

# Iredell Tornado Incident- IAP

July 25th 2200- July 26th 1000

Blue Team



Incident Commander: Renee Bridges

*Renee Bridges*

# SARTopo Map



KLS7418 - Read

## SIGN IN/SIGN OUT FORM



## INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Iredell Tornado	2. Operational Period: Date From: 07/25/25 Time From: 2200	Date To: 07/25/25 Time To: 1000
<b>3. Objective(s):</b> <ul style="list-style-type: none"><li>Continue to treat and transport victims as they are located.</li><li>Provide for the fatalities as they are located.</li><li>Prevent and extinguish fire as they are located or identified.</li><li>Complete established perimeter.</li><li>Establish reunification locations as they are needed.</li><li>HazMat contained and controlled.</li><li>Stabilize, locate, and remove trapped victims from damaged buildings.</li></ul>		
<b>4. Operational Period Command Emphasis:</b> <p>Continue to treat and transport victims as located.</p> <p>USAR teams utilize SARCOP for initial damage assessments and documentation.</p>		
<p>General Situational Awareness</p> <p>Responder safety through proper PPE, adequate rehab, proper communication, and scene and situational awareness.</p> <p>Weather: Temperature 85 degrees, relative humidity 90%, wind SW 5 mph. Thunderstorm Watch.</p>		
<b>5. Site Safety Plan Required?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b> EOC – QR code for incident		
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):		
<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 207	<u>Other Attachments:</u>
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 206		<input type="checkbox"/> _____
<b>7. Prepared by:</b> Name: <u>Rachel Helms</u>		Position/Title: <u>Operations Chief</u> Signature: <u>Rachel Helms</u>
<b>8. Approved by Incident Commander:</b> Name: <u>Renee Bridges</u> Signature: <u>Renee Bridges</u>		
ICS 202	IAP Page <u>4</u>	Date/Time: <u>7/25/25 845</u>

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> Iredell County Tornado		<b>2. Operational Period:</b> Date From: 7/25 Time From: 2200		Date To: 7/26 Time To: 0200
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7. Operations Section:</b>		
IC/UCs	Renee	Chief	Rachael	
		Deputy		
Deputy		Staging Area	Mike Rowe	
Safety Officer	Webber	<b>Branch</b>	Fire/ Rescue	
Public Info. Officer	Brad	Branch Director	Rachael Helper	
Liaison Officer	Miller	Deputy		
<b>4. Agency/Organization Representatives:</b>		Division/Group	Fire Control	Martina McBride
Agency/Organization	Name	Division/Group	EMS	Snoop Dog
Statesville PD	Mike Tow	Division/Group	Search and Rescue	Handy Helperton
Red Cross	Charlie Daniels	Division/Group	Hazmat	Willie Nelson
Iredell County EM	Brad Paisley	Division/Group		
State EM	Terry Foxx	<b>Branch</b>	Law	
		Branch Director	Mike Tow	
		Deputy		
<b>5. Planning Section:</b>		Division/Group	Perimeter	Owen Hart
Chief	James Caldwell	Division/Group	EVAC	Hulk Hogan
Deputy		Division/Group	Damage Assessment	Brett Hart
Resources Unit	Webber	Division/Group		
Situation Unit	JD	Division/Group		
Documentation Unit		<b>Branch</b>		
Demobilization Unit		Branch Director		
Technical Specialists		Deputy		
		Division/Group		
		Division/Group		
		Division/Group		
<b>6. Logistics Section:</b>		Division/Group		
Chief	Chris	Division/Group		
Deputy		<b>Air Operations Branch</b>		
<b>Support Branch</b>		Air Ops Branch Dir.	Doug Swanson	
Director				
Supply Unit				
Facilities Unit		<b>8. Finance/Administration Section:</b>		
Ground Support Unit		Chief		
<b>Service Branch</b>		Deputy		
Director		Time Unit		
Communications Unit	Chris	Procurement Unit		
Medical Unit	Chris	Comp/Claims Unit		
Food Unit		Cost Unit		
<b>9. Prepared by:</b> Name: James Caldwell _____ Position/Title: Planning Sec. Chief _____ Signature: _____ 				
ICS 203	IAP Page <u>5</u>	Date/Time: 07/25 0910		

## ASSIGNMENT LIST (ICS 204)

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Iredell Tornado Incident		<b>2. Operational Period:</b> Date From: 7/25 Time From: 2200      Date To: 7/26 Time To: 1000		<b>3.</b> <b>Branch:</b> Fire/Rescue
<b>4. Operations Personnel:</b> Name _____		<b>Contact Number(s)</b>		<b>Division:</b>
Operations Section Chief: Rachael Helms _____				<b>Group:</b> Search & Rescue
Branch Director: Rachael Helper _____				<b>Staging Area:</b> Center <b>Staging</b>
<b>5. Resources Assigned:</b>		<b># of Persons</b>	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader		Contact (e.g., phone, pager, radio frequency, etc.)	
Group Sup.	Handy Helperton	1	Zone 1 Tac 5	
Engine 3	Deputy Dog	4	Z1 tac 5	
Engine 4	Severide	4	Z1 tac 5	
Engine 5	Two Pac	4	Z1 tac 5	
Engine 6	Hank Williams	4	Z1 tac 5	
Engine 7	Eric Church	4	Z1 tac 5	
Engine 8	John Cash	4	Zi tac 5	
Engine 22 S&R	Rescue Roy	4	Z1 tac 5	
USAR team 2	Rescue Randy	6	Z1 tac 5	
Rescue 2	Roy Rogers	4	Z1 tac 5	
Rescue 3	Bill Murray	4	Z1 tac 5	
Rescue 4	John Kennedy	4	Z1 tac 5	
Rescue 5	Marty Bless	4	Z1 tac 5	
Ladder 1	Jake Owen	3	Z1 tac 5	
Ladder 2	Ric Flair	3	Z1 tac 5	
Ladder 3	Macho Man	3	Z1 tac 5	
DPW Dump	Richard Price	2	Z1 tac 5	
DPW Dump	Mike Hunt		Z1 tac 5	
<b>6. Work Assignments:</b>				
<ul style="list-style-type: none"> <li>- Continue to locate victims</li> <li>- Continue to stabilize scenes</li> <li>- Continue to rescue trapped victims</li> </ul>				

**7. Special Instructions:**

- Proper PPE, be aware of heat of exhaustion, rehab as needed, wear hi-vis vest

**8. Communications** (radio and/or phone contact numbers needed for this assignment):

Name/Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel)  
Handy Helperton / Group Sup 588-666-9494  
/ \_\_\_\_\_  
/ \_\_\_\_\_  
/ \_\_\_\_\_

**9. Prepared by:** Name: James Caldwell \_\_\_\_\_ Position/Title: PSC \_\_\_\_\_ Signature: 

ICS 204	IAP Page <u>8</u>	Date/Time: 7/25 1040
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## **ASSIGNMENT LIST (ICS 204)**

**7. Special Instructions:**

- Proper PPE, be aware of heat of exhaustion, rehab as needed, wear hi-vis vest, Secure all patients in vehicles

**8. Communications** (radio and/or phone contact numbers needed for this assignment):

Name/Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel)  
Snoop Dog / Group Sup 588-666-9494  
/  
/  
/

**9. Prepared by:** Name: James Caldwell \_\_\_\_\_ Position/Title: PSC \_\_\_\_\_ Signature: 

ICS 204	IAP Page <u>10</u>	Date/Time: 7/25 1100
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## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Statesville Tornader		<b>2. Operational Period:</b> Date From: 7/25/25 Time From: 2200      Date To: 7/26/25 Time To: 1000		<b>3.</b> <b>Branch:</b> <b>Division:</b> <b>Group:</b> Hazmat <b>Staging Area:</b>
<b>4. Operations Personnel:</b> Name _____ Contact Number(s) _____				
Operations Section Chief: _____				
Branch Director: _____				
Division/Group Supervisor: Bat. Chief Willy Nelson				
<b>5. Resources Assigned:</b>		<b># of Persons</b>  Resource Identifier      Leader      Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Hazmat Safety Ofcr	1			
Hazmat Unit	5			
<b>6. Work Assignments:</b>				
Contain product leaking from tanker: dikes, ditches, dams.				
Control leak as soon as possible.				
<b>7. Special Instructions:</b>				
Wear proper PPE as indicated in ERG. Heat exposure awareness/maintain hydration Utilize scene lighting as needed				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):				
Name/Function		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)		
OSC	/	Zone 1 – Tac 4		
	/			
	/			
	/			
<b>9. Prepared by:</b> Name: Rachel Helms		Position/Title: OSC	Signature: 	
ICS 204	IAP Page <u>11</u>	Date/Time: 7/25/25		

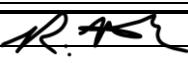
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<b>1. Incident Name:</b> Statesville Tornader	<b>2. Operational Period:</b> Date From: 7/25/25 Time From: 2200	<b>3.</b> <b>Branch:</b> <b>Division:</b> <b>Group:</b> Perimeter <b>Staging Area:</b>																																																				
<b>4. Operations Personnel:</b> Name _____ Contact Number(s) _____ Operations Section Chief: _____ Branch Director: <u>Mike Tow</u> Division/Group Supervisor: Chief Andy Taylor		<b>5. Resources Assigned:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Resource Identifier</th> <th style="width: 30%;">Leader</th> <th style="width: 10%;"># of Persons</th> <th style="width: 30%;">Contact (e.g., phone, pager, radio frequency, etc.)</th> </tr> </thead> <tbody> <tr><td>Officer 1</td><td></td><td></td><td></td></tr> <tr><td>Officer 2</td><td></td><td></td><td></td></tr> <tr><td>Officer 3</td><td></td><td></td><td></td></tr> <tr><td>Officer 4</td><td></td><td></td><td></td></tr> <tr><td>Officer 5</td><td></td><td></td><td></td></tr> <tr><td>Officer 6</td><td></td><td></td><td></td></tr> <tr><td>Officer 7</td><td></td><td></td><td></td></tr> <tr><td>Officer 8</td><td></td><td></td><td></td></tr> <tr><td>Officer 9</td><td></td><td></td><td></td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Officer 1				Officer 2				Officer 3				Officer 4				Officer 5				Officer 6				Officer 7				Officer 8				Officer 9															
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<b>7. Special Instructions:</b>  Be aware of environmental hazards, downed power lines, debris in roadways, moving traffic. Please utilize high visibility clothing, emergency lighting, and indicated PPE.																																																						
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ICS 204	IAP Page <u>12</u>	Date/Time: <u>7/25/25</u>																																																				

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<b>4. Operations Personnel:</b> Name _____ Contact Number(s) _____			
Operations Section Chief: _____			
Branch Director: _____			
Division/Group Supervisor: Officer Hulk Hogan			
<b>5. Resources Assigned:</b>		<b># of Persons</b> Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader		
Officer 1			
Officer 2			
Officer 3			
Officer 4			
Officer 5			
<b>6. Work Assignments:</b>			
Complete and hold perimeter with barricades/patrol cars			
<b>7. Special Instructions:</b>			
Be aware of environmental hazards, downed power lines, debris in roadways, moving traffic. Please utilize high visibility clothing, emergency lighting, and indicated PPE.			
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):			
Name/Function		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	
OSC	/	Zone 2 – Tac 3	
	/		
	/		
	/		
<b>9. Prepared by:</b> Name: Rachel Helms		Position/Title: OSC	Signature: 
ICS 204	IAP Page <u>13</u>	Date/Time: 7/25/25	

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Statesville Tornader		<b>2. Operational Period:</b> Date From: 7/25/25      Date To: 7/26/25 Time From: 2200      Time To: 1000		<b>3.</b> <b>Branch:</b> <b>Division:</b> <b>Group:</b> Damage Assess <b>Staging Area:</b>
<b>4. Operations Personnel:</b> Name _____ Contact Number(s) _____				
Operations Section Chief: _____				
Branch Director: _____				
Division/Group Supervisor: Chief Wiggum – Springfield PD				
<b>5. Resources Assigned:</b>		<b># of Persons</b> Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader			
Officer Friendly				
Officer Fife				
Officer Doofy				
Robo Cop				
<b>6. Work Assignments:</b>				
Assess/Facilitate Access/Structural Integrity of residential/commercial structures in the incident area.  Begin with high priority locations: Davis Regional Hospital, Statesville HS				
<b>7. Special Instructions:</b>				
Be aware of environmental hazards, downed power lines, debris in roadways, moving traffic. Please utilize high visibility clothing and PPE.				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):				
Name/Function		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)		
OSC	/	Zone 2 - Tac 4		
	/			
	/			
	/			
<b>9. Prepared by:</b> Name: <u>Rachel Helms</u> Position/Title: <u>OSC</u> Signature: <u></u>				
ICS 204	IAP Page <u>14</u>	Date/Time: <u>7/25/25</u>		

# SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b> Iredell Tornado Incident	<b>2. Operational Period:</b> Date From: 7/25/2025 Time From: 2200	Date To: 07/26/2025 Time To: 1000
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## 3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

### 1. Severe Weather Watch/Warning Protocol:

Monitor NOAA Weather Radio or situational updates from the Incident Command.

Seek shelter immediately if tornado warnings are issued during operations. Closest designated shelters are identified on the map.

### 2. Structural Hazards:

Do not enter damaged or partially collapsed structures unless cleared by qualified engineers.

Mark unsafe structures clearly and report findings to the Safety Officer or Operations Section Chief.

### 3. Debris Management:

Be aware of sharp objects, unstable piles, and hidden hazards (e.g., nails, glass, rebar).

Use full PPE, including gloves, eye protection, hard hats, and steel-toed boots.

### 4. Utilities Hazards:

Assume all downed power lines are energized. Stay at least 50 feet away.

Report gas leaks, water main breaks, or exposed wiring immediately.

### 5. Heat/Environmental Exposure:

Stay hydrated. Enforce work/rest cycles.

Watch for signs of heat exhaustion or dehydration in yourself and others.

### 6. Medical Emergencies:

First aid kits are located at staging areas and Base Camp.

Report injuries immediately via radio using clear text (not 10-codes).

### 7. Vehicle & Equipment Safety:

Maintain safe speeds on debris-laden or wet roads.

Use spotters when backing vehicles or operating in tight spaces.

### 8. Situational Awareness:

Maintain accountability for your team. Conduct regular check-ins.

Report all safety concerns immediately to the Safety Officer.

## 4. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: Kyle Drum Position/Title: Safety Officer Signature: \_\_\_\_\_

ICS 208 IAP Page 15 Date/Time: 07/25/2025

**SAVE**

# INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b> Iredell Tornado Incident			<b>2. Date/Time Prepared:</b> Date: 07/25/2025 Time: 15:00 Hours				<b>3. Operational Period:</b> Date From: 07/25/2025      Date To: 07/26/2025 Time From: 22:00 hrs      Time To: 10:00 hrs			
<b>4. Basic Radio Channel Use:</b>										
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
		Fire/Rescue Branch Fire Control Group	Viper Zone 1; TAC 1 Viper Zone 1; TAC 2	Fire/Rescue Branch						
		EMS Group HazMat Group	Viper Zone 1; TAC 3 Viper Zone 1; TAC 4	Fire/Rescue Branch						
		Search/Rescue Group	Viper Zone 1; TAC 5	Fire/Rescue Branch						
		Law Branch Perimeter Group	Viper Zone 2; TAC 1 Viper Zone 2; TAC 2	Law Branch						
		Evacuation Group Damage/Assessment	Viper Zone 2; TAC 3 Viper Zone 2; TAC 4	Law Branch						
		Command Logistic Branch	Viper Zone 3; TAC 1 Viper Zone 4; TAC 1	ICP Logistics						
		Medical for Responders	Viper Zone 5; TAC 1	Medical/FF						
		LZ	Viper Zone 6; TAC 1	LZ						Statesville Regional Airport 238 Airport Road, Statesville, NC 28677
<b>5. Special Instructions:</b>										
<ul style="list-style-type: none"> <li>* Perform a radio check prior to leaving ICP.</li> <li>* Take extra batteries for you and your crew.</li> <li>* Connect Logistics on Viper TAC 8 for any radio or communications needs.</li> </ul>										
<b>6. Prepared by (Communications Unit Leader):</b> Name: <u>Christopher Johnson</u> Signature: <u>Christopher L. Johnson</u>										
ICS 205		IAP Page <u>16</u>		Date/Time: _____						

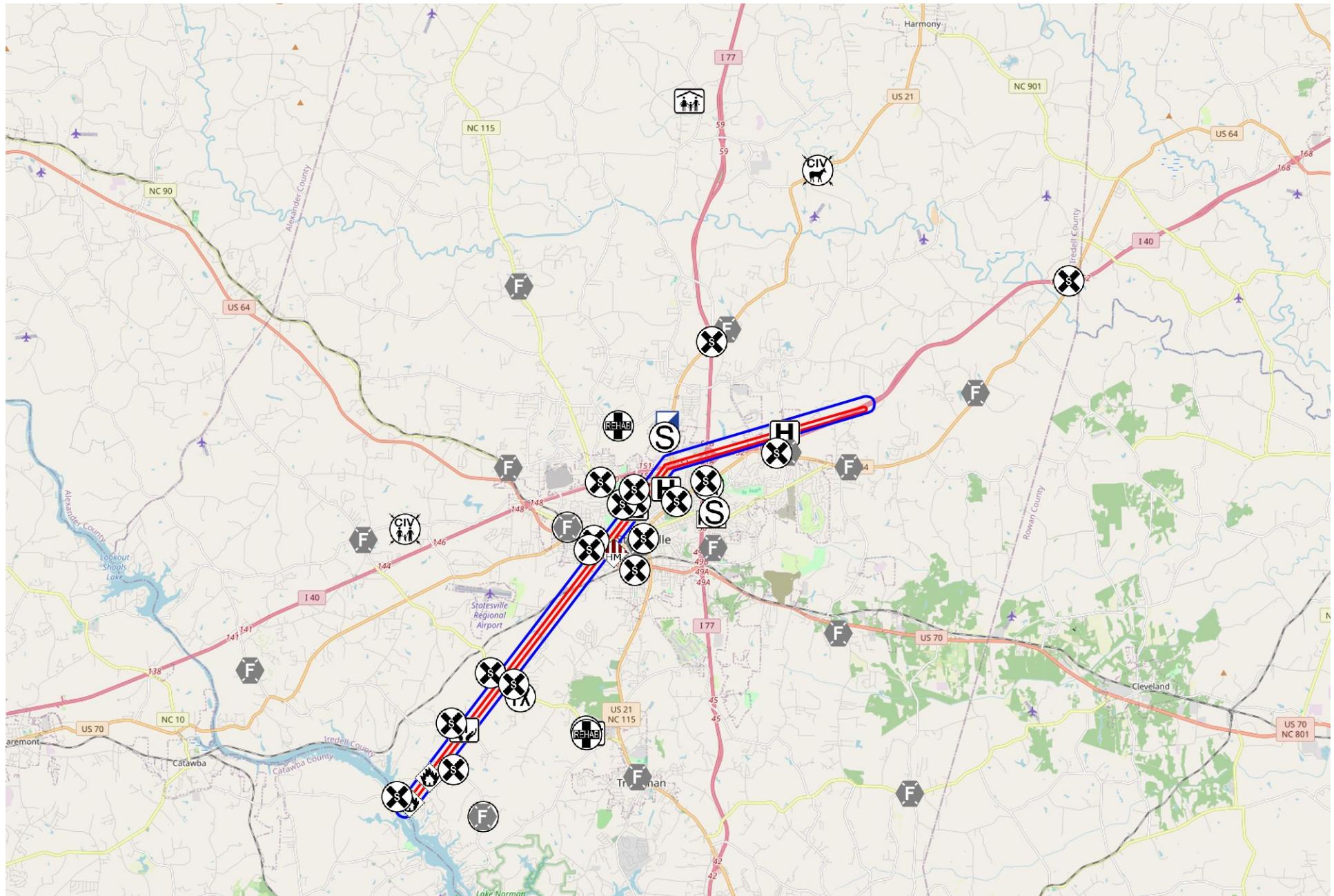
**SAVE**

Digitally signed by Christopher L. Johnson  
Date: 2025.07.24 12:17:30 -04'00'

# MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> Iredell Tornado Incident	<b>2. Operational Period:</b> Date From: 7/25/25 Time From: 22:00 hrs	Date To: 7/26/25 Time To: 10:00 hrs					
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency					
Treatment Collection #1	Statesville FD: 110 Security Drive, Statesville 28677	Captain Jones/704-525-1946					
Treatment Collection #2	Troutman FD: 150 Perth Road, Troutman 28117	Captain Smith/704-596-6642					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<input type="checkbox"/> Yes <input type="checkbox"/> No					
		<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					
<b>4. Transportation (indicate air or ground):</b>							
Ambulance Service	Location	Contact Number(s)/Frequency					
Duke Health Lake Norman	171 Fairview Road, Mooresville 28117	Lt. Roberts/704-339-4567					
Atrium Wake Forest	1 Medical Center Blvd, Winston-Salem 27157	Lt. Helms/704-555-5555					
		<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS					
		<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS					
		<input 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			
Iredell Health	557 Brook Dale Drive Statesville, NC 28677	Brad Johnson 704-302-9339	10	<input checked="" type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Carolina Medical	1000 Blythe Blvd. Charlotte, NC 28203	Mike Richey 704-234-9876	10	<input checked="" type="checkbox"/> Yes Level: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Atrium Wake Forest	1 Medical Center Blvd Winston-Salem, NC 27157	Tyler Bryce 336-567-6543	10	<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	
<b>6. Special Medical Emergency Procedures:</b>							
* Medical Units for Responders will be operating on Viper Zone 5; TAC 1							
* LZ's are located at Statesville Regional Airport (238 Airport Road, Statesville, NC 28677); LZ will be operating on Viper Zone 6; TAC 1							
<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: Chris Johnson				Signature: Christopher L. Johnson <small>Digitally signed by Christopher L. Johnson Date: 2025.07.25 10:11:06 -04'00'</small>			
<b>8. Approved by (Safety Officer):</b> Name: _____				Signature: _____			
ICS 206	IAP Page <u>17</u>	Date/Time: _____					

SAVE



Mercator Projection

WGS84

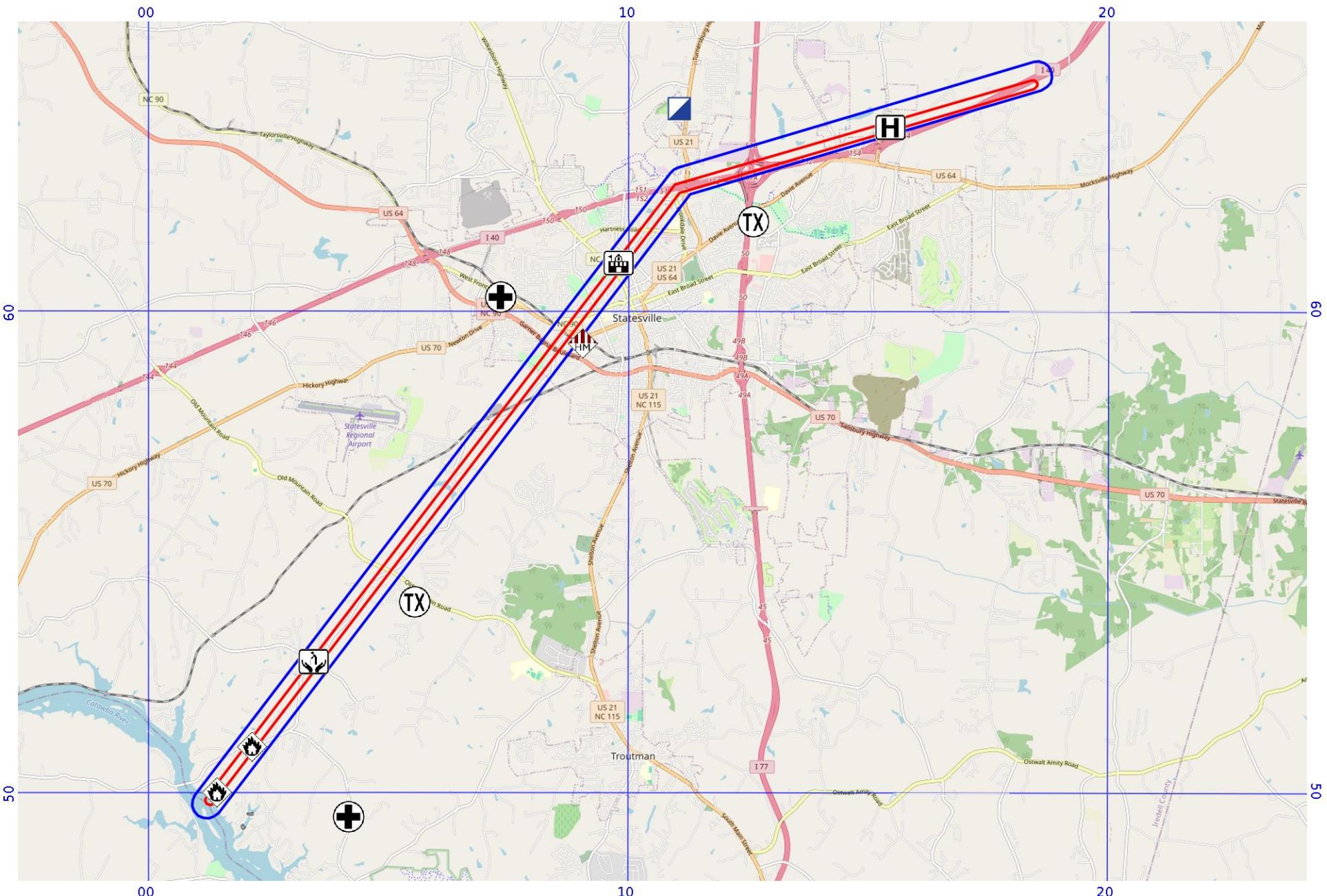
UTM Zone 17S

 SARTOPO

5 10 15 20 25 30 35 km  
5 10 15 20 25 30 20 mi  
Scale 1:195225 1 inch = 3.1 miles



1° MN  
-8.0°

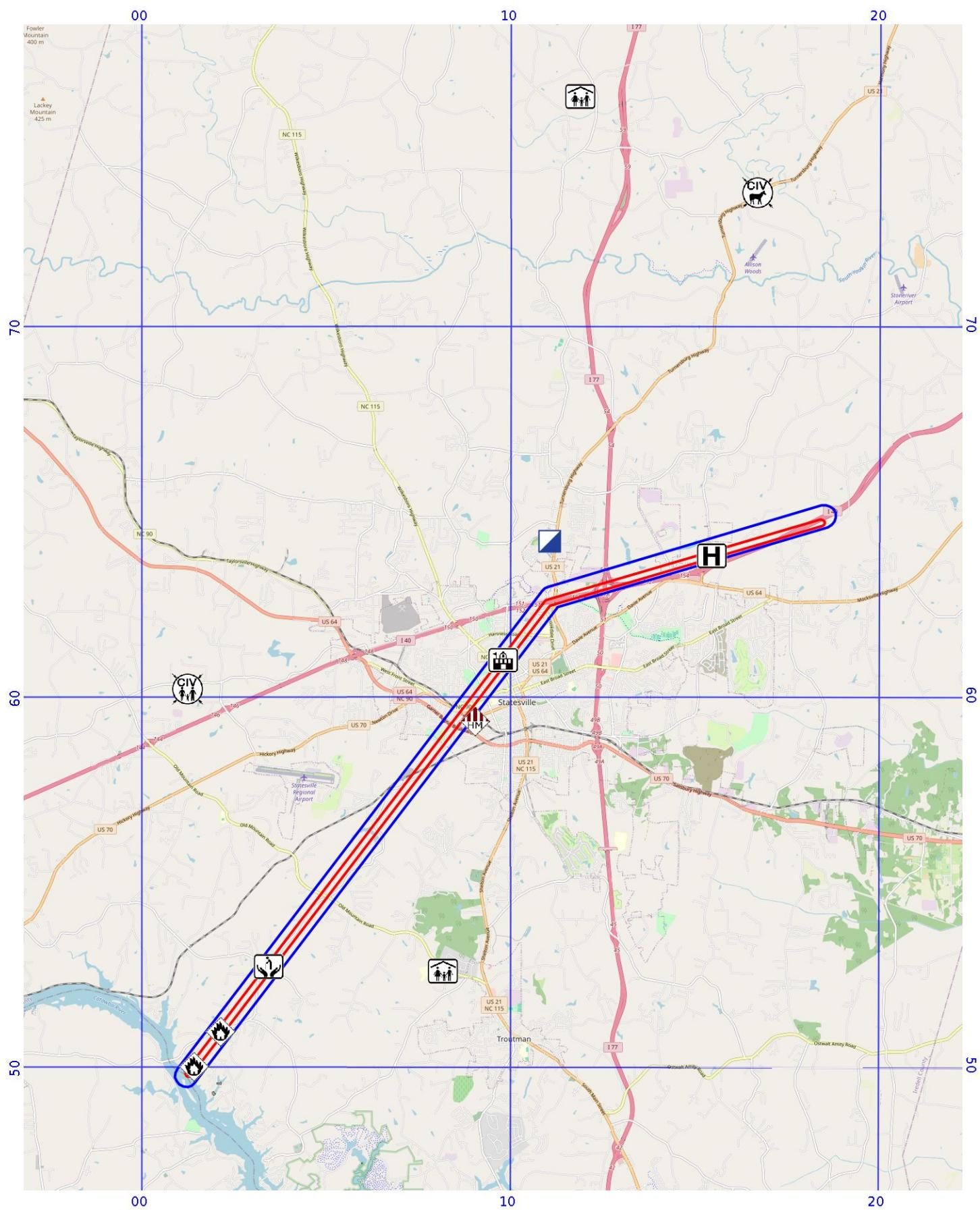


Treatment Stations  
WGS84  
USNG 17SMV-17SNV  
 SARTopo

Scale 1:108482 20 km  
1 inch = 1.7 miles

GN 0.1°  
MN -8.0°

1 2 3 4 5 6 7 8 9 10 11 12 mi



Shelters and Reunification

WGS84

USNG 17SMV-17SNV

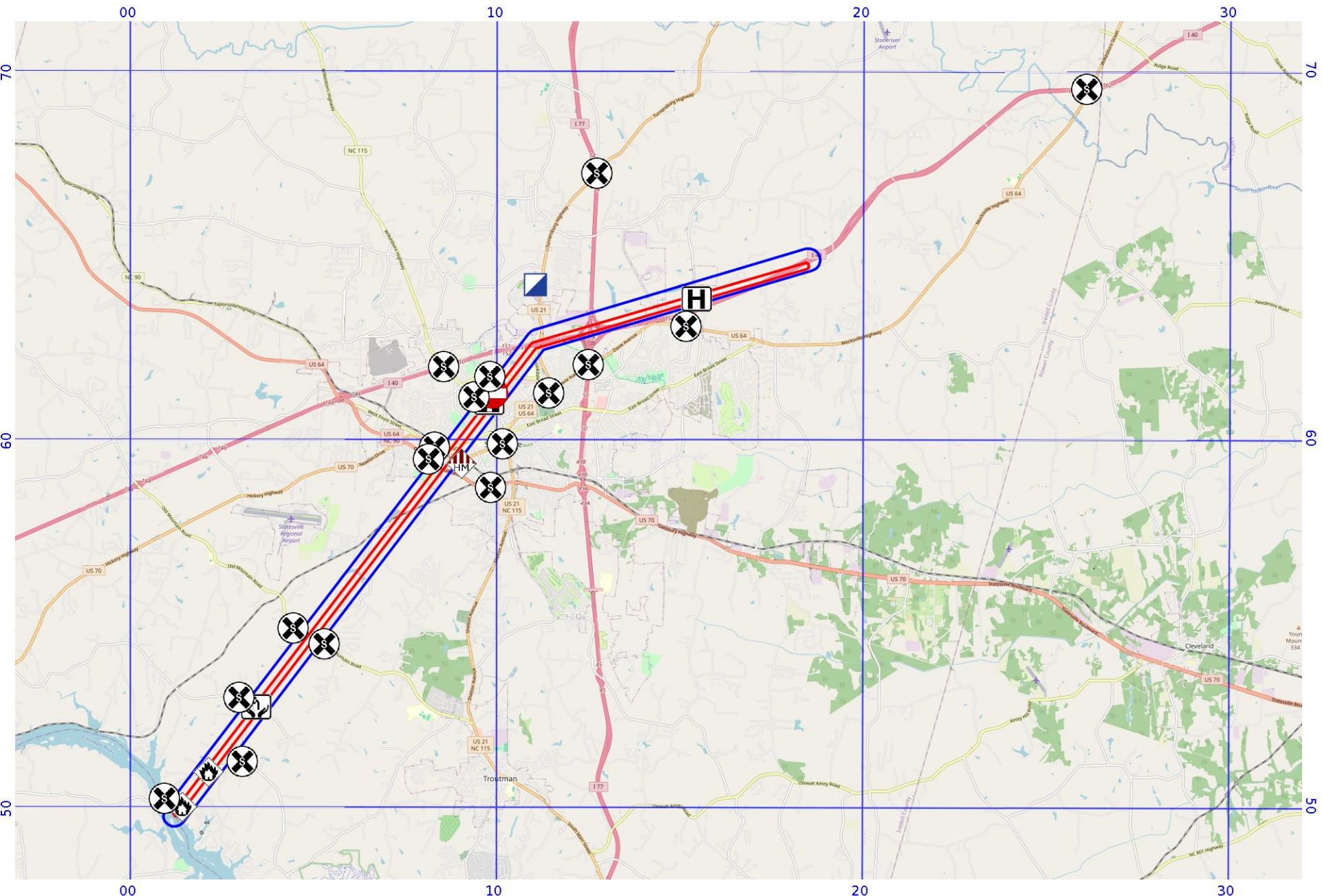
 **SARTOPO**

GN  
0.1°

MN  
-8.0°

Scale 1:138195

1 inch = 2.2 miles

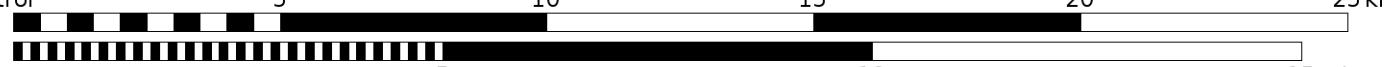


Perimeter Access Control

WGS84

USNG 17SMV-17SNV

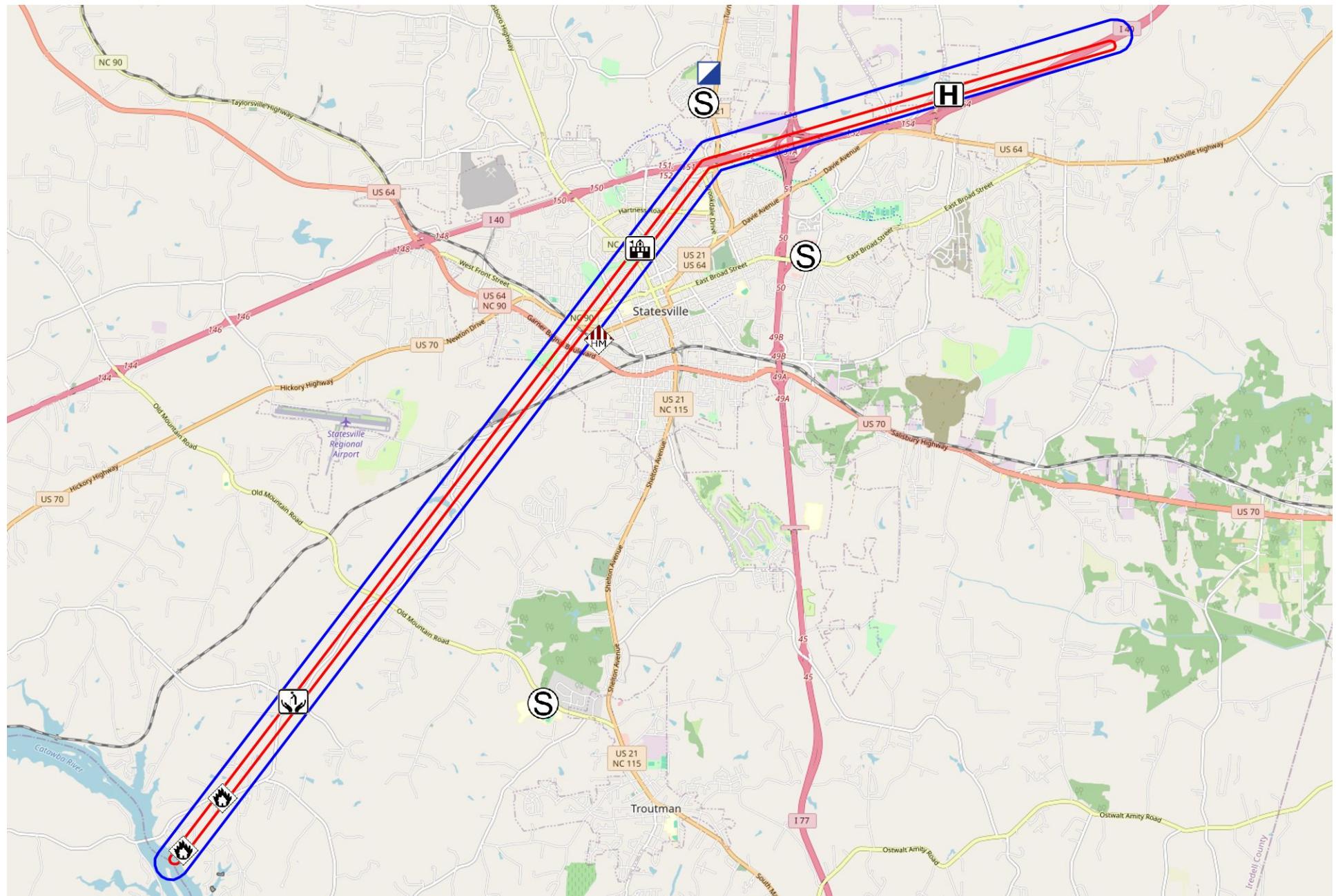
 SARTopo



Scale 1:141762 1 inch = 2.2 miles



GN 0.1°  
MN -8.1°



Staging Areas

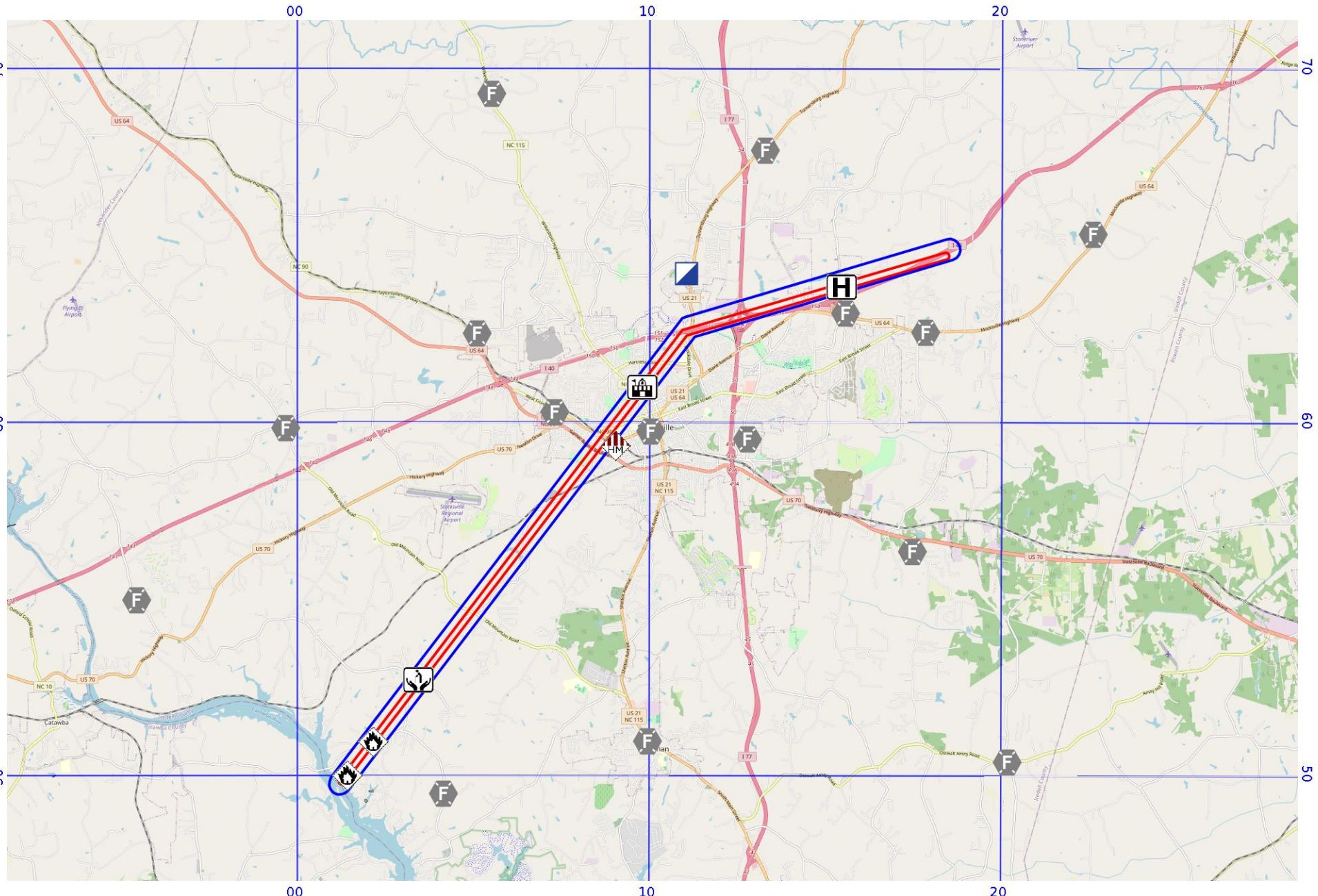
WGS84

UTM Zone 17S

 SARTOPO



1  
MN  
-8.0°

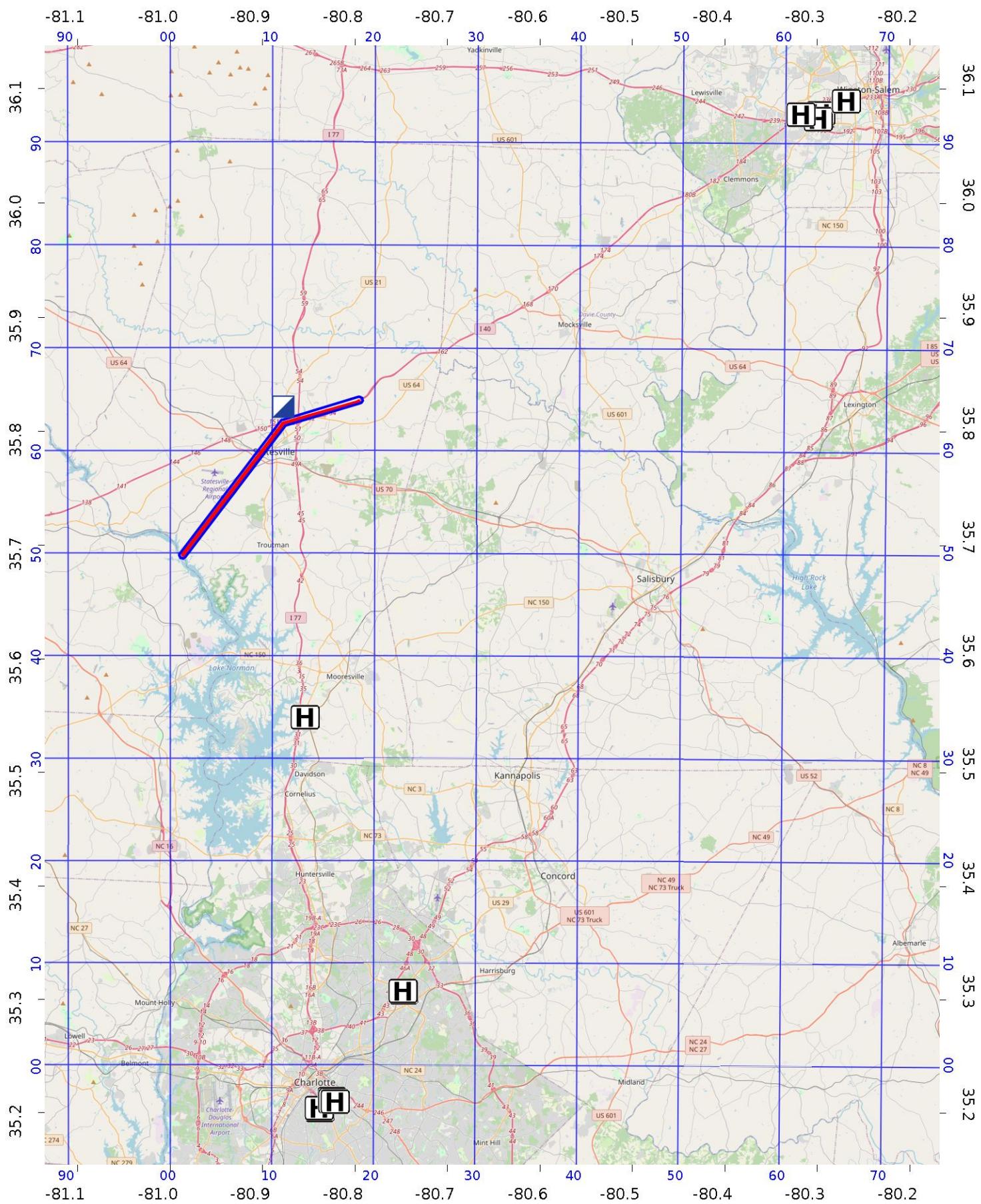


Fire Stations  
WGS84  
USNG 17SMV-17SNV  
 SARTopo

5 10 15 20 25 km  
5 10 15 20 25 mi  
Scale 1:148043 1 inch = 2.3 miles



GN 0.1°  
MN -8.0°



MEDEVAC Hospitals

WGS84

USNG 17SMU-17SNV

 SARTOPO



Scale 1:492956

1 inch = 7.8 miles



GN 0.2°  
MN -8.2°