

# **INCIDENT ACTION PLAN**

# **BASIN INCIDENT**

**CA-SNF-000731**  
**P5R1L7 (0515)**



## **OPERATIONAL PERIOD**

**6/28/2024      0700**

**to**

**6/28/2024      2100**

**Friday**

# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> <p style="text-align: center;">BASIN</p>	<b>2. Operational Period:</b>	Date From: 6/28/2024	Date To: 6/28/2024
		Time From: 0700	Time To: 2100

**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 Dinkey Trimmer Road
- Keep the fire South of McKinley Grove Road.
- Keep the fire West of Garlic Meadow Creek.

**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**

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

**7. Prepared By:** Olivia Roe      Position/Title: PSC      Signature: \_\_\_\_\_

**8. Approved by Incident Commander:** Logan Sanders      Signature: \_\_\_\_\_





# ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b> <b>BASIN</b>	<b>2. Operational Period:</b> Date From: 06/28/24    Date To: 06/28/24 Time From: 0700    Time To: 2100	<b>3. Branch</b> <b>Division</b>  <b>Z</b>
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<b>4. Operations Personnel:</b>		<b>Page 1 of 1</b> <b>Zulu</b>
Operations Section Chief:	Night Ops:	
Branch Director:	Branch Safety:	
Division/Group Supervisor: <b>Gabe Ford</b>	Air Attack: <b>Brad Sellers</b>	

<b>5. Resources Assigned:</b>		<b>** Resources Below in Bold are 12 Hour **</b>						
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location	
<b>Chumash WT- 284</b>			<b>Mcdarment, Loren</b>	<b>2</b>	<b>E-7</b>			
<b>Taskforce 48</b>			<b>Castro, Alexis</b>	<b>23</b>				
<b>EIDorado IHC</b>			<b>Strahan, Ben</b>					
<b>Bear Divide IHC</b>			<b>Anderson, Brian</b>					
<b>Little Tijuanga IHC</b>			<b>Rosas, Pete</b>	<b>24</b>				
<b>Breckenridge Type 2 IA</b>			<b>Corey</b>	<b>15</b>				
<b>Scorpions 2 Type 2A</b>			<b>Saballos, Rogelio</b>					
<b>MA781 (ALS Ambulance)</b>	<b>X</b>		<b>Atkins, Chad</b>	<b>2</b>				
<b>E-75</b>			<b>Herchfield, Tyler</b>					
<b>Montana E-363</b>			<b>Richards, Phil</b>	<b>3</b>				

**6. Work Assignments:**

**7. Special Instructions:**

<b>8. Communications</b>								
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	170.0750		170.0750			
A/G TAC		TACTICAL	169.9750		169.9750			
CALCORD		TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7		

**9. Prepared by: Name:**    RESL    **Signature:** \_\_\_\_\_

**ICS 204**    **Date/Time:** 6/27/2024 2200    **Personnel Count:** 69









Weather Forecast	Latitude: 36 51.875	Longitude: 119 6.153	Update		NWS Fire Weather
1. Incident Name: <b>BASIN</b>	2. Operational Period:		Date From: 6/28/24	Date To: 6/28/24	Last Update
			Time From: 0700	Time To: 2100	6/26/2024 20:38:20
<p>FNUS76 KHNX 272306 FWSHNX</p> <p>Spot Forecast for Basin...USFS National Weather Service Hanford CA 406 PM PDT Thu Jun 27 2024</p> <p>Forecast is based on forecast start time of 1600 PDT on June 27. If conditions become unrepresentative...contact the National Weather Service.</p> <p>.DISCUSSION...</p> <p>Winds are expected to be from the northeast before becoming light in the evening hours, then shifting to the west on Friday. Day time humidity is expected to be in the low 20's and may dip into the high teens in the afternoon. Minimum temperatures will be slightly above normal for the overnight in the high 60's and Friday afternoon will see maximums in the high 80's and may rise into the 90's.</p> <p>.TONIGHT...</p> <p>Sky/weather.....Clear. Min temperature.....64-68. Max humidity.....40-44 percent. Eye level winds....Northeast winds up to 5 mph in the evening becoming light. Surrounding ridge...Northeast winds 5 to 8 mph in the evening becoming light. Mixing height.....Lowering to around 800 ft AGL. Transport winds....Northeast around 5 mph. Wind (20 ft).....Northeast winds 5 to 8 mph in the evening becoming light.</p> <p>.FRIDAY...</p> <p>Sky/weather.....Sunny. Max temperature.....87-91. Min humidity.....19-23 percent. Eye level winds....West winds up to 5 mph. Surrounding ridge...West winds 5 to 9 mph. Mixing height.....Rising to around 4400 ft AGL. Transport winds....West around 6 mph. Wind (20 ft).....West winds 5 to 9 mph.</p> <p>\$\$ Forecaster...WILSON Requested by...Olivia Roe Type of request...WILDFIRE .TAG 2416840:0/HNX .DELDY 06/27/24 .FormatterVersion 2:0.0 .EMAIL olivia.roe@usda.gov</p>					
PREPARED BY:		Date/Time: 6/27/24			

**ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN**

1. Incident Name: **BASIN**

2. Date/Time Prepared: 06/27/2024 1930

3. Operational Period: 06/28/24 0700 2100

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
1	COMMAND	SNF 4	ALL DIVS	172.2250		164.7875		A	Tone 8 or Tone 4
2	TACTICAL	VTAC 11	DIV Z	168.6000		168.6000		A	
3	TACTICAL	VTAC 12	DIV A	166.7250		166.7250		A	
4	A/G CMD	A/G CMD	ALL DIVS	170.0750	0.0	170.0750	0.0	A	
5	A/G TAC	A/G TAC	ALL DIVS	169.9750	0.0	169.9750	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: 06/27/2024 1930

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> <p style="text-align: center;">BASIN</p>	<b>2. Operational Period:</b>	Date From: 6/28/24	Date To: 6/28/24	Time From: 0700	Time To: 2100
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3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Level of Service

4. Transportation (Indicate air or ground):				
Ambulance Service	Air or Ground	Location	Contact 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, -119.660354		5593244000	00:12			<input type="checkbox"/>	<input type="checkbox"/>
Saint Agnes Medical Center	1303 E Herndon Ave, Fresno, CA 93710, Lat/Long: 36.8352022, -119.7665278		5594503000	00:15			<input type="checkbox"/>	<input type="checkbox"/>
Kaiser Foundation Hospital - Fresno	7300 North Fresno St, Fresno, CA 93720, Lat/Long: 36.8424331, -119.780467		5594484500	00:15			<input type="checkbox"/>	<input type="checkbox"/>
Community Regional Medical Center	2823 Fresno St., Fresno, CA 93721, Lat/Long: 36.7428949, -119.7843968		(559) 459-6000	00:16		Level 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kaweah Delta Medical Center	400 W Mineral King Avenue, Visalia, CA 93291, Lat/Long: 36.328572, -119.2949582		5596242000	00:17		Level 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Special Medical Emergency Procedures	
<p><b>Emergency Frequency:</b> SNF 4 [1]</p> <p><u>Line Emergency Protocol</u> Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.</p> <ul style="list-style-type: none"> <li>• Division or Group Supervisor Contacts:               <ol style="list-style-type: none"> <li>1. Closest EMS resource</li> <li>2. Communications Unit</li> </ol> </li> <li>• Communications Unit Contacts:               <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 Leader</li> </ol> </li> <li>• Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.</li> <li>• Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.</li> </ul> <p><u>Camp Emergency</u> Contact Medical Unit with patient complaint/condition and location. Medical staff will respond and contact:</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>The following information should be relayed to the Communications Unit:</p> <p>Nature of Emergency: _____</p> <p>Chief Complaint: _____</p> <p>Location of Patient: _____</p> <p>Patient Age: _____</p> <p>Patient Unit ID: _____</p> <p>Point of Contact ID: _____</p> <p>Resource Needs: _____</p> <p>Transportation Requested by: Air _____ Ground _____</p> <p>Point of Pick-Up: _____</p> <p style="margin-left: 40px;">Lat: _____</p> <p style="margin-left: 40px;">Long: _____</p> <p>Is an EMT or Paramedic with Patient: Yes _____ No _____</p> <p style="text-align: center;"><b>All Emergencies:</b> Secure the area and identify witnesses for later investigation. Keep accurate log of events.</p>

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

<b>7. Prepared by (Medical Unit Leader):</b> <p style="text-align: center;">Olivia Roe</p>	<b>Signature:</b> _____
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<b>8. Approved by (Safety Officer):</b> <p style="text-align: center;">Ron Garcia</p>	<b>Signature:</b> _____
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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"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b> <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> <b>YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.</b> <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> <b>GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport</b> <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		Brief Summary of Injury or Illness <i>(Ex: Unconscious, Struck by Falling Tree)</i>
Evacuation Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + Medical <i>(Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		Name of on-scene IC of Incident within an Incident <i>(Ex: TFLD Jones)</i>
Patient Care		Name of Care Provider <i>(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)

<b>1. Incident Name:</b> BASIN	<b>2. Operational Period:</b>	Date From: 6/28/24	Date To: 6/28/24	Time From: 0700	Time To: 2100
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<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>		<b>Y</b>
<b>E</b>	Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.	<b>O</b>
<b>T</b>		<b>U</b>
<b>Y</b>	Remain mindful of what is going on around you! LCES!	<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>	Follow medical plans, determine determine helispots and extrication points.	<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> Ron Garcia	Position/Title: SOFR	Signature: _____
ICS 208	Date/Time: 6/27/2024 / 2030	



## Air Operations Summary (ICS 220)

<b>1. Incident Name:</b>  <b>BASIN</b>		<b>2. Operational Period:</b> Date From: 06/28/24 Time From: 0700 Date To: 06/28/24 Time To: 2100		<b>3. Sunrise:</b> 0538   <b>Sunset:</b> 2021		
<b>4. Remarks (safety notes, hazards, air operations special equipment, etc.):</b>						
<b>5. Ready Alert Aircraft:</b>						
Medivac: New Incident:		Air Tactics		Air Tactical Group Supervisor Aircraft:		
8. Frequencies:		AM	FM			
Air/Air Fixed-Wing		169:1500				
Air/Air Rotary-Wing – Flight Following		119:125				
Air/Ground (TAC)		169:9750				
A/G Command		170:075		Other Fixed-Wing Aircraft:		
Deck Coordinator		168:3500				
Take-Off & Landing Coordinator						
Air Guard						
<b>10. Helicopters (use additional sheets as necessary):</b>						
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	0830	0700	EU Tank
8CH	TYPE 1	CH-47 D	Auberry	0830	0700	CWN Tank
7RA	TYPE 1	CH-47	Auberry	830	0700	EU TANK
0FS	TYPE 1	UH-60	Auberry	830	0700	EU TANK
2BH	TYPE 1		Auberry	ENROUTE		
H-502	TYPE 3	ASTAR B3	Auberry	ENROUTE		RECON
H-509	TYPE 3		Auberry	ENROUTE		HLCO
<b>11. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____						
ICS 220, Page 1						

### 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: _____		

## UNIT LOG (ICS 214)

<b>1. Incident Name:</b> <div style="text-align: center;">BASIN</div>	<b>2. Operational Period:</b>	Date From:	6/28/24	Date To:	6/28/24
		Time From:	0700	Time To:	2100

<b>3. Unit Name/Designators</b>	<b>4. Unit Leader (Name and ICS Position)</b>
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**5. Personnel Assigned/Designators**

NAME	ICS POSITION	HOME BASE

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

TIME	MAJOR EVENTS

<b>7. Prepared By:</b>	<b>Date/Time:</b>
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