

INCIDENT ACTION PLAN

ROCKY FIRE

AZ-SCA-00600

PA RYV5(1522)

Nevada Type 3 IMT Team 3
Andy Bertelson, Incident Commander
Tim Howell, Deputy Incident Commander



Monday, MAY 27, 2024

Operational Period: 0700 – 2000

Moring Briefings: 0700

Planning Meeting: 1700

INCIDENT OBJECTIVES (ICS 202), Adapted for FDA

1. Incident Name: Rocky Fire	2. Operational Period: Date From: 5-27-24 Date To: 5.27.24 Time From: 0700 Time To: 2000																				
3. Leaders Intent: The intent for the incident is to effectively utilize strategies and tactics that provide for firefighter and public safety first which have a high probability of success. Utilize risk-based decisions and minimize unnecessary exposure while protecting priority values at risk.																					
4. General Control Objectives for The Incident: <ol style="list-style-type: none"> 1. Keep the fire south of the 1010 road and east of the 1014 road. 2. Provide protection for the numerous archeological sites by using the archeologist to survey along the planned hand lines and planned dozer lines. 3. When appropriate, utilize suppression strategies which provide for a high probability of success to protect values at risk. 4. Implement planning strategies and tactics that have a high probability of success to effectively manage fire costs. 																					
General Situational Awareness: <div style="text-align: center; margin: 10px 0;">PRIORITY VALUES</div> <ol style="list-style-type: none"> 1. Firefighters, emergency responders, and the public. 2. Communities of Bylas and San Carlos. 3. To prevent exposure, use roads, natural features, and hand line as control lines, to minimize exposure of firefighters to hazards of fire or the environment. 4. Keep the fire managers, tribal council, and the public informed of fire activity and control progress. 5. Protect threatened and endangered species to the greatest extent possible. 6. Natural and cultural items on reservation land are to be left undisturbed (animal antlers, natural and historical artifacts). Leave them where you see them. 7. Coordinate through team overhead security, evacuations, traffic control, road closures and medical emergencies within fire and IA response area along the Route 8 corridor. 																					
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" 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: 20%;"><input checked="" type="checkbox"/> ICS 203</td> <td style="width: 20%;"><input type="checkbox"/> Map/Chart</td> <td style="width: 20%;"><u>Other Attachments:</u></td> <td style="width: 40%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input checked="" type="checkbox"/> Safety Message</td> <td>_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 208</td> <td></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>		<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> Map/Chart	<u>Other Attachments:</u>		<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input checked="" type="checkbox"/> Safety Message	_____	<input checked="" type="checkbox"/> ICS 205		<input type="checkbox"/>	_____	<input checked="" type="checkbox"/> ICS 206		<input type="checkbox"/>	_____	<input checked="" type="checkbox"/> ICS 208		<input type="checkbox"/>	_____
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<input checked="" type="checkbox"/> ICS 208		<input type="checkbox"/>	_____																		
7. Prepared by: Name: Tim Howell _____ Position/Title: Deputy IC _____ Signature: <u>Tim J. Howell</u>																					
8. Approved by Incident Commander: Name: Andy Bertelson _____ Signature: <u>[Signature]</u>																					
ICS 202	IAP Page _____																				
Date/Time: _____																					

ORGANIZATION ASSIGNMENT LIST (ICS 203), Adapted for FDA

1. Incident Name: Rocky Fire		2. Operational Period: Date From: 5-27-24 Time From: 0700		Date To: 5-27-24 Time To: 2000	
3. Incident Commander(s)/ Agency Incident Coordinator and Command Staff: (include location)			7. Operations Section:		
<input type="checkbox"/> IMT IC/UCs	Andy Bertelson	775-455-6883	Chief	Cody Mandeville	775-287-2624
Deputy	Tim Howell	828-400-3728	Deputy		
Safety Officer	Paul Azevedo	775-230-4092			
Public Info. Officer	Susan Ford	303-907-3248	Staging Area		
Public Info. Officer	Julie Clark	707-616-8291			
Liaison Officer					
			Branch		
			Branch Director		
			Deputy		
4. Agency/Organization Representatives:			Division/Group		
Agency/Organization	Name		Division/Group		
San Carlos Apache Tribe FMO	Duane Chapman		Division/Group		
San Carlos Apache Tribe DO	Michael Gutierrez		Division/Group		
San Carlos Apache Supt	Randy Hopkins		Division/Group		
5. Planning Section:			Division/Group		
Chief	Jeanne Duncan	303-726-4914	Division/Group		
Deputy	Sierra Sampson		Division/Group		
Resources Unit			Division/Group		
Status Check In	Tracy Gallup		Division/Group		
GISS	Allison Mead		Branch		
			Branch Director		
			Deputy		
			Division/Group		
			Division/Group		
			Division/Group		
6. Logistics Section:			Division/Group		
Chief	TJ Wharton	423-220-7055	Division/Group		
Deputy	James Hamilton				
Medical Unit Leader	Temple Fletcher				
Supply Unit					
Facilities Unit					
Ground Support Unit					
Service Branch			8. Finance/Administration Section:		
			Chief	Robyn Fitzgerald	435-671-1506
			Deputy	Shelly Dennis	
			PTRC	Dawn Lint	
			Procurement Unit		
			Comp/Claims Unit		
			Cost Unit		
9. Prepared by: Name: Tim Howell _____ Position/Title: Deputy IC _____ Signature: <i>Tim J. Howell</i> _____					
ICS 203		IAP Page _____		Date/Time: 5/26/24 1900 _____	

ASSIGNMENT LIST (ICS 204), Adapted for FDA

1. Incident Name: Rocky Fire		2. Operational Period: Date From: 5-27-24 Date To: 5-27-24 Time From: 0700 Time To: 2000			3. Branch: Division: ALPHA Group:
4. Operations Personnel: Name Operations Section Chief: Cody Mandeville _____ Branch Director: _____ Division/Group Supervisor: Sean Waylon/Zac Bray (T) _____					
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				
TFLD	Rich Jones (LWD 6/1)	1	520-471-0291		
Golder Ranch E-2239 T6	Brandi Labas (LWD 6/1)	4	520-678-0068		
Northwest E-335 T6	Scott Peru (LWD 6/1)	4	520-977-0885		
El Frida E-124 T6	Phillip Elliot (LWD 6/1)	4	928-651-3159		
Sunsites E-308 T6	Terry Tingle (LWD 6/1)	3	520-405-6252		
Avra Valley WT-191	David Collings (LWD 6/1)	2	928-286-7435		
Tonto Basin WT-96	Jim Lavery (LWD 6/1)	1	928-961-6656		
Type 1 Dozer (contractor)	John Dickson				
HEQB	Michael Frank	1			
Fry Fire (REMS)	Adam Short (LWD 6/8)	4	520-732-0837		
6. Work Assignments: Hold and improve control lines. Identify any backhaul needs and report to Division Supervisor Alpha.					
7. Special Instructions: Resources need to be ready to respond to any new initial attack fire.					
8. Communications (radio and/or phone contact numbers needed for this assignment):					
Function		Freq. RX	Freq. TX	Channel	
Tonto Fire Net 2	Command Rptr.	170.5000	164.1875 TX CG 123.0	14	
Tac 1	Tac	167.550	167.550	6	
Mutual Aid		154.2800	154.2800	11	
9. Prepared by: Name: Cody Mandeville _____ Position/Title: OSC _____ Signature: _____					
ICS 204	IAP Page _____	Date/Time: 5-26-24 1900 _____			

ASSIGNMENT LIST (ICS 204), Adapted for FDA

1. Incident Name: Rocky Fire		2. Operational Period: Date From: 5-27-24 Date To: 5-27-24 Time From: 0700 Time To: 2000		3. Branch: Division: FOXTROT Group:	
4. Operations Personnel: Name Operations Section Chief: Cody Mandeville _____ Branch Director: _____ Division/Group Supervisor: Eric Messenger/ Gerald Campbell (T) _____					
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				
Globe IHC	Drew Maxwell (LWD 6/5)	23	928-200-7944		
San Carlos 1	Micael Frank (LWD 6/5)	18	928-358-0088		
Payson IHC	Steven Fairbank (LWD 6/6)	19	928-710-8121		
Alta IHC	Tyler Carruth	22	385-249-0880		
6. Work Assignments: Hold and improve control lines. Identify any backhaul needs and report to Division Supervisor Foxtrot. Provide human repeater.					
7. Special Instructions: Resources need to be ready to respond to any new initial attack fire.					
8. Communications (radio and/or phone contact numbers needed for this assignment):					
Function		Freq. RX	Freq. TX	Channel	
Tonto Fire Net 2	Command Rptr.	170.5000	164.1875 TX CG 123.0	14	
Tac 2	Tac	168.6750 N	168.6750 N	7	
Mutual Aid		154.2800	154.2800	11	
9. Prepared by: Name: Cody Mandeville _____ Position/Title: OSC _____ Signature: _____					
ICS 204	IAP Page _____	Date/Time: 5-26-24 1900 _____			

ASSIGNMENT LIST (ICS 204), Adapted for FDA

1. Incident Name: Rocky Fire		2. Operational Period: Date From: 5-27-24 Date To: 5-27-24 Time From: 0700 Time To: 2000		3. Branch: Division: I.A Group:
4. Operations Personnel: <u>Name</u> Operations Section Chief: Cody Mandeville _____ Branch Director: _____ Division/Group Supervisor: Jake Class/Tom Talbot _____				
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			
6. Work Assignments: Respond to any new initial attack fire.				
7. Special Instructions: Resources will come from Div Alpha and Div Foxtrot.				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Function		Freq. RX	Freq. TX	Channel
Tonto Fire Net 2	Command Rptr.	170.5000	164.1875 TX CG 123.0	14
Tac 3	Tac	168.7750	168.7750	8
Mutual Aid		154.2800	154.2800	11
9. Prepared by: Name: Cody Mandeville _____ Position/Title: OSC _____ Signature: _____				
ICS 204	IAP Page _____	Date/Time: 5-26-24 1900 _____		

Updated by FDA 2/2011

Controlled Unclassified Information/Basic

ICS 205

COMMUNICATION PHONE# - NA

INCIDENT RADIO COMMUNICATIONS PLAN		Incident Name ROCKY		Date/Time Prepared: May 26, 2024 1700 HRS		Operational Period Date/Time From: 5/27/24 0700 HRS To: 5/27/24 2000 HRS					
Ch #	Function	Channel Name/Trunked Radio System Talk Group	Assignment	RX Freq	N or W	RX Tone/NAC	TX Freq	N or W	TX Tone/NAC	Mode	Remarks
1	TAC	TAC 1		168.0500N		123.0	168.0500N		123.0	A	Tactical
2	TAC	TAC 2		168.2000N		123.0	168.2000N		123.0	A	Tactical
3	TAC	TAC 3		168.6000N		123.0	168.6000N		123.0	A	Initial Attack Tactical
4	COMMAND REPEAT	CMD 4		170.4500N		123.0	168.1000N		123.0	A	NIFC HILLTOP
5	COMMAND REPEAT	CMD 5	FUTURE	169.5375N		123.0	164.7125N		123.0	A	FUTURE NIFC TURNBULL
6	COMMAND REPEAT	CMD 6	FUTURE	170.4125N		123.0	168.1000N		123.0	A	FUTURE NIFC OLD SUMMIT
7	SC REPEATER	FIRHOTP	FUTURE	172.4250N		151.4	166.2375N		173.8	A	SAN CARLOS HILLTOP REPEATER
8	SC REPEATER	FIROLD	FUTURE	172.4250N		151.4	166.2375N		186.2	A	SAN CARLOS OLD SUMMIT REPEATER
9	SC REPEATER	FIRMAV	FUTURE	172.4250N		151.4	166.2375N		151.4	A	SAN CARLOS MAVERICK REPEATER
10	DIRECT	VFIRE21		154.2800N			154.2800N		156.7	A	STATE MUTUAL AID
11	AIR TO GROUND	A/G PRI		166.6125N			166.6125N			A	A/G PRIMARY
12	AIR TO GROUND	A/G SEC		172.3250N			172.3250N			A	A/G SECONDARY
13	TNF REPEATER	TNF FN2		170.5000N			164.1875N		123.0	A	TONTO NF FIRE NET 2 SIGNAL PEAK
14	MEDICAL	VMED28		155.3400N			155.3400N		156.7	A	AIR AMBULANCE
15	CREW	CREW								A	CREW CHANNEL
16	AIR GUARD	AIRGUARD	ALL	168.6250N			168.6250N		110.9	A	Air Guard
5. Prepared by (Communications Unit) Mark Spann, COML			Incident Location: SAN CARLOS County/State: GILA/AZ			CLONE DATE 05/27 AZ					

*** Special Instructions for State Radios ***

See Division/Group Assignment List (ICS-204) for specific instructions.

Incident:
Rocky Fire

Date:
May 27, 2024

Operational Period:
0700-2000 Hours



SAFETY MESSAGE



Fire fighter safety comes first on every fire, every time.

“and just who do you work for, baby?”



Ensure you know your chain of command prior to leaving morning briefing

Weekend driving hazards-

- Distracted drivers, not looking out for you.
- Driving faster than posted speed.
- Destination in mind not paying attention to you.
- Construction still ongoing, rapid, and frequent slowdowns.
- More congested influx of out-of-town folks.
- Warmer than normal temps so more frequent breakdowns and blow outs.
- Road debris increases along with vehicles parked on roadside.
- More accidents in critical places causing traffic backups resulting in shorter fuses of some drivers and a “got to get there now attitude”.
- Assume they are not looking out for you because they aren’t.

Safety Officers: Paul Azevedo

MEDICAL PLAN (206 WF)

1. Incident/Project Name:	2. Operational Period:
Rocky Fire	5/27/2024 0700 - 2000

3. Ambulance			
Name	Complete Address	Phone and EMS Frequency	Advance Life Support Yes/No
San Carlos EMS	238 Arvaipa Rd, San Carlos AZ 85550	911 928-475-2388	YES
Tri City Fire District	5562 Mckinney Ave Globe AZ 85501	911 928-474-2208	YES
Lifeline Ambulance	209 W 9 th Ave Safford AZ 85546	911	YES

4. Air Ambulance		
Name	Phone	Type of Aircraft & Capability
PHI Air Evac	911 800-642-7828	Commercial Air Ambulance, A-Star. Advanced Life Support, nurse, paramedic, and NVG. Contact on VMED 28.
Life Net(Air Methods)	911 800-642-7828	Commercial Air Ambulance. Advanced Life Support, nurse, paramedic, and NVG. Contact on VMED 28

5. Air Rescue		
Name	Phone	Type of Aircraft & Capability
DPS Ranger 1 Phoenix 1 (15 minutes from Deer Valley after notification)	800-247-6337 602-223-2203	Ranger 1: Bell 429 hoist ship, night hoist capable. Ranger 56: Bell 407 short haul ship. Both have paramedics, rescue, NVG. Will extract & deliver to an ambulance for transport or fly to definitive care. Contact on VMed 28.

6. Hospitals	TRAVEL TIMES ARE APPROXIMATE AND BASED ON DP 10					
Name Complete Address	LAT: DD ° MM.MMM'N LONG: DD ° MM.MMM'W	TRAVEL TIMES AIR GRND		Phone	Helipad Yes/No	Level of Care
San Carlos Apache Healthcare 103 Medicine Way Peridot, AZ 85542	LAT: 33°17.479'N LONG: 110°25.265'W	10 min.	25 min.	PATCH 928-475-7319	YES	LEVEL 4
Cobre Valley Regional Medical Center 5880 Hospital Dr Globe, AZ 85501	LAT: 33°24.376'N LONG: 110°49.636'W	20 min.	56 min.	PATCH 928-425-4993	YES	TRAUMA CTR LEVEL 3
HonorHealth Scottsdale Osborn Medical 7400 E Osborn Road Scottsdale, AZ 85251	LAT: 33° 29.279'N LONG: 111° 55.343'W	45 min.	130 min.	ED 480-412-3700 PATCH 480-834-0566 480 833-3195	YES	TRAUMA CTR LEVEL 1
Valleywise Health Medical Center 2601 East Roosevelt Phoenix, AZ 85003	LAT: 33°27.413'N LONG: 112°1.599'W	47 min.	132 min.	ED 602-344-5411 PATCH 602-344-5720	YES	TRAUMA CTR LEVEL 1 BURN CTR 602-344-5726

MEDICAL PLAN (206 WF)

7. BRANCH DIVISION GROUP		
REMS 1	EMS Responders:	A.Short, P. Chavez, A.Nash, A.Vidinski
	Equipment/Capability:	UTV, Technical Rescue, ALS.
	Division Tactical Channel:	
	Medical Emergency Channel:	VMED 28
	Ambulance Staging Location:	
	Approved Helispot:	
<div style="font-size: 2em; font-weight: bold; margin: 0;">ICP</div> <div style="font-weight: bold; margin: 5px 0;">(INCIDENT COMMAND POST)</div>	<div style="font-weight: bold; margin: 0;"> <u>IN CASE OF EMERGENCY DIAL 911</u> NOTIFY THE MEDL ASAP </div> <div style="margin: 10px 0;"> MINOR INJURY OR ILLNESS: Go to the Medical Unit and/or contact MEDL for medical assessment. </div>	

8. LOCATIONS FOR TRANSFER OF PATIENT CARE: (INCIDENT AMBULANCE TO LOCAL AMBULANCE)
<div style="display: flex; justify-content: space-between; align-items: center;"> ➔ <div style="text-align: center; flex-grow: 1;"> ALL YELLOW OR RED INCIDENTS WITHIN AN INCIDENT (IWI) MUST GO THROUGH PHOENIX DISPATCH ON COMMAND </div> ➔ </div>

9. Prepared by: (MEDL)	Date	Reviewed by: (SOF)	Date
<i>Garrett B Stallings</i> MEDL(T) 928-245-2115	05/25/2024		

Rhabdomyolysis and Wildland Firefighters



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^o – 3^o 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^o – 3^o 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		Brief Summary of Injury or Illness <i>(Ex: Unconscious, Struck by Falling Tree)</i>
Transport Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + "Medical" <i>(Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		Name of on-scene IC of Incident within an Incident <i>(Ex: TFLD Jones)</i>
Patient Care		Name of Care Provider <i>(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.

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name: Rocky Fire		2. Operational Period: Date From: 05/27/24 Time From: 0700		3. Sunrise: 0515		Sunset: 1923	
4. Remarks (safety notes, hazards, air operations special equipment, etc.): OFS not ALS capable		5. Ready Alert Aircraft: Medivac: OFS New Incident: OFS		6. Temporary Flight Restriction Number: Altitude: N/A Center Point: N/A			
		8. Frequencies:		9. Fixed-Wing (category/kind/type, make/model, N#, base): Air Tactical Group Supervisor Aircraft:			
7. Personnel:		Phone Number:		AM		FM	
Air Operations Branch Director		Name: N/A		Air/Air Fixed-Wing		Primary	
Air Support Group Supervisor		Name: Julian Angres Thomas Witzmann		Air/Air Rotary-Wing – Flight Following		Secondary	
Air Tactical Group Supervisor		Name: N/A		Air/Ground		166.6125	
Helicopter Coordinator		Name: N/A		Command		172.4250	
Helibase Manager		Name: N/A		Deck Coordinator		163.1000	
				Take-Off & Landing Coordinator			
				Air Guard			
10. Helicopters (use additional sheets as necessary):							
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks	
0FS	Type 3	AS350	Geronimo IHC Base	0800	0800	Medevac/ No ALS	
11. Prepared by: Name: Thomas Witzmann Position/Title: HMGB Signature: _____							
ICS 220, Page 1 Date/Time: 05/26/24							

SPOT WEATHER
MONDAY, MAY 27, 2024

.MEMORIAL DAY...

Sky/weather.....Sunny.
Chance of pcpn.....0 percent.
LAL.....1.
Max temperature.....86-90 degrees.
Min humidity.....6-9 percent.
20-foot winds.....Southwest winds 5 to 10 mph.
Haines Index.....5 or moderate potential for large plume
dominated fire growth.
Mixing height.....10100 ft AGL.
Transport winds.....Southwest around 7 knots.

.MONDAY NIGHT...

Sky/weather.....Clear.
Chance of pcpn.....0 percent.
LAL.....1.
Min temperature.....58-61 degrees.
Max humidity.....23-26 percent.
20-foot winds.....West winds 5 to 10 mph shifting to the north 5
to 7 mph overnight.
Haines Index.....5 or moderate potential for large plume
dominated fire growth.
Mixing height.....5900 ft AGL.
Transport winds.....West around 10 knots shifting to the north
around 4 knots overnight.

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Forecaster...GIRALTE
Type of request...WILDFIRE
.TAG 2415103.0/TWC
.DELDT 05/26/24
.FormatterVersion 2.0.0

