Imler, Earl

From: EMAC - Geneva Anderson <geanderson@nd.gov>
Sent: Wednesday, October 26, 2016 3:40 PM
To: Imler, Earl
Subject: Helicopter Aviation assets w/pilots and associated crew. Tracking # 1102-RRBCAST-5342-2925

Resource Request #1102-RR-5342

Contact Name:	Geneva Anderson
Contact Email:	
Contact Phone:	
Update:	
Broadcasted To:	Private
Total Recipients:	5

Event Name:	Dakota Access Pipeline (DAPL) Protest October 2016		
State Mission TN #:	16-073-148	**EM Software TN #:**	16-073-148
Requesting Agency:	North Dakota	**EMAC TN #:**	1102-RR-5342

Requesting State REQ-A Contact:

First Name:		**Last Name:**	
Phone 1:		**Phone 2:**	
Email 1:		**Email 2:**	

Mission Type/Source:	State	**Type / Status:**	Law Enforcement - State Police

Mission Description:	Helicopter Aviation assets w/pilots and associated crew.
Resource Description:	Nebraska State Patrol's fixed wing aircraft to assist with the DAPL protest incident occurring in North Dakota. Cessna fixed-wing 206 nd any other equipment they feel is necessary to assist in both day

	and night flight operations. Aircraft would be on a weekly rotating basis with other aviation resources and would be allowed to return home when not on duty unless situation dictates the need to remain in state for availability. They will work 12 hour shifts that will be coordinated with the aircraft's providing 24 hour air support to officers on the ground. North Dakota would like to have the ability to release and call back to support based on activity. Ability for Nebraska State Patrol to deploy one helicopter with pilot and associated crew to sustain 24 hour operations if the situation warrants. If helicopter is required to respond, ND Highway Patrol will notify Nebraska Highway Patrol.
NIMS Type:	
# Requested:	1
# Type:	

Deployment Dates (including travel days):

Mobilization:		**Demobilization:**	
Deployment Date:	2016-10-23	**Demobilization Date:**	2016-11-21
Duty Length:	30		

Deployment Details:

Work Location/Facilities:	Field Impacted Area
Location/Facility Name:	
Address 1:	
Address 2:	
City:	
Zip Code:	
Working Conditions:	Normal - Infrastructure & Support services operational
Working Conditions Comments:	
Living Conditions:	Normal - All amenities available
Living Conditions Comments:	
Logistics Comments:	H

Identify Health & Safety Concerns (All selected Apply):

X	**No Safety or Health Concerns have been identified**
	Immunizations or Vaccinations are suggested to deploy
	Environmental Hazards Exist
	Personal Protection Equipment Needed

Safety Concerns/Remarks:	

Requesting State Resource Coordination Contact:			
First Name:		**Last Name:**	
Title:		**Agency:**	NDDES
Phone 1:		**Mobile:**	
Email 1:		**Email 2:**	

Staging Area and Point of Contact:			
POC First Name:		**Last Name:**	
Phone 1:		**Phone 2:**	
Location/Facility Name:			
Address 1:			
Address 2:			
City:			
Zip Code:			