MONDAY

OPERATIONAL PERIOD

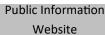
NOVEMBER 13, 2023 TO NOVEMBER 14, 2023 0700-0700

CHARGE CODES USFS: PR QQ5C (1522)

USFWS: FFF2500000QQ5CO 23x NPS: PFFSQQ5CC24001 21x









Fire FTP Website

MILILANI MAUKA

INCIDENT ACTION PLAN

HI-OFR-001480



Waialua Agricultural Company Engine #6— 1919

The only locomotive ever designed and built in Hawaii

<u>Notes</u>	

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:		2. Operational	l Period:		
MILILANI MAUKA		Date/Tim	ne From:		Date/Time To:
		11/13/202	23 0700	MON	11/14/2023 0700 TUE
3. Objective(s):					
Management Objective	ves				
munagement eages	<u> 100</u>				
Provide for the sat	fety of responders	and the public for th	ne durat	tion of the incide	ent
 Provide timely and 	d accurate informat	ion to stakeholders	and the	e public for the c	luration of the incident.
 Operate in a fiscal 					
Control Objectives					
Keep fire South of					
Minimize fire spread Man fire Foot of the series					
Keep fire East of the Minimize additional		Community			
4. Operational Period Com					
General Situational Aware	ness:				
5. Site Safety Plan Require	ed? Yes \ \	lo X			
Approved Site Safety Plan					
6. Incident Action Plan	(the item	s checked below are inc	cluded in	this Incident Action	Plan):
X ICS 202	X ICS 207			r Attachments:	
X ICS 203	X ICS 208			ICS 214	
X ICS 204	X ICS 220			FINANCE MESSA	
ICS 205	Map/Chart	UT: 1 (O	X [DEMOB MESSAG	SE
☐ ICS 205A X ICS 206	X Weather Forecast	/Tides/Currents	Ш -		
K 100 200					
7. Prepared by: BRYA	AN VERGNE	Position/Title: PSC			Signature:
8. Approved by Incident Co	ommander:	Name: ERIC JOHNS	ON		Signature:
ICS 202					Date/Time: /11/12/2023 1700
					0 81/12/2023

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:			2. Operationa				
MILILANI MAU	JKA		Date/Tim 11/13/20		MON	Date/Time T 11/14/2023 0	
3. Incident Comm	ander	(s) and Command Staff			ORDERING MANAGER	RUBEN ALVID	REZ
	IC/UC	ERIC JOHNSON			7. Operations Section:		
SAFETY OF	ICER				DAY OPS SECTION		ė
INFORMA OFF	ATION FICER	SUSAN HEISEY			CHIEF NIGHT OPS SECTION CHIEF		
LIAISON OFF	FICER				PLANNING OPS		
		Representative(s):		-	OPS SECTION CHIEF	ERNEST CEC	CON
Agency/Organiza	tion	Name			DEPUTY OPS SECTION	2,1,120, 020,	
					CHIEF		
		BRYSON KAMAKU	JRA		STAGING AREA		
		JASON MISAKI					
NATIONAL G	UARD	BYRON CADIZ			DIVISION/GROUP	A/D/G/J	
HONOLULU DEPARTI	FIRE	SHELDON HAO			DIVISION/GROUP		
DEPARTI	MENT				DIVISION/GROUP		
US	SFWS	KRISTINA CHYN			7b. Air Operations Bran		
		VERONIKA KLUKA	10		HELIBASE MANAGER	I	ISEN
		VERONINA REORA	10		8. Finance/Administrati		ZD A TDIOL
5. Planning Section		BRYAN VERGNE				HEATHER FIT	ZPATRICK
	PUTY	DICTAIN VERGINE			DEPUTY		
		CHARLIE HARDY	(T)		TIME UNIT	LANDE HADIZA	110/0
SITUATION		CHARLIE HARDT	(1)		PROCUREMENT UNIT	LYNNE HANZA	AVVA
DOCUMENTA					COMPENSATION UNIT		
	UNIT				COST UNIT		
DEMOBILIZATION	UNIT						
FIRE BEHA							
ANA HUMAN RESO	LIBCE						
SPECI							
TRAINING SPECIA	ALIST						
		SARAH MACDON	ALD				
TECHNOI SUPPORT SPECIA	ALIST						
INCI METEOROLO	DENT						
		HEATHER FITZPA	TRICK				
6. Logistics Secti	on:						
(CHIEF	DAVID WOLFE					
DE	PUTY						
SUPPLY	UNIT						
FACILITIES	Variation of the last of the l						
GROUND SUP	PORT UNIT						
COMMUNICAT							
,	UNIT						
MEDICAL							
SECURITY							
FOOD	UNII						7
9. Prepared By:	Name	BRYAN VERGNE		Position/Title:	PSC	Signature:	An
ICS 203				Date/Time:			

WEATHER FORECAST

1. Incident Name:	2. Operational Period:	Date From:	Date To:
		Time From:	Time To:
3. Spot Weather Forecast			
<u> </u>			
5. Prepared by: Name:	=		
Weather Forecast	Date/Time:		

Division/Group Assignment List (ICS 204 WF)
Controlled Unclassified Information//Basic Branch: Division/Group A/D/G/J Date/Time To: MON 11/14/2023 0700 TUE **Operations Personnel**

4. **OPERATIONS CHIEF** ERNEST CECCON **BRANCH DIRECTOR** DIVISION/GROUP SUPERVISOR

5.	Reso	urces Assigned this Period	d		
Strike Team / Task Force / Resource Designator	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
CRW1 - MENDOCINO IHC C-1	11/13	ADAM CORONADO	21	KOA RIDGE RANCH/	530-219-3721/
SMOD - MODULE - REDDING SMKJ O-15	11/19	TRAVIS J HARNOS	10	LYCHEE FARM/	661-361-4926/
WFM2 - MODULE - SIX RIVERS O-12	11/17	TRISTAN KIEHL	11	KOA RIDGE RANCH/	559-356-7638/
FOBS - ANDREW LEE O-2	11/13		1	LYCHEE FARM/	808-938-0795/
FOBS - PAUL J CLAGETT O-3	11/13		1	LYCHEE FARM/	808-494-8307/

6. Control Operations/Work Assignments:

Maintain patrol status within the burn area.

Scout and construct fire line.

Inform IC of any emergent fire growth that may affect life or property.

Improve and patrol Kipapa Trail.

7. Special Instructions:

1. Incident Name:

MILILANI MAUKA

2. Operational Period:

Date/Time From:

11/13/2023 0700

For emergency, refer to ICS-206 Medical Plan.

Contact Operations Supervisor with: type of emergency, location and assistance needed.

8.		Division/Group (Communication Sur	nmary		
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 (Planning Section CI	nief) D	ate	Time

CHARLIE HARDY, RESL(T)

BRYAN VERGNE, PSC

11/12/23 1630

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:		2. Operational Period:				3. Sunrise:	Sunset:
MI II ANI MALIKA		Date From: 11/13/23		Date To: 11/14/23			
		Time From: 0700		Time To: 0700		0641	1750
4. Remarks (safety no equipment, etc.):	4. Remarks (safety notes, hazards, air operations special equipment, etc.):	ations special	5. Ready Alert Aircraft: Medivac:	aft:		6. Temporary Flight	6. Temporary Flight Restriction Number:
Communications plan disseminated to	Communications plan disseminated to all agencies.	encies.	New Incident:			Center Point:	
Light aircraft use tank dip site.	dip site.		8. Frequencies:	AM	Η	Fixed-Wing (category/kind/type, make/model, N#, base):	ory/kind/type, e):
Use CAUTION around	Use CAUTION around powerlines east of tank dip site.	ık dip site.	Air/Air Fixed-Wing	N/A	N/A	Air Tactical Group Supervisor Aircraft:	pervisor Aircraft:
7. Personnel:	Name:	Phone Number:	Air/Air Rotary-Wing – Flight Following	123.1			
Air Operations Branch Director			Air/Ground		154.980		
Air Support Group Supervisor			Command	123.1		Other Fixed-Wing Aircraft:	raft:
Air Tactical Group Supervisor			Deck Coordinator	123.1			
Helicopter Coordinator			Take-Off & Landing Coordinator	N/A			
Helibase Manager	Michael Hansen	253-625-3063	Air Guard				
10. Helicopters (use	10. Helicopters (use additional sheets as necessary):	cessary):					
FAA N#	Category/Kind/Type	Make/Model	Base	Ava	Available	Start	Remarks
None	Blackhawk	09HN	HING				ON STANDBY
None	Mil Type1	CH47	HING				ON STANDBY
545PH	Туре 3	Bell/500	Paradise	1	1000		Bucket/Cargo/Recon
11. Prepared by: Name:	me: Eric Johnson	Posi	Position/Title: IC			Signature: Builled	
ICS 220			Date/Time: 11/12/2	1223	1700		
						×	

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205) Controlled Unclassified Information/Basic

1 Incident Name.	· Come		20 6	9 Doto/Time Branched.		0.0	2 One actional Bouled.			
I. IIIOIOGIII IIa			2. Da	ne/illie riepaleu.		a. Ope	rational Period:			
MILILANI MAUKA	MAUK	A	Date	Date: 11/12/23 Time: 1600		D -	Date/Time From: 11/13/2023 0700	NOM	, 11,	Date/Time To: 11/14/2023 0700 TUF
4. Basic Radio Channel Use:	o Chan	nel Use:								
Zone Group	# G	Function	Channel Name/Trunked Radio System Talkgroup		RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A,D, or M)	Remarks
	-	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 Inst	itructio	ns: In the event o	if an emergency, pri	 Special Instructions: In the event of an emergency, provide medical care and communicate emergency to Supervisors and up the chain of command. 	and communic	ate emergen	ncy to Supervis	sors and up t	the chain of c	ommand.
6. Prepared By	אַ	(Communicatio	(Communications Unit Leader)	Name: DAVID WOLFE, LSC	E, LSC		is	Signature:	100	
ICS 205							Ö	Date/Time:	4/21	1640
						,	-		1	

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Na	ame:	2. Operation	al Period:	Date From:	11/13/23	Date To: 11/	14/23	
MILILANI M	AUKA			Time From: (0700	Time To: 070	00	
S A F E T Y	Snags (d crowns) wildland moisture burn mor in advand than gree that have and age p	and other h firefighters, s than live, g e readily. In ce of the ma en trees, falli been weake oresent equal	azard trees Snags ty green trees; the proces ain fire and ng with little ened by inse I hazard and		or needle ignificant h much lo ject to rot throw firek nrough mor- ng. Live, gro weather, p out warning	es in the nazard to wer fuel and they orands far e quickly een trees ast fires, g.	I T · S	
A F E T	effect from the weal • Envir Strom opera	etive time to unseen falli widespread cened or dead or mental cong winds cations. Mach	gain control gain control gain control gain dand dying onditions tha or erratic ine operatio	ne period in the period in the period weakened were at night timber. It increase risting winds from the period icopter take incopter take incomplete incopter take incopte	s, the incre live trees i t in areas k from haza storm c itions - carg	ased risk may limit s of fire ard trees: cells. Night	T 0 Y	
S A F E T Y	flights. Steep slopes. Diseased or bug-killed areas. Things to consider when assessing the potential dangers of hazard trees: Trees have been burning for an extended period. High-risk tree species (those that are known for rot and shallow root systems) are in the area. Numerous downed trees. Dead or broken tips and limbs overhead. Accumulation of downed limbs. Tree decay, cavities, splits, and cracks. Absence of needles, bark, or limbs. Leaning or hung-up trees. Roots damaged by equipment or erosion. Mitigation measures to take: Identify and flag all high-risk areas until the hazard has been removed. Use qualified saw teams and felling bosses. Establish lookouts. Plan a quick and safe escape route. Do not turn your back on							
S A F E T	a fall			onal awarene			I I I I I	
5. Prepared By: Eric Joh	nson		Position/Title IC		Signature: <u>(</u>	En John	~	
CS 208		Date/Time:	11/12/202	31700				

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

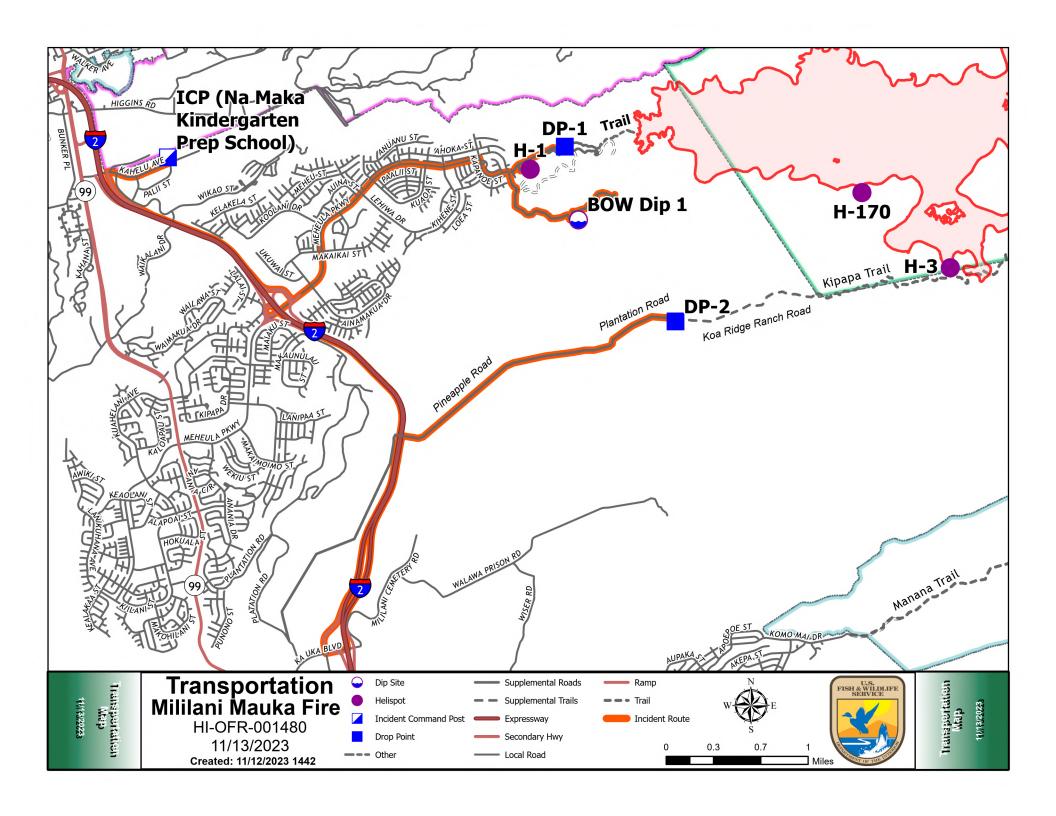
Demob Phone: Ruben Alvidrez 530-685-5255

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.



ACTIVITY LOG (ICS 214)

1. Incident Name:			2. Operational Period: Date Fro	m: Date To:
			Time Fro	m: Time To:
3. Name:		4. ICS	S Position:	5. Home Agency (and Unit):
6. Resources Assig				1
Nan	ne		ICS Position	Home Agency (and Unit)
7. Activity Log:				
Date/Time	Notable Activities			
8. Prepared by: Na	ame:		Position/Title:	Signature:
ICS 214			Date/Time:	-

ACTIVITY LOG (ICS 214)

1. Incident Name:		2. Operational Period:	Date From:	Date To:
			Time From:	Time To:
7. Activity Log (cor	ntinuation):			
Date/Time	Notable Activities			
O Duamana di Luci Mi		Desition /Title	0:	
	ame:		Signat	ture:
ICS 214		Date/Time:		

MEDICAL PLAN (ICS 206)

1. Incident Name: MILILANI MAUKA			2. Operational Period:				Date To: 11/14/23 Fime To: 0700		
3. EMS / Ambulance Services / Aid Stations:									
Name	Name		Location			Contact Number(s)/Frequency		Level of Service	
Fire Station 41		95-1990 Meheula Pkwy, Mililani, HI 96789		I 96789	808-626-0729		XALS ∏BLS		
		The second of th		000 020 0.20		☐ALS ☐ BLS			
John Mears		Jumper/Helibase Manager			530-949-0142			□ALS⊠BLS	
Kyle Jones		Mendocino Hotshots			707-322-4614		AL	☐ ALS 🔀 BLS	
Tyler Buck		Six Rivers WFM			661-618-2330		☐ ALS ⊠ BLS		
								ALS BLS	
4. Transportation	n (indicate	air or ground):							
Ambulance S	envice	Lacation			Contact		11.60		
C&C Ambulance		Location			Number(s)/Frequency 911		Level of Service		
AMR Ambulance	, ,		-					XALS BLS	
, avii () anibalarioo	(Cround)				911			XALS ☐BLS ☐ALS ☐BLS	
							☐ ☐ ALS		
5. Hospitals:							LIALO	ПРГЭ	
	A	ddress,	Contact	Tra	vel Time				
Hospital Name	Latitude & Longitude		Number(s)/ Frequency	Air	Ground	Trauma nd Center	Burn Center	Helipad	
Queen's - West		Fort Weaver Rd. ch, HI 96706	808-691-3000			Yes Level:	Yes No	☐ Yes ☐ No	
Pali Momi Medical Center	98-1079 Moanalua Rd. Aiea, HI 96701		808-486-6000			∑Yes Level:_3	Yes No	Yes No	
Queens - Punchbowl	1301 Punchbowl St. Honolulu, HI 96813		808-691-1000			XYes Level:_1	Yes	∑Yes □No	
Straub	888 South King St. Honolulu, HI 96813		808-522-4000			Yes Level:	⊠Yes No	Yes No	
Wahiawa General	128 Lehua St. Wahiawa, HI 96786		808-621-8411			Yes Level:	Yes No	Yes No	
6. Special Medical Emergency Procedures: On scene resource will assume Incident Within an Incident Commander (IWI IC) responsibilities. - IWI IC Contacts: Notify Operations Chief, call 911 if able otherwise pass to Operations Chief. - IWI IC will serve as point of contact and run medical emergency. - Helibase will launch DOI helicopter with ATGS 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.									
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: Eric Johnson (IC) Signature:									
ICS 206 Date/Time: 11/12/2023 1706/									

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.

. 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, lones, FMT Smith is providing medical care."

Meadow Medical, IC is TFLD Jones. EM	T Smith is providing medical care."	3	J	3,			
Severity of Emergency / Transport Priority	□ RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE Ex: Unconscious, difficulty breathing, bleeding severely, 2° − 3° burns more than 4 palm sizes, heat stroke, disoriented. □ YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. Ex: Significant trauma, unable to walk, 2° − 3° burns not more than 1-3 palm sizes. □ GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.						
Nature of Injury or Illness & Mechanism of Injury				Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)			
Transport Request				Air Ambulance / Short Haul/Hoist Ground Ambulance / Other			
Patient Location			L	Descriptive Location & Lat. / Long. (WGS84)			
Incident Name				Geographic Name + "Medical" (Ex: Trout Meadow Medical)			
On-Scene Incident Commander				Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)			
Patient Care				Name of Care Provider (Ex: EMT Smith)			
3. INITIAL PATIENT ASSESSMEN	T: Complete this section for each patier	nt as applicable (start w	rith the most severe patient)				
Patient Assessment: See IRPG pag	e 106						
Treatment:							
4. TRANSPORT PLAN:							
Evacuation Location (if different): (D	escriptive Location (drop point, i	intersection, etc.) o	r Lat. / Long.) Patient's	ETA to Evacuation Location:			
Helispot / Extraction Site Size and H	azards:						
5. ADDITIONAL RESOURCES / EQ	UIPMENT NEEDS:						
Example: Paramedic/EMT, Crews, Immo	bilization Devices, AED, Oxygen, Tra	uma Bag, IV/Fluid(s),	Splints, Rope rescue, Whee	led litter, HAZMAT, Extrication			
6. COMMUNICATIONS: Identify St							
Function Channel Name/Nur	mber Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *			
COMMAND AIR-TO-GRND							
TACTICAL							
7. CONTINGENCY: Considerations: ahead.	 If primary options fail, what action	l s can be implemente	l ed in conjunction with prin	 nary evacuation method? Be thinking			
8. ADDITIONAL INFORMATION: Up		ding to your level	of training. Be Alert	Keep Calm. Think Clearly. Act Decisively.			
		. 5 ,					