

INCIDENT ACTION PLAN

BASIN INCIDENT

CA-SNF-000731
P5R1L7 (0515)

Thursday



OPERATIONAL PERIOD

06/27/2024 0700
to
06/27/2024 2100

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: BASIN	2. Operational Period: Date From: 6/27/2024 Date To: ##### Time From: 0700 Time To: 2100
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3. Objective(s):

Management Objectives

- Provide for emergency personnel and public safety 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.

Control Objectives

- Keep the fire North of the Kings River.
- Keep the fire East of the 11S12 road.
- Keep the fire South of the North Fork of the Kings River.
- Keep the fire West of Fox Canyon.

General Situational Awareness:

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

Ensure medical plan is in place before beginning operations.

Temperatures expected to exceed triple digits.

5. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

TRUE ICS 203	##### ICS 215A	##### ICS 205 A	#####
TRUE ICS 204	##### ICS 220	##### Training Message	#####
TRUE ICS 205	##### Facility Maps	##### Travel Map	#####
TRUE ICS 206	##### Weather Forecast	##### Demob Plan	TRUE County Health Message
TRUE ICS 208	##### Fire Behavior	##### Finance Message	TRUE ICS 214

7. Prepared By: Olivia Roe	Position/Title: PSC	Signature: _____
8. Approved by Incident Commander:	Logan Sanders	Signature: _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		Operational Period: Date From: 6/27/2024		Date To: 6/27/2024	
BASIN		Time From: 0700		Time To: 2100	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's Logan Sanders		Operations			
Deputy		Deputy Operations			
Safety Officer Ron Garcia		Night Ops			
Information Officer Mark Thibideau		Staging Area			
Liaison Officer		Division/Group A		Clint Wade/ Gabe Ford (T)	
4. Agency/Organization Representatives:		Division/Group Z		TBD	
Agency/Organization Name		Division/Group Balch Structure		TBD	
AA Dean Gould		Division/Group M		TBD	
AA (T) Kim Sorini					
AA Rep Jon Regelbrugge					
		Branch II			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch III			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch IV			
		Division/Group			
		Division/Group			
5. Planning Section:					
Chief Olivia Roe		Division/Group			
Deputy		Division/Group			
Resource Unit		Division/Group			
Situation Unit		Branch V			
Documentation Unit		Division/Group			
Demobilization Unit		Division/Group			
GISS		Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Tech Spec		Air Operations Branch		Director:	
		Air Support Group Supervisor		Shane Hagen	
		Air Tactical Group Supervisor		Brad Sellers	
		Helibase Manager		Eleazar Martinez	
6. Logistics Section			8. Finance/Administration Section:		
Chief Jan Palechek					
Supply Unit					
Facilities Unit		Chief			
Ground Support Unit		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
		Cost Unit			
Prepared By: Name: Olivia Roe		Position/Title: PSC		Signature: _____	
ICS 203		Date/Time: 6/26/2024 2300 hours		NIMS IAP	

ASSIGNMENT LIST (ICS 204 WF)

INFORMATION//BASIC

1. Incident Name: BASIN	2. Operational Period: Date From: 06/27/24 Date To: 06/27/24 Time From: 0700 Time To: 2100	3. Branch Division Z Page 1 of 1 Zulu
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4. Operations Personnel:			
Operations Section Chief:	0	Night Ops:	0
Branch Director:		Branch Safety:	
Division/Group Supervisor:	TBD	Air Attack:	Brad Sellers

5. Resources Assigned:		** Resources Below in Bold are 12 Hour **						
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location	
Chumash WT- 284	0	1/0	Mcdarment, Loren	2	E-7	0		
Taskforce 48	0	1/0	Castro, Alexis	23		0	0	
EIDorado IHC	0	1/0	0	0		0	0	
Bear Divide IHC	0	1/0	0	0		0	0	
Little Tijuanga IHC	0	1/0	0	0		0	0	
Breckenridge Type 2 IA	0	1/0	0	0		0	0	
Scorpions 2 Type 2A	0	1/0	0	0		0	0	
Black Eagles 5 Type 2	0	1/0	0	0		0	0	
MA781 (ALS Ambulance)	X	1/0	Atkins, Chad	2		0	Kirch Flat CG	
#N/A							#N/A	
#N/A							#N/A	
#N/A							#N/A	
#N/A							#N/A	
#N/A							#N/A	
#N/A							#N/A	
#N/A							#N/A	
#N/A							#N/A	
#N/A							#N/A	

6. Work Assignments:

7. Special Instructions:

8. Communications								
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
SNF 4	1	COMMAND	172.2250		164.7875		A	Tone 8 or Tone 4
VTAC 11	DIV Z	TACTICAL	168.6000		168.6000			
A/G CMD		TACTICAL	169.9750		169.9750			
A/G TAC		TACTICAL	170.0750	0.0	170.0750	0.0	0	0
CALCORD		TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	0	0

9. Prepared by: Name: 0	RESL	Signature: _____
ICS 204	Date/Time: 6/26/2024 2200	Personnel Count: #####

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN										CONTROLLED UNCLASSIFIED INFORMATION//BASIC	
1. Incident Name:		2. Date/Time Prepared		3. Operational Period:							
BASIN		Date:	06/26/2024	Date From:	06/27/24	Date To:	06/27/24				
Incident Channels		Time:	1930	Time From:	0700	Time To:	2100				
4. Communications											
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes		
1	COMMAND	SNF 4	ALL DIVS	172.2250	0.0	164.7875	0.0	A	Tone 8 or Tone 4		
2	TACTICAL	VTAC 11	DIV Z	168.6000	0.0	168.6000	0.0	A			
3	TACTICAL	VTAC 12	DIV A	166.7250	0.0	166.7250	0.0	A			
4	A/G CMD	A/G CMD	ALL DIVS	169.9750	0.0	169.9750	0.0	A			
5	A/G TAC	A/G TAC	ALL DIVS	170.0750	0.0	170.0750	0.0	A			
6	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A			
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
5. Special Instructions											
This is a test											
6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____											
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC				NIMS IAP		Date/Time: 06/26/2024		1930			

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period:	Date From:	6/27/24	Date To:	6/27/24
BASIN		Time From:	0700	Time To:	2100

3. Medical Aid Stations:			
Name	Location	Contact	Level of Service

4. Transportation (indicate air or ground):				
Ambulance Service	Air or Ground	Location	Number/Freq	Level of Service
American Ambulance Visalia	Ground	Kirch Flat	559-972-3587	
CHP H-40	Air	Fresno, Ca	559-441-5400	
Eagle 1	Air	Fresno, Ca	559-600-3426	

5. Hospitals:								
Hospital Name	Address,		Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad			Air	Ground			
Clovis Community Medical Center	2755 Herndon Ave, Clovis, CA 93611 Lat/Long: 36.8390429, -130.3 E Herndon Ave, Fresno, CA 93710 Lat/Long:		5593244000	00:12			FALSE	FALSE
Saint Agnes Medical Center	7300 North Fresno St., Fresno, CA 93720 Lat/Long:		5594503000	00:15			FALSE	FALSE
Kaiser Foundation Hospital - Fresno	2623 Fresno St., Fresno, CA 93721 Lat/Long: 36.7428949, -119.8311111		(559) 459-6000	00:16		Level 1	TRUE	TRUE
Community Regional Medical Center	400 W Mineral King Avenue, Visalia, CA 93291 Lat/Long:		5596242000	00:17		Level 3	FALSE	TRUE

6. Special Medical Emergency Procedures			
Emergency Frequency: SNF 4 Line Emergency Protocol Crew Supervisor will contact Division Supervisor with patient complaint/condition and location. • Division or Group Supervisor Contacts: 1. Closest EMS resource 2. Communications Unit • Communications Unit Contacts: 1.	Injury Reporting Procedures The following information should be relayed to the Communications Unit: Nature of Emergency: _____ Chief Complaint: _____ Location of Patient: _____		

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

7. Prepared by (Medical Unit Leader):	Signature: _____
8. Approved by (Safety Officer):	Signature: _____
Ron Garcia	

ICS 206	NIMS IAP	Date/Time:	
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MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON-SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report)

Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."

2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure.

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"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>
Evacuation Request		<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>
Patient Location		<i>Descriptive Location & Lat. / Long. (WGS84)</i>
Incident Name		<i>Geographic Name + Medical (Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>
Patient Care		<i>Name of Care Provider (Ex: EMT Smith)</i>

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG PAGE 106

Treatment:

4. EVACUATION PLAN:

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:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, crews, immobilization devices, AED, oxygen, trauma bag, IV/fluid(s), splints, rope rescue, wheeled litter, HAZMAT, extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead..

8. ADDITIONAL INFORMATION: Updates/Changes, etc.

REMEMBER: Confirm ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:	Date From:	6/27/24	Date To:	6/27/24
BASIN		Time From:	0700	Time To:	2100
S A F E T Y S A F E T Y S A F E T Y					I T S U P T O Y O U ! ! ! ! ! ! ! ! ! !
	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.				
	Working on steep, uneven terrain. Be mindful of rolling materials.				
	Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.				
	Maintain situational awareness. Look up, Look down, Look around				
	Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.				
	Remain mindful of what is going on around you! LCES!				
	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.				
	Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, persistent drought, and elevated fire danger rating values.				
	Follow medical plans, determine determine helispots and extrication points.				
	5. Prepared By	Ron Garcia	Position/Title:	SOFR	Signature: _____
ICS 208		Date/Time:	6/26/2024 / 2030		

Air Operations Summary (ICS 220)							
1. Incident Name:		2. Operational Period:			3. Sunrise:	Sunset:	
BASIN		From:	06/27/24	Date To:	06/27/24		
		From:	0700	Time To:	2100		
4. Remarks (safety notes, hazards, air operations special equipment, etc.):		5. Ready Alert Aircraft:			6. Temporary Flight Restriction Number:		
		Medivac:		Altitude:			
		New Incident:		Center Point:			
		8. Frequencies:		AM	FM		9. Fixed-Wing (category/kind/type, make/model, N#, base):
		Air/Air Fixed-Wing	AirTactics	166.3375		Air Tactical Group Supervisor Aircraft:	
7. Personnel:	Name:	Phone Number:	Air/Air Rotary-Wing – Flight	128.63			
Air Operations Branch Director		0	Air/Ground		168.4000		
Air Support Group Supervisor	Shane Hagen	559-974-4500	Command		SNF CH 4 SNF C	Other Fixed-Wing Aircraft:	
Air Tactical Group Supervisor	Brad Sellers		Deck Coordinator		168.3500		
Helicopter Coordinator			Take-Off & Landing				
Helibase Manager	Eleazar Martinez	559-359-7346	Air Guard				
10. Helicopters (use additional sheets as necessary):							
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks	
H522	TYPE 2	Bell A1++	Auberry	0830	0700	EU LongLine W/Bucket	
H534	TYPE 2	Bell A1++	Auberry	0830	0700	EU Tank	
H538	TYPE 2	Bell A1++	Auberry	0800	0700	EU Tank	
H9HT	TYPE 1	SkyCrane	Auberry	0800	0700	CWN Tank	
11. Prepared by:		Name:	Position/Title:		Signature:		
ICS 220, Page 1			Date/Time:				

Weather Forecast	Latitude: 36 51.875	Longitude: 119 6.153	Update	NWS Fire Weather
1. Incident Name: BASIN	2. Operational Period: Date From: 6/27/24 Date To: 6/27/24 Time From: 0700 Time To: 2100			Last Update 6/26/2024 20:38:20
<p>BASIN National Weather Service San Joaquin Valley 2024-06-26 6:40 PM PDT Spot Forecast for BASIN...USFS National Weather Service Hanford CA 640 PM PDT Wed Jun 26 2024</p> <p>Forecast is based on forecast start time of 1900 PDT on June 26. If conditions become unrepresentative...contact the National Weather Service.</p> <p>.DISCUSSION... Winds will pick up this evening through Friday morning across the burn site. Clear and dry with windy conditions across the burn site. Humidity recovery will remain at moderate to poor levels as winds mix up the air during the overnight periods. Strong winds are expected the next days before diminish on Saturday. The temperature and humidity pattern looks to continue through the weekend. Temperatures are expected to trend upward starting on Monday.</p> <p>.REST OF TONIGHT... Sky/weather.....Clear (0-10 percent). Min temperature.....68-70. Max humidity.....42-44 percent. Eye level winds.....Northwest 7-11 mph with gusts to 17 mph. Surrounding ridge...Southwest to west 11-17 mph with gusts to 22 mph. Mixing height.....Near 2500 ft AGL this evening, lowering to 900 ft AGL overnight. Transport winds.....West around 9 mph. Wind (20 ft).....Northwest 9-14 mph with gusts to 20 mph.</p> <p>.THURSDAY... Sky/weather.....Sunny (0-10 percent). Haze in the morning. Max temperature.....82-84. Min humidity.....26-28 percent. Eye level winds.....West 8-12 mph with gusts to 19 mph. Surrounding ridge...Southwest to west 12-20 mph with gusts to 26 mph. Mixing height.....Rising to around 6700 ft AGL. Transport winds.....West around 12 mph. Wind (20 ft).....West 10-16 mph with gusts to 22 mph.</p> <p>Forecaster...MOLINA</p> <p>\$\$</p> <p>Requested by...JUSTIN JENKINS Type of request...WILDFIRE .TAG 2416775.0/HNX .DELDLT 06/26/24 .FormatterVersion 2.0.0 .EMAIL sm.fs.sfnfdispach@usda.gov</p>				
PREPARED BY:	Date/Time:	6/26/24		

GENERAL MESSAGE (ICS 213)

1. Incident Name:			
2. To (Name and Position):			
3. From (Name and Position):			
4. Subject:		5. Date:	6. Time:
7. Message:			
8. Approved By:	Name: _____	Signature: _____	Position/Title: _____
9. Reply:			
10. Replied By:	Name: _____	Signature: _____	Position/Title: _____
ICS 213	Date/Time: _____	<small>NIMS IAP</small>	

