

# INCIDENT ACTION PLAN TROTTER INCIDENT

Tuesday



## OPERATIONAL PERIOD

8/15/2023      0700  
                         to  
8/16/2023      0700



# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> TROTTER	<b>2. Operational Period:</b> Date From: 8/15/2023 Time From: 0700	Date To: 8/16/2023 Time To: 0700
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**3. Objective(s):**

**Management Objectives**

- Provide for emergency personnel and public safety at all times.
- Protect property, improvements, and infrastructure.
- Ensure coordinated, timely and accurate release of public information.
- Maintain fiscal accountability and keep costs commensurate with values at risk.

**Control Objectives**

- Keep the fire within established control lines.

**General Situational Awareness:**

Steep and rugged terrain, critically dry and receptive fuel beds.

**5. Site Safety Plan Required?** Yes  No

**Approved Site Safety Plan(s) Located at:**

**6. Incident Action Plan**

<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> ICS 205 A	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Facility Maps	<input type="checkbox"/> Travel Map	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	<input type="checkbox"/> County Health Message
<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

**7. Prepared By:** BJ Corey      Position/Title: DPSC      Signature: \_\_\_\_\_

**8. Approved by Incident Commander:** Brandon Asher      Signature: \_\_\_\_\_

<b>1. Incident Name:</b> TROTTER		<b>2. Operational Period: Date From:</b> 8/15/2023 Time From: 0700		<b>Date To:</b> 8/16/2023 <b>Time To:</b> 0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operation Section:</b>		
IC/UC's	Brandon Asher		Operations		
Deputy			Deputy Operations		
Safety Officer			Night Ops		
Information Officer			Staging Area		
Liaison Officer			<b>Branch</b>		
<b>4. Agency/Organization Representatives:</b>			Division/Group	B/Y	TBD
Agency/Organization	Name		Division/Group		
CalFire AREP	Larry Pendarvis		Division/Group		
			Division/Group		
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<b>5. Planning Section:</b>			Division/Group		
Chief	Jason Schillinger		Division/Group		
Deputy	BJ Corey		Division/Group		
Resource Unit			Division/Group		
Situation Unit			Division/Group		
Documentation Unit			Division/Group		
Demobilization Unit			Division/Group		
GISS			Division/Group		
FBAN			Division/Group		
IMET			Division/Group		
Training Tech Spec			<b>Air Operations Branch</b>		<b>Director:</b>
			Air Support Group Supervisor		
			Air Tactical Group Supervisor		
<b>6. Logistics Section</b>			Helibase Manager		
Chief	Mark Ratekin				
Supply Unit			<b>8. Finance/Administration Section:</b>		
Facilities Unit			Chief		
Ground Support Unit			Time Unit		
Communications Unit			Procurement Unit		
Medical Unit			Comp/Claims Unit		
			Cost Unit		
<b>Prepared By: Name:</b> BJ Corey		<b>Position/Title:</b> DPSC		<b>Signature:</b> _____	
<b>ICS 203</b>		<b>Date/Time:</b> 8/14/2023 2300 hours			

Weather Forecast	Latitude:	Longitude:		
<b>1. Incident Name:</b> <b>TROTTER</b>	<b>2. Operational Period:</b>		Date From: 8/15/23 Time From: 0700	Date To: 8/16/23 Time To: 0700
<p>.DISCUSSION...</p> <p>Warmer than average temperatures are forecast to continue until midweek, while afternoon highs each day rise to around 10 degrees above average for this time of year. Winds will be mainly diurnal and terrain-driven.</p> <p>.TUESDAY...</p> <p>Sky/weather.....Sunny            Max temperature.....86 to 90.            Min humidity.....20 to 25 percent.            Eye level winds....East to southeast up to 5 mph.            Surrounding ridge...Southeast 6 to 10 mph. Gusts to 15 mph.            Mixing height.....Rising to 8000 ft AGL.            Transport winds....Southeast around 8 mph.            Wind (20 ft).....East 5 to 8 mph shifting to the south 8 to 10 mph in the afternoon.</p> <p>.TUESDAY NIGHT...</p> <p>Sky/weather.....Partly cloudy.            Min temperature.....64 to 68.            Max humidity.....50 to 55 percent.            Eye level winds....Southwest 3 to 7 mph in the evening becoming light overnight.            Surrounding ridge...West to southwest 7 to 10 mph in the evening decreasing to 3 to 6 mph overnight.            Mixing height.....Lowering to less than 500 ft AGL.            Transport winds....West around 7 mph.            Wind (20 ft).....Southwest around 8 mph in the evening becoming light.</p>				
<b>PREPARED BY:</b>	<b>Date/Time:</b> 8/14/23			

# ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b> <b>TROTTER</b>	<b>2. Operational Period:</b> Date From: 08/15/23    Date To: 08/16/23 Time From: 0700        Time To: 0700	<b>3. Branch</b> <b>Division</b>  <b>B/Y</b>
<b>4. Operations Personnel:</b>		<b>Page 1 of 1</b> <b>Bravo/Yankee</b>

Operations Section Chief:	Night Ops:
Branch Director:	Branch Safety:
Division/Group Supervisor: <b>TBD</b>	Air Attack:

5. Resources Assigned:							
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC 9410C			Tyler Attebury			0700-0700	ICP
CREW 10			Nate Prestage			0700-0700	ICP
CREW 11			Austin Lackey			0700-0700	ICP
WT TBD						0700-0700	ICP

**6. Work Assignments:**  
Mop up 200 ft. in from control lines.

**7. Special Instructions:**

8. Communications								
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
KRN 5	1	COMMAND	151.1000	(T7) 167.9	156.9900	(T7) 167.9		
VFIRE 26	2	TACTICAL	154.3025	(T6) 156.7	154.3025	(T6) 156.7	A	
KRN A/G	14	A/G	154.8900	(T7) 167.9	154.8900	(T7) 167.9	A	
CALCORD	15	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
AIR GUARD	16	EMERGENCY	168.6250		168.6250	T-1, 110.9		

**9. Prepared by: Name:**                      BJ Corey    DPSC  
  
Signature: \_\_\_\_\_  
**ICS 204**    Date/Time: 8/14/2023 2200    Personnel Count: 0

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN										CONTROLLED UNCLASSIFIED INFORMATION/BASIC	
1. Incident Name:		2. Date/Time Prepared		3. Operational Period:							
<b>TROTTER</b>		08/14/2023		08/15/23		08/16/23					
Incident Channels		1930		0700		0700					
<b>4. Communications</b>											
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes		
1	COMMAND	KRN 5	ALL DIVS	151.1000	(T7) 167.9	156.9900	(T7) 167.9				
2	TACTICAL	VFIRE 26	ALL DIVS	154.3025	(T6) 156.7	154.3025	(T6) 156.7	A			
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14	A/G	KRN A/G	ALL DIVS	154.8900	(T7) 167.9	154.8900	(T7) 167.9	A			
15	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A			
16	EMERGENCY	AIR GUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9				
17											
18											
19											
20	EMERGENCY	AIR GUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9				
<b>5. Special Instructions</b>											
This is a test											
6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____											
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION/BASIC											
										1930	

NIMS IAP

<b>1. Incident Name:</b> <p style="text-align:center;"><b>TROTTER</b></p>	<b>2. Operational Period:</b> Date From: <u>8/15/23</u> Date To: <u>8/16/23</u> Time From: <u>0700</u> Time To: <u>0700</u>
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3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Paramedics

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number	Level of Service
Hall Ambulance	Tehachapi	911	ALS
Mercy Air 15	Bakersfield	911	ALS

5. Hospitals:							
Hospital Name	Address, Lat & Long Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Adventist Health Tehachapi Valley	1100 Magellan, Tehachapi, CA 93561, Lat/Long: 35.1474419, -118.4504364	(661) 823-3000	00:03	00:21		<input type="checkbox"/>	<input type="checkbox"/>
Kern Medical Center	1700 Mount Vernon Avenue, Bakersfield, CA 93306, Lat/Long: 35.3829347, -118.9705331	(661) 326-2000	00:11	00:57	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**6. Special Medical Emergency Procedures**

**Line Emergency**  
Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.  
- Division Group Supervisor Contacts:  
1. Closest EMS resource  
2. Communications Unit  
- Communications Unit Contacts:  
1. Ground or Air ambulance as requested.  
2. Operations  
3. Safety  
4. Medical Unit  
- Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.  
1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency.  
- Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.

**Camp Emergency**  
Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient.  
- Medical Unit contacts  
1. Communications  
2. Safety  
3. Logistics  
4. Operations  
5. Crew Supervisor  
6. Comp/Claims

**Injury Reporting Procedures**

**Nature of Injury:** \_\_\_\_\_  
**Location of Patient:** \_\_\_\_\_  
**Point of Contact:** \_\_\_\_\_  
**Transportation Requested by: Air** \_\_\_ **Ground** \_\_\_  
**Point of Pick-Up:** \_\_\_\_\_  
**Lat:** \_\_\_\_\_ **Long:** \_\_\_\_\_  
**Patient Unit ID:** \_\_\_\_\_  
**Is an EMT with Patient: Yes** \_\_\_ **No** \_\_\_  
**Age:** \_\_\_\_\_ **Sex: Male** \_\_\_ **Female** \_\_\_

**All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.**

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

**7. Prepared by (Medical Unit Leader):** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**8. Approved by (Safety Officer):** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

### SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b> TROTTER	<b>2. Operational Period:</b>	Date From: 8/15/23 Time From: 0700	Date To: 8/16/23 Time To: 0700
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***Steep winding roads are throughout the incident. Slow down when driving on loose gravel and blind curves. Drive defensively with headlights on and use hands free devices.***

***Working on steep, uneven terrain. Be mindful of rolling materials.***

***Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.***

***Maintain situational awareness. Look up, Look down, Look around***

***Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.***

***Remain mindful of what is going on around you! LCES!***

***HEADS UP!!! Lookout for SNAGS when working around areas with burned trees. Evaluate all wind damaged trees with large limbs before working under around them.***

***Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, persistent drought, and elevated fire danger rating values.***

**4. Site Safety Plan Required?**  No

**Approved Site Safety Plan(s) Located At:**

**5. Prepared By:**

Position/Title: SOFR

Signature: \_\_\_\_\_

ICS 208

Date/Time: 8/14/2023 / 2030





