

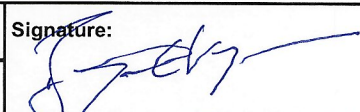


INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:		2. Operational Period:	
MILILANI MAUKA		Date/Time From: 11/16/2023 0700 THU	Date/Time To: 11/17/2023 0700 FRI
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 			
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 207	Other Attachments:	
<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> ICS 214	
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input checked="" type="checkbox"/> FINANCE MESSAGE	
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input checked="" type="checkbox"/> DEMOB MESSAGE	
<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	
<input checked="" type="checkbox"/> ICS 206		<input type="checkbox"/> _____	
7. Prepared by: BRYAN VERGNE	Position/Title: PSC	Signature: 	
8. Approved by Incident Commander:	Name: TOM MERRITT	Signature: 	
ICS 202		Date: 11/15/2023	

FINAL

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period:	
MILILANI MAUKA		Date/Time From: 11/16/2023 0700	Date/Time To: 11/17/2023 0700
		THU	FRI
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UC	TOM MERRITT	DAY OPS SECTION CHIEF	
SAFETY OFFICER		NIGHT OPS SECTION CHIEF	
INFORMATION OFFICER	SUSAN HEISEY	PLANNING OPS	
LIAISON OFFICER		OPS SECTION CHIEF	
4. Agency/Organization Representative(s):		DEPUTY OPS SECTION CHIEF	
Agency/Organization	Name	STAGING AREA	
US ARMY	BRYSON KAMAKURA		
DOFAW-HAWAII	JASON MISAKI	DIVISION/GROUP	A / D / G / J
NATIONAL GUARD	BYRON CADIZ	DIVISION/GROUP	
HONOLULU FIRE DEPARTMENT	SHELDON HAO	DIVISION/GROUP	
		7b. Air Operations Branch:	
USFWS AGENCY ADMINISTRATOR	JOSHUA REAM 808-291-6258	HELIBASE MANAGER	MICHAEL HANSEN
USFWS INBA	VERONIKA KLUKAS	8. Finance/Administration Section:	
		CHIEF	HEATHER FITZPATRICK
		DEPUTY	
		TIME UNIT	
5. Planning Section:		PROCUREMENT UNIT	LYNNE HANZAWA
CHIEF	BRYAN VERGNE	COMPENSATION UNIT	
DEPUTY		COST UNIT	
RESOURCES UNIT	CHARLIE HARDY (T)		
SITUATION UNIT			
DOCUMENTATION 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	DAVID WOLFE		
SUPPLY UNIT			
FACILITIES UNIT			
GROUND SUPPORT UNIT			
COMMUNICATIONS UNIT			
MEDICAL UNIT			
FOOD UNIT			
ORDERING MANAGER	RUBEN ALVIDREZ		
9. Prepared By:	Name: BRYAN VERGNE	Position/Title: PSC	Signature:
ICS 203		Date: 11/15/2023	

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: 11/16/2023 0700 THU		Date/Time To: 11/17/2023 0700 FRI				
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
SMOD - MODULE - REDDING SMKJ O-15		11/19	TRAVIS HARNOS		10	KOA RIDGE RANCH/ 661-361-4926/
WFM2 - MODULE - SIX RIVERS O-12		11/17	TRISTAN KIEHL		10	LYCHEE FARM/ 559-356-7638/
6. Control Operations/Work Assignments:						
<p>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.</p>						
7. Special Instructions:						
<p>For emergency, refer to ICS-206 Medical Plan. Contact Operations 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 (Planning Section Chief)		Date	Time
CHARLIE HARDY, RESL(T) <i>CH</i>			BRYAN VERGNE, PSC <i>BV</i>		11/15/2023	1700

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)


Controlled Unclassified Information//Basic

1. Incident Name: MILILANI MAUKA	2. Date/Time Prepared: Date: 11/15/2023 Time: 1600	3. Operational Period: Date/Time From: 11/16/2023 0700 Date/Time To: 11/17/2023 0700	
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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 (Communications Unit Leader)	Name: DAVID WOLFE, LSC	Signature: 
ICS 205		Date/Time: 11/15/23 1630

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:	Date From: 11/16/23	Date To: 11/17/23
MILILANI MAUKA		Time From: 0700	Time To: 0700

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- Serious Injury Procedures -

Dealing with serious injuries on the fireline can add even more stress to our hectic work environment. In the event a fireline accident occurs, adherence to the following principles is important to ensure an adequate and appropriate response is made.

- Before entering the scene, determine whether it is safe to approach. Look for hazards as well as what may have happened. It may be necessary to move the patient or to make the area safe before doing an assessment.
- Provide first aid and assess the extent of the injuries.
- Make contact with your supervisor, the IC and follow the medical plan provided in the daily IAP.
- Provide accurate, concise information on the following:
 - Number of people injured.
 - Type of injuries.
 - Severity of injuries (light, moderate, severe, life threatening).
 - Mechanism of injury.
 - Vital signs (pulse, respiration, level of consciousness, etc.).
- The 8 Line on the back of your IAP will help with the reporting and proper documentation of the incident.
- Determine the best method of evacuation. Depending on the severity of injury or availability of resources, this decision may already be made for you.
- Keep the radio frequency clear of non-emergency traffic. Provide updates of the patient's condition and await instructions.
- If evacuation is by helicopter, it may be necessary to construct a helispot. Document treatment provided in case it is necessary to send the information along with the patient in the aircraft.
- If the patient needs to be carried to a road, ensure enough people are available to work in relays.
- Once the patient is clear, take a moment to write down witness statements, clean up notes and timelines, and document any other pertinent information.



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: 11/15/2023 1630	

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

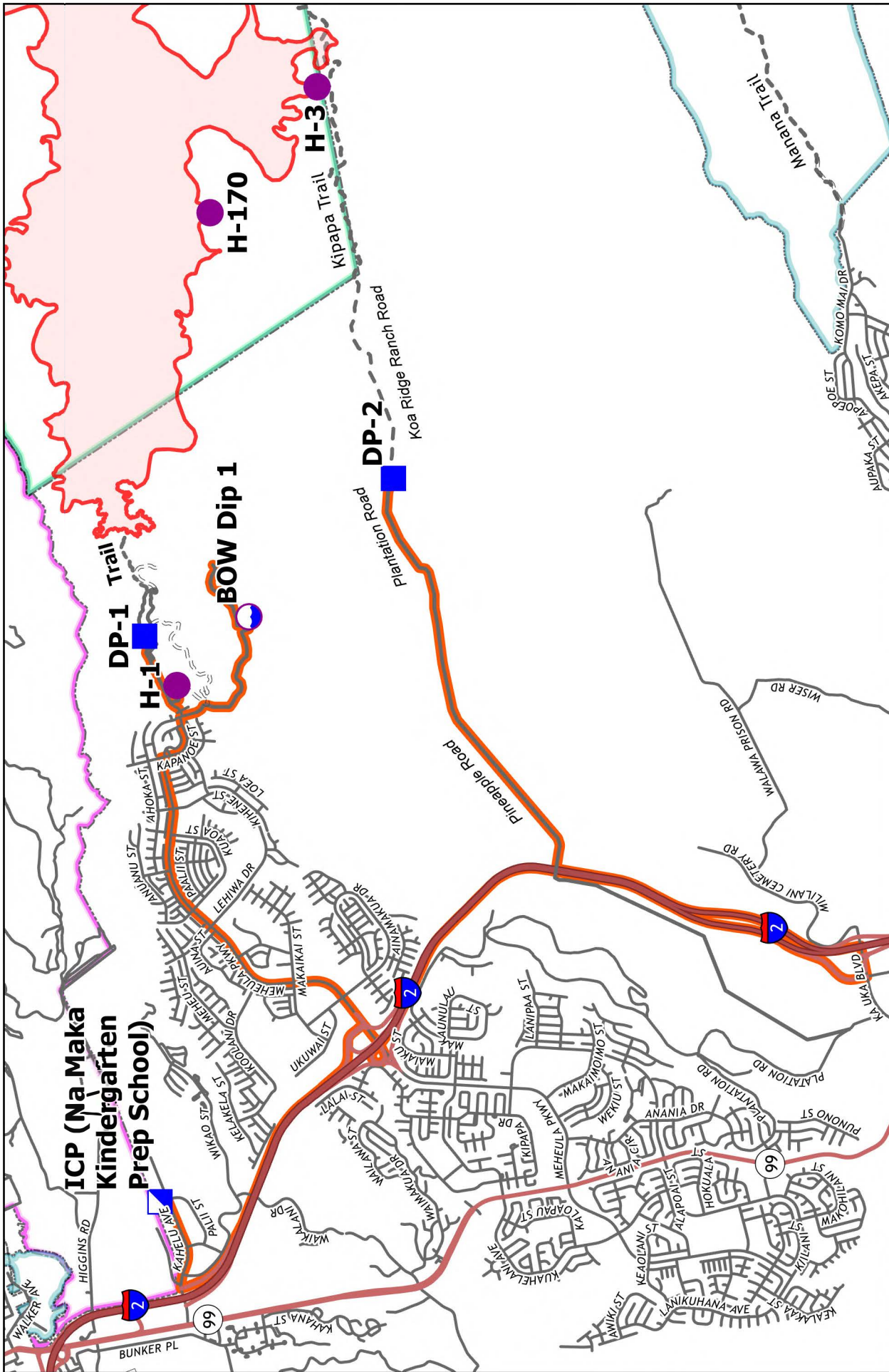
Demob Phone: Ruben Alvidrez 530-685-5255


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.













Transportation Map


-  Dip Site
-  Heisplot
-  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



MEDICAL PLAN (ICS 206)

1. Incident Name: MILILANI MAUKA		2. Operational Period: Date From: 11/16/23 Time From: 0700		Date To: 11/17/23 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	Jumper/Helibase Manager	530-949-0412	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS				
Tyler Buck	Six Rivers WFM	661-618-2330	<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: 3	<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: 1	<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><i>Tom Merritt</i></u>			
ICS 206		Date/Time: 11/15/2023 1630					

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.