

# Rolling Pines Fire

## TX-TXS-220314



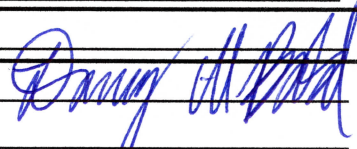
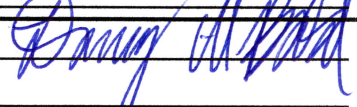
DAY 7-9 (Monday – Wednesday)  
01/24/2022 – 01/26/2022

0800-2000



IAP / Maps QR CODE

# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> Rolling Pines Fire TX-TXS-220314	<b>2. Operational Period:</b> Date From: 01/24/22 Time From: 0800	Date To: 01/26/22 Time To: 2000
<b>3. Objective(s):</b>  1. Life Safety 2. Property Conservation 3. Resource Management		
<b>4. Operational Period Command Emphasis:</b>  • Provide patrol in impacted communities • Utilize aviation where appropriate • Patrol and mop up where appropriate • Remain ready to provide IA resources as needed for other incidents		
General Situational Awareness: • 812 Acres • 95% contained		
<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): x ICS 203      x Map/Chart <u>Other Attachments:</u> x ICS 204 <input type="checkbox"/> Weather Forecast/Tides/Currents <input type="checkbox"/> _____ x ICS 205      _____ <input type="checkbox"/> _____ x ICS 206      _____ <input type="checkbox"/> _____ x ICS 208      _____ <input type="checkbox"/> _____		
<b>7. Prepared by:</b> Name: Ernest Salazar      Position/Title: PSC      Signature: _____	Signature: 	
<b>8. Approved by Incident Commander:</b> Name: Danny Al-Batal      Signature: _____	Signature: 	
ICS 202	IAP Page 2	Date/Time: 01/23/22 1700

# 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			
Deputy		Staging Area	
Safety Officer		<b>Division A</b>	
Public Info. Officer		Division	
Liaison Officer			
<b>4. Agency/Organization Representatives:</b>			
Agency/Organization	Name		
		<b>Division Z</b>	
		Division	
<b>5. Planning Section:</b>			
Chief			
Deputy			
Resources Unit			
Situation Unit			
Documentation Unit		<b>Division</b>	
Demobilization Unit		Division	
Technical Specialists			
<b>6. Logistics Section:</b>			
Chief			
Deputy		<b>Air Operations Branch</b>	
<b>Support Branch</b>		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		<b>8. Finance/Administration Section:</b>	
Equipment Manager		Chief	
<b>Service Branch</b>		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
<b>9. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____			
<b>ICS 203</b>	IAP Page _____	Date/Time: _____	

# ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Rolling Pines Fire TX-TXS-220314		<b>2. Operational Period:</b> Date From: 01/23/22      Date To: 01/23/22 Time From: 0800      Time To: 2000		<b>3.</b>  <b>Branch:</b>  <b>Division:</b> A <b>Group:</b>  <b>Staging Area:</b>
<b>4. Operations Personnel:</b> <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: <u>Danny Al-Batal</u>  Branch Director: _____  Division/Group Supervisor: <u>Kyle Downs 903-235-7376</u>				
<b>5. Resources Assigned:</b>			Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader	# of Persons		Contact (e.g., phone, pager, radio frequency, etc.)
TP4      8591	Bridges**	1	409-499-8225	Woodville Dozer - LWD 1/26
TPWD UTV      712	Willie Steinhauser	2	512-718-2241	
<b>6. Work Assignments:</b>  • Patrol and mop up with suppression units and UTVs  **Resources indicated above may be made available if needed for other Initial Attack incidents.				
<b>7. Special Instructions:</b> • Be cognizant for SNAGS • Keep situational awareness up when working around mechanized equipment • Route aviation requests through Air Ops • Route civilians with questions to PIO Kari Hines 512-375-0354				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): <u>Name/Function</u> _____ <u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u> _____ COMMAND / COMPACT _____ TACTICAL / TAC A _____ TACTICAL / VFIRE 21 _____ AIR / AIRGROUND1 _____				
<b>9. Prepared by:</b> Name: <u>Ernest Salazar</u> Position/Title: <u>PSC</u> Signature: _____				
ICS 204	IAP Page <u>4</u>	Date/Time: <u>01/23/22 1700</u>		



# ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Rolling Pines Fire TX-TXS-220314		<b>2. Operational Period:</b> Date From: 01/24/22      Date To: 01/26/22 Time From: 0800      Time To: 2000		<b>3.</b> <b>Branch:</b>  <b>Division:</b> Z <b>Group:</b>  <b>Staging Area:</b>										
<b>4. Operations Personnel:</b> <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: <u>Danny Al-Batal</u>  Branch Director: _____  Division/Group Supervisor: <u>Jonathan Moore 903-812-4242</u>														
<b>5. Resources Assigned:</b>		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information										
Resource Identifier	Leader													
DZ4      7291	Thedford/Milligan	2	903-283-0046	Jacksonville Dozer - LWD 1/26										
ST106      TIFMAS	Steve Gibbons **	15	512-751-8733	5 Engines - LWD 1/26										
TPWD UTV      715	Andrew Spurlin	2	903-821-8783											
<b>6. Work Assignments:</b> <ul style="list-style-type: none"> <li>Patrol and mop up established control lines</li> <li>Secure and mop up around structures</li> <li>Improve existing control lines</li> </ul> <p>**Resources indicated above may be made available if needed for other Initial Attack incidents.</p>														
<b>7. Special Instructions:</b> <ul style="list-style-type: none"> <li>Be cognizant for SNAGS</li> <li>Keep situational awareness up when working in Wildland Urban Interface and over head power lines</li> <li>Route aviation requests through Air Ops</li> <li>Route civilians with questions to PIO Kari Hines 512-375-0354</li> </ul>														
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; border-bottom: 1px solid black;">Name/Function</td> <td style="width: 65%; border-bottom: 1px solid black;">Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">COMMAND / COMPACT</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">TACTICAL / TAC A</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">TACTICAL / VFIRE 21</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">AIR / AIRGROUND1</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>					Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	COMMAND / COMPACT		TACTICAL / TAC A		TACTICAL / VFIRE 21		AIR / AIRGROUND1	
Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)													
COMMAND / COMPACT														
TACTICAL / TAC A														
TACTICAL / VFIRE 21														
AIR / AIRGROUND1														
<b>9. Prepared by:</b> Name: <u>Ernest Salazar</u> Position/Title: <u>PSC</u> Signature: _____														
<b>ICS 204</b>	<b>IAP Page</b> <u>5</u>	Date/Time: <u>01/23/22 1700</u>												

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b> Rolling Pines Fire TX-TXS-220314	<b>2. Date/Time Prepared:</b> Date: 01/20/22      Time: 1500	<b>3. Operational Period:</b> Date From: 01/20/22    Date To: Duration of Incident Time From/ Time To: Duration of Incident
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4. Basic Radio Channel Use:										
Zone / Group	Ch #	Function	Channel Name or Talkgroup	Assignment	Receive Frequency	RX Tone / NAC	Transmit Frequency	TX Tone / NAC	Mode (A, D, M)	Remarks
TFS 10	1	Interoperable Mobile Calling	TXCALL1D	All Incident Resources	154.9500	156.7	154.9500	156.7	A	Used to communicate with public safety disciplines.
TFS 10	2	Command	COMPACT	All Incident Resources	159.2850	None	159.2850	None	A	
TFS 10	3	Tactical	TAC C	All Incident Resources	159.3150	114.8	159.3150	114.8	A	
TFS 10	4	Tactical	TAC B	All Incident Resources	151.4750	114.8	151.4750	114.8	A	
TFS 10	5	Tactical	TAC A	All Incident Resources	159.4350	114.8	159.4350	114.8	A	
TFS 10	6	Tactical	VFIRE21	Interoperable with local FDs	154.2800	156.7	154.2800	156.7	A	
TFS 10	7	Tactical	VFIRE22	Interoperable with local FDs	154.2650	156.7	154.2650	156.7	A	
TFS 10	8	Tactical	VFIRE23	Interoperable with local FDs	154.2950	156.7	154.2950	156.7	A	
TFS 10	9	Tactical	VFIRE24	Interoperable with local FDs	154.2725	156.7	154.2725	156.7	A	
TFS 10	10	Tactical	VFIRE25	Interoperable with local FDs	154.2875	156.7	154.2875	156.7	A	
TFS 10	11	Tactical / Air-to-Ground	VFIRE26	Air-to-Ground Secondary	154.3025	156.7	154.3025	156.7	A	Secondary Air-to-Ground with State/Federal Aircraft ONLY
TFS 10	12	Command Repeater Primary	VTAC36	Temporary Repeater	151.1375	None	159.4725	136.5	A	Temporary Repeater which may be set up on an incident.
TFS 10	13	Command Repeater Secondary	VTAC37	Temporary Repeater	154.4525	None	158.7375	136.5	A	Temporary Repeater which may be set up on an incident.
TFS 10	14	Air-to-Ground Primary	AIRGRND1	All Incident Resources	159.3000	114.8	159.300	114.8	A	
TFS 10	15	Air-to-Ground Secondary	AIRGRND2	All Incident Resources	151.3850	114.8	151.3850	114.8	A	
TFS 10	16	Emergency Communications with Aircraft	AIRGUARD	All Incident Resources	168.6250	110.9	168.6250	110.9	A	Used to make contact with state/federal aircraft if no contact can be made on the Air-to-Ground channels.

Prepared by (Communications Unit Leader) Name: David Abernathy    Signature: \_\_\_\_\_    Date/Time: 01/20/22

**ICS 205**

## 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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<b>3. Medical Aid Stations:</b>			
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

<b>4. Transportation (indicate air or ground):</b>			
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

<b>5. Hospitals:</b>							
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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<b>ICS 206</b>	<b>IAP Page</b> _____	Date/Time: _____
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# SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____	
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<b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b>

<b>4. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located At:</b>
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<b>5. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____
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ICS 208	IAP Page _____	Date/Time: _____
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# BRIEFING

Rolling Pines  
TX-TXS-220314  
January 24, 2022

812 acres at 1/20/2022 2:00 PM


Lake  
Bastrop  
Dip

DIV A

DIV Z














N

0 0.25 0.5 Miles



TEXAS A&M FOREST SERVICE  
1915

Emily Mitchell (GISS)  
NAD83 UTM Zone 14N

-  Dip Site
-  Division Break
-  Incident Command Post
-  Drop Point
-  Staging Area
-  Water Source
-  Completed Burnout
-  Completed Dozer Line
-  Completed Road as Line
-  Contained
-  Uncontained
-  Wildfire Daily Fire Perimeter
-  Bastrop State Park Boundary



# 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:</b> Name: _____ Position/Title: _____ Signature: _____		
ICS 214	Date/Time: _____	