

# **SKEGG FIRE**

**VA-VAF-240127**

**P8 SB2W (0808)**



**NOV 4TH 2024**  
**0600-2030**

LINK TREE SITE FOR DIGITAL RESOURCES



SEND ALL CTRS & SHIFT TICKETS:

[2024.skegg.finance@Firenet.gov](mailto:2024.skegg.finance@Firenet.gov)

# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____
<b>3. Objective(s):</b>	
<p><b>Management Objectives:</b>                      Firefighter and public safety will be the highest priority throughout all phases of the incident. Manage the risk to firefighters and the public by using a strategic risk-based approach to decision making.</p> <p>Treat all personnel with dignity and respect by providing a harassment free, zero-tolerance work environment.</p> <p>Protect and mitigate impacts to critical infrastructure across jurisdictional boundaries.</p> <p>Minimize fire impacts to state, county, tribal and private lands.</p> <p>Coordinate fire operations as appropriate with Resource Advisors to minimize impacts to natural and cultural resources.</p> <p>Provide accurate and timely information. Maintain and enhance relationships with federal, state, local and tribal partners, and the public.</p> <p>Manage cost effectively and relative to the values at risk. Ensure financial and documentation packages are prepared in accordance with agency requirements and agreements.</p> <p><b>Incident Objectives:</b>                      Confine fire to National Forest System lands to the extent practical.</p> <p>Confine Skegg Fire within identified direct and indirect containment lines.</p> <p>Continue to patrol direct lines ensuring they are meeting needs to confine the fire, improving lines as needed.</p> <p>Using existing strategies for the Skegg fire, limit fire growth outside of proposed containment lines. Monitor fire growth inside of containment lines and take appropriate action as needed.</p> <p>Implement suppression repair across the incident on non-primary containment features as weather/fire behavior allows.</p>	
<b>4. Operational Period Command Emphasis:</b>	
<p>Patrol and secure primary containment lines in preparation of the forecasted dry and windy conditions.</p> <p>Identify secondary containment lines as time and conditions allow.</p>	
<b>General Situational Awareness</b>	
Refer to the Safety Message	
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 208 <input type="checkbox"/> ICS 205 <input type="checkbox"/> Map/Chart <input type="checkbox"/> ICS 205A <input type="checkbox"/> Weather Forecast/Tides/Currents <input type="checkbox"/> ICS 206	<b>Other Attachments:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____	
<b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____	
<b>ICS 202</b>	<b>IAP Page</b> _____ <b>Date/Time:</b> _____

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name: Skegg</b>		<b>2. Operational Period:</b> Date From: 11/4/2024      Date To: 11/4/2024 Time From: 0600      Time To: 2030			
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operations Section:</b>		
IC	Ryan Stone 775-813-4239				
Deputy IC	Derek Kramer 530-715-1028				
Public Info. Officer					
Liaison Officer					
Safety Officer		DIVS	Matt Clemins		575-973-0297
		TFLD	Gabriel Romero		575-640-6029
<b>4. Agency/Organization Representatives:</b>			TFLD	Mark Abrahamson	303-519-0174
AA Beth Christianson	540-553-4216				
Dist. Duty Officer Ted Piehl	801-362-5017	TFLD	Davis Foster		530-334-0262
VA Dispatch	434-423-2007				
FFMO Colton Moor	276-706-7729				
<b>5. Planning Section:</b>			SOFR		
PSC3	Charlie Rucker 540-613-7791				
GISS(v)	Travis Clapp 361-500-5918				
<b>6. Logistics Section:</b>			<b>7. Finance Section:</b>		
LSC3		FCS	Anna Bryant		540-988-3975
GSUL					
SPUL					
FACL					
GSUL					
COML					
ORDM					
MEDL					
RADO					
<b>Support Branch</b>		<b>Air Operations Branch</b>			
<b>9. Prepared by: Name:</b>		Position/Title: PSC3		Signature:	
<b>ICS 203</b>	<b>IAP Page</b> _____	Date/Time:			

**Spot Forecast for Skegg...USFS**

National Weather Service Charleston WV

Mon Nov 4 2024

.DISCUSSION...

Dry weather can be expected into Tuesday. A gradual warming trend takes hold early in week, with temperatures feeling more like late spring instead of late fall. The next system to bring rain into the area will arrive by the middle of the week, and then should exit by the end of the work week

**.MONDAY...**

Sky/weather.....Partly sunny (50-60 percent).

CWR.....1 percent.

Chance of pcpn.....0 percent.

LAL.....1.

Max temperature.....Around 71.

Min humidity.....52 percent.

Wind (20 ft).....South winds 6 to 7 mph.

Mixing height.....2500 ft AGL.

Transport winds.....South 7 to 12 mph.

LVORI.....3.

ADI.....5 to 36.

Haines Index.....3 to 4 or very low to low potential for large plume dominated fire growth.

TIME (EST) 6AM 7AM 8AM 9AM 10A 11A 12P 1PM 2PM 3PM 4PM 5PM

Sky (%).....67 62 57 55 47 55 52 63 62 64 57 66

CWR.....0 0 0 0 0 0 0 0 0 0 0 0

Chc of pcpn (%).0 0 0 0 0 0 0 0 0 0 0 0

LAL.....1 1 1 1 1 1 1 1 1 1 1 1

Temp.....47 49 51 54 59 64 67 69 70 71 70 67

RH.....76 73 70 73 62 61 56 53 52 52 55 60

20 FT wind dir..S S S S S S S S S S S S  
 20 FT wind spd..7 6 7 7 7 7 7 7 6 7 6  
 20 FT wind gust.12 10 12 14 13 14 14 14 13 12 12 12  
 Mix hgt (kft)...0.4 0.4 0.4 0.9 1.1 1.5 1.9 2.2 2.4 2.5 2.3 0.7  
 Transp wind dir.S S S S S S S S S S S S  
 Transp wind spd.7 7 7 7 8 9 10 12 12 12 12 10  
 LVORI.....4 3 3 3 2 2 2 2 1 1 1 2  
 ADI.....5 5 5 7 12 17 25 30 35 36 33 11  
 Haines index....3 3 3 3 3 3 3 3 3 4 4 4

**.MONDAY NIGHT...**

Sky/weather.....Mostly cloudy (65-75 percent) then becoming partly cloudy (45-55 percent) then becoming mostly cloudy (50-60 percent) then becoming partly cloudy (35-45 percent) then becoming mostly cloudy (50-60 percent) then becoming partly cloudy (40-50 percent).

CWR.....0 percent.

Chance of pcpn.....0 percent.

LAL.....1.

Min temperature.....Around 54.

Max humidity.....91 percent.

Wind (20 ft).....South winds 6 to 9 mph. Gusts up to 22 mph late in the evening.

Mixing height.....300 ft AGL.

Transport winds.....South 9 to 12 mph.

LVORI.....4.

ADI.....8 to 10.

Haines Index.....4 to 5 or low to moderate potential for large plume dominated fire growth.

TIME (EST) 6 PM 8 PM 10 PM MIDNGT 2 AM 4 AM

Sky (%).....69 52 41 55 52 51

Weather type....NONE NONE NONE NONE NONE NONE

CWR.....0 0 0 0 0 0

Chc of pcpn (%).0 0 0 0 0 0

LAL.....1 1 1 1 1 1  
Temp.....64 60 57 57 56 57  
RH.....69 80 83 83 84 86  
20 ft wind.....S6 S8 S9 S9 S9 S9  
20 ft wind gust.12 14 14 16 17 18  
Mix hgt (ft)....400 400 400 400 400 400  
Transport wind..S9 S9 S12 S12 S12 S12  
LVORI.....3 4 4 4 4 5  
ADI.....8 8 10 10 10 10  
Haines index....4 4 5 5 4 4

**.TUESDAY...**

Sky/weather.....Sunny (20-30 percent).  
CWR.....1 percent.  
Chance of pcpn.....0 percent.  
LAL.....1.  
Max temperature.....Around 75.  
Min humidity.....56 percent.  
Wind (20 ft).....South winds 8 to 10 mph with gusts to around 18 mph.  
Mixing height.....3900 ft AGL.  
Transport winds.....South 10 to 18 mph.

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Skegg Fire		<b>2. Operational Period:</b> 11/04/2024 0600 to 11/04/2024 2030			<b>3. Branch:</b>	
<b>4. Operations Personnel:</b> <u>Name</u>					<b>Division:</b>	
Operations Section Chief: _____					<b>Group:</b>	
Branch Coordinator: _____					<b>Staging Area:</b>	
Division/Group Supervisor: <b>Matt Clemins 575-973-0297 LWD 11/10 *</b>						
<b>5. Resources Assigned:</b>						
Resource Identifier	LWD	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
CRW1 STANISLAUS IHC	11/12	Schulz	23	619-672-7360	Wise Work Center	
CR2I Patrick (18 Alpha)	11/12	Payat	20	541-640-1275	Wise Work Center	
ENG6 NW 3606	11/5	Marquez *	5	575-574-2643	Wise Work Center	
ENG6 AZ-41 Taylor	11/9	Brewer	3	928-358-8078	Wise Work Center	
ENG6 RX Fire	11/9	Martin *	3	847-456-7713	Wise Work Center	
TFLD	11/5	Romero	1	575-640-6029	Wise Work Center	
TFLD	11/10	Abrahamson	1	303-519-0174	Wise Work Center	
TFLD	11/9	Foster *	1	530-334-0262	Wise Work Center	
ENG6 VA-VAF-E611 (Local)		Barker	3	276-337-1633	Local Resource	
<b>6. Work Assignments:</b>						
Install direct Fireline between indirect line and fire edge. Mop up to the extent necessary to secure the fire.						
<b>7. Special Instructions:</b>						
Back haul any trash from the work site. Submit any supply order to overhead in a timely manner. Review medical plan prior to engaging the fire. * IA resource						
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):						
Name/Function _____ Primary Contact: indicate cell, or radio (frequency/system/channel) _____						
/ Tactical <b>TAC 2 CH.12</b> / Cmd <b>Pine Mtn CH.2</b>						
/ Air-to-Ground – <b>06 CH. 14</b>						
/ Air-to-Ground – <b>15 CH. 15</b>						
/ Medical Coordination _____						
<b>9. Prepared by:</b> Name: Charlie Rucker			Position/Title: PSC3 Signature: _____			
ICS 204			Date/Time: <u>11/04/2024</u>			

**GROUP / ZONE 10 – CLINCH**

	LABEL	RX FREQUENCY	MODE	RX CG	RX NAC	TX FREQUENCY	MODE	TX CG	TX NAC	TLK GRP	BW
Ch. 1	CLINCH DIRECT	171.5750	D		\$F7E	171.5750	D		\$3E8	1	N
Ch. 2	WHITE TOP	169.9500	D		\$F7E	166.2000	D		\$40B	1	N
Ch. 3	HIGH KNOB	171.5750	D		\$F7E	164.9375	D		\$3E8	1	N
Ch. 4	PINE MTN	171.5750	D		\$F7E	164.9375	D		\$430	1	N
Ch. 5	CLONE	INACTIVE				INACTIVE					N
Ch. 6	CLONE	INACTIVE				INACTIVE					N
Ch. 7	CLONE	INACTIVE				INACTIVE					N
Ch. 8	PORT RPTR	171.5250	D		\$F7E	164.1375	D		\$5EA	1	N
Ch. 9	SE COMPACT	159.2850	A	000.0		159.2850	A	000.0			N
Ch. 10	R8	166.5625	A	000.0		166.5625	A	000.0			N
Ch. 11	TAC 1	169.1875	A	000.0		169.1875	A	000.0			N
Ch. 12	TAC 2	169.1250	A	000.0		169.1250	A	000.0			N
Ch. 13	TAC 3	168.7250	A	000.0		168.7250	A	000.0			N
Ch. 14	AIR / GND 06	166.8000	A	000.0		166.8000	A	000.0			N
Ch. 15	AIR / GND 15	167.5250	A	000.0		167.5250	A	000.0			N
Ch. 16	AIR GUARD	168.6250	A	110.9		168.6250	A	110.9			N



## 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
	1379 Gateway Indstrail Park, Jenkins KY		<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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ICS 206	IAP Page _____	Date/Time: _____
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# SAFETY MESSAGE

## WHAT IS LEADERSHIP TO YOU?

**LEADER**



**SHIP**



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### Values & Principles

- Be proficient in your job, both technically and as a leader.
- Make sound and timely decisions.
- Ensure that tasks are understood, supervised, accomplished.
- Develop your people for the future.

## 6 Principles of good Leaders

***#1: To be a good leader, you must first be a good follower.***

***#2: Leadership isn't about ability but rather responsibility and accountability.***

***#3: Leaders will believe in structure and discipline.***

***#4: Authentic leadership begins when you are alone.***

***#5: Good leaders operate by a code of loyalty.***

***#6: There are different levels of leadership.***

**LEADERSHIP STARTS WITH YOU!**

# Finance Message

Finance Email: [2024.skegg.finance@firenet.gov](mailto:2024.skegg.finance@firenet.gov)

SUBJECT: Include Key Word **TIME** for Agency Overhead and Crews

SUBJECT: Include Key Word **EQUIPMENT** for Contract Equipment, Crews and Cooperators

SUBJECT: Include Key Word **COST** for Buying Team, Aircraft

SUBJECT: Include Key Word **COMP** for Comp/Claims

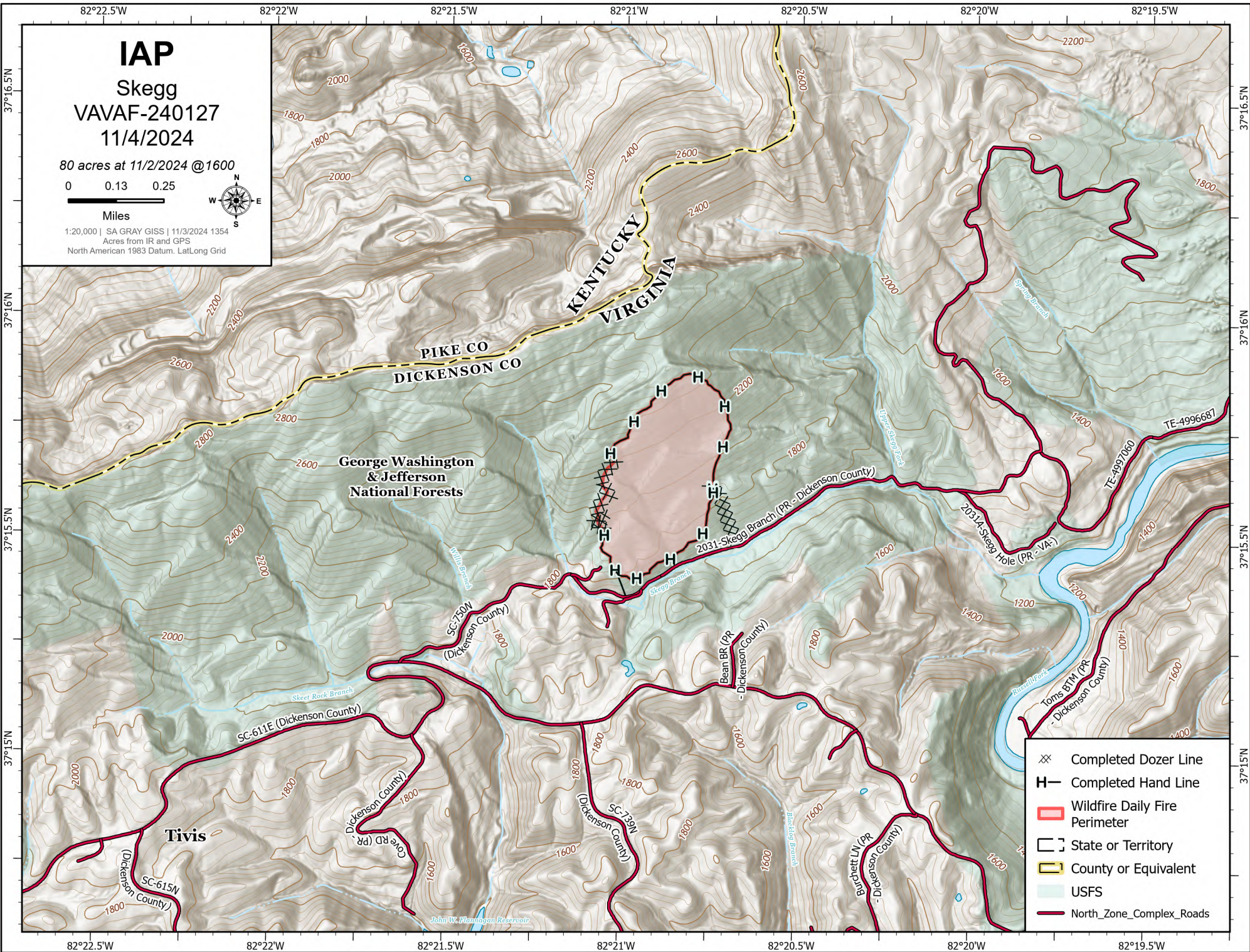
Finance Contact Number – Anna Bryant 540-988-3975

PLEASE ENSURE THE BELOW DOCUMENTS ARE EMAILED TO: [2024.skegg.finance@firenet.gov](mailto:2024.skegg.finance@firenet.gov)

Overhead, Crews & Cooperator Resources	Contract Resources
<ul style="list-style-type: none"><li>• <b>Check-In:</b> Crew Manifest, Cooperative Agreement (if applies), AD Hire Letter, Resource Order</li><li>• <b>Daily:</b> Crew Time Report (CTR), Shift Tickets</li><li>• <b>Demob:</b> Signed OF288, Final Equipment Use Invoice (Cooperator)</li></ul>	<ul style="list-style-type: none"><li>• <b>Check-In:</b> Resource Order, Finance Copy Contract/Agreement, Certifications (<i>if required</i>), Pre-Inspection</li><li>• <b>Daily:</b> Shift Tickets, receipts (fuel issues, claims, hotels, etc.)</li><li>• <b>Demob:</b> Contractor Evaluations, Final Shift Tickets and receipt(s) for Additions/ Deductions, Post-Inspection, Final Signed Invoices</li></ul>

## REMINDER

- ★ *All emergency responders are expected to record actual time worked each day; there are no guaranteed shift lengths to maximize time charged under policy.*
- ★ WHEN CLAIMING **HAZARD PAY** YOU MUST INCLUDE THE SUPPRESSION ACTION BEING PERFORMED. THIS INCLUDES OPERATIONS WHICH DIRECTLY SUPPORT CONTROL OF FIRE (E.G., ACTIVITIES TO EXTINGUISH THE FIRE, FIREFIGHTING, GROUND SCOUTING, SPOT FIRE PATROLLING, SEARCH AND RESCUE OPERATIONS, AND BACKFIRING). – PER PMS902 – YELLOW BOOK
- ★ PLEASE SHOW YOUR LUNCH BREAK – IF **NO BREAK SHOWN IT \*MUST\* BE JUSTIFIED** IN COMMENTS



**IAP**  
**Skegg**  
**VAVAF-240127**  
**11/4/2024**

80 acres at 11/2/2024 @1600

0 0.13 0.25  
 Miles

1:20,000 | SA GRAY GISS | 11/3/2024 1354  
 Acres from IR and GPS  
 North American 1983 Datum, Lat/Long Grid

- ⊗ Completed Dozer Line
- H— Completed Hand Line
- ▭ Wildfire Daily Fire Perimeter
- ▭ State or Territory
- ▭ County or Equivalent
- USFS
- North\_Zone\_Complex\_Roads



# 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.