



# Range 6 Fire

De Soto Ranger District

MS-MNF-000157

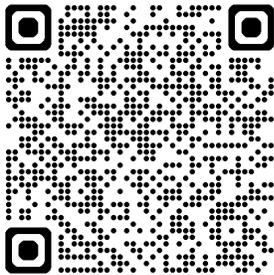
P8 SJAB (0807)

P8EK6W26 0807

Incident Action Plan for

Monday, March 2<sup>nd</sup> – Tuesday, March 3<sup>rd</sup>, 2026

Operational Period: Day Shift 0700-1900



Scan for IAP and Map



CLICK ON THE FIRE SHOP BUTTON,  
THEN ON THE RANGE 6 FOLDER,  
THEN CHOOSE YOUR MAP  
Local Avenza Maps

<b>NOTES:</b>





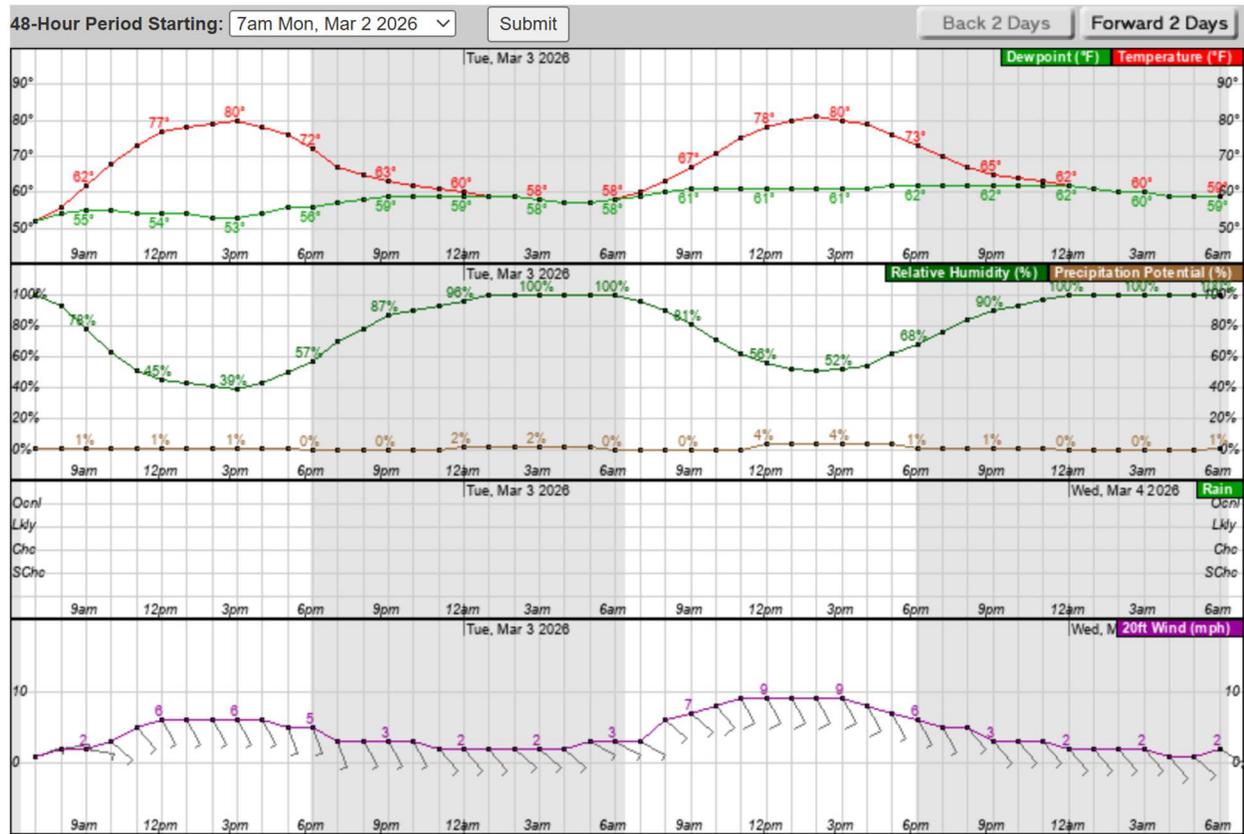
## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> Range 6		<b>2. Operational Period:</b> Date From: 03/02/2026 Date To: 03/03/2026 Time From: 0700 Time To: 1900			
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operations Section:</b>		
IC/UCs	Ian Morgan		Chief	Timothy Egan	
			Deputy		
Deputy			Staging Area		
Safety Officer	Jason Miller		<b>Branch</b>		
Public Info. Officer	Josef Orosz, Mario Rossilli (T)		Branch Director		
Liaison Officer			Deputy		
<b>4. Agency/Organization Representatives:</b>			Division/Group		
Agency/Organization	Name		Division/Group		
AA USFS	Anne Casey		Division/Group		
AA (T) USFS	Chris Locke		Division/Group		
AA (T) USFS	Chandra Roberts		Division/Group		
USFS Local AFMO	Joseph Rogers		<b>Branch</b>		
			Branch Director		
			Deputy		
<b>5. Planning Section:</b>			Division/Group		
Chief	Joshua Skidmore (V)		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		
GISS	Clint Roberts (V)		Division/Group		
			Division/Group		
			Division/Group		
<b>6. Logistics Section:</b>			Division/Group		
Chief	Bob Emrick		Division/Group		
Deputy	Matt Champa (Ordering)		<b>Air Operations Branch</b>		
<b>Support Branch</b>			Air Ops Branch Dir.	Jeff Goyings	
Director					
Supply Unit					
Facilities Unit			<b>8. Finance/Administration Section:</b>		
Ground Support Unit			Chief	Tracy Wimberly (V)	
<b>Service Branch</b>			Deputy		
Director			Time Unit	Kia Tramble (T) (V)	
Communications Unit			Procurement Unit		
Medical Unit			Comp/Claims Unit		
Food Unit			Cost Unit		
<b>9. Prepared by: Name:</b> Joshua Skidmore		<b>Position/Title:</b> PSCC		<b>Signature:</b> <i>Joshua Skidmore</i>	
<b>ICS 203</b>	<b>IAP Page</b> _____	<b>Date/Time:</b> 03/01/2026 @ 1606			

# Weather Outlook for Hattiesburg, MS

03/02-03/03 - Warming trend with highs near 80, calm winds Monday increasing slightly into Tuesday, higher nighttime humidity with lows between 40-50%, next chance of rain is Thursday.

<b>Monday</b>	Patchy fog before 9am. Otherwise, partly sunny, then gradually becoming sunny, with a high near 80. Calm wind becoming southeast around 5 mph in the morning.
<b>Monday Night</b>	Increasing clouds, with a low around 56. South southeast wind around 5 mph becoming calm in the evening.
<b>Tuesday</b>	Mostly sunny, with a high near 81. Light southeast wind becoming south southeast 5 to 10 mph in the morning. Winds could gust as high as 20 mph.
<b>Tuesday Night</b>	Partly cloudy, with a low around 59. South southeast wind around 5 mph becoming calm in the evening.
<b>Wednesday</b>	Partly sunny, with a high near 83. Light southeast wind becoming south southeast 5 to 10 mph in the morning.
<b>Wednesday Night</b>	Mostly cloudy, with a low around 65. South wind around 5 mph becoming calm in the evening.
<b>Thursday</b>	A 30 percent chance of showers and thunderstorms after noon. Mostly cloudy, with a high near 84. Light south southeast wind becoming south 5 to 10 mph in the morning.
<b>Thursday Night</b>	Mostly cloudy, with a low around 68. South southeast wind around 5 mph.
<b>Friday</b>	A slight chance of showers and thunderstorms, then showers likely and possibly a thunderstorm after noon. Mostly cloudy, with a high near 84. Chance of precipitation is 70%.





UXO MILITARY CLOSURE AREA

**DEDICATED  
IMPACT AREA**

UXO - Coordinate all actions within Surface Use Only footprint with DIVS or above. Ensure DIVS knows where you are working.

## Safety Message

ALL CLOSED GATES- DO NOT GO THROUGH WITHOUT DIVISION OR ABOVE DIRECTION

After your initial sizeup of the fire and/or transition from an initial attack IC, answer the following questions. Repeat this analysis whenever there is a change, or predicted change, in conditions on the fire.

- Have you sized up the fire and relayed the information to dispatch?
- Is the observed fire weather consistent with the forecast?
- Can you control the fire with the resources available (on the incident or en route) and under the expected conditions?
- Have you developed a plan to attack the fire (direct or indirect, anchor points, escape routes, head or flank attack, priority areas)? Have you communicated this information to all personnel assigned to the incident, including new arrivals?
- Are lookouts in place or can you see the whole fire area?
- Can you communicate with everyone on the fire and with dispatch?
- Are escape routes and safety zones established? If you are using the black, is it completely burned and without a reburn potential?
- Are safety and the 10 Standard Firefighting Orders being followed and/or mitigated?
- Do you have a complete list of what resources have been ordered for the fire?
- Will you control the fire before the next operational period? If you won't, or the size of the organization exceeds the IC's capability to manage, have you informed the agency FMO or Duty Officer (DO)?

## Zone 5 DeSoto

Chnl	Label	Receive	Tone	Transmit	Tone
1	Common 1	168.6125		168.6125	
2	Common 2	163.7125		163.7125	
3	R8 Fire	166.5625		166.5625	
4	MS Fire Tac 1	168.6750		168.6750	
5	NIFC Tac 2	169.1500		169.1500	
6	Air Detect	168.7500		168.7500	110.9
7	Simplex	171.4250	\$526	171.4250	\$526
8	DeSoto N	171.4250	\$526	164.1250	\$526
9	DeSoto S	171.4250	\$526	164.1250	\$455
10	A/G 82	168.3000		168.3000	
11	A/G 40	167.4500		167.4500	
12	MSHC NWR	166.9625	123.0	166.9625	123.0
13	MFC Mobile SE	151.2200	110.9	151.2200	110.9
14	MFC Fire	151.4000	192.8	151.4000	192.8
15	STATE VFD FIRE				
16	Air Guard	168.6250		168.6250	110.9

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> Range 6	<b>2. Operational Period:</b> Date From: 03/02/2026 Time From: 0700	Date To: 03/03/2026 Time To: 1900
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
Medical aid in ICP	Engine Bay Area	N/A	<input type="checkbox"/> Yes <input checked="" 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
AAA	Forrest County	601-264-2221 / 911	<input checked="" 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			
U of M Medical Center	32°19'42.2000"N 90°10'26.2900"W	601-984-1000			<input checked="" type="checkbox"/> Yes Level: <u>1</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Memorial Stone County Hospital		601-926-6600			<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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> Primary contact through 911
<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: <u>Jason A. Miller</u>	Signature: <u>JASON MILLER</u>
<small>Digitally signed by JASON MILLER Date: 2026.02.25 16:49:08 -0700'</small>	
<b>8. Approved by (Safety Officer):</b> Name: _____ Signature: _____	
ICS 206	IAP Page _____
Date/Time: _____	

## Finance Message

Please send CTR's and other Fire related documents (Casual Hire, Agreements etc.) to:

[tracy\\_wimberly@firenet.gov](mailto:tracy_wimberly@firenet.gov)

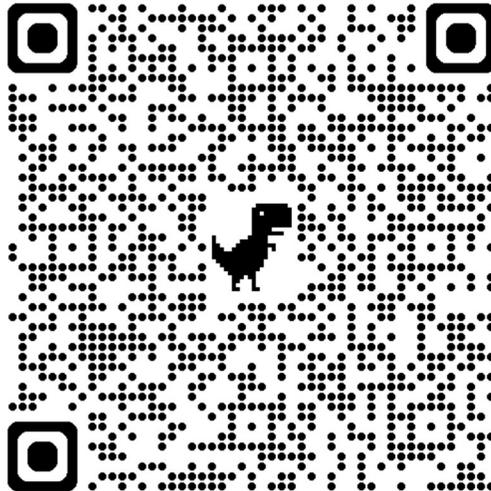
## Check-In

If you arrive on or after Friday 2/27/2026, please email your Name, RO# and Cell# to:

[jskidmore@mfc.ms.gov](mailto:jskidmore@mfc.ms.gov)

## DEMOB Message

Please use this QR code to DEMOB. If you need a flight, you should fill this out at least 3 days ahead of time if possible. The MS Interagency Coordination Center is handling all DEMOB for this incident. Questions can be directed to MICC @ 601-420-6005.



**03/04/2026**

**TENTATIVE RELEASE**

**RANGE 6 US-MS-MNF-000157**

**OVERHEAD**

**O-20**

**0800**

**(FUMD)**

**FUMD - DAVIDSON RIVER - B**







# 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 <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <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>
Transport 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. 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.