|
| 011310 | Champagne, Roger | CP | X | | | | |
| 098111 | Nebel, Scott | FF | X | | | | |
| 109530 | Keith, Matthew | FF | X | | | | |

MM DD YYYY
 27218 MN 8 1 2007 11 07-0021451 000
 FDID * State * Incident Date * Station Incident Number * Exposure *

Delete
 Change

NFIRS - 10 Personnel

| Apparatus or Resource | Date and Times | Sent | Number of People | Use | Actions Taken |
|------------------------|---|-------------------------------------|------------------|---|--|
| Use codes listed below | Check if same as alarm date Month Day Year Hours/mins | <input checked="" type="checkbox"/> | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. |
| 1 ID E22 Type 11 | Dispatch <input checked="" type="checkbox"/> 8 1 2007 18:13 Arrival <input checked="" type="checkbox"/> 8 1 2007 18:22 Clear <input checked="" type="checkbox"/> 8 1 2007 22:17 | <input checked="" type="checkbox"/> | 3 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|----------------------------|---|-----------------|-------------|--------------|--------------|--------------|--------------|
| 013587 015515 016435 | Johnson, Jennifer Nelson, Eileen Pilon, Laura | FMO FF CP | X X X | | | | |

| | | | | | |
|---------------------|---|-------------------------------------|---|---|--|
| 2 ID E27 Type 11 | Dispatch <input checked="" type="checkbox"/> 8 1 2007 18:25 Arrival <input checked="" type="checkbox"/> 8 1 2007 18:32 Clear <input checked="" type="checkbox"/> 8 1 2007 20:56 | <input checked="" type="checkbox"/> | 4 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---------------------|---|-------------------------------------|---|---|--|

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------------------------------|---|-----------------------|------------------|--------------|--------------|--------------|--------------|
| 010950 017285 098080 101021 | Brown, Jeffrey Flaskamp, Julie Biorn, Benjamin Black, Colm | CP FMO FF FF | X X X X | | | | |

| | | | | | |
|---------------------|---|-------------------------------------|---|---|--|
| 3 ID E28 Type 11 | Dispatch <input checked="" type="checkbox"/> 8 1 2007 18:44 Arrival <input checked="" type="checkbox"/> 8 1 2007 18:51 Clear <input checked="" type="checkbox"/> 8 1 2007 20:56 | <input checked="" type="checkbox"/> | 3 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---------------------|---|-------------------------------------|---|---|--|

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|----------------------------|--|-----------------|-------------|--------------|--------------|--------------|--------------|
| 017482 017709 096550 | Thompson, John Villagomez, Thomas McKenna, Susan | CP FMO FF | X X X | | | | |

MM DD YYYY
 27218 MN 8 1 2007 11 07-0021451 000
 FDID * State * Incident Date * Station Incident Number * Exposure *

Delete
 Change

NFIRS - 10
 Personnel

| Apparatus or Resource | Date and Times | Sent | Number of People | Use | Actions Taken |
|------------------------|--|-------------------------------------|------------------|--|---|
| Use codes listed below | Check if same as alarm date Month Day Year Hours/mins | <input checked="" type="checkbox"/> | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. |

| | | | | | | | | | | | | |
|---|---------|--|---|---|------|-------|------|-------------------------------------|---|---|--|--|
| 1 | ID E4 | Dispatch <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:08 | Sent | <input checked="" type="checkbox"/> | 3 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | | |
| | Type 11 | Arrival <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:18 | | | | | | |
| | | Clear <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 22:56 | | | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|----------------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| 011639 | Dahlberg, Michael | CP | <input checked="" type="checkbox"/> | | | | |
| 012989 | Herrlin, Christopher | FMO | <input checked="" type="checkbox"/> | | | | |
| 016890 | Rowell III, Donald | FF | <input checked="" type="checkbox"/> | | | | |

| | | | | | | | | | | | | |
|---|---------|--|---|---|------|-------|------|-------------------------------------|---|---|--|--|
| 2 | ID E5 | Dispatch <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:32 | Sent | <input checked="" type="checkbox"/> | 3 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | | |
| | Type 11 | Arrival <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:37 | | | | | | |
| | | Clear <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 23:56 | | | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|--------------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| 012535 | Davison, Kathy | CP | <input checked="" type="checkbox"/> | | | | |
| 003874 | Johnson, Stephanie | FMO | <input checked="" type="checkbox"/> | | | | |
| 008255 | Bixler, Jeff | FF | <input checked="" type="checkbox"/> | | | | |

| | | | | | | | | | | | | |
|---|---------|--|---|---|------|-------|------|-------------------------------------|---|---|--|--|
| 3 | ID E6 | Dispatch <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:28 | Sent | <input checked="" type="checkbox"/> | 3 | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | | |
| | Type 11 | Arrival <input checked="" type="checkbox"/> | 8 | 1 | 2007 | 18:31 | | | | | | |
| | | Clear <input type="checkbox"/> | 8 | 2 | 2007 | 00:34 | | | | | | |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|-----------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| 017551 | Tjaden, Joshua | CP | <input checked="" type="checkbox"/> | | | | |
| 096235 | Ehmke, Jason | CP | <input checked="" type="checkbox"/> | | | | |
| 098756 | Moore, Prentice | FF | <input checked="" type="checkbox"/> | | | | |

MM DD YYYY
 27218 MN 8 1 2007 11 07-0021451 000
 FDID * State * Incident Date * Station Incident Number * Exposure *

Delete
 Change
NFIRS - 10 Personnel

| Apparatus or Resource | Date and Times | Sent | Number of People | Use | Actions Taken |
|------------------------|---|-------------------------------------|------------------|---|--|
| Use codes listed below | Check if same as alarm date Month Day Year Hours/mins | <input checked="" type="checkbox"/> | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. |
| 1 ID E7 Type 11 | Dispatch <input checked="" type="checkbox"/> 8 1 2007 18:36 Arrival <input checked="" type="checkbox"/> 8 1 2007 18:39 Clear <input checked="" type="checkbox"/> 8 1 2007 22:21 | <input checked="" type="checkbox"/> | 3 | <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"/> |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|---------------------------|---|-----------------|-------------|--------------|--------------|--------------|--------------|
| 017111 096214 01548 | Schuman, Wayne Adams, Cavis McDonald, Anthony | CP FMO FF | X X X | | | | |

| | | | | | |
|--------------------|---|-------------------------------------|---|---|--|
| 2 ID E8 Type 11 | Dispatch <input checked="" type="checkbox"/> 8 1 2007 18:34 Arrival <input checked="" type="checkbox"/> 8 1 2007 18:40 Clear <input checked="" type="checkbox"/> 8 1 2007 21:30 | <input checked="" type="checkbox"/> | 3 | <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"/> |
|--------------------|---|-------------------------------------|---|---|--|

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------------------|---|----------------|-------------|--------------|--------------|--------------|--------------|
| 010484 01018 08256 | Berle, Randy Tunks, Joshua Nelson, Mark | CP FF FF | X X X | | | | |

| | | | | | |
|---------------------|---|-------------------------------------|---|---|--|
| 3 ID L10 Type 12 | Dispatch <input checked="" type="checkbox"/> 8 1 2007 18:36 Arrival <input checked="" type="checkbox"/> 8 1 2007 18:40 Clear <input checked="" type="checkbox"/> 8 1 2007 21:10 | <input checked="" type="checkbox"/> | 4 | <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"/> |
|---------------------|---|-------------------------------------|---|---|--|

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|-------------------------------------|--|-----------------------|------------------|--------------|--------------|--------------|--------------|
| 016959 093884 096241 01383 | Sandberg, Keith Cunningham, Abdul Saloka, Chad Kabanuk, Brook | FMO FF FF FF | X X X X | | | | |

A FDID 27218 * State MN * Incident Date 8 1 2007 * Station 11 Incident Number 07-0021451 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Date and Times Sent Number of * People Use Actions Taken
 Check if same as alarm date
 Use codes listed below Month Day Year Hours/mins
 Check ONE box for each apparatus to indicate its main use at the incident.
 List up to 4 actions for each apparatus and each personnel.

1 ID L11 Dispatch 8 1 2007 18:44 Sent 4 Suppression
 Type 12 Arrival 8 1 2007 18:48 EMS
 Clear 8 1 2007 23:11 Other

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|-----------------|---------------|--|--------------|--------------|--------------|--------------|
| 010160 | Anderson, Dean | FMO | X | | | | |
| 017486 | Thorn, Shane | FF | X | | | | |
| 017510 | Thurner, Mark | FF | X | | | | |
| 096240 | Klepp, Jonathan | CP | X | | | | |

2 ID L3 Dispatch 8 1 2007 18:08 Sent 4 Suppression
 Type 12 Arrival 8 1 2007 18:16 EMS
 Clear 8 1 2007 22:41 Other

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|----------------|---------------|--|--------------|--------------|--------------|--------------|
| 013430 | James, Mark | FF | X | | | | |
| 013517 | Johnson, Alan | CP | X | | | | |
| 016910 | Rush, Andre | FMO | X | | | | |
| 096258 | Brown, Michael | FF | X | | | | |

3 ID L4 Dispatch 8 1 2007 18:18 Sent 4 Suppression
 Type 12 Arrival 8 1 2007 22:27 EMS
 Clear 8 1 2007 22:31 Other

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|-----------------|---------------|--|--------------|--------------|--------------|--------------|
| 011858 | Ebert, Steven | CP | X | | | | |
| 016715 | Rigert, Dominic | FF | X | | | | |
| 096238 | Phillips, Greg | FF | X | | | | |
| 108261 | Fetzek, Gabriel | FF | X | | | | |

A FDID * 27218 State * MN Incident Date * MM 8 DD 1 YYYY 2007 Station 11 Incident Number * 07-0021451 Exposure * 000
 Delete Change
 NFIRS - 10
Personnel

B Apparatus or Resource * Date and Times Sent Number of * People Use Actions Taken

Use codes listed below Check if same as alarm date X Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

Month Day Year Hours/mins

1 ID L5 Dispatch 8 1 2007 18:29 Sent X 4 Suppression EMS Other

Type 12 Arrival 8 1 2007 18:35 Clear 8 1 2007 22:32

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> X | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|----------------|---------------|--|--------------|--------------|--------------|--------------|
| 010465 | Baumtrog, Paul | CP | X | | | | |
| 096233 | Thomas, Sean | FF | X | | | | |
| 098096 | Adams, Michael | CP | X | | | | |
| 098123 | Reece, Jason | FMO | X | | | | |

2 ID MFC Dispatch 8 1 2007 18:29 Sent X 2 Suppression EMS Other

Type 91 Arrival 8 1 2007 18:29 Clear 8 2 2007 02:27

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> X | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|--------------|---------------|--|--------------|--------------|--------------|--------------|
| 015416 | Munson, Mark | CP | X | | | | |
| 015575 | Nemes, Paul | CP | X | | | | |

3 ID R1 Dispatch 8 1 2007 18:08 Sent X 10 Suppression EMS Other

Type 73 Arrival 8 1 2007 18:13 Clear 8 1 2007 22:25

| Personnel ID | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> X | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------------------|---------------|--|--------------|--------------|--------------|--------------|
| 010981 | Buffalo, Joseph | FMO | X | | | | |
| 011650 | Daher, Alec | FF | X | | | | |
| 014681 | Longman, Michael | FF | X | | | | |
| 017354 | Swanson, Staffan | CP | X | | | | |
| 017712 | Vincent, David | FMO | X | | | | |
| 093081 | Eland, John | FF | X | | | | |
| 096237 | Tracy, Michael | FF | X | | | | |
| 096242 | Lage, Peter | FF | X | | | | |
| 098125 | Riedemann, Grant | FF | X | | | | |

A FDID * 27218 State * MN Incident Date * MM 8 DD 1 YYYY 2007 Station 11 Incident Number * 07-0021451 Exposure * 000
 Delete Change
 NFIRS - 10 Personnel

B Apparatus or Resource * Date and Times
 Use codes listed below Check if same as alarm date
 Month Day Year Hours/mins

| ID | Type | Dispatch | Arrival | Clear | Month | Day | Year | Hours/mins | Sent | Number of People | Use | Actions Taken |
|----------|-----------|-------------------------------------|-------------------------------------|--------------------------|----------|----------|-------------|--------------|-------------------------------------|------------------|---|---|
| <u>1</u> | <u>R9</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>8</u> | <u>1</u> | <u>2007</u> | <u>18:08</u> | <input checked="" type="checkbox"/> | <u>5</u> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | List up to 4 actions for each apparatus and each personnel. [] [] [] [] |

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|---------------|----------------------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| <u>011836</u> | <u>Dziedzic, Timothy</u> | <u>FMO</u> | <input checked="" type="checkbox"/> | | | | |
| <u>098108</u> | <u>Millikan, Jackson</u> | <u>FF</u> | <input checked="" type="checkbox"/> | | | | |
| <u>098122</u> | <u>Ramos, Raul</u> | <u>FF</u> | <input checked="" type="checkbox"/> | | | | |
| <u>098767</u> | <u>Waisanen, Sherri</u> | <u>FF</u> | <input checked="" type="checkbox"/> | | | | |
| <u>100990</u> | <u>Daeger, Christopher</u> | <u>FF</u> | <input checked="" type="checkbox"/> | | | | |

2 ID SAL Dispatch 8 1 2007 18:38 Sent 1 Suppression
 Type 61 Arrival 8 1 2007 18:40 EMS
 Clear 8 1 2007 22:04 Other

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|---------------|-----------------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| <u>096567</u> | <u>Terbell, Tracy</u> | <u>FMO</u> | <input checked="" type="checkbox"/> | | | | |

3 ID [] Dispatch [] [] [] [] Sent [] Suppression
 Type [] Arrival [] [] [] [] EMS
 Clear [] [] [] [] Other

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| | | | <input checked="" type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |