

# IAP- Fire #199

Date: 7/17/25

## OBJECTIVES:

Lush Fire

- 1. Provide for firefighter and public safety.
- 2. Provide point protection of values at risk.
- 3. Keep fire north of the Yukon River.

|                     |               |
|---------------------|---------------|
| BLM fire number     | AK-TAD-000199 |
| BLM accounting code | 199- S33B     |
| FS code             | PDS33B (1532) |

## RESOURCES & ASSIGNMENTS:

| RO #       | Resource               | LWD  | Location           | Assignment                  |
|------------|------------------------|------|--------------------|-----------------------------|
| Division A |                        |      |                    |                             |
| O-37       | TFLD Brad Weiler       | 7/25 | DIV A #1 allotment | Point/structure protection  |
| O-39       | TFLD(t) Jody Whitaker  | 7/18 | DIV A #1 allotment | Point/structure protection  |
| O-13       | CRW2 Clearwater (20)   | 7/24 | DIV A #1 allotment | Point/structure protection  |
| C-19       | CRW1 Cherokee IHC (21) | 7/18 | DIV A #7 allotment | Point/Structure protection  |
| DIV Z      |                        |      |                    |                             |
| O-57       | TFLD Brandon Rea       | 7/21 | DIV Z #9 allotment | Point/structure protection  |
| C-10       | CRW1 Wyoming IHC (23)  | 7/25 | DIV Z #9 allotment | Point/structure protection  |
| C-6        | CRW2 K. River 2 (16)   | 7/17 | DIV Z #9 allotment | Point/structure protection  |
|            |                        |      |                    |                             |
| O-68       | TFLD Dylan Brown       | 7/22 | ICP/Yukon River    | FOBS like duties            |
| O-36       | TFLD Joel Burgett      | 7/20 | ICP/Yukon River    | Shuttle personnel/equipment |
| E-2        | TBOT Dianna Merry      |      | Yukon River        | Shuttle personnel/equipment |
| E-9        | TBOT Patty Wiehl       |      | Yukon River        | Shuttle personnel/equipment |
| E-11       | TBOT Janet Woods       |      | Yukon River        | Shuttle personnel/equipment |
| E-16       | TBOT Remy Brooks       |      | Yukon River        | Shuttle personnel/equipment |
| E-15       | TBOT Natalie Newman    |      | Yukon River        | Shuttle personnel/equipment |
|            |                        |      |                    |                             |
| O-8        | EMTF Brandon Baker     | 7/24 | ICP                | DIV A/Z EMT                 |

## IMT ORGANIZATION:

| Position | Name                  | Phone #      | Position       | Name                | Phone #      |
|----------|-----------------------|--------------|----------------|---------------------|--------------|
| ICT3     | O-23 Jared Gibson     | 906-250-4000 | LSC3           | O-38 Pete Glover    | 906-458-3017 |
| ICT3(t)  | O-27 Travis McCabe    | 907-328-9047 | SUPL           | O-33 Mark Morgan    | 678-938-9808 |
|          |                       |              | Staging        | O-34 Richard Wilson | 530-503-5754 |
| OSC3     | O-42 Phil Oosahwe     | 479-459-8410 | Ramp           | O-41 Tom Schafer    | 575-937-4649 |
| OSC3(t)  | O-28 Nick Biedscheid  | 907-370-3744 |                |                     |              |
| ASGS     | O-56 Mike Spink       | 719-258-0365 |                |                     |              |
| AFUL     | O-80 Stacie Oaks      |              | PLO            | Sarah Gracey        | 502-229-1383 |
| SOFR     | O-24 Doug Havlina     | 208-850-6651 |                |                     |              |
| SOF3     | O-65 Shayne Harris    | 530-391-6333 | TAD            | Trent Girard        | 907-356-5570 |
|          |                       |              |                | Tasha Shields- POC  | 907-356-5559 |
| FSC3     | O-54 Torie Koller     | 719-6593425  |                | David Bloemker-FMO  | 907-356-5569 |
| PTRC     | O-81 Mariah Gibson    |              | Yukon Dispatch |                     | 907-356-5555 |
| PTRC     | O-78 Allison Lawrence |              | Yukon Expanded | Beth                | 907-356-5817 |
|          |                       |              |                |                     |              |
| PSC3     | O-55 Kristy Hajny     | 907-370-3494 |                |                     |              |

## AIR OPERATIONS:

| Tail # and Type | RO #        | Manager        | Phone #      | Assignment            |
|-----------------|-------------|----------------|--------------|-----------------------|
| 9AE T3 ASB3     | A-3/A-3.2   | Jordan McCabe  | 520-904-5670 | Recon, cargo, medical |
| 920 T2 Bell212  | A-36/A-36.2 | Mike Armstrong | 775-385-3570 | Buckets, cargo        |
|                 | A-36.3      | Allan Bottari  | 906-362-0705 | HECM                  |
|                 | O-43        | Zach Taylor    | 501-242-1042 | HECM (t)              |
|                 | O-44        | David Waters   | 478-488-0088 | HECM (t)              |

## COMMUNICATION: "Controlled Unclassified Information//Basic"

| Channel             | Rx       | Tone | Ix       | Tone  | Victor                      |
|---------------------|----------|------|----------|-------|-----------------------------|
| CMD 1 - 199 Command | 170.3875 |      | 163.0375 |       | Air to Air Primary 126.1250 |
| TAC 1 - Div A Tac   | 168.0500 |      | 168.0500 |       | Rampart Airport 122.9       |
| TAC 2 - Boat Tac    | 168.2000 |      | 168.2000 |       | IA Air to Air 128.45        |
| TAC 4 - Div Z Tac   | 166.7250 |      | 166.7250 |       |                             |
| A/G PRI             | 166.6125 |      | 166.6125 |       |                             |
| GRAY Yukon Dispatch | 169.3625 |      | 169.3625 |       |                             |
| AIRGUARD            | 168.6250 |      | 168.6250 | 110.9 |                             |
| DECK                | 163.1000 |      | 163.1000 |       |                             |

## COORDINATES:

| Descriptor    | Location            | Lat.        | Long.        |
|---------------|---------------------|-------------|--------------|
| ICP           | Rampart Airstrip    | 65 30.642 N | 150 09.033 W |
| H-1 (Type 2)  | Allotment Cluster 1 | 65 30.033 N | 150 24.157 W |
| H-2 (Type 2)  | Allotment Cluster 2 | 65 29.625 N | 150 16.050 W |
| H-25 (Type 2) | Allotment Cluster 2 | 65 29.630 N | 150 18.307 W |
| H-3 (Type 2)  | Allotment Cluster 3 | 65 30.263 N | 150 12.065 W |
| H-35 (Type 2) | Allotment Cluster 3 | 65 29.818 N | 150 13.797 W |
| H-5 (Type 2)  | Allotment 5         | 65 31.353 N | 150 09.813 W |
| H-70 (Type 2) | Allotment 7         | 65 33.210 N | 150 10.340 W |
| H-8 (Type 3)  | Allotment 8         | 65 34.828 N | 150 10.913 W |
| H-87 (Type 2) | Allotment 9         | 65 37.065 N | 150 11.675 W |
| H-90 (Type 2) | Allotment 9         | 65 37.282 N | 150 10.600 W |

**Medical:** For medical emergencies refer to the ICS 206 Medical Plan and the Medical Incident Report in the IAP (also on pg 120 of the IRPG). First on scene needs to initiate additional resources by getting Medical Incident Report started over Command 1.

**Safety:** Slow is smooth -Smooth is fast. Watch your footing with all tasks.

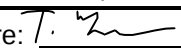
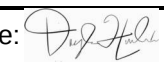
**Notes:** Call in orders to operations by 1300 for next day delivery. Send in all CTR's and shift tickets by boat.

Digital filing for CTR's should follow this format: CTR\_RO\_YYMMDD-DD

EX: CTR\_O21\_250715-18

| INCIDENT OVERHEAD |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             | 1           | 2           | 3           | 4           | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|-------------------|------------------|------------------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---|---|---|---|---|----|----|----|----|----|
| Request Number    | Resource Name    | Number Personnel | Resource Type | Last Work Day | Thu<br>7/17 | Fri<br>7/18 | Sat<br>7/19 | Sun<br>7/20 | Mon<br>7/21 | Tue<br>7/22 | Wed<br>7/23 | Thu<br>7/24 | Fri<br>7/25 | Sat<br>7/26 | Sun<br>7/27 | Mon<br>7/28 | Tue<br>7/29 | Wed<br>7/30 |   |   |   |   |   |    |    |    |    |    |
| C-7               | PatRick          | 19               | CR21          | 7/16/25       | DMB         |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-14              | Trina McCandless | 1                | MEDL          | 7/16/25       | DMB         |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| C-6               | K River 2        | 16               | CRW2          | 7/17/25       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-23              | Jarid Gibson     | 1                | ICT3          | 7/17/25       | DMB         |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-24              | Doug Havlina     | 1                | SOFR          | 7/17/25       | DMB         |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| A-36.3            | Allan Bottari    |                  | HECM          | 7/18/25       |             |             | DMB         |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| C-19              | Cherokee IHC     | 1                | CRW1          | 7/18/25       |             |             | DMB         |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-28              | Nick Biedscheid  | 1                | OSC3(t)       | 7/18/25       |             |             | DMB         |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-34              | Richard Wilson   | 1                | Staging       | 7/18/25       |             |             | DMB         |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-39              | Jody Whitaker    | 1                | TFLD (t)      | 7/18/25       |             |             | DMB         |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-41              | Tom Schafer      | 1                | Ramp          | 7/18/25       |             |             | DMB         |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-27              | Travis McCabe    | 1                | ICT3 (t)      | 7/19/25       |             |             |             | DMB         |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-33              | Mark Morgan      | 1                | SUPL          | 7/19/25       |             |             |             | DMB         |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-38              | Pete Glover      | 1                | LOG3          | 7/19/25       |             |             |             | DMB         |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-42              | Phil Oosahew     | 1                | OCS3          | 7/19/25       |             |             |             | DMB         |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-54              | Torie Koller     | 1                | FSC3          | 7/19/25       |             |             |             | DMB         |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-36              | Joel Burgett     | 1                | TFLD          | 7/20/25       |             |             |             |             | DMB         |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-43              | Zach Taylor      | 1                | HECM (t)      | 7/20/25       |             |             |             |             | DMB         |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-44              | David Waters     | 1                | HECM (t)      | 7/20/25       |             |             |             |             | DMB         |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-55              | Kristy Hajny     | 1                | PSC3          | 7/20/25       |             |             |             |             | DMB         |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-36.2            | Mike Armstrong   |                  | HMGB          | 7/21/25       |             |             |             |             |             | DMB         |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-57              | Brandon Rea      | 1                | TFLD          | 7/21/25       |             |             |             |             |             | DMB         |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-68              | Dylan Brown      | 1                | TFLD          | 7/22/25       |             |             |             |             |             |             | DMB         |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-65              | Shayne Harris    | 1                | SOFR          | 7/23/25       |             |             |             |             |             |             |             | DMB         |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| C-16              | Clearwater       | 20               | CRW2          | 7/24/25       |             |             |             |             |             |             |             |             | DMB         |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-37              | Brad Weller      | 1                | TFLD          | 7/24/25       |             |             |             |             |             |             |             |             | DMB         |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-56              | Mike Spink       | 1                | ASGS          | 7/24/25       |             |             |             |             |             |             |             |             | DMB         |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-8               | Brandon Baker    | 1                | EMTF          | 7/24/25       |             |             |             |             |             |             |             |             | DMB         |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| C-10              | Wyoming IHC      | 23               | CRW1          | 7/25/25       |             |             |             |             |             |             |             |             |             |             | DMB         |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-78              | Allison Lawrence | 1                | PTRC          | 7/27/25       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| A-3.2             | Jordan McCabe    | 1                | HMGB          | 7/28/25       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-80              | Stacie Oaks      | 1                | AFUL          | 7/29/25       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
| O-81              | Mariah Gibson    | 1                | PTRC          | 7/29/25       |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |
|                   |                  |                  |               |               |             |             |             |             |             |             |             |             |             |             |             |             |             |             |   |   |   |   |   |    |    |    |    |    |

## MEDICAL PLAN (ICS 206)

| <b>1. Incident Name:</b>                                                                                                                                  |                                          | <b>2. Operational Period:</b> Date From: _____<br>Time From: _____ |                                                           | Date To: _____<br>Time To: _____ |                                              |                                                             |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|----------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>3. Medical Aid Stations:</b>                                                                                                                           |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| Name                                                                                                                                                      | Location                                 | Contact Number(s)/Frequency                                        | Paramedics on Site?                                       |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
| <b>4. Transportation</b> (indicate air or ground):                                                                                                        |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| Ambulance Service                                                                                                                                         | Location                                 | Contact Number(s)/Frequency                                        | Level of Service                                          |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                  |                                              |                                                             |                                                             |
| <b>5. Hospitals:</b> <span style="float: right;">*Order through Dispatch</span>                                                                           |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| Hospital Name                                                                                                                                             | Address, Latitude & Longitude if Helipad | Contact Number(s)/Frequency                                        | Travel Time                                               |                                  | Trauma Center                                | Burn Center                                                 | Helipad                                                     |
|                                                                                                                                                           |                                          |                                                                    | Air                                                       | Ground                           |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                           |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                           |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                           |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                           |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>6. Special Medical Emergency Procedures:</b>                                                                                                           |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.                        |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| <b>7. Prepared by</b> (Medical Unit Leader): Name: _____ Signature:  |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| <b>8. Approved by</b> (Safety Officer): Name: _____ Signature:       |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| ICS 206                                                                                                                                                   |                                          | IAP Page _____                                                     |                                                           | Date/Time: _____                 |                                              |                                                             |                                                             |

| Medical Incident Report                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------|---------------|------------|
| <b>FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>FOR A MEDICAL EMERGENCY: IDENTIFY ON-SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.</b>                                                                                                                                                                                |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Use the following items to communicate situation to communications / dispatch.                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>1. CONTACT COMMUNICATIONS / DISPATCH</b> (Verify correct frequency prior to starting report) Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>2. INCIDENT STATUS:</b> Provide incident summary (including number of patients) and command structure.<br>Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care." |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Severity of Emergency / Transport Priority                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> <b>RED / PRIORITY 1</b> Life or limb threatening injury or illness. Evacuation need is IMMEDIATE<br>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented. |              |                                                                                 |               |            |
|                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>YELLOW / PRIORITY 2</b> Serious Injury or illness. Evacuation may be DELAYED if necessary<br>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.                                           |              |                                                                                 |               |            |
|                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>GREEN / PRIORITY 3</b> Minor Injury or illness. Non-Emergency transport<br>Ex: Sprains, strains, minor heat-related illness.                                                                                               |              |                                                                                 |               |            |
|                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>Purple/Other</b> Non Medical other potential critical incidents<br>Ex: Unaccounted for incident resources, threats to employees, chemical spills, incidents not requiring the use of ICS-206 but requiring IMT response    |              |                                                                                 |               |            |
| Nature of Injury or Illness & Mechanism of Injury                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |              | Brief Summary of Injury or Illness<br>(Ex: Unconscious, Struck by Falling Tree) |               |            |
| Evacuation Request                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                        |              | Air Ambulance / Short Haul/Hoist<br>Ground Ambulance / Other                    |               |            |
| Patient Location                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                        |              | Descriptive Location & Lat. / Long. (WGS84)                                     |               |            |
| Incident Name                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                        |              | Geographic Name + Medical<br>(Ex: Trout Meadow Medical)                         |               |            |
| On-Scene Incident Commander                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                        |              | Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)             |               |            |
| Patient Care                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |              | Name of Care Provider<br>(Ex: EMT Smith)                                        |               |            |
| <b>3. INITIAL PATIENT ASSESSMENT:</b> Complete this section for each patient as applicable (start with the most severe patient)                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Patient Assessment: See IRPG PAGE 106                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Treatment:                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>4. EVACUATION PLAN:</b>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Helispot / Extraction Site Size and Hazards:                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:</b>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Example: Paramedic/EMT, crews, immobilization devices, AED, oxygen, trauma bag, IV/fluid(s), splints, rope rescue, wheeled litter, HAZMAT, extrication                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Function                                                                                                                                                                                                                                                                                                                                                         | Channel Name/Number                                                                                                                                                                                                                                    | Receive (RX) | Tone/NAC *                                                                      | Transmit (TX) | Tone/NAC * |
| COMMAND                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| AIR-TO-GRND                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| TACTICAL                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>7. CONTINGENCY:</b> <u>Considerations:</u> If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead..                                                                                                                                                                                        |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>8. ADDITIONAL INFORMATION:</b> Updates/Changes, etc.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>REMEMBER:</b> Confirm ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |