Region II Leadership

• David Rocha– Region Chief
  – Fire Chief, Alameda County FPD
• Aaron McAlister- Alternate
  – Fire Chief, Dixon FD
• Jason Webber- Alternate
  – Fire Chief, Marine County FPD
XAL Leadership

• Garrett Contreras– OAC
  – Fire Chief, Hayward Fire Department

• VACANT

• VACANT
XCC Leadership

• Stephen Healy – OAC
  – Fire Chief, Moraga-Orinda FPD

• Paige Meyer – 1st Alternate
  – Fire Chief, San Ramon Valley FPD

• VACANT
XMY Leadership

• Brennan Blue—OAC
  – Unit Chief, San Benito Monterey

• Ron Lemos—1st Alternate
  – Division Chief, Monterey Regional FPD

• Brett Loomis—2nd Alternate
  – Battalion Chief, Salinas FD
XBE Leadership

• Brennan Blue – OAC
  – Unit Chief, San Benito Monterey
XSF Leadership

• Joann Hayes-White— OAC
  – Fire Chief, San Francisco FD
• Tom Siragusa— 1st Alternate
  – Assistant Chief, San Francisco FD
• Dave Franklin— 2nd Alternate
  – Assistant Chief, San Francisco FD
XSM Leadership

• Ron Myers— OAC
  – Fire Chief, North County FA

• Geoff Balton— 1st Alternate
  – Fire Chief, Colma FPD

• Daniel Ghiorso— 2nd Alternate
  – Fire Chief, Woodside FPD
XSC Leadership

• Ken Kehmna– OAC
  – Fire Chief, Santa Clara FPD

• Steve Prziborowsk,-- 1st Alternate
  – Deputy Chief, Santa Clara FPD

• Joe Parker-- 2nd Alternate
  – Deputy Chief, Santa Clara FPD
XCZ Leadership

• Scott Jalbert— OAC
  – Unit Chief, San Mateo-Santa Cruz

• VACANT— 1st Alternate
  – Fire Chief, Aptos La Selva FPD

• Dan Grebil— 2nd Alternate
  – Fire Chief, Scotts Valley FPD
Region IV Leadership

• Ron Phillips – Region IV Coordinator - Primary
  – Folsom Fire / Chief

• Mark Shadowens – 1st Alternate
  – North Star Fire / Chief

• Andrew Kellogg – 2nd Alternate
  Tracy FD / Deputy Chief, Operations
Region IV ECC

- Chief: Anale Burlew
  - NEU
  - XTB and Meek’s Bay
  - Nevada County Fire Resources
  - Placer County Fire
  - Auburn, Marysville and several other fire agencies.
  - (530)273-3222 OES/Local Gov’t Direct Line
OPERATIONAL AREA COORDINATOR

• Aid and encourage the development of uniform fire and rescue operational plans within the areas
• Aid and encourage the development of countywide fire and rescue communication nets operation on the approved fire frequency for the county
• Maintain an up-to-date inventory system of fire and rescue apparatus and personnel within the area for use in dispatching
• Compile and forward this information to the respective Regional Fire and Rescue Coordinator
• Maintains the dispatching procedure for all state-owned Cal OES fire apparatus and communication vehicles assigned within the area
• Responsible for coordinating the dispatch of Cal OES and/or local fire and rescue resources within the operational area on major mutual aid operations
• Shall keep the Regional Fire and Rescue Coordinator informed of all operations
• Evaluates requests for assistance from local agencies
• Determines the resources from the operational area which can provide the timeliest assistance and initiates the response thereof
• Determines if the timeliest assistance is from an adjacent operational area and if so, requests assistance from that Operational Area Coordinator, not to exceed five strike teams or individual resources and notifies the Regional Fire and rescue Coordinator of this action
• If resources are needed from more than one adjacent area, either for timely response or when the need is beyond operational area capability, the request must be made to region
• Determines approximate time commitment and justification of resources committed to a local agency
• Periodically evaluates the justification and commitment to the local agency of these resources and notifies the region
• Advise the requesting jurisdiction of the origin of the resources responding to the request for assistance
• Shall notify and advise the regional Fire and Rescue Coordinator, in a timely manner, of the need to establish mobilization centers and/or staging areas
XAP Leadership

- Denver stoner – Operational Area Coordinator
  - Captain / Bear Valley Fire
- Gareth Harris – 1st Alternate
  - Chief / Lake Valley Fire Department
- Vacant – 2nd Alternate
XAM Leadership

• Antonio Moreno–Operational Area Coordinator
  – Battalion Chief / Amador Fire Protection District

• Dave Bellerive – 1st Alternate
  – Chief / Amador Fire Protection District

• Mark Morton – 2nd Alternate
  – Chief / Jackson Fire Department
XCA Leadership

• Josh White – Operational Area Coordinator
  – CAL FIRE / TCU / Unit Chief

• Steve Kovacs – 1st Alternate
  – Copperopolis FPD / Chief

• Roy Evans – 2nd Alternate
  – CAL FIRE / TCU / Division Chief
XED Leadership

• Greg Schwab – Operational Area Coordinator
  – Georgetown Fire Department / Chief

• Tom Keating – 1\textsuperscript{st} Alternate
  – Rescue Fire Department / Chief

• Bryan Ransdell – 2\textsuperscript{nd} Alternate
  – Diamond Springs FPD / Asst. Chief Operations
XNE Leadership

• Jim Bierwagen – Operational Area Coordinator
  – Chief / Peardale Chicago Park Fire Department

• Jerry Good – 1st Alternate
  – Battalion Chief / Higgins Fire Protection District

• Don Wagner – 2nd Alternate
  – Chief / Penn Valley FPD
XPL Leadership

- Mitch Higgins - Operational Area Coordinator
  - Chief / Penryn FPD
- Karl Fowler 1st Alternate
  - Deputy Chief / South Placer FPD
- Greg James - 2nd Alternate
  - Division Chief / Roseville FD
XSA Leadership

• Eric Bridge – Operational Area Coordinator
  – Sac Metro FPD / Deputy Chief, Operations
• Niko King – 1st Alternate
  – Sacramento FD / Asst. Chief, Operations
• Mike McLaughlin – 2nd Alternate
  • - Cosumnes CSD FD / Deputy Chief
XSJ Leadership

• Dennis Bitters– Operational Area Coordinator
  – Ripon Fire Protection District / Chief

• Andrew Kellogg– 1st Alternate
  – Tracy Fire Department / Deputy Chief

• Steve Butler - 2nd Alternate
  – Woodbridge FD
XST Leadership

• Dale Skiles - Operational Area Coordinator
  - Stanislaus County Fire Wardens Office / Chief

• VACANT - 1st Alternate
  – / Chief

• Eric Holly - 2nd Alternate
  - Stanislaus Fire Wardens Office / Deputy Chief
XTB Leadership

- Mike Schwartz – Operational Area Coordinator
  - North Lake Tahoe Fire Department / Chief
- VACANT / 1st Alternate
- Pete Bansen – 2nd Alternate
  - Squaw Valley PSD FD / Chief
XTO Leadership

- Josh White – Operational Area Coordinator
  - CAL FIRE / TCU / Unit Chief

- Paul Avila – 1st Alternate
  - CAL FIRE / TCU / Battalion Chief

- Todd McNeal – 2nd Alternate
  - Twaine Harte CSD / Chief
XYO Leadership

• Gary Fredericksen—Operational Area Coordinator
  - Yocha Dehe Fire Department / Chief

• John Heilmann – 1st Alternate
  - West Sacramento FD / Chief

• Rick Sander– 2nd Alternate
  - Woodland FD / Battalion Chief
Cal OES Region II

• John Clary
  – [John.clary@caloes.ca.gov](mailto:John.clary@caloes.ca.gov)

• Put the following numbers in your phone
  – 925-381-5526  CELL
  – 916-845-8911 OES Fire Duty Officer (Warning Center)
– **Tactics**

• Covered at agency refreshers, drills, pre-season exercises, etc. Tactics is something we could spend all day on, but not today.

– **Administration**

• This is where many Strike Team Leaders and Single Resource Overhead struggle.
THIS IS ON YOU!

It is the responsibility of the ordered agencies Overhead/STEN/TFLD to **ALWAYS** know which agreement was used for your request and what mission (who pays) you were requested for!
AGREEMENTS

• Master Mutual Aid (MMA)
• State Fire and Rescue Resource Mutual Aid Guidelines Document (7 Points of Light)
• California Fire Assistance Agreement (CFAA)
• California Cooperative Fire Management Agreement (CFMA)
• Local Forest Agreement (LFA)
AGREEMENTS

- Master Mutual Aid (MMA)
  *Signatory agencies expect no reimbursement*

- California Fire Assistance Agreement (CFAA)
  *Typically involves reimbursement (after 12 hours)*

- Local Forest Agreement (LFA)
  *Whatever you agreed to*
Agreements

State Fire and Rescue Resource Mutual Aid Guidelines Document

- Applies to CAL FIRE resource only
- Closest resource for Fixed Winged Aircraft
- Closest Fixed Winged Resource may not be CAL FIRE. If Fed Resource, you will pay for it
Know where to find the correct financial code. This is how you will be reimbursed.
Will be reimbursed with FSLA-5 not F-42
FEDERAL AGENCIES CANNOT ORDER MMA UNLESS IN UNIFIED COMMAND WITH AN AGENCY THAT'S SIGNATORY TO MMA

No reimbursement
FOREST AGENCY COMMAND & CONTROL ORDERING SYSTEM

Other GACC or NICC

North Ops or South Ops

Adjacent Forest or Unit

Forest Agency
ECC

CALIFORNIA FIRE & RESCUE MUTUAL AID SYSTEM

Cal OES Fire & Rescue

Regional Command Center

Operational Area Command Center

Local Fire Agency
Local Government request for Cal Fire resources under the State Fire and Rescue Resource Mutual Aid Guidelines (AKA - 7 points of light)

- Typical for an LRA wildland incident
- Some non wildland incidents
- Involves requests to Cal Fire only
- Cal Fire and OES duty officers need to be in the loop
Forest agency can make requests to local agency under local agreements:
- Agreements differ across the state
- Makes use of closest resource for IA
Once the forest agencies begin to exhaust their resources, or the incident dictates closer resources, then a conscious decision must be made by the IC or ECC expanded to place requests into the California Fire & Rescue Mutual Aid System.
CA MOB GUIDE Mutual Aid: All requests for mutual aid resources begins at the local agency and are made to their respective Fire & Rescue Operational Area Coordinator. ...
California Fire Assistance Agreement (CFAA)

- USFS
- Cal OES
- NPS
- CALFIRE
- BLM
- USFW
- BIA
CA Fire Assistance Agreement

- Reimbursement Rates
  - Salary Survey data, to update go to [www.caloes.ca.gov](http://www.caloes.ca.gov). Download document & mail in. (NEW in 2016-ALL AGENCIES MUST SIGN A SALARY SURVEY EVEN IF USING BASE RATES)

- Base Rates
  - FF: $19.46 hour ST - $29.19 hour OT
  - STL: $23.91 hour ST - $35.87 hour OT

- Unemployment, workers’ compensation
- Administrative rate 10%
Personnel Base Rates: These rates **ONLY** apply if your agency does **NOT** have rates on file.

Overhead **at or above** Strike Team/Task Force Leader: $35.80 per hour.

Engine Company and Overhead **at or below** Strike Team/Task Force Leader (Trainee): $29.19 per hour.

*(All are 2015 Rates and are subject to change.)*

**Apparatus Rates:**
There is a 16-hour maximum allowable charge per 24-hour period from time of dispatch.

<table>
<thead>
<tr>
<th>GPM</th>
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<tbody>
<tr>
<td>0001-1000</td>
<td>$80.00</td>
</tr>
<tr>
<td>1001-1250</td>
<td>$85.00</td>
</tr>
<tr>
<td>1251-1500</td>
<td>$91.00</td>
</tr>
<tr>
<td>1501-2000+</td>
<td>$93.50</td>
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</tbody>
</table>

Support Equipment Rates:

**Government Owned Vehicles:**
- Sedan: $47.00 per day
- Pickup: $86.00 per day
- Van: $109.00 per day
- SUV: $96.00 per day
- Other: $96.00 per day (3/4 ton & above)

**Privately Owned Vehicles:**
- $0.54 per mile

*Use AOV whenever possible!*
CA Fire Assistance Agreement

- Actual Cost Reimbursement or Minimum Base Rate
- 12-hour “Free” Period
  - Re-dispatch
  - Mobilization Center exception
- Portal-to-Portal
  - FEMA Equipment Rates

DOI Agencies pursuing going back to a free period in 2016. System is designed to make your agency “whole”
How much does this cost?

• A typical type 1 engine strike team runs from $25,000 to $40,000 per 24 hour period.

• The F-42 is the pay document for this revenue to your department.
SOME THINGS TO KNOW ABOUT THE CFAA

• Reimbursement for emergency apparatus loss or damage:
  – The State of California and the Federal Fire Agencies may reimburse California Fire and Rescue Mutual Aid System Agencies providing resources through the California fire and Rescue Mutual Aid System for the cost of emergency apparatus or equipment loss or damage where the loss or damage is directly attributable to the incident and where the local agency, its employees and/or operational failures in the emergency apparatus or support equipment are not a contributing factor to such damage or loss. Loss or damage to a local agency emergency apparatus or support equipment while traveling to or from an incident and repairs due to normal wear and tear or due to negligent or unlawful operation by the operator shall be the responsibility of the local agency providing the emergency apparatus or equipment.
SOME THINGS TO KNOW ABOUT THE CFAA

• Travel Expenses: At no time will the California Fire and Rescue Mutual Aid System Agencies seek reimbursement for travel expenses such as fuel, food, and lodging responding to, *during* or returning from a State of California or Federal Fire Agency incident *unless documented and approved* in writing by the incident. Must be documented on a 213 and a TEC submitted for reimbursement.
SOME THINGS TO KNOW ABOUT THE CFAA

• Reimbursement - Personal Rotation: Personnel under this agreement are expected to be available a minimum of 7 days (portal to portal) excluding travel, before needing replacement, regardless of the number of assignments from original dispatch.
SOME THINGS TO KNOW ABOUT THE CFAA

• The Incident Commander or MOB Center Manager to which the resources are assigned must approve the personnel rotation and method of transportation. Such approval should not be denied without substantial cause. (Imminent planned release 24-36 hours or a negotiated extension through the OES AREP).

• Must be documented on a ICS-213, signed by the IC through the OES AREP.
PERSONNEL ROTATIONS

• *Documentation in ROSS is required if transportation for crew rotation will be reimbursed*
• Rotations must be approved by the incident prior to movement of crews
• *Incident will create an additional subordinate number (e.g. E-75.7, E-75.8) for EACH vehicle used to transport crews, the Strike Team Leader and Trainee, if they are rotating.*
PERSONNEL ROTATIONS

• Approved rotations without a vehicle will not require a subordinate number (unless the STEN or Trainee are rotating)

• Personnel rotations that are done without a subordinate number will not be reimbursed for their vehicle

• F-42s must be clear and complete when documenting rotations

• Identify outgoing and incoming with numbers.
Personnel Rotation Issues

• Unapproved rotations involving change in ranks on engine are not documented by date/time

• Change in number of personnel on engine

• Personnel changes not completed and you mobilize to another incident

(e.g. Water Tender with daily rotation of crews with different ranks only indicated “Crew Rotation” on the date, no time)

(Personnel Rotations are reimbursement and accountability issues)
CURRENTLY USED IN REGION IV

RESOURCE ROTATION – GENERAL MESSAGE

1. Incident Name:

2. To (Name and Position):

3. From:

   Name: ___________________________ Position: ___________________________ Phone: {_______} _______
   Rotation Agency ID: ___________________________ Strike Team ID: ___________________________ Strike Team Number: ___________________________
   Request #: ___________________________ Engine #: ___________________________ First Day Worked on Incident: ___________________________

4. Subject: Local Government / OES Personnel Rotation

5. Date: ___________________________ 6. Time: ___________________________

7. Message:

   Requested Crew Rotation Vehicle:
   
   Agency Name: ___________________________ Vehicle Licence #: ___________________________
   Type (SUV/Pickup/Van/Auto): ___________________________
   
   Depart Home Agency (Date/Time): ___________________________ Incident Arrival (Date/Time): ___________________________
   
   Incoming Crew anticipated travel:
   
   Depart Incident (Date/Time): ___________________________ Arrival at Home Agency (Date/Time): ___________________________
   
   Outgoing Crew anticipated return travel:

   Notes:

Instructions to Expanded Dispatch:
Using the Original Resource request number, create a Subordinate Request for the vehicle being used for the crew rotation based upon the dates and times listed above.

Email the Subordinate Request Resource Order to: gary.humphrey@caloes.ca.gov; oes5264@gmail.com

8. Incident Approval:

   Approved: [ ] Name: ___________________________ Signature: ___________________________ Position: ___________________________

9. Expanded Dispatch Reply:

   Subordinate Order #

10. Replied by:

   Name: ___________________________ Position: ___________________________
   Signature: ___________________________ Date/Time: ___________________________
Overhead are not rotated by the incident, Demobed and new order placed but they can be extended. This includes REMS

<table>
<thead>
<tr>
<th>TO:</th>
<th>GARY HUMPHREY</th>
<th>POSITION</th>
<th>REG. INF. OES CHIEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TIM MOYLES &amp; DAVE PRUITT</td>
<td>POSITION</td>
<td>FFNT &amp; FEMA</td>
</tr>
<tr>
<td>SUBJECT</td>
<td>EXTENSION</td>
<td>DATE</td>
<td>9-30-19</td>
</tr>
</tbody>
</table>

MESSAGE:

ASKEd BY MEDL BARYIC HUNTER IF WE WOULD BE WILLING TO EXTEND. CONTACTED CHIEF EDWARDS SFD AND WERE GRANTED PERMISSION TO EXTEND INFORMED MEDL HUNTER OF THIS AND WERE EXTENDED:

7 day extension from 9/30

REPLY

Received Dony Humphrey 9/30
F-42 TIPS

• Terms to **AVOID**:  
  – Structure protection  
  – Crew swap  
  – Unassigned  
  – Rest period

• Terms to **USE**:  
  – Personnel Rotation  
  – Assigned  
  – Re-assigned  
  – Demobilized  
  – Structure Defense  
  – Almost any term used in the IAP
TIME LINES FOR REIMBURSEMENT IF THERE ARE NO ISSUES.

California Fire Assistance Agreement Time Lines

$\$\$
Direct Deposit/Check directly from paying entity = (CALFIRE, USFS, NPS, BLM, F&W)

TOTAL maximum days allowed per CFAA - 210

60 days
Paying Entity
(CALFIRE, USFS, NPS, BLM, F&W)

30 days
Cal EMA

30 days
LG

Cal EMA Fire has 60 business days to process F-42s into invoices & mail to LG for review and signature.

60 days
Cal EMA

30 days
LG

Incident demobilization - LG submits F-42s within 30 days of incident to Cal EMA.

Local Government (LG) Agency responds to incident under CFAA.

LG has 30 business days to review, sign and return invoice to Cal EMA.

Cal EMA has 30 business days to re-review invoice for accuracy and submit to paying entity = (CALFIRE, USFS, NPS, BLM, F&W).

Paying entity has 60 business days to process reimbursement back to responding LG agency = (CALFIRE, USFS, NPS, BLM, F&W).
IMT TRAVEL EXPENSES

• Team member expectations
  If ordered through CFAA the Local Agreement language, methodologies and rates do not apply for CFAA assignment.

• Expenses incurred prior to approval are an issue
  Conflict between what the Local Agreement allows and what CFAA allows

• Cal OES Travel Expense Claim (TEC) form required
  Exhibit G (out of state) and H (in state)
### TRAVEL REIMBURSEMENT – GENERAL MESSAGE

<table>
<thead>
<tr>
<th>1. Incident Name:</th>
<th>Incident Order Number</th>
<th>State</th>
<th>2 Letter ID:</th>
<th>Number</th>
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</table>

<table>
<thead>
<tr>
<th>2. To (Name and Position):</th>
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<tr>
<th>3. From:</th>
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<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Agency Requesting Reimbursement:</td>
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<tr>
<td>Strike Team ID</td>
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<tr>
<th>4. Subject:</th>
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<th>5. Date:</th>
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<tr>
<th>6. Time:</th>
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<tr>
<th>7. Message:</th>
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<tr>
<th>Travel Direction</th>
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<tbody>
<tr>
<td>To the Incident</td>
</tr>
<tr>
<td>Agency ID</td>
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<tr>
<td>Agency ID</td>
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<tr>
<td>Agency ID</td>
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<table>
<thead>
<tr>
<th>Reimbursements Requested</th>
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<tbody>
<tr>
<td>LODGING</td>
</tr>
</tbody>
</table>

| Notes: |

| Total # of Rooms Requested: |

*Meals and Lodging must adhere to State per-diem rates.*

<table>
<thead>
<tr>
<th>8. Incident Approval (IC/FSC1):</th>
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</table>

<table>
<thead>
<tr>
<th>Approved:</th>
<th>Name:</th>
<th>Signature:</th>
<th>Position:</th>
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<table>
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<tr>
<th>9. Expanded Dispatch Reply:</th>
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<tr>
<th>S. #s</th>
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<tbody>
<tr>
<td>STEN</td>
</tr>
<tr>
<td>STEN (t)</td>
</tr>
</tbody>
</table>

| Engine³ #: |
| Engine⁴ #: |
| Engine⁵ #: |

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<tr>
<th>10. Replied by:</th>
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</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Position:</th>
</tr>
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<thead>
<tr>
<th>travel_message_2024_v2</th>
<th>Signature:</th>
<th>Date/Time:</th>
</tr>
</thead>
</table>
Rental vehicles authorized on the Resource Order do not need additional incident approval. The Federal Rental Vehicle Agreement will not be used to rent vehicles for Local Government IMT or Overhead resources. The cost of the rental vehicle (if authorized) and the fuel purchased to operate the vehicle at the responding agencies expense will be reimbursed by the ordering agency using the In State Travel and Incident Related Expense Log (TEC). All receipts must be taped to the TEC as specified in Exhibit H directions. Rental vehicles that are not authorized on the Resource Order must receive formal written approval from the incident for reimbursement.
<table>
<thead>
<tr>
<th>RESOURCE ORDER</th>
<th>Initial Date/Time</th>
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</thead>
<tbody>
<tr>
<td>OVERHEAD</td>
<td>07/30/14 1811</td>
</tr>
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</table>

### 2. Incident / Project Name

**H-1 BALD**

### 3. Incident / Project Order Number

**CA-LNF-003479**

### 4. Office Reference Number

**PSEK1X (OSD)**

### 5. Descriptive Location

44218 A STREET
MCCARTHUR, CA 96056

### 6. TTN | RNG | SEC | Base MDM |
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<tr>
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<tbody>
<tr>
<td>35N</td>
<td>SE</td>
<td>13</td>
<td>Mt. Diablo, CA</td>
</tr>
</tbody>
</table>

### 8. Incident Base / Phone Number

- Richard Ebanks 530-252-5575
- BRETT SHURR 530-252-6632

### 9. Jurisdiction / Agency

Lassen National Forest

### 10. Ordering Office

Susanville Interagency ECC

### 11. Aircraft Information

#### Bearing | Distance | VOR | Contact Name | Frequency Type | Assigned Frequency | Reload Base | Other Aircraft / Hazards |
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<td>42</td>
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<td>MCC</td>
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### 12. Request Number

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<tr>
<th>Request Number</th>
<th>Ordered Date/Time</th>
<th>From</th>
<th>To</th>
<th>Qty</th>
<th>Resource Requested</th>
<th>Needed Date/Time</th>
<th>Deliver To</th>
<th>From Unit</th>
<th>To Unit</th>
<th>Assigned Date/Time</th>
<th>Resource Assigned</th>
<th>M/D Ind</th>
<th>Estimated Time Of Departure</th>
<th>Estimated Time Of Arrival</th>
<th>Released Date</th>
<th>Released To</th>
</tr>
</thead>
<tbody>
<tr>
<td>O-146</td>
<td>08/01/14 1800 PST</td>
<td>(530)0257</td>
<td>CA-SIFC 1</td>
<td>2</td>
<td>FIRELINE EMT (CALIFORNIA ONLY)</td>
<td>08/01/14 1800 PST</td>
<td>FAIRGROUND CA-XSFC 5</td>
<td>CA-SIFC 5</td>
<td>CA-LMS</td>
<td>08/01/14 2339 PST</td>
<td>KIRK, MATT E (CA-XSFC)</td>
<td>Reporting Instructions MACARTHUR FAIRGROUNDS 44218 A ST MCCARTHUR CA 96056</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Travel Mode

**Financial Code** CFAA

**Special Needs** Special needs for fire campground, 4x4 vehicle, and medical equipment.

**Rentals** Authorized enterprise rental agreement.

**Contract For Off Road**

### 13. User Documentation

- **Req. No.** | **Documentation** |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>O-146</td>
<td>No resources avail. Need to place through OES.</td>
</tr>
<tr>
<td>O-146</td>
<td>Per Cal OES FDO Chesmore pls have incident update with CFAA and proper CA designator for resource - incident ordering Casey copies</td>
</tr>
</tbody>
</table>

**Entered By**

- Katie Shaw (CA-Oneco) 08/01/2014 1832 PST
- Chad Stokes (CA-OES6) 08/01/2014 2036 PST
IMT/OVERHEAD RENTAL VEHICLE

• Rental car and fuel in CFAA Exhibit A
• Must use most economical rental rate
• POV is a “Wet Rate” – includes cost of fuel in the rate, incident does not provide fuel.
• Anyone renting vehicles or on teams using CFAA should review Exhibit H
CIVILIAN FORMULA

• Civilian formula concept
  Based on hours worked concept: Will include straight time (ST) w/benefits for said average actual classification on file for each ST hour worked. For each over time hour worked, the OT rate will include benefits as well.

• Approved backfill for positions will be documented and billed on F-78
  Same concept above applies – however, the backfilled position is responsible for obtaining signature approval from his or her supervisor at the end of each shift that relates to the backfilled assignment and sent to Cal OES w/in 30 days of release. (Backfill not allowed for Supplemental employees)
CIVILIAN FORMULA

• Backfilled positions will be documented in ROSS
  No decision on how and when ROSS will be documented to date. More discussion as well until more research completed on how this process should work.

• Backfill does NOT apply to civilian positions approved for portal to portal
  An F-42 will be completed to cover the portal to portal cost.
CIVILIAN MOU’s

• ALL civilians must go on F-78s
  With the exception of approved portal to portal

• Only 6 departments have civilian positions approved for portal to portal.

• MOU review process
  CFAA MOU review panel for borderline language (Cal OES)

• Backfill certification
  Department policy or certification required for backfill billing
OES ENGINE S/T DIFFERENCES

- State resources
- Come with Voyager cards
- Inventories required at Demob.
- Cross Staffing not allowed
- Tolls and bridges
WORK / REST GUIDELINES

• To maintain safe, productive incident activities, all personnel must appropriately manage work/rest periods, assignment duration, and shift length for crews, overhead personnel, and support personnel. Plan for and ensure that crews, overhead personnel, and support personnel are provided a 2 to 1 work to rest ratio (for every 2 hours of work or travel, provide 1 hour of sleep and/or rest).

• 12 hour shift = 6 hours sleep
• 24 hour shift = 12 hours sleep
Incident Off-Shift Rest & Sleeping Accommodations

• The responsible Forest Agency will provide, when practical, shaded and/or climatically maintained accommodations for off shift sleeping, rest, and recuperation for local government resources confined to incident base.
Incident Off-Shift Rest & Sleeping Accommodations

• If the incident command finds it operationally feasible (i.e. Strike Team remains available), to place local government resources in a commercial sleeping accommodation, it may be provided by the forest agency.
MOBILE SLEEP TRAILERS
CHECK IN with CAL FIRE Motel Manager upon arrival at ICP, provide current personnel count (male/female) along with your ST ID and phone numbers.

When placed in accommodations you are ON DUTY - UNASSIGNED

DO NOT Change room allocation (i.e., doubles to singles)

ALL individuals are required to sign motel roster daily. Form AO-341

Meals will be provided at Incident Base unless specifically directed by the Incident. If you choose to eat off site it is your responsibility and not reimbursable.

Telephone calls, pay-per-view television, room service, etc., from rooms are NOT AUTHORIZED

Crew Rotations: if numbers or makeup of personnel in your Strike Team changes, advise Motel Unit Leader and update phone numbers.
Each person occupying rooms must sign the AO-341

Remember that you are still on the clock, representing your department and Cal OES
Mistakes and errors in judgment you make here can impact the entire California Fire Service.
TIME UNIT

• Check with the OES AREP for process
• If **NO** OES AREP on the incident.
  ✔ Be sure to get your F-42 signed by the incident, and mail white copies to OES HQ
• Find out who can sign (at incident or on cover assignment)
• Keep your paperwork current
Demobilization

- Be familiar with the Demob Plan
- The ICS-221 begins the release process
- Follow the steps
- Don’t shortcut, be prompt, be patient
- Once ICS-221 is complete, status is pending until released or reassigned
OTHER DOCUMENTATION

• Taskbooks
• ICS-225
  – Yourself
  – Company Officers
• Inventories
• STD-270 (STEN’s should have TFLD portion of the PTB issued)
ACCIDENT REPORTS-
COMPENSATION / CLAIMS

• Form STD 270 plus agency required form
• Agency will only pay what is documented, photographed and approved by the incident.
• OES AREP or Liaison must be involved. Especially with OES apparatus.
State Vehicle Accident Report (STD-270) this form can be located at the following website:
http://www.dgs.ca.gov

Description of damages
Narrative and diagram of the accident
Assignee should request police report if needed. (Injuries or damage over $1,000.00 per state vehicle code.)
If on assignment, notify Strike Team Leader and Liaison, including Safety Officer for additional documentation.
Report needs to be received by Cal OES Fire and Rescue Division within 48 hours
STD 270

Accident Report Form

Required for ALL Accidents
**VEHICLE ACCIDENT REPORT**

**STATE OF CALIFORNIA**

**VEHICLE LICENSE NUMBER:** 9594777

**VEHICLE YEAR, MAKE, MODEL:** 2000 WINDALE EME #18

**VEHICLE DAMAGE TO STATE VEHICLE:** Cracked right rear fender, bent rear bumper, bent right rear corner panel

**BUSINESS REPAIR COST:** $1500

**ACCIDENT LOCATION:** (Address/Area)
- 13000 block of Clements Rd
- on Division A of Reman Fire in the
- Graham Ranch Subdivision
- Groveland, CA

**Traffic Conditions:**
- Clear, warm, dry
- No other traffic

**EST. SPEED OF OTHER CAR:** 21 mph

**NAME AND ADDRESS OF INVESTIGATING AGENCY:** California Office of Emergency Services

**VEHICLE OWNER:**
- California DMV

**POLICE REPORT MADE:** Yes

**NAME AND ADDRESS OF INJURED:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>ADDRESS</th>
<th>HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>21</td>
<td>2140 Santa Barbara Ave, SLC, CA 93401</td>
<td>605-540-9361</td>
</tr>
<tr>
<td>Jane Smith</td>
<td>21</td>
<td>2140 Santa Barbara Ave, SLC, CA 93401</td>
<td>605-540-9361</td>
</tr>
</tbody>
</table>

**WITNESS:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
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</thead>
<tbody>
<tr>
<td>Maria Lee</td>
<td>2410 Santa Barbara Ave, SLC, CA 93401</td>
</tr>
<tr>
<td>John King</td>
<td>2410 Santa Barbara Ave, SLC, CA 93401</td>
</tr>
</tbody>
</table>
FULLY STATE HOW ACCIDENT OCCURRED (Give details, attach additional sheets if necessary)

WHILE PARKING, OES 271, I HIT A 3 FOOT TALL, 6 INCH DIAMETER TREE STUMP, ON MY PASSENGER SIDE. CHIEF LEDERER WAS OUTSIDE AND BEHIND THE ENGINE, BACKING ME ON THE DRIVER SIDE. HIS PRIMARY CONCERN WHILE BACKING WAS AN OVERHANGING BRANCH AND A TWO FOOT DROP OFF EMBANKMENT ON MY DRIVER SIDE. MY SECONDARY CONCERN, WHILE BACKING WAS A COW SHAPED SCREEN OVER AN IRRIGATION PIPE ON MY PASSENGER SIDE. AFTER COMPLETING MY FORWARD TO BACKWARD TURN IN DRY DIRT, I FAILED TO SEE THE TREE STUMP IN THE BIG HOLE I CREATED. I HIT THE STUMP WITH MY REAR RIGHT BUMPER AND CRACKED THE REAR BODY SHELL. I WAS TRAVELING LESS THAN ONE MILE PER HOUR WHEN I HIT THE STUMP. THE ENGINE WAS AND IS STILL OPERATIONAL. THE REAR LIGHT COVER WAS TEMPORARILY FIXED WITH CLEAR TAPE UNTIL ANOTHER ONE IS PURCHASED. THE BUMPER WILL BE EVALUATED BY MECHANICS.

MATTHEW CALAHAN SCOFI, ENGINEER
Provide photo of object struck
PHOTOS OF DAMAGE
Was This Accident Incident Related (caused)?

If so an S# would be assigned for repairs at home unit for the apparatus.

If not, agency is responsible for repairs.

Complete package with all documents and signatures will “paint” the picture for the Comp Claims Unit in determining incident related or not.
TO: Comp claims

From: DIVS

Subject: Vehicle damage that occurred on 9/15/14

Message:

On 9/15/14 while assigned DIVS on duty my agency vehicle suffered damage. The damage occurred during an attempt to access first responders that were in immediate threat of being over run by fire in DIVE. Damage occurred due to attempting to access crews on over grown roads. Damage is as follows:

- Drive side mirror cracked
- Scratches on hood
- Missing front driver side hub cap

Vehicle Information:

No Accident Report/Statements from survivors or supervisors.

Employee did not use OES resource trailer.

No motor vehicle (SF-91) paperwork accomplished.

Employee did not come back to finance after initial contact.

No confirmation from line supervisor or statement from witness if available.

Process as outlined by OES not followed.

Received 9/25/14
**PROPERTY LOSS OR DAMAGE REPORT**

**Fire Suppression**

<table>
<thead>
<tr>
<th>4. ISSUING OFFICE OR CAMP NAME</th>
<th>5. FIRE NAME</th>
<th>6. FIRE NO.</th>
<th>7. TYPE EMPLOYEE (Mark one with “X”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Redacted]</td>
<td>King Fire Zone II</td>
<td>CA-ENF-02346</td>
<td>Regular Gov’t  □ Casual Firefighter □ Other LocalGov</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)</th>
<th>QUANTITY</th>
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<tbody>
<tr>
<td>Scratches down both sides of vehicle</td>
<td></td>
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<tr>
<td>Charging receptacle cover broke off</td>
<td></td>
</tr>
<tr>
<td>Broken Driver side Mirror, D missing Hub cap</td>
<td></td>
</tr>
</tbody>
</table>

9. Employee report on circumstances of loss or damage to property listed:

On 9/15/14 while assigned DFSUS on "H" my agency vehicle was damaged while attempting to access firefighters that were in immediate threat of being over ran by fire on Div "K". In an attempt to rescue the firefighters I drove several over grown roads that caused the above damage. Damage occurred on 9/15/14.

10. SIGNATURE: Ford Expedition  Lic 1099431  VIN 1FTEUHYY4A625889  DATE: 9/27/14

15. Fire Boss or Property Control Officer comments regarding loss or damage:

19. SIGNATURE  17. TITLE  18. DATE

NSN 7540-01-124-7634  ORIGINAL—Issuing Office

OPTIONAL FORM 289 (9-81) USDA/USDI 50269-101
NOTIFICATIONS

• INCIDENT SAFETY OFFICER
• OES AREP
• COMP/CLAIMS
• HOME AGENCY
Accident/Claims Process

INCIDENT/ACCIDENT
STD 270

COMP/CLAIMS

APPROVED

DOCUMENTATION
NARRATIVE, S#, 213, 214’s, PHOTOS

UNAPPROVED

PROVIDE ALL DOCUMENTATION TO OES AREP
Comp Claims Checklist

Process

1. Fill out General Message ICS 213. (details of accident/loss on an ICS213 signed by appropriate chain of command)
2. Contact the AREP for assistance and information.
3. Gather photographs, witness statements, police reports and other information.
4. Complete appropriate forms (listed below).
5. Submit forms, photos, and information to the OES AREP.
6. Three copies of all documents generated (Home Agency, OES AREP, Incident Comp Claims).
7. Obtain Supply Number (S#) from the incident.
8. Home Agency submits receipts for reimbursement to Cal OES.

Required Documents

California DG5 - STD 270 – Vehicle Accident Report

Federal Incident: Cal Fire 101 – Property Certification / Certificate of Responsibility

or

State Incident: NICOF289 – Property Loss or Damage Report

Police Report

Narrative (from ICS 214 – Unit Log)

Witness Statements

Photographs (full 360 of vehicle, serial plate, as well as specific damage photos) emailed to AREP

GPS coordinates where incident occurred:

Position #: Name #: Date:

comp_claims_checklist.pdf

September, 2015
Compensation/Claims “S” Number Process

- Damage to apparatus, equipment, hose left on the line, hose burned are only some examples of items that may be involved in this process.
- There are steps that need to be followed to ensure that you are compensated for these losses.
- Failure to complete these processes will very likely result in a denial.
Comp/Claims Process

• How do you validate whether your claim is covered?
  – CFAA Page 6; #25 thru 27 and Page 7; #28
    • “Reimbursement for Emergency Apparatus Loss or Damage
  – CFAA Exhibit “H”
    • “In-State Travel and Incident Related Expenses”
  – Check with the OES AREP
    • 916-845-8911 Fire Duty Officer
Comp/Claims Process

Reimbursement for Emergency Apparatus Loss or Damage

25. Cal OES, CAL FIRE, and the Federal Fire Agencies may reimburse California Fire and Rescue Mutual Aid System Agencies providing resources through the California Fire and Rescue Mutual Aid System for the cost of emergency apparatus or equipment loss or damage where the loss or damage is directly attributable to the incident, and where the local agency, its employees, and/or operational failures in the emergency apparatus or support equipment are not a contributing factor to such damage or loss. Loss or damage to local agency emergency apparatus or support equipment while travelling to or from an incident, and repairs due to normal wear and tear or due to negligent or unlawful operation by the operator, shall be the responsibility of the local agency providing the emergency apparatus or support equipment.

26. Loss or damage to local agency emergency apparatus or support equipment occurring on an incident is to be reported to the incident finance section to ensure proper documentation and investigation.

27. Except as otherwise provided in Recital 25 of this Agreement, all parties to this Agreement hereby waive claims between and/or against each other arising from the performance of this Agreement for compensation for loss or damage to each other’s property, and personal injury including death of employees, agents, and contractors. This waiver shall not apply to intentional torts.
Comp/Claims Process

Claims Dispute Resolution

28. Should a California Fire and Rescue Mutual Aid System Agency not be able to resolve a claim regarding compensation, reimbursement, damage or equipment repair through negotiation with a forest agency, it should contact the appropriate agency’s claims division, listed below:

Agency Claim Dispute information is in CFAA Page 7 28.1 – 28.6
Complete formal documentation:

**Accident Report STD-270**
Complete including diagrams, statements, witnesses

**ICS 213**
Describing event or circumstance
IE: Signed by DIVS, Branch or immediate supervisor

**Photos**
Include plate, vin plate, door logo, damage
Date and time stamped helps
On thumb drive for electronic distribution
Exhibit “H”

In order for your agency to be eligible for reimbursement of expenses related to this exhibit, the approval **MUST** be formally documented in writing by the approving State or Federal Agency responsible for said incident.
EXHIBIT “H”
IN-STATE TRAVEL AND INCIDENT RELATED EXPENSES

The purpose of this exhibit is to identify allowable costs and the process for submitting such cost for in-state travel and incident related expenses. This exhibit primarily pertains to costs associated with fuel, food, vehicle and lodging costs as stated in Clauses A-33 and A-35 of Exhibit “A”, as well as attributable incident expenses such as loss or damage to local agency emergency apparatus or support equipment identified in Recital 25 of this Agreement.

In some cases miscellaneous expenses outside of the above mentioned may be approved if the incident finds that the expense(s) is also attributable to the incident.

In order for local agencies to be eligible for reimbursement of expenses related to this exhibit, the approval MUST be formally documented in writing by the approving State of California or Federal Fire Agency responsible for an incident. The formal approval must be documented on a General Message Form ICS-213 with the associated “S#” validating the expense(s). The General Message Form ICS-213 must be signed by either the Finance Section Chief, Incident Business Advisor, or the Incident Commander.

NOTE: S#’s should ONLY be issued when the incident cannot accommodate the expense in need, and all other options to provide the expense(s) have been exhausted.

Approved out of pocket expense(s) must accompany the F-42 or F-78 along with the formal approval on the General Message ICS-213 documenting the S#, the itemized receipt(s), and the In State Travel and Incident Related Expense Log. Receipts for meals and incidentals are not required. All other receipts must be taped to an 8 ½ x 11 sheet of paper in date order. All sides of the receipts must be taped and legible; photo copies are preferred.

Rental Vehicles

Rental vehicles authorized on the resource order do not need additional incident approval. The cost of the rental vehicle, if incurred by the local agency, and the fuel purchased to operate the rental vehicle must be submitted on the In State Travel and Incident Related Expense Log with receipts taped or photo copied. Rental vehicles that are not authorized on the resource order must receive the formal written approval from the incident as identified above.
Check List:

- General Message Form 213 signed by the Finance Section Chief, Incident Business Advisor, or Incident Commander
- S# documented on the General Message Form 213
- F-42 or F-78 or other approved form
- In-State Travel and Expense Log with expense documented in date order
- Receipt(s)* taped on all sides to an 8 ½ x 11 sheet of paper in date order (photocopies preferred)
  *Receipt(s) for meals and incidentals are not required

If costs are associated with food or lodging, the reimbursement will be limited to the California Standard Per Diem Rates in effect at the time of response:

- Breakfast - $7.00
- Lunch - $11.00
- Dinner - $23.00
- Incidentals - $5.00 (only after the first 24 hours)
- Lodging:
  - All Counties/Cities located in California (except as noted below):
    - Actual lodging expense, supported by a receipt, up to $90 per night, plus tax.
  - Napa, Riverside, and Sacramento Counties:
    - Actual lodging expense, supported by a receipt, up to $95 per night, plus tax.
  - Los Angeles, Orange, and Ventura Counties and Edwards AFB, excluding the city of Santa Monica:
    - Actual lodging expense, supported by a receipt, up to $120 per night, plus tax.
  - Alameda, Monterey, San Diego, San Mateo, Santa Clara Counties:
    - Actual lodging expense, supported by a receipt, up to $125 per night, plus tax.
  - San Francisco County and the City of Santa Monica:
    - Actual lodging expense, supported by a receipt, up to $150 per night, plus tax.
Authorized Rental Vehicles: The dispatch/mobilization centers for Federal Fire Agencies signatory to this agreement will make arrangements for rental vehicles on Federal Fire Agency incidents. Renting vehicles from an airport is discouraged and the use of economy cars is encouraged.

Reimbursement – Other Equipment Rates (excluding aviation)

A-25. All other equipment not identified specifically in this exhibit will be reimbursed using the FEMA Schedule of Equipment rates. If a FEMA equipment rate is not identified for the type of equipment being used, a rate may be developed using the FEMA equipment rate formula (Exhibit F).

REIMBURSEMENT – TRAVEL EXPENSES

A-26. At no time will the California Fire and Rescue Mutual Aid System Agencies seek reimbursement for travel expenses such as fuel, food, and lodging responding to, during, or returning from a State of California or Federal Fire Agency incident unless formally documented and approved in writing at the incident.

Travel arrangements and reimbursement, including travel for relieving personnel and backfill, will only be made from the Fire Department/Agency location or residence whichever is closest to the incident or reporting location (such as staging). The reimbursement of meals to and from the incident will be subject to the California state standard per diem rates.

If formally documented and approved in writing at the incident, the process to obtain reimbursement for in state travel and incident related expenses is outlined in Exhibit H.
A-27. California Fire and Rescue Mutual Aid System Agencies shall assume operational costs, including necessary motor fuels and lubricants used in its emergency apparatus while responding to and returning from the State of California or Federal Fire Agency incidents. It shall be the responsibility of the responding jurisdiction to provide the necessary means of payment for such costs.

A-28. Once at the incident and until released, the State of California or the Federal Fire Agencies will provide for motor fuel and lubricants, normal servicing costs, and minor repairs incidental to operation of emergency apparatus including California Fire and Rescue Mutual Aid System Agency support equipment. Minor Repair is defined as any repair necessary to keep the equipment in operation on the fire, which requires not more than two hours (labor time only) for one mechanic for any one job, exclusive of obtaining parts.
## California Governor's Office of Emergency Services (Cal OES) - Fire and Rescue Division

### Travel Expense Claim Reimbursement Log

<table>
<thead>
<tr>
<th>Incident Name:</th>
<th>Crew Relief: Yes ☐ No ☐</th>
</tr>
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#### AGENCY DESIGN.

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<tr>
<th>State</th>
<th>3-Letter ID</th>
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#### STRIKE TEAM #

<table>
<thead>
<tr>
<th>State</th>
<th>3-Letter ID</th>
<th>Number</th>
</tr>
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</table>

#### INCIDENT ORDER NUMBER

<table>
<thead>
<tr>
<th>State</th>
<th>3-Letter ID</th>
<th>Number</th>
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</table>

#### INCIDENT REQUEST NUMBER

<table>
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<tr>
<th>3-Letter ID</th>
<th>ID</th>
<th>Number</th>
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<th>LODGING $</th>
<th>MISC $</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
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<table>
<thead>
<tr>
<th>SUB-TOTALS</th>
<th>TOTAL AMOUNT</th>
</tr>
</thead>
</table>

**Comments:**

---

**DEPARTMENTAL APPROVAL**

Print Name: ___________________________  Signature: ___________________________  Date: ___________________________

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[Reimbursement Log at http://www.caloes.ca.gov/FireAndRescue/Forms/Reimbursement.asp](http://www.caloes.ca.gov/FireAndRescue/Forms/Reimbursement.asp)
# TRAVEL EXPENSE CLAIM REIMBURSEMENT LOG

**Incident Name:** ___________________________  
**Crew Relief:** Yes [ ] No [ ]

<table>
<thead>
<tr>
<th>AGENCY DESIGN</th>
<th>STRIKE TEAM #</th>
<th>INCIDENT ORDER NUMBER</th>
<th>INCIDENT REQUEST NUMBER</th>
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<tbody>
<tr>
<td>State</td>
<td>3-Letter ID</td>
<td>Number</td>
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</tbody>
</table>

**SUB-TOTALS** → **$0.00**  
**TOTAL AMOUNT** → **$0.00**

**Comments:**

---

**DEPARTMENTAL APPROVAL**

Print Name: ___________________________  
Signature: ___________________________  
Date: ___________________________

---

Cal OES - Fire and Rescue Division - Travel Expense Claim Reimbursement Log - 1/1/21

Form 122A (Rev. Jan 2019)
EXHIBIT “G”
REIMBURSEMENT POLICY AND PROCEDURES FOR OUTSIDE THE STATE OF CALIFORNIA ASSIGNMENTS

This Exhibit applies to Cal OES and the Federal Fire Agencies only.

The California Fire and Rescue Mutual Aid System Agencies shall use the following procedures to secure reimbursement for the provision of personnel and local government-owned emergency apparatus ordered for use on Federal incidents outside the State of California.

Reimbursement of personnel, emergency apparatus, and support equipment will be consistent with Exhibit “A” Reimbursement Policy and Procedures with the following exceptions:

1. Travel costs for lodging and per diem for personnel shall be reimbursed at the rates and methods established within Exhibit H, limited to the California State Standard Per Diem Rates in effect at the time of the response. Lodging expense will follow the “all counties/cities located in California” up to $90.00 per night, plus tax. Exceptions will be handled case by case with formal documented and written approval.

2. Reimbursement for Cal OES-owned communications equipment (e.g., cell and satellite phones or air and phone credit cards) will be at the total actual cost to the State of California.

3. Reimbursement invoices for Cal OES personnel, travel, and equipment will be on an actual cost basis, supported by accounting records, payroll records, and/or activity cards. Invoices for Cal OES resources should be submitted no later than 5 months after the end of the incident.

4. Invoices for Cal OES resources will include an administrative rate as determined by the State of California under the Office of Management and Budget (OMB) circular A-87.

5. Length of assignments for resources responding to incidents outside the State of California will be consistent with the appropriate Federal Fire Agency’s policy. Conditions in Clause A-34 of Exhibit “A” concerning minimum of seven days (elapsed time), excluding travel, will not apply to resources responding to requests outside the State of California. Federal Fire Agency policy on the length of an assignment outside the state is defined as the time period (days) between the first full operational period at the first incident or reporting location on the original resource order and commencement of return travel to the home unit. Standard assignment length is 14 days, exclusive of travel from and to home unit. Time spent in staging and preposition status counts toward the 14 day limit, regardless of pay status, for all personnel, including Incident Management Teams.
**GENERAL MESSAGE**

<table>
<thead>
<tr>
<th>TO:</th>
<th>Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM:</td>
<td>OES ST 1830 A E 343</td>
</tr>
<tr>
<td>POSITION:</td>
<td>Tom Dulin, Engine Boss</td>
</tr>
<tr>
<td>SUBJECT:</td>
<td>Replacement Class H Form Two Salvage Cart</td>
</tr>
<tr>
<td>DATE:</td>
<td>11/15/08</td>
</tr>
</tbody>
</table>

**MESSAGE:**

- Need to replace 20 Gallons of Class H Form Used 11/14/08 while assigned to DR C. Mop up and aerial. Fill in supply unit.

- Replace two 12 x 18 Salvage covers used to protect Art work and historical book from the early 1900’s. Issued 5/4/87.

**SIGNATURE/POSITION**

<table>
<thead>
<tr>
<th>Signature/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Dulin</td>
</tr>
</tbody>
</table>

**REPLY**

**SIGNATURE/POSITION**

<table>
<thead>
<tr>
<th>Signature/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>John O. Bruckner</td>
</tr>
</tbody>
</table>

**DATE**  
11/15/08

**TIME**  
0930hrs

**RETURN THIS COPY TO SENDER**
INCIDENT REPLACEMENT REQUISITION

Information will be filled in by Comp/Claims and the S# will be supplied by Ordering.
Example of invoice for replacement of lost or damaged equipment

Replacement of items should be completed as soon as possible upon return from the incident.

<table>
<thead>
<tr>
<th>QTY</th>
<th>UNIT</th>
<th>DESCRIPTION</th>
<th>PRICE</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ea</td>
<td>Gosport CCS12 - Olive Drab Canvas Salvage Cover 12' x 18'</td>
<td>$160.45</td>
<td>$160.45</td>
</tr>
<tr>
<td>1</td>
<td>ea</td>
<td>Gosport CVS10 - Red Vinyl Nylon Salvage Cover 12' x 18'</td>
<td>$157.35</td>
<td>$157.35</td>
</tr>
</tbody>
</table>

Terms: Net 30
Delivery: 2 Weeks

Note: Pricing is valid for 30 days. Subject to change thereafter.

Subtotal: $317.80
8.25%: $26.22
Shipping: $42.00

TOTAL: $386.02

Quoted By: John Springley - Inside Sales
Other reimbursements thru the TEC Process

- Any incident approved expense
  - Example: Food, Fuel, Lodging approved to finish your travel leg home.
  - Must have copies of all documentation from the incident.
  - Must mail in receipts and documentation so the invoice can reflect the expenditure.
Complete formal documentation (cont.)

Complete agency specific Comp/Claim form (Federal, State)

Different forms for different agencies and some require their specific form
COMP / CLAIMS PROCESS

Exhibit “H” (cont.)

The formal approval must be DOCUMENTED on a General Message Form ICS-213 and Resource Order of the associated “S #” validating the expense(S)

The General Message Form ICS-213 MUST be signed by the Finance Section Chief, Incident Business Advisor, or the Incident Commander

THERE WILL BE NO EXCEPTION TO THIS APPROVAL PROCESS.
EXPECTATIONS AT INCIDENT BASE

What to do if you have problems

- Incident Commander
- Information Officer
- Liaison Officer
- Agency Representatives
- Safety Officer
DETERMINE URGENCY

- **Response Modes**
  - **Initial Attack**
    - Just like receiving a 911 call
  - **Immediate Need**
    - 30 minute response expectation
  - **Planned Need**
    - 1 hour response expectation (could actually be leave the next morning or more than a day out)
We expect you to....

- Gather Dispatch Information
- Determine Urgency
- Appropriate STEN Vehicle
- **Always** Fill STEN Trainee
- "Flight Following" with Op Area
- Pre determined “SIT STAT” with Home Region
BUILD YOUR FILE

• Keep and make copies of everything
• Obtain copies of everyone’s F-42
• 214’s, 213’s, 225’s, Accident Reports, Comp Claims documentation
• FILE THEM FOR 5 YEARS
• Any issues that arise, the Strike Team Leader is the contact person
### 2015 OES R4 Strike Team / Task Force Deployment History

<table>
<thead>
<tr>
<th></th>
<th>OES T1</th>
<th>OES T3</th>
<th>XCA</th>
<th>XED</th>
<th>XNE</th>
<th>XPL</th>
<th>XSA</th>
<th>XSJ</th>
<th>XST</th>
<th>XTB</th>
<th>XTO</th>
<th>XYO</th>
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</thead>
<tbody>
<tr>
<td><strong>ST</strong></td>
<td>14</td>
<td>12</td>
<td>8</td>
<td>4</td>
<td>8</td>
<td>13</td>
<td>11</td>
<td>10</td>
<td>6</td>
<td>17</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td><strong>TF</strong></td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>17</td>
<td>12</td>
<td>9</td>
<td>5</td>
<td>8</td>
<td>14</td>
<td>11</td>
<td>11</td>
<td>8</td>
<td>17</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>
Cal OES ASSISTANT CHIEF’S

- Region I  Dave stone  (916) 642-3837
- Region II  John Clary  (925) 381-5526
- Region II  John Salvate  (707) 853-6150
- Region III Ken Hood  (916) 642-3887
- Region IV Gary Humphrey  (916) 952-5214
- Region V  Bill Bondshu  (559) 284-1580
- Region VI Art Torrez  (916) 642-3838
CFAA RESPONDER TYPES

• **Suppression Personnel** – Personnel who routinely respond to emergencies

• **Non-Suppression Personnel** – Personnel who occupy a civilian position within a fire agency (e.g. Dispatchers, GIS, Mechanics, IT personnel, Radio Technicians)

• **Supplemental Personnel** – overhead tied to a local fire department generally by agreement who are mobilized primarily for response to incidents / wildland fires outside of their district or mutual aid zone. They are not a permanent part of the local fire organization and are not required to attend scheduled trainings, meetings, etc., of the department
2015 Emergency Response Record F-42

<table>
<thead>
<tr>
<th>1. INCIDENT LOCATION</th>
<th>2. INCIDENT RESPONSE FORCE</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. INCIDENT NUMBER</th>
<th>4. INCIDENT REQUEST NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. O&amp;M INFORMATION</th>
<th>6. O&amp;M INFORMATION</th>
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<tr>
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<table>
<thead>
<tr>
<th>7. EQUIPMENT INFORMATION</th>
<th>8. PERSONNEL INFORMATION</th>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. SUPPORT VEHICLE INFORMATION</th>
<th>10. PERSONNEL INFORMATION</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>11. EQUIPMENT REQUIRE INFORMATION</th>
<th>12. SUPPLIES</th>
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<tbody>
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<table>
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<th>13. COMPLIANCE</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
**EMERGENCY ACTIVITY RECORD (OES F-42)** - Revision Apr/2015

**STRIKE TEAM - SAMPLE**

**PARTIAL FILL IN**

**Personnel Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ringgate, Donald</td>
<td>Captain</td>
<td>5555</td>
</tr>
<tr>
<td>Gavin, Tommy</td>
<td>Engineer</td>
<td>1141</td>
</tr>
<tr>
<td>Sage, John</td>
<td>Firefighter</td>
<td>2222</td>
</tr>
<tr>
<td>Severide, Kelly</td>
<td>Firefighter</td>
<td>3333</td>
</tr>
</tbody>
</table>

**Dispatch Information**

- Incident Name: BUTTE
- Reporting Location: ICP
- Incident Date: 9/9/2015
- Time: 13:30
- Mobilization Center: (Not Staging Area)
- Committed to Incident: 9/9/2015
- Time (24 Hour): 18:30
- Return from Incident: 9/14/15
- Redispatched: 9/14/15

**Comment**

- 9/9 Assigned
- 9/14 Demobilized

**Compensation Claims**

- Task: Yes
- Compensation: Yes

**Emergency Information**

- Vehicle Ownership: CDF / OES Vehicle
- License #: 1XYZ234
- Apparatus: Engine
- Unit #: 357
- Type: Engine
- Date: 9/14/15

**Responding Agency Information**

- Folsom Fire
- Donald Ringgate
- Captain
- Joe Finance
- Gary Humphrey
- (916) 553-1212
- FSC1

**Blue = Filled out by Responding Agency**  **Red = Filled out by Finance / OES**
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENCY DESIGNATION</td>
<td>CASCR OVERHEAD</td>
</tr>
<tr>
<td>INCIDENT ORDER NUMBER</td>
<td>CAAEU 024918</td>
</tr>
<tr>
<td>Dispatch Information</td>
<td>BUTTE</td>
</tr>
<tr>
<td>Incident Date</td>
<td>7/1/2015</td>
</tr>
<tr>
<td>Time (24 Hour)</td>
<td>13:30</td>
</tr>
<tr>
<td>Return from Incident Date</td>
<td>7/6/15</td>
</tr>
<tr>
<td>Time (24 Hour)</td>
<td>18:30</td>
</tr>
<tr>
<td>SUPPORT VEHICLE INFORMATION</td>
<td>1XYZ234</td>
</tr>
<tr>
<td>Vehicle Ownership</td>
<td>Agency</td>
</tr>
<tr>
<td>Type</td>
<td>xSUV</td>
</tr>
<tr>
<td>Beginning Mileage</td>
<td>Total Miles</td>
</tr>
<tr>
<td>Incident Name:</td>
<td>BUTTE</td>
</tr>
<tr>
<td>----------------</td>
<td>-------</td>
</tr>
<tr>
<td>Incident Date:</td>
<td>7/16/2015</td>
</tr>
<tr>
<td>Redispatched From:</td>
<td>&lt;only if coming from another OES incident&gt;</td>
</tr>
<tr>
<td>Received Date:</td>
<td>7/16/2015</td>
</tr>
<tr>
<td>Old Incident Order Number:</td>
<td></td>
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<tr>
<td>Old Request Number:</td>
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<td>New Incident Order Number:</td>
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<td>New Request Number:</td>
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<tr>
<td>Overhead Position</td>
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</tr>
<tr>
<td>Vehicle Ownership:</td>
<td>Agency</td>
</tr>
<tr>
<td>Vehicle Type:</td>
<td>Sedan</td>
</tr>
<tr>
<td>Beginning Location:</td>
<td>Sacramento Metro Fire</td>
</tr>
<tr>
<td>Ending Location:</td>
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</tr>
<tr>
<td>Total Miles:</td>
<td></td>
</tr>
<tr>
<td>Equipment Information:</td>
<td></td>
</tr>
<tr>
<td>Language:</td>
<td>English</td>
</tr>
<tr>
<td>Unit #:</td>
<td></td>
</tr>
<tr>
<td>License #:</td>
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</table>

**Personnel Information**

<table>
<thead>
<tr>
<th>Name/Last (First)</th>
<th>Rank</th>
<th>Last 4 Digits</th>
<th>CPF</th>
<th>ZIP</th>
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</thead>
<tbody>
<tr>
<td>Ringle, Donald</td>
<td>Captain</td>
<td>5555</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gavin, Tommy</td>
<td>Engineer</td>
<td>1111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garcia, John</td>
<td>Firefighter</td>
<td>2222</td>
<td></td>
<td></td>
</tr>
<tr>
<td>McAffrey, Dennis</td>
<td>Captain</td>
<td>7777</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohen, Joe</td>
<td>Engineer</td>
<td>8888</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DeSoto, Roy</td>
<td>Firefighter</td>
<td>9999</td>
<td></td>
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</table>

**Actual Hours**

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>End Time</th>
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</thead>
<tbody>
<tr>
<td>7/16</td>
<td>08:30</td>
<td>09:30</td>
</tr>
<tr>
<td>7/16</td>
<td>10:30</td>
<td>12:00</td>
</tr>
</tbody>
</table>

**Comments**

7/16 08:30 - 09:30 Crew travel from Sacramento (McAffrey, Cohen, DeSoto).
7/16 10:30 - 12:00 Crew return travel to Sacramento (Ringle, Gavin, Garcia).

**Responding Agency Information**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Phone Number</th>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento Metro Fire</td>
<td>(916) 555-1212</td>
<td>Donald Ringle</td>
<td>Captain</td>
</tr>
</tbody>
</table>

**Finance Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe Finance</td>
<td>(916) 555-1212</td>
</tr>
</tbody>
</table>

**EMERGENCY ACTIVITY RECORD (OES F-42) - Revision Apr/2015**

Blue = Filled out by Responding Agency
Red = Filled out by Finance / OES
# EMERGENCY ACTIVITY RECORD (OES F-42) - Revision Apr/2015

**Agency Designator:** CASAC DES4152C

**Incident Order Number:** CAAEU 024918

**Old Request Number:** AEU E112

**Dispatch Information**

- **Incident Name:** BUTTE
- **Reporting Location:** ICP
- **To:** Incident
- **Complex:**
- **Mobilization Center (Not Staging Area):**
- **Committed to Incident:**
  - **Date:** 7/1/2015
  - **Time (24Hour):** 18:30
- **Returned from Incident:**
  - **Date:** 7/26/15
  - **Time (24Hour):** 18:30

**Dispatched From**

- **Incident Name:** (only if coming from another OES incident)
- **End Date:**

**Redispatched From**

- **Incident Name:** (only if headed to another OES incident)
- **Start Date:**

**Oversight Information**

- **Strike Team Leader or Task Force Leader:**
- **Strike Team Leader or Task Force Leader (Trainee):**
- **Overhead Position:**
- **(ICS Title):**

**Support Vehicle Information**

- **Vehicle Ownership:**
  - **Agency:**
  - **PST Vehicle:**
  - **Rental:**
  - **CDF/OES Vehicle:**
  - **License #:**

- **Vehicle Type:**
  - **Sedan:**
  - **SUV:**
  - **Pick-Up (1 1/2 Tons):**
  - **Other (1 1/2 Tons & Above):**
  - **Other:**

**Privately-Owned Vehicle Only**

- **Beginning Mileage:**
- **Ending Mileage:**
- **Total Miles:**

**Equipment Resource Information**

- **Apparatus:** Engine
- **Unit #:** 337
- **License #:** 1XYZ234
- **GPM:** 500

**Personnel Information**

- **Number of Personnel on Apparatus:** 3
- **Department:**
  - **Name:**
    - Donald Ringle, Captain
    - Tommy Gavin, Engineer
    - John Gage, Firefighter
    - Dennis McCaffrey, Captain
    - Joe Coots, Engineer
    - Ray DeSoto
- **Unit #:**
  - 5555
  - 1111
  - 2222
  - 7777
  - 8888
  - 9999

**Personnel Information - Actual Hours**

- **Name:**
  - **Unit #:**
    - 7/1: Assigned
    - 7/16: Crew Rotation (5113.7)
    - 7/26: Denied

**Compensation Claim**

- **Agency:** Falcon
- **Type:**
  - **Yes:**
  - **No:**
- **$ #:**

**Responding Agency Information**

- **Agency:** Sacramento Metro Fire
- **Name:** Dennis McCaffrey
- **Title:** Captain
- **Phone #:** (916) 555-1212

**Incident Information**

- **Incident #:** FSC1
- **Date:** 7/1/15
- **Signature:**
  - **Name:** Joe Finian
  - **Date:** 7/1/15
  - **Signature:** Gary Humphrey
  - **Date:** 7/1/15

---

Blue = Filled out by Responding Agency  
Red = Filled out by Finance / OES
**EMERGENCY ACTIVITY RECORD (OES F-42) - Revision Apr/2015**

### Incident Information
- **Incident Name:** BUTTE
- **Reporting Location:** ICP
- **Committed to Incident:** 7/1/2015
- **Time:** 13:30
- **Return from Incident:** 7/6/15
- **Time:** 18:30

### Personnel Information
- **Name Last First:** Ringle, Donald
- **Rank:** Captain
- **IC:** 5555
- **Name Last First:** Calvin, Tommy
- **Rank:** Engineer
- **IC:** 1111
- **Name Last First:** Gage, John
- **Rank:** Firefighter
- **IC:** 2222
- **Name Last First:** Severide, Kelly
- **Rank:** Firefighter
- **IC:** 3333

### Dispatch Information
- ** Incident Order Number:** CAAEU 024918
- **Request Number:** AEUE 6112
- **New Incident Order Number:** CASHU 054321
- **New Request Number:** SHUE 35

### Overhead Information
- **Overhead Position:** (ICS Title): 
- **Overhead Leader:** [Strike Team Leader / Task Force Leader]
- **Overhead Leader:** [Strike Team Leader / Task Force Leader (Trainee)]

### Support Information
- **Vehicle Type:** [Type of Vehicle]
- **License:** [License Number]
- **Vehicle Ownership:** [Agency / FOV / Rental / CDF / OES Vehicle]
- **Beginning Odometer:** [Beginning Odometer]

### Equipment Resource Information
- **Apparatus:** Engine
- **Type:** [Type of Apparatus]
- **Unit #:** 371
- **License #:** 1XYZ234
- **GPM:** 500

### Other Information
- **Consumes Fire:** Consumes Fire
- **Consumes Fire:** Donald Ringle (916) 555-1212
- **Consumes Fire:** Joe Finan
- **Consumes Fire:** Gary Humphrey

---

*Blue = Filled out by Responding Agency  Red = Filled out by Finance / OES*

---

*RedDispatched - SAMPLE*

---

*FA2_samples_rev 8.1 8/9/15 C5*
### Emergency Activity Record (OES F-42) - Revision Apr/2015

#### Incident Information

- **Agency Identifier**: CAMPR OVERHEAD
- **Incident Order Number**: CAAEU 024918
- **Incident Request Number**: AEU0117

#### Personnel Information

- **Number of Personnel on Apparatus**:
- **Name (Last, First)**: Smith, Patrick
- **Rank or Job Title**: Fire Captain
- **Financial Asset**: 5655
  - **Part**: 3/4, 8/2, 8/3, 8/4, 8/5, 8/6, 8/7, 8/8, 8/9, 8/10
  - **Start Date**: 8/1/15, 8/2/15, 8/3/15, 8/4/15, 8/5/15, 8/6/15, 8/7/15, 8/8/15, 8/9/15, 8/10/15
  - **End Date**: 8/10/15

#### Support Vehicle Information

- **Vehicle Ownership**: Rental
- **Vehicle Type**: SUV
- **License Plate**: XYZ234

#### Overhead Information

- **Strike Team Leader or Task Force Leader**: Patrick Smith, Captain (916) 555-1212

#### Equipment Resource Information

- **Apparatus**: 0002
- **Type**: 1
- **License**: 123
- **GPM**: 222

---

**Notes:**
- Smith issued for food, fuel, and lodging for travel to and from the incident.

---

**Handwritten Notes:**
- Joe Finance
- Gary Humshrep
- 8/10/15
**Emergency Activity Record (OES F-42)** - Revision Apr/2015

**State:** "Year" 3-Letter ID Number

**INCIDENT ORDER NUMBER:**

- **State:** 3-Letter ID Number
- **Number:** AEU0113

**INCIDENT REQUEST NUMBER:**

- **State:** 3-Letter ID Number
- **Number:** AAEU02918

**Dispatch Information**

- **Incident Name:** BUTTE

To:

- **Complex:** □
- **Mobilization Center (Not Staging Area):** □

Committed to Incident:

- **Date:** 7/1/2015
- **Time (24 Hours):** 13:30

Return from Incident:

- **Date:** 7/6/15
- **Time (24 Hours):** 18:30

Adispatched:

- **Date:** 
- **Time (24 Hours):** 

**INCIDENT INFORMATION**

- **Overhead Position:** ECPM

**Support Vehicle Information**

- **Vehicle Ownership:** Agency
- **License:** XYZ284

**INCIDENT INFORMATION**

- **Apparatus:** 
- **Type:**

**Personnel Information**

- **Number of Personnel on Apparatus:** 

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Rank or Job Title</th>
<th>MOG #</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMITH, PAT</td>
<td>Captain</td>
<td>5555</td>
</tr>
</tbody>
</table>

**Incident Dates and Times**

- **Date/Time:** 7/1 1300 2200 8.5
- **Date/Time:** 7/2 0600 2200 16.0
- **Date/Time:** 7/3 0600 2100 15.5
- **Date/Time:** 7/4 0500 2200 16.5
- **Date/Time:** 7/5 0600 2200 16.0
- **Date/Time:** 7/6 0600 1830 12.5

**COMMENTS / EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.**

- **Date/Time:** 7/1 Assigned

**Comp. Claims:** Yes □ No □

**Sacramento Fire**

**Pat Smith**

**7/6/15**

**Joe Finance**

**Gary Humphrey**

**FSC1**

**7/6/15**
STEN AND TRAINEE
SAME AGENCY
PORTAL TO PORTAL
WITH RE-DISPATCH
**Emergency Activity Record (OES F-42) - Revision Feb/2015**

<table>
<thead>
<tr>
<th>1. AGENCY DESIGNATOR</th>
<th>2. STRIKE TEAM/TASK FORCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>&quot;Your&quot; 3-Letter ID</td>
</tr>
<tr>
<td></td>
<td>3-Letter ID</td>
</tr>
<tr>
<td></td>
<td>Number</td>
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<td>C</td>
<td>S A C</td>
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<tr>
<td>A</td>
<td>4 1 5 7</td>
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<tr>
<td>S</td>
<td>C</td>
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<table>
<thead>
<tr>
<th>3. INCIDENT ORDER NUMBER</th>
<th>4. INCIDENT REQUEST NUMBER</th>
</tr>
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<tbody>
<tr>
<td>State</td>
<td>3-Letter ID</td>
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<tr>
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<td></td>
<td>0 0 4 3 2 1</td>
</tr>
<tr>
<td></td>
<td>E N F E</td>
</tr>
<tr>
<td></td>
<td>1 1 0</td>
</tr>
</tbody>
</table>

**5. Dispatch Information**

- **Incident Name:** KING
- **Reporting Location:** PLACERVILLE FAIRGROUNDS
- **To:**
  - Incident
  - Complex
  - Mobilization Center (Not Staging Area)
- **Committed to Incident:**
  - Date: 9/05/2014
  - Time (24 Hour): 1300
- **Return from Incident:**
  - Date: 9/12/2014
  - Time (24 Hour): 1700
- **Redispached:**
  - Date: 9/12/2014
  - Time (24 Hour): 1700
### Incident Information

**Incident Name:** Pinnacles  
**Start Date:** 9/12/2014

**New Incident Order Number:**
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<tr>
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<tbody>
<tr>
<td>C</td>
<td>A</td>
<td>B D C 001222</td>
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**New Request Number:**
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<th>ID</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>D</td>
<td>C E    42</td>
</tr>
</tbody>
</table>

### Overhead Information

- **Strike Team Leader or Task Force Leader:**
- **Strike Team Leader or Task Force Leader (Trainee):**
- **Overhead Position:**

### Support Vehicle Information

**Vehicle Ownership:**
- Agency

**Vehicle Type:**
- Pick-Up (1/2 Ton)

**License #:** 1433579

**Vehicle Type:**
- Other (3/4 Ton & Above)
- Other: F-450

**Beginning Odometer:**

**Ending Odometer:**

**Total Miles:**

### Equipment Resource Information

**Apparatus:**

**Unit #:**

**Type:**
- 1

**License #:**

**GPM:**

**DISTRIBUTION:** WHITE: Cal OES Fire and Rescue Division, 3650 Schriever Ave Mather, CA 95655 (916) 845-8711
<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Rank or Job Title (NOT ICS title)</th>
<th>Last 4 SSN #</th>
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</thead>
<tbody>
<tr>
<td>Smith, Joe</td>
<td>Battalion Chief</td>
<td>XXXX</td>
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<tr>
<td>Jones, Jill</td>
<td>Battalion Chief</td>
<td>XXXX</td>
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</table>

**13. PERSONNEL INFORMATION - ACTUAL HOURS**
(SUPPLEMENTAL PERS. - REQUIRED TO COMPLETE BOTH "ST & OT")

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Rank, ICS, or Job Title</th>
<th>Supp. Personnel:</th>
<th>Last 4 of SSN #</th>
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<tr>
<th>Date</th>
<th>ST Start</th>
<th>ST End</th>
<th>ST Hrs.</th>
<th>OT Start</th>
<th>OT End</th>
<th>OT Hrs.</th>
<th>Date</th>
<th>ST Start</th>
<th>ST End</th>
<th>ST Hrs.</th>
<th>OT Start</th>
<th>OT End</th>
<th>OT Hrs.</th>
</tr>
</thead>
</table>

| Totals |          |        |         |          |        |         | Totals |          |        |         |          |        |         |
ENGINE PORTAL TO PORTAL WITH RE-DISPATCH AND APPROVED PERSONNEL ROTATION
**EMERGENCY ACTIVITY RECORD (OES F-42) - Revision Feb/2015**

1. **AGENCY DESIGNATOR**
   - State: "Your" 3-Letter ID
   - CASAC

2. **STRIKE TEAM/TASK FORCE**
   - 3-Letter ID: SAC
   - Number: 4157
   - Ltr: C

3. **INCIDENT ORDER NUMBER**
   - State: "Your" 3-Letter ID
   - Number: 004321

4. **INCIDENT REQUEST NUMBER**
   - 3-Letter ID: ENFE
   - ID: 110

5. **DISPATCH INFORMATION**
   - Incident Name: **KING**
   - Reporting Location: **PLACERVILLE FAIRGROUNDS**
   - To:  ❌ Incident  ❌ Complex  ❌ Mobilization Center (Not Staging Area)
   - Committed to Incident: Date: **9/05/2014**
   - Return from Incident: Date: **9/12/2014**
   - Redispaced: Date: **9/12/2014**
   - Time (24 Hour): 1300
   - Time (24 Hour): **1700**
**6. DISPACHED FROM:**

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<th>Incident Name:</th>
<th>End Date:</th>
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**7. REDISPACHED INFORMATION: (START NEW F-42 IF REDISPACHED)**

**Incident Name:** PINNACLES

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<th>Start Date:</th>
<th>9/12/2014</th>
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**NEW INCIDENT ORDER NUMBER**

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<td>B</td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>C</td>
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<td>001222</td>
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**NEW REQUEST NUMBER**

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<td>D</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>42</td>
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</table>

**8. OVERHEAD INFORMATION - ST(TF) LEADER / ST (TF) LEADER (TRAINEE) / OVERHEAD**

- [ ] Strike Team Leader or Task Force Leader
- [ ] Strike Team Leader or Task Force Leader (Trainee)
- [ ] Overhead Position

(ICS Title): 

**9. SUPPORT VEHICLE INFORMATION - ST(TF) LEADER / OVERHEAD / SUPPORT VEHICLE**

- [ ] Agency
- [ ] POV
- [ ] Rental
- [ ] CDF / OES Vehicle

License #: 

(Provide VIN/Serial # only if license is unavailable)

<table>
<thead>
<tr>
<th>Vehicle Ownership:</th>
<th>Agency</th>
<th>POV</th>
<th>Rental</th>
<th>CDF / OES Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>License #:</td>
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<table>
<thead>
<tr>
<th>Vehicle Type:</th>
<th>Sedan</th>
<th>SUV</th>
<th>Van</th>
<th>Pick-Up (½ Ton)</th>
<th>Other (¾ Ton &amp; Above)</th>
<th>Other:</th>
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<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
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</table>

**10. PRIVATELY OWNED VEHICLE ONLY**

- [ ] Beginning Odometer: 
- [ ] Ending Odometer: 
- [ ] Total Miles: 

**11. EQUIPMENT RESOURCE INFORMATION**

**Apparatus:** ENGINE

<table>
<thead>
<tr>
<th>Type:</th>
<th>1</th>
<th>2</th>
<th>X</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>CDF / OES Vehicle</th>
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</thead>
<tbody>
<tr>
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<td></td>
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<table>
<thead>
<tr>
<th>Unit #:</th>
<th>License #:</th>
<th>GPM:</th>
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<tbody>
<tr>
<td>5 3</td>
<td>1555661</td>
<td>500</td>
</tr>
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</table>

(Rated GPM of main pump panel spec. plate)

**DISTRIBUTION:** WHITE: CalOES Fire and Rescue Division, 3650 Schriever Ave Mather, CA 95655 (916) 845-8711
### Personnel Information

**Number of Personnel on Apparatus:** 4

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Rank/Job Title (NOT ICS title)</th>
<th>Last 4 SSN #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, Jim</td>
<td>Captain</td>
<td>XXXX</td>
</tr>
<tr>
<td>(1) Smith Sue</td>
<td>Engineer</td>
<td>XXXX</td>
</tr>
<tr>
<td>(2) Stone Steve</td>
<td>Firefighter</td>
<td>XXXX</td>
</tr>
<tr>
<td>(3) Star George</td>
<td>Firefighter</td>
<td>XXXX</td>
</tr>
<tr>
<td>(1) Jones Kathy</td>
<td>Engineer</td>
<td>XXXX</td>
</tr>
<tr>
<td>(2) Shane Sam</td>
<td>Firefighter</td>
<td>XXXX</td>
</tr>
<tr>
<td>(3) Wood Brent</td>
<td>Firefighter</td>
<td>XXXX</td>
</tr>
</tbody>
</table>

**13. Personnel Information - Actual Hours (Supplemental Pers. - Required to Complete Both ‘ST & OT’)**

<table>
<thead>
<tr>
<th>Date</th>
<th>ST Start</th>
<th>ST End</th>
<th>ST Hrs.</th>
<th>OT Start</th>
<th>OT End</th>
<th>OT Hrs.</th>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>ST Start</th>
<th>ST End</th>
<th>ST Hrs.</th>
<th>OT Start</th>
<th>OT End</th>
<th>OT Hrs.</th>
</tr>
</thead>
</table>

**Totals**
### INCIDENT INFORMATION

- **CDF**: Yes
- **USFS**: Yes
- **BLM**: No
- **NPS**: No
- **BIA**: No
- **FWS**: No
- **Other**: ____________

**Signature of Authorized Incident Personnel (REQUIRED)**

**ICS Position/Title**: ESC, ICT, IBA

**Printed Name**: ____________

**Date**: ____________

**OES Representative (If assigned)**

**Date**: ____________

---

**Who will sign as the Authorized Incident personnel on a CALFIRE cover assignment?**

**IF AT THE INCIDENT**
OVERHEAD
PORTAL TO PORTAL
ONE INCIDENT
EMERGENCY ACTIVITY RECORD (OES F-42) - Revision Feb/2015

X Portal to Portal
(If checked, ensure Section 5 is completed)

☐ Actual Hours
(If checked, ensure Section 13 is completed)

☐ Aprvd. Personnel Rotation
(If checked, ensure Section 9 or 10 is completed)

1. AGENCY DESIGNATOR
   State “Your” 3-Letter ID
   CA FO L

2. STRIKE TEAM/TASK FORCE
   3-Letter ID Number Ltr
   OVERHEAD

3. INCIDENT ORDER NUMBER
   State 3-Letter ID Number
   CA EN F 004321

4. INCIDENT REQUEST NUMBER
   3-Letter ID ID Number
   EN FO 123

5. DISPATCH INFORMATION
   Incident Name: KING
   Reporting Location: FORESTHILL ICP

   To: X Incident ☐ Complex ☐ Mobilization Center (Not Staging Area)

   Committed to Incident:
   Date: 9/2/14 Time (24 Hour): 0500

   Return from Incident:
   Date: 9/17/14 Time (24 Hour): 2200

   Redispached:
   Date: Time (24 Hour): 
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<th>Incident Name:</th>
<th>OLD INCIDENT ORDER NUMBER</th>
<th>OLD REQUEST NUMBER</th>
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<table>
<thead>
<tr>
<th>REDISPATCHED INFORMATION: (START NEW F-42 IF REDISPATCHED)</th>
</tr>
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<tbody>
<tr>
<td>Incident Name:</td>
</tr>
<tr>
<td>----------------</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>OVERHEAD INFORMATION - ST(TF) LEADER / ST (TF) LEADER (TRAINEE) / OVERHEAD</th>
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<tbody>
<tr>
<td>Strike Team Leader or Task Force Leader</td>
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<tr>
<td>Overhead Position</td>
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<table>
<thead>
<tr>
<th>SUPPORT VEHICLE INFORMATION - ST(TF) LEADER / OVERHEAD / SUPPORT VEHICLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle Ownership:</td>
</tr>
<tr>
<td>Vehicle Type:</td>
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<td>Beginning Odometer:</td>
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<tr>
<th>PRIVately OWNED VEHICLE ONLY</th>
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<tr>
<th>EQUIPMENT RESOURCE INFORMATION</th>
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<td>Unit #:</td>
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<p>| DISTRIBUTION: WHITE: CalOES Fire and Rescue Division, 3650 Schriever Ave Mather, CA 95655 (916) 845-8711 |</p>
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<tr>
<th>Name (Last, First)</th>
<th>Rank or Job Title (NOT ICS title)</th>
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<th>CDF</th>
<th>PCF</th>
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<tbody>
<tr>
<td>Steely, Dan</td>
<td>Battalion Chief</td>
<td>XXXX</td>
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**12. PERSONNEL INFORMATION**

Number of Personnel on Apparatus: 

<table>
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<th>Date</th>
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<th>ST End</th>
<th>ST Hrs.</th>
<th>OT Start</th>
<th>OT End</th>
<th>OT Hrs.</th>
<th>Date</th>
<th>ST Start</th>
<th>ST End</th>
<th>ST Hrs.</th>
<th>OT Start</th>
<th>OT End</th>
<th>OT Hrs.</th>
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**13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS. - REQUIRED TO COMPLETE BOTH "ST & OT")**

<table>
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<tr>
<th>Supp. Personnel:</th>
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**TOTALS**

<p>| TOTALS | TOTALS |</p>
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<tr>
<th>Date/Time</th>
<th>9/2-28/14</th>
<th>Assigned</th>
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<tr>
<td>Date/Time</td>
<td>9-28</td>
<td>5 lb. Fire extinguisher. Not available in Incident Supply – S#2105</td>
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<tr>
<td>Comp. Claims</td>
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<td>No</td>
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<tr>
<td>S#</td>
<td>2105</td>
<td></td>
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<tr>
<td>Agency/Department Name</td>
<td>Folsom FD</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>YOUR SIGNATURE</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Battalion Chief (YOUR RANK)</td>
<td></td>
</tr>
<tr>
<td>YOUR PHONE NUMBER</td>
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<tr>
<td>CDF USFS BLM NPS BIA FWS Other:</td>
<td>FSC, ICT, IBA</td>
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<tr>
<td>Signature of Authorized Incident Personnel (REQUIRED)</td>
<td>REQUIRED!!!!!</td>
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<tr>
<td>ICS Position/Title</td>
<td>FSC, ICT, IBA</td>
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<tr>
<td>Printed Name</td>
<td>FSC, ICT, IBA PRINTED NAME</td>
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<tr>
<td>OES Representative (If assigned)</td>
<td>IF ON INCIDENT</td>
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OVERHEAD
NON SUPPRESSION
RENTAL VEHICLE
COMP CLAIMS
ALL HOURS REIMBURSED AT TIME AND 1/2
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<tr>
<th>1. AGENCY DESIGNATOR</th>
<th>2. STRIKE TEAM/TASK FORCE</th>
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<th>4. INCIDENT REQUEST NUMBER</th>
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<tr>
<td>CAF</td>
<td>004321</td>
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</table>

5. DISPATCH INFORMATION

- **Incident Name:** KING
- **Reporting Location:** PLACERVILLE FAIRGROUNDS
- **To:**
  - Incident: X 9/5/14
  - Complex: ( )
  - Mobilization Center (Not Staging Area): ( )
- **Committed to Incident:**
  - Date: 9/5/14
  - Time (24 Hour): 1300
- **Return from Incident:**
  - Date: 9/12/14
  - Time (24 Hour): 1700
- **Redeployed:**
  - Date: ( )
  - Time (24 Hour): ( )
6. **DISPATCHED FROM:**

**Incident Name:**

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<thead>
<tr>
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<th>NEW REQUEST NUMBER</th>
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7. **REDISPATCHED INFORMATION: (START NEW F-42 IF REDISPATCHED)**

**Incident Name:**

<table>
<thead>
<tr>
<th>NEW INCIDENT ORDER NUMBER</th>
<th>NEW REQUEST NUMBER</th>
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<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

8. **OVERHEAD INFORMATION - ST(TF) LEADER / ST (TF) LEADER (TRAINEE) / OVERHEAD**

- [x] Strike Team Leader or Task Force Leader
- [ ] Strike Team Leader or Task Force Leader (Trainee)
- [x] Overhead Position
  
  **ICS Title:** *INDI*

9. **SUPPORT VEHICLE INFORMATION - ST(TF) LEADER / OVERHEAD / SUPPORT VEHICLE**

<table>
<thead>
<tr>
<th>Vehicle Ownership:</th>
<th>Agency</th>
<th>POV</th>
<th>Rental</th>
<th>CDF / OES Vehicle</th>
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<td>(Provide VIN/Serial # only if license is unavailable)</td>
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<th>SUV</th>
<th>Van</th>
<th>Pick-Up (½ Ton)</th>
<th>Other (¾ Ton &amp; Above)</th>
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<td></td>
<td></td>
<td>[x]</td>
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</tbody>
</table>

10. **PRIVATELY OWNED VEHICLE ONLY**

**Beginning Odometer:**

**Ending Odometer:**

**Total Miles:**

11. **EQUIPMENT RESOURCE INFORMATION**

**Apparatus:**

<table>
<thead>
<tr>
<th>Type:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>CDF / OES Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th><strong>Unit #:</strong></th>
<th><strong>License #:</strong></th>
<th><strong>GPM:</strong></th>
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<tbody>
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<td></td>
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</tbody>
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**DISTRIBUTION:**

**WHITE:** CalOES Fire and Rescue Division, 3650 Schriever Ave Mather, CA 95655 (916) 845-8711
### Personnel Information

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Rank or Job Title (NOT ICS title)</th>
<th>Last 4 SSN #</th>
<th>CDF</th>
<th>PCF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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### Personnel Information - Actual Hours

**Suppression, Non**

<table>
<thead>
<tr>
<th>Date</th>
<th>ST Start</th>
<th>ST End</th>
<th>ST Hrs.</th>
<th>OT Start</th>
<th>OT End</th>
<th>OT Hrs.</th>
<th>Date</th>
<th>ST Start</th>
<th>ST End</th>
<th>ST Hrs.</th>
<th>OT Start</th>
<th>OT End</th>
<th>OT Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/28/15</td>
<td>1700</td>
<td>2200</td>
<td>5</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/29/15</td>
<td>0600</td>
<td>2200</td>
<td>16</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3/30/15</td>
<td>0600</td>
<td>2200</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/31/15</td>
<td>0600</td>
<td>2200</td>
<td>16</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4/01/15</td>
<td>0600</td>
<td>1200</td>
<td>6</td>
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</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th>Date</th>
<th>ST Start</th>
<th>ST End</th>
<th>ST Hrs.</th>
<th>OT Start</th>
<th>OT End</th>
<th>OT Hrs.</th>
<th>Date</th>
<th>ST Start</th>
<th>ST End</th>
<th>ST Hrs.</th>
<th>OT Start</th>
<th>OT End</th>
<th>OT Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Supp. Personnel:** No

**Last 4 of SSN #:** 2222
### 14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.)

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-7-14</td>
<td>9-5-14</td>
</tr>
</tbody>
</table>

**Vehicle damage, incident related. Comp Claims on file at incident. OES AREP coordinated.**

| Rental vehicle approved on Resource Order |

### 15. COMPENSATION CLAIMS

<table>
<thead>
<tr>
<th>Comp. Claims:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**REQUIRED!!!!!!**

### 16. SUPPLY NUMBER

| S#: | 111 |

### 17. RESPONDING AGENCY INFORMATION

| Agency/Department Name | Murphy’s FD |

### 18. INCIDENT INFORMATION

<table>
<thead>
<tr>
<th>CDF</th>
<th>USFS</th>
<th>BLM</th>
<th>NPS</th>
<th>BIA</th>
<th>FWS</th>
<th>Other:</th>
</tr>
</thead>
</table>

**REQUIRED!!!!!!**

| ICS Position/Title | FSC, ICT, IBA |

### Printed Name

**FSC, ICT, IBA PRINTED NAME**

**IF ON INCIDENT**
OVERHEAD SUPPLEMENTAL PRIVATELY OWNED VEHICLE (POV) NO COMP CLAIMS
<table>
<thead>
<tr>
<th>1. AGENCY DESIGNATOR</th>
<th>2. STRIKE TEAM/TASK FORCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>“Your” 3-Letter ID</td>
</tr>
<tr>
<td>CAMRP</td>
<td>OVERHEAD</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. INCIDENT ORDER NUMBER</th>
<th>4. INCIDENT REQUEST NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>3-Letter ID</td>
</tr>
<tr>
<td>CAGNF</td>
<td>004321</td>
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</table>

**5. DISPATCH INFORMATION**

Incident Name: **KING**

<table>
<thead>
<tr>
<th>To:</th>
<th>Incident</th>
<th>Complex</th>
<th>Mobilization Center (Not Staging Area)</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
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</table>

<table>
<thead>
<tr>
<th>Committed to Incident:</th>
<th>Date:</th>
<th>Time (24 Hour):</th>
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</thead>
<tbody>
<tr>
<td>Date:</td>
<td>9/5/14</td>
<td>1300</td>
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</table>

<table>
<thead>
<tr>
<th>Return from Incident:</th>
<th>Date:</th>
<th>Time (24 Hour):</th>
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</thead>
<tbody>
<tr>
<td>Date:</td>
<td>9/12/14</td>
<td>1700</td>
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</table>

<table>
<thead>
<tr>
<th>Redispached:</th>
<th>Date:</th>
<th>Time (24 Hour):</th>
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<tbody>
<tr>
<td>Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Name:</td>
<td>End Date:</td>
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<tr>
<td>---------------</td>
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<table>
<thead>
<tr>
<th>OLD INCIDENT ORDER NUMBER</th>
<th>OLD REQUEST NUMBER</th>
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<tr>
<td>State</td>
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</table>

<table>
<thead>
<tr>
<th>REDISPATCHED INFORMATION: (START NEW F-42 IF REDISPATCHED)</th>
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</thead>
<tbody>
<tr>
<td>Incident Name:</td>
</tr>
<tr>
<td>----------------</td>
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<table>
<thead>
<tr>
<th>NEW INCIDENT ORDER NUMBER</th>
<th>NEW REQUEST NUMBER</th>
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<tbody>
<tr>
<td>State</td>
<td>3-Letter ID</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OVERHEAD INFORMATION - ST(TF) LEADER / ST (TF) LEADER (TRAINEE) / OVERHEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strike Team Leader or Task Force Leader</td>
</tr>
<tr>
<td>Overhead Position</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPPORT VEHICLE INFORMATION - ST(TF) LEADER / OVERHEAD / SUPPORT VEHICLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle Ownership: Agency ☐</td>
</tr>
</tbody>
</table>

| Vehicle Type: Sedan ☐ | Sedan ☐ | SUV ☐ | Van ☐ | Van ☐ | Pick-Up (½ Ton) ☐ | Pick-Up (½ Ton) ☐ | Other (¾ Ton & Above) ☐ | Other: | Other: |

<table>
<thead>
<tr>
<th>PRIVATLEY OWNED VEHICLE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Odometer:</td>
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<tr>
<td>10,112</td>
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</table>

<table>
<thead>
<tr>
<th>EQUIPMENT RESOURCE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apparatus:</td>
</tr>
<tr>
<td>Unit #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISTRIBUTION:</th>
<th>WHITE: Cal OES Fire and Rescue Division, 3650 Schriever Ave Mather, CA 95655 (916) 845-8711</th>
<th></th>
</tr>
</thead>
</table>
### Supplemental, Sam

<table>
<thead>
<tr>
<th>Date</th>
<th>ST Start</th>
<th>ST End</th>
<th>ST Hrs.</th>
<th>OT Start</th>
<th>OT End</th>
<th>OT Hrs.</th>
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<tbody>
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<td>8</td>
<td>2100</td>
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<tr>
<td>9/06/14</td>
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<td>1400</td>
<td>8</td>
<td>1400</td>
<td>2200</td>
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<tr>
<td>9/07/14</td>
<td>0600</td>
<td>1400</td>
<td>8</td>
<td>1400</td>
<td>2200</td>
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<tr>
<td>9/08/14</td>
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<td>1400</td>
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<td>9/09/13</td>
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<td>1400</td>
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<tr>
<td>9/12/14</td>
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**Totals:**

- **ST Hrs.:** 48
- **OT Hrs.:** 68
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<tr>
<th>14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time</td>
</tr>
<tr>
<td>---</td>
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</table>

<table>
<thead>
<tr>
<th>15. COMPENSATION CLAIMS</th>
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</thead>
<tbody>
<tr>
<td>Comp. Claims:</td>
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</table>

<table>
<thead>
<tr>
<th>16. SUPPLY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>S#:</td>
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<table>
<thead>
<tr>
<th>17. RESPONDING AGENCY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOD / Tribal:</td>
</tr>
<tr>
<td>Agency/Department Name:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Print Name:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td><em>Your</em> Phone #:</td>
</tr>
<tr>
<td>ICS Position/Title:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. INCIDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDF</td>
</tr>
</tbody>
</table>

| Signature of Authorized Incident Personnel (REQUIRED): | REQUIRED!!!!! |
| Printed Name: | FSC, ICT, IBA |
| OES Representative (If assigned): | IF ON INCIDENT |

PINK: Incident Finance Section  GOLDENROD: Responding Agency  Form OES F-142 (Rev. Feb/2015)