


INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	
MILILANI MAUKA	Date/Time From: 11/18/2023 0700 SAT	Date/Time To: 11/21/2023 0700 TUE
3. Objective(s):		
<u>Management Objectives</u>		
<ul style="list-style-type: none"> • Provide for the safety of responders and the public for the duration of the incident. • Provide timely and accurate information to stakeholders and the public for the duration of the incident. • Operate in a fiscally responsible manner for the duration of the incident. 		
<u>Control Objectives</u>		
<ul style="list-style-type: none"> • Keep fire South of Waikakalaua Stream • Minimize fire spread South of Kipapa Stream • Keep fire East of the Mililani Mauka Community • Minimize additional fire spread 		
<u>Suppression Repair Objectives</u>		
<ul style="list-style-type: none"> • Waterbar Kipapa Trail as appropriate • Rehab H3 – Flush cut stumps; pull brush over pad • Obscure user created trails on Oahu Forest National Refuge • Reduce spread of invasive species – see IAP Insert 		
4. Operational Period Command Emphasis:		
General Situational Awareness:		
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Approved Site Safety Plan(s) Located		
6. Incident Action Plan (the items checked below are included in this Incident Action Plan):		
<input checked="" type="checkbox"/> ICS 202 <input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> ICS 220 <input checked="" type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	Other Attachments: <input checked="" type="checkbox"/> ICS 214 <input checked="" type="checkbox"/> FINANCE MESSAGE <input checked="" type="checkbox"/> DEMOB MESSAGE <input checked="" type="checkbox"/> SUPPRESSION REPAIR
7. Prepared by: TOM MERRITT	Position/Title: IC	
8. Approved by Incident Commander:	Signature: <i>Tom Merritt</i>	
ICS 202	Date/Time:	

FINAL

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period:	
MILILANI MAUKA		Date/Time From: 11/18/2023 0700	Date/Time To: 11/21/2023 0700
		SAT	TUE
3. Incident Commander(s) and Command Staff:		DAY OPS SECTION CHIEF	
IC/UC	TOM MERRITT	NIGHT OPS SECTION CHIEF	
SAFETY OFFICER		PLANNING OPS	
INFORMATION OFFICER	SUSAN HEISEY	OPS SECTION CHIEF	
LIAISON OFFICER		DEPUTY OPS SECTION CHIEF	
4. Agency/Organization Representative(s):		STAGING AREA	
Agency/Organization	Name		
US ARMY	BRYSON KAMAKURA	DIVISION/GROUP	A / D / G / J
DOFAW-HAWAII	JASON MISAKI	DIVISION/GROUP	
NATIONAL GUARD	BYRON CADIZ	DIVISION/GROUP	
HONOLULU FIRE DEPARTMENT	SHELDON HAO	7b. Air Operations Branch:	
		HELIBASE MANAGER	JOHN MEARS
USFWS AGENCY ADMINISTRATOR	JOSHUA REAM 808-291-6258	HELICOPTER MANAGER	MONIKA NICHOLSON
USFWS INBA	VERONIKA KLUKAS	8. Finance/Administration Section:	
5. Planning Section:		CHIEF	HEATHER FITZPATRICK
CHIEF		DEPUTY	
DEPUTY		TIME UNIT	
RESOURCES UNIT		PROCUREMENT UNIT	LYNNE HANZAWA
SITUATION UNIT		COMPENSATION UNIT	
DOCUMENTATION UNIT		COST UNIT	
DEMOBILIZATION UNIT			
FIRE BEHAVIOR ANALYST			
HUMAN RESOURCE SPECIALIST			
TRAINING SPECIALIST			
GIS SPECIALIST	SARAH MACDONALD		
TECHNOLOGY SUPPORT SPECIALIST			
INCIDENT METEOROLOGIST			
STATUS / CHECK-IN	HEATHER FITZPATRICK		
6. Logistics Section:			
CHIEF			
SUPPLY UNIT			
FACILITIES UNIT			
GROUND SUPPORT UNIT			
COMMUNICATIONS UNIT			
MEDICAL UNIT			
FOOD UNIT			
ORDERING MANAGER	RUBEN ALVIDREZ		
7. Operations Section:			
9. Prepared By:	Name: TOM MERRITT	Position/Title: IC	Signature:
ICS 203		Date/Time:	

FINAL

WEATHER FORECAST

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
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3. Spot Weather Forecast

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5. Prepared by: Name: _____		
Weather Forecast		Date/Time: _____

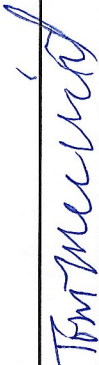
Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name:				3.			
MILILANI MAUKA				Branch:		Division/Group	
2. Operational Period:				A / D / G / J			
Date/Time From: 11/18/2023 0700 SAT		Date/Time To: 11/21/2023 0700 TUE					
4. Operations Personnel							
OPERATIONS CHIEF			BRANCH DIRECTOR				
DIVISION/GROUP SUPERVISOR							
5. Resources Assigned this Period							
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time	
SMOD - MODULE - REDDING SMKJ O-15		11/19	TRAVIS HARNOS	9	KOA RIDGE RANCH/	661-361-4926/	
HMGB MONIKA NICHOLSON O-34		12/01		1		509-679-4590/	
HECM ORION ADAMO O-35		12/01		1			
HECM GALEN MILCHMAN O-36		12/01		1			
6. Control Operations/Work Assignments:							
<p>Maintain patrol status within the burn area. Inform IC of any emergent fire growth that may affect life or property. Complete suppression repair where appropriate. Schedule and implement recon flights as needed.</p>							
7. Special Instructions:							
<p>For emergency, refer to ICS-206 Medical Plan. Contact Supervisor with: type of emergency, location and assistance needed.</p>							
8. Division/Group Communication Summary							
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode	
AIR TO GROUND	1	154.980		154.980			
TACTICAL	2	168.6625		168.6625			
9. Prepared By (Resource Unit Leader)			Approved By (IC)		Date		Time
			TOM MERRITT <i>Tom Merritt</i>				

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

Controlled Unclassified Information//Basic

1. Incident Name:		2. Date/Time Prepared:		3. Operational Period:							
MILILANI MAUKA		Date: 11/17/2023 Time: 1100		Date/Time From: 11/18/2023 0700 SAT							
Date/Time To: 11/21/2023 0700 TUE											
4. Basic Radio Channel Use:											
Zone Group	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A, D, or M)	Remarks	
	1	AIR TO GROUND		GROUND CREW SUPS	154.980		154.980			For contracted air resources for water drops.	
	2	TACTICAL	R5 PROJECT	DIVISION A	168.6625		168.6625				
5. Special Instructions: In the event of an emergency, provide medical care and communicate emergency to Supervisors and up the chain of command.											
6. Prepared By							Name: TOM MERRITT, IC		Signature: 		
ICS 205							Date/Time:				

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:	Date From: 11/18/23	Date To: 11/21/23
MILILANI MAUKA		Time From: 0700	Time To: 0700

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- Aviation Watch Outs -

As part of risk management, especially during high activity fires, each aviation manager and employee should be asking questions about every mission.

- Is the flight necessary?
- Who is in charge?
- Are hazards identified and known?
- Have flight hazards been assessed? Have the pilots been informed?
- Should the operation or the flight be stopped due to a change in conditions? Consider the following:
 - Radio communications.
 - Environmental conditions – weather, visibility, terrain, elevation, and temperatures.
 - Mission priorities.
 - Successful mission completion probabilities.
- Is there a better way to complete the mission?
- Is there pressure to complete a mission at all costs?
- Can you justify your actions?
- Is the mission airspace confined or congested?
 - Multiple aircraft.
 - Mixed types of aircraft.
 - Poor visibility.
- Do you have an escape route?
- Are any guidelines or policies being ignored?
- Is communication between any individuals strained or tense?
- Are you deviating from the assigned operation or flight?



Be well and have a good shift.

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5. Prepared By: Tom Merritt	Position/Title: IC	Signature: <i>Tom Merritt</i>
ICS 208	Date/Time: 11/17/2023	

FINANCE MESSAGE

Finance Email: 2023.mililani.finance@firenet.gov

Finance Phone: 503-348-3031

This incident requires electronic files. Please email your time to the Finance email address daily. Scanned PDF documents are preferred. If taking a photo of your time, please convert it to a PDF. Include your resource order number on your CTR.

Finance documents required upon check in are:

Required Documents

Overhead, Agency Crews

Check-in:	Resource Order, Manifest, Cooperative Agreement, Casual Hire Form w/ECI# (as applicable)
Daily:	CTRs, Shift Tickets
Demob:	Signed OF-288; Signed OF-286

Incident Information (to be added to your Shift Ticket or CTR)

Incident Number: HI-OFR-001480

Financial codes:

DOI – QQ5C

USDA – PRQQ5C (1522)

DEMOB MESSAGE

Demob Phone: Ruben Alvidrez 530-685-5255

IMPORTANT: Contact Demob at least three days before your demob date to make flight arrangements.

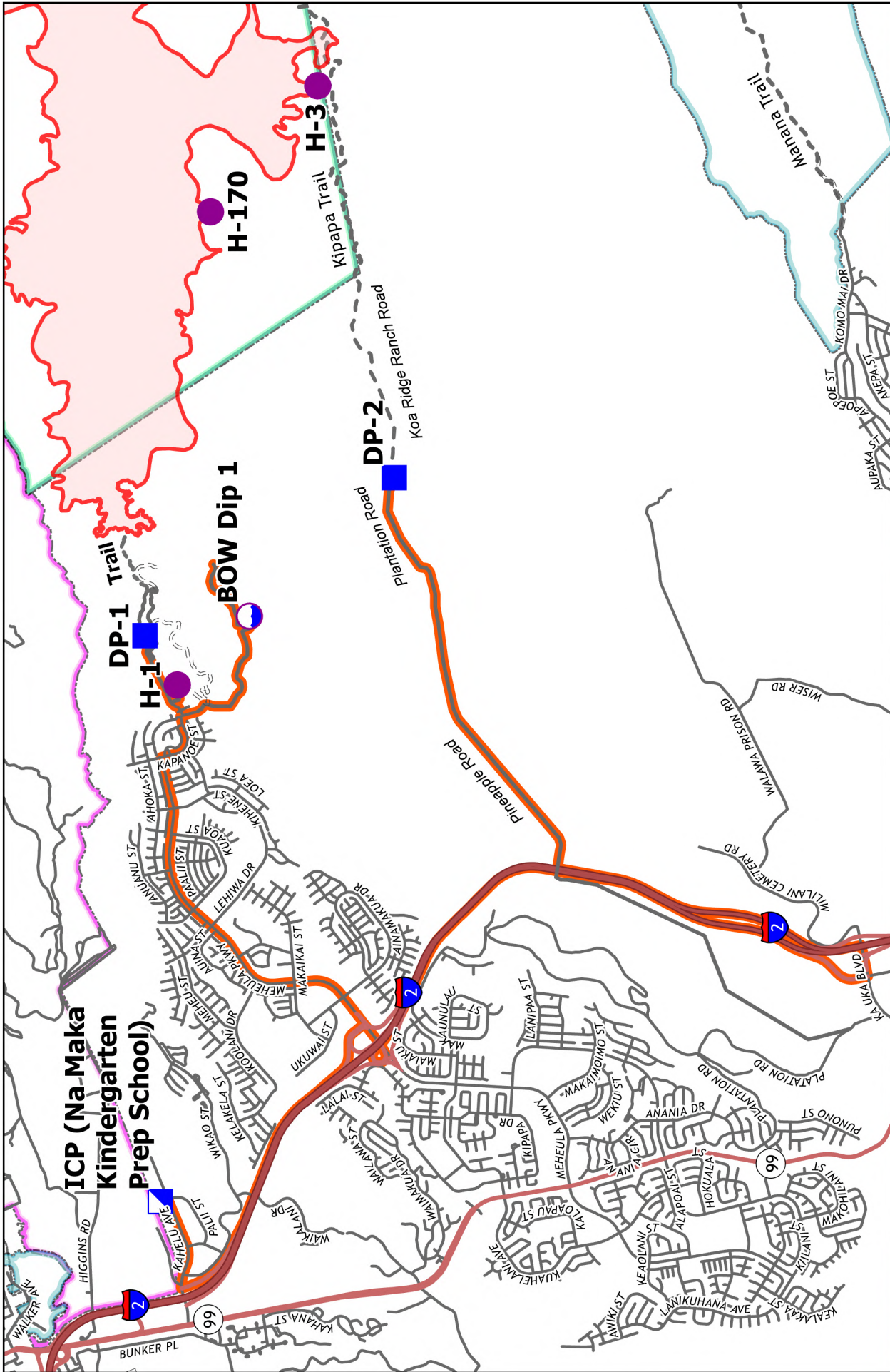
For flight arrangements please contact Ruben Alvidrez at the number above. Be prepared to provide the following information for all crew members:


1. Full name on government issued identification.
2. Date of birth shown on government identification.
3. Jetport identification for final destination.
4. Date for requested flight (make sure your supervisor on the incident has approved you to depart on the date provided).
5. An email address for final flight itinerary to be sent to.

All personnel will depart from Daniel K. Inouye International Airport in Honolulu, HI. Requests for specific airlines and flights will be considered but cannot be guaranteed.



LOGISTICS MESSAGE






- Any saws, fuel, oil, tools must be returned to DoFAW when no longer needed.
- Remember to document all requests for purchase on a 213 sent to Ruben Alvidrez and purchaser, include emails, once purchased send copy of receipts to Ruben and he will issue the S#.
- NERV Vehicle – Transfer paperwork for truck (Heather), to be returned when no longer needed to Enterprise Truck Rental (not at airport).
- One chainsaw with oil and gas to be retained with NERV truck until conclusion of incident.
- Ensure two flight helmets are returned to HAVO before or at end of incident.
- Shipping label for Type III Kit (printer, cords etc.) will be printed, need to contact for pick up or drop off at FedEx.
- Post use inspection of land use agreement sites with photographs need to be completed at conclusion.













Transportation Map

-  Dip Site
-  Helispot
-  Incident Command Post
-  Drop Point
-  Other

-  Supplemental Roads
-  Supplemental Trails
-  Expressway
-  Secondary Hwy
-  Local Road

-  Ramp
-  Trail
-  Incident Route

Transportation Mililani Mauka Fire

HI-OFR-001480
Created: 11/13/2023 1336

Transportation Map

FIRE SUPPRESSION REPAIR STANDARDS

MILILANI MAUKA

2023

All standards may be supplemented or modified with specification from the AA or their designee.

Suppression Repair Objectives

- Waterbar Kipapa Trail as appropriate
- Rehab H3 – Flush Cut Stumps; Pull Brush Over Pad
- Obscure User Created Trails on Oahu Forest National Refuge
- Reduce Spread of Invasive Species

General Actions

All suppression features, including but not limited to the following, would be marked by GPS and GIS files given to the home unit.

- constructed fire lines (hand)
- water sources
- other disturbed areas

Leave flagging in place which marks hazards, resource concerns, etc.

Remove all garbage associated with fire suppression efforts (pallets, boxes, lunch wrappers, hose bands, unneeded signs, etc.) from the fire area, staging areas, and travel routes. Human waste will be buried.

Streams & Water Sources

All drainages (intermittent and perennial), meadows, and springs – remove all soil, slash, and other debris that has been pushed into these areas. Streams should match natural upstream and downstream conditions.

Handline

- Angle drainage into green when possible.
- Remove berms.
- Remove any brush/slash from stream channel(s) that was placed there during the fire.
- Water bars not greater than 45° angle, and placed every 25'-50' with 6" berm max.
- Ensure end of water bar is open and clear of obstructions.

MEDICAL PLAN (ICS 206)

1. Incident Name: MILILANI MAUKA		2. Operational Period: Date From: 11/18/23 Time From: 0700		Date To: 11/21/23 Time To: 0700			
3. EMS / Ambulance Services / Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Level of Service				
Fire Station 41	95-1990 Meheula Pkwy, Mililani, HI 96789	808-626-0729	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
John Mears (LWD 11/19)	Jumper/Helibase Manager	530-949-0412	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS				
Orion Adamo	HECM/EMT		<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
C&C Ambulance (Ground)		911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
AMR Ambulance (Ground)		911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Queen's - West	91-2141 Fort Weaver Rd. Ewa Beach, HI 96706	808-691-3000			<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pali Momi Medical Center	98-1079 Moanalua Rd. Aiea, HI 96701	808-486-6000			<input checked="" type="checkbox"/> Yes Level: <u>3</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Queens - Punchbowl	1301 Punchbowl St. Honolulu, HI 96813	808-691-1000			<input checked="" type="checkbox"/> Yes Level: <u>1</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Straub	888 South King St. Honolulu, HI 96813	808-522-4000			<input type="checkbox"/> Yes Level: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wahiawa General	128 Lehua St. Wahiawa, HI 96786	808-621-8411			<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
On scene resource will assume Incident Within an Incident Commander (IWI IC) responsibilities.							
- IWI IC Contacts: Notify IC, call 911 if able otherwise pass to IC.							
- IWI IC will serve as point of contact and run medical emergency.							
- Helibase will launch DOI helicopter if available to provide communication link between IWI IC and HFD medical ship.							
- Clear the tactical channel for emergency traffic as needed for duration of the need.							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by: Name:				Signature:			
8. Approved by (IC): Name: <u>Tom Merritt (IC)</u>				Signature: <u>Tom Merritt</u>			
ICS 206		Date/Time: <u>11/17/2023</u>					

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH (**Verify correct frequency prior to starting report**)

Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."

2. INCIDENT STATUS: *Provide incident summary (including number of patients) and command structure.*

Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>
Transport Request		<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>
Patient Location		<i>Descriptive Location & Lat. / Long. (WGS84)</i>
Incident Name		<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>
Patient Care		<i>Name of Care Provider (Ex: EMT Smith)</i>

3. INITIAL PATIENT ASSESSMENT: *Complete this section for each patient as applicable (start with the most severe patient)*

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (if different): *(Descriptive Location (drop point, intersection, etc.) or Lat. / Long.)* Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: **Considerations:** *If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.*

8. ADDITIONAL INFORMATION: *Updates/Changes, etc.*

REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.