INCIDENT ACTION PLAN

CASSIE INCIDENT

CA-KRN-2632790

Wednesday

OPERATIONAL PERIOD

8/5/2026 0700

to

8/6/2026 0700

Scan for Cassie IAP

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date From:	8/5/2026	Date To:	8/6/2026
CASSIE		Time From:	0700	Time To:	0700

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 current perimeter.

General Situational Awareness:

- Be mindful while working along the train tracks.

5. Site Safety Plan Required? Yes ☐ No ☑

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

☑ ICS 203	☐ ICS 215A	☐ ICS 205 A	☑ Perimeter Map
☑ ICS 204	☐ ICS 220	☐ Training Message	☐
☑ ICS 205	☐ Facility Maps	☐ Travel Map	☐
☑ ICS 206	☑ Weather Forecast	☐ Demob Plan	☐ County Health Message
☑ ICS 208	☐ Fire Behavior	☐ Finance Message	☑ ICS 214

7. Prepared By: B.J. Corey Position/Title: PSC Signature: _____

8. Approved by Incident Commander: Signature: _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:	2. Operational Period: Date From:	8/5/2026	Date To:	8/6/2026
CASSIE	Time From:	0700	Time To:	0700

3. Incident Commander(s) and Command Staff:	
IC/UC's	Cole Bias / Brett Spalina (T)
Deputy	
Safety Officer	
Information Officer	
Liaison Officer	

4. Agency/Organization Representatives:	
Agency/Organization	Name

5. Planning Section:	
Chief	B.J. Corey
Deputy	
Resource Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
GISS	
FBAN	
IMET	
Training Tech Spec	

6. Logistics Section	
Chief	LaReina Flores
Supply Unit	
Facilities Unit	
Ground Support Unit	
Communications Unit	
Medical Unit	

7. Operation Section:		
Operations		
Deputy Operations		
Night Ops		
Staging Area		
Branch		
Division/Group	B/W	TBD
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Division/Group		
Division/Group		
Division/Group

Weather Forecast	Latitude:		Longitude:			
1. Incident Name:	2. Operational Period:	Date From:	8/5/26	Date To:	8/6/26	
CASSIE		Time From:	0700	Time To:	0700	

.DISCUSSION...
High pressure will allow for the continuation of hot and dry conditions throughout the district. The heat will result in very dry conditions as moderate recovery will be observed over the area. The eastern side of Kern County will have poor recovery. Winds generally will be light and diurnal with some periods of stronger gusts over the Sierra Nevada Crest and the Mojave Slopes. A Heat Advisory for the central valley and an Extreme Heat Warning for the desert remain in effect through Wednesday evening.

.WEDNESDAY...

Sky/weather.....Sunny (0-5 percent).
Max temperature.....97-101.
Min humidity.....11-17%.
Eye level winds.....West to Northwest winds 6-9 mph with gusts up to 15 mph.
Surrounding ridge...West to Northwest winds 9-15 mph.
Mixing height.....Rising to 4600 ft AGL.
Transport winds.....West around 10-12 mph.
Wind (20 ft).....West winds 5 to 12 mph.

.WEDNESDAY NIGHT...

Sky/weather.....Clear (0-10 percent).
Min temperature.....70-74.
Max humidity.....32-35%.
Eye level winds.....West winds up to 5 mph shifting to the southwest overnight.
Surrounding ridge... West winds 13-18 mph.
Mixing height.....Falling to 400 ft AGL.
Transport winds.....West to Southwest around 5-7 mph.
Wind (20 ft).....West winds 4 to 7 mph shifting to the southwest overnight.

.THURSDAY...

Sky/weather.....Sunny (0-10 percent).
Max temperature.....96-100.
Min humidity.....14-19%.
Eye level winds.....Light winds becoming west 6-9 mph in the afternoon with gusts up to 15 mph.
Surrounding ridge...West winds 8-12 mph.
Mixing height.....Rising to 4700 ft AGL.
Transport winds.....West around 9-11 mph.
Wind (20 ft).....Light winds becoming west 8 to 10 mph in the afternoon.

PREPARED BY: B.J. Corey	Date/Time: 8/4/26	

ASSIGNMENT LIST (ICS 204 WF)

1. Incident Name:	2. Operational Period:				3. Branch	Division
CASSIE	Date From:	08/05/26	Date To:	08/06/26		B/W
	Time From:	0700	Time To:	0700	Page 1 of 1	Bravo/Whiskey

4. Operations Personnel:

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

5. Resources Assigned:

Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC 9410C				22		0700-0700	ICP
CRW KRN 11				25		0700-1900	ICP
CRW KRN 13				30		0700-1900	ICP
WT PVT E-13				2		0700-0700	ICP
WT PVT E-14				2		0700-0700	ICP

6. Work Assignments:

Mop up where necessary.

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		
CDF T37	2	TACTICAL	151.1525	(T17) 67.0	151.1525	(T17) 67.0	A	
CDF A/G12	14	A/G	171.0875		171.0875			
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: B.J. Corey PSC

Signature:_____

ICS 204 Date/Time: 8/4/2026 2200 Personnel Count: 81

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN									CONTROLLED UNCLASSIFIED INFORMATION//BASIC
1. Incident Name:		2. Date/Time Prepared		3. Operational Period:					
CASSIE		Date: 08/04/2026		Date From: 08/05/26		Date To: 08/06/26			
Incident Channels		Time: 1930		Time From: 0700		Time To: 0700			
4. Communications									
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	CDF T37	ALL DIVS	151.1525	(T17) 67.0	151.1525	(T17) 67.0	A	
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14	A/G	CDF A/G12	ALL DIVS	171.0875		171.0875			
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									
5. Special Instructions									
This is a test									
6. Prepared by (Communications Unit Leader): Name:						Signature:_____			
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC				NIMS IAP		Date/Time: 08/04/2026		1930	

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period:	Date From:	8/5/26	Date To:	8/6/26
CASSIE		Time From:	0700	Time To:	0700

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	
Mercy Air 15	Bakersfield	911	

5. Hospitals:

Hospital Name	Address, Lat & Long Helipad	Contact Number(s)/ Frequency	Travel Time Air	Travel Time Ground	Trauma Center	Burn Center	Helipad
Kern Medical	1700 Mount Vernon, Bakersfield	(661) 326-2000	15	40	Level 2	☐	☑
Bakersfield Memorial	420 34th St, Bakersfield	(661) 327-1792	15	45		☐	☑
						☐	☐
						☐	☐
						☐	☐

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)

1. Incident Name:	2. Operational Period:	Date From:	8/5/26	Date To:	8/6/26
CASSIE		Time From:	0700	Time To:	0700

Trains moving through the area, be mindful while working near the tracks.

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!

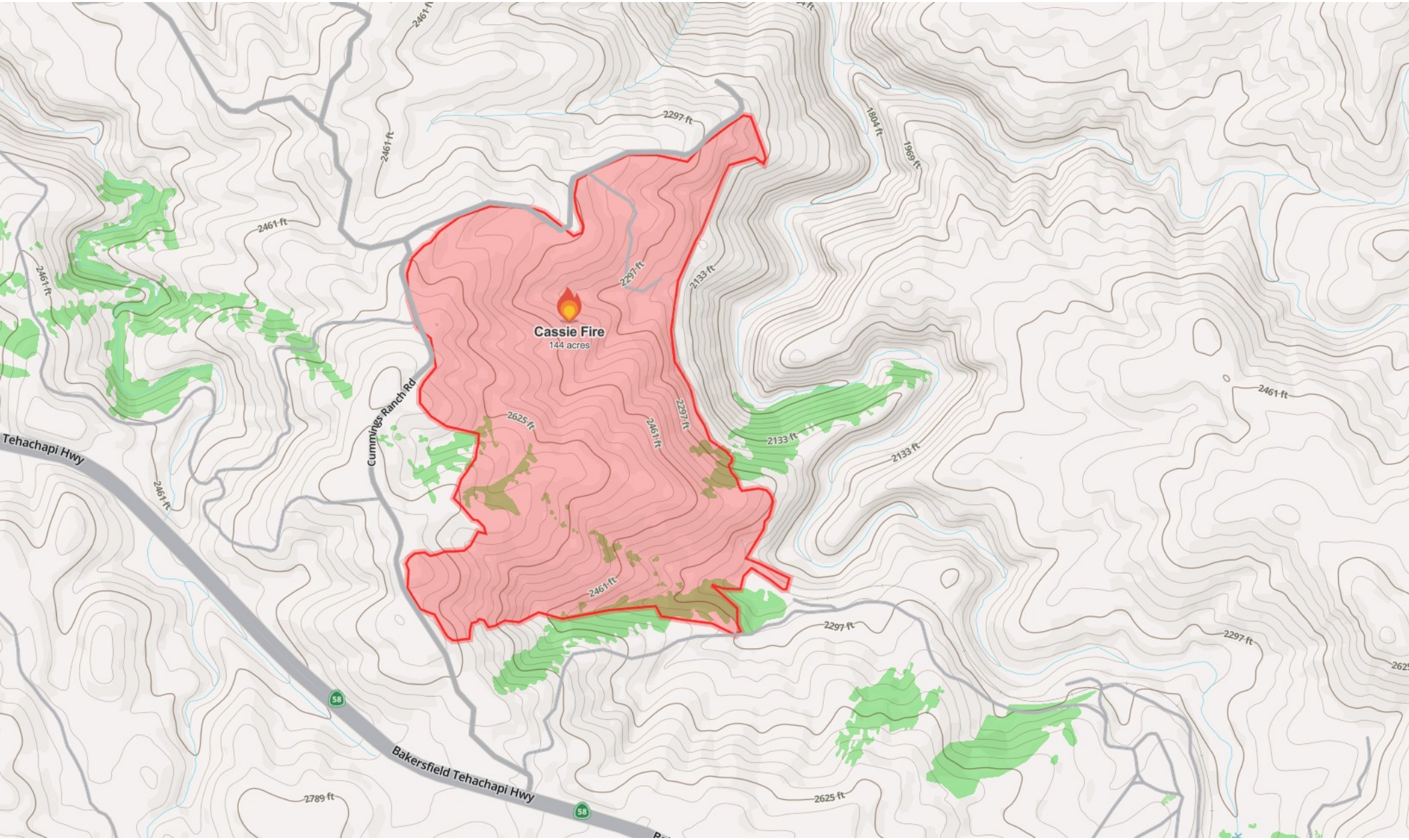
4. Site Safety Plan Required? ☐ No

Approved Site Safety Plan(s) Located At:

5. Prepared By: Position/Title: SOFR

Signature: _____

ICS 208 Date/Time: 8/4/2026 / 2030


Cassie Fire
144 acres
Cummings Ranch Rd
Tehachapi Hwy
Bakersfield Tehachapi Hwy
58
58
2461 ft
2297 ft
2133 ft
1804 ft
1969 ft
2625 ft
2789 ft

UNIT LOG (ICS 214)

1. Incident Name:	2. Operational Period:	Date From:	8/5/26	Date To:	8/6/26
CASSIE		Time From:	0700	Time To:	0700

3. Unit Name/Designators	4. Unit Leader (Name and ICS Position)

5. Personnel Assigned/Designators

NAME	ICS POSITION	HOME BASE

6. Activity Log (Continue on Reverse)

TIME	MAJOR EVENTS

7. Prepared By: Date/Time:

UNIT LOG CONT. (ICS 214)

1. Incident Name:	2. Operational Period:	Date From:	8/5/26	Date To:	8/6/26
CASSIE		Time From:	0700	Time To:	0700

6. Activity Log

TIME	MAJOR EVENTS