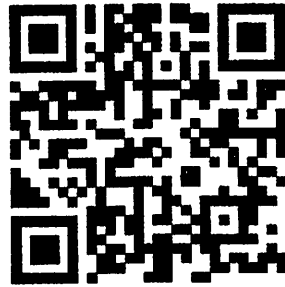


# **CREEK FIRE**

## **Incident Action Plan**

**June 18-19, 2024**



**RUSS HAYNES, IC**

**MATT EMERSON, IC (T)**

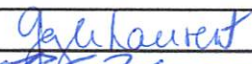
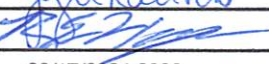
**DAY SHIFT**

**0600-2200**

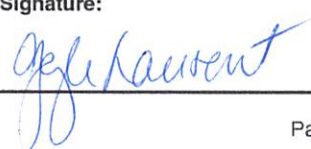
**WY-CRX-240511**

**PN ROEC (1522)**

## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> DAY	
CREEK		Date/Time From: 06/18/2024 0600 TUE	Date/Time To: 06/19/2024 2200 WED
<b>3. Objective(s):</b>			
<p>1) Ensure Firefighter and Public Safety.</p> <p>2) Maintain, establish and build relationships with all entities on the fire as well as landowners and public impacted by the fire.</p> <p>3) Utilize appropriate fire strategies to minimize fire suppression impacts on residences, ranch properties, and critical community infrastructure to reduce the potential for adverse health, social, financial, and economic hardships.</p> <p>4) Consider operational strategies that minimize the impact of smoke-to-smoke sensitive areas and receptors by adjusting tactics, monitoring smoke impacts, and following guidance in state smoke management plans and coordinating with state and local Air Quality Control Commission.</p> <p>5) Use appropriate tactics for the fire behavior encountered. Acknowledge, consider and adjust to the transfer of risk where it creates high probabilities of success.</p>			
<b>4. Operational Period Command Emphasis:</b>			
Continue to mop-up and patrol areas of heat near line. Continue chipping, cut and scatter juniper on fire perimeter.			
<b>General Situational Awareness:</b>			
Use caution while working around heavy equipment during rehabilitation of dozer/blade lines. Give plenty of space to the equipment and avoid working downslope of the equipment when on steep slopes.			
<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):			
<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 207	Other Attachments:	
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> SAFETY	
<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 220	<input checked="" type="checkbox"/> FINANCE	
<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input checked="" type="checkbox"/> UNIT LOG	
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/>	
<input type="checkbox"/> ICS 206			
<b>7. Prepared by:</b> GAYLE LAURENT		<b>Position/Title:</b> PSC3	<b>Signature:</b> 
<b>8. Approved by Incident Commander:</b>		<b>Name:</b> RUSS HAYNES	<b>Signature:</b> 
ICS 202	<b>IAP Page</b>	<b>Date/Time:</b> 06/17/2024 2000	

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b>		<b>2. Operational Period: DAY</b>	
CREEK		Date/Time From: 06/18/2024 0600	Date/Time To: 06/19/2024 2200
		TUE	WED
<b>3. Incident Commander(s) and Command Staff:</b>		<b>7b. Air Operations Branch:</b>	
IC/UC	MATT EMERSON (T)	AIR OPS BRANCH DIRECTOR	
DEPUTY		AIR ATTACK SUPERVISOR	
SAFETY OFFICER		AIR SUPPORT SUPERVISOR	
INFORMATION OFFICER	CHARLIE HARRISON	AIR TANKER COORDINATOR	
LIAISON OFFICER			
<b>4. Agency/Organization Representative(s):</b>		<b>8. Finance/Administration Section:</b>	
<b>Agency/Organization</b>	<b>Name</b>	CHIEF	SARAH RIETZ
CROOK COUNTY	CHARLIE HARRISON	DEPUTY	
WYOMING STATE FORESTRY	NATE BUTLER	TIME UNIT	LARAY OWENS (T)
BUREAU OF LAND MANAGEMENT	TODD YEAGER JUSTIN PROFFER (T)	PROCUREMENT UNIT	
		COMPENSATION UNIT	
<b>5. Planning Section:</b>		COST UNIT	
DEPUTY			
RESOURCES UNIT			
DOCUMENTATION UNIT			
FIRE BEHAVIOR ANALYST			
HUMAN RESOURCE SPECIALIST			
TRAINING SPECIALIST			
TECHNOLOGY SUPPORT SPECIALIST			
INCIDENT METEOROLOGIST			
<b>6. Logistics Section:</b>			
CHIEF	ROBIN BROOKS		
DEPUTY	JAMIE RIETZ		
SUPPLY UNIT			
FACILITIES UNIT			
GROUND SUPPORT UNIT			
COMMUNICATIONS UNIT			
MEDICAL UNIT			
SECURITY UNIT			
FOOD UNIT			
<b>7. Operations Section:</b>			
DAY OPS SECTION CHIEF			
NIGHT OPS SECTION CHIEF			
PLANNING OPS			
DEPUTY OPS SECTION CHIEF			
STAGING AREA			
DIVISION/GROUP	STRUCTURE	LANE OSTENSON	
<b>9. Prepared By:</b>	<b>Name:</b> GAYLE LAURENT	<b>Position/Title:</b> PSC3	<b>Signature:</b>
ICS 203	IAP Page	<b>Date/Time:</b> 06/17/2024 2000	

**Division/Group Assignment List (ICS 204 WF)**  
**Controlled Unclassified Information//Basic**

<b>1. Incident Name:</b>			<b>3.</b>			
CREEK			<b>Branch:</b>		<b>Division/Group:</b>	
<b>2. Operational Period: DAY</b>			<b>STRUCTURE</b>			
Date/Time From: 06/18/2024 0600 TUE		Date/Time To: 06/19/2024 2200 WED				
<b>4. Operations Personnel</b>						
<b>OPERATIONS CHIEF</b> RUSS HAYNES			<b>DIVISION/GROUP SUPERVISOR</b> LANE OSTENSON			
<b>5. Resources Assigned this Period</b>						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
FFT2 14 SMOKEBUSTERS C-1		06/26	JEREMY DEPLITCH	1		
ENG6 WYWRA E5861 E-25		06/27	MANUEL WESAW	3	/0600	/2200
ENG6 WORLAND E61 E-27		06/27	BEN GOMEZ	3	/0600	/2200
ENG6 WYFRX UNIT 143 E-26		06/28	CHAZ BROWN	4		
WYOMING STATE CHIPPER						
<b>6. Control Operations/Work Assignments:</b>						
Continue to mop up and secure the line						
<b>7. Special Instructions:</b>						
2 EMT-P on E-611						
<b>8. Division/Group Communication Summary</b>						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
COMMAND	WARREN PEAK					
TACTICAL	VFIRE-21					
AIR TO GROUND	A/G 35					
<b>9. Prepared By (Resource Unit Leader)</b>			<b>Approved By (Planning Section Chief)</b>		<b>Date</b>	<b>Time</b>
GAYLE LAURENT, PSC3			RUSS HAYNES		06/17/2024	2000

**Division/Group Assignment List (ICS 204 WF)**  
**Controlled Unclassified Information//Basic**

<b>1. Incident Name:</b>			<b>3.</b>			
CREEK			<b>Branch:</b>		<b>Division/Group:</b>	
<b>2. Operational Period: DAY</b>					<b>COUNTY ASSIST</b>	
Date/Time From: 06/18/2024 0600 TUE		Date/Time To: 06/19/2024 2200 WED				
<b>4. Operations Personnel</b>						
<b>BRANCH DIRECTOR</b>			<b>DIVISION/GROUP SUPERVISOR</b>			
<b>AIR ATTACK SUPERVISOR</b>			<b>OPERATIONS CHIEF</b>		RUSS HAYNES	
<b>5. Resources Assigned this Period</b>						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
CROOK COUNTY VFD E607 E-16 - DIVISION M		06/26	TOM LUBAS	3		
CROOK COUNTY WATER TENDER					/0600	/2200
CROOK COUNTY DOZER #702					/0600	/2200
CROOK COUNTY GRADER					/0600	/2200
<b>6. Control Operations/Work Assignments:</b>						
Rehab						
<b>7. Special Instructions:</b>						
<b>8. Division/Group Communication Summary</b>						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
COMMAND						
TACTICAL						
LOGISTICS						
AIR TO GROUND						
<b>9. Prepared By (Resource Unit Leader)</b>			<b>Approved By (Planning Section Chief)</b>		<b>Date</b>	<b>Time</b>
GAYLE LAURENT, PSC3			RUSSELL HAYNES		06/17/2024	2000

# INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

Controlled Unclassified Information//Basic

<b>1. Incident Name:</b>			<b>2. Date/Time Prepared:</b>			<b>3. Operational Period: DAY</b>				
CREEK			Date: 06/17/2024 Time: 2000			Date/Time From: 06/18/2024 0600 TUE		Date/Time To: 06/19/2024 2200 WED		
<b>4. Basic Radio Channel Use:</b>										
Zone Group	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A,D, or M)	Remarks
		TACTICAL	V-FIRE 22 SUPPRESSION GROUP		154.265		154.265	156.7		
		TACTICAL	V-FIRE 23 COUNTY ASSIST		154.295		154.295	156.7		
		COMMAND	WARREN PEAK		172.675		166.425	123		
		AIR TO GROUND	VMED-28		155.340		155.340	156.7		LIKELY TO BE CHANNEL USED
<b>5. Special Instructions:</b>										
<b>6. Prepared By</b> (Communications Unit Leader)				Name: RUSSELL HAYNES				Signature:		
ICS 205				IAP Page				Date/Time: 06/17/2024 2000		

## Safety Message

### Creek Fire- Crook County Wyoming

June, 18-20, 2024 (Day Shift)

“ The real enemy of safety is not non-compliance but non-thinking” Rob Long

#### **Roadside Response Safety**

Conduct all operations as far from traffic lanes as possible

Park vehicles on same side of roadway.

Post lookouts and watch for and control traffic in both lanes.

Keep all equipment out of traffic lanes.

Anytime traffic flow is affected by incident contact local law enforcement to assist.

IRPG Pg. 24

#### **Planning for Medical Emergencies**

What are we going to do if someone gets hurt?

How will we get them out of here?

How long will it take to get them to a hospital?

What will affect our transport time?

Is there a suitable helicopter landing zone nearby, has it been identified?

What level of EMS care is on the incident or available?

#### **Helicopter Extraction Operations**

The on scene EMT or Medical IC determines/requests that medical extraction is required and coordinates with IMT or local dispatch center. Use Medical Incident Report (IRPG pg. 118). Establish communications with incoming air crew and provide known hazards, wind speed/direction and patient update.

# MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

<b>1. Incident/Project Name</b>		<b>2. Operational Period</b>					
Creek Fire		Date/Time 6/18/24 to 6/20/24 Day Shift					
<b>3. Ambulance Services</b>							
Name	Complete Address	Phone & EMS Frequency	Advanced Life Support (ALS) Yes      No				
Hulett EMS	119 Hill Street, Hulett Wyoming	IAP/VMED 28	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Sundance EMS	713 Oak Street, Sundance Wyoming	VMED 28	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>4. Air Ambulance Services</b>							
Name	Phone	Type of Aircraft & Capability					
Black Hills Lifeflight	E911 -Crook Co. Sheriffs Office	Bell 407					
Wyoming Lifeflight	E911-Crook Co. Sheriffs	Bell 407					
<b>5. Hospitals</b>							
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		
Crook County Hospital	Lat: 44.40902		60	307-283-3501	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Critical Access
	Long: 104.37399						
	VHF:						
Campbell County Hospital	Lat: 44.29026		90	307-688-1000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 3 Trauma
	Long: 105.51901						
	VHF:						
Rapid City Regional	Lat: 44.05563	30		605-755-1000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level 2 Trauma
	Long: 103.22667						
	VHF:						
Western States Burn Center	Lat:			970-810-6075	<input type="checkbox"/>	<input type="checkbox"/>	Burn Center
	Long:						
	VHF:						
<b>6. Division   Branch   Group</b>		<b>Area Location Capability</b>					
Division A		EMS Responders & Capability:	TBD				
		Equipment Available on Scene:	MS 184 ALS Potentially				
		Medical Emergency Channel:	Command Frequency				
		ETA for Ambulance to Scene:					
		Air:					
		Ground:					
		Approved Helispot:					
		Lat:					
Long:							
Division M		EMS Responders & Capability:	TBD				
		Equipment Available on Scene:	MS 184 ALS- Potentially				
		Medical Emergency Channel:	Command Frequency				
		ETA for Ambulance to Scene:					
		Air:					
		Ground:					
		Approved Helispot:					
		Lat:					
Long:							



# MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

<b>7. Name &amp; Location</b>	<b>Remote Camp Location(s)</b>			
<b>MS 184 located at DP#1 Once chipping has concluded this ALS ambulance will likely be released back to Hulett but can be dispatched if needed through Crook Co. Sheriffs Office – E911</b>	<b>Point of Contact:</b>	Click or tap here to enter text.		
	<b>EMS Responders &amp; Capability:</b>	TBD		
	<b>Equipment Available on Scene:</b>	MS 184 ALS		
	<b>Medical Emergency Channel:</b>	Command Frequency		
	<b>ETA for Ambulance to Scene:</b>			
	<b>Air:</b>			
	<b>Ground:</b>			
	<b>Approved Helispot:</b>			
	<b>Lat:</b>			
	<b>Long:</b>			
		<b>Point of Contact:</b>		
		<b>EMS Responders &amp; Capability:</b>		
		<b>Equipment Available on Scene:</b>		
	<b>Medical Emergency Channel:</b>			
	<b>ETA for Ambulance to Scene:</b>			
	<b>Air:</b>			
	<b>Ground:</b>			
	<b>Approved Helispot:</b>			
	<b>Lat:</b>			
	<b>Long:</b>			
<b>8. Prepared By (Medical Unit Leader)</b>	<b>9. Date/Time</b>	<b>10. Reviewed By (Safety Officer)</b>	<b>11. Date/Time</b>	
J. Fox-SOFR/EMT	6/17/24	J. Fox	6/17/24	

# 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<sup>o</sup> – 3<sup>o</sup> 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<sup>o</sup> – 3<sup>o</sup> 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 ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

## FINANCE INFORMATION

Please turn in or email all finance documents to the Creek finance including any contracts and cooperator agreements you may be working under.

**SD cooperators need to submit rate sheets for your equipment if you have not already done so.**

[2024.creek.finance@firenet.gov](mailto:2024.creek.finance@firenet.gov)

or

use the QR Code on the front of the IAP

We are requesting that you turn in your Crew Time Reports (CTRs) and Shift Tickets after the first shift and at least every 2 shifts after. The QR Code on the front of the IAP will give you a direct link to the finance email, and electronic CTRs & Shift Tickets. (You will need a pdf app to use it)

**We super appreciate PDF scans instead of photos!**

**If you don't know how to do this ask us.**

When you De-Mob **DO NOT Leave without your Finance Paperwork being completed.**

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

If you need an end of pay period draft OF-288 please let us know the day before through the email.

# ACTIVITY LOG (ICS 214)

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

