INCIDENT ACTION PLAN

WYLY INCIDENT

CA-KRN-2624220

Sunday

OPERATIONAL PERIOD

6/14/2026 0700

to

6/15/2026 0700

Wyly IAP

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date From:	6/14/2026	Date To:	6/15/2026
Wyly		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 the 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:	6/14/2026	Date To:	6/15/2026
Wyly	Time From:	0700	Time To:	0700

3. Incident Commander(s) and Command Staff:	
IC/UC's	Austin Lackey / Chad Loomis (T)
Deputy	
Safety Officer	
Information Officer	
Liaison Officer	

4. Agency/Organization Representatives:	
Agency/Organization	Name
CALFIRE	Dave Shy / Marc Bontrager

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/Y	TBD
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Division/Group		
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Division/Group		
Division/Group		
Air Operations Branch	**Director:**	
Air Support Group Supervisor		
Air Tactical Group Supervisor		
Helibase Manager		

8. Finance/Administration Section:	
Chief	
Time Unit	
Procurement Unit	
Comp/Claims Unit	
Cost Unit	

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

ICS 203 Date/Time: 6/13/2026 2300 hours

Weather Forecast	Latitude:		Longitude:			
1. Incident Name:	2. Operational Period:	Date From:	6/14/26	Date To:	6/15/26	
Wyly		Time From:	0700	Time To:	0700	

.DISCUSSION...

Hot and dry conditions continue into Sunday; temperatures in the upper 90s again, with minimum relative humidity values between 15 and 20 percent. Clear conditions expected with eye level winds up to 10 mph in the afternoon; ridge winds 10 to 15 mph with gusts to 20 to 25 mph. Winds will decrease Sunday night into Monday morning.

.SUNDAY...

Sky/weather.....Sunny (0-5 percent).
Max temperature.....95-98.
Min humidity.....15-18 percent.
Eye level winds.....West winds up to 7 mph.
Surrounding ridge...West winds 10 to 15 mph. Gusts 20 to 25 mph in the afternoon.
Mixing height.....7200-7600 ft AGL.
Transport winds.....West around 10 mph.
Wind (20 ft).....West winds 5 to 12 mph.

.SUNDAY NIGHT...

Sky/weather.....Clear (0-5 percent).
Min temperature.....65-68.
Max humidity.....40-44 percent.
Eye level winds.....West winds up to 8 mph shifting to the southwest around 3 mph overnight.
Surrounding ridge...West to southwest winds 5 to 10 mph.
Mixing height.....0-300 ft AGL.
Transport winds.....West around 9 mph.
Wind (20 ft).....West winds 6 to 13 mph shifting to the southwest around 5 mph overnight.

PREPARED BY:	B.J. Corey	Date/Time:	6/13/26	

ASSIGNMENT LIST (ICS 204 WF)

1. Incident Name:	2. Operational Period:				3. Branch	Division
Wyly	Date From:	06/14/26	Date To:	06/15/26		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
STC TBD						0700-0700	ICP
STG TBD						0700-0700	ICP
STG TBD						0700-0700	ICP
CRW KRN 11						0700-0700	ICP
CRW KRN 12						0700-0700	ICP
WT E-1						0700-0700	ICP
WT E-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		
VFIRE 24	2	TACTICAL	154.2725	(T6) 156.7	154.2725	(T6) 156.7	A	
CDF A/G6	14	A/G	159.2850	(T16) 192.8	159.2850	(T16) 192.8	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: B.J. Corey DPSC

Signature:_____

ICS 204 Date/Time: 6/13/2026 2200 Personnel Count: 0

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN									CONTROLLED UNCLASSIFIED INFORMATION//BASIC
1. Incident Name:		2. Date/Time Prepared		3. Operational Period:					
Wyly		Date: 06/13/2026		Date From: 06/14/26		Date To: 06/15/26			
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	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/G6	ALL DIVS	159.2850	(T16) 192.8	159.2850	(T16) 192.8	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									
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: 06/13/2026		1930	

AIR OPERATIONS SUMMARY ICS-220

Time Prepared	Date Prepared	Prepared By
1400		

Incident Name / Number	Sunrise	Startup	Cutoff	Sunset	Shutdown	Operational Period - Date	Operational Period - Time
Wyly / CA-KRN-2624220	7:36	8:06	*18:37*	*19:07*	19:37	Sunday June 14, 2026	0700-2100

General Remarks, Safety Notes, Hazards, Air Operations Special Equipment, etc.

TRACK ALL DIPSITE LOCATIONS / NUMBER OF DIPS / GALLONS TAKEN.
TRACK ALL DROP LOCATIONS / NUMBER OF DROPS / GALLONS DROPPED
All GPS DATA TO BE COLLECTED IN DEGREES, MINUTES, DECIMAL MINUTES FORMAT.

AVOID Aerial Application of Retardant / Foam / Agent within 300' of Waterways, Bodies of Water, etc.
If Retardant / Foam / Agent is Dropped Within These Areas Immediately Notify the AOBD and Provide the Following Information: Lat / Long, Estimated Number of Gallons and a Map Detailing The Area.

Helibase Information

Name
Latitude
Longitude

Name
Latitude
Longitude
(use page 2 if needed)

TFR Information

Request #
Radius: **NM**
Altitude: **MSL**
Centerpoint: **Lat** **Long**
NOTAMS:
Frequency

Rescue Ship Information

	Day Hoist	Night Hoist
Name		
Phone		
Make/Model		
Location		

Request Procedure for These Aircraft:
Incident Communications
See Medical Plan For Additional Info

Frequencies	TX	Tone	RX	Tone	AM / FM
Command	156.9900	(T7) 167.9	151.1000	(T7) 167.9	FM
AIR / GROUND - TACTICAL	159.2850	(T16) 192.8	159.2850	(T16) 192.8	FM
AIR/AIR ROTARY WING	123.1750		123.1750		AM
Helco Briefing					
AIR TACTICS	172.5500		172.5500		FM
Air Attack Briefing					AM
TOLC					AM
DECK					FM
CALCORD - MEDICAL	**156.0750**	**156.7 (6)**	**156.0750**	**156.7 (6)**	**FM**
AIRGUARD - Emergency Only	**168.6250**	**110.9 (1)**	**168.6250**		**FM**

Position	Name	Phone	Trainee	Phone
AOBD				
ASGS				
HEBM				
HLCO				
AAML				
HLCO				
ATGS				

HELICOPTERS (Use page 2 if Needed)

FAA #	Type	Make/Model	Helibase	Avail	Start	Remarks	FAA #	Type	Make/Model	Helibase	Avail	Start	Remarks
H-407	T2												

FIXED WING (Use Page 2 if Needed)

FAA #	Type	Make/Model	Base	Avail	Start	Remarks	FAA #	Type	Make/Model	Base	Avail	Start	Remarks

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period:	Date From:	6/14/26	Date To:	6/15/26
Wyly		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	10	30	Level 2	☐	☑
Bakersfield Memorial	420 34th St, Bakersfield	(661) 327-1792	15	40		☑	☑
						☐	☐
						☐	☐
						☐	☐

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:	6/14/26	Date To:	6/15/26
Wyly		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!

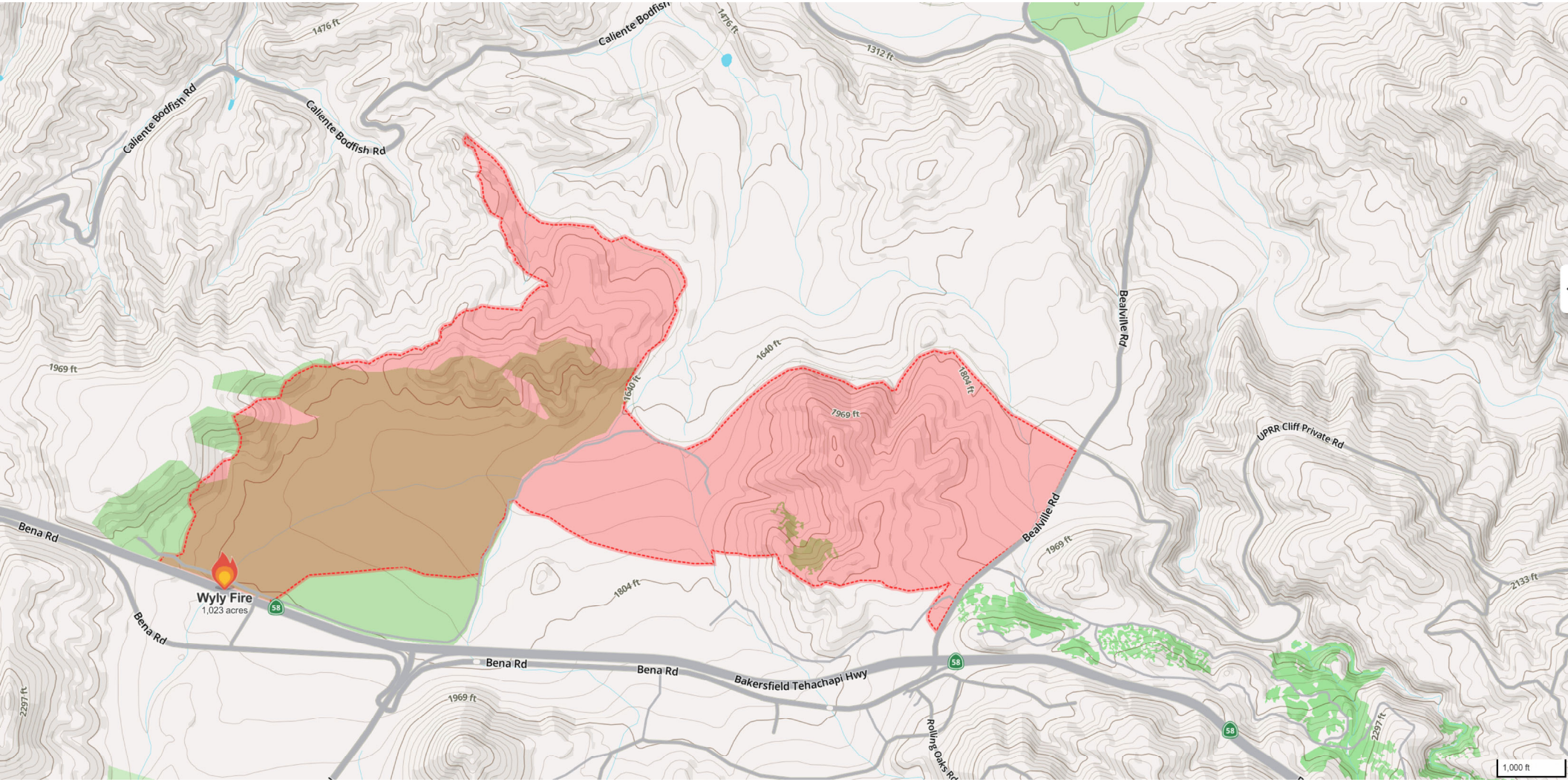
4. Site Safety Plan Required? ☐ No

Approved Site Safety Plan(s) Located At:

5. Prepared By: Position/Title: SOFR

Signature: _____

ICS 208 Date/Time: 6/13/2026 / 2030


Wyly Fire
1,023 acres
Caliente Bodfish Rd
Caliente Bodfish Rd
Caliente Bodfish
Bena Rd
Bena Rd
Bena Rd
Bena Rd
Bakersfield Tehachapi Hwy
Bealville Rd
Bealville Rd
UPRR Cliff Private Rd
Rolling Oaks Rd
58
58
58
1476 ft
1476 ft
1312 ft
1969 ft
1640 ft
1640 ft
1804 ft
7969 ft
1804 ft
1969 ft
1969 ft
2133 ft
2297 ft
2297 ft
1,000 ft

UNIT LOG (ICS 214)

1. Incident Name:	2. Operational Period:	Date From:	6/14/26	Date To:	6/15/26
Wyly		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:	6/14/26	Date To:	6/15/26
Wyly		Time From:	0700	Time To:	0700

6. Activity Log

TIME	MAJOR EVENTS