Sunday - Monday

INCIDENT ACTION PLAN PINE INCIDENT

CA-LAC-144343



OPERATIONAL PERIOD

5/16/2021 0700

to

5/18/2021 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date From:	5/16/2021	Date To:	5/18/2021
PINE		Time From:	0700	Time To:	0700
3. Objective(s):					
Management Objectives					
-Provide for emergency personnel and public safet	y at all times.				
-Protect property, improvements, and infrastructure	i.				
-Ensure repopulation takes place in a quick, efficier	nt, and effective manner.				
-Ensure coordinated, timely and accurate release of	f public information.				
-Foster and maintain relationships with all cooperat	ors and stakeholders.				
-Protect economic, natural, cultural and heritage re-	sources.				
-Maintain fiscal accountability and keep costs comm	nensurate with values at risk.				
Control Objectives -Keep the fire East of Jesus Canyon Road -Keep the fire South of Highway 138 -Keep the fire West of Oasis Road -Keep the fire North of Panorama Motorway					
General Situational Awareness:					
Rocky and rugged terrain, critically dry and rece	eptive fuel beds, active area (for fire history and	d drought str	essed trees.	
•	Yes □ No				
Approved Site Safety Plan(s) Located at:					
6. Incident Action Plan ICS 203 ICS 215A	Dhana Link				
ICS 203 ICS 215A ICS 220	Phone List	☐ Fire Supp	oression Repa	air Plan	
= =	Training Message				
	☐ Travel Map	님			
	Demob Plan	☐ ■ 100.044			
	Finance Message	ICS 214	Adm &	حــد	
	Position/Title: PSC	Signature:		3-	
o. Approved by incident Commander: ICS 202	T. Stukey	Signature:		-1	,
202					NIMS IAP

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operationa	I Period: Date Fron	n: 5/16/2021	Date To:	5/18/2021
PIN			Time Fror	n: 0700	Time To:	0700
3. Incident Command		Staff:	7. Operation Sec	ction:		
	Jurisdictional BC		Operation	ns		
Deputy			Deputy Operation	ns		
Safety Officer			Night Op	os		
Information Officer			Staging Are			
Liaison Officer			Branc			THE PERSON NAMED IN
4. Agency/Organizatio	n Representatives:		Division/Grou		Kevin DeJon	a
Agency/Organization	Name	е	Division/Grou		TOTAL DOGGA	9
			Division/Grou			
			Division/Grou			
			Division/Grou		_	
			Branc			
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			Division/Group			
			Branch			
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			Branch	CAN PROPERTY.	MANUAL PROPERTY.	
			Division/Group			
. Planning Section:			Division/Group			
Chief			Division/Group			
Deputy			Division/Group			
Resource Unit			Division/Group			
Situation Unit			Branch			
Documentation Unit			Division/Group			
Demobilization Unit			Division/Group		-	
GISS						
FBAN			Division/Group			
IMET			Division/Group Division/Group			
Training Tech Spec						
Training real epec			Air Operations Bra		Director:	
				Group Supervisor		
. Logistics Section				Group Supervisor		
	Scott Garner			Helibase Manager		
	Scott Garner					
Supply Unit Facilities Unit			8. Finance/Admini		ASSESSED S	
Ground Support Unit				Jack Franklin		
			Time Unit			
Communications Unit			Procurement Unit	David Haas		
Medical Unit			Comp/Claims Unit			
ORDM			Cost Unit	Tammy Hasert		
				Λ.	15	
	. Yanagisawa Po	osition/Title:	PSC	Signature:	A Br	
S 203	Da	ate/Time:	5/15/2021	2300 hours	W	NIMS (A

.DISCUSSION...

High pressure over the region will maintain warm and dry conditions with gusty south to southwest winds through Saturday. Winds are expected to be strongest early this evening, and again Saturday afternoon and evening - potentially a little stronger on Saturday. Afternoon humidities are expected to rise slightly by Saturday, but will remain in the lower to mid teens. Overnight recoveries should also rise slightly as the marine layer deepens, but are likely to remain near 40 percent.

More significant changes are expected for Sunday, as an approaching low pressure system brings a cooling and moistening trend. Highs will lower into the upper 60s, with afternoon humidities also rising significantly. Gusty onshore flow will continue.

.SUNDAY...

Sky/weather.....Mostly sunny.

Max temperature.....65-69.

Min humidity......30-35 percent.

Eye level winds.....South to southwest 5-7 mph becoming southwest 6-10 mph with gusts to 12 mph in the afternoon.

Wind (20 ft).....

Slope/valley......South to southwest 10-15 mph becoming southwest 12-20 mph with gusts to 25 mph in the afternoon.

Ridgetop......South to southwest 15-20 mph becoming southwest 15-25 mph with gusts to 30 mph in the afternoon.

Wind (20 ft).....

Do Not Delete this Sheet! This a template for your 204s.

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

1. Incident Name:		2. Operation	nal Period:		<u> </u>	3. Branch	Division
PINE		Date From:	05/16/21	Date To:	05/18/21		A/Z
		Time From:	0700	Time To:	0700		A. C.
4. Operations Personnel:						Page 1 of 1	
Operations Section Chief:				Night Ops:			
Branch Director:				Branch Safety:			
Division/Group Supervisor: Kevin	DeJong			Air Attack:			
5. Resources Assigned:		** Resources E	Below in Bol	d are 12 Hour	**		
Resource Identifier	ALS LW	D Lea	der	Personnel	Request #	Hours	Reporting Location
S/T ENG T6 LAC 1147F		K. De	Jong	11	E-50	0700-1900	ICP
WT LAC 130				2	E-51	0700-1900	ICP
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				<u> </u>			
		_			<u> </u>	100000	······································
						 	
		- 					
						<u> </u>	
						<u> </u>	
6. Work Assignments:							
Pull all hose							
Backhaul all trash and equipn	nent						
Mitigate any interior smokes v	vhile pulling hose						
7. Special Instructions:							
Watch your speed on dirt road	d and maintain pe	destrian situatio	n awareness	.			
8. Communications				I 5. 7	Tu Francis	Ty Tono	Notes
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
LAC V-1		COMMAND	152.1500	T14 - 151.4	158.6100	T14 - 151.4	
LAC V-8D	2	TACTICAL	154.0700	T14 - 151.4	154.0700	T14 - 151.4	
LAC V-13D		Air-to-Ground	159.0900	T14 - 151.4	159.0900	T14 - 151.4	
LAC BLU11	15	ADMIN	470.5875	CSQ	473.5875	T14 - 151.4	
AIR GUARD		MERGENCY	168.6250	CSQ	168.6250	T1 - 110.9	J // /
9. Prepared by: Name:	J. Padilla			RESL	.0480000000	M.K	
					Signature:	- W	10-11-10
ICS 204		Date/Time:	5/15/2021	2200		/ Pe	ersonnel Count: 13

			Incident Name			Date/Time Prepared		Operativ	nal Peric	Operational Period Date/Time
	INCIDENT RADIO			L				ì	70,0	0000 10000
<u>ვ</u>	COMMUNICATIONS PLAN	ONS PLAN	Ы	PINE		5/14/21 1430	1430	Ç.	12/91	5/16/21 0/00 - 5/18/21 0/00
Utiliz	ation of any free	quency other tha	n those listed on this	form are prohit	oited, suk	ject to fines by	y the FCC	and	demok	Utilization of any frequency other than those listed on this form are prohibited, subject to fines by the FCC and demobilization from the incident.
ភូទ	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq Nor W	RX Tone/NAC	IX Freq N or W	N or W Tx Tone/NAC Dev	Dev P.	Mode Pwr A, D or M	Remarks
Zn2 Ch8	ADMIN	LAC BLUE11	IC/LA	470.5875	csa	473.5875	Tone 14 151.4	W	Н	
	The second second									
Zn4 Ch1	COMMAND	LAC V-1	OPERATIONS	152.1500	Tone 14 151.4	158.6100	Tone 14 151.4	z	Н	
Zn4 Ch8	TACTICAL	LAC V-8D	DIV A/Z	154.0700	Tone 14 151.4	154.0700	Tone 14 151.4	z	Н	
5										
Zn4 Ch13	Air-to-Ground	LAC V-13D	ALL PERSONNEL	159.0900	Tone 14 151.4	159.0900	Tone 14 151.4	Z	Н	
	EMERGENCY	AIR GUARD	EMERGENCY AIR GUARD ALL PERSONNEL	168.6250	csa	168.6250	Tone 1 110.9	z	L A	EMERGENCY ONLY
Prepare	Prepared By (Communications Unit Leader)	Unit Leader)			Incident Location	ation	Llano			
Gran	Grant Grunbaum				County: LAC State: CA	State: CA	Latitude: " N		Longitude: W	de: W
P	misortion calls for fre	francy lists to show for	The convention calls for frequency lists to show four digits after the decimal of	ace (five digits for 7	700 MHz fre	nuencies). The lett	er "U". "N".		n the de	place (five digits for 700 MHz frequencies). The letter "U". "N", or "W" in the deviation (Dev) column reflects

The convention calls for frequency lists to show four digits after the decimal place (five digits for 700 MHz frequencies). The letter "U", "N", or "W" in the deviation (Dev) column reflects whether the frequency is ultranarrow (6.25 kHz), narrow (12.5 kHz) or wide band (25 kHz). Mode refers to either "A" indicating Analog, "D" indicating Digital (e.g. Project 25) or "M" indicating Mixed Mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeaters (and depending on use, base stations) must be programmed with the Rx and Tx reversed.

MEDICAL PLAN (ICS 206)

1. Incident Name	: Pine I	ncident	2. Operationa	al Period:	Date Fror Time Fro	m: 05 m: 0		ate To: 05/ me To: 070	
3. Medical Aid St	ations:					0	ntnot	Daram	edics on
Name			Location		Nu		ntact s)/Frequency	Sit	
Sq 4124		SBCoF D FS13 1043 3		Pinion,CA.				⊠ Yes	□ No
4. Transportation	n (indicate	air or ground):							
			Location		Nu		ntact s)/Frequency	Level o	f Service
AMR (Ground LACoFD (AIR		SBCoFD FS13 1043		Pinion,CA.	1		731-3814) 881 - 6183	□ ALS	⊠ BLS
5. Hospitals:	,								
o, nospitais.	Δ	ddress.	Contact	Tra	vel Time		T	Dum	
Hospital Name	Latitude (& Longitude if elipad	Number(s)/ Frequency	Air	Groun	nd	Trauma Center	Burn Center	Helipad
Palmdale Regional MC	38600 N	Medical Center Dr. almdale,CA.	(661) 382-5200	15	45		☐ Yes	☐ Yes	⊠ Yes
(LCH)	N34.34	.95'/W118 08.73'	(201) 001 0100	13	+3		Level:	□ No	□ No
San Antonio Community Hospital (SAC)		n Bernardino Rd. Upland,CA. .15'/W117 38.18'	(909) 985-2811	15	45		☐ Yes Level:	☐ Yes ☐ No	☐ Yes ☑ No
Antelope Valley Hospital		1600 West Avenue J Lancaster, CA. (661) 723-7181 34 41 28' (AV118 09.52'			50)	⊠ Yes	☐ Yes	⊠ Yes
(AVH)		.28'/W118 09.52' 1edical Center Dr.					Level: 2	□ No	□ No ☑ Yes
Grossman Burn Center	West	Hills CA. 91307 2.10/W118 37.47	(818) 678-4000	10	25	;	☐ Yes	⊠ Yes □ No	□ No
LAC + USC	1200 N	Iorth State Street	(222) 226 2622	(323) 226-2622 15			⊠ Yes	⊠ Yes	⊠ Yes
Medical Center		Angeles, 90033 345 / W 118 12.48	(323) 226-2622						□ No
Incident Report, pa 1. Contact Commu a. "Stand 2. Incident Status: a. Severit b. Nature c. Transp d. Patient e. Incider f. Incider g. Patient 3. Initial patient as 4. Develop transp a. Air/Gre 5. Determine need 6. Confirm Commu a. A/G El 7. Contingency Pla 8. Additional Infor a. Updat In Camp Emergence	edical emerges 118-119 nications -by for Emerge of injury/ill ort request t Location (Int name (Gent Command t Care (provisessment - ort plan ound, Need of for addition unications MS Frequen mation es/changes, y: Contact f	gency follow the 8-5 9 of the IRPG. rgency Traffic" ency (Red/Yellow /Ganess/MOI (Air, ground) Lat/Long, WGS84) eographic name + meder ider name) Refer to Page 106 for hoist, drop point nal resources	ireen) edical) t, Helispot	NATURE C LOCATION TRANSPO POINT OF WGS84 L PATIENT II IS AN EMT AGE ALL EMER investigati NOTE: IV 1. Inciden 2. Operat 3. Safety 4. Medica	RED (Imm of EMERGE I OF PATIEI RTATION R PICKUP AT VINIT ID REMIN WITH PATI COMMENT ONS Officer I Unit Lead	IDER: IENT: EX: M Secundary CATIC der	LONG LONG DO NOT GIVE P YES NO IALE ure the area and incurate log of even	GROUND_ T NAME OVER FEMALE dentify witne	RADIO
			A. LINTON IVIEDL(t)		Sigira	Cie-	nature:	a	
): Name:	Date/Time:				/		
ICS 206	IA	P Page	1 20.0.11110.						

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:		2. Operational Period:	Date From: 05/16/21 Time From: 0700	Date To: 05/18/21 Time To: 0700		
3. Safety Message/Expa	inded Safety Mes	sage, Safety Plan, Site	Safety Plan:			
SPECIFIC HAZAR	RDS AND RIS	SKS:				
 Downed Power L 	Lines					
 Roadway Safety 						
 Rattlesnakes 						
 Trip Hazards 						
Communications	_					
• Fatigue & Over E		DDC				
• COVID-19 Preve	ention & Prop	ei PPE				
NARRATIVE						
INACKATIVE						
Don appropriate	PPE in the o	perational area an	d within the ICP.			
Be sure all personal pers	onnel have be	een briefed. Be su	re to check comr	nunications on your		
Division prior to in	itiating work	assignments. Be s	sure you can hea	r and be heard.		
		ed hazard areas w				
Maintain a high l	level of Situal	tional Awareness a	and report hazar	ds.		
 Provide for appr 	opriate work	rest cycles during	the operational p	eriod: maintain		
hydration and foo				•••		
Contact your support	pervisor and i	incident safety offi	cer of any injury	or iliness. The combined work		
 Ask if you do not know – Ask questions in unfamiliar situations. The only dumb 						
question is the on	e not asked.					
000//0.40.0055//	こいてんてい/こへ/	IEAQI IDEQ				
COVID-19 PREV	ENTATIVE IV	ILAGUNEG				
• Adhere to agend	cv COVID-19	policies and proce	edures to minimiz	ze risk of spread.		
Assess crew me	embers and v	ourself for signs a	nd symptoms thr	oughout the shift.		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	•	• •			
4. Site Safety Plan Rec	uired? Yes 🗌 N	0 🗸				
Approved Site Safet	y Plan(s) Located	At: N/A	- 200	ture: Nature.		
5. Prepared by: Name		Position/Title: Safe		ture:		
ICS 208	IAP Page	Date/Time: <u>5/15/2</u>				

LACOFD FINANCE MESSAGE



- > ALL LA COUNTY FIRE RESOURCES ASSIGNED TO THE PINE INCIDENT ARE TO COMPLETE A FORM 662
- **➤ INCIDENT # CA-LAC-144343**
- > BACKFILLED EMPLOYEES MUST SUBMIT A 662 ALSO
- > THE 662 MUST BE COMPLETED AND SUBMITTED TO THE LACOFD FINANCE SECTION DURING DEMOB



INCIDENT ACTIVITY REPORT FOR COST RECOVERY TYPE OR PRINT LEGIBLY

County Vahice Maria Mari	Inv	Incident Name: (Sawtooth, Foothill, Select Call Staffing Pattern)	(LA	Incident #: (LAC06129855, ANF652006, BDU-007228)	3DU-007228)	Request #: (0-12, C-79, E-425)	Incident Assignment: (ST1190K, PSC1, ST1103A, DIVS)	ssignment: ST1103A, DIVS)	₹	UNIT RES	Unit Kespanded 1 o: (Address, Intersection, ICP, Staging, School/Park Name)	k Name)
Employee Name First First TherRank Wart, Car. Cat. A Date Time Date Time Page Time	PINE INCIDE	TN.	CA-LAC-1	44343								
List First TrierFank: Whit ID: Date Time Date Time Paguiar OT		Employee Nam	 	Employee	!		to Incident:	Returned to	o Quarters:	Incident	t Time:	tachical late
County Vehicle #: Vehicle License #: Odometer Start: Odometer End: Vehicle/Equip Total Miles: County Vehicle #: Odometer Start: Odometer End: Vehicle/Equip Total Miles: County Vehicle #: County Vehicle #: County Vehicle #: Odometer Start: Odometer End: Vehicle/Equip Total Miles: County Vehicle #: Co	Employee #:	Last	First	Title/Rank: (8C, FFS, FF)	Unit ID: (WT73, E27, CC13-4)		Time	Date	Time	Regular Hrs	OT Frs	Hours:
County Vehicle #: Unit ID: Vehicle License #: Odometer Start Odometer End: Vehicle/Equip Total Miles: County Vehicle #: Odometer Start Odometer Find: Vehicle/Equip Total Miles: County Vehicle #: Odometer Start Odometer Find: Vehicle/Equip Total Miles: County Vehicle #: Odometer Start Odometer Find: Vehicle/Equip Total Miles: County Cather #: Odometer Start Odometer Find: Odometer Find												•
County Vehicle #: Unit ID:												•
County Vehicle #: Unit ID: County Vehicle License #: Odometer Start: Odometer End: Vehicle/Equip Total Miles: County Vehicle #: Co												•
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County Vehicle #: Unit ID:												1
County Vehicle #: Unit ID: Vehicle License #: Odometer Start: Odometer End: Vehicle/Equip Total Miles: County Vehicle #: Odometer Start: Odometer End: Vehicle/Equip Total Miles: County Vehicle #: Odometer Start: Odometer End: Vehicle/Equip Total Miles: County Catter End: Additional Assignment Information: Coop. Catter End Flank Sand Baggru, MT1. Devisor 8. Segrey, Backful, Water Drops) Supervisory Supervisory Supervisory Supervisory												
County Vehicle #:												•
dent Activities/Additional Assignment Information: Gootp, Cottine East Flank, Sand Bagging, MPT., Division B., Singma, Backfill, Valer Diops) Supervisory	Vehicle/Equip Type: (CCV, Engine, PU, Sedan)	County Vehicle #:	Unit ID: (w173, E27, cc13-4)	Vehicle L	License #:	Одошеј	ter Start:	Odome	iter End:	Vehicle/Equiț	p Total Miles:	Vehicle/Equip Total Hours:
dent Activities/Additional Assignment Information: Gooup, Cut fre East Flank, Sand Beggrog, MT i, Dwison B, Stegrey, Backfil, Water Crops)												
dent Activities/Additional Assignment Information: Coop. Cut Ire East Flank. Sand Baggmg, IMT I, Divisor B, Staging, Backfil, Water Drops) Supervisory											1	
dent Activities/Additional Assignment Information: Gooup, Cut tne East Flank, Sand Bagging, IMT1, Division B, Staging, Backfill, Water Drops) Supervisory											1	
dent Activities/Additional Assignment Information: Group, Gut Irre East Flank, Sand Bagging, IMT1, Division B., Slaging, Backfill, Water Drops) Supervisory											•	
dent Activities/Additional Assignment Information: Group, Cut Ine East Flank, Sand Bagging, IMT1. Davision B., Slaging, Backfill, Water Drops) Supervisory											1	
dent Activities/Additional Assignment Information: Group, Cut Ine East Flank, Sand Bagging, IMT1, Divison B. Slaging, Backfill, Water Drops)												
	Describe Incid (Structure Protection	lent Activities/Additional A Group, Cut line East Flank, Sand Baggr	Assignment II	nformation: B, Slaging, Backfill, Water	Drops)							
	Report						Supervisory					

Employee #: Attach a copy of the signed/approved timecard, or IPFIRS Screen #17, for each reported employee that includes the incident time described above. Signature: Employee #: Signature:

Send package ASAP to: Cost Recovery Unit - Financial Management Division

Date:

	UNIT	LO	G (IC	S 214)				
1. Incident Name:		2	2. Opei	rational Period:	Date From:	5/16/21	Date To:	5/18/21
PINE					Time From:	0700	Time To:	0700
3. Unit Name/Designators				4. Unit Leader (Name and ICS	Position)		
5. Personnel Assigned/Designators								
NAME			· ICS	POSITION		HOME	BASE	
1,1,1,1						***************************************		·
					-			
								
	-							
		•	-					
					-	 		
								
6. Activity Log (Continue on Reverse)	•							
TIME				MAJOR E	/ENTS			
				- Andrews Control				
			-					
7. Prepared By:				Date/Time:				NIMS IAF

	UNIT LOG CONT. (I					
1. Incident Name:	2. Operation	onal Period:	Date From:		Date To: Time To:	5/18/21 0700
PINE			Time From:	0700	Time 10:	0/00
6. Activity Log			(F) (F)			-
TIME		MAJOR E	VENIS			
				_		
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						· ·
	10					
7. Prepared By:	D	ate/Time:				NIMS IAF