



## INCIDENT BRIEFING (ICS 201)

**1. Incident Name:**

2025 Wings Over Wayne Airshow

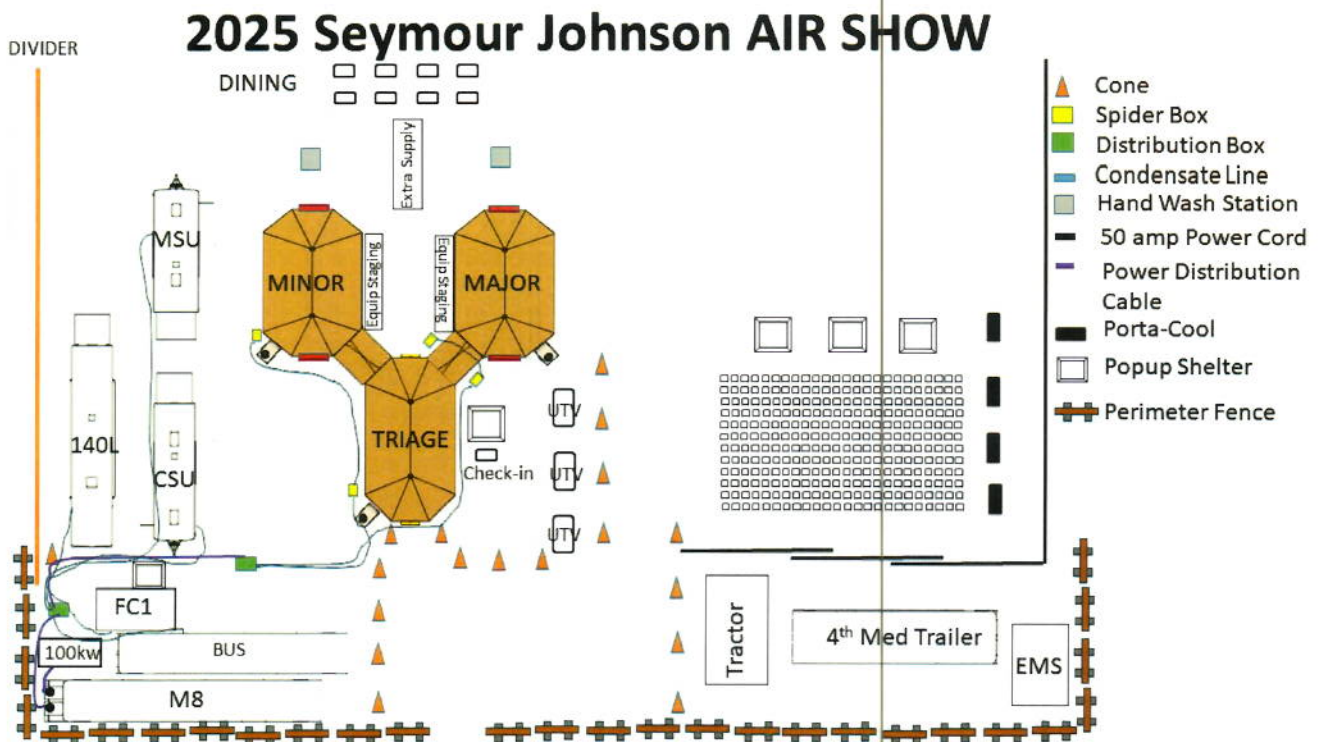
**2. Incident Number:**

N/A

**3. Date/Time Initiated:**

Date: 05/01/2025 Time: 0700

**4. Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):



**5. Situation Summary and Health and Safety Briefing** (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

Heat and the large number of attendees in a confined space present the largest health and safety concerns for this event. This is the fifth year EHPC SMAT 100 has deployed to this event. In 2017, we treated over 170 patients during the event. Over half were on Saturday between 11am and 5pm due to the heat. Cooling stations and water are provided for all SMAT responders to avoid heat injury. Safety guidelines that each responder is expected to follow in conjunction with AFB assistance will provide perimeter control to the SMAT BoO.

**6. Prepared by:** Name: Jamar Whitaker

Position/Title: PSC

Signature: \_\_\_\_\_



## INCIDENT BRIEFING (ICS 201)



<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow		<b>2. Incident Number:</b> N/A	<b>3. Date/Time Initiated:</b> Date: 05/01/2025 Time: 0700
<b>7. Current and Planned Objectives:</b> EHPC SMAT 100 will deploy to Seymour Johnson Air Force Base (AFB) in Wayne County NC to provide medical care, in conjunction with Wayne County EMS to the participants and spectators of the 2025 Wings over Wayne Air Show. We will be exercising the following capabilities, including but not limited to: medical operations, logistics, command structure, force protection, communications, and medical support services.  OBJECTIVES: <ul style="list-style-type: none"> <li>• Evaluate the ability of the team to use TERMS, social media, and ReadyOp platforms to notify team members.</li> <li>• Evaluate the check-in, deployment, and establishment of FMS operations at the 2025 SJAFB Airshow.</li> <li>• Demonstrate EHPC SMAT's ability to communicate internally and externally with Wayne Co EMS and EM, SJAS personnel, UNC Wayne Hospital, and the State EOC.</li> <li>• Evaluate EHPC SMAT's communication PACE plans as it relates to hardware, plans, and procedure.</li> <li>• Evaluate the Just-in-Time training opportunities for team members and community representatives in areas related to EHPC SMAT FMS and support operations.</li> <li>• EMS and SMAT use of SMART triage system.</li> <li>• Evaluate patient throughput in the FMS.</li> <li>• Evaluate patient medical records, real-time quality assurance, and overall event documentation.</li> <li>• Deploy, exercise, and evaluate current and new SMAT equipment, supplies, etc.</li> </ul>			
<b>8. Current and Planned Actions, Strategies, and Tactics:</b>			
Time:	Actions:		
5/1 0730	Forward team and equipment depart ROC		
1000	Forward team and equipment arrive at AFB, Slocumb Gate		
1030-1200	Position trailers, NCBOM arrive to SFS lot		
1200	Lunch at Fire Station		
1300	Set up briefing and start of SMAT Field Medical Station set-up (back of hanger)		
1700	Finish set-up/Hotwash		
1730	Dinner		
5/2 0700	Begin team check-in and medical screening (small continental breakfast)		
0800	Combined SMAT/ EMS/ Air Medical/ 4th MDG Briefing (back of hanger)		
0830	Begin limited Medical Ops		
0830-0930	Complete medical ops set-up		
0930	Begin JIT w/ SMAT medical briefing		
1400	Begin dispo of any patients		
1700	Medical Ops end (gates close/hotwash)		
1730	Dinner		
5/3 0700	Breakfast		
0800	Briefing		
0830-1700	Medical Ops period (patient dispo begins at 1400) Hotwash		
1800	Dinner		
5/4 0700	Breakfast		
0830-1430	Medical Ops period (patient dispo begins at 1400)		
1430-1700	Demob then hotwash		
<b>6. Prepared by:</b> Name: <u>Jamar Whitaker</u> Position/Title: <u>PSC</u> Signature: _____			
<b>ICS 201, Page 2</b>		Date/Time: _____	



## INCIDENT BRIEFING (ICS 201)

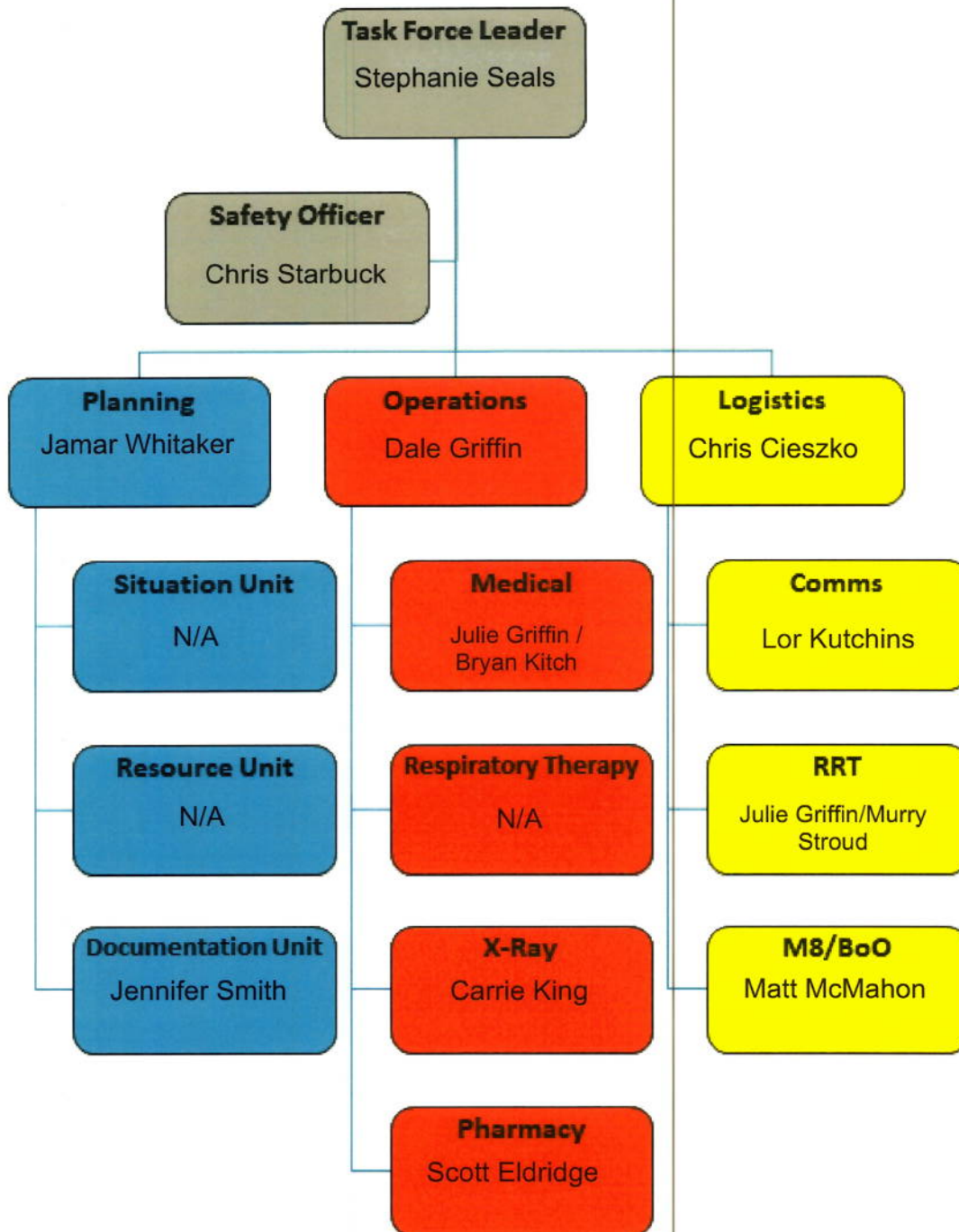


1. Incident Name:  
2025 Wings Over Wayne Airshow

2. Incident Number:  
N/A

3. Date/Time Initiated:  
Date: 05/01/2025 Time: 0700

9. Current Organization (fill in additional organization as appropriate):



6. Prepared by: Name: Jamar Whitaker Position/Title: PSC Signature: \_\_\_\_\_

ICS 201, Page 3 Date/Time: \_\_\_\_\_



## INCIDENT BRIEFING (ICS 201)

<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow		<b>2. Incident Number:</b> N/A		<b>3. Date/Time Initiated:</b> Date: 05/01/2025 Time: 0700	
<b>10. Resource Summary:</b>					
Resource	Resource Identifier	Driver	ETA	Arrived	Notes (location/assignment/status)
Field Medical Station Type II (Tents)	SMAT 101	McMahon	5/1/25	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
Field Medical Station Type II (M8)	SMAT 153	McMahon	5/1/25	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
Field Medical Station Type II (Logistics Trailer)	SMAT 140L	Cieszko	5/1/25	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
Field Medical Station Type II (CSU)	SMAT 126	McMahon	4/29/25	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
Medical Support Unit	MSU 105	Cieszko	4/29/25	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
Communications Unit	SMAT FC 1	Murry	4/29/25	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
Medical Ambulance Bus	SMAT 103	Eldridge	5/1/25	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
Critical Care Ground	N/A	N/A	N/A	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
100KW Backup Generator	SMAT Gen	Whitaker	5/1/25	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
UTV	Nash UTV	Griffin	5/2/23	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
UTV	GFR UTV	Whitaker	4/29/25	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
UTV	Pitt UTV	Carico	4/29/25	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
60KW Generator	SHPR Gen	Ribbet	5/1/25	<input type="checkbox"/>	Goldsboro, NC Wings Over Wayne Airshow
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
<b>6. Prepared by: Name:</b> Jamar Whitaker		<b>Position/Title:</b> PSC		<b>Signature:</b> _____	
<b>ICS 201, Page 4</b>		<b>Date/Time:</b> _____			



## INCIDENT OBJECTIVES (ICS 202)



<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow		<b>2. Operational Period:</b> Date From: 05/02/25 Date To: 0700 Time From: 05/02/25 Time To: 1730																
<b>3. Objective(s):</b> FRIDAY • Evaluate the check-in, deployment, and establishment of MFS operations at the 2025 Wings over Wayne Air Show (Capability 1). • Demonstrate EHPC SMAT's ability to communicate internally and externally with SJ AFB Fire, Wayne County EMS, UNC Wayne hospital, and State EOC (Capability 2). • Evaluate EHPC SMAT's communication PACE plans as it relates to hardware, plans, and procedure (Capability 2). • Evaluate the Just In Time training opportunities for team members and community representatives in areas related to EHPC SMAT FMS and support operations (Capability 1). • Evaluate patient through-put in the FMS (Capability 4). • Evaluate patient medical records, real-time quality assurance, and overall event documentation (Capability 4). • Deploy, exercise, and evaluate current and new SMAT equipment, supplies, etc (Capability 2).																		
<b>4. Operational Period Command Emphasis:</b> FRIDAY Safe and efficient responder check-in and orientation to BoO. Providing safe and appropriate patient care during medical ops period. Identifying and correcting any communications gaps with external medical partners (rovers, bicycle team etc.).																		
General Situational Awareness • Ensure proper use of personal protective equipment for environmental conditions and during patient care. • Be mindful of trip hazards, pinch points and other hazards while on event site and during excursions. • When leaving BoO (Base of operations) use the buddy system, check in/out using the T-Card system, carry communications equipment (phone/radio) and record intended location and estimated time of return.																		
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>																		
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table border="0"><tr><td><input checked="" type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td><u>Other Attachments:</u></td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input checked="" type="checkbox"/> ICS 208</td><td><input checked="" type="checkbox"/> 218 x3 (equip, vehicles, staffing)</td></tr><tr><td><input checked="" type="checkbox"/> ICS 205</td><td><input checked="" type="checkbox"/> Map/Chart</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> ICS 206</td><td></td><td><input type="checkbox"/></td></tr></table>				<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> 218 x3 (equip, vehicles, staffing)	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input type="checkbox"/>	<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 206		<input type="checkbox"/>
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<b>7. Prepared by:</b> Name: Jamar Whitaker		Position/Title: PSC	Signature: _____															
<b>8. Approved by Incident Commander:</b> Name: Stephanie Seals, TFL		Signature: _____																
ICS 202	IAP Page _____	Date/Time: _____																



## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow	<b>2. Operational Period:</b> Date From: 05/03/25    Date To: 0700 Time From: 05/03/25    Time To: 1730											
<b>3. Objective(s):</b> SATURDAY • Evaluate the check-in, deployment, and establishment of MFS operations at the 2025 Wings over Wayne Air Show (Capability 1). • Demonstrate EHPC SMAT's ability to communicate internally and externally with SJ AFB Fire, Wayne County EMS, UNC Wayne hospital, and State EOC (Capability 2). • Evaluate EHPC SMAT's communication PACE plans as it relates to hardware, plans, and procedure (Capability 2). • Evaluate the Just In Time training opportunities for team members and community representatives in areas related to EHPC SMAT FMS and support operations (Capability 1). • Evaluate patient through-put in the FMS (Capability 4). • Evaluate patient medical records, real-time quality assurance, and overall event documentation (Capability 4). • Deploy, exercise, and evaluate current and new SMAT equipment, supplies, etc (Capability 2).												
<b>4. Operational Period Command Emphasis:</b> SATURDAY Safe and efficient responder check-in and orientation to BoO. Providing safe and appropriate patient care during medical ops period. Following communications plans/procedures with internal and external medical partners (rovers, bicycle team etc.).												
General Situational Awareness • Ensure proper use of personal protective equipment for environmental conditions and during patient care. • Be mindful of trip hazards, pinch points and other hazards while on event site and during excursions. • When leaving BOO (Base of operations) use the buddy system, check in/out using the T-Card system, carry communications equipment (phone/radio) and record intended location and estimated time of return.												
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ICS 202	IAP Page _____ Date/Time: _____											



## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow	<b>2. Operational Period:</b> Date From: 05/04/25    Date To: 0700 Time From: 05/04/25    Time To: 2100		
<b>3. Objective(s):</b> SUNDAY <ul style="list-style-type: none"> <li>Demonstrate EHPC SMAT's ability to communicate internally and externally with SJ AFB Fire, Wayne County EMS, UNC Wayne hospital, and State EOC (Capability 2).</li> <li>Evaluate EHPC SMAT's communication PACE plans as it relates to hardware, plans, and procedure (Capability 2).</li> <li>Evaluate the Just In Time training opportunities for team members and community representatives in areas related to EHPC SMAT FMS and support operations (Capability 1).</li> <li>Evaluate patient through-put in the FMS (Capability 4).</li> <li>Evaluate patient medical records, real-time quality assurance, and overall event documentation (Capability 4).</li> <li>Deploy, exercise, and evaluate current and new SMAT equipment, supplies, etc (Capability 2).</li> <li>Evaluate the Demobilization process (Capability 3).</li> </ul>			
<b>4. Operational Period Command Emphasis:</b> SUNDAY <p>Providing safe and appropriate patient care during medical ops period.          Following communications plans/procedures with internal and external medical partners (rovers, bicycle team etc.).          Safely and efficiently demobilizing BoO.          Safe return of all responders to respective homes (all responders to text TFL upon return home).</p>			
<b>General Situational Awareness</b> <ul style="list-style-type: none"> <li>Ensure proper use of personal protective equipment for environmental conditions and during patient care.</li> <li>Be mindful of trip hazards, pinch points and other hazards while on event site and during excursions.</li> <li>When leaving BOO (Base of operations) use the buddy system, check in/out using the T-Card system, carry communications equipment (phone/radio) and record intended location and estimated time of return.</li> <li>During movement of M-8 and 140L, it will be everyone's responsibility to ensure clearance of hazards.</li> <li>Beware of falls when using lift and in M8.</li> <li>Use clear communications when moving shelter caskets and watch for pinch points.</li> <li>Use safe practices when taking down shelters and moving equipment.</li> </ul>			
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>			
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> ICS 203      <input type="checkbox"/> ICS 207  <input checked="" type="checkbox"/> ICS 204      <input checked="" type="checkbox"/> ICS 208  <input checked="" type="checkbox"/> ICS 205      <input checked="" type="checkbox"/> Map/Chart  <input type="checkbox"/> ICS 205A      <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents  <input checked="" type="checkbox"/> ICS 206         </td> <td style="width: 67%; vertical-align: top;"> <b>Other Attachments:</b>  <input checked="" type="checkbox"/> 218 x3 (equip, vehicles, staffing)  <input type="checkbox"/> _____  <input type="checkbox"/> _____  <input type="checkbox"/> _____         </td> </tr> </table>		<input checked="" type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> Map/Chart <input type="checkbox"/> ICS 205A <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents <input checked="" type="checkbox"/> ICS 206	<b>Other Attachments:</b> <input checked="" type="checkbox"/> 218 x3 (equip, vehicles, staffing) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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<b>7. Prepared by:</b> Name: Jamar Whitaker    Position/Title: PSC    Signature: _____			
<b>8. Approved by Incident Commander:</b> Name: Stephanie Seals, TFL    Signature: _____			
ICS 202	IAP Page _____	Date/Time: _____	



## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow	<b>2. Operational Period:</b> Date From: 05/01/25    Date To: 0730 Time From: 05/01/25    Time To: 1730											
<b>3. Objective(s):</b> THURSDAY • Evaluate the check-in, deployment, and establishment of FMS operations at the 2025 Wings over Wayne Air Show (Capability 1). • Deploy, exercise, and evaluate current and new SMAT equipment, supplies, etc (Capability 2).												
<b>4. Operational Period Command Emphasis:</b> THURSDAY Advance team to follow Convoy Plan from ROC to SJAFB. Safe and efficient BoO setup following safety concerns listed below												
General Situational Awareness • During movement of M-8 and 140L, it will be everyone's responsibility to ensure clearance of hazards. Beware of falls when using lift and in M8. • Use clear communications when moving shelter caskets and watch for pinch points. • Use safe practices when erecting shelters and moving equipment. • Be mindful of trip hazards, pinch points and other hazards while on event site and during excursions.												
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>												
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<b>7. Prepared by:</b> Name: Jamar Whitaker    Position/Title: PSC    Signature: _____												
<b>8. Approved by Incident Commander:</b> Name: Stephanie Seals, TFL    Signature: _____												
ICS 202	IAP Page _____ Date/Time: _____											



# ORGANIZATION ASSIGNMENT LIST (ICS 203)



<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow		<b>2. Operational Period:</b> Date From: 05/01/25 Date To: 05/04/25 Time From: 0700 Time To: 1730	
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7. Operations Section:</b>	
IC/UCs	Stephanie Seals (TFL)	Chief	Dale Griffin
		Medical Care Director	Bryan Kitch
Deputy			
Safety Officer	Chris Starbuck	<b>Triage Group</b>	
Public Info. Officer		Group Supervisor	Scott Eldridge
Liaison Officer			
<b>4. Agency/Organization Representatives:</b>		<b>Treatment Group</b>	
Agency/Organization	Name	Group Supervisor	Julie Griffin
US AFB 4th Med Group			
SJAFB FD	Sean Quinby	Major ED Leader	Nat Gladding
Wayne County MD	Grant / Kornegay	Minor ED Leader	Murry Stroud
Wayne Co EM/EMS	David Cuddleback / Alex Westbrook	Resource	PHARMACY Scott Eldridge
NC OEMS		Resource	LAB Andrea Latham
NC EM EBO	Greg Hardee	Resource	X-RAY Carrie King
<b>5. Planning Section:</b>		Resource	
Chief	Jamar Whitaker	Resource	
Deputy		Resource	
Resources Unit		Resource	
Situation Unit		Resource	
Documentation Unit	Jennifer Smith	<b>Transportation Group</b>	
Demobilization Unit		Group Supervisor	
Technical Specialists			
		Resource	
		Resource	
		Resource	
<b>6. Logistics Section:</b>		Resource	
Chief	Chris Cieszko	Resource	
Deputy		<b>Air Operations Branch</b>	
<b>Support Branch</b>		Air Ops Branch Dir.	ECU Health EastCare
Director			
Supply Unit			
Facilities Unit		<b>8. Finance/Administration Section:</b>	
Ground Support Unit		Chief	
<b>Service Branch</b>		Deputy	
Director	Matt McMahon	Time Unit	
Communications Unit	Lor Kutchins	Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit	Eddie Games, Baptist on a Mission	Cost Unit	
<b>9. Prepared by: Name:</b> Jamar Whitaker <b>Position/Title:</b> PSC <b>Signature:</b> _____			
<b>ICS 203</b>	<b>IAP Page</b> _____	<b>Date/Time:</b> _____	



## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow		<b>2. Operational Period:</b> Date From: 05/04/25      Date To: 05/04/25 Time From: 0700      Time To: 2130		<b>3.</b> <b>Branch:</b> PLANNING  <b>Division:</b>  <b>Group:</b> TRAVEL  <b>Staging Area:</b>	
<b>4. Planning Personnel:</b> <u>Name</u> <u>Contact Number(s)</u> Planning Section Chief: Jamar Whitaker  Branch Director: _____  Division/Group Supervisor: _____					
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
SMAT 153 (M8)	McMahon	1	VIPER EHPC OPS		
SMAT 140L (LOGS)	Cieszko	1	VIPER EHPC OPS		
MSU 104		1	VIPER EHPC OPS		
GFR UTV	Cieszko	1	VIPER EHPC OPS		
Nash UTV	GRIFFIN	2	VIPER EHPC OPS		
Pitt UTV		2	VIPER EHPC OPS		

**6. Work Assignments:**  
 Return vehicles/trailers to home location (ROC or other original departing location). All vehicles and trailers that were transported PRE event will be returned to ROC later in the week.

**7. Special Instructions:**  
 TRAVEL FOR 05/01 ONLY.  
 SEE ADDITIONAL 204 FOR 05/02 TRAVEL AND 201 FOR PRE-EVENT TRAVEL.

<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%;"> <tr> <td style="width: 40%;"><u>Name/Function</u></td> <td><u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u></td> </tr> <tr> <td>Jamar Whitaker / Plans Sec Chief</td> <td>VIPER EHPC OPS</td> </tr> <tr> <td>Chris Cieszko / Logs Sec Chief</td> <td>VIPER EHPC OPS</td> </tr> <tr> <td>Stephanie Seals / TFL</td> <td>VIPER EHPC OPS</td> </tr> <tr> <td>_____ / _____</td> <td>_____</td> </tr> </table>		<u>Name/Function</u>	<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>	Jamar Whitaker / Plans Sec Chief	VIPER EHPC OPS	Chris Cieszko / Logs Sec Chief	VIPER EHPC OPS	Stephanie Seals / TFL	VIPER EHPC OPS	_____ / _____	_____	
<u>Name/Function</u>	<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>											
Jamar Whitaker / Plans Sec Chief	VIPER EHPC OPS											
Chris Cieszko / Logs Sec Chief	VIPER EHPC OPS											
Stephanie Seals / TFL	VIPER EHPC OPS											
_____ / _____	_____											

<b>9. Prepared by:</b> Name: Jamar Whitaker      Position/Title: PSC      Signature: _____	
ICS 204	IAP Page _____      Date/Time: _____



## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow		<b>2. Operational Period:</b> Date From: 05/01/25      Date To: 05/01/25 Time From: 0700      Time To: 1730		<b>3.</b> <b>Branch:</b> PLANNING  <b>Division:</b>  <b>Group:</b> TRAVEL  <b>Staging Area:</b>											
<b>4. Planning Personnel:</b> <u>Name</u> <u>Contact Number(s)</u> Planning Section Chief: <u>Jamar Whitaker</u> Branch Director: _____ Division/Group Supervisor: _____				<b>Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information</b>											
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)												
Resource Identifier	Leader														
SMAT 153 (M8)	McMahon	1	VIPER EHPC OPS												
SMAT 140L (LOGS)	Cieszko	1	VIPER EHPC OPS												
Nash MSU	Starbuck/Murry	1	VIPER EHPC OPS												
		2	VIPER EHPC OPS												
		2	VIPER EHPC OPS												
<b>6. Work Assignments:</b> Conduct check-in at the ROC (or at base for drivers departing from alternate locations). Pack and maintain all deployment file boxes. Once on site, set-up check-in station in hanger. Ensure everyone completes paperwork and signs the daily 218 and meal log.															
<b>7. Special Instructions:</b> TRAVEL FOR 05/01 ONLY. SEE ADDITIONAL 204 FOR 05/02 TRAVEL AND 201 FOR PRE-EVENT TRAVEL.															
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;"><u>Name/Function</u></td> <td style="width: 65%;"><u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u></td> </tr> <tr> <td>Jamar Whitaker / Plans Sec Chief</td> <td>VIPER EHPC OPS</td> </tr> <tr> <td>Chris Cieszko / Logs Sec Chief</td> <td>VIPER EHPC OPS</td> </tr> <tr> <td>Stephanie Seals / TFL</td> <td>VIPER EHPC OPS</td> </tr> <tr> <td>_____ / _____</td> <td>_____</td> </tr> </table>						<u>Name/Function</u>	<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>	Jamar Whitaker / Plans Sec Chief	VIPER EHPC OPS	Chris Cieszko / Logs Sec Chief	VIPER EHPC OPS	Stephanie Seals / TFL	VIPER EHPC OPS	_____ / _____	_____
<u>Name/Function</u>	<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>														
Jamar Whitaker / Plans Sec Chief	VIPER EHPC OPS														
Chris Cieszko / Logs Sec Chief	VIPER EHPC OPS														
Stephanie Seals / TFL	VIPER EHPC OPS														
_____ / _____	_____														
<b>9. Prepared by:</b> Name: <u>Jamar Whitaker</u> Position/Title: <u>PSC</u> Signature: _____															
ICS 204	IAP Page _____	Date/Time: _____													

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow	<b>2. Date/Time Prepared:</b> Date: 05/01/25 Time: 1200	<b>3. Operational Period:</b> Date From: 5/01/25 Time From: 0700 Date To: 5/04/25 Time To: 2000
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**4. Basic Radio Channel Use:**

Zone Gp.	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
		COMMAND	VIPER DPR EAST ???	MEDICAL BRANCH	NA	NA	NA	NA	D	Primary Medical Operations
		TACTICAL	NPS 8TAC93 (RPT)	MEDICAL BRANCH	852.51250	156.7	807.51250	156.7	A	Alternate Medical Operations (Repeated)
		TACTICAL	NPS 8TAC92D	MEDICAL BRANCH	852.01250	156.7	852.01250	156.7	A	Contingency Medical Operations (Direct)
		TACTICAL	VIPER LZ EAST 1	AIR	NA	NA	NA	NA	D	HEMS Coordination
1	1	TACTICAL	UHF SMAT F1	MEDICAL OPS	458.0250	173.8	458.0250	173.8	A	SMAT Medical Coordination
1	2	TACTICAL	UHF SMAT F2	LOGISTICS	458.0750	173.8	458.075	173.8	A	SMAT Logistics
		TACTICAL	VIPER-EHPC OPS	TRAVEL	NA	NA	NA	NA	D	Travel Coordination

**5. Special Instructions:**

Contact SMAT ComU for any needs. ERT (Emergency Response Team) to monitor Medical Coordination Channel SMAT UHF (F1) for service/ situational awareness. Please refer to COMMSCARD for specific information. Additional channels are available via ICS217 via COMU. AIR OPS preferred to be on VIPER LZEAST 2 if able. LZEAST1 fallback if not programmed in subscriber radios. Zone and Channel numbers in cache radios unavailable / will be updated at event. Recommend use of ear pieces due to high noise. Real world emergencies: transmit "Emergency Traffic" followed by your location, identification and problem. Escalating calls for service should increase radio discipline with priority radio traffic only. Consider moving to Alternate for large scale mishap if radio system is overloaded.

<b>6. Prepared by (Communications Unit Leader):</b> Name: Lor Kutchins	Signature: Lor Kutchins	Digitally signed by Lor Kutchins Date: 2023.05.01 15:22:05 -0400
<b>ICS 205</b>		Date/Time: 05/02/23



## CONVOY PLAN (ICS 206)



<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow		<b>2. Incident Number:</b> N/A	<b>3. Date/Time Initiated:</b> Date: 05/01/25    Time: 0700
<b>4. Travel Plan:</b> <p>Once you have completed the Check-in/out procedure, complete the vehicle inspection procedure for your assigned vehicle and trailer checklist found in the deployment packet. There are copies of these forms in the notebook of each vehicle as well. These forms should stay with the vehicle during the deployment. You will also find ICS 214s (Unit Logs) in the packets. Please use these forms to indicate departure and arrival mileage/times. Also use these forms to note events such as fueling, damage, or activities ("stopped to help at an accident"). On return to base, please complete all appropriate paperwork and leave the notebooks in the vehicle. Do not throw anything from a vehicle. Keep all trash on board until it can be disposed of properly.</p>			
<b>5. Route:</b> <p>Take HWY 264/587 East to Exit 66 (Wesley Church Rd). Follow 258 to Hwy 13. Then take a right on HWY 70 Bypass East to 795. Then turn left on to Arrington Bridge Road. Then a left onto Westbrook Rd. Follow to Slocumb Rd. Take a right and proceed to the gate. SMAT and NCBM trailers and equipment, once cleared at the Slocum gate will curve around to Peterson Ave then curve on to Humphrey Street. Turn left on to Blakeslee Ave. Turn right on to Vermont Garrison St. There will be an ECP at Vermont Garrison and Guardian. The SMAT BoO will be just inside the gate. See Map 1. Have your trucks notebook ready along with you NCDL. You may be inspected.</p>			
<b>6. Fuel:</b> <p>Fuel should be sufficient to get on-site and during operations this weekend. If you need fuel during travel, please contact Chris Cieszko (SMAT Logs Chief) and advise that you are stopping for fuel. Please see locations for fuel below. Try to use the Speedway sites if at all possible. Other sites will require the team credit card. Most movers should not need fuel for the return trip home.</p>			
<b>7. Break Locations:</b>			
Name		Address	
Speedway (FUEL) Truck		8491 Marlboro Rd, Corner of HWY 264 and 258, Farmville 252-753-6856	
Speedway (FUEL)		674 Hwy 258, Snow Hill 252-747-7709	
Speedway (FUEL)		1221 US 117 (795), Goldsboro 919-735-4638	
<b>8. Load Safety:</b> Check load as needed as long as it is safe to stop.			
<b>9. Weigh Stations:</b> Should not be any on the route to Goldsboro. Plan to stop at all open weigh stations.			
<b>10. Break Downs/Tire Failures:</b> Should you experience vehicular or trailer problems during travel, please contact Chris Cieszko (Radio: SMAT Logs Chief, Phone: 252.341.5128) for assistance. The ECU Medical Center On Call Transportation administrator will be advised of the situation and repairs arranged. The ECU Transportation On-call number is 252-413-4775 during normal hours. For after hours or weekends, call the ECU switchboard FIRST at 252-847-4100.			
<b>11. Emergency Procedures:</b> DURING TRAVEL / CONVOY, SHOULD A MEDICAL EMERGENCY OCCUR, STOP THE VEHICLE WHEN SAFE TO DO SO THEN RENDER ANY MEDICAL ASSISTANCE POSSIBLE AND CONTACT LOCAL/COUNTY 911 FOR EMS.			
<b>12. Drive Downtime and Documentation:</b> Drivers shall complete all DOT paperwork, including down time as required. Each vehicle departing the base will have a travel packet with all paperwork, travel plans, contact information, and check sheets. Each driver shall complete a check sheet for the vehicle and trailer (as applicable). SMAT vehicles have a notebook with all insurance, registrations, check sheets, etc in them. Command staff must provide down time for drivers prior to driving.			
<b>13. Prepared by:</b> Name: <u>Chris Cieszko</u> Position/Title: <u>LSC</u> Signature: _____			
ICS 206, Page 1		Date/Time: _____	


**MEDICAL PLAN (ICS 206)**


<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow		<b>2. Operational Period:</b> Date From: 05/01/25 Time From: 0700		<b>Date To:</b> 05/04/25 <b>Time To:</b> 1730			
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
First Aid Station (UNC Wayne)	Flight line	see comms card	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Roving Medical	Flight line	see comms card	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
SMAT Field Medical Station	Flight line, Hangar	see comms card	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Wayne County EMS	Staged	see comms card	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Wayne Co EMS Bike Team	Flight line	see comms card	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>4. Transportation (indicate air or ground):</b>							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
Wayne County EMS	SMAT Hangar and Fire Station 1	919.731.1416	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
ECU Health EastCare	Flight line, Ready Hangar	252.847.5285	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
UNC AirCare	Fire Station 1 and Static Display	800.672.7828 (EC Comm)	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
Wake Med Air	Raleigh	800.672.7828 (EC Comm)	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Wayne UNC	2700 Wayne Memorial Dr. – 7 miles	919.736.1110	-	15m	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Wilson Med Ctr	1705 Tarboro St – 31 miles	252.399.8040	18m	37m	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Johnston Health	509 N Brightleaf Blvd – 30 miles	919.934.8171	20m	42m	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ECU Health Med Center	2100 Statonsburg Road – 41 miles	252.847.5282	30m	60m	<input checked="" type="checkbox"/> Yes Level: 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
UNC-CH	101 Manning Dr – 87 miles	919.966.3693	60m	1hr 40m	<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
<b>6. Special Medical Emergency Procedures:</b>							
Transport units will be staged outside Hangar 4919. ATC will be required for flight operations should they be needed. Contact JMOC and requests will be made thru EMS/Emergency Management by contacting Medical Branch Director on State Event Charlie 3. Should a medical emergency arise with a team member, provide basic care and notify Communications via UHF SMAT F1 at once. Communications will notify Ops Chief, TFL and the Medical Director.							
<input checked="" type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by (Medical Unit Leader):</b> Name: <u>Jamar Whitaker, PSC</u> Signature: _____							
<b>8. Approved by (Safety Officer):</b> Name: _____ Signature: _____							
<b>ICS 206</b>		<b>IAP Page</b> _____		<b>Date/Time:</b> _____			



## SAFETY MESSAGE/PLAN (ICS 208)



<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow	<b>2. Operational Period:</b> Date From: 05/01/25 Time From: 0700	Date To: 05/04/25 Time To: 2100
<b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b>  <u><b>Protective Clothing:</b></u> SMAT/SMRS uniform (per player handbook)  <u><b>Personnel Tracking:</b></u> Each member will report to check-in and undergo medical clearance. Once paperwork completed and assignment received, Tracking will be completed via app/QR code. When check-in is closed (after set-up), QR code will be kept in the Accountability station. If members leave the base of operation, check-in or comms will be notified to monitor on the radio (or cell) and move T-cards as needed. Personnel will travel in at least pairs.  <u><b>Rehab Stations:</b></u> A rehab (nourishment) station will be set-up in the hanger behind the tents. This will also be the location for check-in.  <u><b>Safe Haven:</b></u> In the event evacuation of the BoO, the Security Forces building will be the first rally point for staff and patients. Logistics will ensure that everyone has evacuated. Should the SF building be compromised, the rally point will be Fire Station # 2 behind the 4919 hanger. Fire Station #1 will be the third location for an area of last resort.  <u><b>Rapid Response Team (RRT):</b></u> A minimum of 2 personnel will function as the medical unit for the SMAT, see 203 org sheet. They are assigned to the BoO ONLY. The check-in staff will serve as the medical unit these personnel arrives. Should an emergency occur during travel, provide care as needed and call 911. Then notify the TFL as soon as possible. During operations, immediate care should be provided, the RRT called via the UHF radio on channel one. The staff will be treated in the medical field station until a disposition is made by the attending MD on site.  <u><b>Safety Signals:</b></u> Portable radios or cell phones will be assigned to essential personnel at the work site. If a PAR Check is requested, the anticipated response would be, for example, "Triage – 4 crew and 2 pax (patients/visitors)". The following signals (delivered by either air horn, or whistle) will also be used to signal participants: Evacuate the Area: 3 short blasts, 1-second duration, delivered continuously until all participants have been accounted for. Cease Operations: 1 long blast of 3 seconds duration Resume Operations: 1 long blast (3 seconds duration) and 1 short blast (1-second duration)		
<b>4. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located At:</b>		
<b>5. Prepared by:</b> Name: Jamar Whitaker Position/Title: PSC Signature: _____		
ICS 208	IAP Page _____	Date/Time: _____

## SUPPORT EQUIPMENT INVENTORY (ICS 218 modified for EHPC)

<b>1. Incident Name:</b> 2025 Wings Over Wayne Airshow		<b>2. Incident Number:</b> N/A		<b>3. Date/Time Prepared:</b> Date: 05/01/25      Time: 0700		<b>4. Vehicle Category:</b>	
<b>5. Vehicle Information</b>							
a. Type	b. Make	c. Use	d. Agency / Owner	e.	f. ID Num / VIN	Tire Size	
TRAILER, 53 FOOT	GREAT DANE	FIELD HOSPITAL	ECU HEALTH	153 /T-28 IGRAA062297T	536101	295/75 R22.5 Low Profile Load Range G	
TRAILER, 40 FOOT	PACE AMERICAN	LOG / SUPPORT	ECU HEALTH	140 L /T-53 53BL6ED33FU01	3595	LT235/85 R16 Load Range G	
TRAILER, 26 FOOT	PACE AMERICAN	LAB / PHARM/ XRAY	ECU HEALTH	126 /T-33 5HNUTBB218T4	19940	235/85 R16 Load Range F	
TRAILER, 18 FOOT	GENERAC	GENERATOR / 100 kw	ECU HEALTH	100kw /T-58 7FSPT1524KB	620720	ST205/75R-15 Load Range C	
TRAILER, 26 FOOT	CARGO MATE	MSU	NASH COUNTY EMS	MSU 105/ 5NHUEL B26NU	220484	ST235/80 R16 Load Range E	
TRAILER, 18 FOOT	BALDOR	GENERATOR / 80 kw	SHPR	SHPR /		ST205/75R-15 Load Range C	
TRAILER, UTV			GFR	GFR			
TRAILER, UTV			NASH	NASH			
TRAILER, UTV			Pitt County EMS	Pitt EMS			
<b>ICS 218</b>		<b>6. Prepared by: Name:</b> Chris Cieszko		<b>Position/Title:</b> LSC		<b>Signature:</b>	

## SUPPORT VEHICLE INVENTORY (ICS 218 modified for EHPC)

1. Incident Name: 2025 Wings Over Wayne Airshow		2. Incident Number: N/A		3. Date/Time Prepared: Date: 05/01/25      Time: 0700		4. Vehicle Category:	
<b>5. Vehicle Information</b>							
a. Type	b. Make	c. Capacity / Size	d. Agency / Owner	e. ID Num / VIN	f. Tire Size	g. Weight (Mover & Trailer)	
UTILITY F550 4X4	FORD	5 PASSENGER	ECU HEALTH	396 / IFDAW57R68EC66542	R225/70 R19.5 Load Range G	11,000 lbs	
UTILITY F550 4X4	FORD	5 PASSENGER	ECU HEALTH	343 / 1FDOW5HT6CED10244	R225/70 R19.5 Load Range G	11,000 lbs	
PRIME MOVER – M8	FREIGHTLINER	2 PASSENGER	ECU HEALTH	101 / IFUJA6CG73LK77415	295/75 R22.5 14PR Load Range G	71,860 lbs	
UTILITY F250 2X4	FORD	5 PASSENGER	ECU HEALTH	102 / 1FDAWS7R88EC66543	R225/70 R19.5 Load Range G	7,360 lbs trailer only	
FIELD COM 1	INTERNATIONAL	6 PASSENGER		151 / 1HTSLAAM8TH283263	R245/70 R19.5 Load Range G	20,000 lbs NO trailer	
AMBULANCE, BUS	THOMAS	30 TOTAL MAX 20 STRETCHERS	ECU HEALTH	140 / 1T88UAE24D1160534	12R22.5 Load Range H	36,200 lbs	
UTV, NASH		UTILITY	NASH CO	NASH		2,000 lbs	
UTV, PITT		MED SLED	PITT CO	PITT		2,000 lbs	
UTV, GFR		MED SLED	GFR	GFR		2,000 lbs	
<b>6. Prepared by: Name:</b> Chris Cieszko				<b>Position/Title:</b> LSC		<b>Signature:</b> _____	
<b>ICS 218</b>							