

INCIDENT ACTION PLAN

# WILLOW INCIDENT

CA-NEU-021423



OPERATIONAL PERIOD

9/10/20 0700 – 9/11/20 0700

# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> <p style="text-align: center; margin-top: 10px;"><b>WILLOW</b></p>	<b>2. Operational Period:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Date From:</td> <td style="width: 15%;">9/10/2020</td> <td style="width: 15%;">Date To:</td> <td style="width: 15%;">9/11/2020</td> </tr> <tr> <td>Time From:</td> <td>0700</td> <td>Time To:</td> <td>0700</td> </tr> </table>	Date From:	9/10/2020	Date To:	9/11/2020	Time From:	0700	Time To:	0700
Date From:	9/10/2020	Date To:	9/11/2020						
Time From:	0700	Time To:	0700						

**3. Objective(s):**

- Management Objectives**
- Provide for emergency personnel and public safety at all times.
  - Ensure COVID-19 precautions and best practices are met at all times.
  - Protect property, improvements, and infrastructure.
  - Ensure coordinated, timely and accurate release of public information.
  - Foster and maintain relationships with all cooperators and stakeholders.
  - Protect economic, natural, cultural and heritage resources.
  - Maintain fiscal accountability and keep costs commensurate with values at risk.

- Control Objectives**
- Keep the fire North of Marysville Road / Transmission Lines
  - Keep the fire South of Finley Ranch
  - Keep the fire East of Los Verjeles
  - Keep the fire West of Willow Glenn Ridge

**General Situational Awareness:**

Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history and drought stressed trees.

Enhanced hygiene (especially handwashing), PPE & monitoring practices help limit the infection rate of first responders.

**5. Site Safety Plan Required?** Yes  No

**Approved Site Safety Plan(s) Located at:**

**6. Incident Action Plan**

<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> ICS 205 A	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Facility Maps	<input type="checkbox"/> Travel Map	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	<input type="checkbox"/> County Health Message
<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

<b>7. Prepared By:</b> Sam Layton	Position/Title: PSC	Signature:
<b>8. Approved by Incident Commander:</b>	Sam Layton	Signature:

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> WILLOW		<b>2. Operational Period: Date From:</b> 9/10/2020		<b>Date To:</b> 9/11/2020	
		<b>Time From:</b> 0700		<b>Time To:</b> 0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operation Section:</b>		
UC's	Jim Mathias	Operations	Rob Bartsch		
	YCSO	Deputy Operations			
Safety Officer		Night Ops			
Information Officer		Staging Area			
Liaison Officer		<b>Branch</b>	<b>I</b>		
<b>4. Agency/Organization Representatives:</b>		Division/Group	A/M	Travis Johnson	
Agency/Organization	Name	Division/Group	X	Nolan Hale	
		Division/Group	Z	Scott Evans	
		Division/Group			
		Division/Group			
		<b>Branch</b>	<b>II</b>		
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		<b>Branch</b>	<b>III</b>		
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		<b>Branch</b>	<b>IV</b>		
		Division/Group			
<b>5. Planning Section:</b>		Division/Group			
Chief	Sam Layton	Division/Group			
Deputy		Division/Group			
Resource Unit		Division/Group			
Situation Unit		<b>Branch</b>	<b>V</b>		
Documentation Unit		Division/Group			
Demobilization Unit		Division/Group			
GISS		Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Tech Spec		<b>Air Operations Branch</b>		<b>Director:</b>	
		Air Support Group Supervisor		Dave Krussow	
		Air Tactical Group Supervisor			
		Helibase Manager			
<b>6. Logistics Section</b>					
Chief	Devon Ellsworth				
Supply Unit		<b>8. Finance/Administration Section:</b>			
Facilities Unit		Chief			
Ground Support Unit		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
<b>Prepared By: Name:</b> Sam Layton		<b>Position/Title:</b> PSC		<b>Signature:</b> _____	
<b>ICS 203</b>		<b>Date/Time:</b> 9/9/2020 2300 hours		<small>NIMS IAP</small>	

# ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b>	<b>2. Operational Period:</b>	<b>3. Branch</b>	<b>Division</b>
<b>WILLOW</b>	Date From: 09/10/20      Date To: 09/11/20 Time From: 0700            Time To: 0700	<b>I</b>	<b>A/M</b>
<b>4. Operations Personnel:</b>		Page 1 of 1	Alpha/Mike

Operations Section Chief: <b>Rob Bartsch</b>	Night Ops:
Branch Director:	Branch Safety:
Division/Group Supervisor: <b>Travis Johnson</b>	Air Attack:

5. Resources Assigned:							
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
BR237							
BR9							
EMAC TF 1							
WT-E40							
DOZ E-45							
DUSTBUSTER CREW							
WT E-39 (NIGHT 12)							

**6. Work Assignments:**  
 Construct and hold line utilizing direct tactics and col trail fingers & islands where necessary to prevent fire spread.  
 Structure defense and perimeter control  
 Mop up 100'. Cut and improve line where needed.

**7. Special Instructions:**

8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C2		COMMAND	151.2650	103.5	159.3300	100	T9
CDF TAC19		TAC	159.3600	192.8 T16	159.3600	192.8 T16	
A/G 3		A/G 3	159.3675	192.8 T16	159.3675	192.8 T16	
CALCORD		MEDICAL	156.0750N	T6 - 156.7	156.0750N	T6 - 156.7	
AIRGUARD V3		AIRGUARD	168.6250N		168.6250N	T1 - 110.9	

<b>9. Prepared by: Name:</b>	Sam Layton	RESL	Signature: _____
<b>ICS 204</b>	Date/Time: 9/9/2020 2200	Personnel Count: 0	

# ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b> <p style="text-align: center; font-size: 1.2em;">WILLOW</p>	<b>2. Operational Period:</b> Date From: 09/10/20      Date To: 09/11/20 Time From: 0700              Time To: 0700	<b>3. Branch</b> <b>Division</b> <p style="text-align: center; font-size: 1.5em;">I                                      X</p> Page 1 of 1                      X-ray
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<b>4. Operations Personnel:</b>	
Operations Section Chief: <b>Rob Bartsch</b>	Night Ops:
Branch Director:	Branch Safety:
Division/Group Supervisor: <b>Nolan Hale</b>	Air Attack:

5. Resources Assigned:							
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
ST9232C							
ST9236G							
WT238							
DOZ E-15 TAYLOR							
BR23							
E2393							

**6. Work Assignments:**  
 Construct and hold line utilizing direct tactics and col trail fingers & islands where necessary to prevent fire spread.  
 Structure defense and perimeter control  
 Prepare for firing and continue firing as needed. Protect infrastructure.

**7. Special Instructions:**

8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C2	1	COMMAND	151.2650	103.5	159.3300	100	TONE 9
CDF T9		TAC	151.3850	192.8 T16	151.3850	192.8 T16	
A/G 3		A/G	159.3675	192.8 T16	159.3675	192.8 T16	
CALCORD		MEDICAL	156.0750N	T6 - 156.7	156.0750N	T6 - 156.7	
AIRGUARD V3		AIRGUARD	168.6250N		168.6250N	T1 - 110.9	

<b>9. Prepared by: Name:</b>	Sam Layton	RESL	Signature:
<b>ICS 204</b>	Date/Time: 9/9/2020	2200	Personnel Count: 0

# ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED  
INFORMATION/BASIC

<b>WILLOW</b>	<b>2. Operational Period:</b> Date From: 09/10/20      Date To: 09/11/20 Time From: 0700              Time To: 0700	<b>3. Branch</b> <div style="font-size: 2em; font-weight: bold;">I</div>	<b>Division</b> <div style="font-size: 2em; font-weight: bold;">Z</div>
		Page 1 of 1	Zulu


<b>4. Operations Personnel:</b>		Night Ops:
Operations Section Chief: <b>Rob Bartsch</b>	Branch Director:	Branch Safety:
Division/Group Supervisor: <b>Travis Johnson</b>		Air Attack:

5. Resources Assigned:							
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
E2390							
EMAC TF 2							
WT-E43							
TBD CREW S/T							

**6. Work Assignments:**  
 Construct and hold line utilizing direct tactics and col trail fingers & islands where necessary to prevent fire spread.  
 Perform Tactical Patrol around structures.  
 Prepare for firing and continue firing as needed. Protect infrastructure.

**7. Special Instructions:**

8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C2	1	COMMAND	151.2650	103.5	159.3300	100	TONE 9
VFIRE 26		TACTICAL	154.3025N	T6 - 156.7	154.3025N	T6 - 156.7	
A/G 3		A/G	159.3675	192.8 T16	159.3675	192.8 T16	
CALCORD		MEDICAL	156.0750N	T6 - 156.7	156.0750N	T6 - 156.7	
AIRGUARD V3		AIRGUARD	168.6250N		168.6250N	T1 - 110.9	

**9. Prepared by: Name:** Sam Layton      RESL      Signature: 

ICS 204      Date/Time: 9/9/2020 2200      Personnel Count: 0

# ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED  
INFORMATION/BASIC

<b>1. Incident Name:</b>  <p style="text-align: center;"><b>WILLOW</b></p> <b>Incident Channels</b>	<b>2. Date/Time Prepared</b>  Date: 09/09/2020 Time: 0400	<b>3. Operational Period:</b>  Date From: 09/10/20      Date To: 09/11/20 Time From: 0700          Time To: 0700
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4. Communications								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND	CDF C2	ALL DIVS	151.2650	103.5	159.3300	100	T 9
2	TACTICAL	CDF A/G 3	ALL DIVS	159.3675	192.8 (T16)	159.3675	192.8 (T16)	
3	TACTICAL	CDF T19	DIV A/M	159.3600	192.8 (T16)	159.3600	192.8 (T16)	
4	TACTICAL	CDF T9	DIV X	151.3850	192.8 (T16)	151.3850	192.8 (T16)	
5	TACTICAL	VF26	DIV Z	154.3025	192.8 (T16)	154.3025	192.8 (T16)	
6	AIR/GROUND	A/G 3	ALL DIVS	159.3675	192.8 (T16)	159.3675	192.8 (T16)	
7	MEDICAL	CALCORD	ALL DIVS	156.0750N	T6 - 156.7	156.0750N	T6 - 156.7	
8	AIRGUARD	AIRGUARD V3	ALL DIVS	168.6250N		168.6250N	T1 - 110.9	
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

<b>5. Special Instructions</b>
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## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>  <p style="text-align: center; font-weight: bold;">WILLOW</p>	<b>2. Operational Period:</b> Date From: <u>9/10/20</u> Date To: <u>9/11/20</u> Time From: <u>0700</u> Time To: <u>0700</u>
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3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Paramedics
BLS Resources	Various Locations on Incident		

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number	Level of Service
Bi-County Ambulance	1700 Poole Blvd, Yuba City, CA 95993	530-674-2780	ALS
American Medical Response	1041 Fee Dr. Sacramento, CA	800-913-9112	ALS

5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long		Air	Ground			
Sierra Nevada Memeorial	155 Glassen Way, Grass Valley	530-274-6000	10 Min	20-30 Min		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rideout	726 4th St, Marysville, CA 95901	530-888-4500	5 Min	45 Min		<input type="checkbox"/>	<input checked="" type="checkbox"/>
UC Davis Medical Center	2315 Stockton Blvd, Sacramento, CA 95817	916-734-2011	30 Min	1 Hr		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

6. Special Medical Emergency Procedures	
<p><b>Line Emergency</b> Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.</p> <p>- Division Group Supervisor Contacts:</p> <ol style="list-style-type: none"> <li>1. Closest EMS resource</li> <li>2. Communications Unit</li> </ol> <p>- Communications Unit Contacts:</p> <ol style="list-style-type: none"> <li>1. Ground or Air ambulance as requested.</li> <li>2. Operations</li> <li>3. Safety</li> <li>4. Medical Unit</li> </ol> <p>- Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.</p> <ol style="list-style-type: none"> <li>1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency.</li> </ol> <p>- Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.</p> <p><b>Camp Emergency</b> Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient.</p> <p>- Medical Unit contacts</p> <ol style="list-style-type: none"> <li>1. Communications</li> <li>2. Safety</li> <li>3. Logistics</li> <li>4. Operations</li> <li>5. Crew Supervisor</li> <li>6. Comp/Claims</li> </ol>	<p><b>Injury Reporting Procedures</b></p> <p>Nature of Injury: _____</p> <p>Location of Patient: _____</p> <p>Point of Contact: _____</p> <p>Transportation Requested by: Air ___ Ground ___</p> <p>Point of Pick-Up: _____</p> <p style="padding-left: 40px;">Lat: _____ Long: _____</p> <p>Patient Unit ID: _____</p> <p>Is an EMT with Patient: Yes ___ No ___</p> <p>Age: _____ Sex: Male ___ Female ___</p> <p><b>All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</b></p>

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

**7. Prepared by (PSC): Sam Layton** Signature:

**8. Approved by (Safety Officer):** Signature: \_\_\_\_\_



## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b>	Date From:	9/10/20	Date To:	9/11/20
WILLOW		Time From:	0700	Time To:	0700

<b>S</b>		<b>I</b>
<b>A</b>		<b>T</b>
<b>F</b>	Steep winding roads are throughout the incident. Slow down when driving on loose gravel and blind curves. Drive defensively with headlights on and use hands free devices.	<b>'</b>
<b>E</b>		<b>S</b>
<b>T</b>	Working on steep, uneven terrain. Be mindful of rolling materials.	<b>U</b>
<b>Y</b>		<b>P</b>
<b>S</b>	Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.	<b>T</b>
<b>A</b>	Maintain situational awareness. Look up, Look down, Look around	<b>O</b>
<b>F</b>	Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.	<b>Y</b>
<b>E</b>		<b>O</b>
<b>T</b>	Remain mindful of what is going on around you! LCES!	<b>U</b>
<b>Y</b>		<b>I</b>
<b>S</b>	HEADS UP!!! Lookout for SNAGS when working around areas with burned trees. Evaluate all wind damaged trees with large limbs before working under around them.	<b>I</b>
<b>A</b>		<b>I</b>
<b>F</b>	Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, persistent drought, and elevated fire danger rating values.	<b>I</b>
<b>E</b>		<b>I</b>
<b>T</b>		<b>I</b>
<b>Y</b>		<b>I</b>
<b>S</b>		<b>I</b>
<b>A</b>		<b>I</b>
<b>F</b>		<b>I</b>
<b>E</b>		<b>I</b>
<b>T</b>		<b>I</b>
<b>Y</b>		<b>I</b>

<b>5. Prepared By:</b>	Position/Title:	SOFR	Signature:
ICS 208	Date/Time:	9/9/2020 / 2030	

# FINANCE MESSAGE

## **CAL FIRE PERSONNEL**

Make sure to create a paper FC-33 so we can update.

## **LOCAL GOVERNMENT RESOURCES**

Make sure you check in with FSC F-42 or ABH Paperwork.

## **ALL HIRED EQUIPMENT**

Contact Pam Turknet ASAP so we can collect your agreement and start your pay document.

## **ALL SUPERVISORS OF HIRED EQUIPMENT**

Shift Tickets for hired equipment need to be signed and turned in to your division supervisor daily. Ensure the shift ticket is filled out completely (including evaluation), accurately and legibly. **Example included in IAP.**

## **PROPERTY DAMAGE or INJURIES**

Please report any property damage caused by suppression activities and/or injuries to your division supervisor.

*Daniel Rhone – Equipment Tech Spec  
(530) 277-2331*

*Pam Turknet – Finance  
(530) 205-7001*

# 24 Hour Shift

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name	
The responsible Government Officer will complete this form each shift					Fireline Builders	
Incident or Project Name <b>Goose</b>		Incident Number <b>CAFKU 010852</b>	Request Number <b>E-999</b>		Operator #1 <b>Jim Smith</b>	Operator #2 <b>John Jones</b>
Agreement Number <b>LNU01234567</b>					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Equipment Make <b>CAT</b>		Equipment Model / Type <b>Dozer D6H</b>			Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Serial Number <b>6LN3344</b>		Licence Number			Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement	
Equipment Use (Circle) <b>Hours</b> / Days / Miles					Released by Government	
Date Mo / Day	Start	Stop	Work	Assignment	Withdrawn by Contractor	
<b>8/2</b>	<b>0700</b>	<b>2400</b>	<b>17</b>	<b>Division J</b>	Remarks/Comments **	
<b>8/3</b>	<b>0001</b>	<b>0700</b>	<b>7</b>	<b>Division J</b>		
Vendor Rating					Govt. Rep. Name and Position - PRINT <b>Mike Brown, Div J</b>	
Met Performance Expectations					Govt. Rep. Signature <i>Mike Brown</i>	
Equipment in Safe Working Condition					Contractor Signature <i>Jim Smith</i>	
Operator Skill Level					Date <b>08/03/16</b>	
Operates Safely					Time <b>0700</b>	
Operator's Cooperation Level					Calfire 297 <b>0700</b>	
Overall Performance					(Rev 3-2011)	
* NOTE: Any rating of POOR requires an explanation in Comment Section.						
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.						

Pink - Finance

Blue - Home Unit HE Coordinator

Yellow - Vendor

White - Govt Representative

# 12 Hour Shift

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name	
The responsible Government Officer will complete this form each shift					H2O For You	
Incident or Project Name <b>Goose</b>		Incident Number <b>CAFKU 010852</b>	Request Number <b>E-899</b>		Operator #1 <b>James Russell</b>	Operator #2
Agreement Number <b>LNU11111199</b>					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Equipment Make <b>Peterbilt</b>		Equipment Model / Type <b>2000 Gallon</b>			Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Serial Number <b>11145N</b>		Licence Number <b>SE653574</b>			Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement	
Equipment Use (Circle) <b>Hours</b> / Days / Miles					Released by Government	
Date Mo / Day	Start	Stop	Work	Assignment	Withdrawn by Contractor	
<b>8/2</b>	<b>0001</b>	<b>0700</b>	<b>7</b>	<b>Off Shift</b>	Remarks/Comments **	
<b>8/2</b>	<b>0700</b>	<b>2000</b>	<b>13</b>	<b>Division B</b>		
<b>8/2</b>	<b>2000</b>	<b>2400</b>	<b>4</b>	<b>Off Shift</b>		
Vendor Rating					Govt. Rep. Name and Position - PRINT <b>Steve Hampton, Div B</b>	
Met Performance Expectations					Govt. Rep. Signature <i>Steve Hampton</i>	
Equipment in Safe Working Condition					Contractor Signature <i>James Russell</i>	
Operator Skill Level					Date <b>08/02/16</b>	
Operates Safely					Time <b>2000</b>	
Operator's Cooperation Level					Calfire 297 <b>2000</b>	
Overall Performance					(Rev 3-2011)	
* NOTE: Any rating of POOR requires an explanation in Comment Section.						
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.						

Pink - Finance

Blue - Home Unit HE Coordinator

Yellow - Vendor

White - Govt Representative

FNUS76 KSTO 100443

FWSSTO

SPOT FORECAST for Willow...Cal Fire  
National Weather Service SACRAMENTO CA  
943 PM PDT Wed Sep 9 2020

Forecast is based on forecast start time of 2100 PDT on September 09.  
If conditions become unrepresentative...contact the National Weather  
Service.

.DISCUSSION...

High pressure along the West Coast will keep a warm, dry air mass over  
the region and little wind movement, so smoke will be slow to clear.  
However, much lighter diurnal easterly winds and a return of normal  
westerly and upslope winds will allow for humidity to recover.

.TONIGHT...

Sky/weather.....Smoky.  
Min temperature.....64-69.  
Max humidity.....26-31 percent, locally 45-50 percent.  
Wind (20 ft).....  
Slope/valley.....East backing to the northeast up to 5 mph.  
Ridgetop.....Southeast 5 to 9 mph.  
Mixing height.....100-500 ft AGL.  
Transport winds.....East backing to the northeast up to 5 mph.  
CWR.....0 percent.  
LAL.....1.

.THURSDAY...

Sky/weather.....Smoky.  
Max temperature.....87-92.  
Min humidity.....14-19 percent.  
Wind (20 ft).....  
Slope/valley.....Northeast winds up to 6 mph shifting to the  
southwest up to 7 mph after 1000.  
Ridgetop.....Southeast 5 to 10 mph becoming southwest after  
1100-1200.  
Mixing height.....Rising to 5500 ft AGL in the afternoon.  
Transport winds.....Northeast up to 5 mph becoming southwest up to  
8 mph after 1100-1200.  
CWR.....0 percent.  
LAL.....1.

.THURSDAY NIGHT...

Sky/weather.....Smoky.  
Min temperature.....64-69.  
Max humidity.....50-55 percent.  
Wind (20 ft).....  
Slope/valley.....Southwest winds up to 6 mph shifting to the  
northeast after midnight.  
Ridgetop.....Southwest to northwest up to 7 mph.

Mixing height.....Lowering to 100-400 ft AGL.  
Transport winds.....Southwest up to 5 mph becoming northeast after  
midnight.  
CWR.....0 percent.  
LAL.....1.

.FRIDAY...

Sky/weather.....Sunny, patchy smoke.  
Max temperature.....88-93.  
Min humidity.....21-26 percent.  
Wind (20 ft).....  
Slope/valley.....Northeast winds up to 5 mph shifting to the  
southwest up to 6 mph after 1000.  
Ridgetop.....Northwest up to 6 mph backing to the southwest  
in the afternoon.  
Mixing height.....Rising to 6000 ft AGL in the afternoon.  
Transport winds.....Northeast less than 5 mph becoming southwest up to  
6 mph in the afternoon.  
CWR.....0 percent.  
LAL.....1.

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Forecaster...JM  
Requested by...Chris John  
Type of request...WILDFIRE  
.TAG 2012440.0/STO  
.DELDT 09/09/20

## UNIT LOG (ICS 214)

**1. Incident Name:** **WILLOW**      **2. Operational Period:**    Date From: **9/10/20**    Date To: **9/11/20**  
Time From: **0700**    Time To: **0700**

**3. Unit Name/Designators**      **4. Unit Leader (Name and ICS Position)**

**5. Personnel Assigned/Designators**

NAME	ICS POSITION	HOME BASE

**6. Activity Log (Continue on Reverse)**

TIME	MAJOR EVENTS

**7. Prepared By:** \_\_\_\_\_      **Date/Time:** \_\_\_\_\_

