INCIDENT ACTION PLAN

SPRING CREEK FIRE



WY-WAX-252 PN S7QS (1532) OPERATIONAL PERIOD

DAY - MONDAY 8/25/2025 TO WEDNESDAY 8/27/2025



INCIDENT OBJECTIVES (ICS 202)

	NCIDENT OBJECTIVE	.5 (105 202)		
1. Incident Name:	2. Operational Period:	_		
SPRING CREEK	Date/Time From:		Date/Time To:	
	08/25/2025 0600	MON	08/27/2025 2200	WED
3. Objective(s):	•	•		
Command Emphasis				
 Task: to implement sound risk informed Purpose: safely, generate a profession End State: to achieve the incident objection 	al end product, for our coope	erators and stakeh	nolders.	able.
Management Objectives:				
 Provide for emergency personnel and p Protect property, improvements and inf Foster and maintain relationships with Ensure coordinated, timely and accura Maintain fiscal accountability and keep 	rastructure all cooperators and stakehol te release of public informati	on.		
4. Operational Period Command Emphasis:				
 Keep the fire South and West of the Ro Keep the fire East of the Spring Creek 		56)		
General Situational Awareness:				
 North and West side are accessed by the South limited access. West accessed by the 434 Road (Big Ranch (big wood archway with sign) and the 	rails Road) then county roa	•	k Road) then turn into	the Lazy T
5. Site Safety Plan Required? Yes No	X			
Approved Site Safety Plan(s) Located at:				
6. Incident Action Plan X ICS 202	checked below are included in this look of the Atta of			
7. Prepared by: TRAVIS PARDUE P	osition/Title: PSC	Sini	nature [raws	Dandus
' '				(M VW
	ame: JESSON VASEY AP Page		nature: e/Time: 08/24/2025 2000	<u> </u>
100 202	na i aye	IDau	5/ 1 IIII 6. 00/24/2023 2000	,

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational	Period:				
SPRING CREI	EK		Date/Time 08/25/202		MON	Date/Time To: 08/27/2025 2200	WED
3. Incident Comm	ander(s) and Command Staff:			COORDINATOR		
	IC/UC	JESSON VASEY			AIR TANKER		
		DYLAN STANLEY	(T)		COORDINATOR 8. Finance/Administration	on Castian.	
	DEPUTY		TIME UNIT	on Section:			
LIAISON OFF	FICER				PROCUREMENT UNIT		
4. Agency/Organi	zation	Representative(s):		-	COMPENSATION UNIT		
Agency/Organiza		Name		-	COST UNIT		
WASHAKIE CO FIRE WAI	RDEN	CHRIS KOCHER			COSTONII		
FORE	STRY	JEROD DELAY					
BLM WORLAN	ND FO	STACY WHITMAN	MOORE				
5. Planning Section	on:						
	CHIEF						
	PUTY						
RESOURCES							
SITUATION							
DOCUMENTA	UNIT						
DEMOBILIZATION							
	LYST						
HUMAN RESOL SPECIA							
TRAINING SPECIA							
GIS SPECIA	ALIST						
TECHNOI SUPPORT SPECIA							
INCI METEOROLO	DENT DGIST						
6. Logistics Secti	on:						
(CHIEF						
DE	PUTY						
SUPPLY	UNIT						
FACILITIES							
GROUND SUP	UNIT						
COMMUNICAT	TIONS UNIT						
MEDICAL	. UNIT						
SECURITY	UNIT						
FOOD	UNIT						
7h Ain Owner!	- D	ah.					
7b. Air Operation		UII.					
	CTOR						
SUPERV	/ISOR						
AIR SUPI SUPERV							
HELICO	_						
9. Prepared By:	Name:	TRAVIS PARDUE		Position/Title	PSC	Signature:	s Pardue
ICS 203	IAP Pa	ige		Date/Time:	08/24/2025 1148	iravu	r Paroue

FINAL Page 1 of 1

Here's a summary and key takeaways from the Spot Forecast for the Spring Creek Fire (WY-WAX) issued by NWS Riverton on Sunday, August 24, 2025, at 12:07 PM MDT:

6 Fire Weather Summary

- Moisture Trend: Increasing monsoonal moisture will gradually cool and dampen conditions, though most beneficial rain stays west of the Continental Divide.
- Precipitation Today: Slight chance (5–10%) of non-wetting showers/thunderstorms this afternoon and evening.
- Wetting Rain: Near-zero chance today, increasing slightly Monday and Tuesday, better chances by Wednesday (40–50%).

Forecast Highlights

Today (Sunday Afternoon)

- Temperature: High ~80°F
- Humidity: Min RH 25–28%
- Winds:
 - 20-ft winds shift from $\mathbf{W} \rightarrow \mathbf{N} \rightarrow \mathbf{E}$ (5–10 mph)
 - o Gusts <20 mph
- Thunder/Showers: 9–10% chance through evening
- Mixing Height: Up to 7,500 ft AGL by late afternoon
- $\bullet \qquad \textbf{Smoke Dispersal: Fair} \rightarrow \textbf{Good after 3 PM}$

Tonight (Sunday Night)

- Low Temperature: Around 58°F
- Max RH: Up to 60%
- Winds:
 - o Evening: Easterly 8–13 mph, gusts to 19 mph
 - Overnight: Light
- Mixing Height: Drops to 1,000 ft AGL
- Smoke Dispersal: Poor after 3 AM

Monday

• Temperature: High near 80°F

• Humidity: Min RH 22–25%

Winds: Generally light, shifting directions through day

Mixing Height: Up to 9,000 ft AGL

Smoke Dispersal: Good after 2 PM

• Thunder/Showers: Slight chance (≤10%)

Extended Outlook (Tues-Thurs)

Day	Sky	Shower/Thunder Chances	Wetting Rain	High / Low	Wind
Tuesday	Mostly Cloudy	25–35% (wetting ~5%)	Low	Low 60s / Low 80s	SE ~7 mph
Wednesday	Mostly Cloudy	Chance of showers/thunder	40–50%	Mid 60s / Upper 70s	Light
Thursday	Mostly Cloudy	20–30%	Moderate	Low 60s / Upper 70s	Light

⚠ Notable Fire Weather Factors

- No wetting rain expected through Monday, so fuels remain dry.
- Shifting and variable winds (especially evening hours) could cause erratic fire behavior.
- Good smoke dispersion Monday afternoon may help visibility but may also promote fire growth if ignition occurs.
- Watch Wednesday closely for potential wetting rain and storm impacts.

Let me know if you'd like a simplified version for briefing, or a fire behavior outlook based on this data.

-	Division/Group Controlled	p Assign I Unclassifie	ment ed Infor	LIST (II) mation//	CS 204 Basic	WF)	
. Incident Name:				3.			
SPRING CREEK				Branch: Division/Group:		up:	
2. Operational Period:							
Date/Time From:	Date/Time To						ALL
08/25/2025 0600 MON	08/27/2025 220	00 W	ED				
OPERATIONS CHIEF		Operations F	Personn		NOU DIDEC	etop!	
OPERATIONS CHIEF				BRAI	NCH DIREC	TOR	
DIVISION/GROUP SUPERVISOR			Al	R ATTAC	K SUPERVI	SOR	
j.	Reso	urces Assign	ed this l	Period			
Strike Team / Task Force / Resource Designator	LWD		Leader		Number Persons	Drop Off PT./Time	Pick Up PT./Time
NG4 - WYWBD E3411 E-7	08/26	JESSON VA	ASEY		4		
NG6 - NMN6S E64 E-4	08/31	MARCES N	MONTOY	Ά	6		
NG6 - NMN3S E34 E-5	08/30	ADAM VAS	QUEZ		5		
NG6 - WYWBD E3611 E-8	08/27	DYLAN STA	NLEY		3		
NG6 - WYWAX WORLAND E61 E-31	08/27	BEN GOME	Z		2		
 Control Operations/Work Assignments: Mop-up at minimum necessary Rehab identified dozer lines pe Rehab all dozer and grader line Special Instructions: 	r Resource Advis	or specficat	tions.		edge of t	fire.	
 North and West side are access South limited access. West accessed by road 434 (Bi (big wood archway with sign) and th 	g Tails Road) the	en county ro		,	Creek Ro	ad) then turn into t	the Lazy T Ranch
8.	Division	n/Group Com	municat	ion Sumn	nary		

8. Division/Group Communication Summary										
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode				
COMMAND	1	172.7750		164.16250	T1BLACK					
COMMAND	2	172.7750		164.1625	T3COPPER					
COMMAND	3	172.7750		164.1625	T6MEADOWLAR	<				
TACTICAL	5	166.8250	166.8250							
COMMAND	8	155.3400		155.3400	156.7	VMED				
9. Prepared By (Resource Ui	9. Prepared By (Resource Unit Leader) Approved By (Planning Section Chief)									
		Tro	rvis Par	roue	8/24/2025	1148				

HEALTH AND SAFETY MESSAGE

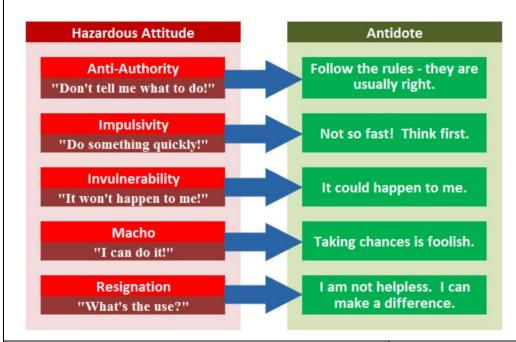
SAFETY starts with **YOU**

We are ALL accountable for SAFE behaviors

INCIDENT: Spring Creek DATE: 8,25—8,27 TIME: 0800

Major Hazards and Risks:

- DRIVING: Drive defensively at all times and maintain safe vehicle separation distances. Keep head lights on and use emergency lighting where appropriate. Use spotters when backing or in tight areas. Keep stopping distance ½ your sight distance.
- Complacency: is a state of being unaware of upcoming trouble, a comfortable state of self-satisfaction, that leads to a decline in one's potential, fosters stagnation, and prevents necessary action and innovation.
- Hazardous attitude: It has been a long season and everyone is tired, do an evaluation on yourself and your coworkers attitude.







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MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

1. Incident/Project Name				2 Operation	anal Pariods				
•				2. Operation	2. Operational Periods				
Spring Creek 3. Ambulance Services – Sp	acify if	f you need AIS		0600-2200					
Agency Address			Phon	e/Frequency	Time to ICP		ALS		BLS
Ten Sleep Volunteer Ambulanc	10	Ten Sleep	1 11011	911	15 minutes		ALS		X
*									Λ
Cody Regional Medical Center		Cody		911	25 minutes		X		
4. Air Ambulance Services		N /E			Turk	P. P. C.	- 1. 172		
Name 911 or Cody Dispatch will		Phone/Fre	q		Type of Aircra	iit & Cap	ability		
arrange Life Flight.									
5. Hospitals									
Name, Address		GPS Datum – WGS				T			
		DD° MM.MMM' N - at DD° MM.MMM'	GN GN	ravel Time ND AIR	Phone of ER	Helipa		Lev	el of Care
		- Long				res	No		Facility
Billings Clinic	Lat:		9	0	406-238-2500			I	Level I
2800 10 th Ave N	Long					X			
Billings	VHF								
Cody Regional Medical	Lat:			0	307-578-2000	3 7		L	evel III
707 Sheridan Av, Cody	Long VHF		9	U		X			
University of Utah Med	Lat:				801-581-2292			T	Level I
Ctr	Long		7 ho	urs	Ask for charge	\mathbf{x}			n Center
50 N. Medical Dr. SLC	VHF			, dis	nurse	1		Dui	n center
St. Vincents Hospital	Lat:				406-237-6791				
1233 N. 30th St	Long				(Flight)	X		I	evel 1
Billings MT	VHF				406-237-4117				
					(Ambo)				
Banner Health Washakie	Lat		2:		307-347-6973				Clinic
Med Ctr 400 S. 15 th St. Worland	Long VHF		min	utes		X		Acı	ıte Care
400 S. 15" St. Worland	VIII								
6. Division Branch Group]	Medical Resource		Equip	ment				
Division A/Z									
Division B									

7. Help me! I've fallen and I can't get up!

Review your 8-line before you need it.

For Medical Emergencies (Code Red/Yellow): Dial 911 by cell phone (day or night) or contact Cody Dispatch on Command (day only).

Briefly explain the situation and state the type of transport needed. Stay on the line with the local 911 dispatcher to answer all questions.

If Life Flight may be needed, request it early. Be ready to provide GPS coordinates (lat/long) shortly after making contact.

For Non-Urgent Medicals (Code Green): Contact Fire Line EMTs to arrange appropriate care and transport.

8. Prepared By (Medical Unit Leader)	9. Date/Time	910 Reviewed By (Safety Officer)	11. Date/Time
	08/23/2025		8/23/2025.
	1813		1820

RADIO COMMUNICATIONS		WY-WBD Gro	oup 15	Date Prepared: 3/	0/2025	All frequencies are NARROW BANDED.		User	
	PL#	N	Worland				All frequencies are ANALOG, unless otherwise noted.		Select
Ch #	Channel Name	Function	RX Freq	RX Tone	TX Freq	Tx Tone	Remarks	#	Tones
1	Fire 1	BLM Tac	166.6375		166.6375			1	110.9
2	Fire 2	BLM Tac	166.8250		166.8250			2	123.0
3	VFIRE21	Mutual Aid Tac/FERN	154.2800		154.2800	156.7		3	131.8
4	WBD-BLM Repeat	Command RPT	172.7750		164.1625	See Below	Use WBD-BLM Repeat Pick List	4	136.5
5	Hot Springs	County	154.4150		150.8050	107.2	Hot Springs Co.Dedicated Tone (107.2)	5	146.2
6	WORL Fire	Fire Dept Tac	154.2050		154.2050		Fire Dept Tac	6	156.7
7	Tensleep	Fire Dept Tac	155.9400		155.9400		Fire Dept Tac	7	167.9
8	Big Horn Cnty Rptr	Fire Dept. Tac	154.7250		155.8500	100.0	Big Horn Co. Repeat Dedicated Tone (100.0)	8	103.5
9	Wash SO	Washakie Cnty SO	155.4150		155.4150	151.4	Washakie Co. SO Dedicated Tone (151.4)	9	100
10	Thermop Tac 1	Hot Springs CO	153.8600		153.8600			10	107.2
11	Thermop Tac 2	Hot Springs CO	151.0700		151.0700			11	114.8
12	BH NF Tac	USFS Tac	166.5500		166.5500		Big Horn National Forest Tac.	12	127.3
13	A/G 14	Air to Ground	167.5000		167.5000		IA Zone WY02	13	141.3
14	A/G 62	Air to Ground	169.3625		169.3625		IA Zone WY02	14	151.4
15	20FD1	Worland FD	TRNK		TRNK		Worland FD WyoLINK Talkgroup	15	162.2
16	BLM WRBF	WRB Fire Dispatch	TRNK		TRNK		WRB Fire Dispatch WyoLink Trunking Talkgroup	16	
17	VMED28	AirAmbulance	155.3400		155.3400	156.7	Must be accessed throught the radio menu		
18	Air Guard	Emergency Hailing Aircraft	168.6250		168.6250	110.9	Must be accessed throught the radio menu		

WBD-BLM Repeat Tone Guard Pick List CH 4

1 - Black Mountain (110.9) 6-MeadowLark (156.7)

7 - Portable Rpt 1 (167.9) 2 - Cedar Mtn. (123.0)

8 - Portable Rpt 2 (103.5) **3** - Copper Mtn. (131.8)

4 - Limestone (136.5)

5 - Crooks Mtn. (146.2)

VMED28 = CH17 Rx155.3400 Tx155.3400 (Tx Tone 156.7) **AIR GUARD - CH18** Rx168.6250 Tx168.6250 (Tx Tone 110.9)

KNG Radios in ALL Zones:

SPRING CREEK FINANCE PROCEDURES

Finance Email: 2025.Springcreek.finance@firenet.gov

ALL RESOURCES – When emailing, <u>please include</u>
your RO# in the <u>subject line</u> and on all documents. Provide a contact phone number in your email.

Please submit your documents electronically, if possible. If not, Finance is now located on the last door of the South Trailer at the Ten Sleep Fairground.

(If you are completing CTRs/Shift Tickets on paper, you can take a picture, save it as a PDF and then email it.)

At **check-in** submit the following:

- Resource Order
- Manifest/Roster
- Cooperator agreement or contract (w/correct resource highlighted)
- AD Casual Hire Form
- Vehicle Inspection Form

Daily submit the following:

- CTRs
- Shift Tickets

At submit the following:

- post i
- demob worksheet (from demob unit)

Ensure all CTR/Shift Tickets are signed and dated. Contracted Resources: Please ensure daily hours worked do NOT exceed operational period without including written justification and supervisor's approval.

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):			
2. To (Name and Position):			
3. From (Name and Position):			
4. Subject:		5. Date:	6. Time
7. Message:			
	0:	··· ———	
8. Approved by: Name:	Signature: Pos	ition/Title:	
8. Approved by: Name: 9. Reply:	Signature: Pos	ition/Title:	
	Signature:Pos	ition/Title:	
		ition/Title:	

ICS 213

General Message

Purpose. The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

Preparation. The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

Distribution. Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	Incident Name (Optional)	Enter the name assigned to the incident. This block is optional.
2	To (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	From (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	Subject	Enter the subject of the message.
5	Date	Enter the date (month/day/year) of the message.
6	Time	Enter the time (using the 24-hour clock) of the message.
7	Message	Enter the content of the message. Try to be as concise as possible.
8	Approved byNameSignaturePosition/Title	Enter the name, signature, and ICS position/title of the person approving the message.
9	Reply	The intended recipient will enter a reply to the message and return it to the originator.
10	Replied by Name Position/Title Signature Date/Time	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

ACTIVITY LOG (ICS 214)

1. Incident Name:		2	2. Operational Period: Date Fro	m: Date To:
			Time Fro	m: Time To:
3. Name:		4. ICS	S Position:	5. Home Agency (and Unit):
6. Resources Assig				I
Nan	ne		ICS Position	Home Agency (and Unit)
7. Activity Log:	T			
Date/Time	Notable Activities			
8. Prepared by: Na	ame.		Position/Title:	Signature:
			–	oignature.
ICS 214, Page 1			Date/Time:	

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.

. CONTACT COMMUNICATIONS	/ DISPATCH (Verify correct	t 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 Meadow Medical, IC is TFLD Jones.			t by a falling tree. Requ	uesting air ambulance to F	orest Road 1 at (Lat./Long.) This will be the Trout	
Severity of Emergency / Transp Priority	port	□ 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. □ 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. □ GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.				
Nature of Injury or Illness					Drief Community of Laboratory Washington	
& 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 Command	er				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 ASSESSM	IENT: Comp	lete this section for each pati	ent as applicable (start w	rith the most severe patient)		
Treatment: 4. EVACUATION PLAN: Evacuation Location (if different) Helispot / Extraction Site Size ar 5. ADDITIONAL RESOURCES / Example: Paramedic/EMT, crews, in	nd Hazards	: NT NEEDS:				
6. COMMUNICATIONS: Identif						
Function Channel Name	e/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *	
COMMAND AIR-TO-GRND						
TACTICAL						
	ons: If prima	ary options fail, what actio	ons can be implement	 red in conjunction with p	rimary evacuation method? Be thinking ahead	
8. ADDITIONAL INFORMATION	l: Updates/0	Changes, etc.				
REMEMBER: Confirm ETAs	of resource	es ordered. Act accor	ding to your level o	of training Re Alert	Keen Calm Think Clearly Act Decisively	