

The National Weather Service Office has issued a severe thunderstorm warning for Williamson, Craig, Allen, Bedford, and Lanoka Counties, and the independent cities of Lanoka and Salem. Doppler radar indicates a strong line of thunderstorms moving southeast at 10 mph. Storm spotters in the region have reported heavy rain, pea-sized hail, and frequent cloud to ground lightning.

9-1-1 dispatchers receive a call from a homeowner at 421 Welch Run Road that the creek behind his house is rising rapidly and it is only a few feet from his back deck. He is non-ambulatory because of a recent surgery and he has no way to leave home. He also states that his fuel oil tank washed away.

9-1-1 dispatchers are contacted by a frightened young boy who says his mother is trapped in her truck by the flood waters. Her vehicle is stuck in the driveway of their home located at 279 Welch Run Road. The boy said he is fine but his "mom's truck is starting to float away." Another caller reports that water has reached the threshold of the entrance to the residents' homes in Willowbrook, a subdivision at the end of Welch Run Road. Water begins seeping into the trailers and many residents are afraid that they will become trapped as a result of the rising water.

Dispatchers receive multiple phone calls from residents on Willowbrook Lane. One of the callers confirms that water has reached the threshold of the entrance to the residents' homes.

Response units from the Sheriff's Office and the Lanoka Mountain Fire Department respond to the calls. They size-up the scene and determine that more than 15 mobile homes are completely surrounded by water at various depths. There are approximately 30 residents and 5 with special needs who need to be rescued from their homes.

The ICS forms on the preceding pages illustrate how this scenario is captured on the necessary forms.

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page ____	Date/Time: _____	

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared: Date: _____ Time: _____	3. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____
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ICS 205	IAP Page _____	Date/Time: _____
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MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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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
			<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

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<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
					<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
					<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:
<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: _____
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ICS 206	IAP Page _____	Date/Time: _____
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:
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5. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 208	IAP Page _____	Date/Time: _____
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