

FRAZIER



CA-LPF-1371 Date:

05/31/2025

Management Code

P5S1W8 (0507)



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Frazier	2. Operational Period:	Date From: 5/31/2025 Time From: 0600	Date To: 5/31/2025 Time To: 2200															
3. Objective(s): Providing for Firefighter and Public Safety while keeping costs commensurate with values at risk. Keep the fire: South of Tecuya Ridge, East of Lebec, North of Frazier Mtn Park Road, West of Frazier Park.																		
4. Operational Period Command Emphasis: Ground resources to remain engaged as direct as possible, utilization of aviation resources as necessary to support and secure line. Beware of High Tension Powerlines through the fire area, rolling debris on steep slopes, and spot fire exposures. Provide for protection of structures and infrastructure where possible.																		
General Situational Awareness Hydrate, High Temps, Low RH, Gusty Winds, Spot fires, Roll out.																		
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at: _____																		
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td><input checked="" type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td><u>Other Attachments:</u></td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input checked="" type="checkbox"/> ICS 208</td><td><input checked="" type="checkbox"/> 214</td></tr><tr><td><input checked="" type="checkbox"/> ICS 205</td><td><input checked="" type="checkbox"/> Map/Chart</td><td><input checked="" type="checkbox"/> Finance Message</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input type="checkbox"/> _____</td></tr><tr><td><input checked="" type="checkbox"/> ICS 206</td><td><input type="checkbox"/> _____</td><td><input type="checkbox"/> _____</td></tr></table>				<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> 214	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input checked="" type="checkbox"/> Finance Message	<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 206	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>																
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<input checked="" type="checkbox"/> ICS 206	<input type="checkbox"/> _____	<input type="checkbox"/> _____																
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____																		

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Frazier		2. Operational Period: <div style="display: flex; justify-content: space-between;"> <div> Date From: 5/31/2025 Time From: 0600 </div> <div> Date To: 5/31/2025 Time To: 2200 </div> </div>	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs	Matt Dickson (559) 202-9948	Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	DIV A
Agency/Organization	Name	Division/Group	DIV Z
AA	Karina Medina	Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief	Crawford / Uribe	Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief	Miriam Laguna	Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	Cassie Avila
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared by:			
Name:		Position/Title:	
Signature: _____			
ICS 203	IAP Page	Date/Time: Date	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Frazier		2. Operational Period: Date From: 5/31/2025 Date To: 5/31/2025 Time From: 0600 Time To: 2200		3. Branch: Division: A Group: Staging Area:	
4. Operations Personnel: Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: M. Aoki		<u>Name</u> <u>Contact Number(s)</u> XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX			
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
LPF S/T 1651C	E.Chacon				
T1 LPF Crew 4	M.Aoki				
LPF Crew 528	J.Domingues				
ANF WT 225	E. Martin				
LPF WT 23	T. Delgado				
T1 CrewFulton IHC	Z. Cogswell				
T1 Crew Little T	P. Rosas				
T2 Crew Black Eagles 6	J. Macias				
S/T Dozer Lima	S. Kelley				
6. Work Assignments: Direct Line where possible, begin mop-up within 50 ft.					
7. Special Instructions: Avoid the Point of Origin Track water usage from public water sources					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name /Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____ / _____ / _____ / _____ /					
9. Prepared by: Name: _____		Position/Title: _____		Signature: _____	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Frazier		2. Operational Period: Date From: 5/31/2025 Date To: 5/31/2025 Time From: 0600 Time To: 2200		3.	
4. Operations Personnel:		<u>Name</u>		<u>Contact Number(s)</u>	
Operations Section Chief:				XXX-XXX-XXXX	
Branch Director:				XXX-XXX-XXXX	
Division/Group Supervisor:		J. Schutt		XXX-XXX-XXXX	
5. Resources Assigned:				# of Persons	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier		Leader			
T2 Crew Descanso		Griggs			
T1 LPF Crew 1		J.Shutt			
LPF Crew 530		A.Salazar			
SMOD Valyermo		G. Gudino			
ANF S/T 1600		R. Robledo			
6. Work Assignments: Direct Line where possible, begin mop-up within 50 ft. 					
7. Special Instructions: Avoid the Point of Origin Track water usage from public water sources 					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name /Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) / / / /					
9. Prepared by:		Name:		Position/Title:	
				Signature:	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Frazier		2. Operational Period: Date From: 5/31/2025 Date To: 6/01/2025 Time From: 1800 Time To: 1000		3.	
4. Operations Personnel: Operations Section Chief: Branch Director: Division/Group Supervisor:		Name		Contact Number(s)	
				XXX-XXX-XXXX	
				XXX-XXX-XXXX	
				XXX-XXX-XXXX	
				Branch: Division: Night Shift Group: Staging Area:	
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
LPF E 374	Alba				
LPF E 373	Castillo				
ANF E 317	Celaya				
SQF S/T					
T2 Crew Scorpions 4	R. Jack				
6. Work Assignments: Direct Line where possible, begin mop-up within 50 ft. 					
7. Special Instructions: Avoid the Point of Origin Track water usage from public water sources Night resources use LPF TAC 4					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name /Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) LPF TAC 4 / / / /					
9. Prepared by: Name:		Position/Title:		Signature:	

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Frazier</div>				2. Date/Time Prepared: Date: _____ Time: _____				3. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____			
4. Basic Radio Channel Use:											
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks	
		COMMAND	AN RPT	DISPATCH	171.5500		164.1500			TONE 1	
		TACTICAL	LPF TAC 3	DIV- Z	168.2625		168.2625				
		TACTICAL	LPF TAC 4	DIV- A/Night Div	168.1250		168.1250				
		AIR/GROUNG	A/G	ALL DIV'S	167.9500		167.9500				
		AIR-AIR FM	A/A FM		169.2875		169.2875				
		FN RPT	IA		170.4625		164.9125				
5. Special Instructions:											
6. Prepared by (Communications Unit Leader) Name: _____ Signature: _____											
ICS 205			IAP Page _____			Date/Time: _____					

MEDICAL PLAN- LOS PADRES NATIONAL FOREST MT. PINOS RANGER DISTRICT

1. Incident/Project Name				2. Operational Period			
				Date/Time			
3. Ambulance Services							
Name	Complete Address	Phone & EMS Frequency	Advanced Life Support (ALS)				
			Yes	X	No		
HALLS Ambulance 459	3213 Mt. Pinos Way Frazier Park, CA 93225	Emergency Call: 911 Station: 661-245-1900	Yes	X			
A.M.R Ambulance 423	49680 Gorman Post Rd. Gorman, CA 93242	Emergency Call: 911 Station: 805-331-2885	Yes	X			
4. Air Ambulance Services							
Name	Phone	Type of Aircraft & Capability					
Ventura County H 6 thru 9	Dispatch: 805-388-4278 Station: 805-388-4212	Type2 Bell 212, Bell 205 B, 2- Super Huey, and a Type III Helicopter, Paramedic, W/Hoist, & Night flying capabilities (ships depend on availability)					
Kern County H-407 & 408	Dispatch: 661-324-6551 Station: 661-822-6978	2 Type 2- UH1H Super Huey Helicopter, Paramedic, W/Hoist, & Night Flying Capabilities					
Mercy Air 14	Station: 661-861-2521 dispatch: 800-222-3456	Type3- Astar Helicopter & Bell 407 (primary), Paramedic, W/Night Flying Capabilities					
Hall Air Ambulance	Dispatch: 661-861-2521 Station: 661-392-8536	Type3 Bell 407 Helicopter, Paramedic and nurse, W/Night Flying Capabilities					
5. Hospitals							
Name Complete Address	GPS Datum – WGS 84 Coordinate Standard Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long	Travel Time Air	Gnd	Phone	Helipad Yes	No	Level of Care Facility
Kern Medical Center 1700 Mount Vernon Ave. Bakersfield, CA 93306	Lat: N 35° 23.050'	33	55	661-326-2667	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 2 Trauma
	Long: W 118° 58.150'	NM	MI.				
	VHF: Med 9 462.950						
Community Regional Medical Center 2823 Fresno St. Fresno, CA 93721	Lat: N 36° 44.583'	122	158	559-459-6383 EMSTriage 559-459 7427 Radio Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 1 Trauma
	Long: W 119° 47.100'	NM	MI.				
	VHF:						
Bakersfield Memorial Hospital (Grossman Burn Center) 420 34th Street Bakersfield, CA 93301	Lat: N 35° 23.29'	34	55	661-323-BURN (2876) 24-Hour in-patient 661-633-BURN (2876) Outpatient Clinic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burn Center
	Long: W 119° 00.23'	NM	MI.				
	VHF:						
Henry Mayo Memorial Hospital 23845 Mc Bean Parkway Valencia, CA 91355	Lat: N 34° 16.667'	28	85	661-253-8000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 2 Trauma
	Long: W 119° 15.083'	NM	MI.				
	VHF:						

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 Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented. <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes. <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.	
Nature of Injury or Illness & Mechanism of Injury		Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)
Transport Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + "Medical" (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 (Ex: EMT Smith)

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. TRANSPORT 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 ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

SAFETY MESSAGE/PLAN (ICS 208)

Strategies that Strengthen a Fatigued Firefighter and Mitigate Heat Injury

Know Your Risk Factors

- High sugar content beverages, Energy Drinks, excessive caffeine intake, some weight loss products, creatine, ephedrine, alcohol, amphetamines, cocaine, ecstasy
- History of a previous heat injury
- Motivation to push oneself past your stopping point (warrior mentality)
- Reluctance to report issues or illness
- Decongestants, antihistamines, cholesterol lowering drugs (statins), diuretics, beta blockers, certain antibiotics (check with your personal physician)
- Recent virus: respiratory or gastrointestinal
- Recent medical procedure associated with dehydration or electrolyte disturbances
- Lower level of fitness, higher percentage of body fat
- Inadequate heat acclimatization
- Skin conditions (sunburn, skin rash, etc.)
- Dehydration, inadequate nutrition

Pre-hydration

- Dehydration before the event weakens you and sets you up for heat injury.
- Pre-hydrate daily by drinking at minimum 6-8 eight-ounce glasses of water in addition to liquids consumed during meals (8 eight-ounce glasses = 2 quarts). This should include off-duty days. The body can't be dehydrated for four days

and then regain cell and tissue hydration status within the first day of returning to work. You can drink lots of fluids, but it still takes time for the water to distribute to all the compartments of the body and provide the best benefit.

- Drink throughout the day, not at one time.
- Know your own sweat rate!

(2 lbs. of weight loss = approximately 1 liter of fluid loss)

Hydration

- Firefighters engaged in arduous tasks can lose as much as 1-2 liters of fluid per hour.
- Replace sweat loss during an event by drinking, at minimum, 1 liter of fluid for every 1 hour of exertion. (4 eight-ounce water bottles = approximately 1 liter).
- A general rule after one hour of work is adding in sports drinks (Gatorade) to replace carbohydrates, sodium and electrolytes. (1 twelve-ounce can of Gatorade followed by 3 eight-ounce water bottles = approximately 1 liter).



AIR OPERATIONS SUMMARY (ICS 220 WF)

1. Incident Name / Number			2. Date Prepared	3. Time Prepared	4. Prepared By
5. Sunrise	Sunset	Pumpkin Time	6. Cutoff	7. Operational Period - Date	8. Operational Period - Time

9. General Remarks, Safety Notes, Hazards, Air Operations Special Equipment, etc.	10. Helibase Information	11. Temp. Flight Restriction (TFR)
	Name:	NOTAM:
	Latitude:	Altitude:
	Longitude:	Frequency:
		Hours:

12. Extraction/Medevac Information			
	Medevac	Short-haul	Hoist
FAA#:			
Phone:			
Location:			
Capabilities			
Request Incident Personnel Extraction/Medevac Through:			

13. Incident Frequencies	RX	Tone	TX	Tone	AM/FM/Digital	14. Position	Name	Phone
AIR TACTICS						AOBD		
A/A Rotor						ASGS		
A/A Briefing/Handoff						HEBM		
A/G Primary						HLCO		
A/G Secondary								
A/G Tactical						UAO		
DECK								
TOLC								

15. Equipment/Supplies

16. HELICOPTERS						
FAA #	TYPE	Make/Model	Helibase	Start	Avail.	Remarks

17. AERIAL SUPERVISION: AIR ATTACK/HELICOPTER COORDINATOR						
FAA #	Call Sign	Make/Model	Base	Start	Avail.	Remarks

18. UNMANNED AIRCRAFT SYSTEMS (UAS)							
Identifier	Cat./ Type	Make/ Model	Location	Start	Avail.	Leader/ Contact	Remarks

FNUS76 KHNX 302040

FWSHNX

Spot Forecast for Frazier Fire...USFS

National Weather Service Hanford CA

1400

PM PDT Fri May 30 2025

Forecast is based on forecast start time of 0700 PDT on May 31.

If conditions become unrepresentative...contact the National Weather Service.

.DISCUSSION...

Heat advisory in effect for the San Joaquin Valley as 100 degree temperatures expected through Saturday evening. There is a 5 to 10 percent chance of thunderstorms over the weekend for the Grapevine area. Otherwise, terrain driven winds expected across the district through next week. Poor to moderate humidity recovery through Saturday, Afterward, humidity recovery increasing during the period as moisture surges northward over the early part of next week.

.SATURDAY...

Sky/weather.....Sunny (15-25 percent).

Max temperature.....82-87.

Min humidity.....17-22 percent.

Eye level winds.....Upslope/upvalley winds up to 5 mph. Gusts up
to 15 mph in the afternoon.

Surrounding ridge...Southeast winds around 5 to 15 mph becoming
southwest to west 10 to 20 mph in the late
afternoon.

Mixing height.....Rising to 7800 ft AGL.

Transport winds.....South around 10 mph.

Wind (20 ft).....Southeast winds 5 to 8 mph. Gusts up to 15 mph
in the afternoon.

.SATURDAY NIGHT...

Sky/weather.....Partly cloudy (30-40 percent) then becoming
mostly cloudy (55-65 percent).

Min temperature.....62-67.

Max humidity.....35-40 percent.

Eye level winds.....Downslope/downvalley winds up to 5 mph.

Surrounding ridge...Northwest to Northeast 5 to 15 mph.

Mixing height.....Falling to near 50 ft AGL.

Transport winds.....West around 10 mph.

Wind (20 ft).....West winds 6 to 8 mph.

.SUNDAY...

Sky/weather.....Mostly cloudy (70-80 percent) then becoming
mostly sunny (35-45 percent).

Max temperature.....75-80.

Min humidity.....28-33 percent.

Eye level winds.....Upslope/upvalley winds up to 5 mph. Gusts up to
15 mph in the afternoon.

Surrounding ridge...West 5 to 10 mph.

Mixing height.....Rising to 5700 ft AGL.

Transport winds.....Northwest around 9 mph.

Wind (20 ft).....Southwest winds 5 to 9 mph. Gusts up to 15 mph
in the afternoon.

\$\$

Forecaster...KALB

Requested by...Rudy Uribe

Type of request...WILDFIRE

.TAG 2515040.1/HNX

.DELDT 05/30/25

.FormatterVersion 2.0.0

.EMAIL rodolfo.uribe@usda.gov



Fire Friendly Finance Message

Frazier Fire

CA-LPF-001371

FireCode: PNS1W8 (1522)

SM.FS.LPFFIREADMIN@USDA.GOV

Finance accepts shift tickets and CTRs by paper or email. Please choose one method (paper *OR* email). Do not send duplicates. When emailing Finance, use the format below. You will receive an automatic reply from Finance if your email was sent successfully.

CONTRACTORS:

Do not use the DBA. Use the contractor Company Name on all financial documents.

In the subject line: [Resource order #], [Your Name], [date(s)] and "PROC"

Example: *E-1_Big Red's Trucking_241008 PROC*

Contract Crews are compensated from the time they leave camp until they arrive back to camp. Time not compensated is for showering, eating, and rehabbing tools.

AD or FEDERAL EMPLOYEES:

In the subject line: Resource order #, Your Name, date(s) and "CTR/TIME"

Example: *O-200_SmithJ_241008-09 CTR TIME*

Finance is available at ICP from 0600-2200.

DEMOB – Is in person only – No virtual demobs - Please bring your shift ticket books or CTR's in case we are missing something. Only 1 person per demob (CRWB or Strike Team Leaders). To expedite the demob process, put a remark in your CTR with your demob date so we can prepare your draft OF-288 or OF 286 before you come.

Incident Replacement

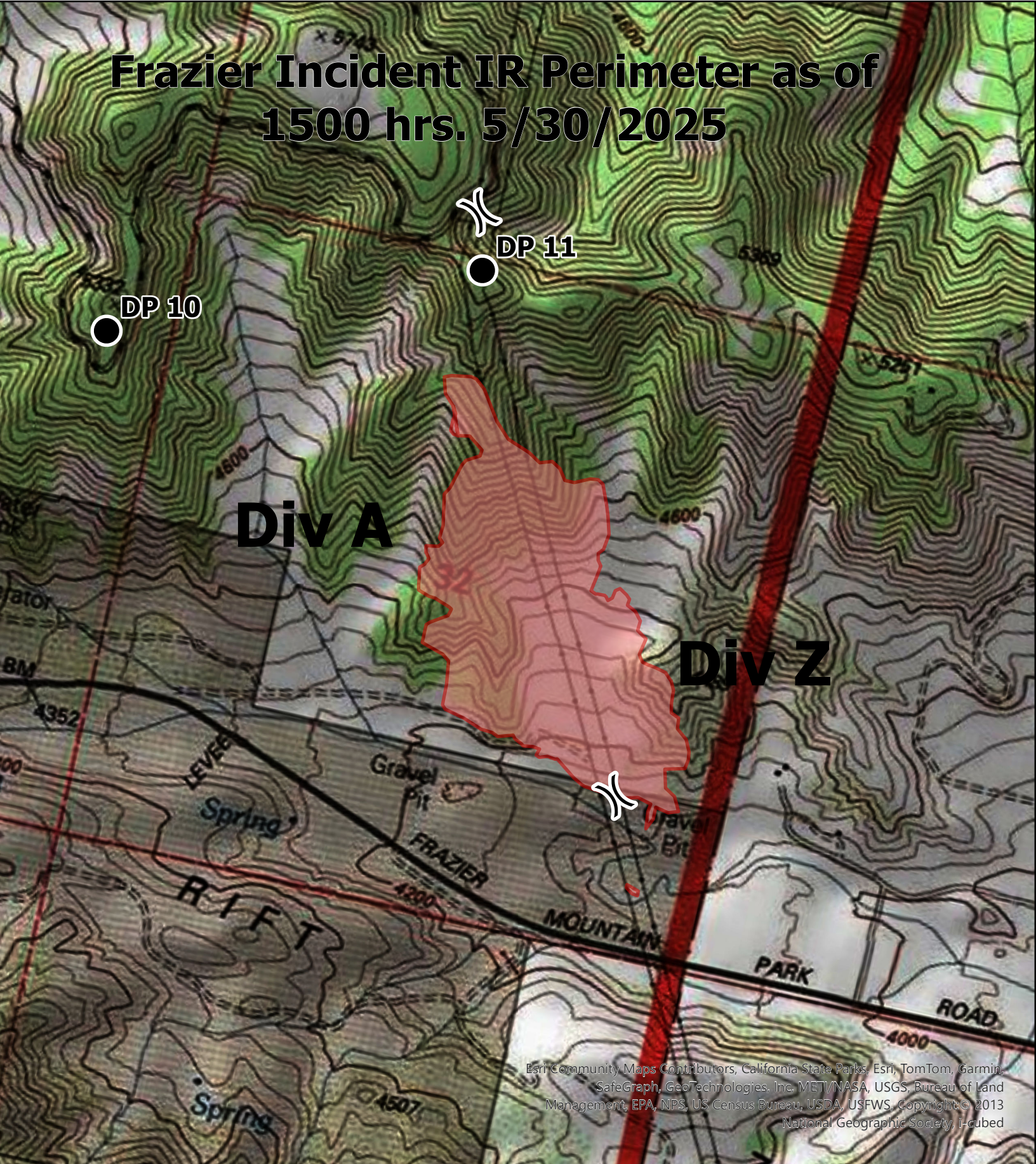
Replacement of Non-Standard Government Issued Items: For replacement of non-cache items the requesting resource will email a completed OF-213 and OF-289 to Finance for review.




Thanks for what you do, and be safe. -

CASSIE FSC3

Frazier Incident IR Perimeter as of 1500 hrs. 5/30/2025



 Frazier Perimeter

 Division Break

 Drop Points

0 0.1 0.2 0.4 0.6 0.8 Miles

Scale 1:12000 1 inch = 1 = 1000 feet



[illegible]