INCIDENT ACTION PLAN

COTTON INCIDENT

CA-KRN-2629781

Friday

OPERATIONAL PERIOD

7/17/2026 0700

to

7/18/2026 0700

Cotton IAP

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date From:	7/17/2026	Date To:	7/18/2026
Cotton		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 in the current perimeter.

General Situational Awareness:

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:	7/17/2026	Date To:	7/18/2026
Cotton	Time From:	0700	Time To:	0700

3. Incident Commander(s) and Command Staff:	
IC/UC's	Cole Bias
Deputy	
Safety Officer	
Information Officer	
Liaison Officer	

4. Agency/Organization Representatives:	
Agency/Organization	Name
CALFIRE	Travis Craig

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	LaRaina 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/Y	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:	7/17/26	Date To:	7/18/26	
Cotton		Time From:	0700	Time To:	0700	

.DISCUSSION...
A southwest flow aloft will bring dry and seasonably warm conditions until Saturday with steady temperatures each day. Minimum humidity lowers to near 20-25 percent with moderate overnight recoveries. Mainly diurnal winds will take place, although afternoon and\ evening breezes will occur with occasional gusts 20-25 mph over the nearby ridgetops.

.FRIDAY...

Sky/weather.....Sunny.
Max temperature.....90-94.
Min humidity.....19-24 percent.
Eye level winds.....Southwest 6-12 mph.
Surrounding ridge...Southwest 8-14 mph. Gusts to 25 mph in the afternoon.
Mixing height.....Rising to 5000 ft AGL.
Transport winds.....Southwest around 12 mph.
Wind (20 ft).....Southwest 7-13 mph.

.FRIDAY NIGHT...

Sky/weather.....Clear.
Min temperature.....62-66.
Max humidity.....40-45 percent.
Eye level winds.....West 5-10 mph.
Surrounding ridge...West 7-14 mph. Gusts to 25 mph in the evening.
Mixing height.....Lowering to 500 ft AGL.
Transport winds.....West around 16 mph.
Wind (20 ft).....West 6-12 mph.

.SATURDAY...

Sky/weather.....Sunny.
Max temperature.....90-95.
Min humidity.....20-25 percent.
Eye level winds.....West 3-7 mph.
Surrounding ridge...West 6-13 mph. Gusts to 20 mph in the afternoon.
Mixing height.....Rising to 6000 ft AGL.
Transport winds.....West around 8 mph.
Wind (20 ft).....West 5-10 mph. Gusts up to 15 mph in the afternoon.

PREPARED BY:	B.J. Corey	Date/Time:	7/16/26	

ASSIGNMENT LIST (ICS 204 WF)

1. Incident Name:	2. Operational Period:				3. Branch	Division
Cotton	Date From:	07/17/26	Date To:	07/18/26		B/Y
	Time From:	0700	Time To:	0700	Page 1 of 1	Bravo/Yankee

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 TBD						0700-0700	ICP
ENG T6 KRN TBD						0700-0700	ICP
ENG T6 KRN TBD						0700-0700	ICP
STG TBD						0700-0700	ICP
STG TBD						0700-0700	ICP
CRW KRN 13						0700-0700	ICP
WT PVT TBD						0700-0700	ICP
WT PVT TBD						0700-0700	ICP

6. Work Assignments:

Mop up as needed.

7. Special Instructions:

8. Communications

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
KRN 2	1	COMMAND	155.8800	(T7) 167.9	158.9400	(T3) 131.8	A	
VFIRE 24	2	TACTICAL	154.2725	(T6) 156.7	154.2725	(T6) 156.7	A	
CDF A/G8	14	A/G	159.3450	(T16) 192.8	159.3450	(T16) 192.8	A	
CALCORD	15	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
AIRGUARD	16	AIRGUARD	168.6250	0.0	168.6250	(T1) 110.9	A	

9. Prepared by: Name: B.J. Corey PSC

Signature:_____

ICS 204 Date/Time: 7/16/2026 2200 Personnel Count: 0

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN									CONTROLLED UNCLASSIFIED INFORMATION//BASIC
1. Incident Name: **Cotton** **Incident Channels**			2. Date/Time Prepared Date: 07/16/2026 Time: 1930		3. Operational Period: Date From: 07/17/26 Time From: 0700		Date To: 07/18/26 Time To: 0700		
4. Communications									
Ch#	**Function**	**Name**	**Assigned To**	**Rx Freq**	**Rx Tone**	**Tx Freq**	**Tx Tone**	**Mode**	**Notes**
1	COMMAND	KRN 2	ALL DIVS	155.8800	(T7) 167.9	158.9400	(T3) 131.8	A	
2	TACTICAL	VFIRE 24	ALL DIVS	154.2725	(T6) 156.7	154.2725	(T6) 156.7	A	
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14	A/G	CDF A/G8	ALL DIVS	159.3450	(T16) 192.8	159.3450	(T16) 192.8	A	
15	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
16	AIRGUARD	AIRGUARD	ALL DIVS	168.6250	0.0	168.6250	(T1) 110.9	A	
17									
18									
19									
20	EMERGENCY	AIRGUARD	ALL DIVS	168.6250	0.0	168.6250	(T1) 110.9	A	
5. Special Instructions									
6. Prepared by (Communications Unit Leader): Name: Chris Oliver						Signature:_____			
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC				NIMS IAP		Date/Time: 07/16/2026		1930	

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period:	Date From:	7/17/26	Date To:	7/18/26
Cotton		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	Lost Hills	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
Mercy Southwest	400 Old River Rd, Bakersfield	661-663-6000	20	60	Level 2	☐	☑
Kern Medical	1700 Mount Vernon, Bakersfield	(661) 326-2000	25	75	Level 2	☐	☑
Bakersfield Memorial	420 34th St, Bakersfield	(661) 327-1792	25	75		☑	☑
						☐	☐
						☐	☐

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:	7/17/26	Date To:	7/18/26
Cotton		Time From:	0700	Time To:	0700

Working in light, flashy fuels. Stay alert!

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!

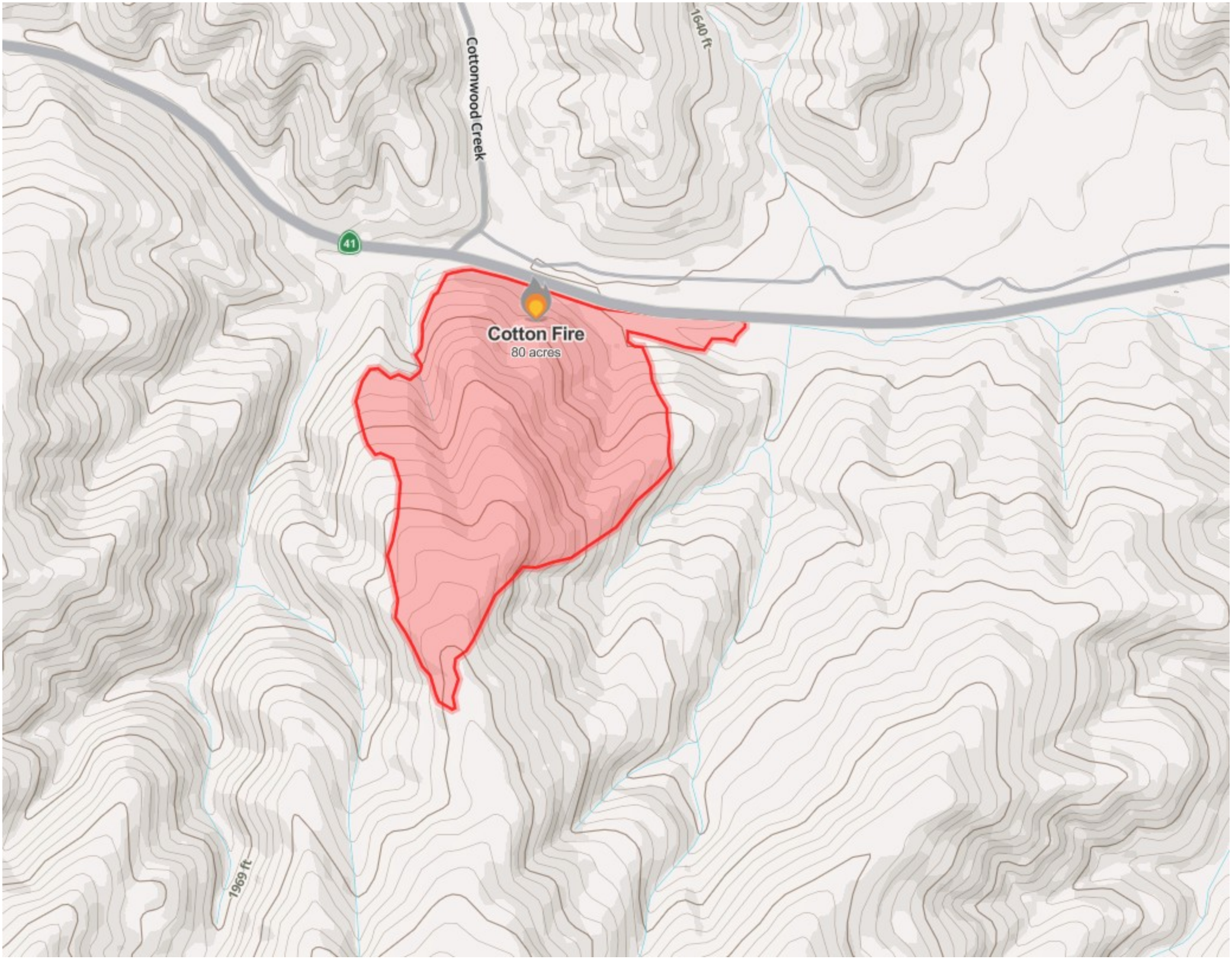
4. Site Safety Plan Required? ☐ No

Approved Site Safety Plan(s) Located At:

5. Prepared By: Position/Title: SOFR

Signature: _____

ICS 208 Date/Time: 7/16/2026 / 2030


Cottonwood Creek
1640 ft
41
Cotton Fire
80 acres
1969 ft

UNIT LOG (ICS 214)

1. Incident Name:	2. Operational Period:	Date From:	7/17/26	Date To:	7/18/26
Cotton		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:	7/17/26	Date To:	7/18/26
Cotton		Time From:	0700	Time To:	0700

6. Activity Log

TIME	MAJOR EVENTS