



# Operation Great Lakes 2021

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## Incident Action Plan



June 8-9, 2021

## INCIDENT BRIEFING (ICS 201)

<b>1. Incident Name:</b> Operation Great Lakes	<b>2. Incident Number:</b>	<b>3. Date/Time Initiated:</b> Date: 06/8-9/21    Time: 09:00-16:00
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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):

Aerial Photograph:

Coordinates of Training Area in Lake Michigan:

Northeast: 41.724980, -87.527591

Northwest: 41.726054, -87.493337

Southeast: 41.715845, -87.528569

Southwest: 41.710092, -87.521144



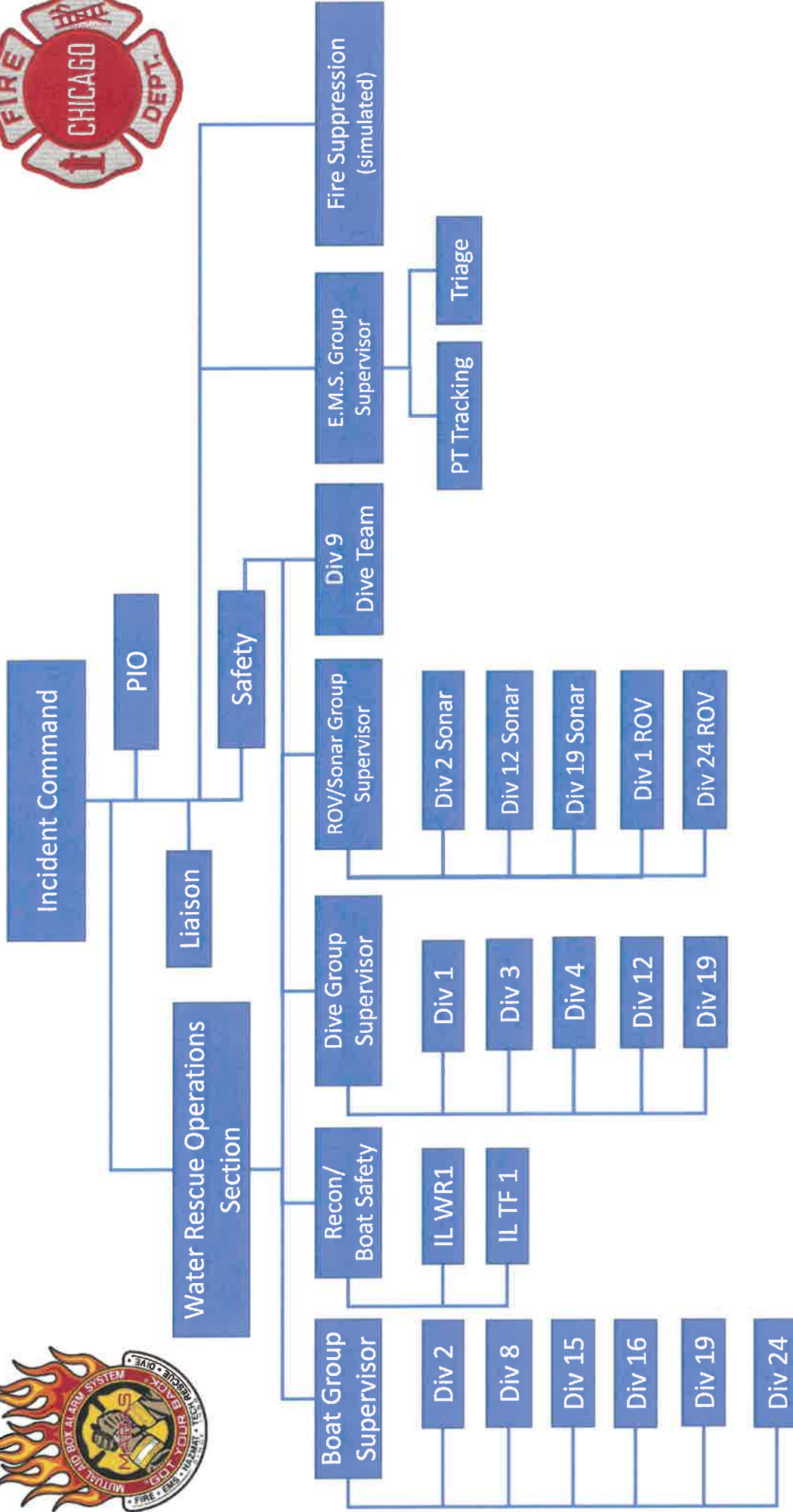
**5. Situation Summary and Health and Safety Briefing** (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

The exercise scenario involves a terrorist attack on a large recreational tourism vessel hosting an event with visiting dignitaries and high-profile individuals in the water on Lake Michigan. An explosive device detonates aboard the vessel causing extensive damage resulting in a large debris field with a significant number of fatalities and injured victims in the water.

The initial response of Chicago Fire Department determined that additional resources would be needed and as a result CFD - MABAS Division 9 requested a MABAS response for watercraft resources to assist in passenger evacuation.

**6. Prepared by:** Name: Spencer Kimura, MABAS Position/Title: Deputy Operations Section Chief Signature: \_\_\_\_\_





## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> Operation Great Lakes		<b>2. Operational Period:</b> Date From: 06/08/21 Time From: 09:00		<b>Date To:</b> 06/09/21 <b>Time To:</b> 16:00	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operations Section:</b>		
IC/UCs	CFD/MABAS/CCEMRS	Chief	Sam Foster		
		Deputy			
Deputy		Staging Area	MSU-N		
Safety Officer	DDC Jason Lach	<b>Branch</b>			
Public Info. Officer	CFD	Branch Director	Boat Transportation		
Liaison Officer	None Assigned	Deputy			
<b>4. Agency/Organization Representatives:</b>		Division/Group	Div 2		
Agency/Organization	Name	Division/Group	Div 8		
		Division/Group	Div 15		
		Division/Group	Div 16		
		Division/Group	Div 24		
		<b>Branch</b>			
		Branch Director	Sonar/ROV		
		Deputy			
<b>5. Planning Section:</b>		Division/Group	Div 2		
Chief		Division/Group	Div 12		
Deputy		Division/Group	Div 19		
Resources Unit		Division/Group	ROV Div 1		
Situation Unit		Division/Group	ROV Div 24		
Documentation Unit		<b>Branch</b>			
Demobilization Unit		Branch Director	Dive		
Technical Specialists		Deputy			
		Division/Group	Div 1		
		Division/Group	Div 3		
		Division/Group	Div 4		
<b>6. Logistics Section:</b>		Division/Group	Div 12		
Chief		Division/Group	Div 19		
Deputy		<b>Air Operations Branch</b>			
<b>Support Branch</b>		Air Ops Branch Dir.	None Assigned		
Director	None Assigned				
Supply Unit					
Facilities Unit		<b>8. Finance/Administration Section:</b>			
Ground Support Unit		Chief	Jeff Singer, CCEMRS		
<b>Service Branch</b>		Deputy			
Director	None Assigned	Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
<b>9. Prepared by:</b> Name: <u>S. Kimura</u> Position/Title: <u>Deputy Sec. OPS Chief</u> Signature: _____					
ICS 203	IAP Page _____	Date/Time: <u>06/06/2021</u>			



Assignment List (ICS 204)

<b>1. Incident Name:</b> Operation Great Lakes		<b>2. Operational Period:</b> Date From: 06/08/2021      Date To: 06/08/2021 Time From: 0900                      Time To: 1200		<b>3.</b> <b>Branch: MABAS OPS</b>
<b>4. Operations Personnel:</b> <u>Name</u>		<u>Contact Number(s)</u>		<b>Division:</b> <b>Group: Recon</b> <b>Staging Area: Calumet</b> Park Boat Ramp
Operations Section Chief: Sam Foster		847-561-2777		
Division/Group Supervisor: Chief Bert Lancaster		630-945-6957		
<b>5. Resources Assigned:</b>			<b># of Persons</b>	<b>Contact (e.g., phone, pager, radio frequency, etc.)</b>
<b>Resource Identifier</b>	<b>Leader</b>			
IL WR-1 Boat 1	TF Leader 1	3	IFERN/ Blue F.G.	Appropriate PPE protection
IL WR-1 Boat 2	TF Leader 2	3	IFERN/ Blue F.G.	Appropriate PPE protection
IL TF 1 Boat 3	TF Leader 3	3	IFERN/ Blue F.G.	Appropriate PPE protection
<b>6. Work Assignments:</b> Report to assigned staging area at Calumet Park boat ramp. Monitor Blue F.G. for assignment by OPS. Assist with transporting rescue crews and victims over water. Survey scene for victim locations, evidence recovery and clearing targets.				
<b>7. Special Instructions:</b> Report to Boat Transport Group Supervisor for transportation to assigned location. Monitor Blue F.G. for specific instructions and assignments Stay within ¼ mile from the shoreline. Do not enter shipping channel. Monitor weather for changing lake conditions				
<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) _____ _____/_____ _____/_____ _____/_____ _____/_____				
<b>9. Prepared by:</b> Name: Spencer Kimura		Position/Title: Operations Branch Chief Signature: _____		
ICS 204	IAP Page _____	Date/Time: 06/02/2021 @08:00		

Assignment List (ICS 204)

<b>1. Incident Name:</b> Operation Great Lakes		<b>2. Operational Period:</b> Date From: 06/08/2021      Date To: 06/08/2021 Time From: 0900                      Time To: 1600		<b>3.</b> <b>Branch: MABAS OPS</b>
<b>4. Operations Personnel:</b> <u>Name</u>		<u>Contact Number(s)</u>		<b>Division:</b> <b>Group: Boat Transportation</b> <b>Staging Area:</b> Calumet Park Boat Ramp
Operations Section Chief: Sam Foster		847-561-2777		
Division/Group Supervisor: Chief Bert Lancaster		630-945-6957		
<b>5. Resources Assigned:</b>				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
Boat 1	Div 2 T.L.	3	IFERN/ Blue F.G.	Appropriate PPE protection
Boat 2	Div 8 T.L.	3	IFERN/ Blue F.G.	Appropriate PPE protection
Boat 3	Div 15 T.L.	3	IFERN/ Blue F.G.	Appropriate PPE protection
Boat 4	Div 16 T.L.	3	IFERN/ Blue F.G.	Appropriate PPE protection
Boat 5	Div 24 T.L.	3	IFERN/ Blue F.G.	Appropriate PPE protection
Lockport Boat	Div 19 T.L.	3	IFERN/ Blue F.G.	Appropriate PPE protection
<b>6. Work Assignments:</b> Report to assigned staging area at Calumet Park boat ramp. Monitor Blue F.G. for assignment by OPS. Assist with transporting rescue crews and victims over water.				
<b>7. Special Instructions:</b> Monitor Blue F.G. for specific instructions and assignments Stay within ¼ mile from the shoreline. Do not enter shipping channel Monitor weather for changing lake conditions				
<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) _____		
/ _____		_____		
/ _____		_____		
/ _____		_____		
/ _____		_____		
<b>9. Prepared by:</b> Name: Spencer Kimura      Position/Title: Operations Branch Chief      Signature: _____				
ICS 204	IAP Page _____	Date/Time: 06/02/2021 @08:00		

Assignment List (ICS 204)

<b>1. Incident Name:</b> Operation Great Lakes		<b>2. Operational Period:</b> Date From: 06/08/2021 Time From: 1300		Date To: 06/08/2021 Time To: 1600	<b>3.</b> <b>Branch: MABAS OPS</b>  <b>Division:</b> <b>Group: Dive</b> <b>Staging Area: Calumet</b> Park Boat Ramp
<b>4. Operations Personnel:</b> <u>Name</u> Operations Section Chief: Sam Foster				<u>Contact Number(s)</u> 847-561-2777	
Division/Group Supervisor: Chief Bert Lancaster				630-945-6957	
<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				
Div 1 Dive Team	Div 1 T.L.	5	IFERN/ Blue F.G.	Appropriate PPE protection	
Div 3 Dive Team	Div 3 T.L.	5	IFERN/ Blue F.G.	Appropriate PPE protection	
Div 4 Dive Team	Div 4 T.L.	5	IFERN/ Blue F.G.	Appropriate PPE protection	
Div 12 Dive Team	Div 12 T.L.	5	IFERN/ Blue F.G.	Appropriate PPE protection	
Div 19 Dive Team	Div 19 T.L.	5	IFERN/ Blue F.G.	Appropriate PPE protection	
Support Unit:					
Air 21	Div 21		IFERN/ Blue F.G.	Appropriate PPE protection	
Decon 24	Div 24		IFERN/ Blue F.G.	Appropriate PPE protection	
<b>6. Work Assignments:</b> Report to assigned staging area at Calumet Park boat ramp. Monitor Blue F.G. for assignment by OPS. Assist with transporting rescue crews and victims over water.					
<b>7. Special Instructions:</b> Report to Boat Transport Group Supervisor for transportation to assigned location. Monitor Blue F.G. for specific instructions and assignments Stay within ¼ mile from the shoreline. Do not enter shipping channel Monitor weather for changing lake conditions					
<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) _____ _____/_____ _____/_____ _____/_____ _____/_____					
<b>9. Prepared by:</b> Name: Spencer Kimura			Position/Title: Operations Branch Chief Signature: _____		
ICS 204	IAP Page _____	Date/Time: 06/02/2021 @08:00			



Assignment List (ICS 204)

<b>1. Incident Name:</b> Operation Great Lakes		<b>2. Operational Period:</b> Date From: 06/08/2021 Time From: 1300		Date To: 06/08/2021 Time To: 1600	<b>3.</b> <b>Branch: MABAS OPS</b>  <b>Division:</b> <b>Group: Sonar/ROV</b> <b>Staging Area:</b> Calumet Park Boat Ramp
<b>4. Operations Personnel:</b> <u>Name</u>		<u>Contact Number(s)</u>			
Operations Section Chief: Sam Foster		847-561-2777			
Division/Group Supervisor: Chief Bert Lancaster		630-945-6957			
<b>5. Resources Assigned:</b>					Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)		
Sector Sonar Div 2	Div 2	3	IFERN/ Blue F.G.		Appropriate PPE protection
Sector Sonar Div 12	Div 12	3	IFERN/ Blue F.G.		Appropriate PPE protection
Sector Sonar Div 19	Div 19	3	IFERN/ Blue F.G.		Appropriate PPE protection
ROV Div 1	Div 1 T.L.	3	IFERN/ Blue F.G.		Appropriate PPE protection
ROV Div 24	Div 24 T.L.	3	IFERN/ Blue F.G.		Appropriate PPE protection
<b>6. Work Assignments:</b> Report to assigned staging area at Calumet Park boat ramp. Monitor Blue F.G. for assignment by OPS. Assist with transporting rescue crews and victims over water. Assist surveying scene for victim locations, evidence recovery and clearing targets. Monitor diver safety and assist with target locations.					
<b>7. Special Instructions:</b> Report to Boat Transport Group Supervisor for transportation to assigned location. Monitor Blue F.G. for specific instructions and assignments Stay within ¼ mile from the shoreline. Do not enter shipping channel. Monitor weather for changing lake conditions					
<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) _____ / _____ / _____ / _____ / _____					
<b>9. Prepared by:</b> Name: Spencer Kimura			Position/Title: Operations Branch Chief Signature: _____		
ICS 204	IAP Page _____	Date/Time: 06/02/2021 @08:00			

# INCIDENT RADIO COMMUNICATIONS PLAN

INCIDENT RADIO COMMUNICATIONS PLAN				Incident Name	Date/Time Prepared	Operational Period Date/Time					
				<i>Chicago Boat Drill</i>	<i>6/6/2021</i>	<i>06-08-21 - 06-09-21</i>					
Ch #	Function	Channel Source	Channel or Talkgroup Name	Assignment	RX Freq N or W	RX Tone or NAC	TX Freq N or W	Tx Tone or NAC	Mode AN/DIG	Remarks	
1	DISPATCH	VHF_HIGH	IFERN							Divisional asset coordination with CFD/Division 9	
2											
3	TACTICAL	VHF_HIGH	F/G BLUE							Primary Ops	
4	TACTICAL	VHF_HIGH	F/G BLACK							Alternate Ops	
5	TACTICAL	VHF_HIGH	F/G GRAY							Alternate Ops	
6											
7	TACTICAL		MARINE 6		156.3000 N	None	156.300 N	None	A	Internship Safety	
8	TACTICAL		MARINE 16		156.8000 N	None	156.8000 N	None	A	Internation Distress Channel	
9	TACTICAL		MARINE 17		156.8500 N	None	156.8500 N	None	A	State & Local Government Maritime Control	
10	TACTICAL		MARINE 22		157.1000 N	None	157.1000 N	None	A	Coast Guard Liaison and Maritime Safety	
11											
12	OPERATIONS	STARCOM_MABAS	MABAS							Coordination with RED Center	
13	OPERATIONS	STARCOM_MABAS	MABAS OPS SEC							MABAS Staff Coordination	
14											
15											
16											
Failover											
1											
2											
3											
4											
NOTES:											
				Andy Russell COM-LJT	Incident Location						
				Calumet Boat Launch, Chicago IL							
<p><i>Frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.</i></p>											

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> Operation Great Lakes		<b>2. Operational Period:</b> Date From: 06/08/21 Time From: 09:00		Date To: 06/09/21 Time To: 16:00			
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
CFD on-site Ambulance	Calumet Park boat launch parking lot		<input checked="" 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				
<b>4. Transportation (indicate air or ground):</b>							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
CFD on-site Ambulance	Calumet Park boat launch parking lot		<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				
			<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			
Advocate Trinity Hospital	2320 E. 93rd St. Chicago, IL 60617	773-967-2000		8 min	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
U of Chicago Hospital	5841 S Maryland Ave, Chicago, IL 60637	888-824-0200	5 min	20 min	<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
Advocate Christ Hospital	4440 W 95th St, Oak Lawn, IL 60453	708-684-8000	10 min	30 min	<input checked="" type="checkbox"/> Yes Level: 1	<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
<b>6. Special Medical Emergency Procedures:</b>							
<p>The Safety Controller and Exercise Director will determine if a real-world emergency warrants a pause in exercise play. All injuries will be reported to the closest controller. The injured individual will be evaluated and injuries shall be documented by Chicago Fire Department EMS, which may include transportation to the hospital for treatment.</p>							
<input 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: Chief Hernandez Signature: _____							
<b>8. Approved by (Safety Officer):</b> Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			

## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b> Operation Great Lakes	<b>2. Operational Period:</b>	Date From: 6/8/2021 Time From: 09:00	Date To: 6/9/2021 Time To: 16:00
<b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b> <ul style="list-style-type: none"> <li>• Individuals who are within 15' of the water or individuals who are on the water must have a PFD on and secured at all times.</li> <li>• Individuals in the water, including role players and rescuers, must have PPE that includes donning appropriate rated drysuit (Surface or sub-surface).</li> <li>• Immediate safety messages are: "Mayday", "Emergency Traffic", "For Real" or "All Stop".</li> <li>• All individuals shall watch for changing weather conditions.</li> <li>• If needed, the designated storm evacuation shelter is the CFD/CPD hanger located North of the Calumet Park.</li> <li>• If evacuation from the water is required, an announcement will be announced via radio and alerted via air horn signals.</li> <li>• SAR Teams shall maintain accountability and perform frequent PARs.</li> <li>• There shall be no freelancing – all personnel shall adhere to the chain of command.</li> <li>• All watercraft shall stay within ¼ mile from shore.</li> <li>• All individuals shall maintain situational awareness.</li> <li>• Participants are to stay hydrated and report all injuries to the nearest Controller.</li> <li>• All injuries shall be reported, evaluated, and documented by CFD EMS, which may include transportation for treatment.</li> <li>• COVID-19 precautions – All exercise participants are encouraged to observe applicable CDC guidelines regarding physical distancing, masking, and hand washing. Masks are required for all non-vaccinated individuals.</li> <li>• <b>Real world</b> NOAA weather forecast 24/7 operation number is 815-834-0651. Live daily NOAA weather briefings at 08:00 &amp; 12:30 hours. Alerting notification criteria is an 8-mile lightning safety radius.</li> </ul>			
<b>4. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Approved Site Safety Plan(s) Located At:</b>			
<b>5. Prepared by:</b> Name: Spencer Kimura		Position/Title: Deputy Section Chief	
Signature: _____		Date/Time: 6/4/2021 12:00 AM	
<b>ICS 208</b>	<b>IAP Page</b>		

## ACTIVITY LOG (ICS 214)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b>	Date From: Date	Date To: Date
		Time From: HHMM	Time To: HHMM

<b>3. Name:</b>	<b>4. ICS Position:</b>	<b>5. Home Agency (and Unit):</b>
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<b>6. Resources Assigned:</b>		
Name	ICS Position	Home Agency (and Unit)

<b>7. Activity Log:</b>	
Date/Time	Notable Activities

<b>8. Prepared by:</b> Name: _____	Position/Title: _____	Signature: _____
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