

# IAP- Fire 199

Date: 7/9/25

## OBJECTIVES:

|                     |               |
|---------------------|---------------|
| BLM fire number     | AK-TAD-000199 |
| BLM accounting code | 199: S33B     |
| FS code             | PDS33B (1532) |

1. Provide for firefighter and public safety.
2. Provide point protection of values at risk.
3. Keep fire north of the Yukon River.
4. Monitor fires 195, 200, 201.

## RESOURCES & ASSIGNMENTS:

| RO # | Resource                 | Location           | Assignment                        |
|------|--------------------------|--------------------|-----------------------------------|
| O-36 | TFLD Joel Burgett        | DIV M              | Point/structure protection        |
| O-39 | TFLD(t) Jody Whitaker    | DIV M              | Point/structure protection        |
| O-57 | TFLD Brandon Rea         | DIV M              | Point/structure protection        |
| C-7  | CR21 PatRick (19)        | DIV M #8 allotment | Point/structure protection        |
| C-6  | CRW2 K. River 2 (18)     | DIV M #6 allotment | Point/structure protection        |
| C-10 | CRW1 Wyoming IHC (23)    | DIV M #5 allotment | Point/structure protection        |
| O-13 | TLED Anibal Gutierrez    | DIV N              | Point/structure protection        |
| O-45 | SMJ Oakleaf +4           | DIV N #9 allotment | Point/structure protection        |
| C-4  | CRW2 Mooseheart Mtn (19) | DIV N #3 allotment | Point/structure protection        |
| C-13 | CRW2 Clearwater (20)     | DIV N #1 allotment | Point/Structure protection        |
| O-19 | THSP Corey Perez         | DIV N #2 allotment | Bear guard                        |
| O-21 | EMTF—Dwayne Eager        | DIV N              | Fire Medic                        |
| O-16 | TFLD Richard Smith       | ICP/Allotments     | Tactical Support Group            |
| E-2  | TBOT Dianna Merry        | Yukon River        | Shuttle personnel/equipment       |
| E-9  | TBOT Patty Wiehl         | Yukon River        | Shuttle personnel/equipment       |
| E-12 | TBOT Thomas Moore        | Yukon River        | Shuttle personnel/equipment       |
| E-11 | TBOT Janet Woods         | Yukon River        | Shuttle personnel/equipment       |
| E-16 | TBOT Remy Brooks         | Yukon River        | Shuttle personnel/equipment       |
| E-15 | TBOT Natalie Newman      | Yukon River        | Shuttle personnel/equipment       |
| O-14 | MEDL- Trina McCandless   | ICP                | Medical unit leader // Fire Medic |

## IMT ORGANIZATION:

| Position | Name                  | Phone #      | Position | Name                | Phone #      |
|----------|-----------------------|--------------|----------|---------------------|--------------|
| IC       | O-23 Jarid Gibson     | 906-250-4000 | LSC3     | O-38 Pete Glover    | 906-458-3017 |
| IC(t)    | O-27 Travis McCabe    | 907-328-9047 | SUPL     | O-33 Mark Morgan    | 678-938-9808 |
| OPS      | O-42 Phil Oosahwe     | 479-459-8410 | Staging  | O-34 Richard Wilson | 530-503-5754 |
| OPS(t)   | O-17 Jake Budd        | 907-482-0483 | Ramp     | O-41 Tom Schafer    | 575-937-4649 |
| OPS(t)   | O-28 Nick Biedscheid  | 907-370-3744 |          |                     |              |
| TFLD     | O-36 Joel Burgett     |              | PIO      | Holly Welch         | 803-667-0815 |
| TFLD(t)  | O-39 Jody Whitaker    |              | PIO      | Sarah Gracey        | 502-229-1383 |
| TLFD     | O-16 Richard Smith    | 860-625-6635 |          |                     |              |
| TFLD     | O-13 Anibal Gutierrez |              | TAD      | Steff Olson- POC    | 907-356-5559 |
| ASGS     | O-22 Travis Moore     | 970-787-8908 |          | Evan Karp- DO       | 907-356-5668 |
| MEDL     | O-14 Trina McCandless | 907-305-0979 |          | David Bloemker      | 907-978-2565 |
| SOFR     | O-24 Doug Havlina     | 208-850-6651 | Yukon    |                     | 907-356-5555 |
|          |                       |              | Dispatch |                     |              |
| FSC3     | O-54 Torie Koller     | 719-6593425  | Expanded | Beth                | 907-356-5817 |
| PSC3     | O-55 Kristy Hajny     | 907-370-3494 |          |                     |              |

## AIR OPERATIONS:

| Tail # and Type | RO #   | Manager        | Phone #      | Assignment            |
|-----------------|--------|----------------|--------------|-----------------------|
| 9AE T3 ASB3     | A-3    | Lexie Regeltz  | 860-593-6286 | Recon, cargo, medical |
| 920 T2 BelI212  | A-36   | Mike Armstrong | 775-385-3570 | Buckets, cargo        |
|                 | A-36.3 | Allan Bottari  | 906-362-0705 | HECM                  |
|                 | O-43   | Zach Taylor    | 501-242-1042 | HECM (t)              |
|                 | O-44   | David Waters   | 478-488-0088 | HECM (t)              |

## COMMUNICATION: “Controlled Unclassified Information//Basic”

| Channel                | Rx       | Tone | Tx       | Tone  | Victor                |
|------------------------|----------|------|----------|-------|-----------------------|
| CMD 1<br>199 Command   | 170.3875 |      | 163.0375 |       | Air to Air<br>Primary |
| TAC 1<br>Div N Tac     | 168.0500 |      | 168.0500 |       |                       |
| TAC 2<br>Boat Tac      | 168.2000 |      | 168.2000 |       | Rampart Airport       |
| TAC 4<br>Div M Tac     | 166.7250 |      | 166.7250 |       | IA Air to Air         |
| A/G PRI                | 166.6125 |      | 166.6125 |       |                       |
| A/G SEC                | 167.9500 |      | 167.9500 |       |                       |
| GRAY<br>Yukon Dispatch | 169.3625 |      | 169.3625 |       |                       |
| AIRGUARD               | 168.6250 |      | 168.6250 | 110.9 |                       |
| DECK                   | 163.1000 |      | 163.1000 |       |                       |

## COORDINATES:

| Descriptor    | Location            | Lat.        | Long.        |
|---------------|---------------------|-------------|--------------|
| ICP           | Rampart Airstrip    | 65 30.642 N | 150 09.033 W |
| H-1 (Type 2)  | Allotment Cluster 1 | 65 30.033 N | 150 24.157 W |
| H-2 (Type 2)  | Allotment Cluster 2 | 65 29.625 N | 150 16.060 W |
| H-25 (Type 2) | Allotment Cluster 2 | 65 29.630 N | 150 18.307 W |
| H-3 (Type 2)  | Allotment Cluster 3 | 65 30.263 N | 150 12.065 W |
| H-35 (Type 2) | Allotment Cluster 3 | 65 29.818 N | 150 13.797 W |
| H-5 (Type 2)  | Allotment 5         | 65 31.353 N | 150 09.813 W |
| H-8 (Type 3)  | Allotment 8         | 65 34.828 N | 150 10.913 W |

**Medical:** For medical emergencies refer to the ICS 206 Medical Plan and the Medical Incident Report in the IAP (also on pg 120 of the IRPG). First on scene needs to initiate additional resources by getting Medical Incident Report started over Command 1.

**Safety:** Ensure a comfortable spike camp by utilizing visqueen, yellow tarps, and warming fires as appropriate. Communicate needs early through your chain of command.

**Notes:** Call in orders to operations by 1300 for next day delivery. Send in all CTR's and shift tickets by boat.

Digital filing for CTR's should follow this format: CTR\_RO\_YYMMDD-DD

EX: CTR\_O21\_250715-18



## MEDICAL PLAN (ICS 206)

| <b>1. Incident Name:</b>                                                                                                                                  |                                          | <b>2. Operational Period:</b> Date From: _____<br>Time From: _____ |                                                           | Date To: _____<br>Time To: _____ |                                              |                                                             |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|----------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>3. Medical Aid Stations:</b>                                                                                                                           |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| Name                                                                                                                                                      | Location                                 | Contact Number(s)/Frequency                                        | Paramedics on Site?                                       |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <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  |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
| <b>4. Transportation</b> (indicate air or ground):                                                                                                        |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| Ambulance Service                                                                                                                                         | Location                                 | Contact Number(s)/Frequency                                        | Level of Service                                          |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    | <input 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                           |                                              |                                                             |                                                             |
|                                                                                                                                                           |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                           |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                           |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                           |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                           |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>6. Special Medical Emergency Procedures:</b>                                                                                                           |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.                        |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| <b>7. Prepared by</b> (Medical Unit Leader): Name: _____ Signature:  |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| <b>8. Approved by</b> (Safety Officer): Name: _____ Signature:       |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| ICS 206                                                                                                                                                   |                                          | IAP Page _____                                                     |                                                           | Date/Time: _____                 |                                              |                                                             |                                                             |

| Medical Incident Report                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------|---------------|------------|
| <b>FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>FOR A MEDICAL EMERGENCY: IDENTIFY ON-SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.</b>                                                                                                                                                                                |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Use the following items to communicate situation to communications / dispatch.                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| 1. <b>CONTACT COMMUNICATIONS / DISPATCH</b> (Verify correct frequency prior to starting report) Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| 2. <b>INCIDENT STATUS:</b> Provide incident summary (including number of patients) and command structure.<br>Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care." |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Severity of Emergency / Transport Priority                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> <b>RED / PRIORITY 1</b> Life or limb threatening injury or illness. Evacuation need is IMMEDIATE<br>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented. |              |                                                                                 |               |            |
|                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>YELLOW / PRIORITY 2</b> Serious Injury or illness. Evacuation may be DELAYED if necessary<br>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.                                           |              |                                                                                 |               |            |
|                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>GREEN / PRIORITY 3</b> Minor Injury or illness. Non-Emergency transport<br>Ex: Sprains, strains, minor heat-related illness.                                                                                               |              |                                                                                 |               |            |
|                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>Purple/Other</b> Non Medical other potential critical incidents<br>Ex: Unaccounted for incident resources, threats to employees, chemical spills, incidents not requiring the use of ICS-206 but requiring IMT response    |              |                                                                                 |               |            |
| Nature of Injury or Illness & Mechanism of Injury                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |              | Brief Summary of Injury or Illness<br>(Ex: Unconscious, Struck by Falling Tree) |               |            |
| Evacuation Request                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                        |              | Air Ambulance / Short Haul/Hoist<br>Ground Ambulance / Other                    |               |            |
| Patient Location                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                        |              | Descriptive Location & Lat. / Long. (WGS84)                                     |               |            |
| Incident Name                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                        |              | Geographic Name + Medical<br>(Ex: Trout Meadow Medical)                         |               |            |
| On-Scene Incident Commander                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                        |              | Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)             |               |            |
| Patient Care                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |              | Name of Care Provider<br>(Ex: EMT Smith)                                        |               |            |
| <b>3. INITIAL PATIENT ASSESSMENT:</b> Complete this section for each patient as applicable (start with the most severe patient)                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Patient Assessment: See IRPG PAGE 106                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Treatment:                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>4. EVACUATION PLAN:</b>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Helispot / Extraction Site Size and Hazards:                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:</b>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Example: Paramedic/EMT, crews, immobilization devices, AED, oxygen, trauma bag, IV/fluid(s), splints, rope rescue, wheeled litter, HAZMAT, extrication                                                                                                                                                                                                           |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| Function                                                                                                                                                                                                                                                                                                                                                         | Channel Name/Number                                                                                                                                                                                                                                    | Receive (RX) | Tone/NAC *                                                                      | Transmit (TX) | Tone/NAC * |
| COMMAND                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| AIR-TO-GRND                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| TACTICAL                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>7. CONTINGENCY:</b> <u>Considerations:</u> If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead..                                                                                                                                                                                        |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>8. ADDITIONAL INFORMATION:</b> Updates/Changes, etc.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |
| <b>REMEMBER:</b> Confirm ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                        |              |                                                                                 |               |            |