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)

		,				
1. Incident Name: LOWELL INCIDENT CA-NEU-017851	2. Operationa	al Period:	Date From: 08/01 Time From: 0700			
3. Objective(s): Management Objectives				Aliya dina kata dina dina kata		
 Provide for public and emergency p 	ersonnel safety	at all time	26			
 Provide for timely and accurate rele 	•			dia fir	et responders and	
cooperators	ase of moldent	mormatio	ii to the public, me	uia, III	st responders and	
Protect and defend structures and in	mprovements ir	the fire a	rea			
Protect natural and cultural resource	es in the fire are	еа				
 Provide a process to manage emerg 	gency resource	s efficientl	y			
Ensure costs are minimized appropriately.	riately for value	s at risk				
 Ensure coordination and communic 	ation with stake	holders ar	nd cooperating ag	encies	(
Control Objectives						
<u>control objectives</u>						
NORTH of: Interstate 80						
SOUTH of: Buckeye Ridge FAST of: Highway 1774						
EAST of: Highway 174WEST of: McGuire Mountain						
True on the can a meantain						
4. General Weather Conditions:						
SEE ATTACHED						
OLL ATTACHLE						
General Situational Awareness and Safety:						
 MAINTAIN L.C.E.S. AT ALL TIMES. Safety zones and escape routes are mandatory Ensure all personnel maintain situational awareness 						
Keep your hydration up by drinkMaintain good communications	_		-	_	•	
 Guard against complacency. 	with your super	visors, au	acent forces and t	JIEW II	lembers	
5. Site Safety Plan Required? Yes No	M Approved 6	Pita Cafati	· Dlaw(a) Lagratud	-4-		
6. Incident Action Plan (the items checked						
☐ ICS 203 ☐ ICS 214			ection Message		Fire Operation Check List	
☐ ICS 204(s) ☐ ICS 220		FC-33 Inp			Water Usage Report	
☐ ICS 205 ☐ Weather Forecas		Training I			Facility/Base Map	
☐ ICS 206 ☐ Fire Behavior Fo			tation Message		Travel Map	
			ation Procedure		Incident Map	
7. Prepared by: Name: Mike Petro	Position/Title:			elya	e Pet	
8. Approved by Incident Commander: Na	me: Bret Gouv	rea S	Signature: Swi	The		
ICS 202 IAP Page			015 2100 hrs	AT		

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: CA-NEU-017851		VELL	2. Operation	onal Period: Date Time	From: 08/01/2019 From: 0700	5 Date To: 08/02/2015 Time To: 0700
3. Incident Comma	ande	r(s) and Command	Staff:	7. Operations Se	ection:	
IC/UCs	Bret (Gouvea		Chief	Steve Spinharne	y (D) / Tony Brownell (N)
LIEDLITY		Veneris, Keith Callison e Shaw (T)	(Ť)	Deputy	Bill Weiser	
Safety Officer	Barak	ka Carter, Dennis Lang	e (T)	Staging Area		
Public Info. Officer	Mike	Mohler		Branch I		
Liaison Officer	David	I Schloss / Dennis Carr	reiro	Branch Director	Mark Higgins	
Law Liaison	Shani	non Barney		Division/Group	A/B/C	Jamie Crabtree
4. Agency/Organiz	zatior	n Representatives:		Division/Group	D/E	Josh Silveira Robert Bartsch(T)
Nevada County Sheri	iff	Jeff Pettitt		Division/Group		
CHP		George Steffenson		Branch II		
Cal OES		Gary Humphrey		Branch Director		
BLM		Jerry Martinez		Division/Group		
USFS		Jason Withrow		Division/Group		
Sierra Pacific Industri	ies	Eric Sweet		Branch III		
PG&E		Jeff Millar		Branch Director	Unstaffed	
5. Planning Sectio	n:			Division/Group		A.
C	Chief	Josh Taylor		Division/Group		
De	puty	Jon Lovie, Mike Petro) (T)	Branch IV		
Resources	Unit	Paul Carlos / Kenny (Osburn (T)	Branch Director	Mark Higgins	
Situation	Unit	Eric Scovel, Rob Dec	amp (T)	Division/Group	W/X/Y	George Huang
Equipment Tech Sp	pec.	Ken Elliot		Division/Group		
Documentation	Unit	Kim Moore / Tim Bing	jham	Supp. Repair		
DMOB U	Init	James Klosek, Nick L	awlor (T)	Division/Group	All Groups	Dave Davis Andy Gregerson(T)
GI	SS	Tim Werle		Division/Group		
IME	ET	Ryan Walbrun		Division/Group		
Training Tech. Sp	pec.	David Randolph				
Logistics Sect	tion			Road		
C	hief	Craig White		Division/Group	Road Grp	Noah Demartino
Dep	puty	Jesse Morris		Air Operations Bra	inch	
Support Bra	nch			Air Ops Branch Dir.	Dave Lopez	
Supply	Unit	Lon Story		Air Support Gp Sup.	Tim Stepanovich	
Facilities	Unit	Matt Reich, Larinda P	ontes	Helibase Mgr.	Matt Hill	
Ground Support	Unit	Robert Tooker		8. Finance/Admir	nistration Section	on:
Ordering Mana	ager	Chris Richins, Ron Dr	ragoo	Chief	Rich Browne	
Crew Tech. Sp	pec.	Justin Schmollinger		Deputy	Abigail O'Leary/J	ack Franklin (T)
Service Bra	nch			Time Unit	Allison McAdams	3
Motel Tech S	Spec	Stan Owens		Procurement Unit	Bob Counts/Jame	es Lopez
Communications	Unit	Tom Webb		Comp/Claims Unit	Skip Sannar	
Medical	Unit	Jesse Winnen		Cost Unit	Suzi Cain	е Л
9. Prepared by: No		Mike Petro		itle: PSC1 (T) Sig		Mael P.L. Time: 07/31/2015, 2100 hr



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.

FORECAST NUMBER: 6 FORECAST NUMBER: 6 TYPE OF FIRE: Wildfire OPERATIONAL PERIOD: 8/1-3/15 0700-0700 TIME ISSUED: 1900 UNIT: NEU – Nevada Yuba Placer Unit 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.

	ident Name:	2. Operational	Date From:	8/1/2015	Date To: 8/2/2015
Lowe		Period:	Time From:		Time To: 0700
3. Saf	ety Message/Expanded Safety Mes	sage, Safety Plan	, Site Safety	Plan:	
Com	munication:				
	continuous, effective communication	between fire perso	onnel, contrac	tors and publ	ic.
	ation/Nutrition/Fatigue:				
Hydra	tion and nutrition starts prior to getting	g to the line, monito	or your people		
Drivi	ng Hazards:				
Be co	gnoscente of camp traffic, and lower y	our speeds. Slow	down when tra	aversing stee	p narrow roads and dusty lov
/ISIDIII	ty areas.				
	ne Hazards:				
aentit areas	y, communicate and flag snags, stum	pholes, hazard tree	es and rock ro	ll out areas. F	Post lookouts in life hazard
Demo	ah.				
	e personnel are rested and vehicles a	re mechanically sa	fe		
Vildl					
	unicate to crews and adjoining resour	rces			
	unicate to crews and adjoining resour	rces			
	unicate to crews and adjoining resour	rces Lightning	Safety		
thund	der is heard or lightning seen in and a until 30 minutes after storm activity ha	Lightning around area please as passed. Other the	observe the 3	30/30 rule. Do	o not resume work in exposedures include:
thun	der is heard or lightning seen in and a until 30 minutes after storm activity ha Take shelter in a vehicle or building If outdoors, find a low spot away fro	Lightning around area please as passed. Other the opening possible.	observe the 3 nunderstorm o	countermeasu	ires include:
f thundareas of	der is heard or lightning seen in and a until 30 minutes after storm activity ha Take shelter in a vehicle or building If outdoors, find a low spot away fro conductive objects.	Lightning around area please as passed. Other the if possible. The many tall trees, wire features.	observe the 3 nunderstorm o	countermeasu	ires include:
f thundareas of	der is heard or lightning seen in and a until 30 minutes after storm activity ha Take shelter in a vehicle or building If outdoors, find a low spot away from conductive objects. If in the woods, move to an area with If in open country, crouch low, minin	Lightning around area please as passed. Other the if possible. m tall trees, wire feel the shorter trees.	observe the 3 nunderstorm o	ountermeasunes, ponds, w	res include: aterways and other elevated
f thundereas to	der is heard or lightning seen in and a until 30 minutes after storm activity ha Take shelter in a vehicle or building If outdoors, find a low spot away from conductive objects. If in the woods, move to an area with If in open country, crouch low, mining Don't group together.	Lightning around area please as passed. Other the if possible. m tall trees, wire fe h shorter trees. hizing your contact	observe the 3 nunderstorm of nices, utility linustrian with the ground	nes, ponds, w	res include: aterways and other elevated flat on the ground.
thundreas (der is heard or lightning seen in and a until 30 minutes after storm activity ha Take shelter in a vehicle or building If outdoors, find a low spot away from conductive objects. If in the woods, move to an area with If in open country, crouch low, minim Don't group together. Ition to lightning and thunderstorm action to lightning and downbursts can contify your division so that information	Lightning around area please as passed. Other the if possible. In tall trees, wire feet in shorter trees. Inizing your contact ivity other threats the dramatically affect to can get relayed	observe the 3 nunderstorm of nunderstorm of numbers, utility lin with the groundat may pose fire behavior numbers to the community of the comm	nes, ponds, we hazards to peniles away frontion units	res include: raterways and other elevated flat on the ground. ersonnel on the fireline are; om a thunder cell; please
thundreas u	der is heard or lightning seen in and a until 30 minutes after storm activity hat Take shelter in a vehicle or building If outdoors, find a low spot away from conductive objects. If in the woods, move to an area with If in open country, crouch low, minim Don't group together. Ition to lightning and thunderstorm active outflow winds and downbursts can outflow winds and downbursts with the winds are with the woods with the winds and winds and winds and winds are with the w	Lightning around area please as passed. Other the if possible. In tall trees, wire feet the shorter trees. Inizing your contact ivity other threats the dramatically affect to on can get relayed as o occur so flash fle	observe the 3 nunderstorm of nunderstorm of nunderstorm of nunderstorm of nunderstorm of nunderstorm of the communication of nunderstorm of n	nes, ponds, wand. Never lie hazards to peniles away fron ication unit attential concer	raterways and other elevated flat on the ground. ersonnel on the fireline are; om a thunder cell; please and the IMET. rn in low-lying areas.
thundreas it	der is heard or lightning seen in and a until 30 minutes after storm activity hat Take shelter in a vehicle or building If outdoors, find a low spot away from conductive objects. If in the woods, move to an area with If in open country, crouch low, minim Don't group together. Ition to lightning and thunderstorm active outflow winds and downbursts can do notify your division so that informatic Localized heavy precipitation can alsuand camp personnel are urged to rev	Lightning around area please as passed. Other the if possible. In tall trees, wire feet the shorter trees. Inizing your contact ivity other threats the dramatically affect to on can get relayed as o occur so flash fle	observe the 3 nunderstorm of nunderstorm of nunderstorm of nunderstorm of nunderstorm of nunderstorm of the communication of nunderstorm of n	nes, ponds, wand. Never lie hazards to peniles away fron ication unit attential concer	raterways and other elevated flat on the ground. ersonnel on the fireline are; om a thunder cell; please and the IMET. rn in low-lying areas.
thundreas u	der is heard or lightning seen in and a until 30 minutes after storm activity hat Take shelter in a vehicle or building If outdoors, find a low spot away from conductive objects. If in the woods, move to an area with If in open country, crouch low, minim Don't group together. Ition to lightning and thunderstorm active outflow winds and downbursts can do notify your division so that informatic Localized heavy precipitation can alsuand camp personnel are urged to rev	Lightning around area please as passed. Other the if possible. In tall trees, wire feet the shorter trees. Inizing your contact ivity other threats the dramatically affect to on can get relayed as o occur so flash fle	observe the 3 nunderstorm of nunderstorm of nunderstorm of nunderstorm of nunderstorm of nunderstorm of the communication of nunderstorm of n	nes, ponds, wand. Never lie hazards to peniles away fron ication unit attential concer	res include: raterways and other elevated flat on the ground. ersonnel on the fireline are; om a thunder cell; please and the IMET. rn in low-lying areas.

4. Site Safety Plan Required? Yes \(\text{No } \text{IV} \)

Approved Site Safety Plan(s) Located At: \(\text{N/A} \)

5. Prepared by: \(\text{Name}: \text{ Anthony Stornetta} \)

ICS 208 \(\text{IAP Page} \)

Date/Time: \(7/31/2015 5:00 \)

Position/Title: SOF1(T) Signature: \(\text{SOF1}(T) \)

Signature: \(\text{SOF1}(T) \)

Signature: \(\text{SOF1}(T) \)

AIR OPERATIONS SUMMARY PREPARED BY: David A. Lopez

PREPARED DATE/TIME: 7/31/15 19:00

8. FIXED-WING | # Avail / Type/ Make-Model / FAA N# / Base(s) Long: W120° 52.49' Center point: Lat: N39° 12 59' SUNRISE: 06:04 SUNSET: 20:16 REMARKS Radius: 5 NM, 10,000 MSL Crash Rescue- Contact Lowell Comm Unit 5. TFR: NOTAM 5/0436 120.575 START Freq: AVAIL Night rescue helicopter available Daytime hoist rescue Sac Metro. START TIME: 07:00 END TIME: 21:00 Contact through Grass Valley Contact through Grass Valley BASE C-2HP Initial Attack from Mather Airport. C-2HP Med Evac ATGS Aircraft /MODEL 4. MEDEVAC A/C: Lead Planes Base FAX #: Airtankers Other #Y ₹ 159.2850 **TX/Rx** 192.8 * Avoid aerial application of retardant or foam within 300' of waterways, bodies of water. If dropped in FAA N# ΕZ 169.200 168.350 TX: 131.8 2. OPERATIONAL PERIOD DATE: 8/01/15 * Track dip sites/ quantity taken/ and drop location*

* Nevada County Airport (Grass Valley) Lat/Long N39° 13′ 26.5″ X W121° 00′ 11.1″ KGOO

* Blue Canyon Helibase Lat/ Long N39° 16′ 29″ X W120° 42′ 35.1″ KBLU 3. REMARKS (Safety Notes, Hazards, and Air Operations Special Equipment, etc.): **RX** 168.0750 **TX** 170.4250 CDF Tac16 REMARKS 120.575 122.850 AM **CWN Standard** CWN Standard Exclusive Use χ :: 7. FREQUENCIES NIFC C-3 COMMAND TONE these areas, notify AOBD with Lat/Long, and estimate of gallons. AIR/GROUND: AIR/AIR RW: TOLC FREQ: DECK FREQ: AIR/AIR FW: COMMAND: START * All GPS data to be collected (Degree , Decimal, Minutes) 9. HELICOPTERS (Use Additional Sheets as Necessary) AVAIL 08:00 * Track dip sites/ quantity taken/ and drop location* 08:00 0800 714-713-5679 530-277-2308 323-819-5369 530-859-5609 Phone BASE KBLU KBLU KBLU 206 L4 /MODEL KMAX A-34 Bell 212 1. INCIDENT NAME: Lowell * Power Lines in the Area ASGS: Tim Stepanovich A-13 A-47 ¥¥ ATGS: Jake Sjolund AOBD: Dave Lopez ∠ 6. PERSONNEL (7) **HEBM:** Matt Hill 2 ATB MGR: FAA N# HC0: 2HP 669 88B

1. Incident Name:		2. Operati				3.	
Lowell CA-NEU-017851		Date From Time From			Date To: 08/02/15 Time To: 0700	Branch: I	
4. Operations Personnel:		Time From	1: 0700		Contact Number	Branch. 1	
Operations Section Chief:	Steve Spinharney	(D) Tony	/ Brown	ell(N)	(209) 274-5503 (D	Division/Group: A/B/C	:
Branch Director:	Mark Higgins**	(2) (3)	5.000	(,	(530) 310-2216	,	
Annual Control of the	1993 1 1993					Staring Augus	
Division/Group Supervisor:	Jamie Crabtree				(707) 900-1666	Staging Area:	
5. Resource Assigned:						Reporting Location, Special Equipment	٦
Resource Identifier	Leader		Number Persons	Contact (e frequency	.g., phone, pager, radio , etc.)	and Supplies, Remarks, Notes, Information	
STC CZU 9171C	Mark Bisbee		19		(831) 254-1713	DP 7	
STG TGU 9257G**	Jeffrey Loveless		31		(530) 680-9203	DP 7	
SOFR Jordan	Brian Jordan		1		(818) 292-5443	DP 7	
SOFR (T) Glenn	Dave Glenn		1		(415) 515-5897	DP 7	
FEMP White**	Kevin White		1		(831) 239-0887	DP 7	
FEMT Farrer**	Jobee Farrer		1		(707) 799-5070	DP 7	
							7
6. Work Assignments: Mop up 300' interior. Pull hose lays. Back haul garbage, hose Patrol.	e, and water.						
7. Special Instructions:							
Bold** denotes 12 hr. r Bold Italicized denotes	esource (0700-190 branch resource	00)					
8. Communications (radio and	d/or phone contact num	bers neede	d for this a	ssignment):		
Function/Name	ſ	Primary C	ontact: ir	ndicate ce	ell, pager, or radio (fr	equency/system/channel)	
NIFC CMD 3	Radio (1	68.0750 I	RX/ 170.4	1250 TX/	Tn 131.8)		
Tactical - VTAC 11					Tn 156.7)		
Medical - CALCORD					Tn 156.7)		
Air to Ground - CDF TAC 16	Radio (1	59.2850	RX / 159.	2850 TX /	⁷ Tn 192.8)		
9. Prepared by: Name:	William Corey	Pos	ition/Title:	RESL (T)	Sig	nature:	
ICS 204	IAP Page			e: 7/31/15		Page 1 of 1	

1. Incident Name:	1		ional Perio			3	•
Lowell CA-NEU-017851	1	Date From Time From	n: 08/01/20 n: 0700	15	Date To: 08/02/2015 Time To: 0700	E	Branch: I
4. Operations Personnel:			_		Contact Number		Sinisian / Curana D/F
Operations Section Chief:	Steve Spinharney	(D) Tony	y Brown	eli(N)	(209) 274-5503 (D) L	Division/Group: D/E
Branch Director:	Mark Higgins**				(530) 310-2216		
Division/Group Supervisor:	Josh Silveira, Robe	ert Bart	sch (T)		(831) 524-2960	S	taging Area:
5. Resource Assigned:	r				<u> </u>		eporting Location, Special Equipment
Resource Identifier	Leader		Number Persons	Contact (e frequency	e.g., phone, pager, radio r, etc.)		nd Supplies, Remarks, Notes, nformation
STC SKU 9261C	Ross Miller		18		(530) 598-2654		DP 12
STC MEU 9113C**	Jeff Schlafer		16		(707) 391-6715		DP 12
STC NEU 9232C**	Darin Nelson		17		(916) 622-3371		DP 12
STG SLU 9396G**	Wolfgang Quillin		33		(805) 801-7762		DP 12
STG FKU 9474G**	Alicia Whippy		31		(559) 730-1068		DP 12
W/T E-29 Ellis**	Chuck Riley	MANAGEMENT OF THE STATE OF THE	2		(916) 790-0752		DP 12
W/T E-86 Spitfire**	Bruce Florence		2		(916) 955-6783		DP 12
W/T E-112 Gomes**	Bill Silva		2		(530) 575-6857		DP 12
W/T E-204 Kulikov**	Andrea Kulikov		2		(209) 471-2483		DP 12
SOFR Jordan	Brian Jordan		1		(818) 292-5443		DP 12
SOFR (T) Glenn	Dave Glenn		1		(415) 515-5897		DP 12
FEMP White**	Kevin White		1		(831) 239-0887		DP 12
FEMT Farrer**	Jobee Farrer		1		(707) 799-5070		DP 12
6. Work Assignments: Mop up 300' interior. Back haul garbage, hose 7. Special Instructions: Bold** denotes 12 hr. Bold Italicized denotes	resource (0700-190	00)					,
8. Communications (radio and Function/Name	d/or phone contact numb			_): ell, pager, or radio (fi	requency	r/system/channel)
NIFC CMD 3	 Radio (16	68.0750	RX/ 170.4	1250 TX/	Tn 131.8)		
Tactical - VTAC 12					/ Tn 156.7)		
Medical - CALCORD					/ Tn 156.7)		
Air to Ground - CDF TAC 16	Radio (1	59.2850	RX / 159.	2850 TX ,	/ Tn 192.8)		
9. Prepared by: Name	: William Corey	Pos	sition/Title:	RESI_(T)	Si	gnature:	
ICS 204	IAP Page	. 0.	_	e: 7/31/1			Page 1 of 1

1. Incident Name:			ional Perio			3.
Lowell CA-NEU-017851		1	n: 08/01/20)15	Date To: 08/02/2015	Branch: IV
4. Operations Personnel:		Time Fron	n: 0700		Time To: 0700 Contact Number	Branch: IV
Operations Section Chief:	Steve Spinharney	(D) Ton	v Brown	oll(NI)	(209) 274-5503 (D	Division/Group: W/X/Y
Branch Director:		(6) 1011	y Di Owii	CII(I4)		bivision, Group. vv/x/1
	Mark Higgins**				(530) 310-2216	
Division/Group Supervisor:	George Huang				(805) 903-3438	Staging Area:
5. Resource Assigned:						Reporting Location, Special Equipment
Resource Identifier	Leader		Number Persons	Contact (e	e.g., phone, pager, radio v, etc.)	and Supplies, Remarks, Notes, Information
STC RRU 9310C	Scott Lane		20		(951) 581-2283	DP 14
STC TCU 9442C**	Jacob Read		18		(916) 521-2922	DP 14
STG MEU 9111G**	Dean Bryner		35		(530) 340-0282	DP 14
STG TGU 9259G**	Steve Klein		31		(530) 370-4819	DP 14
W/T E-41 AFP**	Richard Thickens		1		(530) 567-5265	DP 14
W/T E-80 AWB**	Dan Brady		1		(530) 305-2695	DP 14
SOFR Suarez	Alfredo Suarez		1		(831) 383-8745	DP 14
FEMP Queenan**	James Queenan		1		(408) 390-3786	DP 14
FEMP Juliussen**	Leif Juliussen		1		(209) 614-0709	DP 14
6. Work Assignments: Mop up 300' interior. Back haul garbage, hose Patrol.	, and water.					
7. Special Instructions:						
Bold** denotes 12 hr. r Bold Italicized denotes	esource (0700-190 branch resource	00)				
8. Communications (radio and	or phone contact numb	ers neede	d for this a	ssignment)	:	
Function/Name	P	rimary C	ontact: ir	dicate ce	ell, pager, or radio (fr	equency/system/channel)
NIFC CMD 3	Radio (16	58.0750 F	RX/ 170.4	250 TX/	Tn 131.8)	
Tactical-VTAC 13			RX/ 158.7			
Medical -CALCORD					Tn 156.7)	
Air to Ground CDF TAC 16	Radio (15	59.2850 F	RX/ 159.2	850 TX/ 1	Γn 192.8)	
	tach dan and process and an analysis and an an					
	William Corey		ition/Title:		Sig	nature:
ICS 204	IAP Page		7/31/15 2	100		Page 1 of 1

1. Incident Name:			ional Perio			3.
Lowell CA-NEU-017851		Date From Time From	: 08/01/20	15	Date To: 08/02/2015 Time To: 0700	Suppression Repair
4. Operations Personnel:		Time From	1: 0700		Contact Number	Suppression Repair
Operations Section Chief:	Steve Spinharney	(D) Tony	v Brown	ell(N)	(209) 274-5503 (D)	Group 1
	Steve Spiritarite	(0) 1011	y Diowii	Cii(iv)	(203) 274 3303 (2)	0.000
Branch Director:	Davis Davis Andr		/T*:	de .	(520) 220 7704	Staging Area
Division/Group Supervisor:	Dave Davis, Andy	Gregers	sen (1)		(530) 320-7794	Staging Area:
5. Resource Assigned:	-					Reporting Location, Special Equipment
Resource Identifier	Leader		Number Persons	Contact (e	e.g., phone, pager, radio y, etc.)	and Supplies, Remarks, Notes, Information
RESP Ahmadi**	David Ahmadi		1		(530) 559-6221	Lowell Camp
RESP Walsh**	Terri Walsh		1		(530) 205-5604	Lowell Camp
BAER Whitson**	Gary Whitson		1		(209) 419-4432	Lowell Camp
CRW NEU WAR 1**	Randy Northup		14		(530) 277-2575	Lowell Camp
DOZ E-150 Algerine**	Tim Wearin		1		(209) 770-25697	Lowell Camp
DOZ E-151 Algerine**	Zack Lomelli		1		(209) 352-2202	Lowell Camp
W/T E-88 Rodgers AWD**	Buddy Rodgers		1		(916) 663-2455	Lowell Camp
W/T E-113 A & F**	Howard Elliot		1		(530) 277-5975	Lowell Camp
Masticator E-251 Bordges**	Tim Borges		1		(530) 919-3711	Lowell Camp
HEQB Walter**	Terry Walter		1		(530) 598-4162	Lowell Camp
6. Work Assignments:				-		•
Plan and implement su	ppression repair no	eeds.				
7. Special Instructions:						
D 11** 1	/0700 40	001				
Bold** denotes 12 hr. Bold italisized denotes		00)				
8. Communications (radio an	d/or phone contact num	hers need	ed for this	ssignment	1:	
Function/Name				_		equency/system/channel)
Command-NIFC CMD 3					Tn 131.8)	
Tactical-VFIRE 24					Tn 156.7)	
Medical -CALCORD					['] Tn 156.7)	
Air to Ground CDF TAC 16	Radio (1	L59.2850	RX/ 159.2	2850 TX/	Tn 192.8)	
	: William Corey	Pos	sition/Title		_	nature:
ICS 204	IAP Page		Date/Tim	e: 7/31/15	1900	Page 1 of 1

1. Incident Name:		2. Operati	ional Perio	d:		3.
Lowell CA-NEU-017851		Date From Time From	n: 08/01/20 n: 0700)15	Date To: 08/02/2015 Time To: 0700	Suppression Repair
4. Operations Personnel:					Contact Number	
Operations Section Chief:	Steve Spinharney	(D) Ton	y Brown	ell(N)	(209) 274-5503 (D)	Group 2
Branch Director:						
Division/Group Supervisor:	Dave Davis, Andy	Gregers	sen (T)*	ŧ.	(530) 320-7794	Staging Area:
5. Resource Assigned:	1					Reporting Location, Special Equipment
Resource Identifier	Leader		Number Persons	Contact (e frequency	e.g., phone, pager, radio r, etc.)	and Supplies, Remarks, Notes, Information
RESP Harvey**	Jack Harvey		1		(530) 277-1174	Lowell Camp
CRW NEU WAR 2**	Joe Madsen		16		(775) 846-2440	Lowell Camp
CRW NEU WAR 4**	John Valentich	-	16		(530) 310-1096	Lowell Camp
DOZ E-107 Volcano**	Franck Cameron		1		(530) 613-7259	Lowell Camp
DOZ E-146 Donk & Buick**	Darren Schneitzer	·	1		(530) 335-7225	Lowell Camp
W/T E-85 Pierce**	Bill Pierce		1		(775) 671-7814	Lowell Camp
W/T E-89 Volcano**	Bobby Knuckey		1		(530) 388-0719	Lowell Camp
W/T E-114 Bruner**	Jess Bruner		1		(530) 388-0719	Lowell Camp
W/T E-229 Bruner**	Mike Holland		1		(530) 412-0513	Lowell Camp
Excavator E-239 Ridge Log**	Brian Forkner		1		(530) 470-3881	Lowell Camp
Excavator E-248 Volcano**	Kevin Haycraft		1		(530) 913-4170	Lowell Camp
Masticator E-240 Lester**	Lewis Lester		1		(530) 913-2417	Lowell Camp
Masticator E-252 Graham	Clayton Graham		1		(530) 632-1977	Lowell Camp
Masticator E-254 Robinson**	Rick Smouts		1		(530) 913-2258	Lowell Camp
6. Work Assignments: Plan and implement sup	opression repair ne	eds.				
7. Special Instructions:						
Bold** denotes 12 hr. i Masticator E-240 also a	r esource (0700-19 0 vailable as an Exca	00) vator wi	th thum	b.		
8. Communications (radio and	d/or phone contact num	hers needo	d for this a	ssignment		
Function/Name	, ,				ell, pager, or radio (frequ	ency/system/channel)
Command-NIFC CMD 3					Tn 131.8)	
Tactical-VFIRE 25	Radio (1	54.2875	RX/ 154.2	2875 TX/	Tn 156.7)	
Medical -CALCORD	And the Contract of the Contra				Tn 156.7)	
Air to Ground CDF TAC 16	Radio (1	59.2850	RX/ 159.2	2850 TX/	Tn 192.8)	
9. Prepared by: Name:	William Corre	D	ition (Title	DECL/T\	Cir	50.
ICS 204	William Corey IAP Page	POS	ition/Title: Date/Time	RESL(1) e: 7/31/15	Signatu 1900	Page 1 of 2

1. Incident Name:			onal Perio		D . T . 00 /00 /004 5	3.
Lowell CA-NEU-017851		Date From Time From)15	Date To: 08/02/2015 Time To: 0700	Suppression Repair
4. Operations Personnel:		Time From	1. 0700		Contact Number	Supplession Repair
Operations Section Chief:	Steve Spinharney	(D) Tony	/ Brown	ell(N)	(209) 274-5503 (D) Group 2
Branch Director:	oto to opinianio,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 5.000.	Cii(it)	(200) 27 1 0000 (2	, 0.04 -
Division/Group Supervisor:	Dave Davis, Andy	Gregers	sen (T)*	k	(530) 320-7794	Staging Area:
5. Resource Assigned:						Reporting Location, Special Equipment
Resource Identifier	Leader		Number Persons	Contact (e	e.g., phone, pager, radio ,, etc.)	and Supplies, Remarks, Notes, Information
Masticator E-260 Ridge**	Levi Garcia		1		(530) 802-1896	Lowell Camp
FMOD O-208 Trees Unitd**	George Harrison		2		(530) 277-7959	Lowell Camp
Transport E-203 Robinson**	Rick Smouts		1		(530) 913-2258	Lowell Camp
Transport E-249 Mader**	Al Mader		1		(530) 277-6074	Lowell Camp
HEQB Hathaway**	Aaron Hathaway		1		(530) 356-1780	Lowell Camp
HEQB Wilson**	Craig Wilson		1		(530) 386-3975	Lowell Camp
6. Work Assignments:	1	***************************************				
Plan and implement su	opression repair ne	eeds.				
7. Special Instructions:						
Bold** denotes 12 hr.		00)				
Bold italisized denotes	branch resource.					
8. Communications (radio and	d/or phone contact numl	bers neede	d for this a	ssignment):	
Function/Name		Primary C	ontact: ir	ndicate co	ell, pager, or radio (fr	equency/system/channel)
Command-NIFC CMD 3	-				Tn 131.8)	
Tactical-VFIRE 25					Tn 156.7)	
Medical -CALCORD					Tn 156.7)	
Air to Ground CDF TAC 16	Kadio (1	.59.2850 F	KX/ 159.2	.85U IX/	Tn 192.8)	
9. Prepared by: Name:	William Corey IAP Page	Pos	ition/Title:	RESL(T) e: 7/31/15		nature:Page 2 of 2
100 204	I'MF Fage		Date/ Him	E. 1/31/15	1300	rage 2 01 2

1. Incident Name:			ional Perio			3.
Lowell CA-NEU-017851		Date From Time From	n: 08/01/20 n: 0700)15	Date To: 08/02/2015 Time To: 0700	Suppression Repair
4. Operations Personnel:		Time From	1. 0700		Contact Number	
Operations Section Chief:	Steve Spinharney	(D) Ton	v Brown	ell(N)	(209) 274-5503 (D)	Group 3
Branch Director:	,	(-)	,	(/	(=,	
Division/Group Supervisor:	Dave Davis, Andy	Greger	sen (T)*	*	(530) 320-7794	Staging Area:
5. Resource Assigned:					I.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Reporting Location, Special Equipment
Resource Identifier	Leader		Number Persons	Contact (e	e.g., phone, pager, radio ,, etc.)	and Supplies, Remarks, Notes, Information
RESP Anderson**	Guy Anderson		1		(559) 281-8479	Lowell Camp
DOZ E-148 Bordges**	JR Butts		1		(530) 295-7240	Lowell Camp
DOZ E-149 G & O**	Scott Weaver		1		(530) 344-6878	Lowell Camp
Excavator E-247 Mader**	Al Mader		1		(530) 277-6074	Lowell Camp
FOBS Stratton**	Robert Stratton		1		(707) 696-9136	Lowell Camp
		•				
6. Work Assignments:			<u> </u>	L		
Plan and implement su	opression repair ne	eeds.				
7. Special Instructions:						
7. Special instructions:						
Bold** denotes 12 hr.		00)				
Bold italisized denotes	Branch resource.					
	d/or phone contact num					acu/cyctom/channell
Function/Name Command-NIFC CMD 3					ell, pager, or radio (frequer Tn 131.8)	icy/system/chamiel)
Tactical-VFIRE 25					Tn 151.8)	
Medical -CALCORD					Tn 156.7)	
Air to Ground CDF TAC 16					Tn 192.8)	
					3	
9. Prepared by: Name	William Corey	Pos	ition/Title:	RESL(T)	Signature	3:
ICS 204	IAP Page		-	e: 7/31/15		Page 1 of 1

1. Incident Name:		2. Operatio				1	3.
Lowell CA-NEU-017851		Date From:		15	Date To: 08/02/2015		Dun u ala
		Time From:	: 0700		Time To: 0700		Branch:
4. Operations Personnel:					Contact Number		D I C
Operations Section Chief:	Steve Spinharney	(D) Tony	Brown	ell(N)	(209) 274-5503 ((D)	Road Group
Branch Director: Division/Group Supervisor:	Noah Demartino	**			(714) 883-9491		Staging Area:
5. Resource Assigned:		Т		<u> </u>	L		Reporting Location, Special Equipment
Resource Identifier	Leader	- 1	Number Persons	Contact (e	e.g., phone, pager, radi r, etc.)	io	and Supplies, Remarks, Notes, Information
W/T E-84 Pierce**	Bill Pierce		1		(775) 283-8035		DP 25
W/T E-233 Ryan**	John Ryan		1		(775) 846-5203		DP 25
W/T E-234 Ryan**	John Ryan		1		(702) 496-9525		DP 25
W/T E-235 Fireline**	Bryan Troedel		1		(707) 489-4221		DP 25
Grader TNF E-223**	Chris Torres		1		(530) 446-0927		DP 25
Grader E-237 Lester**	Luis Lester		1		(530) 913-3417		DP 25
6. Work Assignments:							
Improve driving conditi	ons on fire road sy	stems.					
7. Special Instructions:				***********			
Bold** denotes 12 hr.	resource (0700-19	00)					
bold dellotes 12 III.	esource (0700-15	001					
*							
8. Communications (radio and	d/or phone contact num	hore read-	d for this -	ccianmont	1:		
						/froguenc	y/system/channel)
Function/Name		Timary CC	oritatt. II	raicate C	en, pager, or radio	Trequenc	The state of the s
NIFC CMD 3	Padio /1	L68.0750 R	X/ 170 /	1250 TY/	Tn 131 8\		
Tactical - VTAC 14		L59.4725 R					
EMS - CALCORD	and the second of the second o				/ Tn 156.7)		
Air to Ground - CDF TAC 16					/ Tn 192.8)		
All to diodila - CDF IAC IO	Naul0 (1	.33,2030 N	W 133.	2030 17	111 132.01		
9. Prepared by: Name	William Corey IAP Page		tion/Title:	RESL (T) e: 7/31/1		Signature:	Page 1 of 1
100 204	In rage		Date/ IIIII	. //31/1	2 2 100		1 480 1 01 1

Total a dip in the second		Incident Name			L 2.2 2.2 C 2.2 T / 240 C		:	
NCIDE	INCIDENT RADIO				Dale/ IIIIle riepaleu		Operation	Operational Period Date/Lime
COMMUNIC	COMMUNICATIONS PLAN	Lowell			7/31/2015 1800 hrs	hrs .	8/01/1	8/01/15-08/02/15 0700 to 0700
Ch Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq Nor 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	<	Tone 3 Banner MTN
² Command	CDF CMD 1	Not Assigned	151.3550	103.5	159.3300	OST	⋖	Not Assigned
³ Command	NEU LOCAL	Initial Attack	151.3250	131.8	159.3600	OST	⋖	
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	Not Assigned
⁹ Tactical	CDF TAC 23	Not Assigned	159.4500	192.8	159.4500	192.8	A	Not Assigned
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		ASI IVI
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)	ations Unit)			Incident Location	uc			
Tom Webb COML IMT #1				County Nevada	State-CA	Latitude	N	N Longitude W
The convention calls	The convention calls for frequency lists to show four digits after the	show four digits after	oocla lemi	following by outle	(A A (1)	-		

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)

8. Approved by (Safety Officer): Name: DENNIS LANGE Signature:	1. Incident Nam LOWELL	ne:		2. Operatio	2. Operational Period: Date From: 8-1-15 Date To: 8-2-15 Time From: 07:00 Time To: 07:00						
Marme Location Number(s)/Frequency on Site? MERT (RNMD) BASE CAMP NEAR POND IN PARKING (330) 310-4511 No 4. Transportation (indicate air or ground): Ambulance Service Location Number(s)/Frequency Level of Service SIERRA NEVADA AMB (M9) 155 GLASSON WAY, GRASS VALLEY (330) 477-5761 ALS AMR COLFAX AND AUBURN (916) 563-0910 ALS AIR AMUBLANCE GRASS VALLEY ECC AIR AMBULANCE (888) 692-6692 ALS 5. Hospitals: Address, Contact Travel Time Center Helipad Center Center Helipad SIERRA NEVADA (114) 156 GLASSON WAY, GRASS VALLEY ECC AIR AMBULANCE (CORDINATION Trauma Mumber(s)) Frequency Air Ground Center Helipad Center Helipad SIERRA NEVADA (156) GLASSON WAY, GRASS (330-774-6001 S 15 No Level: No YES AUBURN FAITH 11815 EDUCATION ST. (530) 888-4582 30 No	3. Medical Aid S	Stations:									
MERT (RNMD) BASE CAMP NEAR POND IN PARKING (530) 310-4511 No	Name			Location	n Nu						
Ambulance Service Localion Number(s)Frequency Level of Service SIERRA NEVADA AMB (M6) 155 GLASSON WAY, GRASS VALLEY (500) 477-6761 ALS AMR COLFAX AND AUBURN (916) 563-0910 ALS AIR AMUBLANCE GRASS VALLEY ECC AIR AMBULANCE (888) 692-6692 ALS 5. Hospitals: Address, Latitude & Longitude if Helipad SIERRA NEVADA MEMORIAL Name SIERRA NEVADA VALLEY LEVEL (1994) Service SIERRA NEVADA WENDERS (1994) SERVICE SIERRA NEV	MERT (RN/MD)		BASE CAMP NEA	R POND IN PA	R POND IN PARKING						
Ambulance Service Location Number(s)/Frequency Level of Service SIERRA NEVADA AMB (M6) 155 GLASSON WAY, GRASS VALLEY (530) 477-6761 ALS AMR COLFAX AND AUBURN (916) 593.0910 ALS AIR AMUBLANCE GRASS VALLEY ECC AIR AMBULANCE (888) 692-6692 ALS 5. Hospitals: Address, Contact Number(s)/ Frequency Air Ground Trauma Center Helipad Trauma Center Number(s)/ Frequency Air Ground Center Center Helipad SIERRA NEVADA AUGURY (916) 783-8033 16 No Level: NO YES AUBURN FAITH 11815 EDUCATION ST. (630) 888-4592 30 NO Level: NO	4. Transportation	on (indicate	air or ground):				Amenica de la companya de la company		CONTRACTOR OF STATE O		
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 (888) 692-6692 ALS 5. Hospitals: Address, Corbination	Ambulanco S	onico		1 1'							
AMR COLFAX AND AUBURN (916) 563-0910 ALS AIR AMUBLANCE GRASS VALLEY ECC AIR AMBULANCE (888) 692-6692 ALS 5. Hospitals: Address, Lattude & Longitude Control (1916) 11 Control (1916) 12 Control (1916) 12 Control (1916) 13 Control (1916) 14 Control (1916) 14 Control (1916) 14 Control (1916) 15 Contr					ALLEV	,					
AIR AMUBLANCE GRASS VALLEY ECC AIR AMBULANCE (88) 692-6692 5. Hospitals: Address		()									
5. Hospitals: Address	AIR AMUBLANCE		GRASS VALLEY E		ULANC	Œ					
Address, Latitude & Longitude Hospital Name If Helipad Frequency	5 Hospitals:		CORDINATION								
Hospital Name Latitude & Longitude if Helipad SIERRA NEVADA MEMORIAL JES GLASSON WAY, GRASS VALLEY N 39 13.36.75 W 121 02 85 AUBURN FAITH AUBURN, CA LEVEL: NO NO LEVEL: NO NO LEVEL: NO NO LEVEL: NO NO NO NO NO NO NO NO SUTTER ROSEVILLE	o. Hospitais.		Address	Contact		Tro	of Time -			1	
SIERRA NEVADA MEMORIAL 155 GLASSON WAY, GRASS MEMORIAL 155 GLASSON WAY, GRASS AUBURN, FAITH 11815 EDUCATION ST. AUBURN, CA 1615 A. NO NO NO NO NO YES 10916786-3033 166 45 YES Level: 2 NO YES YES YES YES YES YES YES YE		Latitud	de & Longitude	1		Irav	/el Time	Trauma	Burn		
AUBURN FAITH AUBURN, CA BOSEVILLE AOSEVILLE COSEVILLE COMMUNICATION AUBURN, CA CODE SAID STANDARD AND AUBURN, CA CODE SAID STANDARD AUBURN, CA CODE SAID STANDARD AUBURN, CA AUBURN, CA AUBURN, CA (916)786-3033 BOD NO AUBURN, CA (916)786-3033 BOD NO AUBURN, CA A			,				Ground	Center	Center	Helipad	
SUTTER 1 MEDICAL PLAZA (916)786-3033 16 45 YES NO VES NO YES NO Y		VALLEY		530-274-6001		5	15		NO	YES	
ROSEVILLE ROSEVILLE, CA N3 44.89 W 121 15.00 UC DAVIS 2315 STOCKTON BLVD SACRAMENTO N3 33.20 W 121 27.10 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 contacts: 1. Ground EMS resource on Fire Line 2. Operations 3. Safety 4. Medical Unit with patient complaint/condition and location. Division Supervisor or designee will serve as point of contact and run medical emergency utilizing CALCORD for fWI 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 Unit with patient complaint/condition and location. Medical Unit with patient complaint/condition and location. Medical Unit with patient complaint/condition and location. Medical Unit with patient complaint/condition and location. Medical Unit with patient complaint/condition and location. Medical Unit with patient complaint/condition and location. Medical Unit with patient complaint/condition and location. Medical Staff will respond to stabilize incident: Medical Unit with patient complaint/condition and location. Medical Unit with patient complaint/condition and location. Medical Unit with patient complaint/condition and location. Medical Staff will respond to stabilize incident: Medical Staff will respond to stabilize incident: Medical Unit with patient complaint/condition	AUBURN FAITH		1815 EDUCATION ST,		52		30		NO	NO	
SACRAMENTO N 38 33.20 W 121 27.10 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 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 un 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:		ROSEVILLE	ROSEVILLE, CA		3	16	45		NO	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 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 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 INJURY REPORTING PROCEDURES CHIEF COMPLAINT LOCATION OF PATIENT TRANSPORT REQUEST BY: AIR GROUND DIVISION CREW DIVISION CREW POINT OF PICKUP LAT LONG IS EMT WITH THE PATIENT: YES NO AGE SEX: MALE FEMALE SECURE the area and identify witnesses for later investigation. Keep an accurate log of events. Secure the area and identify witnesses for later investigation. Keep an accurate log of events. Secure the area and identify witnesses for later investigation in the patient of the patient of the patient of the process of the patient of the pati	UC DAVIS	SACRAMEN	ITO	(916) 734-3790		23	60		YES	YES	
8. Approved by (Safety Officer): Name: DENNIS LANGE Signature:	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 2. Communications Unit contacts: 1. Ground EMS resource on Fire Line 2. Operations 3. Safety 4. Medical Unit 5. 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. 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										
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ICS 206 IAP Page Date/Time: 7/31/15 17:00	8. Approved by (The second second		IIS LANGE			Signature:	Mul			
	ICS 206	IAP	Page	Date/Time:	7/31/	/15 17:	:00	Dr. T			

Suppression Repair Message

The following are repair task 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, watersources, culverts or any other damage caused by suppression activities.
- Remove all trash generated by the incident.

•	Fireline and Road Gradient (%):	0-10	11-25	26-50*	<u>>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 1st, 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 and 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

Abby O'Leary

IMT-1 Finance Section Chief

IMT-1 Deputy Finance Section Chief



CAL



FC-33 DAILY UPDATE

		The said state of last August 1		we could have a selection and a select of the selec-	Alva a simo o provinciana distance	
DATE:	*				24 Hr	12 Hr
RQST#:			S/T #			
WORK LOCA	ATION:	We have say to see in				
Radio IDs: ST Leader: Engine/Crew:	DOZER BLADE HRS	PRTBL PUMP HRS	# OF SAWS	HRS ON EACH SAW	NO.	TES
	,					
	Comm	ents <i>(ar</i>	ny chang			
CELL PH						
8/29/2013	to the part of the commence with the part of the commence of t	Specific and the specific spec				

1 operator, 12 hour shift

		EME	RGENCY SHIFT	TICKET and F	VALUATION E	3514		
		Th	e responsible Governm	ent Officer will see at		DISM		Contractor Name
Incident or Pro	ect Name			Incident Number	era inas torm sach sh	the Real Property lies, the Re	-	We Build Line
Agreemant Nu	-	Wild		CALNU	123456	Request Numb	E-61	Operator #1 Operator #2
-diaminate Mi	nter						- 01	Jason Ferguson
Equipment Mak			LN	J76543210)			Operator Furnished By:
цирання мак	b .			Equipment N	fudel / Type			X Contractor Government
		CAT			Do	zer D6N		Operating Supplies Furnished By:
orial Number				Livenue Num		ZOI DOIY		X Contractor Government
-	3	BG0236						Equipment Status
-			Eq	uipment Use				Inspected X Under Agreem
Date				(Circle)	(Hours) Da	ys / Miles		Released by Government
Mo / Day	Start	Stop	Wark			gnment	-	Withdrawn by Contractor
711-					7 4331	general		Remarks/Comments **
7/17	0001	0800	8		Off	Shift		1 Operator
7/17	0800	2000	12		Divis	ion B		
7/17	2000	2400	4		Off	Shift		
			1	for Rating				Govt. Rep. Name and Position - PRINT
Performan	ice Expeciati		Poor	Avg.	Good	Exc.	N/A	_
	Safe Working	-		1			-	Steve Hampton, Div B
rator Skill		Condition		Va	adarr	1-1-	A region by the second	Steve Hampton
rates Safe	y			VEI	ndor F	kating		Contractor Signature
rator's Coo	peration Lev	el		mu	st be	done		Jason Ferguson
all Perform	ance		1	T		donc.		Date Time.
		*	NOTE: Any ratin	g of POOR req	uires an explan	ation in Comm	ant Section	07/17/12 . 2000
Pink - Fir	77740		ar avaidelagit of I	or more docum	entation, Use a	n ICS Form 23	O of equivalent	CALFIRE 297
	BILLE	BI	ue - Home Unit F	E Coordinator		Yellow - 1		(Rev 3-2011)

2 operator, 24 hour shift

EMERGENCY SHIFT TICKET and EVALUATION FORM									Centrador Neme			
The responsible Government Officer will complete this form each shift finders or Project Name									Water Haulers			
	٧	Vild	Į.	CALNU	123456	Request Number	E-64	Opera		Ор	erator #2	
Agreement Num	ber						L 04		Sean Rodgers		Wayne Rodger	
			LNU	122223333				V	Operator	Fumish	ed By:	
tapment Make				Equipment Mu				X	Centractor		Gavernment	
	F	eterbilt			40	00 Gallon		1	Operating Sup	plies Fu	mished By:	
rial Number				Licence Numb	-	ou Gallon		X	Contractor		Gavernment	
		1343N				A250400		-	Equipn	nent Sta	ntus	
			Fa	ipment Use	6A256483				Inspected)	Under Agreement	
Date		Г	Equ						Released by Government	-		
Mo / Day	Start	Stop	Work	(Circle) (Hours) Days / Miles					Withdrawn by Contractor			
		Сюр	AADLK	Assignment				Rema	rks/Comments **			
7/16	1300	1500	2	Travel In				2 Operators				
7/16	1500	2400	9		Divis	sion B						
7/17	0001	0800	8		Divis	ion B						
			Vend	dor Rating				Govt. Re	p. Name and Position - PRINT	-		
Performa	nce Expectati	ons	Poor*	Avg.	Good	Exc.	NĀ	1_	Mike Bro	wn, E	Div B	
ipment in	Safe Working	Condition			1		a constitution of the state of the	Govt. Res	s. Signature	-	ler 3	
Vendor Rating							Mike Brown					
perates Safety perator's Cooperation Level					must be done.				Contractor Signature Wayne Rodgers			
-		el		mu	ar ne	uone,		Date		Time		
rall Perform	nance		NOTE: Any ratio	or of DOOD					07/17/12		0800	
		-^Fi	NOTE: Any ration or	for more docum	uires an expla entation, use	nation in Comm	ent Section.			T	CALFIRE 297	
Pink - Fi	nance	В	lue - Home Unit I	IE Coordinates		V-II	THE RESERVE OF THE PERSON NAMED IN COLUMN			1	(Rev 3-2011)	

STATE OF CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION

PROPERTY CERTIFICATION OF LOCATION OR DAMAGE CERTIFICATE OF RESPONSIBILITY FOR INCIDENT OCCURRENCE

NOTE: This form must not be used to certify lost, stolen or worn out property. A STD 152 Property Survey Report must be completed.

CAL FIRE-101 page 1 of 2 (1/07) DOC. NUMBER:									
LOCATION / INCII	LOCATION / INCIDENT NAME: INCIDENT NUMBER: UNIT: REGION:							DATE:	
THE FOLLOWING ARTICLES WERE: (broken, left on line, damaged, or other)								OCCURRENCE:	
QUANTITY	CAL FIRE S	DESCRIPTION MODEL, TYPE, ETC., TO (TE DATA TO EFFECTIVELY PROPERTY.)		THE ITEM, NT OR	PROPERTY NUMBER				

LOCATION OF ITE	EMS:								
REMARKS:									
	S	IGNATURE	OF PERSON (CERTIFYING OC	CURRENCE AS	DESCRIBE)		
SIGNATURE:	SIGNATURE OF PERSON CERTIFYING OCCUR PRINTED NAME: TITL				TITLE:		DATE:		
	UNIT SUPERVISOR'S APPROVAL								
COMMENTS:	COMMENTS:								
SIGNATURE OF UNIT ADMINISTRATOR: TITLE: DATE:									

DEPARTMENT OF FORESTRY AND FIRE PROTECTION

PROPERTY CERTIFICATION OF LOCATION OR DAMAGE CERTIFICATE OF RESPONSIBILITY FOR INCIDENT OCCURRENCE

CAL FIRE 101(Rev. 1/07) page 2 of 2

used to certify lost, stolen or worn out property. A STD 152 Property Survey Report must be completed.

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 you 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
0-5
      Reese, Daniel
A-11.8
        Rosengren, Tanya J
C-32.3.1 Tritchler, Jobey
O-353 Whiteside, James
```

FROMTHEDESKOFDOCUMENTATION

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
 - o 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.

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CAL FIRE	WA	TER	USA	GE	REP	ORT
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MIL	DATE:				Di	vision / Group:
AGEN	CY ID / VENDOR:	Strike Team	1110C, Acm	ne Water T	enders	
REQUE	EST #					
	WATER SOURCE LOCATION	Hydrant	Open source i.e. pond	Tank	Gallons Used	Property Owner / Contact Number if known **
<u></u>						
		+				

**Please note if you made contact with property owner and their contact.	
(Use reverse side if needed.)	
Information:	_*

The intent of this document is intended to track, record and validated the amount of water used on a incident. It's not intended to review the performance of equipment using the water on an incident.

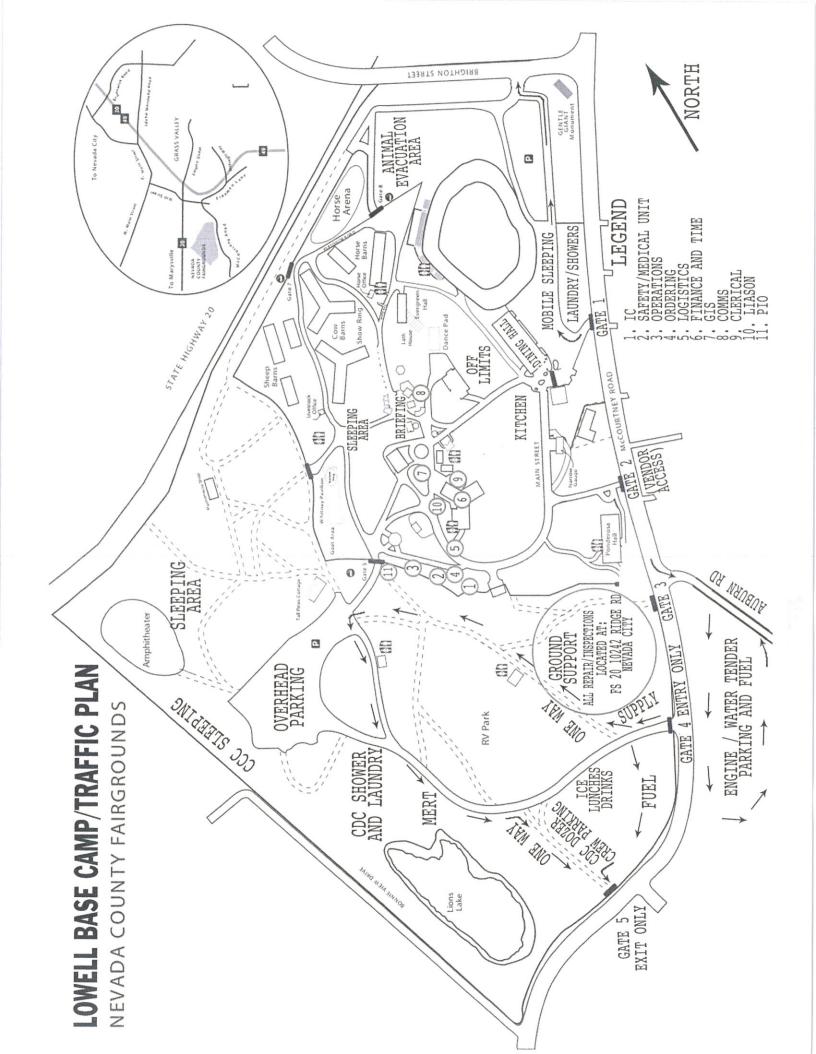
LOWELL INCIDENT

CANEU 017851

LOWELL INCIDENT IAP PHONE LIST

POSITION	PHONE NUMBER
Command Staff	
Safety	209-761-1975
Liason	760-594-2604
Law Liason	707-272-4633
Agency/Organization Reps	
Cal OES	916-912-4685 ext. 77726
Planning Section	
Situation	707-477-5194
Support Branch	
Facilities	530-741-0342
Ground Support	530-945-8394
Service Branch	
Motels	925-588-6713
Communications	530-273-8587
Finance/Admin Section	
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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ACTIVITY LOG (ICS 214)

1. Incident Name CA-NEU-017851	:		2. Operational Period:	Date From	m: Date To: m: Time To:
3. Name:		4. IC	S Position:		5. Home Agency (and Unit):
Date/Time	Notable Activities				
	-				
			-		
				-	
8. Prepared by: Na	ame.		Position/Titlo:		Circalina
CS 214, Page 1 of			Date/Time:		Signature:
,			Date/Tille.		