

Cedar Fire

Tuesday, August 5, 2025

0600 - 2100

Incident Action Plan

Cedar: P4 S6JV(0413)

Fire Number: ID-SCF-250112

Notes	

IAP, Spot Weather, Check-in, Map, and Finance



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:		2. Operational Period: DAY																			
CEDAR		Date/Time From: 08/05/2025 0600 TUE	Date/Time To: 08/05/2025 2100 TUE																		
3. Objective(s): Incident Objectives: • Maintain safety of fire personnel and the public as the highest priority through the implementation of sound risk management practices and processes. • Implement strategies with the highest probability of success to confine and contain the fire while minimizing impacts to the private lands, grazing allotments and natural resources in the Little Lost Valley.																					
4. Operational Period Command Emphasis: Desired End State: Manage the fire and values at risk using the appropriate resources to implement tactics in locations with reasonable probabilities of success. Conduct operations using risk-based decision-making processes to reduce the likelihood of accidents and injuries.																					
General Situational Awareness: • Maintain good situational awareness, especially when working in steep rugged terrain with a high snag density. • Be prepared for adverse and challenging fire weather and fuels conditions. • Rotate out of smokey conditions as opportunities arise. • Monitor cumulative fatigue and ensure all assigned firefighting personnel receive adequate rest.																					
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																					
Approved Site Safety Plan(s) Located at:																					
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table border="0"><tr><td><input checked="" type="checkbox"/> ICS 202</td><td><input type="checkbox"/> ICS 207</td><td>Other Attachments:</td></tr><tr><td><input checked="" type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 208</td><td><input checked="" type="checkbox"/> PHONE LIST</td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input checked="" type="checkbox"/> ICS 220</td><td><input checked="" type="checkbox"/> SAFETY MESSAGE</td></tr><tr><td><input checked="" type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td><td><input checked="" type="checkbox"/> ICS-213 GENERAL MESSAGE</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input checked="" type="checkbox"/> ICS-214 UNIT LOG</td></tr><tr><td><input checked="" type="checkbox"/> ICS 206</td><td></td><td></td></tr></table>				<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 207	Other Attachments:	<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> PHONE LIST	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input checked="" type="checkbox"/> SAFETY MESSAGE	<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input checked="" type="checkbox"/> ICS-213 GENERAL MESSAGE	<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input checked="" type="checkbox"/> ICS-214 UNIT LOG	<input checked="" type="checkbox"/> ICS 206		
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<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input checked="" type="checkbox"/> ICS-214 UNIT LOG																			
<input checked="" type="checkbox"/> ICS 206																					
7. Prepared by: GERALD KNUDSON		Position/Title: PSC3(T)	Signature: <i>Gerald Knudson</i>																		
8. Approved by Incident Commander:		Name: DARIN TOY, IC3(T)	Signature: <i>Darin Toy</i>																		
ICS 202		IAP Page	Date/Time: 8/04/2025 2000																		

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: DAY	
CEDAR		Date/Time From: 08/05/2025 0600 TUE	Date/Time To: 08/05/2025 2100 TUE
3. Incident Commander(s) and Command Staff:		DIVISION/GROUP	CONTINGENCY/ ROADS
IC/UC	JAKOB RENZ DARIN TOY (T)	DIVISION/GROUP	ANGELA CHONGPINITCHAI
DEPUTY		7b. Air Operations Branch:	
SAFETY OFFICER	LANEY CUTSHAW	AIR OPS BRANCH DIRECTOR	
LINE SAFETY	JUSTIN PHIPPEN	AIR ATTACK SUPERVISOR	
INFORMATION OFFICER	JULIE RODMAN	AIR SUPPORT SUPERVISOR	
LIAISON OFFICER		HELICOPTER COORDINATOR	
4. Agency/Organization Representative(s):		AIR TANKER COORDINATOR	
Agency/Organization	Name	8. Finance/Administration Section:	
USFS	CHRIS WEVEREK JOHN RUNKLE (T)	IBA	TANYA HECKER
		TIME UNIT	
		PROCUREMENT UNIT	
5. Planning Section:		COMPENSATION UNIT	
CHIEF	GERALD KNUDSON	COST UNIT	
RESOURCES UNIT	VICTORIA PAYNE (VIRTUAL RIST) ANITRA FIRMENICH (VIRTUAL RIST) (T)		
GIS SPECIALIST	KRISTIN KOLANOSKI (VIRTUAL RIST)		
REAF	JESSICA ROUGHGARDEN		
READ	ASHTON BUMA (T)		
DOCUMENTATION UNIT			
6. Logistics Section:			
CHIEF	JESSICA FRENCH EARL SLACK		
BASE CAMP MANAGER	BRANDON ROBICHAUD GEOFF PHELAN (T)		
SUPPLY UNIT			
FACILITIES UNIT			
COMMUNICATIONS UNIT			
MEDICAL UNIT			
7. Operations Section:			
OPS SECTION CHIEF	HOLT JAEGER		
DAY OPS SECTION CHIEF			
NIGHT OPS SECTION CHIEF			
PLANNING OPS			
DIVISION/GROUP	A	CHRISTOPHER D WILSON JORDAN KEITH DEGRAAF (T)	
DIVISION/GROUP	Z	JOE RINALDI	
9. Prepared By:		Position/Title: RESL	Signature:
ICS 203	Name: VICTORIA PAYNE IAP Page	Date/Time: 08/04/2025 0605	<i>Victoria Payne</i>

Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name:				3.			
CEDAR				Branch:		Division/Group: A	
2. Operational Period: DAY							
Date/Time From: 08/05/2025 0600 TUE		Date/Time To: 08/05/2025 2100 TUE					
4. Operations Personnel							
PLANNING OPERATIONS				BRANCH DIRECTOR			
FIELD OPERATIONS		HOLT JAEGER		DIVISION/GROUP SUPERVISOR		CHRISTOPHER D WILSON JORDAN KEITH DEGRAAF (T)	
AIR ATTACK SUPERVISOR							
5. Resources Assigned this Period							
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time	
CRW1 SNAKE RIVER IHC (C-8)		08/04	KENNETH BOCHNIAK	20	ICP/0600	ICP/2000	
ENG6 MADISON FD (E-7)		08/13	ANDREW SHARP	8	ICP/0600	ICP/2000	
ENG6 BLACKSTONE (E-19)		08/13	JOSEPH KRAUSE	3	ICP/0600	ICP/2000	
ENG6 POCATELLO FD (E-6)		08/13	SCOTT LOCKHART	4	ICP/0600	ICP/2000	
ENG4 CASTLE MTN (E-18)		08/14	DAVID MARIK	3	ICP/0600	ICP/2000	
HEQB KEERAN (O-5)*		08/13	RANDY KEERAN	1	ICP/0600	ICP/2000	
DZR2 DHALE (E-11)*		08/12	RICHARD GORCZYCA	2	ICP/0600	ICP/2000	
REAF ROUGHGARDEN (O-18)		08/13	JESSICA ROUGHGARDEN	1	ICP/0600	ICP/2000	
READ(T) BUMA			ASHTON BUMA	1	ICP/0600	ICP/2000	
REM1 SPEARHEAD MEDICS (O-7)		08/14	SHELDON CORDELL	4	ICP/0600	ICP/2000	
SOF3 PHIPPEN (O-22)		08/17	JUSTIN PHIPPEN	1	ICP/0600	ICP/2000	
6. Control Operations/Work Assignments:							
Task (t): Mop up and secure the dozer line and continue scouting the perimeter.							
Purpose (p): Minimize fire spread north and west of cedar run drainage to minimize impacts to values at risk.							
End state (e): Prevent fire spread to the north of cedar run drainage.							
7. Special Instructions:							
Submit supply orders to DIVS or ops by 0900.							
EMPF Cornford can be reached via radio.							
*IA resource							
8. Division/Group Communication Summary							
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode	
TACTICAL	1	172.7750		172.7750			
COMMAND	7	169.9250		164.1250	127.3		
AIR TO GROUND	11	167.9500		167.9500			
AIR TO GROUND	12	169.1500		169.1500			
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)			Date	Time
VICTORIA PAYNE, RESL			GERALD KNUDSON, PSC3(T)			08/04/2025	2000

Controlled Unclassified Information//Basic

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Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name:				3.		
CEDAR				Branch:		Division/Group: CONTINGENCY/ROAD
2. Operational Period: DAY						
Date/Time From: 08/05/2025 0600 TUE		Date/Time To: 08/05/2025 2100 TUE				
4. Operations Personnel						
PLANNING OPERATIONS				BRANCH DIRECTOR		
FIELD OPERATIONS		HOLT JAEGER		DIVISION/GROUP SUPERVISOR		ANGELA CHONGPINITCHAI
5. Resources Assigned this Period						
Strike Team / Task Force / Resource Designator	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time	
DZR2 UPPER VALLEY CONTRACTING (E-23)	08/06	YARI SMITH	2	ICP/0600	ICP/2100	
DZRZ DHALE (E-12)	08/12	RAY WOOD	2	ICP/0600	ICP/2100	
WTT1 ID PRECISION LOG HOMES	08/12	MICKY ROSKELLEY	2	ICP/0600	ICP/2100	
WTS2 KKS WATER (E-15)	08/13	MIKE WOOD	1	ICP/0600	ICP/2100	
FUT2 SMITH WELDING (E-13)	08/13	CRAIG BURNS	1	ICP/0600	ICP/2100	
GRDR AM SMITH WELDING (E-22)	08/14	MIKE THOMAS	2	ICP/0600	ICP/2100	
DUMP 15-20 YD (E-28)	08/17	ALAN ANDERSON	1	ICP/0600	ICP/2100	
DUMP 15-20 YD (E-29)	08/17	ETHAN ORRISTY	1	ICP/0600	ICP/2100	
DUMP 15-20 YD (E-30)	08/17	STEVEN DAMON	1	ICP/0600	ICP/2100	
FRNT (E-31)	08/17	KURT FILLSEN	1	ICP/0600	ICP/2100	
EQPI RICHMOND (O-26)	08/08	RICHARD RICHMOND	1	ICP/0600	ICP/2100	
REAF ROUGHGARDEN (O-18)	08/13	JESSICA ROUGHGARDEN	1	ICP/0600	ICP/2100	
READ(T) BUMA		ASHTON BUMA	1	ICP/0600	ICP/2100	
EMPF CORNFORD (O-19)	08/17	CORNFORD	1	ICP/0600	ICP/2100	
6. Control Operations/Work Assignments:						
<p>Task (t): Improve contingency lines north of cedar creek to ensure access and egress.</p> <p>Purpose (p): Improve access to the contingency line and prevent spread to the north and west to minimize impacts for values at risk.</p> <p>End state (e): Contingency line to the north and west as well as improved road network for fire access.</p>						
7. Special Instructions:						
<p>Submit supply orders to DIVS or OPS by 0900.</p> <p>EMPF Cornford can be reached via radio.</p> <p>WTS2 E-16 and fuel tender report to ICP.</p>						
8. Division/Group Communication Summary						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
TACTICAL	2	173.8625		173.8625		
COMMAND	7	169.9250		164.1250	127.3	
AIR TO GROUND	11	167.9500		167.9500		
AIR TO GROUND	12	169.1500		169.1500		
9. Prepared By (Resource Unit Leader)		Approved By (Planning Section Chief)		Date		Time
VICTORIA PAYNE, RESL		GERALD KNUDSON, PSC3(T)		08/04/2025		0605



AIR OPERATIONS SUMMARY (ICS 220 WF)

1. Incident Name / Number Cedar Fire 2025-ID-SCF-000112			2. Date Prepared 08/04/2025	3. Time Prepared 17:00	4. Prepared By Orion Davidson
5. Sunrise 06:27	Sunset 20:56	Pumpkin Time 21:26	6. Shutdown 2100	7. Operational Period - Date 08/05/2025	8. Operational Period - Time 0700-2200

9. General Remarks, Safety Notes, Hazards, Air Operations Special Equipment, etc.	10. Helibase Information	11. Temp. Flight Restriction (TFR)
Remember: Tree canopy, vegetation, and smoke can limit pilots' ability to locate firefighters near the drop zone. Ensure that the drop zone is clear prior to the water/retardant drop! Always maintain situational awareness for snags, limbs, and loose rocks that might become displaced. !! BE AWARE OF THUNDERSTORM DEVELOPMENT, HIGH WINDS, & DETERIORATING CONDITIONS!! Send costs to: matthew.clinton@usda.gov	Name: Salmon Air Base	NOTAM: ZLA 5/8401
	Latitude:	Altitude: 14000
	Longitude:	Frequency: 118.875
		Hours: 24 hr.

12. Extraction/Medevac Information			
	Medevac	Short-haul	Hoist
FAA#:			
Phone:			
Location:			
Capabilities			
Request Incident Personnel Extraction/Medevac Through: Central Idaho Dispatch 208-756-5157			

13. Incident Frequencies	RX	Tone	TX	Tone	AM/FM/Digital	14. Position	Name	Phone
A/A (TFR)	118.8750		118.8750			FAO	Orion Davidson	208-303-8105
A/G Fixed	167.9500		167.9500			HEBM	Matt Clinton	208-993-3116
A/G Rotor	169.1500		169.1500					
DECK	163.1000		163.1000					

15. Equipment/Supplies

16. ASSIGNED HELICOPTERS						
FAA #	TYPE	Make/Model	Helibase	Start	Avail.	Remarks
N83BH	1	UH-60	SAB	0700	0800	Bucket
N660FS	1	UH-60	SAB	0700	0800	Tank
N33KT	1	UH-60	SAB	0700	0800	Bucket
N460UH	1	UH-60	SAB	0700	0800	Tank
N811KA	2	Bell 212	SAB	0700	0800	Tank, LL, PAX

17. LOCAL HELICOPTERS						
FAA #	TYPE	Make/Model	Base	Start	Avail.	Remarks
N103HX	2	Bell 412	SAB	0800	0830	Rappel, Bucket, LL, IA
N407TD	3	Bell 407	SAB	0800	0830	Recon, Bucket, LL, PSD, IA
N402MA	3	Bell 407	Challis	0800	0830	Recon, Bucket, LL, PSD, IA

18. UNMANNED AIRCRAFT SYSTEMS (UAS)							
Identifier	Cat./Type	Make/Model	Location	Start	Avail.	Leader/Contact	Remarks
UR31	3	Alta X	As Assigned	0700	2300	Nathan Harrison	PSD, IR, Recon

HEALTH AND SAFETY MESSAGE

SAFETY starts with ***YOU***

We are **ALL** accountable for **SAFE** behaviors

For Day Operations: August 5, 2025

INCIDENT: Cedar Fire

DATE: August 5 TIME: 0700

Major Hazards and Risks:

DRIVING: Drive defensively, stay aware of changing road conditions, know where you are going. Expect the unexpected.

- **HEAT RELATED ILLNESS (HRI):** Take care to monitor the health and welfare of yourself and crew, drink plenty of water/fluids, take frequent breaks, get 8 hours of sleep, and get enough food.
- **HEAVY EQUIPMENT OPERATION:** Maintain 50 – 100 ft exclusion area around equipment and 1 ½ times the height of timber. Avoid working below equipment.
- **HAZARD TREES:** Look up, Look down, Look around for signs of fire weakened trees.

Fire Order of the Day:

Give clear instructions and be sure they are understood.

- Brief others as needed.
- Be clear and specific.
- Don't assume they know what you mean.

Take 5 @ 2



Of twenty (20) fatal burnover fires, fifteen (15) of them occurred within the timeframe of 1400-1630. This should not be a surprise as this timeframe is during the hottest, driest part of the day...when fires can blow up quicker and faster. Although not a surprise, 1400 could be an appropriate time to take a tactical pause, remember that this is the beginning of the most dangerous part of the day for fighting fires, and reflect upon those that have lost their lives.

Safety : Laney Cutshaw

Watch out for the Possible weather To change



Get Briefings and Monitor the Weather Throughout the Shift!



Safety & Health Working Team



INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

Controlled Unclassified Information//Basic

1. Incident Name:			2. Date/Time Prepared:			3. Operational Period: DAY				
CEDAR			Date: 08/04/2025 Time: 0605			Date/Time From: 08/05/2025 0600 TUE			Date/Time To: 08/05/2025 2100 TUE	
4. Basic Radio Channel Use:										
Zone Group	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A,D, or M)	Remarks
	1	TACTICAL	TAC 1	ALPHA/ROADS	172.7750		172.7750			
	2	TACTICAL	TAC 2	ZULU/CONTINGENCY	173.8625		173.8625			
	3	TACTICAL	TAC 3		168.6375		168.6375			
	4	COMMAND	SZ DIRECT	ALL	169.9250		169.9250			
	7	COMMAND	SUNSET	ALL	169.9250		164.1250	127.3		
	5	COMMAND	WINDY DEVIL	ALL	169.9250		164.1250	114.8		
	6	COMMAND	FLAT TOP	ALL	169.9250		164.1250	123.0		
	8	COMMAND	POTAMAN	ALL	169.9250		164.1250	136.5		
	9	COMMAND	BIG WINDY	ALL	169.9250		164.1250	100.0		
	10	COMMAND	IF BLM DIR	ALL	169.7750		169.7750	103.5		
	11	AIR TO GROUND	FIXED	ALL	167.9500		167.9500			
	12	AIR TO GROUND	ROTOR	ALL	169.1500		169.1500			
	13	COMMAND	SOA	ALL	168.7750		168.7750	136.5		
	14	COMMAND	SOA RPTR	ALL	168.7750		164.9125	146.2		
	15	COMMAND	ST COMM	ALL	155.2800		155.2800	156.7		
	16	AIR GUARD	AIR GUARD	ALL	168.6250		168.6250	110.9		
5. Special Instructions:										
6. Prepared By (Communications Unit Leader)				Name: GERALD KNUDSON, PSC3(T)			Signature: <i>Gerald Knudson</i>			
ICS 205				IAP Page			Date/Time: 08/04/2025 2000			



CHECK-IN PROCESS

Please use the following steps to check-in to the Cedar: ID-SCF-250112

1. Fill out and submit the online check-in form. Use your resource order to help you fill out the form
 2. Email the following documents to 2025.idcic.support.finance@firenet.gov
 - Manifest (crews and engines)
 - Resource order (crews, equipment, and overhead)
 - Red cards (crews, equipment, and overhead)
 - Casual hire form (A.D. resources)
 - Contractor agreement (pgs. 1-3)
 3. If you need assistance filling out this form, please call (470) 421-8087.
-



<https://forms.office.com/g/5Yqazy5Vci>



CEDAR: ID-SCF-250112

DEMOBILIZATION CHECK-OUT PROCESS

FOR ALL RESOURCES

The Cedar Incident is using the following virtual checkout process for demobilization. **Please do not leave the incident until the following steps have been completed!**

1. **72 hours prior** to demobilization date, please ensure that:
 - Your incident supervisor has submitted a Demob Request, in coordination with the Demob unit.
 - If you need a flight to be arranged, please submit the following **FLIGHT REQUEST FORM BY CLICKING ON THIS QR CODE - 72 hours prior to your Last Work Day!**



[Flight Request Form](#)

2. **On your demob date**, please check out with the following units.
 - Supply Unit – Return gear and supplies.
 - Ground Support – Return pool NERV rentals, receive inspections, etc.
 - Communications Unit – Return Radios and other communications equipment.
 - Time/Finance – Ensure that all CTRs and/or shift tickets have been submitted and **you have received your final, signed OF-288 Time Report or OF-286 invoice.**

FINAL STEP OF THE DEMOB PROCESS.

PLEASE DO NOT FILL THIS FORM OUT UNTIL ALL PRIOR STEPS ARE COMPLETE!

Once you have completed the above steps, please fill out the Demob Release Form by using this QR Code:



[Demob Release Form](#)

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR DMOB UNIT LEADER AT:

Demob Unit Leader: 208-946-8306, 2025.cedar.demob@firenet.gov

Cedar Fire Phone List

Name	Position	Phone
Jakob Renz	Incident Commander	208-841-3315
Darin Toy	Incident Commander (T)	208-390-3845
	Public Information	208-756-7853
Chris Waverek	Agency Administrator	208-993-9901
John Runkle	Agency Administrator (T)	208-993-3404
Mike Stewart	CYF FMO	208-724-9787
Holt Jaeger	Operations Section Chief	208-986-1072
Jessica French	Logistics Section Chief	208-948-6276
Earl Slack	Logistics Section Chief	435-616-4580
Gerald Knudson	Plans Section Chief	801-201-9096
Laney Cutshaw	Safety Officer	208-315-3408
Jessie Roughgarden	Resource Advisor	208-721-4545
Erica Rhoads	Finance Section Chief	208-309-4227
Tanya Hecker	IBA	208-756-7312

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: _____		

ACTIVITY LOG (ICS 214)

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: _____		

MEDICAL PLAN (ICS 206)

1. Incident Name: Cedar Fire		2. Operational Period: Date From: 8/5/25 Time From: 0700		Date To: Time To: 2100			
3. Medical Aid Stations:							
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				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
Butte County	205 W Grand Ave Arco ID 83213	208-527-8553	<input checked="" 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				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Lost River Medical Center	551 Highland Drive Arco ID	208-252-7654		1.5 Hrs	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steel Memorial Medical Center	707 Van Dreff Salmon ID	208-756-5655		2.5 Hrs	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eastern Idaho Medical Center	3100 Channing Way, Idaho Falls ID	208-529-6111		1.5 Hrs	<input checked="" type="checkbox"/> Yes Level: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures: The scene IWI Incident Commander will contact Central Idaho Dispatch who will direct all Incident Medical issues. A Medical Incident Report will be posted daily in the IAP for detailed information to provide to dispatch.							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Safety Officer): Name: <u>Laney Cutshaw</u> Signature: <u>[Signature]</u>							
8. Approved by (Safety Officer): Name: <u>Darin Toy</u> Signature: <u>[Signature]</u>							
ICS 206	IAP Page _____	Date/Time: <u>8-4-25</u> <u>1800 hrs</u>					

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

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

Use the following items to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report)

Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."

2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure.

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"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		Brief Summary of Injury or Illness (<i>Ex: Unconscious, Struck by Falling Tree</i>)
Transport Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + "Medical" (<i>Ex: Trout Meadow Medical</i>)
On-Scene Incident Commander		Name of on-scene IC of Incident within an Incident (<i>Ex: TFLD Jones</i>)
Patient Care		Name of Care Provider (<i>Ex: EMT Smith</i>)

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

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:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

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

8. ADDITIONAL INFORMATION: Updates/Changes, etc.

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