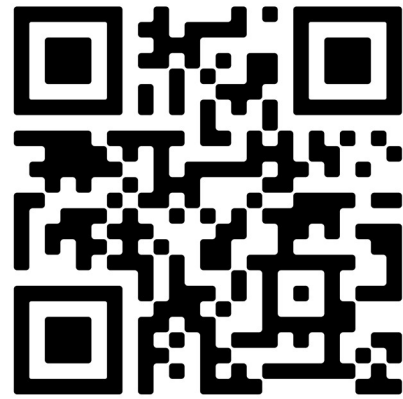


Incident Action Plan

Poeville Fire



Incident Commander: Brock Uhlig

NV-TMFX-030352

PM7TR

Operational Period

| | | | |
|------------|---------|----------|---------|
| Date From: | 6/29/20 | Date to: | 6/29/20 |
| Time From: | 0800 | Time To: | 2000 |

Please submit all shift tickets to:

2020.poevileeroad@firenet.gov

INCIDENT OBJECTIVES (ICS 202)

| | | | | | | | | | | | | | | | | | |
|---|--|--------------------------------|----------------------------------|----------------------------------|---------------------------|----------------------------------|----------------------------------|--------------------------------|----------------------------------|----------------------------------|--------------------------------|----------------------------------|------------------------------------|--------------------------------|-----------------------------------|--|--------------------------------|
| 1. Incident Name: | 2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____ | | | | | | | | | | | | | | | | |
| 3. Objective(s): | | | | | | | | | | | | | | | | | |
| 4. Operational Period Command Emphasis: | | | | | | | | | | | | | | | | | |
| General Situational Awareness | | | | | | | | | | | | | | | | | |
| 5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input 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 style="width: 33%;"><input type="checkbox"/> ICS 202</td><td style="width: 33%;"><input type="checkbox"/> ICS 206</td><td style="width: 34%;"><u>Other Attachments:</u></td></tr><tr><td><input type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input type="checkbox"/> _____</td></tr></table> | | | <input type="checkbox"/> ICS 202 | <input type="checkbox"/> ICS 206 | <u>Other Attachments:</u> | <input type="checkbox"/> ICS 203 | <input type="checkbox"/> ICS 207 | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____ |
| <input type="checkbox"/> ICS 202 | <input type="checkbox"/> ICS 206 | <u>Other Attachments:</u> | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ICS 203 | <input type="checkbox"/> ICS 207 | <input type="checkbox"/> _____ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 | <input type="checkbox"/> _____ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart | <input type="checkbox"/> _____ | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____ | | | | | | | | | | | | | | | |
| 7. Prepared by: Name: _____ Position/Title: _____ Signature: _____ | | | | | | | | | | | | | | | | | |
| 8. Approved by Incident Commander: Name: _____ Signature: _____ | | | | | | | | | | | | | | | | | |
| ICS 202 | IAP Page _____ | Date/Time: _____ | | | | | | | | | | | | | | | |

ORGANIZATION ASSIGNMENT LIST (ICS 203)

| | | | |
|---|----------------|--|--|
| 1. Incident Name: | | 2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____ | |
| 3. Incident Commander(s) and Command Staff: | | 7. Operations Section: | |
| IC/UCs | | Chief | |
| | | Deputy | |
| | | | |
| Deputy | | Staging Area | |
| Safety Officer | | Branch | |
| Public Info. Officer | | Branch Director | |
| Liaison Officer | | Deputy | |
| 4. Agency/Organization Representatives: | | Division/Group | |
| Agency/Organization | Name | Division/Group | |
| | | Division/Group | |
| | | Division/Group | |
| | | Division/Group | |
| | | Division/Group | |
| | | Branch | |
| | | Branch Director | |
| | | Deputy | |
| 5. Planning Section: | | Division/Group | |
| Chief | | 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 | | 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 | |
| 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: _____ | |

FNUS75 KREV 290039
FWSREV

Spot Forecast for POEVILLE ROAD...BLM
National Weather Service Reno NV
539 PM PDT Sun Jun 28 2020

Forecast is based on forecast start time of 1800 PDT on June 28.
If conditions become unrepresentative...contact the National
Weather Service in Reno.

...RED FLAG WARNING IN EFFECT UNTIL 11 PM PDT THIS EVENING FOR
GUSTY WINDS AND LOW HUMIDITY...
...WIND ADVISORY IN EFFECT UNTIL 8 PM PDT THIS EVENING...

.DISCUSSION...

Breezy winds to continue through this evening due to a cold
frontal passage. Expect the winds to shift on the fire between now
and 6:30 pm to the northwest as the front moves through. A few
sprinkles and erratic wind gusts are possible with the front
through 2100L, but no wetting rain. Winds will return to more of a
westerly component on the north side of the mountain closer to
I-580 by midnight, while being more north northwest on the upper
portion of Peavine through the night. On Monday, well below normal
temperatures, higher humidity and lighter north to northwest
winds can be expected. Typical westerly afternoon breezes return
on Tuesday.

.TONIGHT...

Sky/Weather.....Mostly cloudy becoming partly cloudy. A few
sprinkles are possible now through 2100L.
Min Temperature.....38-43 for the lower elevations. 32-35 for the
upper portion of the mountain.
Max Humidity.....55-58% for the lower elevations. 70-75% for the
upper portion of the mountain.
20-Foot Winds.....West northwest winds 10-15 mph with gusts to 25 mph
near I-580. For the upper portion of the mountain,
north winds 25-30 mph with gusts to around 40
mph shifting to the northwest 8-12 mph after 3
am.
LAL.....1.
Chc Wetting Rain....5%.
Mixing Height.....1700-2200 ft agl.
Transport Winds.....Northwest 15-20 mph.
Ventilation.....Excellent decreasing to Marginal.
Haines Index.....4.

.MONDAY...

Sky/Weather.....Sunny.
Max Temperature.....65-70 for the lower elevations. 55-60 for the upper
portion of the mountain.
Min Humidity.....20-23% for the lower elevations. 25-30% for the upper
portion of the mountain.

20-Foot Winds.....North to Northwest winds 8-12 mph with gusts to 20 mph
for areas near I-580. North winds 12-18 mph with gusts
to around 25 mph for exposed ridges.

LAL.....1.
Chc Wetting Rain....0%.
Mixing Height.....6600-7600 ft agl.
Transport Winds.....North around 10 mph.
Ventilation.....Poor increasing to very good.
Haines Index.....3.

.MONDAY NIGHT...

Sky/Weather.....Clear.
Min Temperature.....43-48 for the lower elevations. 39-43 for the
upper portion of the mountain.
Max Humidity.....50-53% for the lower elevations. 58-63% for the
upper portion of the mountain.
20-Foot Winds.....Northwest winds around 10 mph becoming downslope 2-6 mph
overnight for the lower portion of the burn. North winds
12-17 mph shifting to the southwest 5-10 mph overnight
for the upper ridgelines.

LAL.....1.
Chc Wetting Rain....0%.
Mixing Height.....6200 ft agl in the evening then 200-500 ft agl.
Transport Winds.....Light winds.
Ventilation.....Good decreasing to poor overnight.
Haines Index.....3.

.TUESDAY...

Sky/Weather.....Sunny.
Max Temperature.....74-79 for lower elevations. 65-70 for the upper
portions of the mountain.
Min Humidity.....17-20% for lower elevations. 19-24% for upper
portions of the mountain.
20-Foot Winds.....Upslope 4 to 8 mph in the morning, then becoming
west 10-15 mph around 1 pm. Winds to further
increase around 4 pm to 13-18 mph with gusts to
around 30 mph.

LAL.....1.
Chc Wetting Rain....0%.
Mixing Height.....7800-8800 ft agl.
Transport Winds.....West 10-15 mph.
Ventilation.....Poor increasing to excellent.
Haines Index.....4.

\$\$

Forecaster...Johnson
Requested by...Cassandra Albush
Type of request...WILDFIRE
.TAG 2008672.0/REV
.DELDT 06/28/20
.FormatterVersion 1.0.26
.EMAIL albushc@gmail.com

ASSIGNMENT LIST (ICS 204)

| | | | | | | | | | | | | | | | |
|--|---|---|-----------------|--|---|----------------------|---|------------------------------|-------|------------------------------|-------|----------------------------|-------|--------------------------|-------|
| 1. Incident Name: | | 2. Operational Period: Date From: 06/29/2020 Date To: 06/29/2020 Time From: 0700 Time To: 2000 | | 3. Branch: Division: Charlie Group: Staging Area: | | | | | | | | | | | |
| 4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Chuck Fox</u> Branch Director: _____ Division/Group Supervisor: <u>Brandon Hansen (t)</u> | | | | Division: Charlie 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 | | | | | | | | | | | | | | |
| SQ 31 Truckee Meadows | | 5 | | | | | | | | | | | | | |
| NLT NV Energy | | 10 | | | | | | | | | | | | | |
| Battleborn Helitack | | 7 | | | | | | | | | | | | | |
| 3 CH | | 3 | | | | | | | | | | | | | |
| E371 | | 5 | | | | | | | | | | | | | |
| Plumas IHC | | 20 | | | | | | | | | | | | | |
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| 6. Work Assignments: Patrol and mop up 100 feet in. | | | | | | | | | | | | | | | |
| 7. Special Instructions: | | | | | | | | | | | | | | | |
| 8. Communications (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%;"> <tr> <td style="width: 35%;"><u>Name/Function</u></td> <td style="width: 65%;">Primary Contact: <u>indicate cell, pager, or radio (frequency/system/channel)</u></td> </tr> <tr> <td><u>HTF Peavine / Command</u></td> <td>_____</td> </tr> <tr> <td><u>NIFC Tac 2 / Tactical</u></td> <td>_____</td> </tr> <tr> <td><u>NDF Red 2 /Tactical</u></td> <td>_____</td> </tr> <tr> <td><u>VFIRE23 /Tactical</u></td> <td>_____</td> </tr> </table> | | | | | | <u>Name/Function</u> | Primary Contact: <u>indicate cell, pager, or radio (frequency/system/channel)</u> | <u>HTF Peavine / Command</u> | _____ | <u>NIFC Tac 2 / Tactical</u> | _____ | <u>NDF Red 2 /Tactical</u> | _____ | <u>VFIRE23 /Tactical</u> | _____ |
| <u>Name/Function</u> | Primary Contact: <u>indicate cell, pager, or radio (frequency/system/channel)</u> | | | | | | | | | | | | | | |
| <u>HTF Peavine / Command</u> | _____ | | | | | | | | | | | | | | |
| <u>NIFC Tac 2 / Tactical</u> | _____ | | | | | | | | | | | | | | |
| <u>NDF Red 2 /Tactical</u> | _____ | | | | | | | | | | | | | | |
| <u>VFIRE23 /Tactical</u> | _____ | | | | | | | | | | | | | | |
| 9. Prepared by: Name: <u>Wendy Markham</u> Position/Title: <u>PSC3</u> Signature: _____ | | | | | | | | | | | | | | | |
| ICS 204 | IAP Page <u> </u> | Date/Time: <u>6/28/2020 2000</u> | | | | | | | | | | | | | |

ASSIGNMENT LIST (ICS 204)

| | | | | | | |
|---|--------|---|---|---|--|--|
| 1. Incident Name: | | 2. Operational Period: Date From: 06/29/2020 Time From: 0700 | | Date To: 06/29/2020 Time To: 2000 | | 3. Branch: Division: Hotel Group: Staging Area: |
| 4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Chuck Fox</u> Branch Director: _____ Division/Group Supervisor: <u>Cody Mandeville</u> | | | | | | |
| 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 | | | | | |
| Slide Mt. | | | | Spiking | | |
| E411 | | | | | | |
| Rifle 1200 | | | | | | |
| Brush 21 Tahoe-Douglas | | | | | | |
| NDF 5160 | | | | | | |
| DOZER 2 | | | | | | |
| | | | | | | |
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| 6. Work Assignments: Patrol and mop up 100 feet in. | | | | | | |
| 7. Special Instructions: | | | | | | |
| 8. Communications (radio and/or phone contact numbers needed for this assignment): <u>Name/Function</u> <u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u> HTF Peavine / Command _____ NIFC Tac 2 / Tactical _____ NDF Red 2 /Tactical _____ VFIRE23 /Tactical _____ | | | | | | |
| 9. Prepared by: Name: <u>Wendy Markham</u> Position/Title: <u>PSC3</u> Signature: _____ | | | | | | |
| ICS 204 | | IAP Page _____ | | Date/Time: 6/28/2020 2000 | | |

ASSIGNMENT LIST (ICS 204)

| | | | | | | | | | | | | | | |
|---|--|---|---|---|--|--|-----------------------|---------------|-----------------------|--|---------------------|--|-------------------|--|
| 1. Incident Name: Poeville Fire | | 2. Operational Period: Date From: 06/29/2020 Time From: 0700 | | Date To: 06/29/2020 Time To: 2000 | 3. Branch: Division: Group: Structure Staging Area: | | | | | | | | | |
| 4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: <u>Chuck Fox</u> _____ Branch Director: _____ Division/Group Supervisor: <u>Brad Milam</u> _____ | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| 9226 C Strike team | | | | | | | | | | | | | | |
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| 6. Work Assignments: Be highly visible in residential areas. | | | | | | | | | | | | | | |
| 7. Special Instructions: Stay out of Structure group if you do not have structure PPE. County will have team go in assessing damage and Truckee Meadow will have structure firefighters checking for hot spots around structures. | | | | | | | | | | | | | | |
| 8. Communications (radio and/or phone contact numbers needed for this assignment): <table><tr><td>Name/Function</td><td>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</td></tr><tr><td>HTF Peavine / Command</td><td>air to ground</td></tr><tr><td>NIFC Tac 2 / Tactical</td><td></td></tr><tr><td>NDF Red 2 /Tactical</td><td></td></tr><tr><td>VFIRE23 /Tactical</td><td></td></tr></table> | | | | | Name/Function | Primary Contact: indicate cell, pager, or radio (frequency/system/channel) | HTF Peavine / Command | air to ground | NIFC Tac 2 / Tactical | | NDF Red 2 /Tactical | | VFIRE23 /Tactical | |
| Name/Function | Primary Contact: indicate cell, pager, or radio (frequency/system/channel) | | | | | | | | | | | | | |
| HTF Peavine / Command | air to ground | | | | | | | | | | | | | |
| NIFC Tac 2 / Tactical | | | | | | | | | | | | | | |
| NDF Red 2 /Tactical | | | | | | | | | | | | | | |
| VFIRE23 /Tactical | | | | | | | | | | | | | | |
| 9. Prepared by: Name: Wendy Markham Position/Title: PSC3 Signature: _____ | | | | | | | | | | | | | | |
| ICS 204 | IAP Page _____ | Date/Time: 6/28/2020 2000 | | | | | | | | | | | | |

ASSIGNMENT LIST (ICS 204)

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|--|---|------------------------------|----------------------|------------------------------|--|----------------------------|--|--------------------------|--|
| 1. Incident Name: | | 2. Operational Period: Date From: 06/29/2020 Time From: 0700 | | Date To: 06/29/2020 Time To: 2000 | | 3. Branch: Division: Whiskey Group: Staging Area: | | | | | | | | | |
| 4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Chuck Fox</u> Branch Director: _____ Division/Group Supervisor: <u>Ian McQuery (t)</u> | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| Eastern Sierra 1 | | 23 | | | | | | | | | | | | | |
| Black Mt. IHC | | 20 | | | | | | | | | | | | | |
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| 6. Work Assignments: Patrol and mop up 100 feet in. | | | | | | | | | | | | | | | |
| 7. Special Instructions: | | | | | | | | | | | | | | | |
| 8. Communications (radio and/or phone contact numbers needed for this assignment): <table border="0"><tr><td><u>Name/Function</u></td><td><u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u></td></tr><tr><td><u>HTF Peavine / Command</u></td><td><u>air to ground</u></td></tr><tr><td><u>NIFC Tac 2 / Tactical</u></td><td></td></tr><tr><td><u>NDF Red 2 /Tactical</u></td><td></td></tr><tr><td><u>VFIRE23 /Tactical</u></td><td></td></tr></table> | | | | | | <u>Name/Function</u> | <u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u> | <u>HTF Peavine / Command</u> | <u>air to ground</u> | <u>NIFC Tac 2 / Tactical</u> | | <u>NDF Red 2 /Tactical</u> | | <u>VFIRE23 /Tactical</u> | |
| <u>Name/Function</u> | <u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u> | | | | | | | | | | | | | | |
| <u>HTF Peavine / Command</u> | <u>air to ground</u> | | | | | | | | | | | | | | |
| <u>NIFC Tac 2 / Tactical</u> | | | | | | | | | | | | | | | |
| <u>NDF Red 2 /Tactical</u> | | | | | | | | | | | | | | | |
| <u>VFIRE23 /Tactical</u> | | | | | | | | | | | | | | | |
| 9. Prepared by: Name: <u>Wendy Markham</u> Position/Title: <u>PSC3</u> Signature: _____ | | | | | | | | | | | | | | | |
| ICS 204 | | IAP Page _____ | | Date/Time: <u>6/28/2020 2000</u> | | | | | | | | | | | |

AIR OPERATIONS SUMMARY (ICS 220)

| | | | | | | | |
|---|--------------------|---------------|---|--------------------|---|---|---|
| 1. Incident Name: Poelville | | | 2. Operational Period: Date From: 6/28 Date To: 6/28 Time From: 07:00 Time To: 21:00 | | | 3. Sunrise: Sunset: 05:34 20:31 | |
| 4. Remarks (safety notes, hazards, air operations special equipment, etc.): Reno International / Public / Gliders / Winds | | | 5. Ready Alert Aircraft: Medivac: New Incident: | | | 6. Temporary Flight Restriction Number: Altitude: 11,000msl Center Point: 39.34.36 x 119.54.47 | |
| | | | | | | | |
| | | | Primary Air/Air | | 118.575 | | Air Tactical Group Supervisor Aircraft: |
| 7. Personnel: | Name: | Phone Number: | Secondary Air/Air | 120.125 | OCP-FW / H-AA-6HX / H-AA-6HE | | |
| Air Operations | Heidi Strasser | 702-683-3636 | Flight Following | 168.425 T 114.8 | Other Fixed-Wing Aircraft: | | |
| Air Support Group Supervisor | | | Primary A/G | 168.4000 | 2 SEATs-T-839 & T-861 / 2 CL-415 Scoopers- S-260 & S-263 | | |
| Air Tactical Group Supervisor | | | Secondary A/G | 166.6125 | Command Deck Coordinator | | |
| Helicopter Coordinator | | | TOLC Air Guard | | Helibase Manager | | |
| 10. Helicopters (use additional sheets as necessary): | | | | | | | |
| FAA N# | Category/Kind/Type | Make/Model | Base | Available | Start | Remarks | |
| H-405 | Type 2 / NDF | | Minden | 09:00 | 08:00 | Brett Taylor | |
| H-3CH | Type 2 Standard | | RTS | 08:00 | 07:00 | Jake Lancaster | |
| | | | | | | | |
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| | | | | | | | |
| 11. Prepared by: Name: <u>Heidi Strasser</u> Position/Title: <u>Acting Air Ops</u> Signature: _____ | | | | | | | |
| ICS 220, Page 1 | | | Date/Time: <u>June 28 2020 18:30</u> | | | | |

AIR OPERATIONS SUMMARY (ICS 220)

[illegible]

| | | | | | | | | | | | |
|---|---------|----------|---|--|-------------------|----------------|-------------------|---|----------------------|---------|--|
| 1. Incident Name: | | | | 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 | |
| | | | | | | | | | | | |
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| 5. Special Instructions: | | | | | | | | | | | |
| 6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____ | | | | | | | | | | | |
| ICS 205 | | | IAP Page ____ | | Date/Time: _____ | | | | | | |

Poeville FIRE-SAFETY MESSAGE

Lookouts – Communications - Escape Routes - Safety Zones

| Monday June 29, 2020 | | Day Shift 0600-2100 | |
|---|--|---|--|
| <u>MAJOR HAZARDS</u> | | | |
| Extremely Dry Fuels Driving and Public Interest Hot and Dry / Low HR Fatigue and dehydration | | Steep terrain/ rolling material Air Operations Mines and Shooting Debris Extreme Fire Behavior | |
| <u>Watch Out Situation of the Day –</u> Driving Traffic and Public Interest in the area. | | | |
| The Five Communication Responsibilities for All Firefighters and Emergency Workers: 1) Brief others. 2) Debrief your actions. 3) Communicate hazards. 4) Acknowledge messages. 5) Ask if you don't know. | | | |
| <u>Maintain Constant Situational Awareness</u> | | <u>LEVELS OF ENGAGEMENT</u> | |
| Know what your fire is doing at all times. | | CONSIDER - P A C E | |
| Post lookouts when there is possible danger. | | P Primary Plan (Offense) <ul style="list-style-type: none">• Focused on FF safety and objectives | |
| Be Alert. Stay Calm. Think Clearly. Act Decisively. | | A lternative Plan (Offensive) <ul style="list-style-type: none">• Fallback plan that closely resembles primary plan | |
| COVID 19 Safety: Follow CDC recommendations, social distancing, “Module of One” Separation as possible. Communicate any illness or sickness with supervisor. | | C ontingency Plan (Defense) <ul style="list-style-type: none">• Focused on FF safety, move to safety zone, temporary refuge areas. | |
| | | E mergency Plan (Defense) <ul style="list-style-type: none">• FF survival• Deployment zones/Refuge area• Fire shelters | |
| | | Greg Garcia SOF2, Aaron Knudson SOFR(T) | |

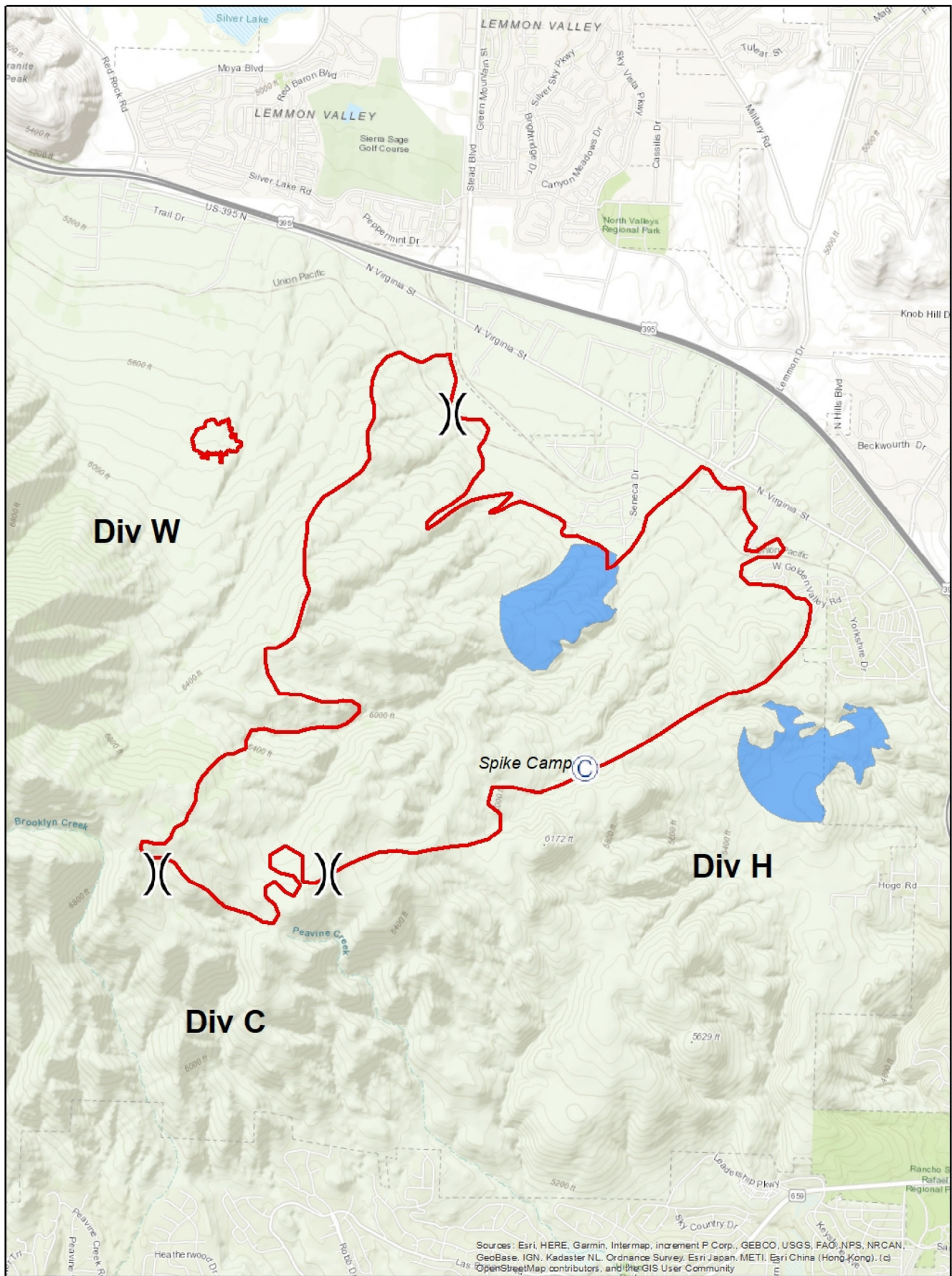
SYMPTOMS SELF CHECKER

Employees will be directed to the Medical Unit for any of the following :

- ~ **Cough**
- ~ **Shortness of Breath**
- ~ **Difficulty Breathing**
- ~ **Fever > 100.4°F, felt feverish or chills**
- ~ **Muscle pain**
- ~ **Headache**
- ~ **Sore throat**
- ~ **New loss of taste and / or smell**

Upon meeting any of the above criteria

- **Notify your current Supervisor and your home unit if possible**
- **Report to the Medical Unit**



IAP
 Poeville Fire
 NV-TMFX030352
 created for
 June 29, 2020

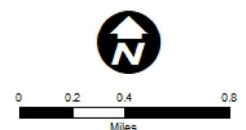
3,010 acres
 as of June 28, 2020

C Camp

X Division Break

Red Outline Poeville Perimeter

Blue Shaded Area Webber's ivesia Habitat



UTM 11N, NAD83
 TGRys en
 Jun 28, 2020
 2140 hrs



FIRE MEDICAL PLAN

| 1. Incident/Project Name | 2. Operational Period |
|--------------------------|----------------------------------|
| Poeville Rd | Date/Time 06/29/2020 , 0600-2200 |

| 3. Ambulance Services | | | | |
|-----------------------|-------------------------|-----------------------|---------------------------------------|--|
| Name | Complete Address | Phone & EMS Frequency | Advanced Life Support (ALS) Yes No | |
| REMSA | 450 Edison Way, Reno NV | 775-858-600 or 911 | X | |
| | | | | |

| 4. Air Ambulance Services | | | |
|---|---------------------|--|----------------|
| Name | Phone | Type .of Aircraft & Capability | |
| Careflight | 775-856-9111 or 911 | Aerostar B-3, NVG-Night flight capabilities, no blood products | |
| | | 15-17 minutes flight time from Truckee Meadows. | |
| Washoe County SO/SAR | 775-785-9276 | Rotor wing 40-minutes Hoist capable-night ops capable | |
| LZ for Air Ambulance will be HB (Lat: Long: W | | | |
| A/G with Air Ambulance | | | |
| NEVCORD1 (VMed28) | RX 155.3400 | TX 155.3400 | TX CTCSS 156.7 |
| NEVCORD2 (VMed29) | RX 155.3475 | TX 155.3475 | TX CTCSS 156.7 |

| 5. Hospitals | | | | | | | | |
|--|--|----------------|--|--------------------|--------------|---------------------|--|--|
| Name Complete Address | GPS Datum – WGS 84 Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long | | Travel Time Air Ground | | Phone | Helipad Yes No | | Level of Care Facility |
| | Lat: | | | | | | | |
| Renown Hospital 1155 Mill St Reno, NV 89502 | Lat: | N 39.5253 | 10 minutes | 30 minutes | 775-982-2005 | X | | Level 2 |
| | Long: | W -119.7952 | | | | | | |
| | VHF: | | | | | | | |
| St Mary's Hospital 235 W 6th St Reno, NV 89503 | Lat: | N 39.5326 | 10 minutes | 30 minutes | 775-770-3000 | X | | General Hosp |
| | Long: | W – 119.8185 | | | | | | |
| | VHF: | | | | | | | |
| UC Davis Trauma Center 2315 Stockton Blvd., Sacramento, CA | Lat: | N 38.544907 | 35 minutes | 2 hr 15 minutes | 916-734-2678 | X | | Level 1 Trauma Center & Burn Center |
| | Long: | W – 121.740517 | | | | | | |
| | VHF: | | | | | | | |

| 6. Division Branch Group | Area Location Capability | |
|------------------------------|-------------------------------|---|
| Charlie | EMS Responders & Capability: | N Rooker EMPF until Med Team arrives |
| | Equipment Available on Scene: | Limited ALS line pack, KED, canvas litter |
| | Medical Emergency Channel: | |
| | ETA for Ambulance to Scene: | Minute 8-12 |
| | Air: | Minute 12-17 |
| | Ground: | Minute 8-12 |
| | Approved Helispot: | |
| | Latitude: | N |
| | Longitude: | W |
| Division Branch Group | Area Location Capability | |
| Hotel | EMS Responders & Capability: | N Rooker EMPF limited ALS 970-316-0000 until Med Team arrives |
| | Equipment Available on Scene: | Limited ALS line pack, KED, canvas litter |
| | Medical Emergency Channel: | |

FIRE MEDICAL PLAN

| | | |
|---------------------------|-------------------------------|---|
| | ETA for Ambulance to Scene: | Minute 8-12 |
| | Air: | Minute 12-17 |
| | Ground: | Minute 8-12 |
| | Approved Helispot: | |
| | Latitude: | N |
| | Longitude: | W |
| Division Branch Group | Area Location Capability | |
| Whiskey | EMS Responders & Capability: | N Rooker EMPF limited ALS 970-316-0000 until Med Team arrives |
| | Equipment Available on Scene: | Limited ALS line pack, KED, canvas litter |
| | Medical Emergency Channel: | |
| | ETA for Ambulance to Scene: | Minute 8-12 |
| | Air: | Minute 12-17 |
| | Ground: | Minute 8-12 |
| | Approved Helispot: | |
| | Latitude: | N |
| | Longitude: | W |
| Division Branch Group | Area Location Capability | |
| Structure | EMS Responders & Capability: | N Rooker EMPF limited ALS 970-316-0000 until Med Team arrives |
| | Equipment Available on Scene: | Limited ALS line pack, KED, canvas litter |
| | Medical Emergency Channel: | |
| | ETA for Ambulance to Scene: | Minutes 8-12 |
| | Air: | Minutes 12-17 |
| | Ground: | Minutes 8-12 |
| | Approved Helispot: | |
| | Latitude: | N |
| | Longitude: | W |

| 1. Prepared By (Medical Unit Leader) | 2. Date/Time | 3. Reviewed By (IC) | 4. Date/Time |
|---|-------------------|---------------------|--------------|
| Dennis McLane MEDL 702-461-6977 Norm Rooker MEDL(t) 970-316-0000 | 6-28-2020 1630 | | |

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

ACTIVITY LOG (ICS 214)

[illegible]

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.