

# FRAZIER



CA-LPF-1371 Date:

06/01/2025

Management Code

P5S1W8 (0507)



## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> Frazier	<b>2. Operational Period:</b>	Date From: 6/01/2025 Time From: 0600	Date To: 6/01/2025 Time To: 2200															
<b>3. Objective(s):</b> Providing for Firefighter and Public Safety while keeping costs commensurate with values at risk.  Keep the fire: South of Tecuya Ridge, West of Lebec, North of Frazier Mtn Park Road, East of Frazier Park.																		
<b>4. Operational Period Command Emphasis:</b> 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.																		
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b> _____																		
<b>6. Incident Action Plan</b> (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"/> _____
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<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"/> _____																
<b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____																		

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> Frazier		<b>2. Operational Period:</b> <div style="display: flex; justify-content: space-between;"> <div>             Date From: 6/01/2025              Time From: 0600           </div> <div>             Date To: 6/01/2025              Time To: 2200           </div> </div>	
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7. Operations Section:</b>	
IC/UCs	Matt Dickson (559) 202-9948	Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		<b>Branch</b>	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
<b>4. Agency/Organization Representatives:</b>		Division/Group	DIV A
Agency/Organization	Name	Division/Group	DIV Z
AA	Karina Medina	Division/Group	Contingency
		Division/Group	
		Division/Group	
		<b>Branch</b>	
		Branch Director	
		Deputy	
<b>5. Planning Section:</b>		Division/Group	
Chief	Crawford / Uribe	Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		<b>Branch</b>	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
<b>6. Logistics Section:</b>		Division/Group	
Chief	Miriam Lagunas	Division/Group	
Deputy		<b>Air Operations Branch</b>	
<b>Support Branch</b>		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		<b>8. Finance/Administration Section:</b>	
Ground Support Unit		Chief	Cassie Avila
<b>Service Branch</b>		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
<b>9. Prepared by:</b>			
Name:		Position/Title:	
Signature: _____			
<b>ICS 203</b>	<b>IAP Page</b>	Date/Time: Date	

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Frazier		<b>2. Operational Period:</b> Date From: 6/01/2025   Date To: 6/01/2025 Time From: 0600   Time To: 2200		<b>3.</b>  Branch:  Division:   A  Group:  Staging Area:	
<b>4. Operations Personnel:</b>  Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: M. Seymour		<u>Name</u>  <u>Contact Number(s)</u>  XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX			
<b>5. Resources Assigned:</b>		# 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				
SQF WT 24	N. Marcino				
<b>6. Work Assignments:</b> Direct Line where possible, begin mop-up within 50 ft.					
<b>7. Special Instructions:</b> Avoid the Point of Origin Track water usage from public water sources					
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): Name                      /Function      Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____ / _____ / _____ / _____ /					
<b>9. Prepared by:</b> Name: _____		Position/Title: _____		Signature: _____	

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Frazier		<b>2. Operational Period:</b> Date From: 6/01/2025   Date To: 6/01/2025 Time From: 0600   Time To: 2200		<b>3.</b>  Branch:  Division: Z  Group:  Staging Area:	
<b>4. Operations Personnel:</b>  Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: J. Schutt		<u>Name</u>  _____ _____ J. Schutt		<u>Contact Number(s)</u>  XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX	
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	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				
T2 Crew Scorpions 6	M. Zavala				
Private WT 4	B. Morgan				
SQF S/T					
ENF WT					
<b>6. Work Assignments:</b> Direct Line where possible, begin mop-up within 50 ft.					
<b>7. Special Instructions:</b> Avoid the Point of Origin Track water usage from public water sources					
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): Name                      /Function      Primary Contact: indicate cell, pager, or radio (frequency/system/channel)					
/					
/					
/					
/					
<b>9. Prepared by:</b> Name:		Position/Title:		Signature: _____	

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Frazier		<b>2. Operational Period:</b> Date From: 5/31/2025    Date To: 6/01/2025 Time From: 1800                  Time To: 1000		<b>3.</b>	
<b>4. Operations Personnel:</b>  Operations Section Chief:  Branch Director:  Division/Group Supervisor:		<u>Name</u>		<u>Contact Number(s)</u>	
				XXX-XXX-XXXX	
				XXX-XXX-XXXX	
				XXX-XXX-XXXX	
<b>5. Resources Assigned:</b>		# 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				
WT 21					
<b>6. Work Assignments:</b>  Direct Line where possible, begin mop-up within 50 ft.         					
<b>7. Special Instructions:</b>  Avoid the Point of Origin Track water usage from public water sources  Night resources use LPF TAC 4					
<b>8. Communications</b> (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 / / / /					
<b>9. Prepared by:</b> Name:		Position/Title:		Signature:	

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Frazier		<b>2. Operational Period:</b> Date From: 6/01/2025   Date To: 6/01/2025 Time From: 0600   Time To: 2200		<b>3.</b>  Branch:  Division: Contingency  Group:  Staging Area:	
<b>4. Operations Personnel:</b>  Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: S. Kelley		<u>Name</u>  _____ _____ S. Kelley		<u>Contact Number(s)</u>  XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX	
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
LPF DZ 4					
WT Northstate					
Scorpions 4	R. Jack				
Grader E 49					
Masticator E 48					
Chipper E 50					
HEQB	A. Way				
PVT WT Jardines					

**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)
	/	
	/	
	/	
	/	

<b>9. Prepared by:</b> Name: _____	Position/Title: _____	Signature: _____
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## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b>  <div style="text-align: center; font-size: 1.2em;">Frazier</div>	<b>2. Date/Time Prepared:</b> Date: _____ Time: _____	<b>3. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____
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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			

<b>5. Special Instructions:</b>
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<b>6. Prepared by (Communications Unit Leader) Name:</b> _____ <b>Signature:</b> _____	
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

Spot Forecast for Frazier Fire...USFS

National Weather Service Hanford CA

1155 AM PDT

Sat May 31 2025

Forecast is based on forecast start time of 0700 PDT on June 01. If conditions become unrepresentative...contact the National Weather Service.

#### DISCUSSION...

Hot with a slight risk (15%) of thunderstorms Saturday afternoon. Probability of Thunder increases to 20% on Sunday and Monday.

Gusty winds on Sunday near any thunderstorms and over the ridge tops. Otherwise, terrain driven winds expected across the burn site through next week. Poor to moderate humidity recovery Saturday night with improving recoveries Sunday and Monday nights. Cooling temperatures expected by Monday.

#### SUNDAY...

Sky/weather.....Mostly sunny (20-30 percent), becoming partly cloudy (40-50 percent) later this afternoon.

Max temperature.....76-79.

Min humidity.....21-25 percent.

Eye level winds.....Upslope 5-9 mph with gusts to 12 mph in the afternoon. Surrounding ridge...South to Southwest 9-14 mph with gust to 22 mph.

Mixing height.....4000 ft AGL.

Transport winds.....Northwest around 13 mph.

Wind (20 ft).....Upslope winds 7-11 mph. Gusts up to 17 mph in the afternoon.

## SUNDAY NIGHT...

Sky/weather.....Partly cloudy (35-45 percent) in the evening, becoming mostly clear (5-15 percent) overnight.

Min temperature.....54-56.

Max humidity.....44-46 percent.

Eye level winds.....Upslope 4-8 mph with gusts to 10 mph in the evening, becoming light and variable 2-4 mph after 2300 PDT.

Surrounding ridge...Southwest to west 8-12 mph with gusts to 18 mph.

Mixing height.....Lowering to around 600 ft AGL.

Transport winds.....Southwest around 10 mph.

Wind (20 ft).....Upslope 6-8 mph with gusts to 14 mph in the evening. Light and variable winds 3-6 mph overnight. .

## MONDAY...

Sky/weather.....Mostly sunny (20-30 percent).

Max temperature.....71-73.

Min humidity.....29-31 percent.

Eye level winds.....Upslope 3-6 mph.

Surrounding ridge...West to Northwest 8-12 mph with gusts to 14 mph.

Mixing height.....3600 ft AGL.

Transport winds.....West around 10 mph. Wind (20 ft).....Upslope 4-8 mph with gusts to 12 mph in the afternoon.

## **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**

# Tentative Demob Plan

06/01/25: Mid Shift

C-528

C-530

06/02/25: AM

LPF S/T 1651 C

Little T IHC

06/02/25 Mid Shift:

LPF IHC

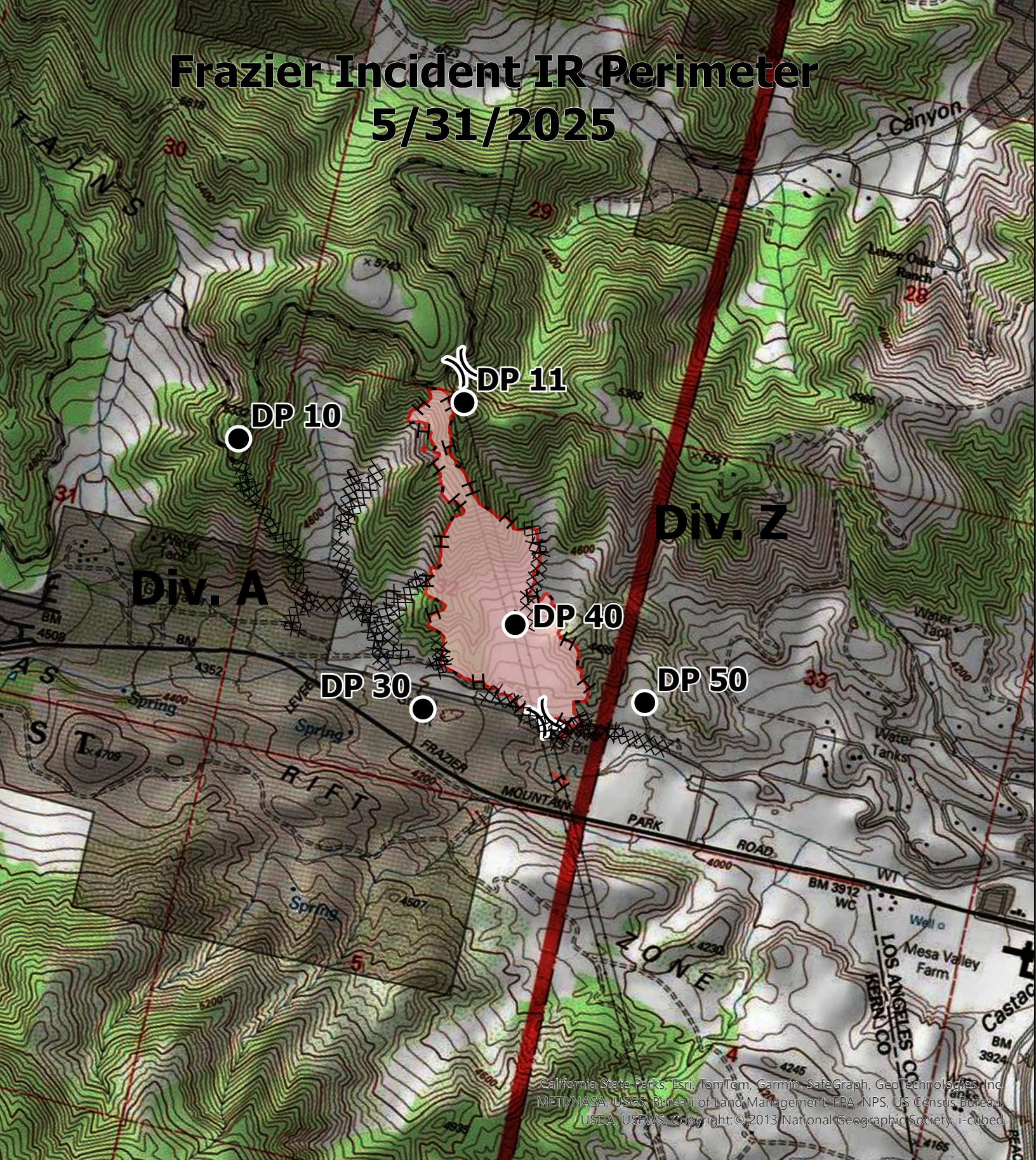
06/03/25 Mid Shift:

Ventana IHC






# Frazier Incident IR Perimeter

## 5/31/2025



California State Parks, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, MET/NASA, USGS, Bureau of Land Management, EPA, NPS, US Census Bureau, USDA, USFWS, Copyright © 2013 National Geographic Society, i-cubed

-  Division Break
-  Completed Handline
-  Spot Fire

-  Frazier Perimeter 105 ac.
-  Drop Points
-  Completed Dozer Line

0 0.17 0.35 0.7 1.05 1.4 Miles





1. Incident Name:		2. Operational Period: Date From: Time From:						Date To: Time To:
3. Name:		4. ICS Position:				5. Home Agency (and Unit):		
6. Resources Assigned:								
Name		ICS Position				Home Agency (and Unit)		
7. Activity Log:								
Date/Time		Notable Activities						
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____ <b>ICS 214, Page 1</b> Date/Time: _____								