

2025 SOUTHERN BLUE RIDGE IQCS Incident # 870015



INCIDENT ACTION PLAN

November 13, 2025

IAP



SBR Focus Map



Burn Unit Maps



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____																
3. Objective(s):																	
4. Operational Period Command Emphasis:																	
General Situational Awareness																	
5. Site Safety Plan Required? Yes ☐ No ☐ Approved Site Safety Plan(s) Located at:																	
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td style="width: 33%;">☐ ICS 203</td><td style="width: 33%;">☐ ICS 207</td><td style="width: 34%;"><u>Other Attachments:</u></td></tr><tr><td>☐ ICS 204</td><td>☐ ICS 208</td><td>☐ _____</td></tr><tr><td>☐ ICS 205</td><td>☐ Map/Chart</td><td>☐ _____</td></tr><tr><td>☐ ICS 205A</td><td>☐ Weather Forecast/Tides/Currents</td><td>☐ _____</td></tr><tr><td>☐ ICS 206</td><td></td><td>☐ _____</td></tr></table>			☐ ICS 203	☐ ICS 207	<u>Other Attachments:</u>	☐ ICS 204	☐ ICS 208	☐ _____	☐ ICS 205	☐ Map/Chart	☐ _____	☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____	☐ ICS 206		☐ _____
☐ ICS 203	☐ ICS 207	<u>Other Attachments:</u>															
☐ ICS 204	☐ ICS 208	☐ _____															
☐ ICS 205	☐ Map/Chart	☐ _____															
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____															
☐ ICS 206		☐ _____															
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____																	
8. Approved by Incident Commander: Name: _____ Signature: _____																	
ICS 202	IAP Page _____	Date/Time: _____															

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: 2025 Southern Blue Ridge TREX		2. Operational Period: Date From: 11/13/25 Date To: 11/13/25 Time From: 0700 Time To: 2000		
3. Incident Commander(s) and Command Staff:		7. Operations Section:		
IC/UCs	Tom Dooley (865) 850-9542	Chief	Devin Yeatman	(410) 320-2742
		Deputy	Dean Simon	
Safety Officer	Greg Philipp (828) 460-0049	Deputy	Michael Weeks	
Public Info. Officer	Jen Bunty (321) 745-5941	Staging Area		
Public Info. Officer		Module	ALPHA	
Liaison Officer	Jen Bunty	Module Lead	Sonya Kaufman	
Liaison Officer	Jonathan Calore	Module Lead	Emory Maxwell	
4. Agency/Organization Representatives:				
Agency/Organization	Name			
SC Forestry Commission	Jonathan Calore			
NC Forest Service	Michael Cheek (828) 231-2691			
USFS	Jen Bunty, Greg Philipp	Module	BRAVO	
		Module Lead	Colton Webb	
		Module Lead	Chelsea MacKenzie	
5. Planning Section:				
Chief	James Douglas			
Chief	Ben Kendall			
Chief	Jeff Riggan			
Situation Unit				
Documentation Unit		Module	CHARLIE	
Demobilization Unit		Module Lead	Andrew Slack	
Training Specialist	Sasha Berleman	Module Lead	Keith Suttles	
GIS Specialist	James Douglas			
GIS Specialist	Ben Kendall			
6. Logistics Section:				
Chief	Helen Mohr (803) 360-8264			
Deputy	David Owen, Lindsey Hosier	Air Operations Branch		
Support Branch		Air Ops Branch Dir.		
Director				
Supply Unit				
Facilities Unit		8. Finance/Administration Section:		
Ground Support Unit		Chief		
Service Branch		Deputy		
Director		Time Unit	Susan Gensel	
Communications Unit	Toby Freeman	Procurement Unit		
Medical Unit		Comp/Claims Unit		
Food Unit		Cost Unit		
9. Prepared by: Name: <u>Ben Kendall</u> Position/Title: <u>PSC3</u> Signature: _____				
ICS 203	IAP Page _____	Date/Time: <u>11/12/25 1500</u>		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: 2025 SBR TREX		2. Operational Period: Date From: 11/13/2025 Date To: 11/13/2025 Time From: 0700 Time To: 2000		3. Burn Unit: Camp Module: ALPHA Staging Area:										
4. Operations Personnel: Devin Yeatman (410) 320-2742 Operations Section Chief: <u>Devin Yeatman</u> Module Supervisor: <u>Sonya Kaufman (202) 674-5920</u> Module Supervisor: <u>Emory Maxwell (352) 254-0828</u>														
5. Resources Assigned:		of # Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information										
Resource Identifier	Position													
Billie Coffey	FFT2	1												
Maria Adele Fenwick	HEQB, FIRB, ICT4, FEMO	1												
Glenn Rogers (arr 11/8)	ENGB, FIRB, FAL1, EMT	1												
Patrick Ma	FFT1	1												
Rand Snyder	FIRB, FEMO, HECM	1												
Trevor Smith	FFT1	1												
Reggie Stevenson	FFT1	1												
Asha Lang	FFT2	1												
Donna Rzewnicki	FFT2, Paramedic	1												
Liz Smith	FFT2	1												
Sam Gordon	FFT2	1												
Annabelle Carr	FFT2	1												
Deb Maurer	FIRB, ENGB	1												
Glenn Rogers	FIRB, ENGB	1												
6. Work Assignments: Rehab equipment and complete documentation in task books. Mop up as necessary.														
7. Special Instructions:														
8. Communications (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>CHANNEL</u></td> <td style="width: 33%;"><u>FUNCTION</u></td> <td style="width: 33%;"><u>CHANNEL NAME</u></td> </tr> <tr> <td><u>8</u></td> <td><u>/ COMMAND</u></td> <td><u>LONG MT RPT</u></td> </tr> <tr> <td><u>3</u></td> <td><u>/ TACTICAL</u></td> <td><u>SC TAC 3</u></td> </tr> </table>						<u>CHANNEL</u>	<u>FUNCTION</u>	<u>CHANNEL NAME</u>	<u>8</u>	<u>/ COMMAND</u>	<u>LONG MT RPT</u>	<u>3</u>	<u>/ TACTICAL</u>	<u>SC TAC 3</u>
<u>CHANNEL</u>	<u>FUNCTION</u>	<u>CHANNEL NAME</u>												
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<u>3</u>	<u>/ TACTICAL</u>	<u>SC TAC 3</u>												
9. Prepared by: Name: Ben Kendall Position/Title: Plans Signature:														
ICS 204	IAP Page _____	Date/Time: <u>11/12/25 1600</u>												

ASSIGNMENT LIST (ICS 204)

1. Incident Name: 2025 SBR TREX		2. Operational Period: Date From: 11/13/2025 Time From: 0700		Date To: 11/13/2025 Time To: 2000	3. Burn Unit: Module: Bravo Staging Area:								
4. Operations Personnel: Devin Yeatman (410) 320-2742 Operations Section Chief: <u>Devin Yeatman</u> Module Supervisor: <u>Colton Webb (803) 940-0415</u> Module Supervisor: <u>Chelsea McKenzie (904) 613-1648</u>													
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information									
Resource Identifier	Qualified Positions												
Michael Vasquez	ENGB, FIRB, RXB3	1											
Will Joy	FIRB, FAL1	1											
Codie Donahue	FFT1	1											
Pen Johnson	FFT2	1											
Joey Gonzalez	FFT2	1											
Grace McCleod	FFT1	1											
Sam Munson	FFT2	1											
Marcel Muschter	FFT1	1											
Max Mender	FFT2	1											
Julie Barajas	FFT2, EMT	1											
6. Work Assignments: Rehab equipment and complete documentation in task books. Mop up as necessary													
7. Special Instructions:													
8. Communications (radio and/or phone contact numbers needed for this assignment): <table><tr><td><u>CHANNEL</u></td><td><u>FUNCTION</u></td><td><u>CHANNEL NAME</u></td></tr><tr><td><u>9</u></td><td><u>/ COMMAND</u></td><td><u>GLASSY MT RPT</u></td></tr><tr><td><u>2</u></td><td><u>/ TACTICAL</u></td><td><u>SC TAC 2</u></td></tr></table>					<u>CHANNEL</u>	<u>FUNCTION</u>	<u>CHANNEL NAME</u>	<u>9</u>	<u>/ COMMAND</u>	<u>GLASSY MT RPT</u>	<u>2</u>	<u>/ TACTICAL</u>	<u>SC TAC 2</u>
<u>CHANNEL</u>	<u>FUNCTION</u>	<u>CHANNEL NAME</u>											
<u>9</u>	<u>/ COMMAND</u>	<u>GLASSY MT RPT</u>											
<u>2</u>	<u>/ TACTICAL</u>	<u>SC TAC 2</u>											
9. Prepared by: Name: Ben Kendall		Position/Title: Plans		Signature:									
ICS 204	IAP Page _____	Date/Time: 11/12/25 1400											

ASSIGNMENT LIST (ICS 204)

1. Incident Name: 2025 SBR TREX		2. Operational Period: Date From: 11/13/2025 Date To: 11/13/2025 Time From: 0700 Time To: 2000		3. Burn Unit: Module: Charlie Staging Area:										
4. Operations Personnel: Devin Yeatman (410) 320-2742 Operations Section Chief: <u>Devin Yeatman</u> Module Supervisor: <u>Andrew Slack (984) 289-3446</u> Module Supervisor: <u>Keith Suttles (828) 413-2484</u>														
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information										
Resource Identifier	Position													
Steven Cabrera	ENGB, FIRB	1												
James Remuzzi	ENGB, FIRB	1												
Ian Scott	FFT1, EMT	1												
Elizabeth Hoover (ARR 11/5)	FFT1	1												
James Davis	FFT1	1												
Donald Taylor	FFT2	1												
Charlie Herrick	FFT2	1												
Bryan Brown	FFT2	1												
Eric Rawlins	N/A	1												
Mac Knight	FFT2	1												
Han Starbuck	FFT1, FEMO, EMT	1												
Sarah Hunt	FFT2	1												
Dante Spencer	FFT2	1												
Nicole Polvent	FIRB, HECM, FAL2	1												
Walker Trent	FFT2	1												
Kiya Moore	FFT1	1												
Woody McCovey	FFT2	1												
Devin Straub	FFT2	1												
6. Work Assignments: Rehab equipment and complete documentation in task books. Mop up as necessary.														
7. Special Instructions:														
8. Communications (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>CHANNEL</u></td> <td style="width: 33%;"><u>FUNCTION</u></td> <td style="width: 33%;"><u>CHANNEL NAME</u></td> </tr> <tr> <td><u>9</u></td> <td><u>/ COMMAND</u></td> <td><u>GLASSY MT RPT</u></td> </tr> <tr> <td><u>5</u></td> <td><u>/ TACTICAL</u></td> <td><u>SC TAC 4</u></td> </tr> </table>						<u>CHANNEL</u>	<u>FUNCTION</u>	<u>CHANNEL NAME</u>	<u>9</u>	<u>/ COMMAND</u>	<u>GLASSY MT RPT</u>	<u>5</u>	<u>/ TACTICAL</u>	<u>SC TAC 4</u>
<u>CHANNEL</u>	<u>FUNCTION</u>	<u>CHANNEL NAME</u>												
<u>9</u>	<u>/ COMMAND</u>	<u>GLASSY MT RPT</u>												
<u>5</u>	<u>/ TACTICAL</u>	<u>SC TAC 4</u>												
9. Prepared by: Name: Ben Kendall Position/Title: Signature:														
ICS 204	IAP Page _____	Date/Time: 11/1/25 1600												

HEALTH AND SAFETY MESSAGE

SAFETY starts with YOU

INCIDENT: **2025 SBR TREX**

OPERATIONAL PERIOD: Nov 3-15, 2025

Fire Order / Watchout Situation of the Day:

Cannot see main fire; not in contact with someone who can.

Infectious Disease

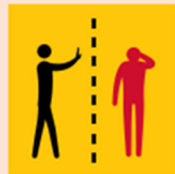
Infectious diseases are caused by the spread of germs, microorganisms (bacteria or viruses), fungi and parasites. These can be spread by person to person contact or by other environmental sources such as equipment, vehicles, doors, showers, food to name a few.

Using common sense practices and personal hygiene are two very important prevention practices.

Prevention



Wash hands with water, soap/sanitizer at least 20 seconds



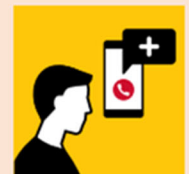
Avoid contact with sick people



Don't touch eyes, nose or mouth with unwashed hands



Do not share eating utensils or food



If you show symptoms, seek medical care immediately

Symptoms



Fever



Cough



Shortness of breath



Sore throat



Headache

If you are not feeling well:



Stay at home



Put tissues in the trash and wash hands



Avoid contact with others



Keep objects and surfaces clean



Cover your nose & mouth with tissue or elbow when sneezing

Your Safety Team

Greg Philipp borrowed from Brian Plume
Remember Each of **YOU** are Safety officers

MEDICAL PLAN (ICS 206 WF)

Medical Incident Report

FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use items one through nine to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS/DISPATCH

Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)

2. INCIDENT STATUS: Provide incident summary and command structure.

Nature of Injury/Illness		<i>Describe the injury (Ex: Broken leg with bleeding)</i>
Incident Name		<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>
Incident Commander		<i>Name of IC</i>
Patient Care		<i>Name of Care Provider (Ex: EMT Smith)</i>

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.

Number of Patients:	Male / Female	Age:	Weight:
Conscious? ☐ YES ☐ NO = MEDEVAC!			
Breathing? ☐ YES ☐ NO = MEDEVAC!			
Mechanism of Injury: <i>What caused the injury?</i>			
Lat/Long (Datum WGS84) <i>Ex: N 40° 42.45' x W 123° 03.24'</i>			

4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY

SEVERITY	TRANSPORT PRIORITY
☐ URGENT-RED Life threatening injury or illness. <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i>	Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE.
☐ PRIORITY-YELLOW Serious Injury or illness. <i>Ex: Significant trauma, not able to walk, 2° – 3° burns not more than 1-2 palm sizes.</i>	Ambulance or consider air transport if at remote location. Evacuation may be DELAYED.
☐ ROUTINE-GREEN Not a life threatening injury or illness. <i>Ex: Sprains, strains, minor heat-related illness.</i>	Non-Emergency. Evacuation considered Routine of Convenience.

5. TRANSPORT PLAN:

Air Transport: (Agency Aircraft Preferred)

☐ Helispot	☐ Short-haul/Hoist	☐ Life Flight	☐ Other
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Ground Transport: [Click here to enter text.](#)

☐ Self-Extract	☐ Carry-Out	☐ Ambulance	☐ Other
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6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:

☐ Paramedic/EMT(s)	☐ Crew(s)	☐ SKED/Backboard/C-Collar
☐ Burn Sheet(s)	☐ Oxygen	☐ Trauma Bag
☐ Medication(s)	☐ IV/Fluid(s)	☐ Cardiac Monitor/AED
☐ Other (i.e. splints, rope rescue, wheeled litter)		

7. COMMUNICATIONS:

Function	Channel Name/Number	Receive (Rx)	Tone/NAC *	Transmit (Tx)	Tone/NAC *
<i>Ex: Command</i>	<i>Forest Rpt, Ch. 2</i>	<i>168.3250</i>	<i>110.9</i>	<i>171.4325</i>	<i>110.9</i>
COMMAND					
AIR-TO-GRND					
TACTICAL					

*(NAC for digital radio system)

8. EVACUATION LOCATION:

Lat/Long (Datum WGS84) <i>EX: N 40 42.45' x W 123 03.24'</i>	
Patient's ETA to Evacuation Location:	
Helispot/Extraction Size and Hazards:	

Considerations: *If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...*

REMEMBER: Confirm ETA's of resources ordered
Act according to your level of training
Be Alert. Keep Calm. Think Clearly. Act Decisively.

SCZ101>103-130900-

Oconee Mountains-Pickens Mountains-Greenville Mountains-
Including the cities of Mountain Rest, Rocky Bottom,
and Glassy Mountain

1240 PM EST Wed Nov 12 2025

	Tonight	Thu	Thu Night	Fri
Cloud Cover	MClear	PCldy	MClear	MClear
Chance Precip (%)	0	0	0	0
Precip Type	None	None	None	None
Min/Max Temp	40	65	41	65
Max/Min RH %	88	29	66	33
Wind 20FT/Early(MPH)	W 4	Lgt/Var	NW 3	Lgt/Var
Wind 20FT/Late(MPH)	NW 3	Lgt/Var	Lgt/Var	SW 3
Precip Duration	0	0	0	0
Precip Amount	0.00	0.00	0.00	0.00
Precip Begin				
Precip End				
Chance of Thunder (%)	0	0	0	0
Inversion(Temp/Time)	None	None	None	None
Dispersion	Very Poor		Very Poor	
DSI		2		1
Mixing Hgt(FT-AGL)		4000		3100
Transport Wnd (MPH)		NW 14		W 9
Vent Rate (MPH-FT)		56000		27900
ADI Early	4 Very Poor	32 Fair	4 Very Poor	17 Gen Poor
ADI Late	4 Very Poor	60 Gen Good	4 Very Poor	33 Fair
Max LVORI Early	4	4	3	3
Max LVORI Late	5	2	3	2
Min VSBY Early	10	9	10	
Min VSBY Late	10	10	10	
Turner Stability	7	2	7	2

Remarks: ADI is Atmospheric Dispersion Index by Lavdas.
LVORI is Low Visibility Occurrence Risk Index.

TREX Training Message

Module leads have trainee-trainer pairing assignments for TREX. Identify who you are training and who is training you and get with your people. Discuss goals, expectations, what success looks like, and look through task books together in preparation for your assignment. Also take time to get to know each other and how each of you best receives feedback and learns. Make the most of every hour and every day here to learn, grow, and build relationships together!

Thank you,

Sasha Berleman, PhD

Appalachians Fire Director

sasha.berleman@tnc.org (email)

+1 (202) 909-3390 (cell)

1. Incident Name: 2025 SBR TREX						2. Date/Time Prepared: Date: November 3, 2025 Time: 14:44:47				3. Operational Period Date From: November 13, 2025 Date To: November 13, 2025 Time From: 7:00 Time To: 20:00				
4. Basic Radio Channel Use:														
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	Tx Tone/NAC	Mode (A, D or M)	Remarks				
	1	Command	LONGCREEK	DIV A,B,C	171.13750 N	\$455	166.26250 N	\$455	D					
	2	Tactical	SCFC TAC 2	DIV A	151.22750 N	203.5	151.22750 N	203.5	A					
	3	Tactical	SCFC TAC 3	DIV B	151...35500 N	203.5	151.35500 N	203.5	A					
	4	Tactical	VFIRE 26	DIV C	154.30250 N	156.7	154.30250 N	156.7	A					
	5	Tactical	SCFC TAC 4		151.40000 N	203.5	151.40000 N	203.5	A					
	6	Tactical	SCFC TAC 5		151.28000 N	203.5	151.28000 N	203.5	A					
	7	Tactical	REG 8 FIRE	DIV A,B,C	166.56250 N	CSQ	166.56250 N	CSQ	A					
	8	Command	SCFC LONG MT	EMERGENCY	159.22500 N	371 DPL	151.10000 N	371 DPL	A	OFFSITE ASSISTANCE ONLY				
	9	Command	SCFC GLASSY MT	EMERGENCY	159.40500 N	365 DPL	151.23500 N	365 DPL	A	OFFSITE ASSISTANCE ONLY				
	10	Command	SCFC CORBIN MT	EMERGENCY	159.45000 N	364 DPL	151.33750 N	364 DPL	A	OFFSITE ASSISTANCE ONLY				
	11	Tactical	FIRE 1		168.67500 N	103.5	168.67500 N	103.5	A					
	12													
	13													
	14													
	15													
	16	Air Ops Branch	FED A/G	EMERGENCY	167.52500 N	CSQ	167.52500 N	110.9	A					
5. Special Instructions:														
Incident Location County: State: SC Latitude: N Longitude: W														
The convention calls for frequency lists to show five digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. Use Remarks for any clarifications, to show gateway channels or other information. All channels are shown as if programmed into a hand held, mobile or control station radio. A Repeater must be programmed with the Rx and Tx reversed. A Base Station is simplex typically.														
6. Prepared by (Communications Unit Leader): Name/Phone #: Toby Freeman / 843-992-2368 Signature: _____														
ICS 205				IAP Page: _____	Date / Time: November 3, 2025				14:44:47					

1. Incident Name: 2025 SBR TREX				2. Date/Time Prepared: Date: November 3, 2025 Time: 14:46:18				3. Operational Period Date From: November 13, 2025 2025 Time From: 7:00 20:00 Date To: November 13, Time To:			
4. Basic Radio Channel Use:											
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	Tx Tone/NAC	Mode (A, D or M)	Remarks	
	1	Command	Frying Pan		171.55000 N	103.5	164.18750 N	110.9	A		
	2	Tactical	Rich Mountain		171.55000 N	103.5	164.18750 N	156.7	A		
	3	Tactical	REG 8 FIRE		166.56250 N	CSQ	166.56250 N	CSQ	A		
	4	Tactical	D9 TAC		151.28000 N	131.8	151.28000 N	131.8	A		
	5	Tactical	BEAR WALLOW RPT		151.47500 N	88.5	159.36000 N	88.5	A		
	6	Tactical	NCFS INC 1		151.40000 N	136.5	151.40000 N	136.5	A		
	7	Tactical	NCFS INC 4		151.26500 N	136.5	151.26500 N	136.5	A		
	8	Tactical	US TAC 2		169.12500 N	CSQ	169.12500 N	CSQ	A		
	9	Tactical	VTAC 12		154.45250 N	CSQ	154.45250 N	156.7	A		
	10	Command	VTAC 13		158.73750 N	CSQ	158.73750 N	156.7	A		
	11	Air Ops Branch	A/G 13		167.42500 N	CSQ	167.42500 N	110.9	A		
	12	Air Ops Branch	A/G 54		168.53750 N	CSQ	168.53750 N	CSQ	A		
	13	Air Ops Branch	A/G 7		166.85000 N	CSQ	166.85000 N	CSQ	A		
	14										
	15										
	16	Air Ops Branch	FED A/G	EMERGENCY	167.52500 N	CSQ	167.52500 N	110.9	A		
5. Special Instructions:											
Incident Location County: State: SC Latitude: N Longitude: W											
The convention calls for frequency lists to show five digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. Use Remarks for any clarifications, to show gateway channels or other information. All channels are shown as if programmed into a hand held, mobile or control station radio. A Repeater must be programmed with the Rx and Tx reversed. A Base Station is simplex typically.											
6. Prepared by (Communications Unit Leader): Name/Phone #: Toby Freeman / 843-992-2368 Signature: _____											
ICS 205				IAP Page: _____				Date / Time: November 3, 2025 14:46:18			

ICS 205A

1. Incident Name: SBR TREX 2025		2. Operational Period: Date From: 11/02/25 Date To: 11/14/25 Time From: 0700 Time To: 2000		3. Branch: Division: ALL Group: Staging Area:	
4. Operations Name _____ Personnel: Operations Section Chief: Devin Yeatman					
5. Resources Assigned:					
Resource Identifier	Agency / Module	Name	Phone Number	Qualified Positions	Positions / Alternate Trainee Positions
	A	Sonya Kaufman	202-674-5920	Module Lead	
	A	Emory Maxwell	352-254-0828	Module Lead	
	A	Nicole Polvent	480-737-6506	FIRB, HECM, FAL2	CRWB
	A	Maria Adele Fenwick	603-733-9035	HEQB, FIRB, ICT4, FEMO	RXB2
	A	Glenn Rogers (arrives 11/8)	253-273-1026	ENGB, FIRB, FAL1, EMT	ICT 5
	A	Patrick Ma	301-801-9135	FFT1	ENGB, FIRB
	A	Rand Snyder	603-686-2174	FIRB, FEMO, HECM	FOBS
	A	Trevor Smith	706-331-7573	FFT1	FIRB, ENGB
	A	Reginald Stevenson	252-423-1816	FFT1	FIRB, ENGB
	A	Asha Lang	202-701-3240	FFT2	FFT1, FEMO
	A	Donna Rzewnicki	919-675-5859	FFT2, EMT	FFT1
	A	Elizabeth Smith	607-661-5469	FFT2	FFT1
	A	Samuel Gordon	321-240-0291	FFT2	FFT1
	A	Annabelle Carr	828-808-7906	FFT2	FFT1
	A	Dana Hodde		FFT2	
	B	Colton Webb	803-940-0415		
	B	Chelsea McKenzie	904-613-1648		
	B	Michael Vasquez	951-317-5739	ENGB, FIRB, RXB3	RXB2
	B	Brandon Kuhn (LWD	316-258-3683	ENGB, FIRB	RXB2
	B	Kiya Moore	828-783-0329	FFT1	ENGB, FIRB, FEMO
	B	Will Joy	630-945-2305	FIRB, FAL1	ENGB
	B	Codie Donahue	520-870-4770	FFT1	FIRB, ENGB
	B	Ken Shields (LWD 11/8)	828-552-1283	Parademic, FFT1, FAL3, EMT	FIRB, ENGB
	B	Pen Johnson	612-707-9142	FFT2	FFT1
	B	Joey Gonzalez	828-778-4643	FFT2	FFT1
	B	Chris DeFiore (LWD	717-343-2636	FFT2	FFT1
	B	Grace McCleod	919-898-0078	FFT1	
	B	Sam Munson	828-866-9369	FFT2	FFT1
	B	Woody McCovey	530-356-0336	FFT2	FFT1
	B	Max Kurke	412-616-4262	FFT2	
	B	Devin Straub	434-241-0052	FFT2	FFT1
	B	Marcel Muschter	49-176-821- 40780	FFT1	FIRB
	B	Juliana Barajas	219-628-0493	FFT2, EMT	FFT1
	C	Andrew Slack	984-289-3446		
	C	Keith Suttles	828-413-2484		
	C	Steven Cabrera	305-878-6419	ENGB, FIRB	ICT4
	C	James Remuzzi	202-746-1649	ENGB, FIRB	RXB2

	C	Ian Scott	646-522-1407	FFT1, EMT	FIRB, ENGB
	C	Elizabeth Hoover (arrives	518-265-9400	FFT1	FIRB
	C	James Davis		FFT1	FIRB, ENGB
	C	Donald Taylor	786-561-3726	FFT2	FFT1
	C	Charlie Herrick	573-544-6427	FFT2	FFT1
	C	Bryan Brown	919-625-0522	FFT2	FFT1
	C	Eric Rawlins	226-347-9335	N/A	N/A
	C	Mac Knight	813-613-5100	FFT2	
	C	Han Starbuck	773-543-2917	FFT1, FEMO, EMT	MEDL
	C	Sarah Hunt	859-533-6070	FFT2?	
	C	Dante Spencer	813-454-6555	FFT2	
**By Name = Uncertainty due to Gov shutdown					

NCP NC Parks
 TNC The Nature Conservancy
 NPS National Park Service
 USFS US Forest Service
 BLM Bureau of Land Management
 PaBF Pa Bureau of Forestry
 BFD Bluffton Fire Department
 GWTR Greenville Watershed
 NCFS NC Forest Service
 PC Parks Canada

MEDICAL PLAN (ICS 206 WF)

1. Incident/Project Name			2. Operational Period					
2025 SOUTHERN BLUE RIDGE TREX			Date/Time 11/3/2025 – 11/15/2025					
3. Ambulance Services								
Name	Complete Address	Phone	Advanced Life Support (ALS) Yes No					
Buncombe County EMS	164 Erwin Hills, Asheville, NC 28806	911 / (828) 250-6600	Yes					
Greenville County EMS	301 University Ridge, Greenville, SC 29601	911 / (864) 467-7005	Yes					
Henderson County EMS	2529 Ashville Highway, Hendersonville, NC	911 / (828) 697-4827	Yes					
Oconee County EMS	300 South Church St, Walhalla, SC 29691	911 / (864) 638-4200	Yes					
Pickens County EMS	1509 Walhalla Hwy, Pickens, SC 29671	911 / (864) 898-5334	Yes					
Polk County EMS	340 Hospital Drive, Columbus, NC 28722	911 / (828) 894-3067	Yes					
Rutherford EMS	339 Callahan Koon Rd, Spindale, NC 28160	911 / (828) 287-6075	Yes					
Transylvania County EMS	155 Public Safety Way, Brevard, NC 28712	911 / (828) 884-3244	Yes					
4. Air Ambulance Services								
Name	Phone	Type of Aircraft & Capability						
MAMA-1 – Asheville, NC	(800) 962-4354	Single Patient – EC145e						
MAMA-2 – Franklin, NC	(800) 962-4354	Single Patient – EC135						
Life Flight – Anderson, SC	(877) 682-7828	Single Patient – Bell 407						
LifeNet SC10 – Greenville, SC	(800) 327-2611	Single Patient – EC135						
Med Trans One – Greenville, SC	(877) 682-7828	Single Patient – Bell 407						
Region One – Spartanburg, SC	(877) 682-7828	Single Patient – Bell 407						
5. Hospitals								
Name Complete Address	GPS Datum – WGS 84 Coordinate Standard Degrees Decimal Minutes		Travel Time Air Gnd		Phone	Helipad Yes No		Level of Care Facility
	Lat:	Long:						
Prisma Health Memorial 701 Grove Road Greenville, SC 29605	34°49'07.7"N	82°24'46.6"W			(864) 455-7000	☒	☐	Trauma I
Spartanburg Medical Center 101 East Wood Street Spartanburg, SC 29303	34°58'00.5"N	81°56'19.3"W			864-560-6000	☒	☐	Trauma I
Mission Hospital 509 Biltmore Avenue Asheville, NC	35°34'36.1"N	82°32'57.1"W			828-213-1111	☒	☐	Trauma II
AnMED Medical Center 800 North Fant Street Anderson, SC 29621	34°30'38.5"N	82°38'48.4"W			864-512-1000	☒	☐	Trauma III
Atrium Health Cleveland 201 East Grover Street Shelby, NC 28150	35°18'7.3"N	81°32'12.6"W			980-487-3000	☒	☐	Trauma III
6. Name & Location		Camp Location						
TABLE ROCK WESLEYAN CAMP		Point of Contact:		Greg Philipp 828-460-0049				
		EMS Responders & Capability:		Pickens County EMS – ALS				
		Equipment Available on Scene:		TBD				
		Medical Emergency Channel:		Glassy Mountain – Piedmont Dispatch				
		ETA for Ambulance to Scene:						
		Air:		+/- 15 min				
		Ground:		+/- 20 min				
		Approved Helispot:		West Gate Road & Bethel Terrace Intersections				
		Lat:		35.02152				
		Long:		82.71176				

MEDICAL PLAN (ICS 206 WF)

1. Incident/Project Name	2. Operational Period
2025 SOUTHERN BLUE RIDGE TREX	Date/Time 11/3/2025 – 11/15/2025

6. Division Branch Group	Area Location Capability
HENDERSON CO, NC Dupont State Forest	EMS Responders & Capability: Henderson County EMS – ALS
	Equipment Available on Scene: (Identify during briefing)
	Medical Emergency Channel: Bear Wallow – District 1 Operations (Dispatch)
	ETA for Ambulance to Scene: BASED AT HIGH FALLS VISITOR CENTER
	Air: +/- 30 min
	Ground: +/- 30 min
	Approved Helispot: Identify during briefing
	Lat:
	Long:
GREENVILLE CO, SC Greenville Watershed	EMS Responders & Capability: Greenville County EMS – ALS
	Equipment Available on Scene: (Identify during briefing)
	Medical Emergency Channel: Gordin Mountain (or Glassy Mountain) – Piedmont Dispatch
	ETA for Ambulance to Scene: BASED AT LAKE SHELIA
	Air: +/- 30 min
	Ground: +/- 1 hour (Henderson County EMS +/- 30 min)
	Approved Helispot: Identify during briefing
	Lat:
	Long:
OCONEE CO, SC Andrew Pickens NF Oconee State Park Poe Creek State Forest	EMS Responders & Capability: Oconee County EMS – ALS
	Equipment Available on Scene: (Identify during briefing)
	Medical Emergency Channel: Long Mountain – Piedmont Dispatch
	ETA for Ambulance to Scene: BASED AT MOUNTAIN REST
	Air: +/- 30 min
	Ground: +/- 15 min
	Approved Helispot: Identify during briefing
	Lat:
	Long:
PICKENS CO, SC Keowee Toxaway State Park Poe Creek State Forest Jocasee Gorges Watson Cooper Heritage Pr Mountain View Park Table Rock State Park	EMS Responders & Capability: Pickens County EMS – ALS
	Equipment Available on Scene: (Identify during briefing)
	Medical Emergency Channel: Glassy Mountain – Piedmont Dispatch
	ETA for Ambulance to Scene: BASED AT WESLEYAN CAMP
	Air: +/- 15 min
	Ground: +/- 20 min
	Approved Helispot: Identify during briefing
	Lat:
	Long:
POLK CO, NC Green River Game Lands	EMS Responders & Capability: Polk County EMS – ALS
	Equipment Available on Scene: (Identify during briefing)
	Medical Emergency Channel: Bear Wallow – District 1 Operations (Dispatch)
	ETA for Ambulance to Scene: BASED AT SALUDA
	Air: +/- 30 min
	Ground: +/- 15 min
	Approved Helispot: Identify during briefing
	Lat:
	Long:

MEDICAL PLAN (ICS 206 WF)

1. Incident/Project Name		2. Operational Period	
2025 SOUTHERN BLUE RIDGE TREX		Date/Time 11/3/2025 – 11/15/2025	

6. Division Branch Group	Area Location Capability		
RUTHERFORD CO, NC Chimney Rock State Park	EMS Responders & Capability:	Rutherford County EMS – ALS	
	Equipment Available on Scene: (Identify during briefing)		
	Medical Emergency Channel:	Chimney Rock – District 1 Operations (Dispatch)	
	ETA for Ambulance to Scene:	BASED AT CHIMNEY ROCK (village)	
	Air:	+/- 20 min	
	Ground:	+/- 40 min (Polk County EMS +/- 30 min)	
	Approved Helispot:	Identify during briefing	
	Lat:		
	Long:		
TRANSYLVANIA CO, NC DuPont State Forest Headwaters State Forest Gorges SP Pisgah Ranger District USFS	EMS Responders & Capability:	Transylvania County EMS – ALS	
	Equipment Available on Scene: (Identify during briefing)		
	Medical Emergency Channel:	Bear Wallow (or Rich) – District 1 Operations (Dispatch)	
	ETA for Ambulance to Scene:	BASED AT BREVARD	
	Air:	+/- 30 min	
	Ground:	+/- 15 min	
	Approved Helispot:	Identify during briefing	
	Lat:	Frying Pan repeater (USFS) or Rich Mountain (USFS)	
	Long:	Asheville Dispatch	
BUNCOMBE CO, NC Sandy Mush Game Lands	EMS Responders & Capability:	Buncombe County EMS – ALS	
	Equipment Available on Scene: (Identify during briefing)		
	Medical Emergency Channel:	– District 1 Operations (Dispatch)	
	ETA for Ambulance to Scene:	BASED AT Leicester VFD	
	Air:	+/- 20 min	
	Ground:	+/- 15 min	
	Approved Helispot:	Identify during briefing	
	Lat:		
	Long:		

SPECIAL INSTRUCTIONS:

- ☐ **Identify the medical using the Medical Incident Report, ICS-206 (Medical Plan) & IRPG**
 - ☐ **GREEN:**
 - ☐ Notify Module Leader.
 - ☐ Temporarily pause operations as needed to treat the injury.
 - ☐ If the participant can continue re-evaluate as needed. Notify SAFETY when possible (can be at end of shift).
 - ☐ If they cannot continue or need clinic follow-up notify Safety and Operations.
 - ☐ Resume operations when medical has been cleared and if required staffing is maintained.
 - ☐ Submit copy of all documentation (notes, MIR, etc) to Plans.
 - ☐ **YELLOW OR RED:**
 - ☐ Notify Module Leader IMMEDIATELY.
 - ☐ Pause operations maintaining safety of active fire.
 - ☐ Notify 911.
 - ☐ Begin patient treatment / stabilization.
 - ☐ Notify an IMT C&G member. The IMT member will make follow up notifications. Call order: Safety, Operations, Logistics, IC
 - ☐ Resume operations when medical has been cleared **and** if required staffing is maintained **and** participants are able to mentally and is cleared by the IC.
 - ☐ Submit copy of all documentation (notes, MIR, etc) to Plans.
- ☐ **In Camp or off-duty hours use the above as a framework but understand the situation.**
- ☐ **The bottom line is to get the patient treated without delay!**

6. Prepared By (Medical Unit Leader)	7. Date/Time	8. Reviewed By (Safety Officer)	9. Date/Time
Click here to enter text.	Click here to enter text.	Greg Philipp	10/08/25

1. Incident Name:		2. Operational Period: Date From:		Date To:
		Time From:		Time To:
3. Name:		4. ICS Position:		5. Home Agency (and Unit):
6. Resources Assigned:				
Name		ICS Position		Home Agency (and Unit)
7. Activity Log:				
Date/Time	Notable Activities			
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 214, Page 1		Date/Time: _____		