

IAP- Fire #199

Date: 8/01/25

OBJECTIVES:

Lush Fire

- 1. Provide for firefighter and public safety.
- 2. Provide point protection of values at risk.
- 3. Keep fire north of the Yukon River.

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

RESOURCES & ASSIGNMENTS:

RO #	Resource	LWD	Location	Assignment
Division A				
C-17	CRW1 Chena IHC (19)	8/2	DIV A #3 allotment	Point/structure protection
DIV Z				
	Unstaffed			
E-9	TBOT Doug Green		Yukon River	Shuttle personnel/equipment
E-11	TBOT Janet Woods		Yukon River	Shuttle personnel/equipment
E-16	TBOT Ken Newman		Yukon River	Shuttle personnel/equipment
O-75	EMPF Tony Melkjohn	8/1	ICP	DIV A/Z Paramedic

IMT ORGANIZATION:

Position	Name	Phone #	Position	Name	Phone #
ICT4/plans	O-94 Kristy Hainy	907-370-3494	PIO	Beth Ispen	907-356-5511
ICT4(t)/ops	C-17.2Jacob Hollander				
HMGB	O-77 Spencer Herda	719-500-9249	TAD	Tasha Shields- DO	907-356-5559
AFUL	O-80 Stacie Oaks			David Bloemker-FMO	907-356-5569
FSC3	O-98 Sierra Brewer	775-870-6268	Yukon	Travis McCabe-DO	907-356-5561
			Dispatch		907-356-5555
Logs	O-86 Craig Cochran	317-446-2252	Yukon	Marley	907-356-5817
			Expanded		

AIR OPERATIONS:

Tail # and Type	RO #	Manager	Phone #	Assignment
9AE T3 ASB3	A-3/A-3.1	Lexie Regetz	860-593-6286	Recon, cargo, medical
920 T2 Bell212	A-36/A-36.1	Connie Stickle	503-348-4581	Buckets, cargo
	O-76	Kyle Weatherbie	HECM	Cargo, Helispots
	O-79	Colin Vanek	HECM (t)	Cargo, Helispots

INCIDENT OVERHEAD									
Request Number	Resource Name	No. People	Resource Type	Last Work Day	1	2	3	4	5
O-85	Ian Johnson	1	SUPL(t)	7/31/25	8/1	8/2	8/3	8/4	8/5
O-98	Sierra Brewer	1	FSC3	8/1/25	DMB				
O-75	Tony Melkjohn	1	EMPF	8/1/25	DMB				
O-77	Spencer Herda	1	HECM	8/1/25	DMB				
O-79	Colin Vanek	1	HECM(t)	8/1/25	DMB				
O-76	Kyle Weatherbie	1	HECM	8/1/25	DMB				
A-36.1	Connie Stickle	1	HMGB	8/2/25	DMB				
C-17	Chena IHC	20	CRW1	8/2/25	DMB				
O-86	Craig Cochran	1	Logs	8/2/25	DMB				
A-3.1	Lexi Regetz	1	HMGB	8/2/25	DMB				
O-80	Stacie Oaks	1	AFUL	8/3/25	DMB				
O-94	Kristy Hainy	1	ICT4	8/7/25					
O-__	Plus one	1		8/5/25					

COMMUNICATION: "Controlled Unclassified Information//Basic"

Channel	Rx	Ione	Ix	Ione	Victor
CMD 1 - 199 Command	170.3875		163.0375		Air to Air Primary 126.1250
TAC 1 - Div A Tac	168.0500		168.0500		Rampart Airport 122.9
TAC 2 - Boat Tac	168.2000		168.2000		IA Air to Air 128.45
TAC 4 - Div Z Tac	166.7250		166.7250		
A/G PRI	166.6125		166.6125		
GRAY	169.3625		169.3625		
Yukon Dispatch					
AIRGUARD	168.6250		168.6250	110.9	
DECK	163.1000		163.1000		

TFR				

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 16.050 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-4 (Type 2)	Allotment Cluster 4	65 30.870 N	150 13.410 W
H-41 (Type 2)	Allotment Cluster 4	65 30.962 N	150 12.632 W
H-35 (Type 2)	Allotment Cluster 3	65 29.818 N	150 13.797 W
H-38 (Type 2)	Allotment Cluster 3	65 30.267 N	150 13.597 W
H-5 (Type 2)	Allotment Cluster 5	65 31.353 N	150 09.813 W
H-51 (Type 2)	Allotment Cluster 5	65 31.343 N	150 09.270 W
H-52 (Type 2)	Allotment Cluster 5	65 31.585 N	150 10.103 W
H-53 (type 2)	Allotment Cluster 5	65 31.142 N	150 10.510 W
H-70 (Type 2)	Allotment Cluster 7	65 33.210 N	150 10.340 W
H-8 (Type 3)	Allotment Cluster 8	65 34.828 N	150 10.913 W
H-87 (Type 2)	Allotment Cluster 9	65 37.065 N	150 11. 675 W
H-90 (Type 2)	Allotment Cluster 9	65 37.282 N	150 10.600 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: Be Bear aware. Stay alert and look for bear activity. Travel in pairs and make noise. If encountering a bear remain calm and back away slowly. Report all bear issues and sightings and make them known immediately.

Notes: Call in orders to operations by 1300 for next day delivery. Send in all CTR's and shift tickets by boat. Or email to 2025.lush.finance@firenet.gov
Digital filing for CTR's should follow this format: CTR_RO_YYMMDD-DD
EX: CTR_O21_250715-18

MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period: Date From: _____ Time From: _____		Date To: _____ Time To: _____			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
			☐ 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				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
6. Special Medical Emergency Procedures: Meiklejohn has advanced airways, chest needle decompression kits, and expanded scope medications. IF NO AIRCRAFT AVAILABLE TO H SPOTS OR OUT OF AIRSTRIP: Ground/water Medical Evac Plan: Start patient via boat to E.L. Patton Yukon River Bridge landing (65° 52.73', -149° 43.28'). Initiate contact with Yukon Response Base to request ALS Ambulance intercept at the landing. Initiate contact with the Rescue Coordination Center through dispatch for intel on if aircraft interception at another location en route is possible. NIGHT: Boat Drivers via Boat TFL (TAC 2) SHORT HAUL: Wenatchee (at Himalaya Fire) order via dispatch. HOIST: AK Air National Guard (Fairbanks Mon-Fri) order via dispatch (via Troopers via RCC). ALWAYS HAVE A BACKUP PLAN. ☐ 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: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			