

Luray Complex

211 West/Waterfall Fire

Shenandoah Forest/Waterfall Fire

Serenity Ridge/Edith Gap Fire

INCIDENT ACTION PLAN



DAY SHIFT/NIGHT SHIFT:

SUNDAY, March 24, 2024

0800 - 2000

MONDAY, March 25, 2024

1800 - 0800

INCIDENT OBJECTIVES (ICS 202)

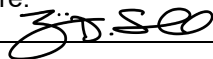
| | | | | | | | | | | | | | | | | | | |
|--|--|---|-------------------------------------|----------------------------------|----------------------------------|---------------------------|----------------------------------|----------------------------------|--------------------------------|----------------------------------|------------------------------------|--------------------------------|-----------------------------------|--|--------------------------------|----------------------------------|--------------------------------|--------------------------------|
| 1. Incident Name: Luray Complex | 2. Operational Period: | Date From: 3/24/2024 Time From: HHMM | Date To: 3/25/2024 Time To: HHMM | | | | | | | | | | | | | | | |
| 3. Objective(s): <ul style="list-style-type: none"> • Ensure firefighter and public safety by using strategies and tactics that mitigate known and anticipated hazards while providing for the highest probability of success. • Minimize impact to communities, infrastructure, public, and private lands. • Limit acreage burned through direct and indirect suppression tactics. • Utilize minimum impact suppression tactics to limit negative impacts to highly valued resources and assets. • Manage costs to keep them commensurate with the values at risk. | | | | | | | | | | | | | | | | | | |
| 4. Operational Period Command Emphasis: <ul style="list-style-type: none"> • Utilize aircraft where appropriate and can be most effective. • Continue to scout primary and secondary contingency lines. • Continue to look for opportunities to limit fire footprint utilizing natural and manmade features. • Provide point protection to structures within the fire footprint. • Stop, think, discuss, then act and ensure LCES is in place prior to engaging the fires | | | | | | | | | | | | | | | | | | |
| General Situational Awareness LCES; steep and rocky terrain...watch footing and heads up for rolling rocks. Heavy snag density and fire weakened green trees...know your work area. Identify and avoid, or eliminate, hazard trees. Aviation operations...clear areas near bucket work. Use spotters when backing vehicles, and exercise care when navigating mountain roads. | | | | | | | | | | | | | | | | | | |
| 5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at: _____ | | | | | | | | | | | | | | | | | | |
| 6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> ICS 203</td> <td style="width: 25%;"><input type="checkbox"/> ICS 207</td> <td style="width: 50%;"><u>Other Attachments:</u></td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 206</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> </table> | | | | <input type="checkbox"/> ICS 203 | <input type="checkbox"/> ICS 207 | <u>Other Attachments:</u> | <input type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 206 | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> ICS 203 | <input type="checkbox"/> ICS 207 | <u>Other Attachments:</u> | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 | <input type="checkbox"/> _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart | <input type="checkbox"/> _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ICS 206 | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | | | | | | | | | | | | | | | | |
| 7. Prepared by: Name: Zoë Sumrall Position/Title: PSC3t Signature: | | | | | | | | | | | | | | | | | | |

.SUNDAY...

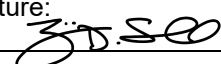
Sky/weather.....Sunny (0-5 percent).
CWR.....0 percent.
Max temperature.....Around 54.
Min humidity.....25 percent.
Wind (20 ft).....North winds 8 to 14 mph.
Mixing height.....3200 ft AGL.
Transport winds.....North 13 to 21 mph shifting to the northeast 6
to 10 mph in the afternoon.
Smoke dispersal.....Fair (14300 knot-ft) early in the morning
increasing to good (31300 knot-ft) in the
afternoon.
Eye level winds.....North winds 5 to 8 mph.

| TIME (EDT) | 6 AM | 8 AM | 10 AM | NOON | 2 PM | 4 PM |
|------------------|------|------|-------|-------|------|------|
| Sky (%)..... | 3 | 3 | 1 | 1 | 1 | 1 |
| Weather cov..... | | | | | | |
| Weather type.... | NONE | NONE | NONE | NONE | NONE | NONE |
| Tstm cov..... | | | | | | |
| CWR..... | 0 | 0 | 0 | 0 | 0 | 0 |
| Temp..... | 28 | 29 | 37 | 45 | 51 | 54 |
| RH..... | 58 | 55 | 40 | 32 | 27 | 25 |
| 20 ft wind..... | N 14 | N 13 | N 13 | N 12 | NE 9 | NE 9 |
| 20 ft wind gust. | 23 | 22 | 20 | 16 | 14 | 13 |
| Eye level wind.. | N 8 | N 8 | N 8 | N 7 | NE 5 | NE 5 |
| Eye lvl wnd gst. | 14 | 13 | 12 | 10 | 8 | 8 |
| Mix hgt (ft).... | 1300 | 1500 | 2200 | 2800 | 3100 | 3200 |
| Transport wind.. | N 21 | N 18 | N 15 | NE 13 | NE 9 | NE 7 |
| Vrate kt-ft/1K.. | 23 | 24 | 29 | 31 | 25 | 19 |
| Ventrte Cat.... | POOR | POOR | POOR | POOR | POOR | POOR |

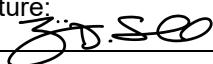
ASSIGNMENT LIST (ICS 204)

| | | | | | |
|---|-----------------|---|--------------------------|---|--|
| 1. Incident Name: Luray Complex | | 2. Operational Period: Date From: 3/24/2024 Date To: 3/25/2024 Time From: HHMM Time To: HHMM | | 3. Branch: Division: 211 West/Waterfall Group: Staging Area: Luray, Cooter's Place | |
| 4. Operations Personnel: | | <u>Name</u> | <u>Contact Number(s)</u> | | |
| Operations Section Chief: | | Matt Wolanski | 540-331-8999 | | |
| Branch Director: | | | | | |
| Division/Group Supervisor: | | Stephen Jasenak | 434-329-0056 | | |
| 5. Resources Assigned: | | | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information |
| Resource Identifier | Leader | | | | |
| Eastern Region Hand Crew | Brian Lacey | 4 | 804-896-4083 | | |
| E-606 | Evan Slabach | 1 | 276-455-6932 | | |
| PGE50 | Kenny Midgett | 1 | 434-906-0957 | | |
| FFT2 | Lauren Charles | 1 | 434-235-3977 | | |
| FFT2 | Justin Wightman | 1 | 540-335-0612 | | |
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| 6. Work Assignments: Point Protection of structures. Base all actions considering firefighter safety and values at risk. | | | | | |
| 7. Special Instructions: | | | | | |
| 8. Communications (radio and/or phone contact numbers needed for this assignment): | | | | | |
| Name | | /Function | | Primary Contact: indicate cell, pager, or radio (frequency/system/channel) | |
| CMD Stars Central Fire 1 | | / | | | |
| TAC DIR CH3 | | / | | | |
| Interop: Compact CH12 | | / | | | |
| County: OPS 4 | | / | | | |
| 9. Prepared by: Name: Zoë Sumrall | | | Position/Title: PSC3t | | Signature:  |

ASSIGNMENT LIST (ICS 204)

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|--|----------------|---|--------------------------|---|--|
| 1. Incident Name: Luray Complex | | 2. Operational Period: Date From: 3/24/2024 Date To: 3/25/2024 Time From: HHMM Time To: HHMM | | 3. Branch: Division: Serenity Ridge/Edith Gap Group: Staging Area: Luray, Cooter's Place | |
| 4. Operations Personnel: | | <u>Name</u> | <u>Contact Number(s)</u> | | |
| Operations Section Chief: | | Matt Wolanski | 540-331-8999 | | |
| Branch Director: | | | XXX-XXX-XXXX | | |
| Division/Group Supervisor: | | Cain Harbison | 540-333-8160 | | |
| 5. Resources Assigned: | | | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information |
| Resource Identifier | Leader | | | | |
| E-609 | John Rose | 2 | 757-346-8149 | | |
| | Heather Rosser | | 804-317-3737 | | |
| WES50 | Josh Just | 1 | 804-898-1413 | | |
| AB50 | Ian Morris | 1 | 434-547-9141 | | |
| Western Region Hand Crew | Nick Perkins | 12 | 276-768-8826 | | |
| FFT2 | Dalton Brown | 1 | 434-995 -8145 | | |
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| 6. Work Assignments: Structure protection around homes. Improve and hold existing lines. Scout for opportunities for control lines to prevent fire spread. | | | | | |
| 7. Special Instructions: | | | | | |
| 8. Communications (radio and/or phone contact numbers needed for this assignment): | | | | | |
| Name | | /Function | | Primary Contact: indicate cell, pager, or radio (frequency/system/channel) | |
| CMD Stars Central Fire 1 | | / | | | |
| TAC DIR CH5 | | / | | | |
| Interop: DIR CH12 Compact | | / | | | |
| County: OPS 2 | | / | | | |
| 9. Prepared by: Name: Zoë Sumrall | | | Position/Title PSC3t | | Signature:  |

ASSIGNMENT LIST (ICS 204)

| | | | | | |
|--|----------------|---|--------------------------|---|--|
| 1. Incident Name: Luray Complex | | 2. Operational Period: Date From: 3/24/2024 Date To: 3/25/2024 Time From: HHMM Time To: HHMM | | 3. Branch: Shenandoah Forest/Waterfall Division: Group: Staging Area: Luray, Cooters Place | |
| 4. Operations Personnel: | | <u>Name</u> | <u>Contact Number(s)</u> | | |
| Operations Section Chief: | | Matt Wolanski | 540-331-8999 | | |
| Branch Director: | | | XXX-XXX-XXXX | | |
| Division/Group Supervisor: | | Cole Young | 540-491-3013 | | |
| 5. Resources Assigned: | | | # of Persons | Contact (e.g., phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information |
| Resource Identifier | Leader | | | | |
| E-612 | Alan Gleske | 2 | | 540-336-2674 | |
| Dozer SHE50 | Cary Hulse | 1 | | 571-436-6149 | |
| Dozer PAG50 | Greg Lawrence | 1 | | 540-742-9337 | |
| FFT2 | Connor Goolsby | 1 | | 434-365-8225 | |
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| 6. Work Assignments: Structure Protection around homes. Improve and hold existing lines. Scout for opportunities for control lines to prevent fire spread. | | | | | |
| 7. Special Instructions: | | | | | |
| 8. Communications (radio and/or phone contact numbers needed for this assignment): | | | | | |
| Name | | /Function | | Primary Contact: indicate cell, pager, or radio (frequency/system/channel) | |
| CMD Stars Central Fire 1 | | / | | | |
| TAC DIR CH 7 | | / | | | |
| Interop: DIR CH 12 Compact | | / | | | |
| County: OPS 5 | | / | | | |
| 9. Prepared by: Name: Zoë Sumrall | | | Position/Title: PSC3t | | Signature:  |

MEDICAL PLAN (ICS 206)

| 1. Incident Name: Luray Complex | | 2. Operational Period: | | Date From: 3/24/2024 Time From: Any | Date To: 3/25/2024 Time To: HHMM | | |
|---|--|-------------------------------|--|--|--|--|--|
| 3. Medical Aid Stations: | | | | | | | |
| Name | Location | Contact Number(s)/Frequency | Paramedics on Site? | | | | |
| Luray VFD | 25 Memorial Drive Luray, Va. 22835 | 911 540-743-5585 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Stanley VFD | 933 West Main Street Stanley, Va. 22851 | 911 540-778-7728 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| SNP LEO | SHEN | 540-999-3422 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | | | <input checked="" 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 | | | | |
| Pegasus MedCom | University of Virginia Charlottesville, Va. 22903 | 800-552-1826 434-924-9287 | <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS | | | | |
| PHI Air Medical – AirCare5 | 43 Aviation Circle Suite 103 Weyers Cave, Va. 24486 | 1-800-258-8181 | <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 | | | | |
| 5. Hospitals: | | | | | | | |
| Hospital Name | Address, Latitude & Longitude if Helipad | Contact Number(s)/ Frequency | Travel Time | | Trauma Center | Burn Center | Helipad |
| | | | Air | Ground | | | |
| Page Memorial | 200 Memorial Drive Luray, Va. 22835 | 540-743-4561 | 10 | 30 | <input type="checkbox"/> Yes Level: ____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Rockingham Memorial | 2010 Health Campus Drive Harrisonburg, Va. 22801 | 540-689-1000 | 15 | 60 | <input type="checkbox"/> Yes Level: ____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| UVA Hospital | 1215 Lee Street Charlottesville, Va | 434-924-3627 | 25 | 75 | <input checked="" type="checkbox"/> Yes Level: ____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| VCU Medical Center | 1250 E Marshall St Richmond, Va. 23219 | 804-828-9000 | 35 | 110 | <input checked="" type="checkbox"/> Yes Level: ____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Chippenham Hospital | 7101 Jahnke Road Richmond, Va. | 804-483-0000 | 35 | 110 | <input type="checkbox"/> Yes Level: ____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Special Medical Emergency Procedures: | | | | | | | |
| <p>Notify injured party's fireline supervisor of injuries/illness. Fireline supervisor will notify IC</p> <p>Nearest qualified EMT or first responder will provide care and assess the injury/incident</p> <p>With serious illness/injury, initiate a Medical Incident Report (ICS 206)</p> <p>All accidents, injuries, and near misses will be reported immediately to your supervisor</p> <p><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.</p> | | | | | | | |

Luray Complex

DOF Zone 1 in BKR5000

| Incident Radio Communication Plan | | | Incident Name: | | Date Time Prepared: | Operational Period Date/Time: |
|-------------------------------------|-----------------------|--------------|----------------|-----------------------|-----------------------------------|--|
| | | | Luray Complex | | 03/22/2024 @ 2000 | 03/23/2024 0600-2000 |
| Ch # | Function: | Frequency: | Tone: | Mode: | Assignment: | Notes: |
| 1 | DIR 1 | RX: 151.1900 | 100.0 | A | Unassigned | |
| | | TX: 151.1900 | 100.0 | | | |
| 2 | DIR 2 | RX: 151.4750 | 100.0 | A | Unassigned | |
| | | TX: 151.4750 | 100.0 | | | |
| 3 | DIR 3 | RX: 159.3600 | 100.0 | A | 211 West Structure Group | |
| | | TX: 159.3600 | 100.0 | | | |
| 4 | DIR 4 | RX: 159.4650 | 100.0 | A | Unassigned | |
| | | TX: 159.4650 | 100.0 | | | |
| 5 | DIR 5 | RX: 171.4250 | 100.0 | A | Serenity Ridge Structure Group | |
| | | TX: 171.4250 | 100.0 | | | |
| 6 | DIR 6 | RX: 170.4750 | 100.0 | A | Unassigned | |
| | | TX: 170.4750 | 100.0 | | | |
| 7 | DIR 7 | RX: 172.2750 | 100.0 | A | Shenandoah Forest Structure Group | |
| | | TX: 172.2750 | 100.0 | | | |
| 8 | DIR 8 | RX: 151.4975 | 100.0 | A | Unassigned | |
| | | TX: 151.4975 | 100.0 | | | |
| 9 | DIR 9 | RX: 158.8725 | 100.0 | A | Unassigned | |
| | | TX: 158.8725 | 100.0 | | | |
| 10 | DIR 10 | RX: 159.0225 | 100.0 | A | Unassigned | |
| | | TX: 159.0225 | 100.0 | | | |
| 11 | DOF A/G | RX: 159.0450 | 100.0 | A | Primary Air to Ground | |
| | | TX: 159.0450 | 100.0 | | | |
| 12 | COMPACT | RX: 159.2850 | | A | SE Compact | Interoperability With Federal Agencies |
| | | TX: 159.2850 | | | | |
| 13 | VFIRE 21 | RX: 154.2800 | 156.7 | A | Unassigned | Mutual Aid With VFD |
| | | TX: 154.2800 | 156.7 | | | |
| 14 | VFIRE 22 | RX: 154.2650 | 156.7 | A | Unassigned | Mutual Aid With VFD |
| | | TX: 159.0450 | 156.7 | | | |
| 15 | VFIRE 23 | RX: 154.2950 | 156.7 | A | Unassigned | Mutual Aid With VFD |
| | | TX: 1542950 | 156.7 | | | |
| 16 | Central Fire 1 | RX: | | D | Command Channel Back To ICP | STARS Radios Only |
| | | TX: | | | | |
| Prepared by: Keith Brown-DOF (COML) | | | | NWCG - ICS 205 | | |

MEDICAL PLAN (ICS 206)

| 1. Incident Name: Luray Complex | | 2. Operational Period: | | Date From: 3/24/2024 Time From: | Date To: 3/25/2024 Time To: HHMM | | |
|---|--|-------------------------------|--|------------------------------------|--|--|--|
| 3. Medical Aid Stations: | | | | | | | |
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| Stanley VFD | 933 West Main Street Stanley, Va. 22851 | 911 540-778-7728 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| SNP LEO | SHEN | 540-999-3422 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | | | <input checked="" 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 | | | | |
| Pegasus MedCom | University of Virginia Charlottesville, Va. 22903 | 800-552-1826 434-924-9287 | <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS | | | | |
| PHI Air Medical – AirCare5 | 43 Aviation Circle Suite 103 Weyers Cave, Va. 24486 | 1-800-258-8181 | <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 | | | | |
| 5. Hospitals: | | | | | | | |
| Hospital Name | Address, Latitude & Longitude if Helipad | Contact Number(s)/Frequency | Travel Time | | Trauma Center | Burn Center | Helipad |
| | | | Air | Ground | | | |
| Page Memorial | 200 Memorial Drive Luray, Va. 22835 | 540-743-4561 | 10 | 30 | <input type="checkbox"/> Yes Level: ____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Rockingham Memorial | 2010 Health Campus Drive Harrisonburg, Va. 22801 | 540-689-1000 | 15 | 60 | <input type="checkbox"/> Yes Level: ____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| UVA Hospital | 1215 Lee Street Charlottesville, Va | 434-924-3627 | 25 | 75 | <input checked="" type="checkbox"/> Yes Level: ____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| VCU Medical Center | 1250 E Marshall St Richmond, Va. 23219 | 804-828-9000 | 35 | 110 | <input checked="" type="checkbox"/> Yes Level: ____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Chippenham Hospital | 7101 Jahnke Road Richmond, Va. | 804-483-0000 | 35 | 110 | <input type="checkbox"/> Yes Level: ____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Special Medical Emergency Procedures: | | | | | | | |
| <p>Notify injured party's fireline supervisor of injuries/illness. Fireline supervisor will notify IC</p> <p>Nearest qualified EMT or first responder will provide care and assess the injury/incident</p> <p>With serious illness/injury, initiate a Medical Incident Report (ICS 206)</p> <p>All accidents, injuries, and near misses will be reported immediately to your supervisor</p> <p><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.</p> | | | | | | | |