

# Thomas

# INCIDENT

## CA-VNC-103156

## INCIDENT ACTION PLAN



## OPERATIONAL PERIOD

12/6/2017 0700


to

12/7/2017 0700

## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> <p style="text-align: center;">Thomas</p>	<b>2. Operational Period:</b> Date From: 12/6/2017    Date To: 12/7/2017 Time From: 0700    Time To: 0700																				
<b>3. Objective(s):</b> <u>Management Objectives</u> Provide for and maintain public and first responder safety by utilizing the incident safety analysis process Protect critical assets at risk to include the agricultural industry, historical assets within the affected area, infrastructure and improvements, watershed, and transmission lines Utilize tactics that consider protection of sensitive natural and cultural resources in the Sespe Wilderness and the Sespe Condor Sanctuary It is the Unified Incident Commander's Leader's Intent to ensure transparent, timely, and accurate communication at all levels of the incident. Be financially responsible for all assigned management and fire suppression tactics Foster and enhance community and political relationships All management actions and efforts will be focused on serving, safeguarding, and protecting the citizens and natural resources within Ventura County <u>Control Objective</u> Keep the fire north of Hwy 126 Keep the South of Hwy 150 to Reeves Rd. to Hern Canyon Rd. to Nordhoff Ridge Keep the fire East of Hwy 101 Keep the fire West of Toland Rd.																					
<b>General Situational Awareness:</b> Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history and drought stressed trees																					
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																					
<b>Approved Site Safety Plan(s) Located at:</b>																					
<b>6. Incident Action Plan</b> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input type="checkbox"/> ICS 215A</td> <td><input type="checkbox"/> Phone List</td> <td><input checked="" type="checkbox"/> Fire Suppression Repair Plan</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 220</td> <td><input type="checkbox"/> Training Message</td> <td><input checked="" type="checkbox"/> Information Message</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Incident Map</td> <td><input checked="" type="checkbox"/> Travel Map</td> <td><input checked="" type="checkbox"/> Example Shift Ticket</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td><input checked="" type="checkbox"/> Weather Forecast</td> <td><input type="checkbox"/> Demob Plan</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> Fire Behavior</td> <td><input checked="" type="checkbox"/> Finance Message</td> <td><input checked="" type="checkbox"/> ICS 214</td> </tr> </table>		<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> Phone List	<input checked="" type="checkbox"/> Fire Suppression Repair Plan	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input checked="" type="checkbox"/> Information Message	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Incident Map	<input checked="" type="checkbox"/> Travel Map	<input checked="" type="checkbox"/> Example Shift Ticket	<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Fire Behavior	<input checked="" type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> Phone List	<input checked="" type="checkbox"/> Fire Suppression Repair Plan																		
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input checked="" type="checkbox"/> Information Message																		
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Incident Map	<input checked="" type="checkbox"/> Travel Map	<input checked="" type="checkbox"/> Example Shift Ticket																		
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<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Fire Behavior	<input checked="" type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214																		
<b>7. Prepared By:</b> Jason Martin	Position/Title: PSC	Signature:																			
<b>8. Approved by Incident Commander:</b>	Dave Russell	Signature:																			
ICS 202																					

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> Thomas		<b>2. Operational Period: Date From:</b> 12/6/2017 Time From: 0700		<b>Date To:</b> 12/7/2017 <b>Time To:</b> 0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operation Section:</b>		
IC/UC's	Derum, Milkovich (VNC), Brock (VEN),	Chief	Bill Weiser		
	Watkins (VCSO), Comey (VPD),	Deputy	Mark Brown		
	Schwarm (LPF), Beach (T), Pemberton (T)	Night Ops	Mark Higgins		
Deputy	Dave Russell				
Safety Officer	Jack Piccinini, Doug Ferro		<b>Branch</b>	<b>I</b>	<b>Shane Lauderdale</b>
Information Officer	Steve Kaufman, Bill Murphy		Division/Group	R	James Allen
Liaison Officer	Shannon Barney		Division/Group	S	Ryan Danielsen
<b>4. Agency/Organization Representatives:</b>			Division/Group	T	Randy Engler
Agency/Organization	Name	Division/Group			
VC OES	Kevin McGowan	Division/Group			
CHP	Aaron Gouling	<b>Branch</b>	<b>II</b>	<b>John Abel, Nic Elmquist (T)</b>	
CDCR	Alyce VonSavoye	Division/Group	U	Phil Hernandez	
So Cal Edison	Scott Brown	Division/Group	V	Mark Gerwe	
So Cal Gas	Maria Ventura	Division/Group	X	TBA	
OES	David Stone	Division/Group	Y	TBA	
		Division/Group			
		<b>Branch</b>	<b>III</b>	<b>Sean Norman</b>	
		Division/Group	A	TBA	
		Division/Group	B	TBA	
		Division/Group			
		Division/Group			
		Division/Group			
		<b>Branch</b>	<b>IV</b>	<b>Vince O'Neal</b>	
<b>5. Planning Section:</b>			Division/Group	D	Jeff Roberts
Chief	Chris Burch		Division/Group	E	TBA
Deputy	Jason Martin		Division/Group	F	TBA
Resource Unit	Jonathan Pangburn, Coby Dyche		Division/Group	G	TBA
Situation Unit	Jason Taylor, Denny O'Neil		Division/Group		
Documentation Unit		<b>Branch</b>	<b>V</b>	<b>Adam Matos</b>	
Demobilization Unit	Chris Lynch		Division/Group	K	TBA
GISS	Stacy Stanish		Division/Group	L	TBA
FBAN	Tim Chavez		Division/Group	M	TBA
IMET	Rich Thompson		Staging Area	Park Staging	TBA
Training Tech Spec	Dennis Martin		Staging Area	Harding Staging	TBA
		<b>Air Operations Branch</b>		<b>Director:</b>	<b>Mark Gradek</b>
<b>6. Logistics Section</b>			Air Support Grp Sup	Greg Bradshaw, Ken Dossey (T)	
Chief	Bob Wood, Matt Reich (T)		Helibase Manager	Tim Perkins	
Supply Unit	Matt Brandt				
Facilities Unit	Shawn Burris		<b>8. Finance/Administration Section:</b>		
Ground Support Unit	Mike Esparza		Chief	George Huang, David Irion (T)	
Hired Equipment Tech	Tim Bingham		Time Unit	Shane Beck	
Communications Unit	Austin Browne		Procurement Unit	Joe Flagg	
Medical Unit	Darin Nelson		Comp/Claims Unit	Shawn Bowe	
Motel Tech Spec	Dawn Muschetto		Cost Unit	Rob Jenkins	
<b>Prepared By: Name:</b> Jason Martin		<b>Position/Title:</b> PSC		<b>Signature:</b> 	
<b>ICS 203</b>		<b>Date/Time:</b> 12/5/2017		<b>2300 hours</b>	

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <p style="text-align: center;"><b>Thomas</b></p>	<b>2. Operational Period:</b> Date From: 12/06/17      Date To: 12/07/17 Time From: 0700              Time To: 0700	<b>3.</b>  Branch: <b>I</b>  Div/Group: <b>R</b>  <p style="text-align: center;"><b>Romeo</b></p> <p style="text-align: right;">Page 1 of 2</p>					
<b>4. Operations Personnel:</b> Operations Section Chief: <b>Bill Weiser</b> Night Ops: <b>Mark Higgins</b> Branch Director: <b>Shane Lauderdale</b> Division/Group Supervisor: <b>James Allen</b>							
<b>5. Resources Assigned:</b> <b>** Resources Below in Bold are 12 Hour **</b>		Reporting Location, Special Equipment, Remarks, Notes, and Information Time    Location					
Resource Identifier	Leader	Personnel	Request #				
STA 2819A				0700-0700    DP-7			
STA				0700-0700    DP-7			
STA				0700-0700    DP-7			
STA				0700-0700    DP-7			
STA				0700-0700    DP-7			
STA				0700-0700    DP-7			
STA				0700-0700    DP-7			
STA				0700-0700    DP-7			
STA				0700-0700    DP-7			
STA				0700-0700    DP-7			
STC OES 5823C	Ira Peskin		E-119	0700-0700    DP-7			
STC				0700-0700    DP-7			
STC				0700-0700    DP-7			
STC				0700-0700    DP-7			
STC				0700-0700    DP-7			
STG				0700-0700    DP-7			
STG				0700-0700    DP-7			
STG				0700-0700    DP-7			
<b>6. Work Assignments:</b> Hold fire south of Creek Road Provide for structure defense							
<b>7. Special Instructions:</b>  							
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
CDF T26	4	TACTICAL	159.2925	192.8	159.2925	192.8	BRANCH I
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY
<b>9. Prepared by: Name:</b> Coby Dyche                      Pos/Title:    RESL							
<b>ICS 204</b>		Date/Time: 12/5/2017    2300 hours		Signature:			

# ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Thomas		<b>2. Operational Period:</b> Date From: 12/06/17      Date To: 12/07/17 Time From: 0700      Time To: 0700				<b>3.</b>  Branch: I Div/Group: R  Romeo Page 2 of 2	
<b>4. Operations Personnel:</b> Operations Section Chief: Bill Weiser      Night Ops: Mark Higgins Branch Director: Shane Lauderdale Division/Group Supervisor: James Allen							
<b>5. Resources Assigned:</b>		<b>** Resources Below in Bold are 12 Hour **</b>				Reporting Location, Special Equipment, Remarks, Notes, and Information	
Resource Identifier	Leader	Personnel	Request #	Time	Location		
STG				0700-0700	DP-7		
STL				0700-0700	DP-7		
DOZ TCU 4442	Mark Sherrilo		E-181	0700-0700	DP-7		
<b>WT PVT D&amp;L E-140</b>	<b>Douglas Brossard</b>		<b>E-140</b>	<b>0700-1900</b>	<b>DP-7</b>		
<b>WT PVT Sweetwater E-141</b>	<b>Gerhard Haas</b>		<b>E-141</b>	<b>0700-1900</b>	<b>DP-7</b>		
WT				0700-0700	DP-7		
WT				0700-0700	DP-7		
<b>6. Work Assignments:</b> Hold fire south of Creek Road Provide for structure defense							
<b>7. Special Instructions:</b>							
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
CDF T26	4	TACTICAL	159.2925	192.8	159.2925	192.8	BRANCH I
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY
<b>9. Prepared by: Name:</b> Coby Dyche		Pos/Title: RESL		Signature: <i>Coby Dyche</i>			
ICS 204		Date/Time: 12/5/2017 2300 hours					

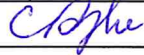
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<b>1. Incident Name:</b> <p style="text-align: center;"><b>Thomas</b></p>	<b>2. Operational Period:</b> Date From: 12/06/17      Date To: 12/07/17 Time From: 0700      Time To: 0700	<b>3.</b>  Branch: <b>I</b>  Div/Group: <b>S</b>  <p style="text-align: center;"><b>Sierra</b></p>					
<b>4. Operations Personnel:</b> Operations Section Chief: <b>Bill Weiser</b> Night Ops: <b>Mark Higgins</b> Branch Director: <b>Shane Lauderdale</b> Division/Group Supervisor: <b>Ryan Danielsen</b>							
<b>5. Resources Assigned:</b> <b>** Resources Below in Bold are 12 Hour **</b>		Reporting Location, Special Equipment, Remarks, Notes, and Information					
Resource Identifier	Leader	Personnel	Request #	Time	Location		
STA				0700-0700	DP-7		
STA				0700-0700	DP-7		
STA				0700-0700	DP-7		
STA				0700-0700	DP-7		
STA				0700-0700	DP-7		
STC XMY 2175C	Joe Pastore		E-104	0700-0700	DP-7		
STC				0700-0700	DP-7		
STC				0700-0700	DP-7		
STC				0700-0700	DP-7		
STF XKI 5056F	Sal Gutierrez		E-117	0700-0700	DP-7		
STG				0700-0700	DP-7		
STG				0700-0700	DP-7		
STG				0700-0700	DP-7		
STG				0700-0700	DP-7		
WT				0700-0700	DP-7		
WT				0700-0700	DP-7		
<b>6. Work Assignments:</b> Hold fire south of Creek Road and Ojai Valley Road Provide for structure defense							
<b>7. Special Instructions:</b>  							
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
CDF T26	4	TACTICAL	159.2925	192.8	159.2925	192.8	
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY
<b>9. Prepared by: Name:</b> Coby Dyche      Pos/Title:      RESL							
ICS 204	Date/Time: 12/5/2017      2300 hours		Signature:				

### ASSIGNMENT LIST (ICS 204)

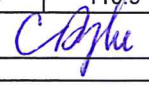
<b>1. Incident Name:</b> Thomas		<b>2. Operational Period:</b> Date From: 12/06/17     Date To: 12/07/17 Time From: 0700     Time To: 0700				<b>3.</b> Branch: I Div/Group: T Tango	
<b>4. Operations Personnel:</b> Operations Section Chief: <b>Bill Weiser</b> Night Ops: <b>Mark Higgins</b> Branch Director: <b>Shane Lauderdale</b> Division/Group Supervisor: <b>Randy Engler</b>							
<b>5. Resources Assigned:</b>		<b>** Resources Below in Bold are 12 Hour **</b>				Reporting Location, Special Equipment, Remarks, Notes, and Information Time    Location	
Resource Identifier	Leader	Personnel	Request #				
STA OES 2820A	Jeff Rowan		E-108		0700-0700	DP-7	
STA					0700-0700	DP-7	
STC BTU 9210C	Bill Lopez				0700-0700	DP-7	
STC					0700-0700	DP-7	
STG					0700-0700	DP-7	
STG					0700-0700	DP-7	
STL					0700-0700	DP-7	
WT					0700-0700	DP-7	
<b>6. Work Assignments:</b> Hold fire south of Ojai Valley Road Provide for structure defense							
<b>7. Special Instructions:</b>							
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
CDF T26	4	TACTICAL	159.2925	192.8	159.2925	192.8	
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY
<b>9. Prepared by: Name:</b> Coby Dyche		<b>Pos/Title:</b> RESL		<b>Signature:</b>			
ICS 204		<b>Date/Time:</b> 12/5/2017		2300 hours			

### ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <p style="text-align: center;">Thomas</p>		<b>2. Operational Period:</b> Date From: 12/06/17      Date To: 12/07/17 Time From: 0700      Time To: 0700				<b>3.</b> Branch: <span style="float: right;"><b>II</b></span> Div/Group: <span style="float: right;"><b>U</b></span> <span style="float: right;"><b>Uniform</b></span>	
<b>4. Operations Personnel:</b> Operations Section Chief: <b>Bill Weiser</b> Night Ops: <b>Mark Higgins</b> Branch Director: <b>John Abel, Nic Elmquist (T)</b> Division/Group Supervisor: <b>Phil Hernandez</b>							
<b>5. Resources Assigned:</b> <b>** Resources Below in Bold are 12 Hour **</b>							
Resource Identifier	Leader	Personnel	Request #	Reporting Time	Location	Remarks, Notes, and Information	
STA				0700-0700	DP-7		
STA				0700-0700	DP-7		
STC				0700-0700	DP-7		
STC				0700-0700	DP-7		
STG				0700-0700	DP-7		
WT				0700-0700	DP-7		
<b>6. Work Assignments:</b>							
Construct direct fire line Provide for structure defense							
<b>7. Special Instructions:</b>							
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
CDF T27	5	TACTICAL	159.3075	192.8	159.3075	192.8	
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY
<b>9. Prepared by: Name:</b> Coby Dyche      Pos/Title:      RESL      Signature: 							
<b>ICS 204</b> Date/Time: 12/5/2017      2300 hours							



## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <p style="text-align: center;">Thomas</p>	<b>2. Operational Period:</b> Date From: 12/06/17      Date To: 12/07/17 Time From: 0700              Time To: 0700	<b>3.</b> Branch: II Div/Group: V <p style="text-align: center;">Victor</p>					
<b>4. Operations Personnel:</b> Operations Section Chief: <b>Bill Weiser</b> Night Ops: <b>Mark Higgins</b> Branch Director: <b>John Abel, Nic Elmquist (T)</b> Division/Group Supervisor: <b>Mark Gerwe</b>							
<b>5. Resources Assigned:</b> ** Resources Below in Bold are 12 Hour **		Reporting Location, Special Equipment, Remarks, Notes, and Information <small>Time                      Location</small>					
<small>Resource Identifier</small>	<small>Leader</small>		<small>Personnel</small>	<small>Request #</small>			
STA							
STC							
STC							
STG							
STG							
WT							
WT							
<b>6. Work Assignments:</b> Construct and hold direct fire line							
<b>7. Special Instructions:</b>							
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):							
<small>Name</small>	<small>Ch</small>	<small>Function</small>	<small>Rx Freq</small>	<small>Rx Tone</small>	<small>Tx Freq</small>	<small>Tx Tone</small>	<small>Notes</small>
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
CDF T27	5	TACTICAL	159.3075	192.8	159.3075	192.8	BRANCH II
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110:9	EMERGENCY
<b>9. Prepared by: Name:</b> Coby Dyché                      Pos/Title:    RESL <small>ICS 204</small> Date/Time: 12/5/2017    2300 hours				Signature: 			

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<b>4. Operations Personnel:</b> Operations Section Chief: <b>Bill Weiser</b> Night Ops: <b>Mark Higgins</b> Branch Director: <b>John Abel, Nic Elmquist (T)</b> Division/Group Supervisor: <b>TBA</b>							
<b>5. Resources Assigned:</b>		<b>** Resources Below in Bold are 12 Hour **</b>					
<b>Resource Identifier</b>	<b>Leader</b>	<b>Personnel</b>	<b>Request #</b>	<b>Reporting Location, Special Equipment, Remarks, Notes, and Information</b>			
STA				0700-0700	DP-2		
STA				0700-0700	DP-2		
STC				0700-0700	DP-2		
STC				0700-0700	DP-2		
STG				0700-0700	DP-2		
WT				0700-0700	DP-2		
WT				0700-0700	DP-2		
WT				0700-0700	DP-2		
<b>6. Work Assignments:</b> Construct and hold direct fire line							
<b>7. Special Instructions:</b>							
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
CDF T27	5	TACTICAL	159.3075	192.8	159.3075	192.8	
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY
<b>9. Prepared by: Name:</b> Coby Dyche      Pos/Title: RESL ICS 204      Date/Time: 12/5/2017      2300 hours      Signature: <u><i>C Dyche</i></u>							

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <p style="text-align: center;">Thomas</p>	<b>2. Operational Period:</b> Date From: 12/06/17      Date To: 12/07/17 Time From: 0700      Time To: 0700	<b>3.</b>  Branch: <b>II</b>  Div/Group: <b>Y</b>  <p style="text-align: center;"><b>Yankee</b></p>			
<b>4. Operations Personnel:</b> Operations Section Chief: <b>Bill Weiser</b> Night Ops: <b>Mark Higgins</b> Branch Director: <b>John Abel, Nic Elmquist (T)</b> Division/Group Supervisor: <b>TBA</b>					
<b>5. Resources Assigned:</b> <b>** Resources Below in Bold are 12 Hour **</b>		Reporting Location, Special Equipment, Remarks, Notes, and Information			
Resource Identifier	Leader	Personnel	Request #	Time	Location
STA				0700-0700	
STC				0700-0700	
STC				0700-0700	
STC				0700-0700	
STG				0700-0700	
STG				0700-0700	
STG				0700-0700	
STG				0700-0700	
STG				0700-0700	
STL				0700-0700	
STL				0700-0700	
STL				0700-0700	
STL				0700-0700	
WT				0700-0700	
WT				0700-0700	
WT				0700-0700	
WT				0700-0700	

**6. Work Assignments:**  
 Construct and hold direct fire line

**7. Special Instructions:**

**8. Communications** (radio and/or phone contact numbers needed for this assignment):

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
CDF T27	5	TACTICAL	159.3075	192.8	159.3075	192.8	
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY

**9. Prepared by: Name:** Coby Dyche      Pos/Title: RESL  
**ICS 204**      Date/Time: 12/5/2017 2300 hours      Signature:

### ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <p style="text-align: center;">Thomas</p>	<b>2. Operational Period:</b> Date From: 12/06/17     Date To: 12/07/17 Time From: 0700     Time To: 0700	<b>3.</b>  Branch: III Div/Group: A <p style="text-align: center;">Alpha</p>		
<b>4. Operations Personnel:</b> Operations Section Chief: <b>Bill Weiser</b> Night Ops: Mark Higgins Branch Director: <b>Sean Norman</b> Division/Group Supervisor: TBA				
<b>5. Resources Assigned:</b>	<b>** Resources Below in Bold are 12 Hour **</b>			Reporting Location, Special Equipment, Remarks, Notes, and Information Time    Location
Resource Identifier	Leader	Personnel	Request #	
STA				0700-0700    DP-4
STA				0700-0700    DP-4
STC				0700-0700    DP-4
WT				0700-0700    DP-4

**6. Work Assignments:**

- Construct and hold direct fire line
- Structure defense and perimeter control
- Conduct tactical patrol

**7. Special Instructions:**

**8. Communications**                      (radio and/or phone contact numbers needed for this assignment):

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
VFIRE 25	6	TACTICAL	154.2875	156.7	154.2875	156.7	BRANCH III
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY

**9. Prepared by: Name:**    Coby Dyche                      Pos/Title:    RESL                      Signature:

**ICS 204**    Date/Time: 12/5/2017    2300 hours



## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <p style="text-align: center;">Thomas</p>	<b>2. Operational Period:</b> Date From: 12/06/17      Date To: 12/07/17 Time From: 0700      Time To: 0700	<b>3.</b> Branch: <span style="float: right;"><b>IV</b></span> Div/Group: <span style="float: right;"><b>D</b></span> <span style="float: right;"><b>Delta</b></span>		
<b>4. Operations Personnel:</b> Operations Section Chief: <b>Bill Weiser</b> Night Ops: <b>Mark Higgins</b> Branch Director: <b>Vince O'Neal</b> Division/Group Supervisor: <b>Jeff Roberts</b>				
<b>5. Resources Assigned:</b>		<b>** Resources Below in Bold are 12 Hour **</b>		
Resource Identifier	Leader	Personnel	Request #	Reporting Location, Remarks, Notes, and Information Time                  Location
STA				0700-0700    DP-5
STA				0700-0700    DP-5
STC TUU 9410C	Chuck Honey		E-46	0700-0700    DP-5
STC XCA 4065C	Pat Brown		E-121	0700-0700    DP-5
STC				0700-0700    DP-5
STC				0700-0700    DP-5
STG				0700-0700    DP-5
STG				0700-0700    DP-5
WT				0700-0700    DP-5
WT				0700-0700    DP-5
WT				0700-0700    DP-5
WT				0700-0700    DP-5

<b>6. Work Assignments:</b> Construct direct fire line Provide for structure defense Tactical patrol Aliso and Wheeler Canyons
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<b>7. Special Instructions:</b>
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<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
CDF T30	7	TACTICAL	151.3925	192.8	151.3925	192.8	BRANCH IV
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY

<b>9. Prepared by: Name:</b> Coby Dyché	Pos/Title: RESL	Signature: <i>C Dyché</i>	Date/Time: 12/5/2017    2300 hours
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**ICS 204**



## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <p style="text-align: center;"><b>Thomas</b></p>	<b>2. Operational Period:</b> Date From: 12/06/17      Date To: 12/07/17 Time From: 0700      Time To: 0700	<b>3.</b> Branch: <b>IV</b> Div/Group: <b>F</b> <p style="text-align: center;"><b>Foxtrot</b></p>					
<b>4. Operations Personnel:</b> Operations Section Chief: <b>Bill Weiser</b> Night Ops: <b>Mark Higgins</b> Branch Director: <b>Vince O'Neal</b> Division/Group Supervisor: <b>TBA</b>							
<b>5. Resources Assigned:</b>		** Resources Below in Bold are 12 Hour **					
Resource Identifier	Leader	Personnel	Request #	Reporting Location, Time	Special Equipment, Remarks, Notes, and Information Location		
STA XPL 4131A	Mitch Higgins		E-34	0700-0700	DP-5		
STA				0700-0700	DP-5		
STA				0700-0700	DP-5		
STA				0700-0700	DP-5		
WT				0700-0700	DP-5		
WT				0700-0700	DP-5		
<b>6. Work Assignments:</b> Construct direct fire line Provide for structure defense Conduct tactical patrol							
<b>7. Special Instructions:</b>							
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
CDF T30	7	TACTICAL	151.3925	192.8	151.3925	192.8	
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY
<b>9. Prepared by: Name:</b>		Coby Dyche		Pos/Title: RESL		Signature:	
<b>ICS 204</b>		Date/Time: 12/5/2017		2300 hours			









## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> Thomas		<b>2. Operational Period:</b> Date From: 12/06/17      Date To: 12/07/17 Time From: 0700      Time To: 0700				<b>3.</b>  Branch: V  Div/Group: M  Mike	
<b>4. Operations Personnel:</b> Operations Section Chief: <b>Bill Weiser</b> Night Ops: <b>Mark Higgins</b> Branch Director: <b>Adam Matos</b> Division/Group Supervisor: <b>TBA</b>							
<b>5. Resources Assigned:</b>		<b>** Resources Below in Bold are 12 Hour **</b>				Reporting Location, Special Equipment, Remarks, Notes, and Information Time      Location	
Resource Identifier	Leader	Personnel	Request #				
STA OES 4802A	Bill Becker		E-67	0700-0700	DP-6		
STA				0700-0700	DP-6		
STG				0700-0700	DP-6		
STG				0700-0700	DP-6		
STG				0700-0700	DP-6		
STG				0700-0700	DP-6		
STG				0700-0700	DP-6		
STG				0700-0700	DP-6		
STL LMU 9221L	Norm Stevenson		E-74	0700-0700	DP-6		
STL				0700-0700	DP-6		
DOZ PVT Varian E-188	Dale Evanson		E-188	0700-0700	DP-6		
DOZ PVT Dusi E-189	Brian Coffey		E-189	0700-0700	DP-6		
DOZ PVT Berlogar E-190	Cam Berlogar		E-190	0700-0700	DP-6		
<b>6. Work Assignments:</b> Conduct tactical patrol along Hwy 33 Widen and improve Santa Ana Road							
<b>7. Special Instructions:</b>							
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
VNC C 2	1	COMMAND	154.3250	79.7	155.8350	79.7	
CDF T31	8	TACTICAL	159.3825	192.8	159.3825	192.8	
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
CDF T18	15	TACTICAL	159.3450	192.8	159.3450	192.8	
GUARD 6	16	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY
<b>9. Prepared by: Name:</b> Coby Dyche		Pos/Title: RESL		Signature:			
ICS 204		Date/Time: 12/5/2017 2300 hours					







# INCIDENT Weather Forecast



**FORECAST NO:** 1  
**PREDICTION FOR:** 24 hour SHIFT  
**SHIFT DATE:** 12/6/17-12/7/17

**NAME OF FIRE:** Thomas  
**UNIT:** CalFire  
**SIGNED:** Rich Thompson

**TIME AND DATE**  
**FORECAST ISSUED:** 12/5/17 @ 1900

**Incident Meteorologist**

**WEATHER DISCUSSION:** ...RED FLAG WARNING UNTIL 800 PM PST FRIDAY...

Santa Ana winds will continue across the fire through the operational period. Wind gusts between 20 and 30 MPH can be expected through early this afternoon then will diminish through the evening with even some weak upvalley winds developing on the west and south flanks of the fire. However by early Thursday morning, the Santa Ana winds will increase dramatically with wind gusts between 35 and 50 MPH. Temperatures will be warmer, climbing into the 70s. However, relative humidity will remain very low with poor overnight recovery.

**WEATHER FORECAST:**

**WEATHER:** Mostly clear.  
**TEMPERATURES:** Max: 72-78.  
 Min: 44-52.  
**HUMIDITY:** Min: 3-10%.  
 Max: 15-25%.

**20 FT WINDS:**  
**RIDGETOP -** 0700-1400: Northeast 12-20 MPH Gust 30 MPH.  
 1400-2200: Northeast 8-15 MPH Gust 20 MPH.  
 2200-0300: Northeast 12-20 MPH Gust 35 MPH.  
 0300-0700: Northeast 20-30 MPH Gust 50 MPH.

**SLOPE/VALLEY - Branches IV/V:** 0700-1300: Northeast 6-12 MPH Gust 20 MPH.  
 1300-1900: Southwest/upcanyon 4-8 MPH Gust 12 MPH.  
 2000-0100: Northeast 8-15 MPH Gust 25 MPH.  
 0100-0700: Northeast 12-20 MPH Gust 35 MPH.

**Branches I/II/III:** 0700-1100: Northeast 10-15 MPH Gust 25 MPH.  
 1100-2100: Northeast 5-10 MPH Gust 18 MPH.  
 2100-0100: Northeast 12-20 MPH Gust 30 MPH.  
 0100-0700: Northeast 15-25 MPH Gust 40 MPH.

**EXTENDED FORECAST:**

The Santa Ana winds will weak peak in strength Thursday morning into early Thursday afternoon. By Thursday afternoon, the Santa Ana winds will decrease and continue to slowly decrease through Friday. However, critical fire weather conditions will persist through Friday with warming temperatures (upper 70s to mid 80s) and very dry conditions (relative humidity in the single digits and low teens).

For Saturday into early next week, the offshore winds will continue to diminish. However, temperatures will remain warm and dry conditions will persist. So, elevated fire weather conditions will continue.



# ***SAFETY MESSAGE***

## ***THOMAS INCIDENT***



***17-CA-VNC-103156 – December 6, 2017 – 0700 TO 0700***

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### **FIRE BEHAVIOR / WEATHER**

#### **WINDY FIRE CONDITIONS**

#### **Watch Out**

- Current Fire Behavior due to Santa Ana Winds
- Unfamiliar with weather and local factors influencing fire behavior
- Changes in wind Speed and wind Directions

#### **Mitigation**

- Keep informed on predicted fire weather conditions and forecasts
- Attend Briefing and Provide a Tailgate Briefing with emphasis on the predicted fire behavior
- Establish Look Outs and work in cooperation with your adjoining forces

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### **UTILITY HAZARDS**

#### **ON THE ROAD and FIRELINE**

#### **Watch Out**

- Down and Damaged Powerlines and Powerpoles
- Propane Tanks and Natural Gas Lines
- Fire Damaged Structures or Hazard Trees near Powerlines

#### **Mitigation**

- Flag with “Three Stripes You’re Out” Notify Division and adjoining forces
- Identify, Secure if possible, Flag and Notify Division
- Flag, Notify and Deny Entry. Fall any Hazard Trees if trained and appropriate

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### **ROADWAY AWARENESS**

#### **IN and AROUND the FIRE AREA**

#### **Watch Out**

- Visibility is poor due to SMOKE and DUST
- Local Residence and Local Fire Survivors inside and outside the fire perimeter
- Narrow and Congested Roads / Uncontrolled Intersections

#### **Mitigation**

- Drive with purpose and arrive at your assignment or ICP uninjured
- Drive with caution and be conscious of any assistance you can provide
- Most frequent and High Hazard action / Drive at an appropriate speed for conditions



  
***Douglas Michael Ferro***  
**TEAM 4 SAFETY OFFICER**

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### AIR OPERATIONS SUMMARY ICS-220

**Incident Name / Number**  
Thomas / CA-VNC-103156

**Sunrise** [2] 730 [3] **Cutoff** [4] 1619 [5] **Sunset** [5] 1649 [5]

**General Remarks, Safety Notes, Hazards, Air Operations Special Equipment, etc.**  
 TRACK ALL DIPSITE LOCATIONS / NUMBER OF DIPS / GALLONS TAKEN.  
 TRACK ALL DROP LOCATIONS / NUMBER OF DROPS / GALLONS DROPPED  
 ALL GPS DATA TO BE COLLECTED IN DEGREES.MINUTES.DECIMAL.MINUTES.FORMAT.  
 AVOID Aerial Application of Retardant / Foam / Agent within 300' of Waterways, Bodies of Water, etc.  
 If Retardant / Foam / Agent is Dropped Within These Areas Immediately Notify the AOB and Provide the Following Information: Lat / Long, Estimated Number of Gallons and a Map Detailing The Area.

**Time Prepared**  
1400

**Date Prepared**  
Tuesday, December 5, 2017 [1]  
Operational Period - Date  
Wednesday December 6, 2017

**Prepared By**  
Mark Gradek

**Operational Period - Time**  
0700-1800 [7]

**Helibase Information**  
Name Santa Paula  
Latitude 34.20744 [8]  
Longitude 119.03.889

**TFR Information**  
Request #  
Polygon: NM  
Altitude: 8500 MSL  
Centerpoint: Lat Long  
NOTAMS: 7/9045  
Frequency 129.9500  
<http://tfr.faa.gov/tfr2/list.html>

**Rescue Ship Information**  
Day Helist | Night Helist  
Name Air Squad 8  
Phone  
Make/Model Bell 205  
Location  
Request Procedure for These Aircraft:  
Incident Communications  
See Medical Plan For Additional Info

Santa Paula Airport 822 E. Santa Maria St.

Frequencies	TX	Tone	RX	Tone	AM / FM
VNC C2	154.8350	79.7	154.3250	79.7	FM
AIR / GROUND - TACTICAL	159.3450	192.8	159.3450	192.8	FM
AIR/AIR ROTARY WING	129.9500				AM
Helco Briefing					
AIR TACTICS	169.2000		169.2000		FM
Air Attack Briefing					
TOLC	125.8750		125.8750		AM
DECK	168.3500		168.3500		AM
CALCORD - MEDICAL	156.0750	156.7 (6)	156.0750	156.7 (6)	FM
AIRGAURD - Emergency Only	168.6250	110.9 (1)	168.6250		FM

Position	Name	Phone	Phone	Trainee	Phone
AOBD	Mark Gradek	707.889-4303 [9]			
ASGS	Greg Bradshaw	949.887-2841		Ken Dossey	949.322-8815
HEBM	Tim Perkins	949.702-3868			
HLCO	Mel Lovo				
HLCO	John Zuniga				
HLCO	Jake Serrano				
AAML					
ATGS	Jim Tulley				
ATGS					

#### HELICOPTERS ( Use page 2 if Needed )

FAA #	Type	Make/Model	Helibase	Avail	Start	Remarks	FAA #	Type	Make/Model	Helibase	Avail	Start	Remarks
XFT	1	KMAX	SZP	0700	0800	[10]	6GH	2	Bell 205	SZP	0700	0800	Standard
2CK	1	S-61	SZP	0700	0800		Copter 7	2	Bell 205	SZP	0700	0800	Night Ops
3PJ	1	S-60	SZP	0700	0800		Copter 8	2	Bell 205	SZP	0700	0800	Night Ops
4PJ	1	S-60	SZP	0700	0800		Copter 308	2	Bell 205	SZP	0700	0800	Standard
							2AH	2	Bell 212	SZP	0700	0800	Standard
							68U	2	S-58	SZP	0700	0800	Restricted
							8EC	2	Bell 205	SZP	0700	0800	Standard

#### FIXED WING ( Use Page 2 if Needed )

FAA #	Type	Make/Model	Base	Avail	Start	Remarks	FAA #	Type	Make/Model	Base	Avail	Start	Remarks
							8GH	3	Astar	SZP	700	800	Helco/Recon
							3SH	3	Bell 206	SZP	700	800	Helco/Recon

# ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b> Thomas	<b>2. Date/Time Prepared</b> Date: 12/05/2017 Time: 1830	<b>3. Operational Period:</b> Date From: 12/06/17 Time From: 0700	<b>Date To:</b> 12/07/17 <b>Time To:</b> 0700
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4. Communications								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND [1]	VNC C 2	COMMAND	154.3250	79.7	155.8350	79.7	
2								
3								
4	TACTICAL	CDF T26	DIV R / S / T	159.2925	192.8	159.2925	192.8	BRANCH I
5	TACTICAL	CDF T27	DIV U / V / X / Y	159.3075	192.8	159.3075	192.8	BRANCH II
6	TACTICAL	VFIRE 25	DIV A / B	154.2875	156.7	154.2875	156.7	BRANCH III
7	TACTICAL	CDF T30	DIV D / E / F / G	151.3925	192.8	151.3925	192.8	BRANCH IV
8	TACTICAL	CDF T31	DIV K / M / <del>N</del> / L	159.3825	192.8	159.3825	192.8	BRANCH V
9	TACTICAL	VFIRE 26	CONTINGENCY	154.3025	156.7	154.3025	156.7	CONTINGENCY
10								
11								
12								
13								
14	MEDICAL	CALCORD	MEDICAL	156.0750	156.7	156.0750	156.7	MEDICAL COORDINATION
15	TACTICAL	CDF T18	AIR TO GROUND	159.3450	192.8	159.3450	192.8	
16	EMERGENCY	GUARD 6	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY
17								
18								
19								
20	EMERGENCY	GUARD 6	EMERGENCY	168.6250		168.6250	110.9	

**5. Special Instructions**

<b>6. Prepared by (Communications Unit Leader):</b> Name: Austin L. Browne	Signature: 
<b>ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC</b>	Date/Time: 12/05/17 1830

<b>MEDICAL PLAN ICS 206</b>	<b>INCIDENT NAME</b>	<b>DATE &amp; TIME PREPARED</b>	<b>OPERATIONAL PERIOD</b>
	<b>THOMAS</b>	<b>12/5/2017 1900 HRS</b>	<b>12/6-7/2017 0700-0700 HRS</b>

<b>MEDICAL AID STATIONS</b>			
<b>NAME</b>	<b>LOCATION</b>	<b>CONTACT NUMBER</b>	<b>SERVICE LEVEL</b>

<b>TRANSPORTATION (indicate air or ground)</b>			
<b>NAME</b>	<b>LOCATION</b>	<b>CONTACT NUMBER</b>	<b>SERVICE LEVEL</b>
AMR	Ventura, CA.	805-384-1500	ALS
Lifeline Ambulance	Ojai, CA.	805-384-1500	ALS
Ventura County Sheriff's Helicopter Air Squad 8-Night/Hoist	Ventura, CA.	805-384-1500	ALS
CALSTAR 7- Air Ambulance	Willits, CA.	800-252-5050	RN

<b>INCIDENT AMBULANCES</b>		
AMR M665	Incident Base- Ventura Fairgrounds	Paramedic

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE #</b>	<b>TRAVEL TIME- minutes</b>		<b>Trauma Center</b>	<b>Burn Center</b>	<b>Helipad</b>
			<b>AIR</b>	<b>GROUND</b>			
Ojai Valley Hospital	1306 Maricopa Hwy. Ojai, CA.	805-646-1801	5	12	No	<input type="checkbox"/> No	<input type="checkbox"/> No
Ventura County Medical Center	300 Hillmont Ave. Ventura, CA.	805-652-6168	8	18	Level 2	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Community Medical Hospital	147 N Brent St. Ventura, CA.	805-652-5018	6	14	No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
St. Johns Regional Medical	1600 N. Rose Ave. Oxnard, CA.	805-988-2663	9	24	Level 2	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
West Hills Hospital	7300 Medical Center Dr. West Hills, CA.	818-884-7678	16	50	No	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes

**MEDICAL EMERGENCY PROCEDURES**

**EMERGENCY FREQUENCY: CALCORD**  
**LINE EMERGENCY:**  
 Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.  
 - Division Group Supervisor Contacts:  
 1. Closest EMS resource  
 2. Communications Unit  
 - Communications Unit Contacts:  
 1. Ground or Air ambulance as requested.  
 2. Operations  
 3. Safety  
 4. Medical Unit (916) 622-3371  
 - Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.  
 1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency.  
 - Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.

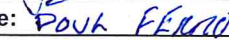
**Camp Emergency:**  
 Contact Communications on CALCORD with patient complaint/condition and location. Communications will respond appropriate medical response.  
 - Communications contacts:  
 1. Medical Unit  
 2. Safety  
 3. Logistics  
 4. Operations  
 5. Crew Supervisor  
 6. Comp/Claims

**INCIDENT REPORTING PROCEDURES**

**CHIEF COMPLAINT** \_\_\_\_\_  
**LOCATION OF PATIENT** \_\_\_\_\_  
**POINT OF CONTACT** \_\_\_\_\_  
**TRANSPORTATION REQUESTED BY: AIR** \_\_\_ **GROUND** \_\_\_  
**POINT OF PICKUP** \_\_\_\_\_  
**LAT** \_\_\_\_\_ **LONG** \_\_\_\_\_  
**PATIENT UNIT ID** \_\_\_\_\_  
**IS AN EMT WITH PATIENT: YES** \_\_\_ **NO** \_\_\_  
**AGE** \_\_\_\_\_  
**SEX: MALE** \_\_\_ **FEMALE** \_\_\_  
**ALL EMERGENCIES---Secure the area and identify witnesses for later investigation. Keep an accurate log of events.**

<b>Hospital</b>	<b>LAT</b>	<b>LONG</b>
Ojai Valley	39 23.35	123 20.35
Ventura County Medical	37 20.45	120 28.00
Community Medical	38 26.63	122 42.02
St. Johns's Regional	38 23.33	121 56.43
West Hills Hospital	38 33.33	121 27.32

**PREPARED BY: (Medical Unit Leader): Name: Darin Nelson** Signature: 

**APPROVED BY: (Safety Officer): Name: Doug Ferro** Signature: 

# ***TRAINING SPECIALIST MESSAGE***

**A Training Specialist is available for trainees on the incident.**

**All State, Federal and local government agency Trainees working on Position Task Books will need to register with the Incident Training Specialist in order to receive proper credit for your assignment. We are located next to Check-In.**

**Bring your task book with you.**

***Training Specialist***

***Dennis Martin***

**(707) 479-8421**

**Dennis.Martin@cityofvallejo.net**

**24HR LINE RESOURCE - 2 OPERATOR**

EMERGENCY SHIFT TICKET and EVALUATION FORM  
The responsible Government Officer will complete this form each shift.

Contractor Name: **THE BEST DOZERS LLC**  
Operator #1: **FIRST & LAST** Operator #2: **FIRST & LAST**

Incident or Project Name: **MISSION** Request Number: **E-444**  
Agreement Number: **CA-MMU-018115**

Equipment Make: **MMU-0000015953**  
1999 PETERBILT 379  
Equipment Model / Type: **TRANSPORT 18 WHEEL**  
Serial Number: **COMPLETE VIN# 12345A1**

Operating Supplies Furnished By:  Contractor  Government  
Operator Furnished By:  Contractor  Government

Inspected:  Released by Government:   
Withdrawn by Contractor:

Remarks/Comments: **2 OPERATORS**

Date Mo / Day	Start	Stop	Work (Circle)	Hours / Days / Miles Assignment	Vendor Rating
9/6	0701	2400	17	DIV X	NO DAMAGE / NO CLAIM Govt. Rep. Name and Position - PRINT <b>Print Your Name</b> Govt. Rep. Signature <i>Yours Signature</i> Contractor Signature <i>Jahn Smith</i> Date: <b>9/6/17</b> Time: <b>0700</b> CAL FIRE 297 (Rev 3-2011)
9/6	0001	0700	7	DIV X	

Met Performance Expectations: **VENDOR RATING MUST BE DONE**  
Equipment in Safe Working Condition  
Operator Skill Level  
Operates Safely  
Operator's Cooperation Level  
Overall Performance

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

**12HR LINE RESOURCE - 1 OPERATOR**

EMERGENCY SHIFT TICKET and EVALUATION FORM  
The responsible Government Officer will complete this form each shift.

Contractor Name: **THE BEST DOZERS LLC**  
Operator #1: **FIRST & LAST** Operator #2: **FIRST & LAST**

Incident or Project Name: **MISSION** Request Number: **E-555**  
Agreement Number: **CA-MMU-018115**

Equipment Make: **MMU-0000015955**  
2004 CAT  
Equipment Model / Type: **D6N / TYPE II E**  
Serial Number: **COMPLETE VIN#**

Operating Supplies Furnished By:  Contractor  Government  
Operator Furnished By:  Contractor  Government

Inspected:  Released by Government:   
Withdrawn by Contractor:

Remarks/Comments: **1 OPERATOR**

Date Mo / Day	Start	Stop	Work (Circle)	Hours / Days / Miles Assignment	Vendor Rating
9/7	0701	1900	7	OFF SHIFT	NO DAMAGE / NO CLAIM Govt. Rep. Name and Position - PRINT <b>Print Your Name</b> Govt. Rep. Signature <i>Yours Signature</i> Contractor Signature <i>Jahn Smith</i> Date: <b>9/5/17</b> Time: <b>1900</b> CAL FIRE 297 (Rev 3-2011)
9/7	0701	1900	12	DIV X	
9/7	1901	2400	5	OFF SHIFT	

Met Performance Expectations: **VENDOR RATING MUST BE DONE**  
Equipment in Safe Working Condition  
Operator Skill Level  
Operates Safely  
Operator's Cooperation Level  
Overall Performance

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

**24HR / 12HR TRANSITION SHIFT TICKET**

EMERGENCY SHIFT TICKET and EVALUATION FORM  
The responsible Government Officer will complete this form each shift.

Contractor Name: **THE BEST DOZERS LLC**  
Operator #1: **FIRST & LAST** Operator #2: **FIRST & LAST**

Incident or Project Name: **MISSION** Request Number: **E-444**  
Agreement Number: **CA-MMU-018115**

Equipment Make: **MMU-0000015953**  
1999 PETERBILT 379  
Equipment Model / Type: **TRANSPORT 18 WHEEL**  
Serial Number: **COMPLETE VIN# 12345A1**

Operating Supplies Furnished By:  Contractor  Government  
Operator Furnished By:  Contractor  Government

Inspected:  Released by Government:   
Withdrawn by Contractor:

Remarks/Comments: **2 OPERATORS**

Date Mo / Day	Start	Stop	Work (Circle)	Hours / Days / Miles Assignment	Vendor Rating
9/6	0701	1900	12	DIV X	NO DAMAGE / NO CLAIM Govt. Rep. Name and Position - PRINT <b>Print Your Name</b> Govt. Rep. Signature <i>Yours Signature</i> Contractor Signature <i>Jahn Smith</i> Date: <b>9/5/17</b> Time: <b>1900</b> CAL FIRE 297 (Rev 3-2011)
9/6	1901	2400	5	OFF SHIFT	

Met Performance Expectations: **VENDOR RATING MUST BE DONE**  
Equipment in Safe Working Condition  
Operator Skill Level  
Operates Safely  
Operator's Cooperation Level  
Overall Performance

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

**24HR IN CAMP RESOURCE**

EMERGENCY SHIFT TICKET and EVALUATION FORM  
The responsible Government Officer will complete this form each shift.

Contractor Name: **THE BEST CAMP LLC**  
Operator #1: **FIRST & LAST** Operator #2: **FIRST & LAST**

Incident or Project Name: **MISSION** Request Number: **E-333**  
Agreement Number: **CA-MMU-018115**

Equipment Make: **MMU-0000015950**  
TENT  
Equipment Model / Type: **WESTERN SHELTER 19X35**  
Serial Number: **COMPLETE VIN#**

Operating Supplies Furnished By:  Contractor  Government  
Operator Furnished By:  Contractor  Government

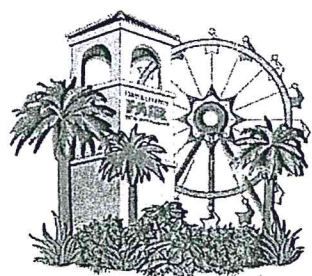
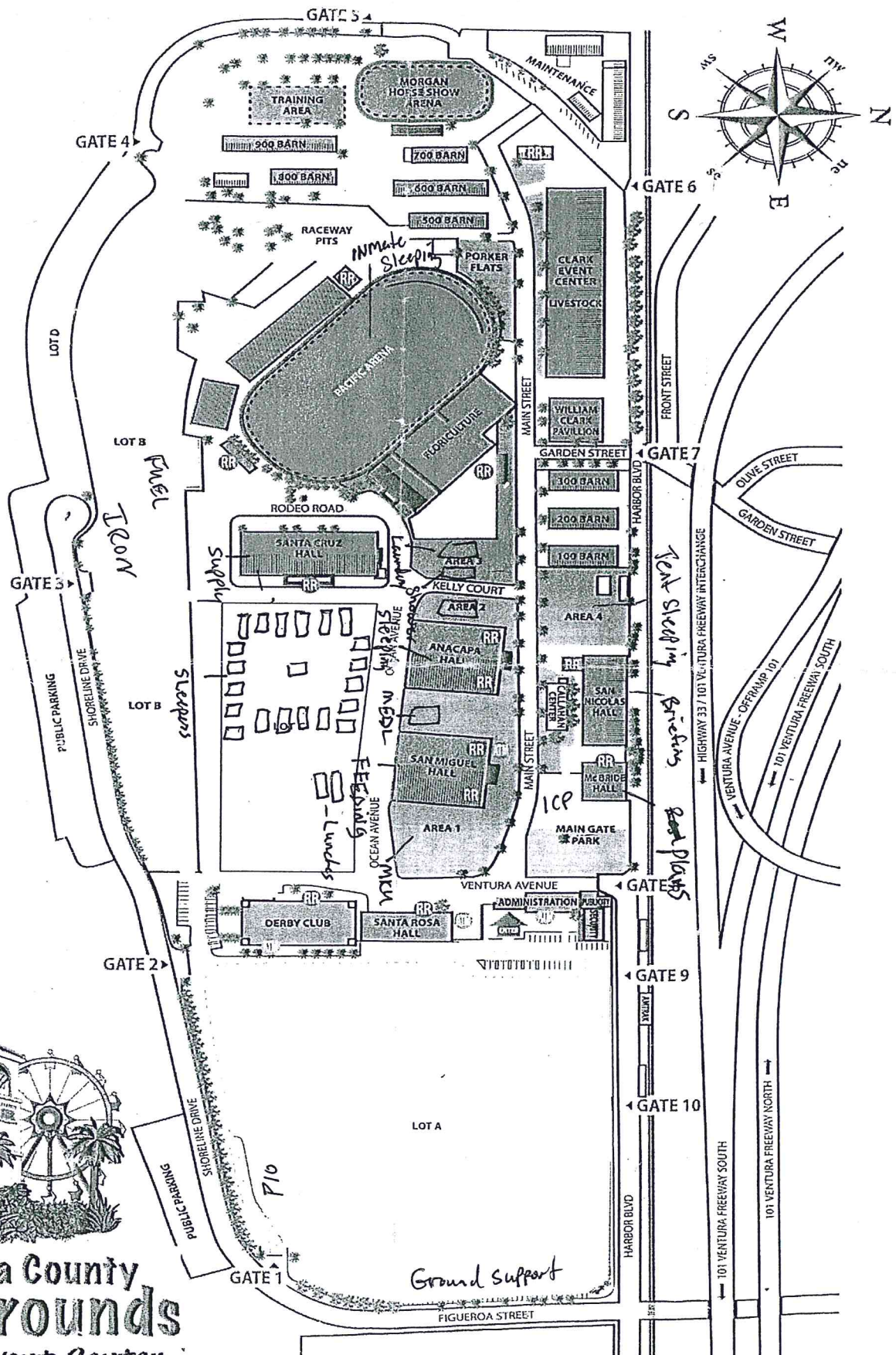
Inspected:  Released by Government:   
Withdrawn by Contractor:

Remarks/Comments: **(4) TENTS, CANOPY W/SIDES FLOOR & INSULATED ROOF NO DAMAGE / NO CLAIM**

Date Mo / Day	Start	Stop	Work (Circle)	Hours / Days / Miles Assignment	Vendor Rating
9/2	0001	2400	24	ICP	NO DAMAGE / NO CLAIM Govt. Rep. Name and Position - PRINT <b>Print Your Name</b> Govt. Rep. Signature <i>Yours Signature</i> Contractor Signature <i>Jahn Smith</i> Date: <b>9/5/17</b> Time: <b>1900</b> CAL FIRE 297 (Rev 3-2011)

Met Performance Expectations: **VENDOR RATING MUST BE DONE**  
Equipment in Safe Working Condition  
Operator Skill Level  
Operates Safely  
Operator's Cooperation Level  
Overall Performance

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



# Ventura County Fairgrounds and Event Center



