

# PALMER GULCH FIRE

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Tuesday November 2, 2022

0800-1900



Hell Canyon Ranger District  
Black Hills National Forest

Incident # BKF-220841

Federal: P2 P34T (0203)

SDS: 2260341



IAP QR CODE



MAP QR CODE

<b>Incident Objectives</b>	1. Incident Name Palmer Gulch Fire	2. Date Prepared 11/01/2022	3. Time Prepared 18:00
4. Operational Period (Date and Time) 11/01/2022 0800-1900			
5. General Control Objectives for the Incident (include Alternatives)			
<ol style="list-style-type: none"> <li>1. Implement strategies and tactics that commit responders only to operations where and when they can be successful and under conditions where important values at risk are protected with the lowest possible risk.</li> <li>2. Manage risk to firefighters by ensuring hazards are identified, assessed, and where possible, mitigated.</li> <li>3. Minimize the risk to the public through road and area closures as needed.</li> <li>4. Minimize fire spread into the Black Elk Wilderness, where terrain is steep, inaccessible, there are numerous snags, and it will be more difficult to contain.</li> <li>5. Keep the fire south of Palmer Creek Road and Highway 244 and east of Highway 87 to protect structures, private property, and the Mt. Rushmore Resort at Palmer Gulch.</li> <li>6. Provide timely information to the public, adjoining agencies, cooperators, and stakeholders.</li> </ol>			
6. Weather Forecast for Operational Period			
SKY/WEATHER: Sunny		LAL: 1	
MAX TEMPERATURE: 63		HAINES INDEX: 4	
MIN HUMIDITY: 15-20%		MIXING HEIGHT: 4800'-5300'	
WIND (20 FT): SW 15-20 Gusts 40		TRANSPORT WINDS: SW 45-50	
CWR: 0%		SMOKE DISPERSAL: Excellent	
7. General Safety Message			
<p>In the event of a medical emergency (Yellow or Red,) contact Great Plains on Command radio channel (CZ Bear.) Notify fireline supervision and utilize the medical plan (8 line) in the IAP. Give the information needed but not the individuals name or agency over the radio. Request any division resources that are medically trained to respond to the needed location to begin treatment prior to EMS arrival. Any green medicals contact the EMS personnel on scene.</p>			
8. Attachments			
Organization List (ICS 203)		Medical (ICS 206)	
Assignment List (ICS 204)		Air Ops (ICS 220)	
Communications Plan (ICS 205)		Unit Log (ICS 214)	
ICS-202	9. Prepared by (RESL) /s/ Chad Porsch	10. Approved by (IC) /s/ Jason Rodriguez	

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7. Operations Section:</b>	
IC/UCs		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	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		<b>Branch</b>	
		Branch Director	
		Deputy	
<b>5. Planning Section:</b>		Division/Group	
Chief		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		Division/Group	
Deputy		<b>Air Operations Branch</b>	
<b>Support Branch</b>		Air Ops Branch Dir.	
Base Camp Manager			
Technical Specialist			
Facilities Unit		<b>8. Finance/Administration Section:</b>	
Ground Support Unit		Chief	
<b>Service Branch</b>		Deputy	
Director		Time Unit	
Communications Unit		Personnel Time	
Medical Unit		Equipment Time	
Food Unit		Cost Unit	
<b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page ____	Date/Time: _____	



## FINANCE INFORMATION

Please email all finance documents to the Palmer Creek finance email account including any contracts and cooperator agreements you may be working under

**2022.palmergulch.finance@firenet.gov**

We request you email your Crew Time reports and Shift Tickets daily after you have checked in with the QR code on the front of the IAP. This helps us get you through the demob process more quickly when the time comes. DO NOT leave until you have your finalized finance documents.

If you think you have a potential claim, please start your paperwork sooner rather than later.

Per diem and lodging is authorized at this time for all resources that are considered to be in travel status based on home agency direction.



# Safety Message

Incident: **Palmer Gulch Fire**

Date: **November 2<sup>nd</sup>, 2022**

A Safety Briefing needs to be conducted for Every Firefighter

Risk vs Benefit

What Gain - What Potential Consequence?

**HAZARDS AND RISKS IDENTIFIED**

**Are there others?**

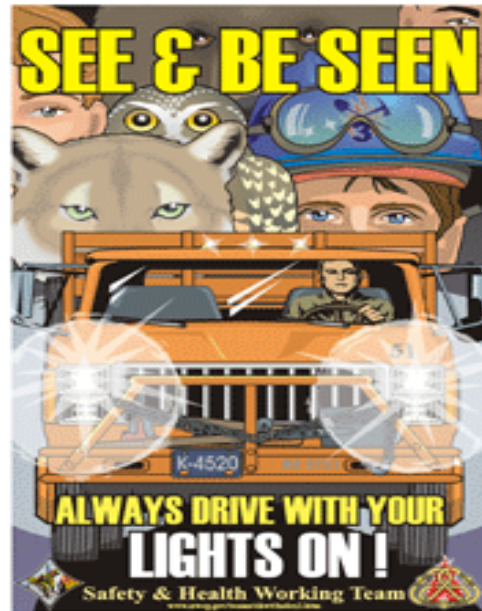
# Drive Safely!

- **Accountability (Let someone know where you are going!)**
- **You can't work if you don't get there.**
- **Lights**
- **Seat belts**
- **Drive defensively.**
- **Always expect a vehicle around every corner.**

**Palmer Gulch Fire - DRIVING HAZARDS- Wildlife on the roadway. Wash boards develop from faster speeds – slow down! - Think about it.**

**BACKING, BACKING, and BACKING!!!**

- **Use spotters when available or walk around vehicle when by yourself.**
- **ICP, Drop Points, Division Breaks, and Staging are areas to watch out for other drivers.**
- **Leave room for other traffic.**
- **Don't make your vehicle an obstacle for others to drive around.**



<b>ASSIGNMENT LIST</b>			1. Branch		1. Division Alpha		
3. Incident Name Palmer Gulch			4. Operational Period Date: 11/02/2022 Time: 0800-1900				
<b>5. Operations Personnel</b>							
Operations Chief		Mike Reed		Division Supervisor		Jake Wolff	
<b>6. Resources Assigned this Period</b>							
Strike Team/Task Force/Resource Designator			Leader	Number Persons	Trans. Needed	Drop Off PT./Time	Pick Up PT./Time
C-2	MENDOCINO	IHC1	CECCON	19		0800	1900
C-3	GRAYBACK	HC2A	DOUGHERTY	20		0800	1900
E-32	BKF 662	ENG6	KOHL	3		0800	1900
E-12	BKF 634	ENG6	LEWIS	6		0800	1900
E-7	NBF 651	ENG6	GREENE	3		0800	1900
E-30	SDS 669	ENG6	SCOTT	3		0800	1900
E-33	BKF 664	ENG6	MORFORD	3		0800	1900
E-26	ANF 317	ENG3	CELAYA	5		0800	1900
E-1	DOTY TENDER	WT3	FRANKLIN	1		0800	1900
E-17	RAPID VLY TEND	WT3	DAWSON	2		0800	1900
E-29	SDS DOZER	DOZ				0800	1900
E-29.1	BRADY ROTHSCHADL	HEQO	ROTHSCHADL	1		0800	1900
0-31	JEFF WIEDOW	HEQB	WEIDOW	1		0800	1900
<b>7. Task Purpose End State</b>							
Construct indirect and direct handline.							
Keep fire from impacting values at risk.							
Fire line in correct location with the right dimensions to contain fire.							
<b>8. Special Instructions</b>							
Continue to secure lines from Palmer Gulch Road to division break							
Keep fire west of containment lines							
Flames and smoke are not a threat to escape the fireline							
Commo:							
<u>Command / CZ Bear</u>							
<u>Tactical / VFire 21</u>							
<u>Air Ops / AG 25</u>							
Prepared by (PSC)			Approved by (PSC)			10/31/2022	Time 2200
/s/ C. Porsch			/s/ Brian Rafferty				

<b>ASSIGNMENT LIST</b>			1. Branch		1.Division ZULU	
3. Incident Name Palmer Gulch			4. Operational Period Date: 11/01/2022 Time: 0800-1900			
<b>5. Operations Personnel</b>						
Operations Chief		Mike Reed		Division Supervisor		O'CONNER
<b>6. Resources Assigned this Period</b>						
Strike Team/Task Force/Resource Designator		Leader	Number Persons	Trans. Needed	Drop Off PT./Time	Pick Up PT./Time
O-1 STANDING ROCK SMOD		HODGKISS	10		0800	1900
E-13 BKF 635 ENG6		JOHNSON	3		0800	1900
E- BKF 311 ENG3		ENGELHAUPT	4		0800	1900
E-8 MILLER ENG6		McCRANE	2		0800	1900
E-28 SDS 621 ENG6		WEISE	2		0800	1900
E-25 CENTENNIAL ENG6		TURNER	3		0800	1900
E-27 BADLANDERS ENG6		BLACK SPOTTED HORSE	3		0800	1900
E-19 JOHNSON SIDING WT1		LENA	2		0800	1900
<b>7. Task Purpose End State</b>						
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<u>Command / CZ Bear</u>						
<u>Tactical / VFire 22</u>						
<u>Air Ops / AG 25</u>						
Prepared by (PSC) /s/ C. Porsch		Approved by (PSC) /s/ Brian Rafferty		10/31/2022		Time 2200



## AIR OPERATIONS SUMMARY (ICS 220)

<b>1. Incident Name:</b> Palmer Gulch		<b>2. Operational Period:</b> Date From: 11/2/2022      Date To: 11/2/2022 Time From: 0900              Time To: 1800				<b>3. Sunrise:</b> 0731 <b>Sunset:</b> 1743	
<b>4. Remarks</b> (safety notes, hazards, air operations special equipment, etc.): Be alert for general aviation, Helicopter Tour Operators (122.85) see and avoid.			<b>5. Ready Alert Aircraft:</b> Medivac: Black Hills LifeFlight/or SD NG Order Through GPC New Incident: N356AA			<b>6. Temporary Flight Restriction Number:</b> Altitude: 2/2997  Center Point: 435310N1033313W	
			<b>8. Frequencies:</b>		AM	FM	<b>9. Fixed-Wing</b> (category/kind/type, make/model, N#, base):  Air Tactical Group Supervisor Aircraft: Available from RAP "AA-4EE Bob Leighty-
			Air/Air Fixed-Wing		119.375		
<b>7. Personnel:</b>		Name:	Phone Number:	Air/Air Rotary-Wing – Flight Following	119.375	KCUT 122.8	
Air Operations Branch Director	Corey Lewis	605-673-1589	Air/Ground		A/G 25 Rx/TX 168.7500	Flight Follow Forest Net 169.175 tx/rx tone 103.5 tx/rx	
Air Support Group Supervisor		XXX-XXX-XXXX	Command	CZ Bear	Rx 170.55 Tx: 165.0125 (136.5)	Other Fixed-Wing Aircraft: SEATs T839 and T861 available from RAP	
Air Tactical Group Supervisor	Bob Leighty	XXX-XXX-XXXX	Deck Coordinator				
Helicopter Coordinator		XXX-XXX-XXXX	Take-Off & Landing Coordinator				
Helibase Manager	CUSTER HELIBASE	605-673-4892	Air Guard				
<b>10. Helicopters</b> (use additional sheets as necessary):							
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks	
N356AA	TYPE 1	UH 60A+	Custer	0900	1800	BUCKET BLACKHAWK RESTRICTED (Herman 605-517- 1890)	



<b>1. Incident Name:</b>		<b>2. Operational Period:</b> Date From: 11/2/2022 Time From: 0900		Date To: 11/2/2022 Time To: 1800		<b>3. Sunrise: 0731    Sunset: 1743</b>	
<b>11. Prepared by:</b> Name: Corey Lewis		Position/Title: ASGS				Signature: _____	
<b>ICS 220, Page 2</b>			Date/Time: 11/1/2022 12:00 AM				



## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Time From: _____	Date To: _____ Time To: _____
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<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
			<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
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input 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			
					<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
					<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
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>6. Special Medical Emergency Procedures:</b>
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

<b>7. Prepared by (Medical Unit Leader):</b> Name: _____ Signature: _____
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<b>8. Approved by (Safety Officer):</b> Name: _____ Signature:
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ICS 206	IAP Page _____	Date/Time: _____
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# PALMER GULCH DEMOB QR CODE

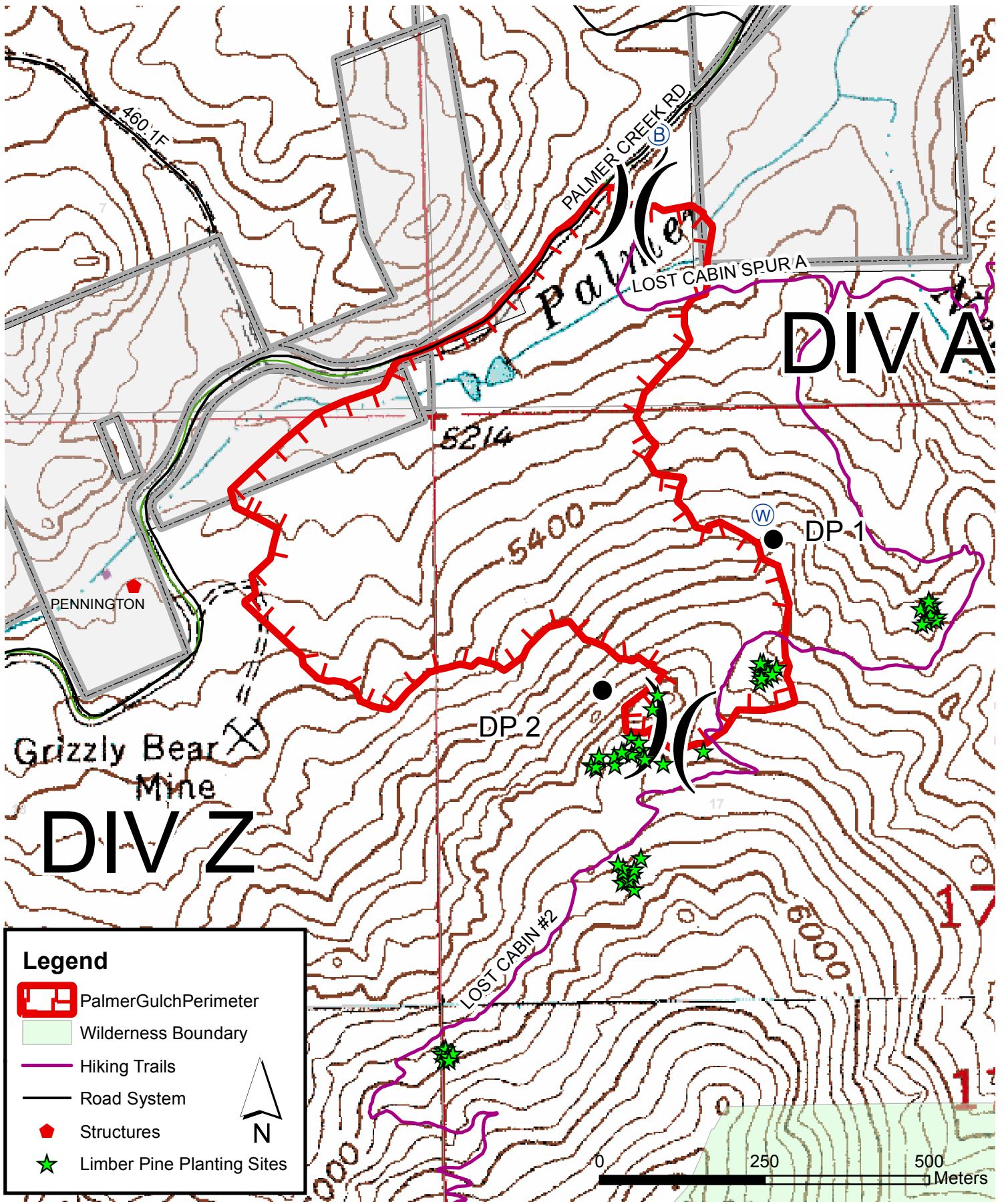
BKF # 220841

P2 P34T

SDS 2260341



Palmer Gulch Fire IAP  
November 1, 2022









# MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

## Medical Incident Report

**FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.**

**FOR A MEDICAL EMERGENCY: IDENTIFY ON-SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.**

**Use the following items to communicate situation to communications/dispatch.**

**1. CONTACT COMMUNICATIONS / DISPATCH** (Verify correct frequency prior to starting report)

*Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."*

**2. INCIDENT STATUS:** Provide incident summary (including number of patients) and command structure.

*Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."*

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

**3. INITIAL PATIENT ASSESSMENT:** Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG PAGE 106

Treatment:

**4. EVACUATION PLAN:**

Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

**5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:**

*Example: Paramedic/EMT, crews, immobilization devices, AED, oxygen, trauma bag, IV/fluid(s), splints, rope rescue, wheeled litter, HAZMAT, extrication*

**6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable**

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

**7. CONTINGENCY: Considerations:** If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead..

**8. ADDITIONAL INFORMATION:** Updates/Changes, etc.

**REMEMBER:** Confirm ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.