

# LOWELL FIRE



## INCIDENT ACTION PLAN

**AUGUST 01, 2015 0700**

**TO**

**AUGUST 02, 2015 0700**

***CA-NEU-017851***



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## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> LOWELL INCIDENT CA-NEU-017851	<b>2. Operational Period:</b> Date From: 08/01/2015    Date To: 08/02/2015 Time From: 0700 hours    Time To: 0700 hours																																								
<b>3. Objective(s):</b> <u>Management Objectives</u> <ul style="list-style-type: none"> <li>• Provide for public and emergency personnel safety at all times</li> <li>• Provide for timely and accurate release of incident information to the public, media, first responders and cooperators</li> <li>• Protect and defend structures and improvements in the fire area</li> <li>• Protect natural and cultural resources in the fire area</li> <li>• Provide a process to manage emergency resources efficiently</li> <li>• Ensure costs are minimized appropriately for values at risk</li> <li>• Ensure coordination and communication with stakeholders and cooperating agencies</li> </ul> <u>Control Objectives</u> <ul style="list-style-type: none"> <li>• NORTH of: Interstate 80</li> <li>• SOUTH of: Buckeye Ridge</li> <li>• EAST of: Highway 174</li> <li>• WEST of: McGuire Mountain</li> </ul>																																									
<b>4. General Weather Conditions:</b>  SEE ATTACHED																																									
General Situational Awareness and Safety: <ul style="list-style-type: none"> <li>• MAINTAIN L.C.E.S. AT ALL TIMES. Safety zones and escape routes are mandatory</li> <li>• Ensure all personnel maintain situational awareness</li> <li>• Rolling material and steep terrain. Remember to maintain good footing</li> <li>• Keep your hydration up by drinking water and electrolyte beverages. Avoid energy drinks</li> <li>• Maintain good communications with your supervisors, adjacent forces and crew members</li> <li>• Guard against complacency.</li> </ul>																																									
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>																																									
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 20%;">ICS 203</td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 20%;">ICS 214</td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 20%;">Finance Section Message</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%;">Fire Operation Check List</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>ICS 204(s)</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>ICS 220</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>FC-33 Input Form</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Water Usage Report</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>ICS 205</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Weather Forecast</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Training Message</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Facility/Base Map</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>ICS 206</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Fire Behavior Forecast</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Documentation Message</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Travel Map</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>ICS 208</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Supp. Repair Message</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Demobilization Procedure</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Incident Map</td> </tr> </table>		<input checked="" type="checkbox"/>	ICS 203	<input checked="" type="checkbox"/>	ICS 214	<input checked="" type="checkbox"/>	Finance Section Message	<input type="checkbox"/>	Fire Operation Check List	<input checked="" type="checkbox"/>	ICS 204(s)	<input checked="" type="checkbox"/>	ICS 220	<input checked="" type="checkbox"/>	FC-33 Input Form	<input checked="" type="checkbox"/>	Water Usage Report	<input checked="" type="checkbox"/>	ICS 205	<input checked="" type="checkbox"/>	Weather Forecast	<input checked="" type="checkbox"/>	Training Message	<input checked="" type="checkbox"/>	Facility/Base Map	<input checked="" type="checkbox"/>	ICS 206	<input checked="" type="checkbox"/>	Fire Behavior Forecast	<input checked="" type="checkbox"/>	Documentation Message	<input checked="" type="checkbox"/>	Travel Map	<input checked="" type="checkbox"/>	ICS 208	<input checked="" type="checkbox"/>	Supp. Repair Message	<input checked="" type="checkbox"/>	Demobilization Procedure	<input checked="" type="checkbox"/>	Incident Map
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<b>7. Prepared by:</b> Name: <u>Mike Petro</u> Position/Title: <u>PSC1-T</u> Signature:																																									
<b>8. Approved by Incident Commander:</b> Name: <u>Bret Gouvea</u> Signature:																																									
ICS 202	IAP Page _____	Date/Time: <u>07/31/2015 2100 hrs</u>																																							

**ORGANIZATION ASSIGNMENT LIST (ICS 203)**

<b>1. Incident Name: LOWELL CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 08/01/2015 Time From: 0700		Date To: 08/02/2015 Time To: 0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operations Section:</b>		
IC/UCs	Bret Gouvea	Chief	Steve Spinharney (D) / Tony Brownell (N)		
Deputy	Phill Veneris, Keith Callison (T) Steve Shaw (T)	Deputy	Bill Weiser		
Safety Officer	Baraka Carter, Dennis Lange (T)	Staging Area			
Public Info. Officer	Mike Mohler	<b>Branch I</b>			
Liaison Officer	David Schloss / Dennis Carreiro	Branch Director	Mark Higgins		
Law Liaison	Shannon Barney	Division/Group	<b>A/B/C</b>	Jamie Crabtree	
<b>4. Agency/Organization Representatives:</b>		Division/Group	<b>D/E</b>	Josh Silveira Robert Bartsch(T)	
Nevada County Sheriff	Jeff Pettitt	Division/Group			
CHP	George Steffenson	<b>Branch II</b>			
Cal OES	Gary Humphrey	Branch Director			
BLM	Jerry Martinez	Division/Group			
USFS	Jason Withrow	Division/Group			
Sierra Pacific Industries	Eric Sweet	<b>Branch III</b>			
PG&E	Jeff Millar	Branch Director	Unstaffed		
<b>5. Planning Section:</b>		Division/Group			
Chief	Josh Taylor	Division/Group			
Deputy	Jon Lovie, Mike Petro (T)	<b>Branch IV</b>			
Resources Unit	Paul Carlos / Kenny Osburn (T)	Branch Director	Mark Higgins		
Situation Unit	Eric Scovel, Rob Decamp (T)	Division/Group	<b>W/X/Y</b>	George Huang	
Equipment Tech Spec.	Ken Elliot	Division/Group			
Documentation Unit	Kim Moore / Tim Bingham	<b>Supp. Repair</b>			
DMOB Unit	James Klosek, Nick Lawlor (T)	Division/Group	All Groups	Dave Davis Andy Gregerson(T)	
GISS	Tim Werle	Division/Group			
IMET	Ryan Walbrun	Division/Group			
Training Tech. Spec.	David Randolph				
<b>Logistics Section</b>		<b>Road</b>			
Chief	Craig White	Division/Group	Road Grp	Noah Demartino	
Deputy	Jesse Morris	<b>Air Operations Branch</b>			
<b>Support Branch</b>		Air Ops Branch Dir.	Dave Lopez		
Supply Unit	Lon Story	Air Support Gp Sup.	Tim Stepanovich		
Facilities Unit	Matt Reich, Larinda Pontes	Helibase Mgr.	Matt Hill		
Ground Support Unit	Robert Tooker	<b>8. Finance/Administration Section:</b>			
Ordering Manager	Chris Richins, Ron Dragoo	Chief	Rich Browne		
Crew Tech. Spec.	Justin Schmollinger	Deputy	Abigail O'Leary/Jack Franklin (T)		
<b>Service Branch</b>		Time Unit	Allison McAdams		
Motel Tech Spec	Stan Owens	Procurement Unit	Bob Counts/James Lopez		
Communications Unit	Tom Webb	Comp/Claims Unit	Skip Sannar		
Medical Unit	Jesse Winnen	Cost Unit	Suzi Cain		
<b>9. Prepared by:</b> Name: <u>Mike Petro</u> Position/Title: <u>PSC1 (T)</u> Signature: <u><i>Michael P. Petro</i></u>					



# Lowell Fire Weather Forecast



**FORECAST NO:** 5

**NAME OF FIRE:** Lowell

**PREDICTION FOR:** Saturday Aug 1st

**UNIT:** NEU-Calfire

**SHIFT DATE:** 0700 Sat-0700 Sun

**SIGNED:** Ryan Walbrun

**TIME AND DATE**

**FORECAST ISSUED:** 1900 July 31st

**Incident Meteorologist**

**WEATHER DISCUSSION:** The main concern will be a continued thunderstorm threat today. However winds aloft will be turning more south to southwest so the best chance of thunderstorms appears to be east of the fire and closer to the Sierra Crest. Any thunderstorm activity will be monitored through the day and crews should review basic lightning safety during morning breakout sessions. Otherwise expect partly cloudy and more seasonable conditions. Highs will be in the lower 90s with humidity readings slightly wetter than previous days. Afternoon up-canyon winds will align with general winds from the southwest but still be fairly light. Better humidity recovery Saturday Night into Sunday morning.

**WEATHER FORECAST For Saturday:**

**WEATHER:** Partly cloudy. Afternoon cumulus build-ups east of the fire with t-storms closer to the Sierra Crest. About a 10% chance that a cell could move over the Lowell Fire. Will need to monitor for outflow boundaries or any stray storms that may try and approach the incident.

**TEMPERATURES:** Highs 89-94 Little change.

**HUMIDITY:** Afternoon minimum 20-30% Little change.

**20 FT WINDS:**

**RIDGETOP -** Southwest 5-10 mph gusts to 15 mph. Locally to 25 mph near any cells.

**SLOPE/VALLEY -** Afternoon upcanyon 4-8 mph gusts 10-12 mph.

**HAINES INDEX:** 5

**STABILITY/INVERSION:** Weak inversion lifting by 1000

**WEATHER FORECAST For Saturday Night:**

**WEATHER:** Evening cumulus clouds dissipating...otherwise partly cloudy

**TEMPERATURES:** Cooler with overnight lows in the lower 60s.

**HUMIDITY:** Moderate humidity recovery 55-65%

**20 FT WINDS:**

**RIDGETOP -** Southwest 4-8 mph. Evening gusts to 12 mph.

**SLOPE/VALLEY -** Downcanyon 2-4 mph overnight.

**EXTENDED FORECAST:** A slight cooling trend on Sunday as an upper low approaches. Thunderstorms will still be possible but mainly east of the fire and closer to the crest. Highs still around 90 with RH values 18-28%. West winds 5-10 mph.

**EXTRA INFORMATION:** Please review Lighting and Thunderstorm Safety in your IRPG.

# FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 6

TYPE OF FIRE: Wildfire

FIRE NAME: Lowell

OPERATIONAL PERIOD: 8/1-3/15 0700-0700

DATE ISSUED: 7/30/15

TIME ISSUED: 1900

UNIT: NEU – Nevada Yuba Placer Unit

SIGNED: 

Typed/printed: Don Watt FBAN(T)

## INPUTS

### WEATHER SUMMARY:

See attached weather forecast for this operational period.

## OUTPUTS

### FIRE BEHAVIOR

#### GENERAL:

The moisture passing through in the atmosphere will have little effect on fire behavior without significant rain. This will slightly delay the drying of the fuels in the interior which received heavy water and retardant applications. The main influences on the fire behavior are the 10 and 100 hour fuels. These fuels will continue to smolder and may begin to actively burn. The trees are stressed and have a horizontal continuity, which could lead to short crown runs if enough heat builds in the understory. The larger material will continue to consume over time, watch for rolling material starting fires in any unburned vegetation downhill.

#### SPECIFIC:

The fire still has islands of unburned fuels. The islands can become active if there are embers in or adjacent to them. If the fire builds enough heat in these islands active fire is possible. Watch for smokes in the interior becoming more active as the day warms up and wind increases. These smokes may develop into active ground fire. Watch for individual trees torching which have been dried by the fire. The ember cast will have a moderate to high chance of starting a spot fire. Chances of spot fires will be decreases if there is cloud cover shading the fuels during the heat of the day. Watch for rolling material and make sure the line will catch and items which could break loose and larger fuels burn down and loosen on the slopes.

### AIR OPERATIONS

Be aware of your location when aircraft are working over the fire. Fire weakened trees may fall from bucket drops or wind turbulence.

## SAFETY

The weather will be increasingly cloudy today with the monsoonal moisture, observe the sky for possible cumulus cloud development in the fire area.

# SAFETY MESSAGE/PLAN (ICS 208)

**1. Incident Name:**

Lowell

**2. Operational Period:**

Date From: 8/1/2015

Date To: 8/2/2015

Time From: 0700

Time To: 0700

**3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:****Communication:**

Open, continuous, effective communication between fire personnel, contractors and public.

**Hydration/Nutrition/Fatigue:**

Hydration and nutrition starts prior to getting to the line, monitor your people.

**Driving Hazards:**

Be cognoscente of camp traffic, and lower your speeds. Slow down when traversing steep narrow roads and dusty low visibility areas.

**Fireline Hazards:**

Identify, communicate and flag snags, stumpholes, hazard trees and rock roll out areas. Post lookouts in life hazard areas

**Demob:**

Ensure personnel are rested and vehicles are mechanically safe.

**Wildlife:**

Communicate to crews and adjoining resources

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## Lightning Safety

If thunder is heard or lightning seen in and around area please observe the 30/30 rule. Do not resume work in exposed areas until 30 minutes after storm activity has passed. Other thunderstorm countermeasures include:

- Take shelter in a vehicle or building if possible.
- If outdoors, find a low spot away from tall trees, wire fences, utility lines, ponds, waterways and other elevated conductive objects.
- If in the woods, move to an area with shorter trees.
- If in open country, crouch low, minimizing your contact with the ground. Never lie flat on the ground.
- Don't group together.

In addition to lightning and thunderstorm activity other threats that may pose hazards to personnel on the fireline are;

- Outflow winds and downbursts can dramatically affect fire behavior miles away from a thunder cell; please notify your division so that information can get relayed to the communication unit and the IMET.
- Localized heavy precipitation can also occur so flash flooding is a potential concern in low-lying areas.

All line and camp personnel are urged to review the Thunderstorm Safety section of the Incident Response Pocket Guide, page 21.

4. Site Safety Plan Required? Yes  No

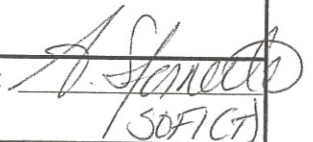
Approved Site Safety Plan(s) Located At: N/A

5. Prepared by:

Name: Anthony Stornetta

Position/Title: SOF1(T)

Signature:



1 SOF1(T)

ICS 208

IAP Page

Date/Time: 7/31/2015 5:00 PM







## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <b>Lowell CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 08/01/2015      Date To: 08/02/2015 Time From: 0700                      Time To: 0700		<b>3.</b> <b>Branch: I</b>	
<b>4. Operations Personnel:</b>			<b>Division/Group: D/E</b>  <b>Staging Area:</b>		
<b>Operations Section Chief:</b> <b>Steve Spinharney(D) Tony Brownell(N)</b>		<b>Contact Number</b> <b>(209) 274-5503 (D)</b>			
<b>Branch Director:</b> <b>Mark Higgins**</b>		<b>(530) 310-2216</b>			
<b>Division/Group Supervisor:</b> <b>Josh Silveira, Robert Bartsch (T)</b>		<b>(831) 524-2960</b>			
<b>5. Resource Assigned:</b>					
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
STC SKU 9261C	Ross Miller	18	(530) 598-2654	DP 12	
<b>STC MEU 9113C**</b>	Jeff Schlafer	16	(707) 391-6715	DP 12	
<b>STC NEU 9232C**</b>	Darin Nelson	17	(916) 622-3371	DP 12	
<b>STG SLU 9396G**</b>	Wolfgang Quillin	33	(805) 801-7762	DP 12	
<b>STG FKU 9474G**</b>	Alicia Whippy	31	(559) 730-1068	DP 12	
<b>W/T E-29 Ellis**</b>	Chuck Riley	2	(916) 790-0752	DP 12	
<b>W/T E-86 Spitfire**</b>	Bruce Florence	2	(916) 955-6783	DP 12	
<b>W/T E-112 Gomes**</b>	Bill Silva	2	(530) 575-6857	DP 12	
<b>W/T E-204 Kulikov**</b>	Andrea Kulikov	2	(209) 471-2483	DP 12	
<i>SOFR Jordan</i>	Brian Jordan	1	(818) 292-5443	DP 12	
<i>SOFR (T) Glenn</i>	Dave Glenn	1	(415) 515-5897	DP 12	
<i>FEMP White**</i>	Kevin White	1	(831) 239-0887	DP 12	
<i>FEMT Farrer**</i>	Jobee Farrer	1	(707) 799-5070	DP 12	
<b>6. Work Assignments:</b> Mop up 300' interior. Back haul garbage, hose, and water.					
<b>7. Special Instructions:</b>  <b>Bold** denotes 12 hr. resource (0700-1900)</b> <b><i>Bold Italicized denotes branch resource</i></b>					
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):					
Function/Name		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
<b>NIFC CMD 3</b>		Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)			
<b>Tactical - VTAC 12</b>		Radio (154.4525 RX / 154.4525 TX / Tn 156.7)			
<b>Medical - CALCORD</b>		Radio (156.0750 RX / 156.0750 TX / Tn 156.7)			
<b>Air to Ground - CDF TAC 16</b>		Radio (159.2850 RX / 159.2850 TX / Tn 192.8)			
<b>9. Prepared by:</b> Name: <u>William Corey</u> Position/Title: <u>RESL (T)</u> Signature: _____					
ICS 204		IAP Page _____		Date/Time: <u>7/31/15 2100</u> <span style="float: right;">Page 1 of 1</span>	

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <b>Lowell CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 08/01/2015      Date To: 08/02/2015 Time From: 0700                      Time To: 0700		<b>3.</b>  <b>Branch: IV</b>  <b>Division/Group: W/X/Y</b>  <b>Staging Area:</b>
<b>4. Operations Personnel:</b>			<u>Contact Number</u>	
<b>Operations Section Chief:</b> <b>Steve Spinharney(D) Tony Brownell(N)</b>		<b>(209) 274-5503 (D)</b>		
<b>Branch Director:</b> <b>Mark Higgins**</b>		<b>(530) 310-2216</b>		
<b>Division/Group Supervisor:</b> <b>George Huang</b>		<b>(805) 903-3438</b>		
<b>5. Resource Assigned:</b>				
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
STC RRU 9310C	Scott Lane	20	(951) 581-2283	DP 14
<b>STC TCU 9442C**</b>	Jacob Read	18	(916) 521-2922	DP 14
<b>STG MEU 9111G**</b>	Dean Bryner	35	(530) 340-0282	DP 14
<b>STG TGU 9259G**</b>	Steve Klein	31	(530) 370-4819	DP 14
<b>W/T E-41 AFP**</b>	Richard Thickens	1	(530) 567-5265	DP 14
<b>W/T E-80 AWB**</b>	Dan Brady	1	(530) 305-2695	DP 14
<b>SOFR Suarez</b>	Alfredo Suarez	1	(831) 383-8745	DP 14
<b>FEMP Queenan**</b>	James Queenan	1	(408) 390-3786	DP 14
<b>FEMP Juliussen**</b>	Leif Juliussen	1	(209) 614-0709	DP 14
<b>6. Work Assignments:</b> Mop up 300' interior. Back haul garbage, hose, and water. Patrol.				
<b>7. Special Instructions:</b>  <b>Bold** denotes 12 hr. resource (0700-1900)</b> <b><i>Bold Italicized denotes branch resource</i></b>				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):				
Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
<b>NIFC CMD 3</b>	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)			
<b>Tactical-VTAC 13</b>	Radio (158.7375 RX/ 158.7375 TX/ Tn 156.7)			
<b>Medical -CALCORD</b>	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)			
<b>Air to Ground CDF TAC 16</b>	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)			
<b>9. Prepared by:</b> Name: <u>William Corey</u> Position/Title: <u>RESL (T)</u> Signature: _____				
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<b>4. Operations Personnel:</b>			<u>Contact Number</u>	<b>Group 1</b>  <b>Staging Area:</b>
<b>Operations Section Chief:</b> <b>Steve Spinharney(D) Tony Brownell(N)</b>		<b>(209) 274-5503 (D)</b>		
<b>Branch Director:</b> <b>Division/Group Supervisor:</b> <b>Dave Davis, Andy Gregersen (T)**</b>		<b>(530) 320-7794</b>		
<b>5. Resource Assigned:</b>				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
<b>RESP Ahmadi**</b>	David Ahmadi	1	(530) 559-6221	
<b>RESP Walsh**</b>	Terri Walsh	1	(530) 205-5604	
<b>BAER Whitson**</b>	Gary Whitson	1	(209) 419-4432	
<b>CRW NEU WAR 1**</b>	Randy Northup	14	(530) 277-2575	
<b>DOZ E-150 Algerine**</b>	Tim Wearin	1	(209) 770-25697	
<b>DOZ E-151 Algerine**</b>	Zack Lomelli	1	(209) 352-2202	
<b>W/T E-88 Rodgers AWD**</b>	Buddy Rodgers	1	(916) 663-2455	
<b>W/T E-113 A &amp; F**</b>	Howard Elliot	1	(530) 277-5975	
<b>Masticator E-251 Bordges**</b>	Tim Borges	1	(530) 919-3711	
<b>HEQB Walter**</b>	Terry Walter	1	(530) 598-4162	
<b>6. Work Assignments:</b> Plan and implement suppression repair needs.				
<b>7. Special Instructions:</b>  <b>Bold** denotes 12 hr. resource (0700-1900)</b> <b><i>Bold italicized denotes Branch resource.</i></b>				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):				
Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
<b>Command-NIFC CMD 3</b>	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)			
<b>Tactical-VFIRE 24</b>	Radio (154.2725 RX/ 154.2725TX/ Tn 156.7)			
<b>Medical -CALCORD</b>	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)			
<b>Air to Ground CDF TAC 16</b>	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)			
<b>9. Prepared by:</b> Name: <u>William Corey</u> Position/Title: <u>RESL(T)</u> Signature: _____				
ICS 204	IAP Page _____	Date/Time: 7/31/15 1900	Page 1 of 1	

### ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <b>Lowell CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 08/01/2015      Date To: 08/02/2015 Time From: 0700                      Time To: 0700		<b>3.</b> <b>Suppression Repair</b>
<b>4. Operations Personnel:</b> <b>Operations Section Chief:</b> <b>Steve Spinharney(D) Tony Brownell(N)</b> <b>Branch Director:</b> <b>Division/Group Supervisor:</b> <b>Dave Davis, Andy Gregersen (T)**</b>			<b>Contact Number</b> <b>(209) 274-5503 (D)</b>  <b>(530) 320-7794</b>	<b>Group 2</b>  <b>Staging Area:</b>
<b>5. Resource Assigned:</b>				<b>Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information</b>
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
<b>RESP Harvey**</b>	Jack Harvey	1	(530) 277-1174	Lowell Camp
<b>CRW NEU WAR 2**</b>	Joe Madsen	16	(775) 846-2440	Lowell Camp
<b>CRW NEU WAR 4**</b>	John Valentich	16	(530) 310-1096	Lowell Camp
<b>DOZ E-107 Volcano**</b>	Franck Cameron	1	(530) 613-7259	Lowell Camp
<b>DOZ E-146 Donk &amp; Buick**</b>	Darren Schneitzer	1	(530) 335-7225	Lowell Camp
<b>W/T E-85 Pierce**</b>	Bill Pierce	1	(775) 671-7814	Lowell Camp
<b>W/T E-89 Volcano**</b>	Bobby Knuckey	1	(530) 388-0719	Lowell Camp
<b>W/T E-114 Bruner**</b>	Jess Bruner	1	(530) 388-0719	Lowell Camp
<b>W/T E-229 Bruner**</b>	Mike Holland	1	(530) 412-0513	Lowell Camp
<b>Excavator E-239 Ridge Log**</b>	Brian Forkner	1	(530) 470-3881	Lowell Camp
<b>Excavator E-248 Volcano**</b>	Kevin Haycraft	1	(530) 913-4170	Lowell Camp
<b>Masticator E-240 Lester**</b>	Lewis Lester	1	(530) 913-2417	Lowell Camp
<b>Masticator E-252 Graham</b>	Clayton Graham	1	(530) 632-1977	Lowell Camp
<b>Masticator E-254 Robinson**</b>	Rick Smouts	1	(530) 913-2258	Lowell Camp
<b>6. Work Assignments:</b> Plan and implement suppression repair needs.				
<b>7. Special Instructions:</b>  <b>Bold** denotes 12 hr. resource (0700-1900)</b> Masticator E-240 also available as an Excavator with thumb.				
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):				
Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
<b>Command-NIFC CMD 3</b>	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)			
<b>Tactical-VFIRE 25</b>	Radio (154.2875 RX/ 154.2875 TX/ Tn 156.7)			
<b>Medical -CALCORD</b>	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)			
<b>Air to Ground CDF TAC 16</b>	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)			
<b>9. Prepared by:</b> Name: <u>William Corey</u> Position/Title: <u>RESL(T)</u> Signature: _____				
ICS 204	IAP Page _____	Date/Time: 7/31/15 1900	Page 1 of 2	









INCIDENT RADIO COMMUNICATIONS PLAN		Incident Name		Date/Time Prepared		Operational Period Date/Time					
Lowell		7/31/2015 1800 hrs		8/01/15-08/02/15 0700 to 0700							
Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	N or W	RX Tone/NAC	TX Freq	N or W	Tx Tone/NAC	Mode A, D or M	Remarks
1	Command	NIFC CMD 3	All Divisions	168.0750		none	170.4250		131.8	A	Tone 3 Banner MTN
2	Command	CDF CMD 1	Not Assigned	151.3550		103.5	159.3300		OST	A	<u>Not Assigned</u>
3	Command	NEU LOCAL	Initial Attack	151.3250		131.8	159.3600		OST	A	
4	Tactical	VTAC 11	Div A/B/C	151.1375		156.7	151.1375		156.7	A	
5	Tactical	VTAC 12	Div D/E	154.4525		156.7	154.4525		156.7	A	
6	Tactical	VTAC 13	Div W/X/Y	158.7375		156.7	158.7375		156.7	A	
7	Tactical	VTAC 14	Roads	159.4725		156.7	159.4725		156.7	A	
8	Tactical	CDF TAC 13	Not Assigned	151.3775		192.8	151.3775		192.8	A	<u>Not Assigned</u>
9	Tactical	CDF TAC 23	Not Assigned	159.4500		192.8	159.4500		192.8	A	<u>Not Assigned</u>
10	Tactical	VFIRE 24	Sup Repair Grp 1	154.2725		156.7	154.2725		156.7	A	
11	Tactical	VFIRE 25	Sup Repair Grp 2/3	154.2875		156.7	154.2875		156.7	A	
12	AIR TO GROUND	CDF TAC 16	All Divisions	159.2850		192.8	159.2850		192.8	A	Air To Ground
13											
14											
15	EMS	CALCORD	All Divisions	156.0750		156.7	156.0750		156.7		IWI Use
16	Emergency	Air Guard	All Divisions	168.6250			168.6250		110.9 ( 1 )		EMERGENCIES ONLY
17											
18											
19											
20	Emergency	Air Guard	All Divisions	168.6250 N			168.6250 N		110.9 ( 1 )		EMERGENCIES ONLY

Prepared By (Communications Unit)  
Tom Webb COML IMT #1

Incident Location  
County Nevada State-CA Latitude N Longitude W

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

# MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> <b>LOWELL</b>	<b>2. Operational Period:</b> Date From: 8-1-15 Time From: 07:00	Date To: 8-2-15 Time To: 07:00
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<b>3. Medical Aid Stations:</b>			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
MERT (RN/MD)	BASE CAMP NEAR POND IN PARKING	(530) 310-4511	No

<b>4. Transportation (indicate air or ground):</b>			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
SIERRA NEVADA AMB (M6)	155 GLASSON WAY, GRASS VALLEY	(530) 477-5761	ALS
AMR	COLFAX AND AUBURN	(916) 563-0910	ALS
AIR AMUBLANCE	GRASS VALLEY ECC AIR AMBULANCE CORDINATION	(888) 692-6692	ALS

<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
SIERRA NEVADA MEMORIAL	155 GLASSON WAY, GRASS VALLEY N 39 13.36.75 W 121 02 85	530-274-6001	5	15	NO Level: _____	NO	YES
AUBURN FAITH	11815 EDUCATION ST, AUBURN, CA	(530) 888-4562		30	NO Level: _____	NO	NO
SUTTER ROSEVILLE	1 MEDICAL PLAZA ROSEVILLE, CA N 38 44.89 W 121 15.00	(916)786-3033	16	45	YES Level: 2	NO	YES
UC DAVIS	2315 STOCKTON BLVD SACRAMENTO N 38 33.20 W 121 27.10	(916) 734-3790	23	60	YES Level: 1	YES	YES

**6. Special Medical Emergency Procedures:**

LINE EMERGENCY:  
Crew Supervisor to contact Division Supervisor with patient complaint/condition and location.

- Division Supervisor contacts:
  1. Line EMT at nearest Drop Point
  2. Communications Unit
- Communications Unit contacts:
  1. Ground EMS resource on Fire Line
  2. Operations
  3. Safety
  4. Medical Unit
- Division Supervisor or designee will serve as point of contact and run medical emergency utilizing CALCORD for IWI and only for duration needed.
- Communication Unit will clear command channel for emergency traffic as needed and only for time needed.

BASE CAMP EMERGENCY  
Contact Medical Unit with patient complaint/condition and location. Medical Staff will respond to stabilize incident:

- Medical Unit contacts:
  1. Communications
  2. Safety
  3. Logistics
  4. Operations
  5. Crew Supervisor
  6. Comps/Claims

**INJURY REPORTING PROCEDURES**

CHIEF COMPLAINT \_\_\_\_\_  
 LOCATION OF PATIENT \_\_\_\_\_  
 TRANSPORT REQUEST BY: AIR \_\_\_ GROUND \_\_\_  
 DIVISION \_\_\_\_\_ CREW \_\_\_\_\_  
 POINT OF PICKUP \_\_\_\_\_  
 LAT \_\_\_\_\_ LONG \_\_\_\_\_  
 IS EMT WITH THE PATIENT: YES \_\_\_ NO \_\_\_  
 AGE \_\_\_\_\_  
 SEX: MALE \_\_\_ FEMALE \_\_\_

**ALL EMERGENCIES**  
**Secure the area and identify witnesses for later investigation. Keep an 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):** Name: JESSE WINNEN Signature: \_\_\_\_\_

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

ICS 206 IAP Page \_\_\_\_\_ Date/Time: 7/31/15 17:00 \_\_\_\_\_

# Suppression Repair Message

The following are repair tasks that crews can conduct as available on the fireline.

## Handlines

- Install waterbreaks when necessary to prevent erosion.
- Handlines along the contour, on ridge tops or other flat areas will not require waterbreaks if the line will not concentrate water runoff.
- Waterbreaks on handlines shall be cut a minimum of 6 inches into firm ground and shall have an unobstructed discharge at the outlet.
- Remove all trash from the lines so it can be backhauled.

## **Dozer Lines**

- Move hose lines to one side of the line so that it can be accessed and repaired by equipment if necessary.
- Install waterbreaks as feasible focusing on very steep areas first.
- Waterbreaks should be deep enough to significantly reduce the chance of being destroyed by off-highway vehicle use. (12" high berms with 6" deep cut into hard earth totaling 18")

## **Roads**

- Remove berms from outside of roads.
- Clean Culvert inlets of debris from suppression activities.
- Clean inside ditches of debris from suppression activities.

## **General Repair Items**

- Report any damage to property including gates, fences, water sources, culverts or any other damage caused by suppression activities.
- Remove all trash generated by the incident.

• Fireline and Road Gradient (%):	<u>0-10</u>	<u>11-25</u>	<u>26-50*</u>	<u>&gt;50*</u>
Fireline waterbreak spacing	150'	100	75'-50'	50'-25'
Road waterbreak spacing	150'	100	75'-50'	N/A'



## **FINANCE MESSAGE**

**DATE: Saturday, August 1<sup>st</sup>, 2015**

### **INCIDENT BILLING INFORMATION**

**CAL FIRE Nevada Yuba Placer Unit  
13760 Lincoln Way  
Auburn, CA 95603**

**Index Code: 2300  
Billing Code: 013857  
PCA Code: 00900  
Federal P Code: PNJZ4U**

### **TIME UNIT**

- Please come by the Time Unit and start your FC-33
- Vendor drop off your agreements to the Time Unit
- Shift Tickets need to be completed by line supervisor and turned in at the end of each shift.
- See attached updated FC-33 worksheet
- See attached Shift Ticket examples
- Federal Time Unit will be leaving this morning

### **COMP / CLAIMS**

- Report all injuries
- Property Damage must be reported to Comp / Claims and documented
- Report any Vehicle Damage

### **PROCUREMENT UNIT**

- Offsite feeding must have prior approval of the Finance Section Chief
- Water usage reports need to be turned into Comp / Claims daily

**Rich Browne**  
*IMT-1 Finance Section Chief*

**Abby O'Leary**  
*IMT-1 Deputy Finance Section Chief*



**CAL  
FIRE**



# FC-33 DAILY UPDATE

DATE:				24 Hr	12 Hr
RQST #:				S/T #	
WORK LOCATION:					
Radio IDs:					
ST Leader:	DOZER BLADE HRS	PRTBL PUMP HRS	# OF SAWS	HRS ON EACH SAW	NOTES
Engine/Crew:					
Comments (any changes?):					
CELL PHONE #:					
8/29/2013					

# 1 operator, 12 hour shift

EMERGENCY SHIFT TICKET and EVALUATION FORM						Contractor Name			
The responsible Government Officer will complete this form each shift						We Build Line			
Incident or Project Name Wild		Incident Number CALNU 123456		Request Number E-61		Operator #1 Jason Ferguson	Operator #2		
Agreement Number LNU76543210						Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government			
Equipment Make CAT		Equipment Model / Type Dozer D6N				Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government			
Serial Number 3BG0236		License Number				Equipment Status Inspected <input checked="" type="checkbox"/> Under Agreement Released by Government Withdrawn by Contractor			
Equipment Use						Remarks/Comments ** <b>1 Operator</b>			
Date Mo / Day	Start	Stop	Work (Circle) Hours	Days / Miles					
7/17	0001	0800	8	Off Shift					
7/17	0800	2000	12	Division B					
7/17	2000	2400	4	Off Shift					
Vendor Rating						Govt. Rep. Name and Position - PRINT Steve Hampton, Div B			
Met Performance Expectations		Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <i>Steve Hampton</i>		
Equipment in Safe Working Condition		<b>Vendor Rating must be done.</b>				Contractor Signature <i>Jason Ferguson</i>			
Operator Skill Level						Date 07/17/12		Time 2000	
Operates Safely									
Operator's Cooperation Level									
Overall Performance						CALFIRE 297 (Rev 3-2011)			

\* NOTE: Any rating of POOR requires an explanation in Comment Section.  
\*\*Final evaluation or for more documentation, use an ICS Form 230 or equivalent.

Pink - Finance      Blue - Home Unit HE Coordinator      Yellow - Vendor      White - Govt Representative

# 2 operator, 24 hour shift

EMERGENCY SHIFT TICKET and EVALUATION FORM						Contractor Name			
The responsible Government Officer will complete this form each shift						Water Haulers			
Incident or Project Name Wild		Incident Number CALNU 123456		Request Number E-64		Operator #1 Sean Rodgers	Operator #2 Wayne Rodgers		
Agreement Number LNU22223333						Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government			
Equipment Make Peterbilt		Equipment Model / Type 4000 Gallon				Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government			
Serial Number 11343N		License Number 6A256483				Equipment Status Inspected <input checked="" type="checkbox"/> Under Agreement Released by Government Withdrawn by Contractor			
Equipment Use						Remarks/Comments ** <b>2 Operators</b>			
Date Mo / Day	Start	Stop	Work (Circle) Hours	Days / Miles					
7/16	1300	1500	2	Travel In					
7/16	1500	2400	9	Division B					
7/17	0001	0800	8	Division B					
Vendor Rating						Govt. Rep. Name and Position - PRINT Mike Brown, Div B			
Met Performance Expectations		Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <i>Mike Brown</i>		
Equipment in Safe Working Condition		<b>Vendor Rating must be done.</b>				Contractor Signature <i>Wayne Rodgers</i>			
Operator Skill Level						Date 07/17/12		Time 0800	
Operates Safely									
Operator's Cooperation Level									
Overall Performance						CALFIRE 297 (Rev 3-2011)			

\* NOTE: Any rating of POOR requires an explanation in Comment Section.  
\*\*Final evaluation or for more documentation, use an ICS Form 230 or equivalent.

Pink - Finance      Blue - Home Unit HE Coordinator      Yellow - Vendor      White - Govt Representative



## Instructions for Use of CDF 101 Property Certification of Location or Damage

**Document Number:** for use as a local number system or when attached to a FC-40 document.

**Location / Incident Name:** Enter the CDF facility property is assigned to. If submitting to an incident base, enter the Incident Name.

**Incident Number:** Enter the appropriate incident number

**Unit:** Enter the Unit the property is assigned to. If submitting to an incident base, enter the request number of the person certifying damage example E-320, C-14 or O-355.

**Region:** Enter the CDF Region where the property was assigned. If submitting to an incident base, enter the CDF Region responsible for the incident.

**Date:** Enter the date the P.L. or D. was completed.

The following items were: Enter either 'Broken', 'Left on Line', 'Damaged' or other status of the property.

**Reminder, this form cannot be used in place of the STD-152 to certify Lost, Stolen, Worn Out or Damaged beyond repair property.**

**Date of Occurrence:** Enter the date the property was broken, left on line or damaged.

**Quantity:** Enter the quantity for the line item.

**Unit of Measure:** Enter the unit of measure for the line item (example ea = each).

**CDF Stock Number:** Enter the PIN or stock number.

**Description:** Enter the description of the line item, indicate size, make, model and type. Clearly describe the item and provide adequate data to effectively identify equipment or property.

**Property Number:** Enter the CDF property number assigned to the line item, Capitalized or sensitive property must have their property number entered here.

**Location of Items:** Where is the property now (example, left on Division B night shift 8/1/04, Drop Point 2). A GPS coordinate, Station 22 or Unit Service Center may also be used to describe Location.

**Remarks:** Enter specific remarks here, how was the property damaged, what specifically is wrong with it.

### Signature of Person Certifying Occurrence as Described:

**Signature:** The CDF Employee certifying the occurrence must sign.

**Printed Name:** Enter the printed name of the signature.

**Title:** Enter the title of the signature.

**Date:** Enter the date of the signature.

### Unit Supervisors Approval:

If submitted on an incident this section must be completed by the supervisor of the property custodian. This may be the Strike Team Leader, Division Supervisor, Receiving and Distribution Manager, Supply Unit Leader, Logistics Section Chief, Agency Representative or Incident Commander.

If submitted at the home Unit this section must also be completed by the supervisor of the property custodian. This may be a Battalion or Division Chief.

**Comments:** Supervisors may enter comments of approval or disapproval.

**Signature of Unit Administrator:** Signature of Unit Supervisor reviewing the certification described.

**Title:** Title of the signature.

**Date:** Date of the signature.

**Notes:**

**This document is NOT required if exchanging property at an incident base with the exception of capitalized or sensitive property assigned a CDF property number.**

**This document is required as certification when submitting an MRT to your local Service Center for replacement of property.**

**An OF-315 (Incident Replacement Requisition) is required as authorization to purchase fire replacement items at your local Unit. This document is required when submitting an MRT to your local Service Center for fire replacement items. A CDF-101 and/or A STD-152 are required for the certification of the status of property being requisitioned for replacement.**



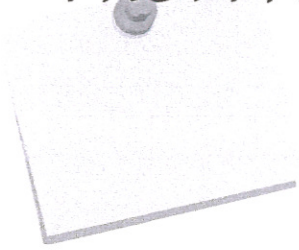
# TRAINING SPECIALIST MESSAGE

## OFFICE LOCATION IS NEXT TO CHECK-IN

The following trainee's still need to register with the TNSP to receive proper credit for your assignment:

O-276	Carter, Bryan W
O-256	Celebron, Faith
E-21.8	French, Adam
O-116	Hallmark, Aaron
C-1.1	Hein, Pete
C-48.3.2	Hibbard, Patrick
O-323	Jackson, Garrett F
O-288	Johnson, Erik Gunner
O-2.8	Lohse, Scott
O-220	Lopez, James F
C-36.4	Loveless, Jeffrey
C-48.2.1	Partridge, Morgan
O-2.9	Peck, Casey
E-192.7	Read, Jacob R
O-5	Reese, Daniel
A-11.8	Rosengren, Tanya J
C-32.3.1	Tritchler, Jobey
O-353	Whiteside, James

# FROM THE DESK OF DOCUMENTATION



Lowell Incident

08-01-15

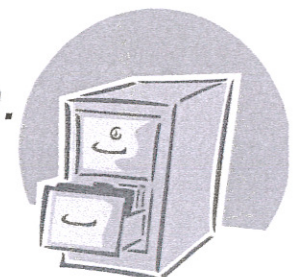
## Who needs to turn in what?

*Unit Logs (ICS 214's) are required by Strike Team Leaders and above. However, Crews, Engines and possibly other contractors working on the line or in camp, may be asked to fill them out, especially if there has been a significant event that may need to be documented, or if requested by your Supervisor. Ensure they are signed and dated and include operational period if applicable.*

*Copies of the Crew (ICS 224's) and Personnel (ICS 225's) Evaluations are sent to your home unit or business office. Therefore, it is imperative to provide the home unit or business name and address on the evaluation form.*

*Thanks for your help and cooperation.*

Documentation Unit





# DEMOBILIZATION PROCEDURES

## Lowell Incident

### CA-NEU-017851



BRET GOUVEA – INCIDENT COMMANDER

- When your Name and/or Request number is posted on the Demob (Demobilization) list, report to the Demobilization Unit. The Demob list can also be accessed in the incident box account utilizing the incident Q.R. code.
- **STRIKE TEAMS: ONLY THE STRIKE TEAM LEADER NEEDS TO REPORT TO THE DEMOBILIZATION UNIT.**
- You must have your Order / Request number to begin the demobilization process.
- Pickup your demobilization check-out form (ICS-221) from the Demobilization Unit, then go to the following units to obtain the necessary signatures.
  - Supply Unit
  - Communications Unit
  - Ground Support / Vehicle inspection (If applicable)
  - Documentation Unit
  - Time Unit
  - Training Unit (If applicable)
  - Accommodations (If applicable)
- Return the completed ICS-221 form to the Demobilization Unit.

#### Vehicle Inspections:

- A vehicle inspection time will be provided when you initially arrive to the Demobilization Unit.
- Vehicle inspection occur at:

*Cal Fire Station 20  
10242 Ridge Road  
Nevada City, CA 95959*

#### DO NOT REPORT FOR VEHICLE INSPECTION PRIOR TO YOUR APPOINTMENT TIME!

- Agency dozers, ask for specific ground support instructions.



**LOWELL INCIDENT**  
**CANEU 017851**  
**LOWELL INCIDENT IAP PHONE LIST**

<b>POSITION</b>	<b>PHONE NUMBER</b>
<b>Command Staff</b>	
Safety	209-761-1975
Liason	760-594-2604
Law Liason	707-272-4633
<b>Agency/Organization Reps</b>	
Cal OES	916-912-4685 ext. 77726
<b>Planning Section</b>	
Situation	707-477-5194
<b>Support Branch</b>	
Facilities	530-741-0342
Ground Support	530-945-8394
<b>Service Branch</b>	
Motels	925-588-6713
Communications	530-273-8587
<b>Finance/Admin Section</b>	
Finance	559-799-2470
Time	530-273-8872
USFS Time	530-205-6378
Comp/Claims	530-966-0350
Check In	805-260-0906
Information	619-933-2357

Updated 7/31/15



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