

INCIDENT ACTION PLAN

SPRING CREEK FIRE



WY-WAX-252
PN S7QS (1532)

OPERATIONAL PERIOD
SATURDAY 8/16/2025 0600 to 2200

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:		2. Operational Period:	
SPRING CREEK		Date/Time From: 08/16/2025 0600 SAT	Date/Time To: 08/16/2025 2200 SAT
3. Objective(s): Command Emphasis <ul style="list-style-type: none"> Task: to implement sound risk informed decision and suppress the fire through direct actions where practicable. Purpose: safely, generate a professional end product, for our cooperators and stakeholders. End State: to achieve the incident objectives and keep the fire to the smallest footprint practicable. Management Objectives: <ul style="list-style-type: none"> Provide for emergency personnel and public safety at all times. Protect property, improvements and infrastructure Foster and maintain relationships with all cooperators and stakeholders. Ensure coordinated, timely and accurate release of public information. Maintain fiscal accountability and keep costs commensurate with values at risk. 			
4. Operational Period Command Emphasis: <ul style="list-style-type: none"> Keep the fire South and West of the Rome Hill Road (County Road 56) Keep the fire East of the Spring Creek Road (County Road 58) 			
General Situational Awareness: Access to fire: <ul style="list-style-type: none"> North and West side are accessed by the road 436 (Rome Hill Road). South limited access. West accessed by the 434 Road (Big Trails Road) then county road 58 (Spring Creek Road) then turn into the Lazy T Ranch (big wood archway with sign) and then follow blue flagging. 			
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): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> ICS 202 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 208 <input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 220 <input type="checkbox"/> ICS 205 <input type="checkbox"/> Map/Chart <input type="checkbox"/> ICS 205A <input type="checkbox"/> Weather Forecast/Tides/Currents <input type="checkbox"/> ICS 206 </div> <div style="width: 45%;"> Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> </div>			
7. Prepared by: TRAVIS PARDUE		Position/Title: PSC	
8. Approved by Incident Commander:		Signature:	
ICS 202		IAP Page	
		Date/Time: 08/15/2025 0000	

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period:	
SPRING CREEK		Date/Time From: 08/16/2025 0600 SAT	Date/Time To: 08/16/2025 2200 SAT
3. Incident Commander(s) and Command Staff:		OPS SECTION CHIEF TROY THOMAS	
IC/UC	TIMOTHY K SHERWIN JACOB BINNS (T)		
DEPUTY		DIVISION/GROUP	ALPHA JEFF DEON
SAFETY OFFICER		DIVISION/GROUP	CHARLIE JOEL BURGETT
INFORMATION OFFICER	KIM M HEMENWAY	DIVISION/GROUP	ZULU JEFF PRIEBE
LIAISON OFFICER		DIVISION/GROUP	SWING JUSTIN C MCARTHUR
4. Agency/Organization Representative(s):		7b. Air Operations Branch:	
Agency/Organization	Name	AIR OPS BRANCH DIRECTOR	
WASHAKIE COUNTY FIRE WARDEN	CHRIS KOCHER	AIR ATTACK SUPERVISOR	
WYOMING STATE FORESTRY	JEROD DELAY	AIR SUPPORT SUPERVISOR	
BLM WORLAND FO	STACY WHITMAN MOORE	HELICOPTER COORDINATOR	
5. Planning Section:		AIR TANKER COORDINATOR	
CHIEF		8. Finance/Administration Section:	
DEPUTY		CHIEF	WILLIAM LEE
RESOURCES UNIT		DEPUTY	MELISSA DREW
SITUATION UNIT		TIME UNIT	
DOCUMENTATION UNIT		PROCUREMENT UNIT	
DEMOBILIZATION UNIT		COMPENSATION UNIT	
FIRE BEHAVIOR ANALYST		COST UNIT	
HUMAN RESOURCE SPECIALIST			
TRAINING SPECIALIST			
GIS SPECIALIST			
TECHNOLOGY SUPPORT SPECIALIST			
INCIDENT METEOROLOGIST			
CHIEF	TRAVIS PARDUE		
6. Logistics Section:			
CHIEF			
DEPUTY			
SUPPLY UNIT			
FACILITIES UNIT			
GROUND SUPPORT UNIT			
COMMUNICATIONS UNIT			
MEDICAL UNIT			
SECURITY UNIT			
FOOD UNIT			
CHIEF	NIKKI GREEN JESSON VASEY (T)		
7. Operations Section:			
PLANNING OPS	DICK TERRY		
9. Prepared By:		Signature:	
Name:	TRAVIS PARDUE	Position/Title:	PSC
ICS 203	IAP Page	Date/Time:	08/15/2025 0000

Spot Forecast for Spring Creek...BLM
National Weather Service Riverton WY
816 PM MDT Fri Aug 15 2025

Forecast is based on forecast start time of 2000 MDT on August 15.
If conditions become unrepresentative, contact the National Weather
Service

.DISCUSSION...

Moist southwest flow continues overnight ahead of a weak weather
system set to cross the region beginning early Saturday morning.
Cloud cover and embedded light showers will be found Saturday
morning, which may slow the development of afternoon showers and
thunderstorms. After some heating from break in the cloud cover,
the coverage of showers and thunderstorms gradually increases
after 1500L. There is again potential for gusty and erratic
outflow wind of 30 to 40 mph. A similar pattern continues Sunday
before conditions begin to turn warmer and drier next week.

...Thunderstorms imply strong gusty and erratic winds...

.REST OF TONIGHT...

Sky/weather.....Mostly cloudy (60-70 percent) with isolated
light showers until 2300L, then again after
0400L. Possible outflow wind gusts 20 to 30
mph until 2300L.

CWR.....0 percent.

Chance of pcpn.....10 percent until 2200L, then 15 percent
after 0400L.

Chance of thunder...10 percent until 2200L.

Min temperature.....64 to 67.

Max humidity.....42 to 45 percent.

Wind (20 ft).....East winds 7 to 12 mph with occasional gusts
to around 16 mph until 2300L. Then, east wind
6 to 9 mph.

Ridgetop wind.....East 15 to 20 mph until 2300L, then around
10 mph.

Mixing height.....Decreasing to less than 1500 ft AGL by 2200L.

Transport winds.....East 10 to 15 mph.

Smoke dispersal.....Becoming Poor by 2200L.

TIME (MDT) 8PM 9PM 10P 11P MID 1AM 2AM 3AM 4AM 5AM

Sky (%).....55 55 55 55 60 55 55 55 60 70

Weather cov.....ISO ISO ISO ISO ISO

Weather type....RW RW RW RW RW

Tstm cov.....

CWR.....0 0 0 0 0 0 0 0 0 0

Chc of pcpn (%).15 10 50 0 0 0 0 0 10 10

CWR.....0 0 0 0 0 0 0 0 0 0 0 0

Chc of pcpn (%).10 10 10 10 20 30 30 40 40 40 30 20
Chc of thdr (%).0 0 0 10 10 10 20 20 20 20 20 20
Temp.....69 70 71 73 75 77 79 78 77 77 78 79
RH.....45 41 40 38 36 34 32 33 35 36 32 28
20 FT wind dir..E E SE SW W W W W N E E E
20 FT wind spd..6 6 4 4 5 6 5 4 6 10 11 9
20 FT wind gust.10 7 6 6 7 7 6 6 10 14 17 14
Ridge wind dir..E E SE SW W W W W N E E E
Ridge wind spd..10 10 10 10 10 10 10 10 15 15 20 15
Mix hgt (kft)...1.0 1.0 1.5 2.5 4.0 6.0 7.0 7.5 7.0 6.0 5.5 6.0
Transp wind dir.SE E S W W W W W NW N NE W
Transp wind spd.12 12 9 9 10 13 10 13 13 17 18 16
SDspl kt-ft/100012 12 13 21 37 66 64 83 78 88 88 83

.FORECAST DAYS 3 THROUGH 5...

.SUNDAY...

Mostly sunny in the morning, with increasing late afternoon clouds. Isolated showers and thunderstorms between 1600L and 2000L. Highs in the mid 80s. Lows in the lower 60s. East wind 5 to 10 mph in the morning, west during the day, then east again after sunset.

.MONDAY...

Mostly clear. Highs in the upper 80s. Lows in the lower 60s.

Diurnal upslope/downslope wind 5 to 10 mph.

.TUESDAY...

Mostly clear and warmer. Highs around 90. Lows in the mid 60s.

Diurnal upslope/downslope wind 5 to 10 mph.

.WEDNESDAY...

Clear and hot. Highs in the lower 90s. Lows in the upper 60s.

Diurnal upslope/downslope wind 5 to 10 mph.

\$\$

Forecaster...CNJ

Requested by...Travis Pardue

Type of request...WILDFIRE

.TAG 2519957.1/RIW

.DELDT 08/15/25

.FormatterVersion 2.0.0

.EMAIL travis_pardue@firenet.gov

Controlled Unclassified Information//Basic

Page 1 of 1

Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name:				3.		
SPRING CREEK				Branch:	Division/Group: BRAVO	
2. Operational Period:						
Date/Time From: 08/16/2025 0600 SAT		Date/Time To: 08/16/2025 2200 SAT				
4. Operations Personnel						
OPERATIONS CHIEF		TROY THOMAS		BRANCH DIRECTOR		
DIVISION/GROUP SUPERVISOR		JOEL BURGETT		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
CRW2 - T2C863 MOSQUEDA, MANUEL B. DBA MOSQUEDA REFORES C-6		08/28		20		
ENG4 - WYWBD E3411 E-7		08/26		4		
TFLD CHRIS HARPER O-8		08/29		1		
6. Control Operations/Work Assignments:						
7. Special Instructions:						
<ul style="list-style-type: none"> • North and West side are accessed by the road 436 (Rome Hill Road). • South limited access. • West accessed by road 434 (Big Tails Road) then county road 58 (Spring Creek Road) then turn into the Lazy T Ranch (big wood archway with sign) and then follow blue flagging. 						
8. Division/Group Communication Summary						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
COMMAND	1	172.7750		164.16250	T1BLACK	
COMMAND	2	172.7750		164.1625	T3COPPER	
COMMAND	3	172.7750		164.1625	T6MEADOWLARK	
TACTICAL	5	168.2000		168.2000		
COMMAND	8	155.3400		155.3400	156.7	
AIR TO GROUND	9	168.2750		168.2750		
9. Prepared By (Resource Unit Leader)		Approved By (Planning Section Chief)			Date	Time

Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name:				3.			
SPRING CREEK				Branch:		Division/Group:	
2. Operational Period:							
Date/Time From: 08/16/2025 0600 SAT		Date/Time To: 08/16/2025 2200 SAT				SWING	
4. Operations Personnel							
OPERATIONS CHIEF		TROY THOMAS		BRANCH DIRECTOR			
DIVISION/GROUP SUPERVISOR		JUSTIN C MCARTHUR		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	
6. Control Operations/Work Assignments:							
7. Special Instructions:							
8. Division/Group Communication Summary							
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode	
COMMAND	1	172.7750		164.16250	T1BLACK		
COMMAND	2	172.7750		164.1625	T3COPPER		
COMMAND	3	172.7750		164.1625	T6MEADOWLARK		
TACTICAL	7	168.7250		168.7250			
COMMAND	8	155.3400		155.3400	156.7		
AIR TO GROUND	9	168.2750		168.2750			
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)			Date	Time

Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name:				3.			
SPRING CREEK				Branch:		Division/Group:	
2. Operational Period:							
Date/Time From: 08/16/2025 0600 SAT		Date/Time To: 08/16/2025 2200 SAT				ZULU	
4. Operations Personnel							
OPERATIONS CHIEF		TROY THOMAS		BRANCH DIRECTOR			
DIVISION/GROUP SUPERVISOR		JEFF PRIEBE		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	
CRW2 - T2C057 FRANCO REFORESTATION INC C-1		08/27		20			
CRW2 - SMOKEBUSTERS C-4		08/27		25			
ENG6 SHF 631				6			
CRW1 - BEAR DIVIDE HOTSHOTS IHC C-8							
6. Control Operations/Work Assignments:							
7. Special Instructions:							
<ul style="list-style-type: none"> North and West side are accessed by the road 436 (Rome Hill Road). South limited access. West accessed by road 434 (Big Tails Road) then county road 58 (Spring Creek Road) then turn into the Lazy T Ranch (big wood archway with sign) and then follow blue flagging. 							
8. Division/Group Communication Summary							
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode	
COMMAND	1	172.7750		164.16250	T1BLACK		
COMMAND	2	172.7750		164.1625	T3COPPER		
COMMAND	3	172.7750		164.1625	T6MEADOWLARK		
TACTICAL	6	168.6000		168.6000			
COMMAND	8	155.3400		155.3400	156.7		
AIR TO GROUND	9	168.2750		168.2750			
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)			Date	Time

HEALTH AND SAFETY MESSAGE

SAFETY starts with ***YOU***

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

INCIDENT: Spring creek

DATE: August, 16, 2025

TIME: 0600

Major Hazards and Risks:

- **WEATHER:** Be aware at all times of current weather conditions and effects on fire behavior and adjust tactics accordingly. Plan ahead and be prepared to disengage early.
- **COMMUNICATIONS:** Make sure you have established clear communications with assigned and adjacent resources. Know the Communications Plan
- **DRIVING:** Drive defensively at all times and maintain safe vehicle separation distances. Keep head lights on and use emergency lighting where appropriate. Use spotters when backing or in tight areas. Keep stopping distance $\frac{1}{2}$ your sight distance.
- **THE FIRE AREA** is very steep and rugged. communicate hazards, post lookouts-issue warnings and communicate. Watch for rolling rocks and debris. Watch footing, especially when wet

With the Radio change make sure you have communication with supervisors and adjoining forces before engaging on the fire.



The fuel reduction work is very important, but make sure you are following all safety protocols when engaging in work



EACH INDIVIDUAL, ESPECIALLY SUPERVISORS, MUST HAVE, RECOGNIZE AND REDEEM THEIR SAFETY RESPONSIBILITIES (Fireline Handbook, page 44)
THANKS FROM YOUR SAFETY Dick Terry

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

Controlled Unclassified Information//Basic

1. Incident Name:				2. Date/Time Prepared:			3. Operational Period:			
SPRING CREEK				Date: Time:			Date/Time From: 08/16/2025 0600 SAT		Date/Time To: 08/16/2025 2200 SAT	
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	COMMAND	WBD COMMAND 1	COMMAND	172.775		164.1625	T1BLACK		
	2	COMMAND	WBD COMMAND 2	COMMAND	172.775		164.1625	T3COPPER		
	3	COMMAND	COMMAND 3	COMMAND	172.775		164.1625	T6MEADOW LAR		
	4	TACTICAL	TAC 1	ALPHA	168.0500		168.0500			
	5	TACTICAL	TAC 2	BAVO	168.2000		168.2000			
	6	TACTICAL	TAC 3	ZULU	168.6000		168.6000			
	7	TACTICAL	TAC 4	OPEN	168.7250		168.7250			
	8	COMMAND	VMED	AIR MEDICAL	155.3400		1535.3400	156.7		
	9	AIR TO GROUND	AIR TO GROUND	AIR TO GROUND	168.2750		168.2750			
	10	TACTICAL	BLM FIRE 1	OPEN	166.6375		166.6375			
	11	TACTICAL	VFIRE 21	OPEN	154.2800	156.7	154.2800	156.7		
5. Special Instructions:										
6. Prepared By (Communications Unit Leader)				Name:			Signature:			
ICS 205				IAP Page			Date/Time:			

MEDICAL PLAN (ICS 206)

1. Incident Name: Spring Creek		2. Operational Period: Date From: 8/16/2025 Time From: 0600		Date To: 8/16/2025 Time To: 2200			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Banner health clinic	1405 howell ave worland wy	307-347-2555	<input type="checkbox"/> Yes <input checked="" 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				
Ten Sleep Ambulance	Ten Sleep	911 or Cody Dispatch	<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
Guardian flight	Cody Wyoming	911 or Cody dispatch	<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				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Banner health Washakie	400 s 15th st Worland Wy 82401	307-347-3221	15	30	<input checked="" type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
cody regional	707 sheridan ave cody wy 82414	307-527-7501	45	2hr	<input checked="" type="checkbox"/> Yes Level: 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
university of colorado	12605 east 16th ave Greeley Co 80045	720-848-7583	3hr	6.5 hr	<input checked="" type="checkbox"/> Yes Level: 1	<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:							
Follow 8 line Procedures							
Contact Cody dispatch on command for yellow or red medical or call 911, if 911 used still contact Cody Dispatch and ICP							
For green medicals contact divs then arrange for appropriate transport. keep ICP informed as appropriate on situation							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			

INFORMATION

Information:

Please send all photos to Kim_hemenway@firenet.gov. Please include what the photo is and who to credit.

Information on social media can be found:

<https://www.facebook.com/washakiecountyemergencymanagement/>

SPRING CREEK FINANCE PROCEDURES

Finance Email: 2025.Springcreek.finance@firenet.gov

Please submit your documents electronically, if possible. If not, come by the command trailer at the Ten Sleep Fairground

(If you are completing CTRs/Shift Tickets on paper, you can take a picture, save it as a PDF and then email it.)

ALL RESOURCES – When emailing, **please include your RO# in the subject line** and on all documents. Provide a contact phone number in your email.

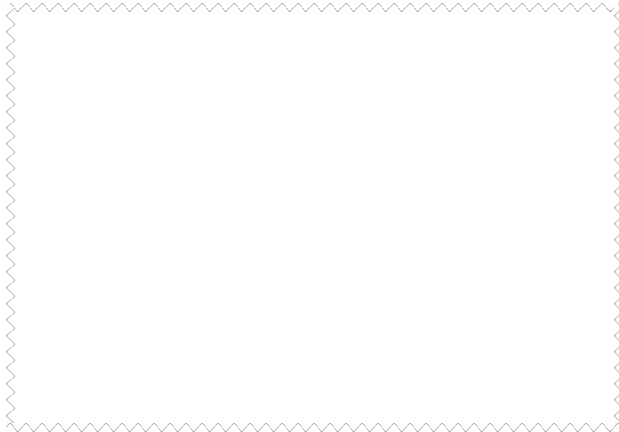
At **check-in** submit the following:

- Resource Order
- Manifest/Roster
- Cooperator agreement or contract (*w/ correct resource highlighted*)
- AD Casual Hire Form
- Vehicle Inspection Form

Daily submit the following:

- CTRs
- Shift Tickets

Ensure all CTR/Shift Tickets are signed and dated. Contracted Resources: Please ensure daily hours worked do NOT exceed operational period without including written justification and supervisor's approval.



Thank you from your Friendly Finance Section! We appreciate your help in keeping your records accurate!

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 WF)

Controlled Unclassified Information//Basic

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 Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented. <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes. <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.
Nature of Injury or Illness & Mechanism of Injury	Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)
Evacuation Request	Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location	Descriptive Location & Lat. / Long. (WGS84)
Incident Name	Geographic Name + Medical (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 (Ex: EMT Smith)

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

Patient Assessment: See IRPG PAGE 108

Treatment:

4. EVACUATION 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 ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.