

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Mount Irish	2. Operational Period: Date From: 7-8-25 Time From: 0600	Date To: 7-10-25 Time To: 2200											
3. Objective(s): 1) Firefighter and public safety is the first main objective in every fire management activity 2) Keep any and all fire/ heat in the fire perimeter away from any cultural resources or communication sites 3) Complete all fire suppression repairs to BLM standards													
4. Operational Period Command Emphasis: Weather is getting hotter and drier with remaining low RH's													
General Situational Awareness Steep and rocky terrain, poor road conditions, wind, and heat													
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 type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td rowspan="5" style="vertical-align: top;">Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input checked="" type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td></tr><tr><td><input checked="" type="checkbox"/> ICS 206</td><td></td></tr></table>			<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input checked="" type="checkbox"/> ICS 206	
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<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents												
<input checked="" type="checkbox"/> ICS 206													
7. Prepared by: Name: Jeremy Doyharzabal Position/Title: ICT4 (T) Signature: <u>Jeremy Doyharzabal</u> <small>Digitally signed by Jeremy Doyharzabal Date: 2025.07.08 16:24:00 -0700</small>													
8. Approved by Incident Commander: Name: <u>Tristan Jamieson</u> Signature: <u>TRISTAN JAMIESON</u> <small>Digitally signed by TRISTAN JAMIESON Date: 2025.07.08 20:48:03 -0700</small>													
ICS 202	IAP Page <u>1</u>	Date/Time: <u>07/7.25</u>											

Spot Forecast for Mount Irish Fire 2...BLM
National Weather Service Las Vegas NV
742 AM PDT Mon Jul 7 2025

Forecast is based on forecast start time of 0600 PDT on July 08.

If conditions become unrepresentative...or if you have questions
or concerns with this forecast...please contact our office at
(702) 263-9750.

Please contact our office if you have questions
or concerns with this forecast.

.DISCUSSION...Dry conditions will persist. Afternoon relative
humidity values will bottom out in the single digits with poor
overnight recoveries in the mid-to-upper teens. Winds will favor
a more southerly component today and tomorrow, with the exact
direction varying between southwesterly and southeasterly. Wind
speeds will increase during the afternoon to around 15 mph and then
fall below 10 mph after sunset tonight. Temperatures will continue
to increase with afternoon high temperatures in the mid-to-upper 80s
today and tomorrow.

.TUESDAY...

Sky/weather.....Sunny.
Max temperature.....85-88.
Min humidity.....8-11 percent.
Winds:
20 ft winds.....South winds 5 to 15 mph.
10000 ft winds....Southwest around 25 mph.
CWR (≥ 0.10).....0 percent.
Mixing height.....12100 ft AGL.
Transport winds.....Southwest 20 to 25 knots.
Ventilation.....Excellent.

.TUESDAY NIGHT...

Sky/weather.....Mostly clear.
Min temperature.....64-67.
Max humidity.....20-23 percent.
Winds:
20 ft winds.....Southwest winds 5 to 15 mph.
10000 ft winds....Southwest around 25 mph.
CWR (≥ 0.10).....0 percent.
Mixing height.....7800 ft AGL.
Transport winds.....West 5 to 10 knots.
Ventilation.....Excellent.

.WEDNESDAY...

Sky/weather.....Sunny.
Max temperature.....Around 90.
Min humidity.....8-11 percent.
Winds:
20 ft winds.....Southwest winds 5 to 10 mph.
10000 ft winds....Southwest around 25 mph.
CWR (≥ 0.10).....0 percent.
Mixing height.....12600 ft AGL.

Transport winds.....Southwest 20 to 25 knots.

Ventilation.....Excellent.

.EXTENDED...Days 3 through 5...

.THURSDAY...Clear. Lows in the lower 60s. Highs 88 to 92.

Westerly-to-northwesterly winds 5 to 10 mph.

.FRIDAY...Clear. Lows in the lower 60s. Highs 90 to 94.

Southerly-to-southwesterly winds 5 to 10 mph.

.SATURDAY...Mostly clear. Lows in the mid 60s. Highs 90 to 94.

South-southwest wind 10 to 15 mph.

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Forecaster...Czyzyk

Requested by...Mark Huff, PSC3

Type of request...WILDFIRE

.TAG 2517440.0/VEF

.DELDT 07/07/25

.FormatterVersion 2.0.0

.EMAIL mark_huff@firenet.gov,nvecc@firenet.gov

DIVISION/GROUP ASSIGNMENT LIST (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name				3.			
Mount Irish				Branch		Division	
2. Operational Period 0600-2200							
Date/Time From: 7/8/25 0600		Date/Time To: 7/10/25 2200					
4. Operations Personnel							
Incident Commander		Tristan Jamieson					
Incident Commander (T)		Jeremy Doyharzabal					
5. Resources Assigned this Period							
Strike Team/Task Force/Resource Designator	EMT	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time	
ARC DOME		7/13	Brian Harwood	10	ICP/0530	ICP/2200	
Alta Pacific		7/15	Jose Torres	20	ICP/0530	ICP/2200	
DZR 3 Pearson		7/16	Lee Pearson	2	ICP/0530	ICP/2200	
Lincoln CO FPD MED 69	X	7/14	Jacob Lester	2	ICP/0530	ICP/2200	
6AS Type 3			Gary Crombie	9	ICP/0530	ICP/2200	
KK water tender E11		7/16	Mike Wood JR	1	ICP/0530	ICP/2200	
KK water tender E24		7/18	Todd Whitney	1	ICP/0530	ICP/2200	
Basecamp Manager			Nate Lewis		ICP/0530	ICP/2200	
6. Control Operations/Work Assignments: Patrol and Monitor. Complete fire suppression repairs							
7. Special Instructions:							
8. Division/Group Communication Summary							
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode	
Command	N. Irish	169.77500	123.0	162.16250	123.0	A	
Tactical Div/Group	SOA	171.67500	114.8	171.67500	114.8	A	
Secondary tac	Gov Com 2	168.35000		168.35000		A	
Air to Ground	A/G 43	167.0000		167.0000		A	
9. Prepared by (Resource Unit Leader) Jeremy Doyharzabal			Approved by (Planning Section Chief) Tristan Jamieson			Date 7/8/25	Time 0600

MEDICAL PLAN (ICS 206)

1. Incident Name: Mount Irish		2. Operational Period: Date From: 7/8/25 Time From: 0600		Date To: 7/10/25 Time To: 2200			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Lincoln County Ambo	H2	SOA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Medic Kemerer	ICP	SOA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
Lincoln County	ICP	1-435-406-4060	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS				
Mercy Air	Las Vegas NV 49 min	1-866-480-5718	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
Intermountain air	St George	1-801-321-3330	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
University medical Hospital	36 9.6536'N 115 10.0819'W	1-702-383-8222	40 min	2 hr11min	<input checked="" type="checkbox"/> Yes Level: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
address	1800 Charles Blvd Las Vegas NV 89106				<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valley Hospital Medical Center	36 9.7684'N 115 10.0855'W	1-702-388-4506	40 min	2hr12min	<input checked="" type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
address	620 Shadow Lane Las Vegas NV 89106				<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures: Ambulance will be posted up at H2 Go direct with Ely Dispatch with medical dispatch using the medical incident report/ 8 line line medic will be available from ICP <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Incident Commander (T)): Name: Jeremy Doyharzabal Signature: <u>Jeremy Doyharzabal</u> <small>Digitally signed by Jeremy Doyharzabal Date: 2025.07.08 20:23:41 -0700</small>							
8. Approved by (Incident commander): Name: <u>Tristan Jamieson</u> Signature: <u>TRISTAN JAMIESON</u> <small>Digitally signed by TRISTAN JAMIESON Date: 2025.07.08 20:45:09 -0700</small>							
ICS 206		IAP Page _____		Date/Time: <u>7/7/25</u>			

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. <input type="checkbox"/> Purple/Other Non Medical other potential critical incidents Ex: Unaccounted for incident resources, threats to employees, chemical spills, incidents not requiring the use of ICS-206 but requiring IMT response	
Nature of Injury or Illness & Mechanism of Injury		Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)
Evacuation 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. **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.

