Aircraft Incident 110126

Cresthaven Command

IAP #2



11/04/2026-11/05/2026

Approved by: J. Abruzzo, IC

_____

Prepared by: J. Escobar, PSC

_____

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Aircraft Incident 110226	2. Operational Period: Date From: 11/04/2026 Date To: 0600 Time From: 11/05/2026 Time To: 0600

3. Objective(s):

1. Protect life safety of responders and remaining public in the affected area.
2. Secure the scene and stabilize the impact area.
3. Conduct thorough search of the debris field and adjacent structures.
4. Establish and maintain traffic control and perimeter security.
5. Support resident displacement / sheltering needs in coordination with county emergency management.
6. Preserve the scene for NTSB/FAA investigation while allowing essential emergency operations.
7. Provide timely public information and coordinate with elected officials.

4. Operational Period Command Emphasis:

Initial dispatch and response of PBCFR, Palm Beach County Sheriff's Office (PBSO), and supporting agencies.

Ongoing: Fire suppression, scene assessment, road closures (all lanes Military Trail between Cresthaven Blvd and 10th Ave N).

Continue perimeter control, debris management, utility isolation, resident accountability/relocation support, and transition to investigative phase once emergency operations stabilize. Governor's office has provided public remarks on scene severity.

General Situational Awareness

- Unstable ground / crater / debris field (high-speed impact)
- Downed power lines / electrical hazards
- Possible jet fuel or other hazardous materials
- Traffic / roadway hazards and public access issues
- Weather: recent thunderstorms, rain, wind (easterly ~15 mph with higher gusts)

5. Site Safety Plan Required? Yes ☒ No ☐

Approved Site Safety Plan(s) Located at: MCU1

6. Incident Action Plan (the items checked below are included in this Incident Action Plan)**:**

☒ ICS 203	☒ ICS 207	Other Attachments:
☒ ICS 204	☒ ICS 208	☐
☒ ICS 205	☐ Map/Chart	☐
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐
☒ ICS 206		☐

7. Prepared by: Name: K.DeRogatis Position/Title: Situation Unit Leader Signature: _____

8. Approved by Incident Commander: Name: J. Abruzzo Signature: _____

ICS 202	IAP Page 2	Date/Time: 11/03/2026 1600

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:	2. Operational Period: Date From: 11/04/2026 Date To: 0600
Aircraft Incident 110126 Cresthaven Comm	Time From: 11/05/2026 Time To: 0600

3. Incident Commander(s) and Command Staff:

IC/UCs	J. Abruzzo
Deputy	T. Nadler
Safety Officer	F. Manriquez
Public Info. Officer	T. Reyes/T. Cardoso
Liaison Officer	

4. Agency/Organization Representatives:

Agency/Organization	Name
Southeast Air Recovery	M. Oshea

5. Planning Section:

Chief	J. Escobar
Deputy	
Resources Unit	
Situation Unit	K.DeRogatis
Documentation Unit	
Demobilization Unit	
Technical Specialists	

6. Logistics Section:

Chief	J. Boyd
Deputy	
Support Branch	
Director	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Service Branch	
Director	
Communications Unit	S. Roberts
Medical Unit	
Food Unit	

7. Operations Section:

Chief	J. Gonzalez	Operations Section Chief
Deputy		
Staging Area		
Branch		
Branch Director		
Deputy		
Division/Group	N. Niemcyzk	EOC
Division/Group	T. Dalman	Law Enforcement
Division/Group	J. Wasielewski	Fire Rescue
Division/Group	R. Rodriguez	Utilities
Division/Group	T. Patterson	Drone Ops
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Air Operations Branch		
Air Ops Branch Dir.		

8. Finance/Administration Section:

Chief	P. Manriquez
Deputy	
Time Unit	
Procurement Unit	
Comp/Claims Unit	
Cost Unit	

9. Prepared by: Name: K.DeRogatis Position/Title: Situation Unit Leader Signature: _____

ICS 203 | **IAP Page** 3 | Date/Time: 11/03/2026 1600

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3.
Aircraft Incident 110126 Cresthaven Command	Date From: 11/04/26 Date To: 11/05/26 Time From: 0600 Time To: 0600	**Branch:** **Division:** **Group:** Drone Ops **Staging Area:**

4. Operations Personnel: Name — Contact Number(s)

Operations Section Chief: J. Gonzalez — 561-324-8340

Branch Director: _____

Division/Group Supervisor: T. Patterson — 561-644-5854

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			
Drone Pilot	R. Cavallari	1	561-926-2233	2928 S. Military Trail, WPB
Drone Pilot	P. Marvin	1	561-789-0565	2928 S. Military Trail, WPB
Drone Pilot	P. Ramos	1	786-269-9934	2928 S. Military Trail, WPB

6. Work Assignments:

1. Provide live aerial video to Command Staff for real-time situational awareness and operational decision-making.
2. Monitor the incident area and identify downed power lines, debris removal hazards, fuel runoff, and other emerging threats.
3. Maintain visual oversight of Fire Rescue personnel and other responders entering and operating within the hazard zone.
4. Immediately report observed hazards, changes in incident conditions, and threats to responder safety through the established
command structure.
5. Coordinate drone coverage with Incident Command and Operations to support incident priorities

7. Special Instructions:

Coordinate launch, flight, and recovery with Incident Command. Maintain safe separation from responders, electrical hazards, and
other aircraft. Comply with applicable FAA rules and agency UAS procedures. Coordinate with air operations if aircraft are present.
Drone observations supplement, but do not replace, ground hazard assessment.

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

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
Drone Pilot /	561-926-2233/TAC10B
/	
/	
/	

9. Prepared by: Name: J. Escobar Position/Title: PSC Signature: _____

ICS 204	IAP Page 4	Date/Time: 11/03/26 1700

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3.
Aircraft Incident 110126 Cresthaven Command	Date From: 11/04/26 Date To: 11/05/26 Time From: 0600 Time To: 0600	**Branch:** **Division:** **Group:** EOC **Staging Area:**

4. Operations Personnel: Name — Contact Number(s)

Operations Section Chief: J. Gonzalez — 561-324-8340

Branch Director: _____

Division/Group Supervisor: N. Niemcyzk — 561-312-7869

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			
EOC Support	J. Silbert	1	954-448-1509	50 S. Military Trail, WPB

6. Work Assignments:

1. Resource Support: Coordinate requests for personnel, equipment, specialized resources, and supplies through established EOC procedures.
2. Logistical Support: Assist with procurement, transportation, equipment replacement, food, water, and other operational support needs.
3. Resource Tracking: Track requests, resource availability, estimated delivery times, and fulfillment status.
4. Operational Continuity: Anticipate needs for future operational periods and support sustained incident operations.
5. Information Coordination: Receive updates from Incident Command, maintain an EOC common operating picture, and share relevant information with supporting agencies.
6. Administrative Support: Document requests, expenditures, agency coordination, and significant EOC actions.
7. Demobilization Support: Assist with release, recovery, and documentation of resources when requested.

7. Special Instructions:

The EOC will operate in a support capacity outside the incident scene and will not direct tactical operations. All resource requests and support activities will be coordinated through established Incident Command and EOC channels. Priority will be given to life safety, critical infrastructure, and maintaining uninterrupted incident operations.

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

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
EOC /	954-448-1509/TAC10B
/	
/	
/	

9. Prepared by: Name: J. Escobar Position/Title: PSC Signature: _____

ICS 204 | **IAP Page** 5 | Date/Time: 11/03/26 1700

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3.
Aircraft Incident 110126 Cresthaven Command	Date From: 11/04/26 Date To: 11/05/26 Time From: 0600 Time To: 0600	**Branch:** **Division:** **Group:** Fire **Staging Area:**

4. Operations Personnel: Name — Contact Number(s)

Operations Section Chief: J. Gonzalez — 561-324-8340

Branch Director: _____

Division/Group Supervisor: J. Wasielewski — 561-214-2090

5. Resources Assigned:				
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
TRT	G. Tabeek	TBD	954-445-7065	2928 S. Military Trail, WPB
Hazmat	P. Burroughs	TBD	561-644-2798	2928 S. Military Trail, WPB
Tender	TBD	1	TBD	2928 S. Military Trail, WPB

6. Work Assignments:

1. HazMat Operations: Monitor for jet fuel runoff, hazardous materials, and atmospheric hazards. Identify and mitigate potential exposures.
2. Technical Rescue (TRT): Assess unstable structures, debris, and the impact crater. Provide stabilization and technical rescue assistance as needed.
3. Scene Safety: Monitor downed power lines, structural hazards, unstable debris, and other conditions that may endanger responders.
4. Incident Coordination: Maintain communication with Incident Command, Safety Officer, and supporting agencies regarding changing conditions and resource needs.

7. Special Instructions:

- Utilize appropriate PPE and respiratory protection based on identified hazards.
- Coordinate entry into hazardous areas with Incident Command and the Safety Officer.
- Immediately report new hazards or unsafe conditions.
- Coordinate debris movement with investigative authorities to preserve evidence, except when immediate life safety requires action.

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

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
Fire /	561-214-2090/TAC10B
/	
/	
/	

9. Prepared by: Name: J. Escobar Position/Title: PSC Signature: _____

ICS 204 | **IAP Page** 6 | Date/Time: 11/03/26 1700

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3.
Aircraft Incident 110126 Cresthaven Command	Date From: 11/04/26 Date To: 11/05/26 Time From: 0600 Time To: 0600	**Branch:** **Division:** **Group:** LE **Staging Area:**

4. Operations Personnel: Name — Contact Number(s)

Operations Section Chief: J. Gonzalez — 561-324-8340

Branch Director: _____

Division/Group Supervisor: T. Dalman — 561-767-6442

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			
PBSO	L. Franks	141	561-797-2895	2928 S. Military Trail, WPB
NTSB	T. Moonville	30	305-401-2126	2928 S. Military Trail, WPB
FBI	A. Cavallo	5	610-717-8177	2928 S. Military Trail, WPB
S.B. Police	B. Quatters	2	561-809-1335	2928 S. Military Trail, WPB
FHP	R. Dooley	1	561-644-1524	2928 S. Military Trail, WPB
PSPD	R. Fequiere	3	561-584-8318	2928 S. Military Trail, WPB

6. Work Assignments:

1. Scene security: Maintain inner and outer perimeters around the impact area, debris field, and affected residences; restrict unauthorized entry.
2. Traffic management: Maintain Military Trail closures between Cresthaven Boulevard and 10th Avenue North; coordinate diversions and emergencyaccess.
3.Scene preservation: Protect wreckage and other potential evidence; coordinate investigative access with federal investigators.
4. Resident assistance: Coordinate restricted resident access, escorts, property security, and displacement-related needs with Incident Command.
5. Public safety: Manage crowds, media access, pedestrian movements, and security issues.

7. Special Instructions:

Maintain security until authorized changes are coordinated with Incident Command and investigative authorities.
Report unauthorized access, security concerns, downed power lines, unstable debris, fuel hazards, and structural risks immediately.
Document significant events, assignments, access issues, and security actions

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

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
LE /	561-767-6442/TAC10B
/	
/	
/	

9. Prepared by: Name: J. Escobar Position/Title: PSC Signature: _____

ICS 204	IAP Page 7	Date/Time: 11/03/26 1700

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3.
Aircraft Incident 110126 Cresthaven Command	Date From: 11/04/26 Date To: 11/05/26 Time From: 0600 Time To: 0600	**Branch:**

4. Operations Personnel: Name — Contact Number(s)

Operations Section Chief: J. Gonzalez — 561-324-8340

Branch Director:

Division/Group Supervisor: R. Rodriguez — 772-812-3606

Division:

Group: Utilities

Staging Area:

5. Resources Assigned:				
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
FPU	J. Hernandez	TBD	561-706-9212	2928 S. Military Trail, WPB
FPNL	A. Munson	TBD	561-267-1375	2928 S. Military Trail, WPB
FDOT	G. Blakeney	TBD	561-662-8682	2928 S. Military Trail, WPB
County Eng.	J. Keller	TBD	561-225-7252	2928 S. Military Trail, WPB
FDEP	J. Deluna	TBD	954-658-8020	2928 S. Military Trail, WPB

6. Work Assignments:

1. Electrical Hazards: Identify, isolate, and secure downed power lines, damaged transformers, and other electrical hazards.
2. Utility Isolation: Coordinate shutdown or isolation of damaged utilities to provide a safe working environment for emergency and recovery personnel.
3. Service Restoration: Prioritize and coordinate restoration of utility services when conditions permit.
4. Debris Removal Support: Identify and secure underground and overhead utilities before excavation, heavy equipment operations, or debris removal.
5. Incident Coordination: Maintain communication with Incident Command and the Safety Officer regarding utility hazards, service interruptions, and restoration timelines

7. Special Instructions:

- Treat all downed electrical lines as energized until confirmed otherwise by authorized utility personnel.
- Coordinate utility shutdowns and restoration with Incident Command.
- Do not energize damaged infrastructure until inspected and determined safe.
- Immediately report new utility hazards or unsafe conditions.
- Coordinate access to restricted areas with Law Enforcement and Incident Command.

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

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
Utilities /	772-812-3606/TAC10B
/	
/	
/	

9. Prepared by: Name: J. Escobar Position/Title: PSC Signature:

ICS 204 | **IAP Page** 8 | Date/Time: 11/03/26 1700

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared:	3. Operational Period:
Aircraft Incident 110126 Cresthaven Command	Date: 11/3/2026 Time: 1600	Date From: 11/04/2026 Date To: 0600 Time From: 11/05/2026 Time To: 0600

4. Basic Radio Channel Use:

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
A	1	DISPATCH	FRMAIN	PBCFR ALL	NA	NA	NA	NA	D	PBC TRS TALKGROUP
B	10	TACTICAL	TAC 10B	PBCFR OPS	NA	NA	NA	NA	D	PBC TRS TALKGROUP

5. Special Instructions:

TAC 10B IS RECORDED BUT NOT MONITORED BY A DISPATCHER. ALL EMERGENCY TRAFFIC TO BE PRECLUDED BY VOCAL MAYDAY ANNOUNCEMENT.

ALL NORMAL TRAFFIC WITH DISPATCH TO BE PASSED ON 1A FRMAIN

6. Prepared by (Communications Unit Leader) Name: SEAN ROBERT Signature: _____

ICS 205	IAP Page 9	Date/Time: 11/3/2026 - 1600

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: 11/04/2026 Time From: 0600	Date To: 11/05/2026 Time To: 0600
Aircraft Incident 110126 Cresthaven Commar		

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
Cart 1	Command Post	Tac 10B	☒ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground)**:**

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
PBCFR St 36	5395 Purdy Ln, WPB, FL 33415	911/ 561-641-7941	☒ ALS ☐ BLS
PBCFR St 39	228 Cypress Ln, Palm Springs, FL 33461	911/ 561-969-7598	☒ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time Air	Travel Time Ground	Trauma Center	Burn Center	Helipad
JFK Main	5301 S. Congress Ave Atlantis, FL 33462	561-965-7300		12min	☐ Yes Level:_____	☐ Yes ☒ No	☒ Yes ☐ No
Wellington Regional	10101 Forest Hill Blvd Wellingtin, FL 33414	561-798-8500		19min	☐ Yes Level:_____	☐ Yes ☒ No	☐ Yes ☒ No
St. Mary's Medical	901 45th St WPB, FL 33407	561-844-6300	8min	25min	☒ Yes Level: 1	☐ Yes ☒ No	☒ Yes ☐ No
Delray Medical Center	5352 Linton Blvd Delray Beach, FL 33484	561-498-4440	8min	29min	☒ Yes Level: 1	☐ Yes ☒ No	☒ Yes ☐ No
					☐ Yes Level:_____	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

In the event of a medical emergency, provide first aide and immediately notify your direct supervisor as well as the Medical Unit/ Incident Saftey Officer. Provide the name, location, and nature of the injury or illness and any pertinent infromation.

Fire Rescue has a Cart onsite to handle immediate response, treatment, and can transfer to outside resources for transport as needed to the appropriate medical facilities.
All STEMI's and Strokes will be transported to JFK Medical Center and Trauma Alerts will be transported to St. Mary's or Delray Medical Center depending on agency guidelines.

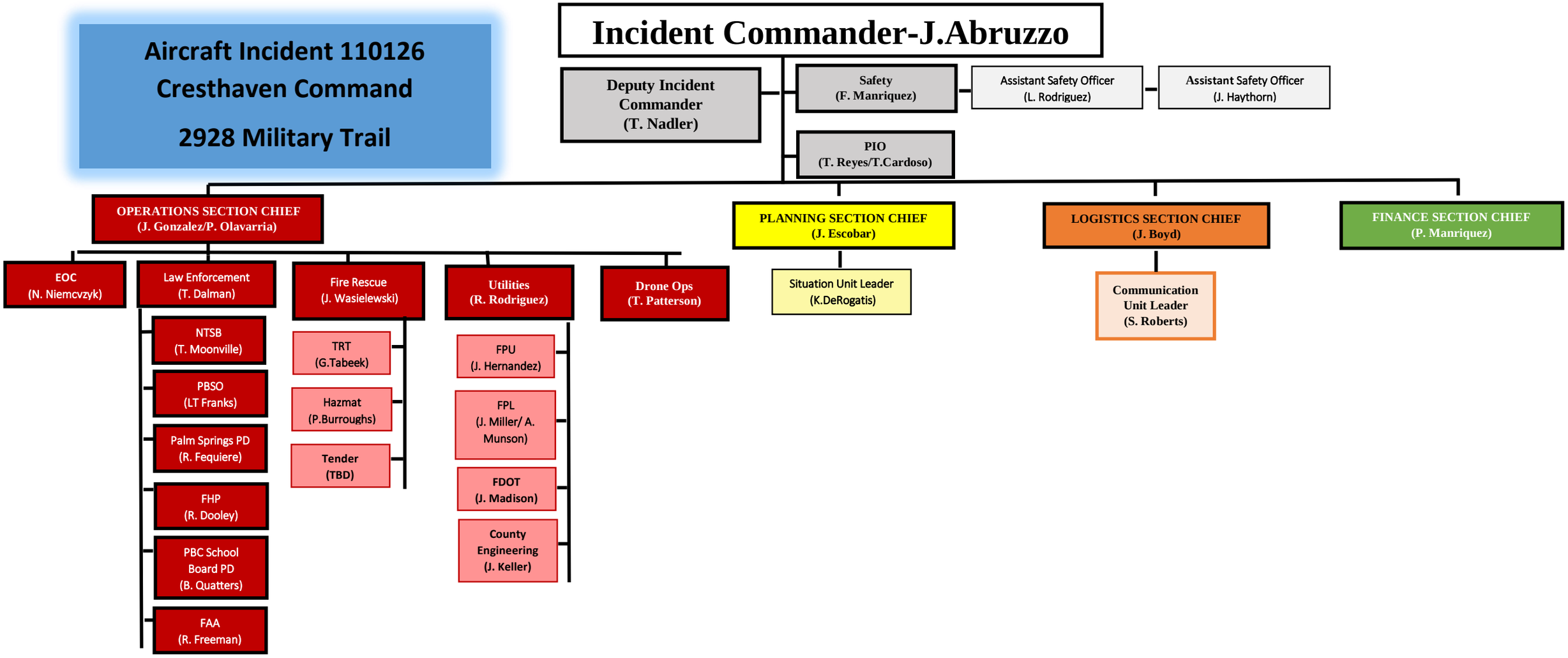
☒ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

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

8. Approved by (Safety Officer)**:** Name: Jason Haythorn Signature: _____

ICS 206	IAP Page 10	Date/Time: 11/03/2026 1300

Aircraft Incident 110126
Cresthaven Command
2928 Military Trail



SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:			
Aircraft Incident 110126 Cresthaven Comma	Date From: 11/04/26	Date To: 11/05/26	Time From: 0600	Time To: 0600

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

Maintain Situational Awareness
Active Crime Scene With active investigation, Refer to PBSO & NTSB
Transmission Lines are Active
Distribution Lines are de-energized
Prepare for inclement weather

Health & Safety Hazards (Current):

Aircraft wreckage
Unstable ground / Crater Debris Field
Downed Power lines / electrical hazards
Possible Jet Fuel or other Hazardous Materials
Possible Structural collapse of damaged homes
Traffic / Roadway hazards and public access issues

Weather:

Wednesday 11/04/26
100% chance of Rain expected
Thunderstorms
Temps: High 84 low 76

4. Site Safety Plan Required? Yes ☒ No ☐
Approved Site Safety Plan(s) Located At: Command post

5. Prepared by: Name: Lazaro Rodriguez Position/Title: Assitant Safety Office Signature: _____

ICS 208	IAP Page 12	Date/Time: 11/03/26 1248

SITE SAFETY AND CONTROL PLAN ICS 208 HM	1. Incident Name: Aircraft Incident 110126 Cresthaven Command	2. Date Prepared: 11/03/2026	3. Operational Period: Time: 0600-0600

Section I. Site Information

4. Incident Location: 2928 South Military Trail WPB Fl 33411

Section II. Organization

5. Incident Commander:	6. HM Group Supervisor:	7. Tech. Specialist - HM Reference:
J. Abruzzo	P. Burroughs	
8. Safety Officer:	9. Entry Leader:	10. Site Access Control Leader:
F. Manriquez		
11. Asst. Safety Officer - HM:	12. Decontamination Leader:	13. Safe Refuge Area Mgr:
L. Rodriguez		
14. Environmental Health:	15.	16.
FDEP J. Deluna		

17. Entry Team: (Buddy System) Name:	PPE Level	18. Decontamination Element: Name:	PPE Level
Entry 1		Decon 1	
Entry 2		Decon 2	
Entry 3		Decon 3	
Entry 4		Decon 4	

Section III. Hazard/Risk Analysis

19. Material:	Container type	Qty.	Phys. State	pH	IDLH	F.P.	I.T.	V.P.	V.D.	S.G.	LEL	UEL
Human Remains												
Plane Debris												
Jet Fuel												

Comment:

Section IV. Hazard Monitoring

20. LEL Instrument(s):	21. O_2 Instrument(s):
Draeger 4 Gas	Draeger 4 Gas
22. Toxicity/PPM Instrument(s):	23. Radiological Instrument(s):
Multi RAE PPB	Mirion PRD

Comment:

Section V. Decontamination Procedures

24. Standard Decontamination Procedures: YES: [X] NO: [ ]

Comment:
Standard decon with provided boot wash

Section VI. Site Communications

25. Command Frequency: 10 Bravo	26. Tactical Frequency:	27. Entry Frequency:

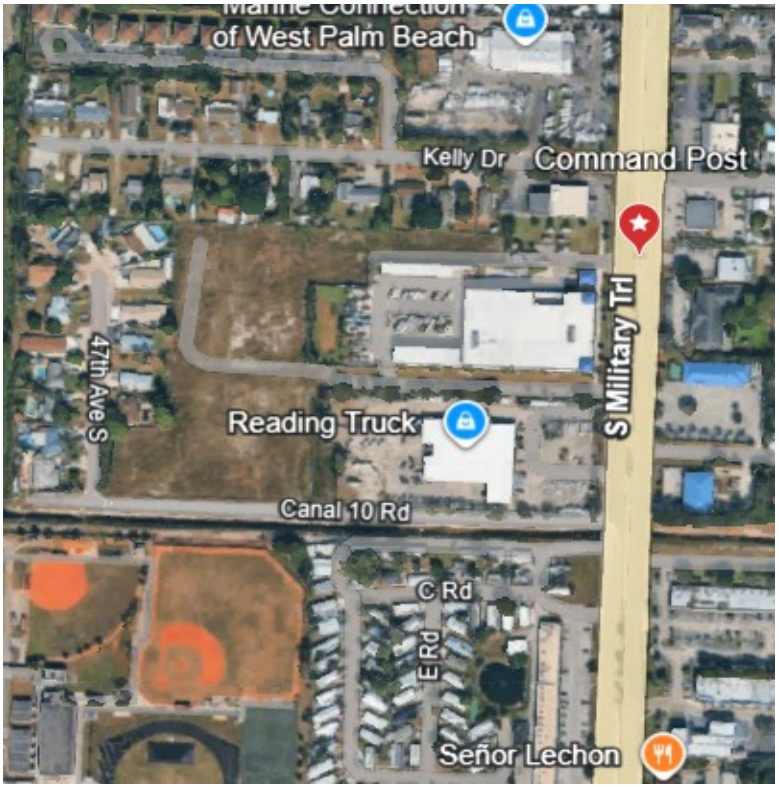
Section VII. Medical Assistance

28. Medical Monitoring: YES: [ ] NO: [ ] 29. Medical Treatment and Transport In-place: YES: [X] NO: [ ]

Comment:
Onsite PBCFR Rescue

Section VIII. Site Map

30. Site Map:
See Attachment



Weather ☐ Command Post ☐ Zones ☐ Assembly Areas ☐ Escape Routes ☐ Other ☒

Section IX. Entry Objectives

31. Entry Objectives:
Enter and exit through established corridor
Wear appropriate PPE

Section X. SOP S and Safe Work Practices

32. Modifications to Documented SOP s or Work Practices: YES: ☐ NO: ☒

Comment:
Follow Department SOP's and SOG's

Section XI. Emergency Procedures

33. Emergency Procedures:

Section XII. Safety Briefing

34. Asst. Safety Officer - HM Signature: Safety Briefing Completed (Time):
Lazaro Rodriguez
Digitally signed by Lazaro Rodriguez
DN: DC=org, DC=pbcgov, OU=Enterprise, OU=FIRE, OU=Users, OU=Station Users, CN=Lazaro Rodriguez, E=lrodrigu@pbc.gov
Reason: I am the author of this document
Location:
Date: 2026.11.03 06:27:59-05'00'
Foxit PDF Editor Version: 12.1.0

35. HM Group Supervisor Signature:

36. Incident Commander Signature: