



Gallatin County Emergency Management

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Automatic Aid for Unprotected Areas

Pursuant to the Gallatin County Fire Council Mutual Aid Agreement and Montana Code Annotated, the Fire Chief of the Central Valley Fire District and Gallatin County agree to the following procedure to request response in areas defined as unprotected within the boundaries of Gallatin County.

For the call types selected in attachment A, in the areas defined below, Gallatin County makes a standing request for mutual aid from the Fire Department. In accordance with the Gallatin County Emergency Management Plan, the Gallatin County Sheriff's Office will serve as the Incident Commander.

The Fire Department authorizes the Gallatin County 911 Center to dispatch the Fire Department on the receipt of any call type selected in attachment A that falls within the boundaries of the described unprotected area.

This agreement remains in effect until canceled by the County or the Fire Department

Locations/ESZs authorized by this agreement;

Maudlow Response Area (ESZ#16129)

Chairman, Board of Trustees

Fire Department

7-28-15

Date

Patrick Lonergan, Director
Emergency Management

8/10/15

Date

Attachment A:

Check the call types below that you want to be dispatched for:

<input type="checkbox"/>	ABDOMINAL PAIN	<input type="checkbox"/>	PREGNANCY/CHILDBIRTH
<input type="checkbox"/>	ALLERGIES	<input type="checkbox"/>	SICK PERSON
<input type="checkbox"/>	ANIMAL BITES / ATTACKS	<input type="checkbox"/>	PENETRATING TRAUMA
<input type="checkbox"/>	BACK PAIN (NO TRAUMA)	<input type="checkbox"/>	STROKE
<input type="checkbox"/>	BREATHING PROBLEMS	<input type="checkbox"/>	TRAUMATIC INJURIES
<input type="checkbox"/>	BURNS/EXPLOSION	<input checked="" type="checkbox"/>	UNCONSCIOUS
<input type="checkbox"/>	CO/INHALATION/HAZMAT	<input checked="" type="checkbox"/>	UNKNOWN PROBLEM - EMS
<input type="checkbox"/>	CARDIAC - RESPIRATORY ARREST	<input checked="" type="checkbox"/>	TRANSFER/INTERFACILITY/PALLIATIVE CARE
<input type="checkbox"/>	CHEST PAIN (NO TRAUMA)	<input checked="" type="checkbox"/>	DAM EMERGENCY
<input type="checkbox"/>	CHOKING	<input checked="" type="checkbox"/>	DEATH
<input type="checkbox"/>	CONVULSIONS / SEIZURES	<input type="checkbox"/>	EMS
<input type="checkbox"/>	DIABETIC PROBLEMS	<input type="checkbox"/>	FIRE-MISC/VEHICLE
<input type="checkbox"/>	DROWNING/DIVING/SCUBA ACCIDENT	<input type="checkbox"/>	FIRE-HAZMAT/ NATURAL GAS/ PROPANE
<input type="checkbox"/>	ELECTROCUTION	<input type="checkbox"/>	FIRE-RESCUE/ VEHICLE COLLISION
<input type="checkbox"/>	LIGHTNING	<input type="checkbox"/>	FIRE-RESCUE/ AIRCRAFT
<input type="checkbox"/>	EYE PROBLEMS / INJURIES	<input type="checkbox"/>	FIRE-RESCUE/ BUILDING COLLAPSE
<input type="checkbox"/>	FALLS	<input type="checkbox"/>	FIRE-RESCUE/ TECH
<input type="checkbox"/>	HEADACHE	<input type="checkbox"/>	FIRE-RESCUE/ TRENCH COLLAPSE
<input type="checkbox"/>	HEART PROBLEMS	<input type="checkbox"/>	FIRE-RESCUE/ TRAIN
<input type="checkbox"/>	HEAT / COLD EXPOSURE	<input type="checkbox"/>	FIRE-RESCUE/ WORKING
<input type="checkbox"/>	HEMORRHAGE / LACERATIONS	<input type="checkbox"/>	FIRE-RESCUE/ MVA WITH PEDESTRIAN
<input type="checkbox"/>	INACCESSIBLE INCIDENT/OTHER ENTRAPMENTS	<input type="checkbox"/>	FIRE-RESCUE/ MVA WITH BICYCLE/ MOTORCYCLE
<input checked="" type="checkbox"/>	POISONING - ACCIDENTAL	<input checked="" type="checkbox"/>	FIRE-STAGE FOR LE/ BOMB THREAT
<input type="checkbox"/>	POISON CONTROL REQUEST	<input type="checkbox"/>	