

ACG SAREX 25

**Magnolia Bluff Park, Threshman's Park,
Browntown**

Rock County, Green County (WI)

Exercise (TRAINING) Incident Action Plan



August 23, 2025

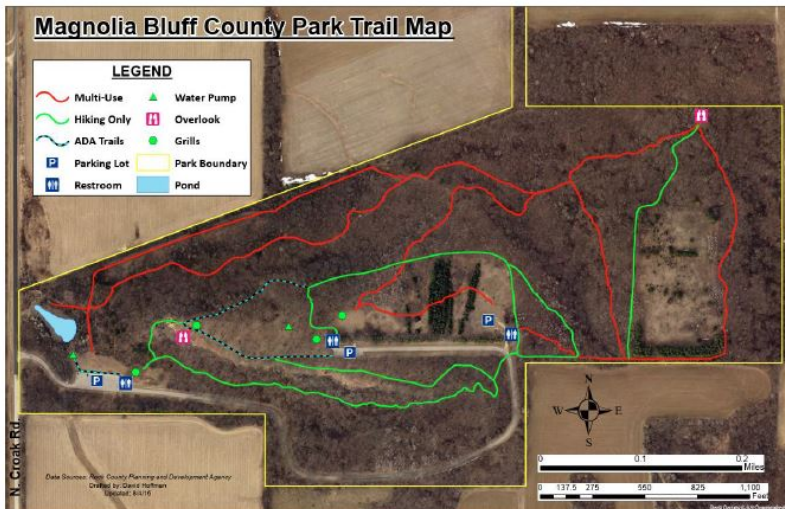
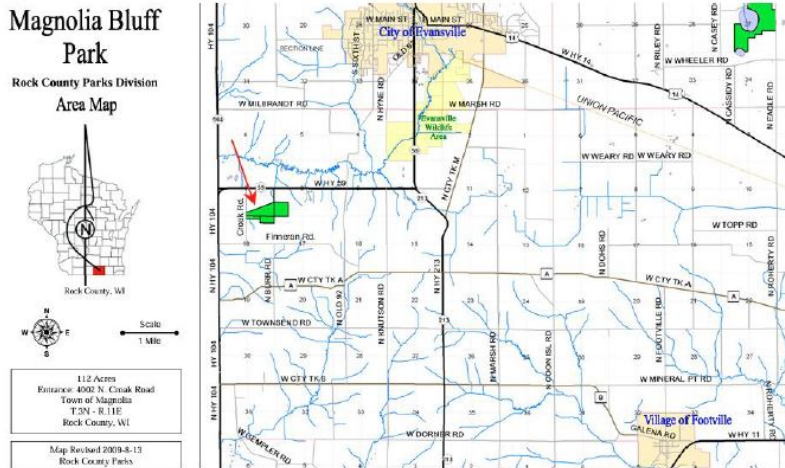
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INCIDENT BRIEFING (ICS 201)

1. Incident Name: ACG SARX	2. Incident Number: 2025-0823	3. Date/Time Initiated: Date: 8/23/25 Time: 0800
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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):

Division A:



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.

Severe weather created damage in Green and Rock Counties. It also stranded persons that need to be located and rescued. Some people were rescued on 8/22/25. There are still missing persons in addition to a report of two (2) missing teens in Magnolia Bluff Park.

There may still be debris so all responders need to be aware of their surroundings. Weather high should be around 73 today but may still need sunscreen and bug spray. Also a reminder to stay hydrated. Also be aware of wildlife including snakes.

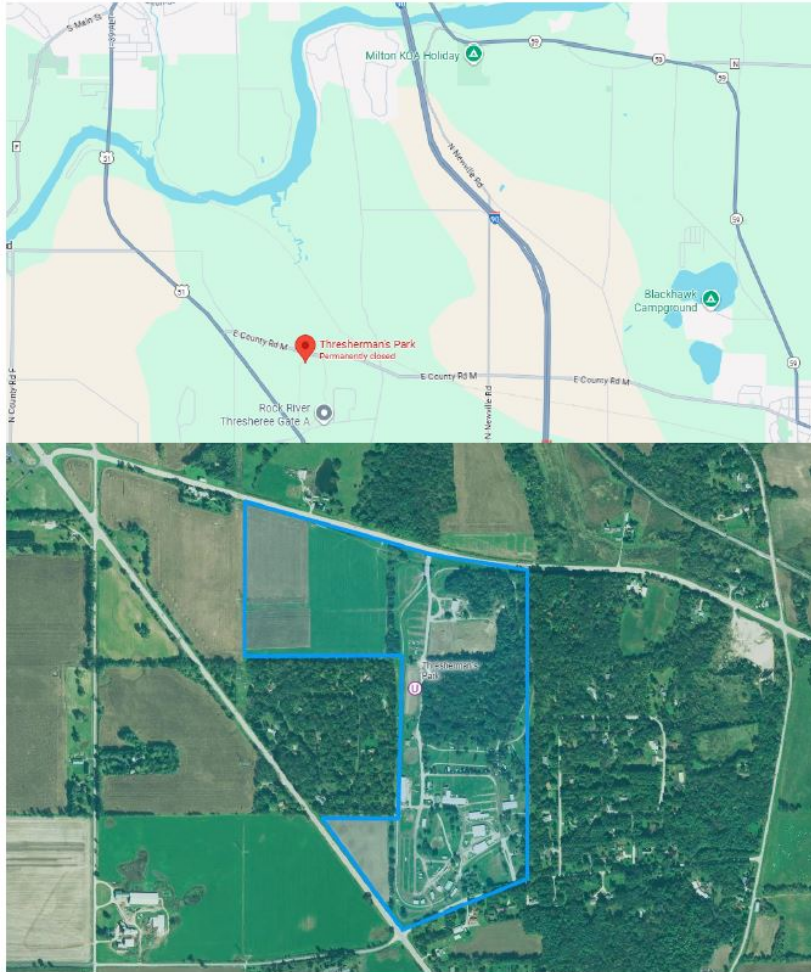
6. Prepared by: Name: Darlene Pintarro Position/Title: Planning Signature: _____

INCIDENT BRIEFING (ICS 201)

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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):

Division B:



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.

Severe weather created damage in Green and Rock Counties. It also stranded persons that need to be located and rescued. Some people were rescued on 8/22/25. There are still missing persons in addition to a report of two (2) missing teens in Magnolia Bluff Park.

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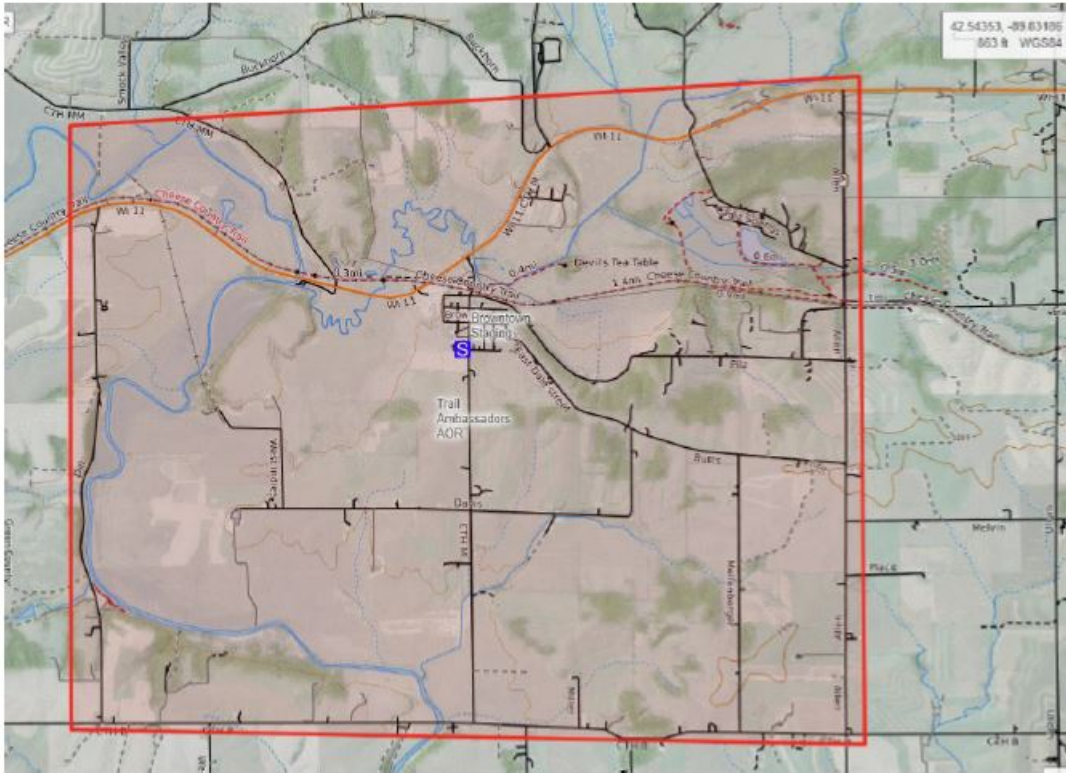
6. Prepared by: Name: Darlene Pintarro Position/Title: Planning Signature: _____

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Division C:



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.

Severe weather created damage in Green and Rock Counties. It also stranded persons that need to be located and rescued. Some people were rescued on 8/22/25. There are still missing persons in addition to a report of two (2) missing teens in Magnolia Bluff Park.

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6. Prepared by: Name: Darlene Pintarro Position/Title: Planning Signature: _____

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: ACG SARX	2. Operational Period: Date From: 8/23/25 Date To: 8/23/25 Time From: 0800 Time To: 1500																
3. Objective(s): 1. Operational coordination for air and ground search and rescue of missing victims a. Magnolia Bluff (Division A) 2 missing victims b. Thresherman's Park-aerial UAS (Division B) ?? victims c. Browntown Park-ground search only (Division C) 3 victims 2. Perform patient triage, medical extraction, and transport patients 3. Conduct aerial recognizance for damage assessment 4. Establish and maintain contact through radio communications 5. Schedule media briefings, and provide timely media release for public awareness																	
4. Operational Period Command Emphasis: Life safety of storm victims and response agency personnel. Transportation for medical assistance if required. Responder safety and accountability. Start planning for family reunification and support. Maintain communications with impacted families and friends. n																	
General Situational Awareness Severe weather event, included damaging storms and tornado activity impacting Rock and Green Counties. There are reports of lost and missing persons. Search and rescue began on 8/22/25 and continue into the current operational period. Damage includes wind and flood damage and disruption of infrastructure. Damage assessment also continue in the current operational period.																	
5. Site Safety Plan Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UCP Approved Site Safety Plan(s) Located at:																	
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 207</td> <td style="border: none;">Other Attachments:</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> ICS 220 _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205A</td> <td><input 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 type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 207	Other Attachments:	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> ICS 220 _____	<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 206		<input type="checkbox"/> _____
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<input checked="" type="checkbox"/> ICS 206		<input type="checkbox"/> _____															
7. Prepared by: Name: <u>Darlene Pintarro</u> Position/Title: <u>Planning</u> Signature: _____																	
8. Approved by Incident Commander: Name: <u>Bob Fahey</u> Signature: _____																	
ICS 202	IAP Page _____	Date/Time: <u>8/23/25 1010</u>															

ASSIGNMENT LIST (ICS 204)

1. Incident Name: ACG SARX		2. Operational Period: Date From: 8/23/25 Date To: 8/23/25 Time From: 0800 Time To: 1500		3. Branch: Division: C Group: Ground/Air Staging Area: Browntown Public Park	
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Brandon Whitmore</u> Branch Director: _____ Division/Group Supervisor: <u>Adam</u> <u>920-254-2266</u>					
5. Resources Assigned:			# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader				
Team Alpha	Keith Stoney	4	715-218-1133	Browntown-trail	
Team Bravo	David Brindey	4	920-654-5195	Browntown	
Trail Command UTV/D	Gary McCorkle	4	920-254-2266	UTV Ground	
Team Charlie	Mike Biese	2	920-540-8125	Browntown trail	
6. Work Assignments: Search and rescue of three (3) missing persons following severe weather. River in park may include the need for water rescue.					
7. Special Instructions: Mission persons search and rescue. Water rescue possible with river. Divide into sectors for search.					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name/Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) <u>Gary McCorkle /Trail Command</u> <u>920-645-5195 cell</u> _____/_____ _____/_____ _____/_____					
9. Prepared by: Name: <u>D. Pintarro</u> Position/Title: <u>Planning</u> Signature: _____					
ICS 204	IAP Page _____	Date/Time: <u>8/23/25 1110</u>			

INCIDENT RADIO COMMUNICATIONS PLAN		Incident Name ACG SAREX 25			Date/Time Prepared 8/23/25 11:29		Operational Period 08/21/25 - 08/23/25		
Function	Name/Talkgroup	Assignment	RX Freq N or W	RX Tone	TX Freq N or W	TX Tone	Mode	Remarks	
EVENT OPS									
MONITOR ONLY	Fire Main	Fire Dispatch	155.7150	540 NAC	153.9500	540 NAC	D	Monitor for real world	
Command	UTAC43D	COMMS Unit	453.8625	156.7	453.8625	156.7	D	Internal/ICP comms	
Command	VTAC36	Command	151.1375	156.7	159.4725	136.5	A	ICP to Divisions/Aircraft	
SAFETY	RTAC14SW	Safety/EX Control	WISCOM TRS		WISCOM TRS		D	Safety and EXCON Net	
TACTICAL	VSAR16	Division A -Magnolia Bluff	155.1600	127.3	155.1600	127.3	A	Air to Ground & Ground to Ground SAR	
TACTICAL	WEM CAR	Division B - Thresherman's Park	156.0000	136.5	156.0000	136.5	A	Air to Ground & Ground to Ground SAR	
TACTICAL	MARC 3	Divison C - Browntown	154.0100	71.9	154.0100	71.9	A	Air to Ground & Ground to Ground SAR	
TACTICAL	FG GREY	SPARE	154.2875	136.5	154.2875	136.5	A	Spare - Link to RTAC13SW	
TACTICAL	RTA13SW	MAGNOLIA	WISCOM TRS		WISCOM TRS		A	Spare - link to FG Gray	
TACTICAL	WISCOM	TRAIL AMBASSADORS	WISCOM TRS		WISCOM TRS		D	In-Field Comms	
AVIATION									
Air to Air	Air to Air	Air to Air	122.925 AM		122.925 AM		A	Air to Air	
Air Guard	Air Guard	Air Guard	121.5 AM		121.5 AM		A	Guard	
ELT Training	ELT Training	ELT Training	121.775 AM		121.775 AM		A	ELT Training	
FAA	AVATION	JVL TOWER	118.8 AM		118.8 AM		A	Janesville Airport Twr	
FAA	AVATION	JVL UNICOM	122.95 AM		122.95 AM		A	Janesville UNICOM	
FAA	AVATION	JVL GROUND	121.65 AM		121.65 AM		A	Janesville GROUND	
FAA	AVATION	JVL ATIS	128.25 AM				A	Janesville ATIS	
FAA	AVATION	RFD APPROCH/DEPARTURE	121.0 AM		121.0 AM		A	Janesville DEPARTURE & APPROACH (RFD)	
ALTERNATE / CONTINGENCY									
TACTICAL	8TAC94	800 SPARE	853.0125	156.7	808.0125	156.7	A		
TACTICAL	FG GOLD	SPARE	153.8375	91.5	153.8375	91.5	A		
TACTICAL	VFIRE23	SPARE	154.2950	156.7	154.2950	156.7	A		
TACTICAL	8TACGREY	SPARE	853.9500	156.7	853.9500	156.7	A		

	TACTICAL	FG Black	Air to Ground - SPARE	154.2725	94.8	154.2725	94.8	A	IF WE LOSE VTAC36
	TACTICAL	MARC 4	SPARE	154.1600	82.5	154.1300	82.5	A	

IMPORTANT ADDITIONAL INFORMATION

5. Special Instructions: Please contact assigned COMT(t) Renee Scovill 608-220-0498 or 608-215-2552 or Myron Oestreich 715-571-9993 for equipment needs or assistance.

SIMCELL - 608-886-0836

Real World - Call 911 and notify Safety on Safety NET.

Prepared By (Communications Unit): Renee Scovill, COMT (t) (608) 215-2552; Myron Oestreich, COML (t) 715-571-9993

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.

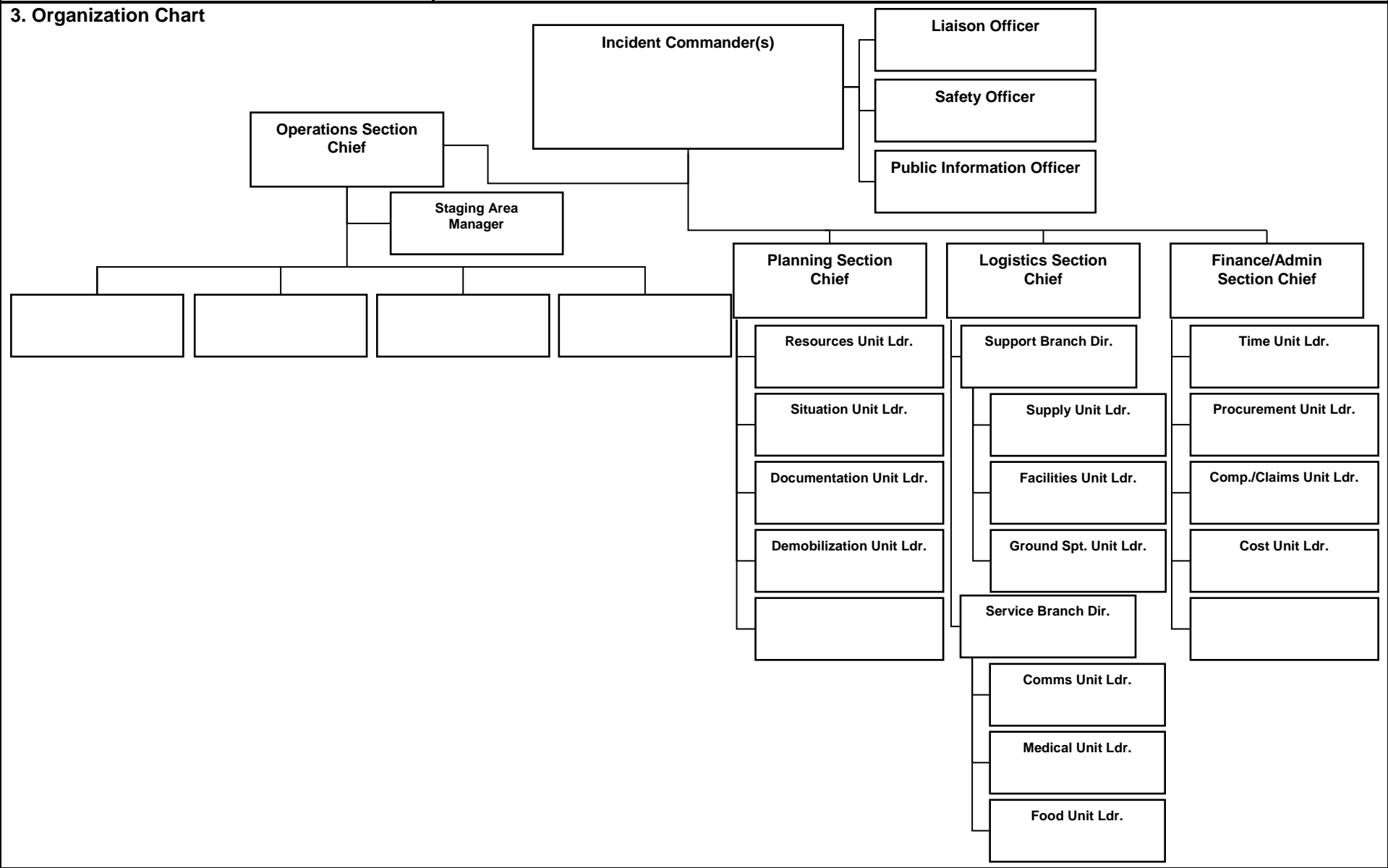
7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____

8. Approved by (Safety Officer): Name: _____ Signature: _____
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ICS 206	IAP Page _____	Date/Time: _____
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INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
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ICS 207	IAP Page ____	4. Prepared by: Name: _____ Position/Title: _____	Signature: _____	Date/Time: _____
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: ACG SARX	2. Operational Period: Date From: 8/23/25 Time From: 0800	Date To: 8/23/25 Time To: 1500
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: Ground Rescue Personnel in Field: Environmental Factors to include inclement weather, insect, sunburn and dehydration-use sunscreen, bug spray, and drink plenty of water to stay hydrated. Heat injury such as heat exhaustion and heat stroke - stay hydrated. Windblown debris- wear appropriate PPE such as eye protection. Noise hazards with aircraft-wear ear protection. Personnel injury by falls, laceration, sprain, snake bite etc-first aid at UCP and transport to medical facility if required. Water Ops: drowning personnel struck by watercraft, hypothermia-Real life 911 call and EMS triage Aviation Hoist Ops: Uncertain PZ locations/conditions-crew coordination and communication principles. Aviation Assets: Mid-air collision - Vert sep IAW WI Air Ops Guidelines. Loss of communications - troubleshoot. Miscommunication/Misunderstanding - Encourage all personnel to stop and ask questions. Avoid jargon. All agencies: Location and mission set-specific hazards - Ensure detailed risks are identified and mitigated specific to each location and mission set.		
4. Site Safety Plan Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UCP Heritage Park Approved Site Safety Plan(s) Located At:		
5. Prepared by: Name: <u>Cory Smith</u> Position/Title: <u>Safety Officer</u> Signature: _____		
ICS 208	IAP Page _____	Date/Time: <u>8/23/25 1100 hrs</u>