2016 Region II Strike Team Leader and Overhead Refresher



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
- - 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 Prziborowski,-- 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

OPERATIONAL AREA COORDINATOR CONTINUED

- 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 1st Alternate
 - Rescue Fire Department / Chief
 - Bryan Ransdell
 — 2nd 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
- 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

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.

YOU WILL BE REIMBURSED

RESOURCE ORDER					Initial ate/Time	2. Incident /	Project Name			3. Incident / Project Or CA-ENF-00012		/			Financial Codes FSABC1 (0503) [P] CFAA - CA FIRE ASSIST AGR CFMA - CA COOP FIRE NGMT AGR LFA - LOCAL FOREST AGR				
EQUIPMENT 03/25/14 1439						SODA	DA					4. Office Reference Number				9. Jurisdiction / Agency Eldorado National Forest			
5. Descript	ive Location					6. TWN	RNO	5 5	SEC	Base MD	M 8. In	cident Base / Phone	e Number		10.0	ordering Office	e Camino Int	eragency BCC	
SODA						100	168		18	Mt. Diablo	CA	ino ICC (AEU) 530- CICC (Dispatch) Car		-642-5	170				
T				LAT. 38 42	1411					CA-CICC (Dispatch) Camino ICC (ABU) 530-647-5220									
						LONG. 120	14 56 W												
Bearing	Information Distance	VOR		Col	ntact Name		Era	Frequency Type Assigned Frequency Reload Base							Other Aircraft / Hazards				
		HNW		Cui	icact Manie					-	25 (Receive) MEV			and the state of t					
73	24																		
	160 28 SWR				Air to Ground				167.5000 R5 AG-3 (P)		022								
24	52	LIN						Air Tactics		Air Ta		2.7500 (P)	G00						
								Air to Air			127.325 Vi	ictor	RTS						
								Tactical		16	8.2000 NIF	C Tac 2	SCK						
								Command		169.950 (T	ransmit, To	ne 5, 4, 6, or 2))	STS						
12. Request Number	Ordered Date/Time	From	То	Qty	Resource	e Requested	Needed Date/Time	Deliver To	From Unit	To Unit	Assigne Date/Tir		Resource Assigned	M/D Ind	Estimated Time 0f Departure	Estimated Time Of Arrival	Released Date	Released T	
6-1	04/01/14 0932 PST	CA-CICC (Dispatch) Camino ICC (ENF) 530-642-5	CA-CICC		Engine, Str Type 1	ike Team,	04/01/14 0600 PST	SODA	CA-XEDC	CA-CICC	04/01/14 0937 PST	CA-OES	ENGINE S/T - T1 - 4075A	D	04/01/14 1900 PST	04/01/14 2000 PST	04/01/14 0952 PST	California Office of Emergency Services (CA-OES)	
170 Travel Mode Financial Code CFAA - CA FIRE ASSIST Special Needs ORDERED UNDER CFAA.											Reporting Instruc	tions	REPORT TO IC	P. PACIFIC RAI	NGER DISTRIC				

	AGR	
13. User Do	umentation	
Req. No.	Documentation	Entered By
E-1	Request E-1 - Engine, Strike Team, Type 1 - [CA-ENF-000123] SODA has been filled with ENGINE S/T - T1 - 4075A (S/T 4075A) (CA-XEDC) by ANN LOEFFLER®CA-XEDC ROSS.	ANN LOEFFLER (CA-XEDC) 04/01/2014 0937 PST

Run Date: 4/1/2014

Page 1 of 1

2. Instituti / Project Base 3. Instituti / Project State State Financial Codes			
RESPONDE TO SERVICE DE LA PRIME DE LA PRIM	P] PFIREMONITAGER		
EQUIPMENT 17/03/13 KYBURZ 4.950 Printed States 5 Forest	S. Arbdicion (Agency Edorato Aallona) Foresi		
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Indition Bh all KY8UR.ZZD13@gmail.com Expanded Equipment 53D-647 5265 Expanded Crews 53D-647-5268 Expanded Crews 53D			
CA-C ICC (Dispatch) Camino ICC (ENF) 530-6 42-517 0 TRAC Y VALENTI NE 916-342-0936 Expanded Out the ad 530-647-5268			
Expanded Supplies 530-647-5273			
11. Aircraft Internation			
Sealing Statemen VPR - Excitations - Inquirity Type - Assigned Propagatory School States - Pilot Assigned Sealing Seal			
63 21 HWW INCIDENTAIR TO GRD Air to Ground 162.7375(n.) 162.7375(b.) 0000 000 WEV			
165 Z+ SAVR R-STAC 5 Textical 167.1125(x) 167.1125(x) 0000.000 000			
165 Z4 SWR R-STAC 5 Tactical 167.1125(n) 167.1125(n) 000 00 60 65 52 MCC NIFC COMMAND 1 Command 168.7000(n) 170.9750(n) 110.90 0.22			

12. Dep end Sumber	Arriand Peterline	Prani	The	44	teero Repetid	Socied Publishes	Baller To	ine tri	Th Rel	Antigra d Emb/Thes	Researce Assignment Print B	Research Analysis		The of Separates	The Of Joins	lab lab	Paleaced To
B-1	1306 PST	Camino ICC (AEU) 530-647- 5220	CA-CICC	1	Cooles Tiese 1	1247 PST	13642 HY 507 11500 KYBURZ DR ,KYBURZ	CA-CICC	CA-CICC	07/08/13 1306 PST	CA-BC F	ENGIN E-T1- 17	D	07/08/13 2202 PST	07/08/13 2203 PST	07/08/13 2202 PST	B Dorado County Fire Protection District (CA-BCF)
Trunci Made			Financial Gode			Operated Marchae						Reporting the hundre					
B-2	07/09/13 1306 PST	Camino ICC (AEU) 530-647- 5220	CA-CICC	1	Ecolog Tune 1	07/08/13 1242 PST	13642 HY 50711500 KYBURZ DR ,KYBURZ	CA-CICC	CA-CICC	07/08/13 1306 PST	CA-BC F	ENGIN E-T1- 21	D	07/08/13 2215 PST	07/08/13 2216 PST	07/08/13 2215 PST	B Dorado County Fire Protection District (CA-BCF)
Tunel Male			lhandal	Gade	ì	Cpetial Basis						Reparing helicities					

162.6000(nx) 162.6000(bx) 000.00

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818

Will be reimbursed with FSLA-5 not F-42

KYBURZ CA-ENF-016230

Tactical

Air Taciles

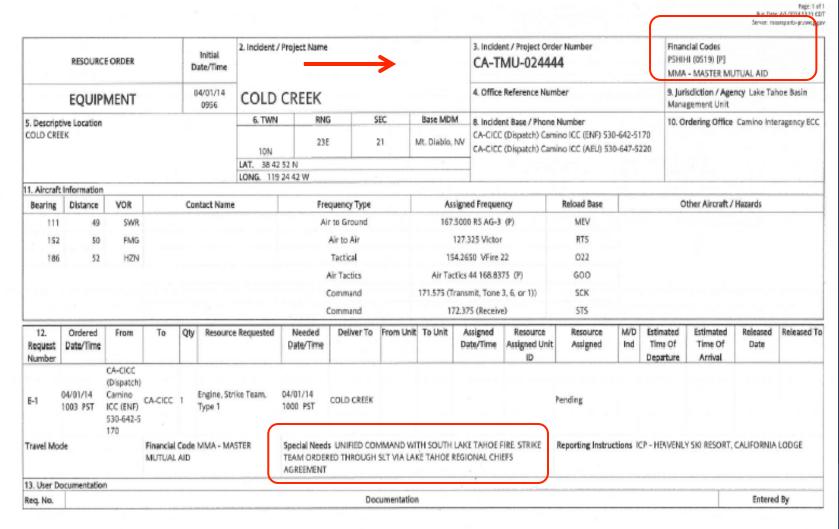
MIFC TAC 3

INCIDENT AIR TACTICS

Run Date: 7/13/2013

16:35 CDT

FEDERAL
AGENCIES
CANNOT
ORDER
MMA
UNLESS IN
UNIFIED
COMMAND
WITH AN
AGENCY
THAT'S
SIGNATORY
TO MMA



No reimbursement

Run Date: 4/1/2014

FOREST AGENCY COMMAND & CONTROL ORDERING SYSTEM



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

ECC

CALIFORNIA FIRE & RESCUE MUTUAL AID SYSTEM

Cal OES Fire & Rescue

Regional Command Center

Operational
Area
Command
Center

Local Fire Agency

FOREST AGENCY COMMAND & CONTROL ORDERING SYSTEM

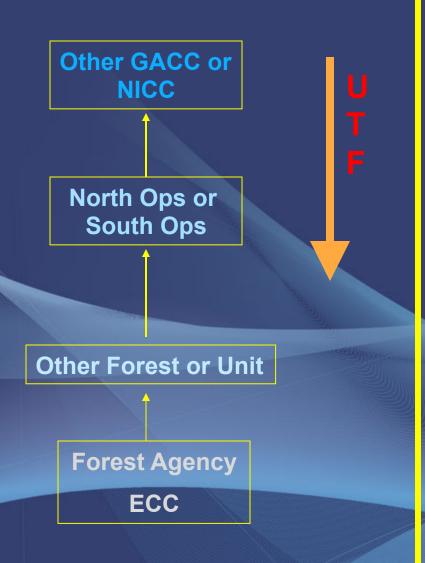
Other GACC or **NICC** North Ops or **South Ops** Other Forest or Unit **Forest Agency ECC**

Forest agency can make requests to local agency under local agreements

- Agreements differ across the state
- Makes use of closest resource for IA

Local Fire Agency

FOREST AGENCY COMMAND & CONTROL ORDERING SYSTEM



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

FOREST AGENCY COMMAND & CONTROL ORDERING SYSTEM

Other GACC or **NICC North Ops or South Ops** Other Forest or Unit **Forest Agency ECC**

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....

Operational Area Command Center

Local Fire Agency

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. 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. **Apparatus Rates:** There is a 16-hour maximum allowable charge per 24-hour period from time of dispatch. **Hourly GPM** 0001-1000 \$80.00 1001-1250 \$85.00 \$91.00 1251-1500 1501-2000+ \$93.50 Support Equipment Rates: **Privately Owned Vehicles: Government Owned Vehicles:** \$47.00 per day \$0.54per mile Sedan \$86.00 per day Pickup \$109.00 per day Van

Use AOV whenever possible!

Other \$96.00 per day (3/4 ton & above)

\$96.00 per day

SUV



CA Fire Assistance Agreement







- 12-hour "Free" Period
 - Re-dispatch
 - Mobilization Center exception



FEMA Equipment Rates



DOI Agencies pursuing going back to a free period in 2016 System is designed to make your agency "whole"

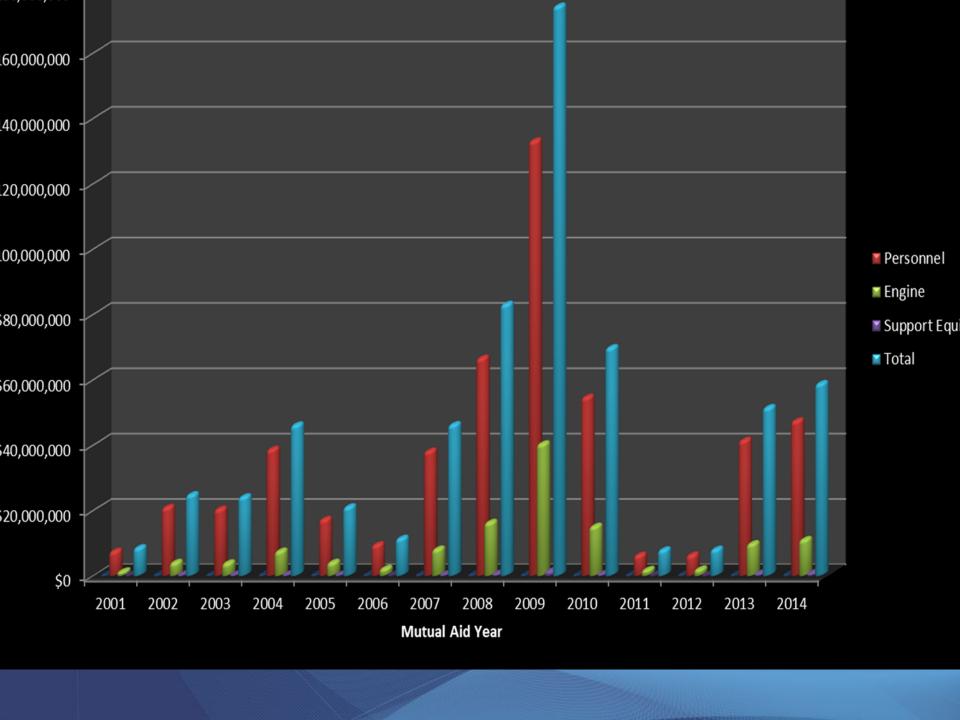






How much does this cost?

- 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 M	IESSAGE
1. Incident Name: State Incident Order Number	3 Letter I.D. Number
2. To (Name and Position):	
3. From: Name: Position:	Phone: () -
Rotation Agency ID Strike Team ID Strike Team Number Request# Engine	
1. Subject: Local Government / OES Personnel Rotation	5. Date: 6. Time:
Requested Crew Rotation Vehicle :	Type /ehicle License# (SUV/Pickup/Van/Auto)
Incoming Crew anticipated travel:	—
Outgoing Crew anticipated return travel: Notes:	Arrivalat Home Agency (Date/Time)
nstructions to Expanded Dispatch: Using the Original Resource request number, create a Subordinate Request fo Deing used for the crew rotation based upon the dates and times listed above	orthe vehide e.
Email the Subordinate Request Resource Order to: gary.humphre y@calo	es.ca.gov; oes5264@gmail.com
8. Incident Approval: Approved:	Position:
9. Expanded Dispatch Reply: Subordinate Order #	
10. Replied by: Name: Po	sition:
rotation_message_oes5264_v6 Signature:Da	ste/Time:

Overhead are not rotated by the incident, Demobed and new order placed but they can be extended. This includes REMS

GENERAL MESSAGE

TO: GARY HUMPHITEY	POSITIONEL IV OES CHIEF
FROM TIM MOYLES & DAVE PRUITT	POSITION FEMT & FEMA
SUBJECT EXTENSION	PATE 30-19
MESSAGE:	
ASKED BY MEDL BARYIC	MUNTER IF WE WOULD
BE WILLING TO EXTEND. CO	DNTACTED CHIEF EDWARDS
SFO, AND WERE GRANTED	PERMISSION TO EXTEND
INFORMED MEDL HUNTER	OF THIS AND WERE
EXTENDED -	
7 day extension from 9/	30
	1. 1
SIGNATURE/POSITION C: May FENT	JULIFEUP
REPLY	
	t .
Received Dang Jung	2/30
2 2 4	

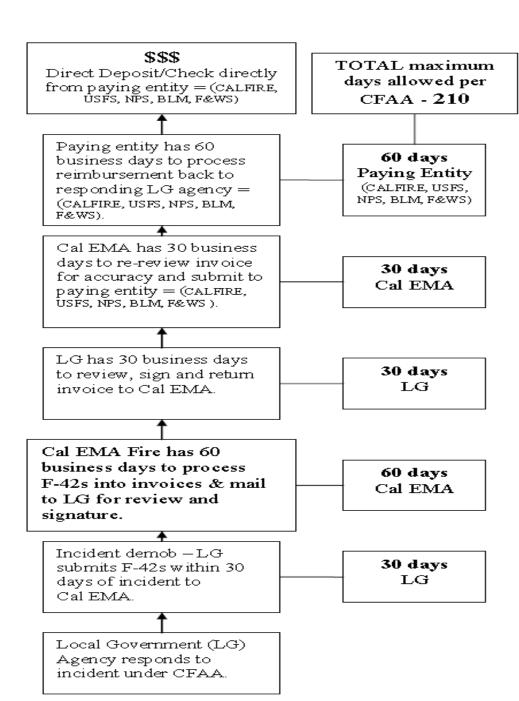
F-42 TIPS

- 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



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)

CURRENTLY USED IN REGION IV

TRAVEL REIMBURSEMENT – GENERAL MESSAGE

TRAVEL REHVIDOR	ASEIVIEIVI GEIVEIVAE IVIESSAGE
1. Incident Name:	Incident State 3 Letter I.D. Number
	Order Number
2. To (Name and Position):	
3. From:	
Name:	Position: Phone: ()
Annual Paradian	Request# Strike Team ID Strike Team Number
Reimbursement:	
	d Position): Position: Phone: Phone
7. Message:	
-	# of Rooms:
	Agency ID
Travel Date Travel Date	Engine ¹ #:
Reimbursements Requested	Engine ² #:
LODGING FUEL MEALS	Engine ³ #:
	Engine ⁴ #:
Notes:	Engine ⁵ #:
	*Meals and Lodging must adhere to State per-diem rates.
8. Incident Approval (IC/FSC1): Approved: Name:	Signature: Position:
9. Expanded Dispatch Reply:	
	<u>S.#s</u>
	STEN Engine ¹ #:
	STEN (t) Engine ² #:
	Engine ³ #:
	Engine ⁴ #:
	Engine ⁵ #:
10. Replied by: Name:	Position:
Signature	Data/Time:

IMT / OVERHEAD RENTAL VEHICLE

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.

RESOURCE ORDER Initial Date/Time OVERHEAD 07/30/14 1811				al	2. Incident / Project Name H-1 BALD					3. Incident / Project Order Number CA-LNF-003479 4. Office Reference Number				Financial Codes 0506 P5H94L [P] CFAA LFA - LOCAL FOREST AGR P5EK1X (0506) 9. jurisdiction / Agency Lassen National Forest			
5. Descriptive Location 44218 A STREET MCARTHUR, CA 96056			6. TW	6. TWN RNG SEC				Base MDM 8. Incident Base / Phone				10. O	Ordering Office Susanville Interagency				
			35N		5E 13	13	Mt. Diablo, CA		Richard Eubanks 530-257-5575 — CA-SIFC (Dispatch) 530-25 (530)257-6413								
			LAT. 40	LAT. 40 54 03 N					BRETT SHURR 530-252-6632 BRETT SHURR * BRETT SHURR 5303365446 Richard Eubanks 530-252-6639								
•		LONG. 1	LONG. 121 22 06 W														
1. Aircraft	Information																
Bearing	Distance	VOR		Contact	Name	Fre	Assign	ned Freque	ncy	Reload Base		' Hazards					
42	48	RDD		Air Ta	ctics On	On Air Tactics					169.200 O05						
21	62	' RBL		Vi	ctor	Tactical						RDD					
286 67 AHC AIR-GF Ground Ta		GRD-8	-8 Air to Ground			166.	166.6750 000.00 RTS										
		Ground Tactics C			s On Ground			168.050 T1 000.00		мсс							
				CMD F	S Admin		Command		169.9500 rx	164.9128	tx 003.00						
12. Request Number	Ordered Date/Time	From	То	Qty Re	source Requeste	d Needed Date/Time	Deliver To	From Unit		Assigned Date/Time	Resource Assigned Unit	Resource Assigned	M/D Ind	Estimated Time Of Departure	Estimated Time Of Arrival	Released Date	Released
0.146		(530)257- 6413	CA-SIFC		LINE EMT LIFORNIA ONLY)	08/02/14 1800 PST	MCARTHUR FAIRGROUN S			/01/14 39 PST	CA-LMS	KIRK, MATT E (CA-XSDC)					
Travel Mod	de		Financial	Code CFA	A	OFF ROAD		NTAL AUTHO	FIREFIGHTER S PRIZED ENTERP			Reporting Instru 44218 A ST MACARTHER CA 96056		AACARTHER F	AIRGROUNDS		
13. User D	ocumentatio	n															
Req. No. O-146	No resour	ces avail. N	eed to pla	ce through	OES.		D	ocumentatio	'n							Entere	-ONCC)
J-170						FAA and proper	CA designato	r for recours	a Incident or	loring Casa					Ch	/01/2014 183 nad Stokes (C	

191 - 18P.

Page 1 of 2

H-1 BALD

CA-LNF-003479

Run Date: 8/2/2014

3:42 CDT

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.







MOTEL GUIDLINES



- 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

STATE OF CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION EMERGENCY MEAL - HOTEL PURCHASE REPORT AO-341 (REV. 2/05)								
ESTAURANT/MOTEL NAME: Comfort Inn								
DATE: 5/22	08	INCIDENT I	NAME: SUW	nmit				
FIRE NUMBER:		IN	CIDENT NUMBER:	CAS	SCU 002548			
CALCARD (Holder Name: Print)	2/3//			PAGE (OF D			
Releielice DFA Rule. 599.022c, 599								
NAME (Please print)	NO	STATION/CREW#	ROOM# ROOM	ROOM	SIGNATURE			
12 RANDY TITUS	€30-Z	DES ST 2804A	216	X.	RIVU			
2 STEVE Priborowsk	€30-2	0ES ST 28044	216	X	RIV vote			
3. Sam Klemek	€30-2	DES ST 2804A	114	N C	KIDJUL			
4. John Reil	E30.2	OES ST ZBUYA	114	国区	RIOX			
5. Carl Levros	G30-2	OES ST 2804A	211	国	KD Ulus			
6. Eric Walker	€30-2	CES ST Z8UMA	211	N C	RID Da			
7. DENNISLOllie	€30.2	06351 2804A	217	K	+ O Jele			
DAVID MAYAED	E30-2	065 ST 2804A 065 ST	217/	夕	Koytun			
9. Alex VALCAZAR	E30-2	2804A	218	夕	Morton			
10. CARI SETTE	E30-2	72 290 A MO85	218		18 xh			
11. Richard Smith	E30-2	2804A	233,	X	* The			
12. Jeff Tucker	E30-2	2804A	233		* 10 xth			
13. John Ruskell	E30-2	2804 A	538	<u> </u>	Koth			
Kandy Sancher	E30-2	2804A	235 /	M	\$10 yet			
15. Chris Handle!	E30-2	DES ST ZBUYA	104	K)	FIV W			
16. Jest Janes	C30-2	2804A	104	X	HY W			
17. Martin Casarez	E30-2	0ES ST 2804A	203	R)	RDCX			
18. Scott Anderson.	E30-2	2804A	203/	X (
19. Rusen Carcin	E30-2	OES ST A	277	区(1,70			

E 30-2 OFS ST 2804 A

MATT DUTCHER

Mistakes and errors in judgment you make here can impact the entire California Fire Service



STATE OF CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION EMERGENCY MEAL - HOTEL PURCHASE REPORT AO-341 (REV. 205)

4/00
INCIDENT NAME: BULLY
INCIDENT NUMBER: CASHU 006248
ZAULEV PAGE OF 2

36						
REQUEST NO.	STATE	ON/CREW #	ROOM#	ROOM	MOOR	SIGNATURE (IN BLUE INK)
C-43	str	92416	327			Golfan
C-43				M		(taulle
0.279			259		Ø	Roller
0-363	MG	OL	232		X	DMHA
167	302	50	343	76		0
167	2	/	341	Ø		
_		1	335		. W	2
					Z	6
					B	2
					[X]	~
+					2	0
				-	-	
-			0	_	-	5
+	\vdash	-			-	6
-	\vdash	1		-	-	0
-	-			-	-	
			412	-	-	2
			516		(þa	12
	,	1.	516		50	2
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1		X			T	2
	NO. C-43 C-43	C-43 ST C-43 ST C-43 ST 0-279 0-363 MG 1-67 302	REQUEST STATIONICREW NO. ST 924160 C-43 ST 924160 C	REQUEST STATIONICREW ROOM# C-43 ST 924167 327 C-43 ST 92416 329 0-279 232 167 2325 343 167 335 328 328 328 329 41/2 41/2 51/6 51/6	REQUEST STATIONICREW ROOM# ROOM# C-43 ST 924167 327 C-43 ST 924167 329	REQUEST STATIONICREW ROOM ROOM ROOM C+3 ST 92416 327

ALL PERSONNEL MUST SIGN-IN DAILY, BLUE INK MUST BE USED WHEN SIGNING, ORIGINAL SIGN IN SHEET IS REQUIRED FOR PAYMENT, NO ROOM CHARGES OF ANY KIND ARE PERMITTED, GROUP FOLIO IS REQUESTED FOR PAYMENT, RAYMENT WILL BE MADE DAILY MUST HAVE FIRST LINST DEME & ORIGINAL SIGNING.

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

OES RELEASE PRIORITY

```
XCC 2025C
OES 2801

0900 OES 2803
OES 2804
OES 4800

1000 OES 4801
OES 5800
OES 5801

1100 OES 6820
XSD 6430
OES 6801
```

0800 XAL 2000C

1200 OES 1802 OES 1800 XLG 1360

1330 XLC 1201 XLE 1283

TENTATIVE DEMOB @ 1330 HRS

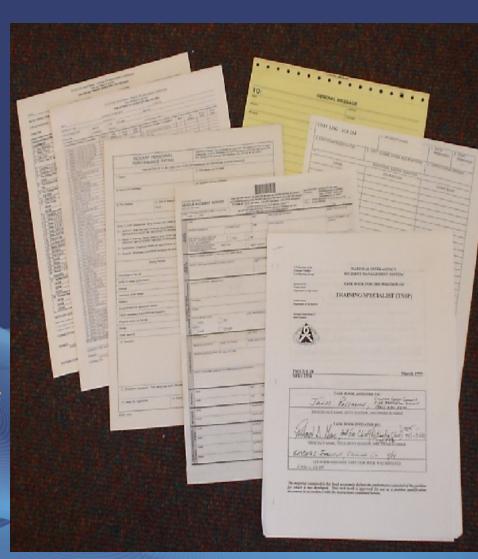
XMY 2175 XSD 6418 LFD 1002

- 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

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



DISTRIBUTION: OFFICE OF FISK AND

۱	/EI	HICLE ACCIDENT REPORT 270 (REV. 2/2002c)	(ACCIDENTS INVOL TO ORIM AT (916)	VING INJURY SH 376-5302 - CALI	WITHIN 48 HOURS AFTER ACCIDENT ORNALL HIS BEALLE DO REAKED LINET 480-5302 - FAX (916) 376-5277.) COPY - STATE GARRAGE (DGS pod visible only) COPY - DETT. FILES (Option of a visible only)				
'n	CIDE	YES NO	DO NOT RELE	ASE TO OTHER PA	AFTIES WITHOUT CONSENT OF THE COPY - STATE DRIV ABURANCE MANAGEMENT (Dapt control value)			R T	
ř		NAME	OFF	AGE AGE	EMPLOYING DEPARTMENT	(page or		AGENCY BILLING CODE	
STATE	VER		CIDENT DATE	TIME	OFFICE ADDRESS			AGENCY DOCUMENT NO. (Optional)	
os	DH	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? (JINQ, attach application) DATE DRIVER LAST COMPLETED Monthly's		ю	JOB TITLE			BUSINESS TELEPHONE	
П		STATE DEFENSIVE DRIVER TRAINING		IOT TAKEN	JOB IIILE			BUSINESS FELEPHONE	
ī		VEHICLE LICENSE NUMBER VEHICLE YEAR,	MAKE, MODEL		VEHICLE OWNER			DEPT. VEHICLE NO.	
	<u></u>	DESCRIBE DAMAGES TO STATE VEHICLE		ESTIMATED	DEPARTMENT OW	INED DGS P	00L	(Optional)	
STATE	VEHIC	DESCRIBE DAMAGES TO STATE VEHICLE		REPAIR COST	RENTAL IF DEPARTMENT OWNED OR I		OYEE OW	NED	
	5	ACCIDENT LOCATION (Address/Area)			ROAD CONDITIONS				
	Jesonptio				WEATHER CONDITIONS				
ETAILS	m and I	(City/State)			TRAFFIC CONDITIONS				
ACCIDENT DETAILS	r Diagra	(County)			HOW FAST WERE YOU DRIVIN	(67	EST. SPE	ED OF OTHER CAR	
	Soo Reverse fo	POLICE REPORT MADE YES NO AGENCY CHP OTHER	NAME AND	O ADDRESS OF INV	ESTIGATING AGENCY				
H	e.	DRIVER'S NAME	AGE/DO		VEHICLELICENSE NUMBER	VEHICLE YEAR, MAKE,	MODEL	NO. OF PASSENGERS	
ı		**************************************							
١,		DRIVER'S LICENSE NO. HOME TELEPHO	ONE WORK TE	LEPHONE	REGISTERED OWNER				
3		DRIVER'S ADDRESS (Street, City, State, Zip Code	9)		OWNER'S ADDRESS			HOME TELEPHONE	
9	OTHER VEHICLE							WORK TELEPHONE	
-	0	BRIERLY DESCRIBE DAMAGES TO OTHER VEH	ICLE OR PROPERTY			NAME AND ADDRESS O	OF OTHER P	ARTY'S INSURANCE	
í		NAME	AGE	ADDRESS			но	SPITAL	
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•	2								
0010	MINESS	NAME	TELEPHO		ADDRESS				
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SENGER	STATE	NAME	ADDRESS	1					
1	OTHER	NAME	ADDRESS	3					
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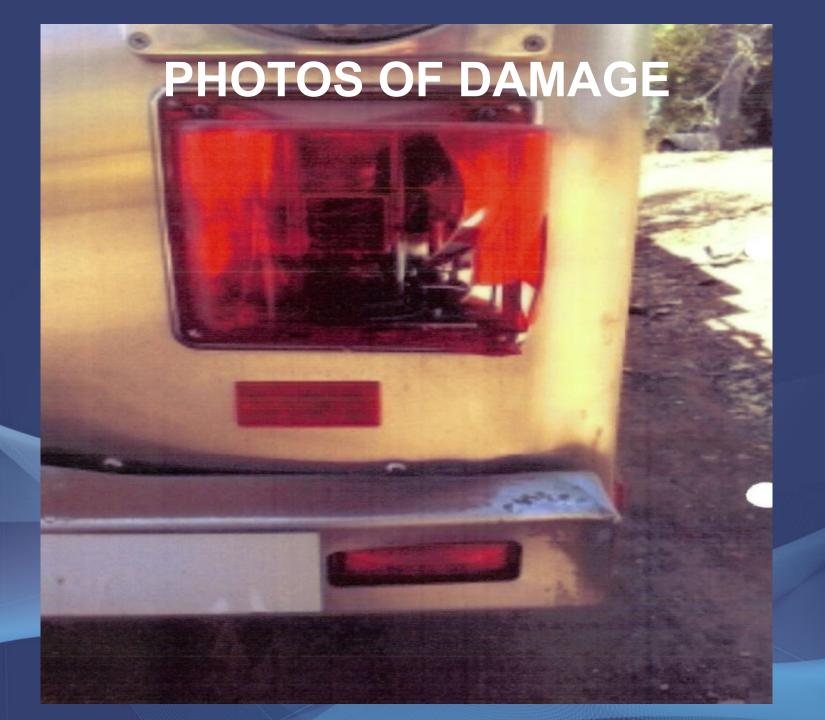
STD 270 Accident Report Form Required for Accidents

		(1	GS		Mailed 8-27.13 DISTRIBUTION: 0	SELICE OF S
ATE OF CALIFORNIA EHICLE ACCIDENT R 0: 270 (REV. 2/2002)	EPORT (ACCIL	DENTS INVOLVING INJURY SH PRIM AT (916) 376-5302 - CAL	ITHIN 48 HOURS AFTER ACCI HOULD FIRST BE CALLED OR NET 480-5302 - FAX (916) 376-3 L INFORMATION *	FAXED 5277.)	ORIGINAL - IN 70 W	NSURANCE MANAGEMENT 07 THIRD STREET, FIRST FLOOR VEST SACRAMENTO, CA 95605 ARAGE (DGS nool verbicle only)
YES NO	M? (If Yes, give date)	DO NOT RELEASE TO OTHER PA	RTIES WITHOUT CONSENT OF TH ISURANCE MANAGEMENT	E	COPY - DEPT. FIL.	ES (Dept. owned vehicles only) RIVER Page of
		AGE 47	San Lis Obipo	FDDep	t. owned vehicles on	AGENCY BILLING CODE
XXX		13 1420 NO	2100 Santa B. San Lvis Obispe	arbar	A	AGENCY DOCUMENT NO. (Optional)
DATE DRIVER LAST COMPLET STATE DEFENSIVE DRIVER TRAINING	ED Month Year	NOT TAKEN	JOB TOLE- ENGIN	w		BUSINESS TELEPHONE 805-78 -73*
VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MK 2000 WWY	ates HME #18	VEHICLE OWNER X DEPARTMENT OWN	VED	DGS POOL	DEPT, VEHICLE NO. (Optional) 27
Cracked right	year my	WAG REPAIR COST	RENTAL IF DEPARTMENT OWNED OR RE	ENTAL, EN	EMPLOYEE O	
bent right re	car corner 1	panel #1500	California	OE	5	
ACCIDENT LOCATION (Address of 1300)	O block ut	Clements Rd	BOAD CONDITIONS SURT / Gravel	driv	wy, o	H- highway
Oraham Ray	neh subdivi	are in the	WEATHER CONDITIONS	n, 1	dry	
Groveland	, CA		no offer to	raffi	c	
Tuolomne			HOW FAST WERE YOU DRIVING	37	EST	SPEED OF OTHER CAR
AGENCY	OTHER	AGE/DOB	Office of En		EAR. MAKE, MODEL	
DRIVER'S NAME						
DRIVER'S NAME DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER			
		WORK TELEPHONE	REGISTERED OWNER OWNER'S ADDRESS			HOME TELEPHONE
DRIVER'S LICENSE NO.		WORK TELEPHONE				HOME TELEPHONE WORK TELEPHONE
DRIVER'S LICENSE NO.	illy, State, Zip Code)		OWNER'S ADDRESS	NAME AND	ADDRESS OF OTHI	
DRIVER'S LICENSE NO. DRIVER'S ADDRESS (Street, C.	illy, State, Zip Code)		OWNER'S ADDRESS	NAME AND	ADDRESS OF OTHI	WORK TELEPHONE
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DRIVER'S LICENSE NO. DRIVER'S ADDRESS (Street, C) BRIEFLY DESCRIBE DAMAGES	illy, State, Zip Code)	PROPERTY	OWNER'S ADDRESS	NAME AND	ADDRESS OF OTHI	WORK TELEPHONE ER PARTY'S INSURANCE
DRIVER'S LICENSE NO. DRIVER'S ADDRESS (Street, C. BRIEFLY DESCRIBE DAMAGE! NAME NAME	illy, State, Zip Code)	PROPERTY AGE ADDRESS	OWNER'S ABORESS			WORK TELEPHONE ER PARTY'S INSURANCE HOSPITAL
DRIVER'S LICENSE NO. DRIVER'S ADDRESS (Street, C. BRIEFLY DESCRIBE DAMAGE! NAME NAME	S TO OTHER VEHICLE OR R	AGE ADDRESS AGE ADDRESS TELEPHONE 17 SHOP STORMS TELEPHONE	ADDRESS 2100 Santa 1	Barb	Ara Are,	WORK TELEPHONE ER PARTY'S INSURANCE HOSPITAL HOSPITAL 5 LU CA 9341
DRIVER'S LICENSE NO. DRIVER'S ADDRESS (Street, C. BRIEFLY DESCRIBE DAMAGE! NAME	S TO OTHER VEHICLE OR R	AGE ADDRESS AGE ADDRESS TELEPHONE 17 SHOP STORMS TELEPHONE	ADDRESS 2100 Santa 1	Barb	Ara Are,	WORK TELEPHONE ER PARTY'S INSURANCE HOSPITAL HOSPITAL 5 LU, CA 9341
DRIVER'S LICENSE NO. DRIVER'S ADDRESS (Street, C) BRIEFLY DESCRIBE DAMAGES NAME NAME NAME	S TO OTHER VEHICLE OR R	AGE ADDRESS AGE ADDRESS TELEPHONE 17 SHOP STORMS TELEPHONE	ADDRESS 21 VO SANTA	Barb	Ara Are,	WORK TELEPHONE ER PARTY'S INSURANCE HOSPITAL HOSPITAL 5 LU, CA 9341

OFFICE OF RISK AND INSURANCE MANAGEMENT STD. 270 (REV. 2/2002) (REVERSE) FULLY STATE HOW ACCIDENT OCCURRED (Give details, attach additional sheets if necessary) WHILE BACKING DES 271 I HIT A 3 FOOT TALL, 6 INCH DIAMETER TREE STUMP ON MY PASSEN SIDE BATT CHIEF GATER WAS OUTSIDE AND BEHIND THE ENGINE, BACKING ME ON THE DRIVE. SIDE MY PRIMARY CONCERN WHILE BACKING WAS AN OVERHANGING BACKONY, AND A TWO FOOT DRO OFF EMBANKMENT ON MY DRIVER SIDE. MY SECENDARY CONCERN, WHILE BACKING WAS A CON 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 DUS THAT I CREATED I HIT THE STUMP WITH MY REAR RIGHT BUMPER AND CRACKED THE RED CODE 3 LIGHT COVER. I WAS TRAVELINE LESS THEN ONE MILE PER HOUR WHEN I HIT THE STUMP. THE ENGINE WAS AND IS STILL OPERATIONAL. THE RED LIGHT COVER WAS TEMPOR ARILY FIXED WITH CLEAR TAPE UNTIL ANOTHER ONE IS PURCHASED THE BUMPER WILL BE EVALUATED BY MECHANICS. - MATTHEW CALCAHAN SLOFD ENGINEER Number State vehicle as 1 other vehicle(s) as 2, 3, etc. Show pedestrian by O Show direction of travel as follows: Before accident After accident Give names or numbers of streets or roads Hous real bomow Indicate Points of Compass N. S. E. W. 2 EMBANKMENT DROP OFF gers non drain VEHICLE YEAR, MAKE, MODEL DRIVER'S NAME AGE/DOB REGISTERED OWNER DRIVER'S LICENSE NO. HOME TELEPHONE WORK TELEPHONE HOME TELEPHONE ADDRESS (Street, City, State, Zip Code) ADDRESS (Street, City, State, Zo Code) WORK TELEPHONE BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY NAME AND ADDRESS OF OTHER PARTY'S INSURANCE CARRIER HOSPITAL NAME AGE NAME AGE MAME NAME ADDRESS ADDRESS NAME Coordinator) OSP 02 65985











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.

Recreved 9/28/14 GENERAL MESSAGE TO: Comp claims SUBJECT Vegicle danage that occured on 9/15/14 9/27/14 on 9/15/14 while assigned DIVS on H my agency Vehicle suffered damage. The damage occurred durs an attemp to access fire fighters that were in singedate threat of be over ran by fire in Divk Panage occured due to attempting to access crews on over grown roads, Danage 13 as follows; Recept Drive side Mirror cracked, Cotaler scratched paint and Emissins front driver side aub cap, Uchicle intermetion Ford Expedition 2001, vin 1 FMFU16LA57889 200 40099431 NO ton No see Mid a live Don 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 I initial contacts No confirmation from line supervisor or statement from witness if quailable GPH Process as outlined by OFS not followed 213 ICS 1.79

CA-ENF-0234161

Secieved 9/28/14/00

50289-101

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression

4. ISBUING OFFICE OR CAMP NAME		
5. FIRE NAMES TO ZONE IT JC 6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X"	**
	Regular Gov't. Casual Firefighter	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if ap	pplicable)	QUANTITY
a Scratches down both sides of	vehicle	
o. Charging reapticle cover broke on		
o. Broken Priver side Mirror. D.	Missins Hub cap	
9. Employee report on circumstances of loss or damage to property listed:		
on alis/14 while assigned DIVS	on'H'my asucy	vehicle was
danaged while attempting to acces	& fine filling in	a trans to tour total
threat of wi	" That	were in innedate
threat of being over ran by fir	e on Div K. In	an afterpt to
resche the fire fighters I drove	several over	come made that
caused the above dances	2	, , , , , , , , , , , , , , , , , , , ,
Ford explored Expedition Lic 1099431	variage occured	on 9/15/14
Lic 1099431		
VIIV 1 1 100 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
10. SIGNATURE		DATE
		9/27/14
		12114
*		
13. SIGNATURE		14. DATE
15. Fire Boss or Property Control Officer comments regarding loss or damage:		
of the state of th		
16. SIGNATURE	17. TITLE	18. DATE
	1	
NSN 7540-01-124-7634		
	NAL-Issuing Office	OPTIONAL FORM 289 (9-81 USDA/USDI

NOTIFICATIONS

- INCIDENT SAFETY OFFICER
- OES AREP
- COMP/CLAIMS
- HOME AGENCY

Accident/Claims Process



CURRENTLY USED IN REGION IV.

Strike Team #:	Apparatus #:	Agency #:

State of California GOVERNOR'S OFFICE OF EMERGENCY SERVICE (OES) Fire/Rescue Division



Local Government

Comp Claims Checklist

Process

- 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.
- 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.
- Home Agency submits receipts for reimbursement to Cal OES.

Required Documents

California DGS - STD 270 – Vehicle Accident Report
Federal Incident: Cal Fire 101 – Property Certification / Certificate of Responsibility or http://jerrlong.com/files/cdfr01.doc
State Incident: NIFC OF289 – Property Loss or Damage Report http://gacc.nifc.gov/nwcc/content/pdfs/dispatch/Jada/OF_289.pdf
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:

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

- 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

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.

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



WARRENVILLE, ILLINOIS INTERNATIONAL®

VIN.

1HTWEAZNX7J471743

DATE MFG.

MODEL

7400 SFA 4X4

W.B.

445

PD LOC - DATE

09=2006



MADE IN THE UNITED STATES OF AMERICA

08/29/2013 17:39

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

Cal OES	#	6051-4
CAL FIF	RE#_	7CA02564
USFS#	I5-1	FI-11052012-107
NPS#		P14AC01610
BLM#_		BAA151002
FWS#	FF	F300008-15-002
BIA#		A15ACPRO01

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 $8\frac{1}{2} \times 11$ 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.

Cal OES	#	6051-4
CAL FII	Æ#_	7CA02564
USFS#	I5-F	I-11052012-107
NPS#		P14AC01610
BLM#_		BAA151002
FWS#	FF]	F300008-15-002
BIA#		A15ACPRO01

Check List:

General Message Form 213 signed by the Finance Section Chief, Incident Business Advisor, or
Incident Commander
5# decumented on the General Massaca Form 212

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):
 - o 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:
 - o Actual lodging expense, supported by a receipt, up to \$150 per night, plus tax.

A-24 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.

 Cal OE S#
 6051-4

 CAL FIRE#
 7CA02564

 USFS#
 IS-FI-11052012-107

 NPS#
 P14AC01610

 BLM#
 BAA151002

 FWS#
 FFF300008-15-002

BIA#

California Governor's Office of Emergency Services (Cal OES) - Fire and Rescue Division

TRAVEL EXPENSE CLAIM REIMBURSEMENT LOG



Incident Name: _____ Crew Relief: Yes No

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DEPARTMENTAL APPROVAL

Print Name:

Signature:

Date:

Save

Incident Name:_____



Reset

Crew Relief: Yes No



Comments:

DEPARTMENTAL APPROVAL

California Governor's Office of Emergency Services (Cali OES) - Fire and Rescue Division

TRAVEL EXPENSE CLAIM REIMBURSEMENT LOG

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NPS#		P14AC01610
BLM#		BAA151002
FWS#	FFF:	300008-15-002
BLA#	1	A15ACPRO01

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 ease 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.
- 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.

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ICS – 213 Documenting

Lost/Damaged/Stolen Equipment/Supplies

WHO

WHAT

WHERE

WHEN

WHY

GET IT SIGNED

BY THE INCIDENT

INCIDENT REPLACEMENT REQUISITION

Information will be filled in by Comp/Claims and the S# will be supplied by Ordering

INCIDENT REPLACEMENT REQUISITION

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ALLSTAR FIRE EQUIPMENT, INC

SALES QUOTE

12328 Lower Azusa Road Arcadia, California 91006 Phone (626) 652-0900

Fax: (626) 652-0919

Date: November 22, 2008 To: City of Arcadia FD

Attn: Tom Devlin

Fax:

Per your request, we are pleased to quote on the following:

QTY	UNIT	DESCRIPTION	PRICE	EXTENSION
1	ea	Gosport CCS12 - Olive Drab Canvas Salvage Cover 12' x 18'	\$160.45	
1	ea	Gosport CVS10 - Red Vinyl Nylon Salvage Cover 12' x 18'	\$157.35	\$157.35
		Terms: Net 30 Delivery: 2 Weeks		
		Note: Pricing is valid for 30 days. Subject to change thereafter.		
			Subtotal	\$317.80
			8.25%	\$26.22
		Quoted By:	Shipping	\$42.00
		John Sprengelmeyer - Inside Sales	TOTAL	\$386.02

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

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.

COMP / CLAIMS PROCESS

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 ca
 - –Immediate Need
 - 30 minute response expect
 - -Planned Need
 - 1 hour response expectation (could actually be leave the next morning or more than a day out)

We expect you to....

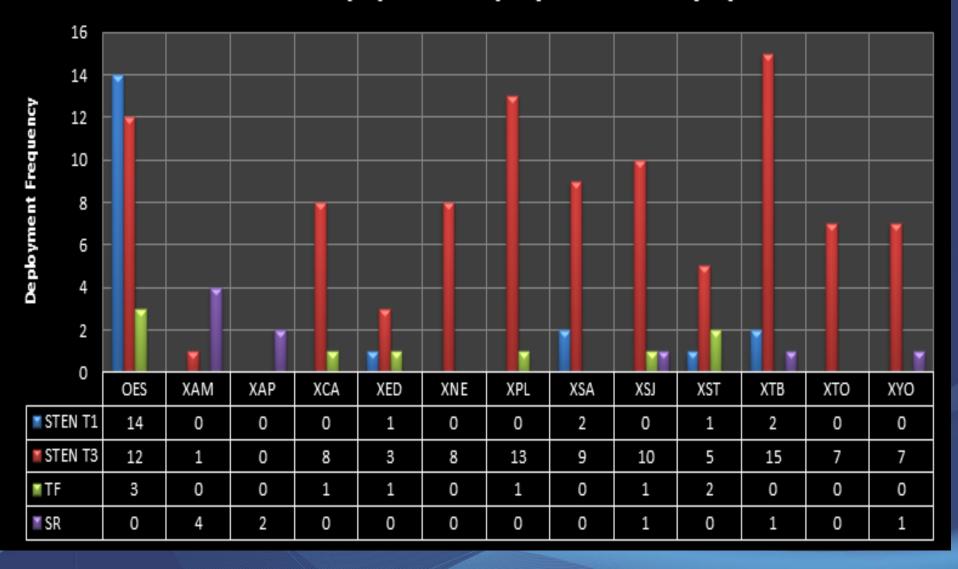
- Gather Dispatch Information
- Determine Urgency
- Appropriate STEN Vehicle
- Always Fill STEN Trainee
 - "Flight Following" with Op Area
- Pre determined "SIT STAT" with Home Region



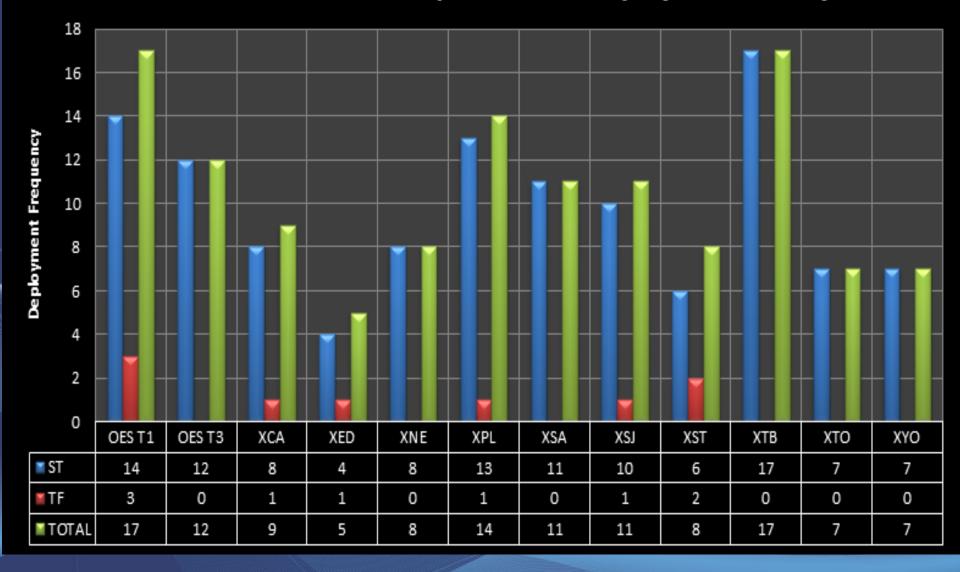
BUILD YOUR FILE

- 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 Equipment Deployment History by OA



2015 OES R4 Strike Team / Task Force Deployment History



Available at: www.caloes.ca.gov OES Divisions Fire & Rescue Regions



E-mail: john.salvate@caloes.ca.gov

Region II - Assistant Chief

John Clary

139 El Portal Place

Clayton, CA. 94517

Office: (925) 672-4853

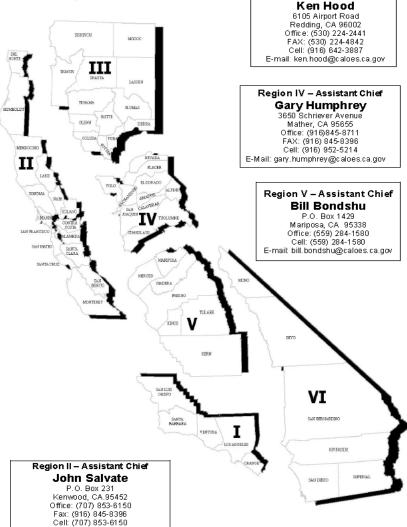
Fax: (925) 672-4853

Cell: (925) 381-5526 E-mail: john.clary@caloes.ca.gov

Cal OES Fire & Rescue Division Regional Assistant Chief Map

Region III - Assistant Chief





Cal OES Fire & Rescue Division

Sacramento Headquarters 3650 Schriever Avenue Mather, CA 95655 Fire & Rescue Division: (916) 845-8711 Nights & Weekends: (916) 845-8911 FAX: (916) 845-8396

State Fire and Rescue Chief

Kim Zagaris

kim.zagaris@caloes.ca.gov

FIRE OPERATIONS Deputy Chief - Brian Woodbeck

brian.woodbeck@caloes.ca.gov

FLEET OPERATIONS

Deputy Chief – Stephen Hart stephen.hart@caloes.ca.gov

FIRE ADMINISTRATION

Deputy Chief – Lorenzo Gigliotti lorenzo.gigliotti@caloes.ca.gov

SPECIAL OPERATIONS

Deputy Chief – Lorenzo Gigliotti lorenzo.gigliotti@caloes.ca.gov

Assistant Chief - Vacant

Assistant Chief – Joe Gear

joe.gear@caloes.ca.gov

<u>FIRES COPE</u> Deputy Chief Ralph Domanski Riverside

2524 Mulberry Street Riverside, CA 92501 Office: (951) 320-6108 Fax: (951) 782-4239 Cell: (951) 312-8966

Cell: (951) 312-8966 E-mail: ralph.domanski@caloes.ca.gov

Assistant Chief - Vacant

6105 Airport Road Redding, CA 96002 Office: (916) 642-3825 Fax: (530) 226-2742 Cell: (916) 642-3825 E-mail:

HAZ-MAT Deputy Chief Thomas Campbell

E-mail: thomas.e.campbell@caloes.ca.gov

Region I – Assistant Chief **Dave Stone**

P.O. Box 27148 Anaheim, CA 92809 Office: (916) 642-3837 Cell: (916) 642-3837 E-mail: david.stone@caloes.ca.gov

Region VI – Assistant Chief Art Torrez

2524 Mulberry Street Riverside, CA 92501 Office: (951) 320-2106 Fax: (951) 782-4239 Cell: (916) 642-3838 E-mail: art.torrez@caloes.ca.gov

Jan2016

Cal OES ASSISTANT CHIEF'S

- Region I Dave stone
- Region II John Clary
- Region II John Salvate
- Region III Ken Hood
- Region IV Gary Humphrey
- Region V Bill Bondshu
- Region VI Art Torrez

- (916) 642-3837
- (925) 381-5526
- (707) 853-6150
- (916) 642-3887
- (916) 952-5214
 - (559) 284-1580
 - (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

NOT FOR OFFICIAL USE NOT FOR O			I A TION									NOT FO	R OFFIC	JAI. EISP	Á
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EMERGENCY ACTIVITY RECORD (OES F-42) - Revision Apr/2015	12. PERSONNEL INFORMATION	
	Number of Personnel on Apparatus: Name (Lost, First) Rank or Job Title (NOT	Documentation Only ICS title
(If checked, ensure Section 5 is completed) (If checked, ensure Section 13 is completed) (If checked, ensure Section 9 or 10 is completed)	Ringale, Donald Captain	5555 🗆 🗆
1. AGENCY DESIGNATOR 2. STRIKE YEAM/TASK FORCE State "Your" 3-Letter ID 3-Letter ID Number Ltr	Gavin, Tommy Engineer	1111 🗆 🖸
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CAFOL XSA4151C	Severide, Kelly Firefighter	
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CAAEU 024918 AEUE112		
S. DISPATCH INFORMATION Incident Name: BUTTE Reporting Location: ICP		
Incident Name: BUTTE Reporting Location: ICP	13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS REQUIRED TO COMPLETE 8	OTHISTAOTH
To: Incident Complex Mobilization Center (Not Staging Area)	Special Control of the State of	Personnel: Yes No Last 4 of SSN #
Committed to Incident: Date: 9/9/2015 Time (24 Hour): 13:30	Date STStart STEnd ST Hrs. OT Start OT End OT Hrs. Date ST Star	T STEND STHIS. OT Stort OT End OT H
Committed to Incident: Date: 9/9/2015 Time (24 Hour): 18:30 Return from Incident: Date: 9/14/15 Time (24 Hour): 18:30		
Redispatched: Date: Time (24 Hour):		
6. DISPATCHED FROM		
confu if coming from another OES incidents		
OLD INCIDENT ORDER NUMBER State 3-Letter ID Number 3-Letter ID ID Number		
7. REDISPATCHED INFORMATION (START NEW F-42 IF REDISPATCHED)		
contributed to another OFC incidents		
	TOTALS TOTALS	NO DESCRIPTION OF THE PERSON NAMED IN COLUMN 1
NEW INCIDENT ORDER NUMBER State 3-Letter ID Number 3-Letter ID ID Number	14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAM	AAGE / LOSS, ETC.)
	Date/Time Date/Time	
	9/9 Assigned 9/14 Demob	
8. OVERHEAD INFORMATION - ST(TF) LEADER / ST (TF) LEADER (TRAINEE) / OVERHEAD	3/14 DOMAN	
Strike Team Leader or Task Force Leader Strike Team Leader or Task Force Leader (Trainee)		
Overhead Position (ICS Title):	15. COMPENSATION CLAIMS 16. SUPPLY NUMBER	
9. SUPPORT VEHICLE INFORMATION - ST(YF) LEADER / OVERHEAD / SUPPORT VEHICLE	Comp. Claims: Yes No S#:	
Vehicle Ownership:	17. RESPONDING AGENCY INFORMATION Agency-Department Name	
Provide VIX/Serial # only // livernar is unavailable)	DOD/Tribal: Yes X No +DLSON	n Fire
Vehicle Type: Sedan SUV Van Pick-Up (½ Ton) Other (¾ Ton & Above) Other:	Wonald Rimade 1th	Captaín 16) 555-1212
10. PRIVATELY OWNED VEHICLE ONLY leginate Odernater: Ending Odernater: Total Miles	Part Nome Donald Rimgale "out Places" (9	16) 555-1212
Indirection Odormater: Ending Odormater: Total Miles:	18. INCIDENT INFORMATION	
11. EQUIPMENT RESOURCE INFORMATION	LIVE AND THE STATE OF THE STATE	ther:
Apparatus: Engine Type: 1 2 X3 4 5 6 7 CDF/OESVehicle	NOB NUMBER	FSC1
99T 1V7 024 500	Joe Finance	9/14/15
Unit #: GPM: GPM: (Hated GPM of main pump panel spec, plate)	CES Representative If assigned Flary Humphrey	** 9/14/15
Blue = Filled out by Responding Agency Red = Filled out by Fin	anco LOES	F42_samples_rev 6_1 8/9/15

EMERGENCY ACTIVITY RECORD (OES F-42) - Revision Apr/2015	12. PERSONNEL INFORMATION Number of Personnel on Apparatus:	Documentation Only	4
X Portal to Portal Actual Hours Aprvd. Personnel Rotation	Number of Personnel on Apparatus: Number of Personnel on Apparatus:	Last 4 SSN # CDF PCF	d.
Wheeked, ensure Section 5 is completed) (If checked, ensure Section 13 is completed) (If checked, ensure Section 9 or 10 is completed)	(1) Rimgale, Donald Captain	5555 🗆 🗆	1
AGENCY DESIGNATOR Z. STRIKETEAM/TASK FORCE State "Your" 3-Letter ID 3-Letter ID Number Ltr		1111	1.
CASAC OES4152C	Gavin, Tommy Gage, John Firefighter	2222 🗆 🗆	1
OKRU DERATRE	1 Mocaffrey, Dennis Captain	7777 -	1.
3. INCIDENT ORDER NUMBER State 3-Letter ID Number 3-Letter ID ID Number	(2) Coots, Joe Engineer	8888	11
CAAEU 024918 AEUE112		9999 🗆 🗀	1.
	3 Desoto, Roy Firefighter	- HH	1
s. DISPATCH INFORMATION			1
Incident Name: BUTTE Reporting Location: ICP	13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS REQUIRED TO COMPLETE BOTH 'ST & OT')		ď
To: Complex Mobilization Center (Not Staging Area)	Aone (ast, Fist) Rank, ICS, or Job 766 Supp. Personnel: Ves	No Last 4 of SSN #	1.
Committed to Incident: Date: 7/1/2015 Time (24 Hour): 13:30	Date ST Start ST End ST Hrs. OT Start OT End OT Hrs. Date ST Start ST End ST Hrs.	L OT Start O' End OT Hrs.	d:
Return from Incident: Date: 7/26/15 Time (24 Hour): 18:30			1.
Redispatched: Date: Time (24 Hour):			1
6. DISPATCHED FROM			Į.
caply if paming from another OES incidents			1
movems reality			1
OLD INCIDENT ORDER NUMBER OLD REQUEST NUMBER State 3-Letter ID Number 3-Letter ID ID Number			1.
			1
			-11
7. REDISPATCHED INFORMATION (START NEW F-42 IF REDISPATCHED)			┨.
Incident Name: <only another="" headed="" if="" incident="" oes="" to=""> Start Date:</only>	TOTALS TOTALS	1000 CO 1000 C	+
NEW INCIDENT ORDER NUMBER State 3-Letter ID Number 3-Letter ID ID Number	14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.)		d
State 3-Cetter ID Number 5-Secter ID Number	Date/Time Date/Time		4.
	7/1 Assigned		1
8. OVERHEAD INFORMATION - ST(TF) LEADER / ST (TF) LEADER (TRAINEE) / OVERHEAD	7/16 Crew Relation (6113.7) 7/26 Dimob		ł٠
Strike Team Leader or Task Force Leader Strike Team Leader or Task Force Leader (Trainee)	7/26 Demob		н
Overhead Position (ICS Title):	15. COMPENSATION CLAIMS 16. SUPPLY NUMBER		di
9. SUPPORT VEHICLE INFORMATION - ST(TF) LEADER / OVERHEAD / SUPPORT VEHICLE	Comp. Claims: Yes X No S €		1
	17. RESPONDING AGENCY INFORMATION		4
Vehicle Ownership: Agency POV Rental CDF / OES Vehicle License #: Provide VIX/Serial # only if Recruse is unavailable?	DOD/Tribali Ves X No Agency/Department/Asince SACYAMENTO METYO F	-tre	J.
Vehicle Type: Sedan SUV Van Pick-Up (½ Ton) Other (½ Ton & Above) Other:	Towns Dennis McCaffrey Tow Hours (916) 555	in	1
10. PRIVATELY OWNED VEHICLE OWLY	PARILY Dennis McCaffrey "Out Places" (916) 555	-1212	1
Beginning Odsmater: Ending Odsmater: Total Miles:	18. INCIDENT INFORMATION	MARKATAN AND AND AND AND AND AND AND AND AND A	41
11. EQUIPMENT RESOURCE INFORMATION	CDF USFS BLM NPS BIA FWS Other:		J
Eugine	Suprature of Authorized Incident Personnel (MCQUIMED) Top Stinance ICS Position/Title FSC1		1
	Printed Norm Joe Finance	* 7/6/15	1
Unit #: 337 License #: 1XYZ,234 GPM: 500	CES Representative (If assigned) Gary Humphrey	7/6/15	1
(Mated GPM of main pump panel spec. plate)	July Outhpillop	7,40,00	_

EMERGENCY ACTIVITY RECORD (OES F-42) - Revision Apr/2015	12. PERSONNEL INFORMATION			
X Portal to Portal Actual Hours Aprvd. Personnel Rotation	Number of Personnel on Apparatus:		Documentation 0	_
(If checked, ensure Section 5 is completed) (If checked, ensure Section 13 is completed) (If checked, ensure Section 9 or 10 is completed)	Ringale, Donald	Rank or Job Title (NOT ICS title)	5555 C	- RA
AGENCY DESIGNATOR STRIKE TEAM/TASK FORCE		Captain		++
State "Your"3-Letter ID 3-Letter ID Number Ltr	Gavin, Tonny	Engineer Firefighter	1111	井岩
CACSM XSA4153C	Gage, John Soveride, Kelly	Firefighter	2222	무는
3. INCIDENT ORDER NUMBER 4. INCIDENT REQUEST NUMBER	Sovenae, Kelly	Firefighter	3333	14
State 3-Letter ID Number 3-Letter ID ID Number				
CAAEU 024918 AEU E112				
DISPATCH INFORMATION				
ncident Name: BUTTE Reporting Location: ICP				
	13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL P	e Joh Title	No. DNo. Cast 4 of SSN #	
~ 4M70ME 49.9M	Name (LISK, PRSI)	Supp. Personnel:	Yes No Case 4 or 5584 9	
ommitted to Incident: Date: 7/1/2015 Time (24 Hour): 15,30	Date STStart STEIN ST His. OTStart OTEnd C	OT Hrs. Date STStart ST End ST	THIS. OF Stort OT End	OT Hrs.
eturn from Incident: Date: Time (24 Hour): 18:30				-
tedispatched: Date: 7/6/15 Time (24 Hour): 18:30				-
DISPATCHED FROM				+
nddent Name: <only another="" coming="" from="" if="" incident="" oes=""> End Date:</only>				-
OLD INCIDENT ORDER NUMBER OLD REQUEST NUMBER				-
State 3-Letter ID Number 3-Letter ID ID Number				1
				+
REDISPATCHED INFORMATION ISTART NEW F-42 IF REDISPATCHED)				_
ncident Name: PEARL FIRE Start Date: 7/6/2015				
	TOTALS	TOTALS	BOOK BOOK	
NEW INCIDENT ORDER NUMBER	14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE		()	Paster of
CASHU054321 SHUE 35	7/1 Assigned	Date/Time		_
	7/1 Assigned 7/6 12:30 Redispatched to Pearl			
	(left Lowell fire)			
Strike Team Leader or Task Force Leader Strike Team Leader or Task Force Leader (Traince)	13, 22, 13,			
Overhead Position (ICS Title):	15. COMPENSATION CLAIMS	16. SUPPLY NUMBER		
. SUPPORT VEHICLE INFORMATION - ST(YF) LEADER / OVERHEAD / SUPPORT VEHICLE	Comp. Claims: X Yes No	5 ft		
ehicle Ownership: Agency POV Rental CDF/OES Vehicle License #:	17. RESPONDING AGENCY INFORMATION			
(Provide MN/Sexial # arriy if Vcenue is unavasisable)	DOD / Tribal: Yes No	Consumnes Fil	ne	
thicle Type: Sedan SUV Van Pick-Up (½ Ton) Other (¾ Ton & Above) Other:	Symme Wonald Rimaalo	<u>Capt</u>	tain	
PRIVATELY OWNED VEHICLE ONLY	Donald Rimgale	Tale Capt "four Phone 3 (916) 52	55-1212	
phoning Oddemater: Ending Oddemater: Total Miles:	18. INCIDENT INFORMATION			
. EQUIPMENT RESOURCE INFORMATION		BIA FWS Other:		
	Signature of Authorized incident Personnel (REQUIRED)	1108 KS Postkov/Title FSC	ld .	
Inneratus: LVVIVV Type: 1 2 X 3 4 5 6 7 CDF/OFS Valida	~906 (NI Ma	/A/L/		
	Printed Name Joe Finance	10		15
Apparatus:	Printed Name Joe Finance Oct Supresentative In assignment	Cumbhren	Date 7/6/1	

EI EI	MERGENCY ACTIVITY REC	ORD (OES F-42) - Revision Apr/2015	12. PERSONNEL INFORMATION	Marie Control
W 070 W -	rtal to Portal X Actual Ho		Number of Personnel on Apparatus:	Documentation Only
	ensure Section 5 is completed) (If checked, ensure Sect		Mame (Last, First) Rank or Job Title (MO)	
AGENCY DESIGNATOR State "Your" 3-Letter ID		Ltr		
CAMRP	OVERHEAD	D		
	ICIDENT ORDER NUMBER	4. INCIDENT REQUEST NUMBER		
State 3-Letter ID	Number	3-Letter ID ID Number		
CAAEU	024918	AEU0117		
5. DISPATCH INFORMATION				
Incident Name:	<u> BUTTE</u> Repo	orting Location: ICP		
To:	Incident S/1/15	Mobilization Center (Not Staging Area) Time (24 Hour):	13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS REQUIRED TO COMPLETE.) Aame Leat, Frod Smith, Patrick Financial Asst Supp	p. Personnel: XVes No Last 4 of 55N 5555
Committed to Incident:				or 57End 57Hrs. 07Start 07End 07Hrs.
Return from Incident:	Date: 8/12/15	Time (24 Hour):	8/1 06:00 14:00 8 14:00 21:00 7 8/11 06:0 8/2 06:00 14:00 8 14:00 21:00 7 8/12 06:0	10 1 10 0
Redispatched:	Date:	Time (24 Hour):		
6. DISPATCHED FROM			9/3 06:00 14:00 8 14:00 21:00 7 0/4 06:0014:00 8 14:00 21:00 7	
Incident Name: <only if<="" td=""><td>coming from another OES i</td><td>incident> End Date:</td><td>D. L. optime T. Inc. 6</td><td>+</td></only>	coming from another OES i	incident> End Date:	D. L. optime T. Inc. 6	+
	LD INCIDENT ORDER NUMBER	OLD REQUEST NUMBER		
State 3-Letter		3-Letter ID ID Number	2/6 06:00 21:00 15 2/7 06:00 21:00 15	
			2/2 06:00 14:00 B 14:00 Z1:00 F	
7. REDISPATCHED INFORMAT	TION (START NEW F-42 IF REDISPATCHED)		8/9 06:00 14:00 8 14:00 21:00 7	+ + + + + + + + + + + + + + + + + + +
THE R. LEWIS CO., LANSING, MICH. 4915	if headed to another OES in	icident> Start Date:	8/10 06:00 14:00 2 14:00 21:00 F	
			TOTALS 64 87 TOTALS	2 8
State 3-Letter	EW INCIDENT ORDER NUMBER r ID Number	NEW REQUEST NUMBER 3-Letter ID ID Number	14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAI	MAGE / LOSS, ETC.)
			B/10 S# Issued for food, fuel, and	
8. OVERHEAD INFORMATION	· ST(TF) LEADER / ST (TF) LEADER (TRAINEE) / OVE	RHEAD	lodging for travel to and from	
Пе	strike Team Leader or Task Force Leader	Strike Team Leader or Task Force Leader (Trainee)	the incident.	
_		INCL		
X o	Overhead Position (ICS Title):	0.401	15. COMPENSATION CLAIMS 16. SUPPLY NUMBER	
9. SUPPORT VEHICLE INFORM	MATION - ST(TF) LEADER / OVERHEAD / SUPPORT VI		Comp. Claims: X Yes No S#: 23	
Vehicle Ownership: Agend	cy POV Rental CDF/6	OES Vehicle License #: 1XYZ.234 (Provide VVVSetiol Forly # Vicense is unavalidable)	17. RESPONDING AGENCY INFORMATION DOD / Tribal: Yes No Agency/Department Name SACYAMA SACYAMA	iento FD
			Synoner O Joseph O Chanitle Time	Contoin -
Vehicle Type: Sedan	SUV Van Pick-Up (1/5 Ton) 0	Other:	Point Name FALL LORG SHILLER "Your Phase # (L)	Captain 916) 555-1212
10. PRIVATELY OWNED VEHICL	LE ONLY Ending Odometer	Total Miles		<u>716) 555-1212</u>
	0002 Ending Odometer: 10	200 Total Miles: 998	CDF USFS BLM NPS BIA FWS	Other:
11. EQUIPMENT RESOURCE IN	FORMATION		Figure 1 And the street from t	FSC1
Apparatus:	Type:	3 4 5 6 7 CDF / OES Vehicle	708 (NJ INGHOB	
Heit #	License #:	GPM:	Printed Native Joe Finance CES Representative IV assigned	8/10/15
Unit #:	Literise #:	(Rated GPM of main pump panel spec, plate)	Ces Representative IV assigned Jary Tumphrop	8/10/15
Blue = Fill	led out by Responding Ag	gency Red = Filled out by Fin	ance / OES	F42_samples_rev 6_1 8/9/15

STEN AND TRAINEE SAME AGENCY PORTAL TO PORTAL WITH RE-DISPATCH

		O E S	0.00							AC							(OE	SF	_		r Feb/2015
6	/I	FIRE		-		al to				ed)	-	Act ecked, e					npleted) (I			onnel Rotation or 10 is completed)
		AGE	ICY DI	SIGNA	TOR		2.		ST	RIKET	EAM/T	ASK F	ORCE					St. Anna Control of the Control of t			
	Sta	ate	"You	r"3-Le	tter ID		3-L	etter	ID		Nu	mber			Ltr						
C		A	S	A	С		S	A	C	4	1	5	7	'	С						
					-	IDENT	ORD	er Ni		R nber				-	4.		-	DENT	EQUEST NUI	ABER	
State 3-Letter ID										3-	Letter	ID	ID	Nun	ber						
C		A	E	N	F		0	0 4	132	21					E	N	F	E	11	0	
5.	DIS	PATCI	INFO	RMATI	ON																
Incid	lent	Name	:	ING				Martin Digasi Oses			nen seene augentisse a	-	F	≀ep	orting	Locat	tion: F	PLAC	ERVILLE	FAIR	GROUNDS
To:							X	Incide	ent				omp	lex				Mob	ilization Cent	er (Not St	aging Area)
Comi	mit	ted to	Incide	nt:		Date:_	9,	/05	/20	14						_	Time (24 Hou	r): <u>1300</u>)	
Retu	rn f	rom Ir	cident	:		Date:_	ARIHOMETANA	01/2/2010/01/2015	· Production Com			AMPRICA STREET				-	Time (24 Hou	r):		
Redis	spat	tched:				Date:_	9	/12	2/20	14		No. of the Local Division in the Local Divis					Time (24 Hou	r): 170 0		

6. DIS	PATO	HED I	ROM:															
Incident	: Nam	e:	-A-A-Methicon											_	End	Date:		
				OL	D INC	DENT ORDE	R NUMBER							OLD	REQUES	TNUMBER		
	Sta	te	3-	Letter			Number	*				3-	Letter	ID	ID	Nun	nber	
										-								
7 DEC	nep/	TCHE	DINE	RMAT	lon: (START NEW!	-42 IF REDISP	ATCHE	D)									
Incident				INN											Sta	rt Date:	9/12/2	2014
				e/c	M thir	IDENT OPNE	D MIMRER							NEW		TNUMBER		
	NEW INCIDENT ORDER NUMBER NEW RI State 3-Letter ID Number 3-Letter ID														ID	Num	ber	
	С	A	В	D	С	0 (1222					В	D	С	E	42		
a. lovi	-(5) P(=	A PO EN	GO DIVI	ATION	- ST(T	EVICADER /S	ST (TF) LEADE	o (TDAI	NEEL/	WERE	EAID							
				o	verhea	d Position	r Task Force Le (ICS Title	e):								inee)	
9. SUF				Various sections (Control		POV	ADER / OVERH				Vehicle	e		License	: #:(Prov	143357 ide VIN/Serial #	79 ≢ only if license	e is unavailable)
Vehicle 1	Type:		Sedar	, [suv	Van	Pick-Up	(½ Ton) X	Othe	r (¾ Tor	n & A	(bove)	Otl	ner:	F-450		
10. PRI			WKIED V	EHICL	E ONL	7	Ending Odome	eter:						Tota	al Miles:			
11. EQI	нем	ENT R	ESOUF	ICE IN	ORM/	THON												
Apparat	us: _			III-I MANAGE			Туре:	<u></u> 1	2	3		. [5	6	7	CDF/C	DES Vehicle	
Unit #:				t alyonata international		Specialists grand naturalists	License #: _					-		G		ated GPM of m	ain oump par	nel spec. plate)
Constantina de la constantina della constantina	-	ransel submin					DISTRIBUTION:		WHITE	· Cal OF	S Fire and	dResc	ue Divis	ion, 365		r Ave Mather, C		

12. PERSON	VEL INFORI	MATION											
Number of P	ersonnel or	n Apparatu	ıs:								Docume	entation O	nly
		Name (Lo	ist, First)				Rank or Jol	Title (NOT I	CS title)		Last 4 SSN#	CDF	PCF
Smith, J	oe					Bat	talion Ch	nief		X	XXX		
Jones, J	ill					Bat	talion Ch	nief		X	XXX		
	George Williams and a section of the Control of th												
13. PERSONI	VEL INFOR	MATION - /	ACTUAL HO	OURS (SUP	PLEMENTA	L PERS F	EQUIRED TO CO	OMPLETE BO	TH "ST & OT	")			
Name (Last, First)					Rank, I	CS, or Job Title		Supp. Po	ersonnel:	Yes	No La	ist 4 of SSN#	
Date	ST Start	STEnd	ST Hrs.	OT Start	OT End	OT Hrs.	Date	STStart	ST End	ST Hrs.	OT Start	OT End	OT Hrs.
									d -				
									390				
70511.5							70-112						
TOTALS							TOTALS						

ENGINE PORTAL TO PORTAL WITH RE-DISPATCH **AND** APPROVED PERSONNEL ROTATION

	-																		
		O E S		International	Port	IERC al to I sure Secti	Porta	ıl			ITY Act ecked, e	ual	H	our	s			42) - Revision Fe X Aprvd. Personn checked, ensure Section 9 or 10	el Rotation
	0.0	AGE	VCY D	SIGN	ATOR	1 2.	1	ST	RIKET	EAM/T	ASKF	ORCE			1	THE STATE OF THE S	-		
	Sta	ate	-	-	tter ID		3-Lette	and special and com-		-	mber			Ltr					
C		A	S	A	С	S	A	C	4	1	5	7	7	C					
T 3	,				INC	IDENT O	RDERN	IUMBE	R					4.		INCI	DENT R	EQUEST NUMBER	
State 3-Letter ID Numb						mber					3-	Letter	-	ID	Number				
C		A	E	N	F		00	432	2 1					Ε	N	F	E	110	
5. 1	ojje	PATCI	HINFO	RMAT	ION														
Incid	ent	Name	e:	KING							-	F	Rep	orting	g Loca	tion: F	PLACE	RVILLE FAIRGRO	UNDS
To:						X	Incid	lent				Comp	lex				Mobi	lization Center (Not Staging	(Area)
Comr	nit	ted to	Incide	nt:		Date:	9/0	5/20	14						_	Time (24 Hour): <u>1300</u>	
Retui	n f	rom Ir	ciden	t:		Date:	Typestalogical	***************************************								Time (24 Hour);	Provincial Control of the Control of
Redis	pat	tched:				Date:	9/1	2/20	014							Time (24 Hour): 1700	

6. DISPATCH	ED FROM:							
Incident Name:					_	End D	Date:	
	OLDING	IDENT ORDER NUMBER			OLD	REQUEST	NUMBER	
State		Number	3	-Letter	ID	ID	Number	
							minute stocking the second control of the control o	
7. REDISPAR	HED INFORMATION:	(START NEW F-42 IF REDISPATCHED)						
Incident Name:	PINNACLI	ES				Start	Date: 9/12/20	014
	NEW IN	CIDENT ORDER NUMBER			NEW	REQUEST	NUMBER	
State		Number	3	-Letter	ID	ID	Number	
C	A B D C	001222	В	D	C	E	42	
8. OVERHEAD	INFORMATION - STO	(F) LEADER / ST (TF) LEADER (TRAINEE) / OV	ERHEAD					
	Overhe	eam Leader or Task Force Leader ad Position (ICS Title):					ader (Trainee)	
9. SUPPORT	/EHICLE INFORMATIO	N-ST(TF) LEADER / OVERHEAD / SUPPORT	VEHICLE					
Vehicle Owners	hip: Agency	POV Rental CDF	/ OES Vehicle	1	Licens	e #:(Provide	e VIN/Serial # only if license	is unavailable)
Vehicle Type:	Sedan SU\	Van Pick-Up (½ Ton)	Other (¾ Ton &	Above)	Ot	her:		
10. PRIVATELY Beginning Odomete	OWNED VEHICLE ON	Ending Odometer:			Tot	al Miles:		
11. EQUIPMEN	IT RESOURCE INFORM	ATION						
Apparatus:	NGINE	Type:	X 3	5	6	7	CDF / OES Vehicle	
Unit #:5		License #: 15556	61		c	6PM:5	00 ed GPM of main pump pane	el spec. plate)
		DISTRIBUTION: WHITE:	Cal OFS Fire and Re	scue Divis	ion 365	and the same of th	ve Mather, CA 95655 (916) 8	AND REAL PROPERTY AND ADDRESS OF THE PARTY AND

12. PERSONN	iel infori	MATION										19-19			
Number of Pe	ersonnel on	Apparatu	s: <u>4</u>							Documentation Only					
		Name (Lo	ist, First)	2			Rank or Job	Title (NOT IC		Last 4 SSN#	CDF	PCF			
Smith, Ji	im					Сар	tain				XXXX				
(1) Smi	th Sue					Eng	ineer				XXXX				
(2) Stor	ne Stev	ve			****	Fire	fighter				XXXX				
(3) Star	Georg	е				Fire	efighter				XXXX				
(1) Jone	s Kath	V				Eng	ineer				XXXX				
(2) Shan							fighter				XXXX				
(3) Woo	d Bren	t				Fire	fighter				XXXX				
13, PERSONN	EL INFOR	AATION - A	CTUAL HO	URS (SUP)				MPLETE BO	TH "ST & OT	")	.				
Name (Last, First)					kank, i	CS, or Job Title		Supp. Pe	Yes	Yes No Last 4 of SSN#					
Date	ST Start	STEnd	ST Hrs.	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	STH	: OT Start	OT End	OT Hrs.		
										12:33					
									A AN						
TOTALS							TOTALS								

	real techniques passage time TPC							
14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIV	Date/Time							
9-5-12 -2014 Assigned	9-9 1430 Vehicle damage, Comp							
9-12 @ 1400 Approved personnel rotation	Claims on file with incident Finance &							
9-12 @ 1700 Reassigned to the Pinnacles	OES AREP							
Incident								
15. COMPENSATION CLAIMS	16. SUPPLY NUMBER							
Comp. Claims: Yes No	s#: 1492							
17. RESPONDING AGENCY INFORMATION								
DOD / Tribal: Yes No Agency/Department Name YOUF	R DEPT Name							
Signature	Title Battalion Chief							
Print Name	"Your" Phone #							
18. INCIDENT INFORMATION								
CDF X USFS BLM NPS BIA	FWS Other:							
Signature of Authorized Incident Personnel (REQUIRED) REQUIRED !!	ICS Position/Title							
Printed Name	FSC, ICT, IBA							
OES Representative (If assigned) IF AT THE INCIDENT	Date Date							
	DENROD: Responding Agency Form OES F-142 (Rev. Feb/2015							

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

OVERHEAD PORTAL TO PORTAL ONE INCIDENT

-	Santa Santania												No.							
		O E S		100000000000000000000000000000000000000	Port	IERG al to P	orta	1			Act	ua	H	our	S	OE		-42) - Revision Fell Aprvd. Personn f checked, ensure Section 9 or 10	el Rotation	
-	1.	AGEN	ICY DE	SIGN	TOR	2.		ST	RIKETI	AM/T	ASKF	ORC	E		Ī		ALE DIONAL			
State "Your" 3-Letter ID 3-Letter ID										Number Ltr										
	С	A	F	0	L	0	V	E	R	Н	E		4	D						
	3.			1.0	INC	DENT OF	DERN	UMBE	R					4.		INCII	ENT R	EQUEST NUMBER		
	St	ate	3-	Letter	ID			Nur	nber	3-Letter ID						-	ID	Number		
	C	A	E	N	F		00	432	1					E	N	F	0	123		
	, DI	PATCH	INFO	RMAT	ON															
li	nciden	t Name	:	KING			*************		- The special contraction of the same of t		-		Rep	orting	Locat	ion:	ORI	ESTHILL ICP		
To: X Incident											Com						ilization Center (Not Staging	Area)		
Committed to Incident: Date: 9/2/14								Time (24 Hour): 0500												
R	eturn i	rom In	cident	::		Date:	/17	/14			Time (24 Hour): 2200									
Redispatched: Date:														Time (24 Hour):						

6. DISPATCHED	FROM:					
Incident Name:				End [Date:	
	OLD INCI	DENT ORDER NUMBER	OLD	REQUEST	NUMBER	
State	3-Letter ID	Number	3-Letter ID	ID	Number	
7. REDISPATCHE	D INFORMATION: (START NEW F-42 IF REDISPATCHED)				
Incident Name:				Start	Date:	
	NEW INC	DENT ORDER NUMBER	NEW	REQUEST	NUMBER	
State	3-Letter ID	Number	3-Letter ID	ID	Number	
8. OVERHEAD IN	FORMATION - SEGI	LEADER/ST (TF) LEADER (TRAINEE) / O	VERHEAD			
	Overhea	d Position (ICS Title):		sk Force Le	eader (Trainee)	
9. SUPPORT VEH	HOLEINFORMATION	- ST(TF) LEADER / OVERHEAD / SUPPORT				
Vehicle Ownership	: X Agency	POV Rental CDI	F / OES Vehicle Licens	se #: 1	.433579 e VIN/Serial # only if license is	s unavailable)
Vehicle Type:	Sedan X SUV	Van Pick-Up (½ Ton)	Other (¾ Ton & Above)	ther:		
10. PRIVATELY OV Beginning Odometer:	WNED VAHIGLEONIA	Ending Odometer:	To	tal Miles:		
11. EQUIPMENT R	ESOURCE INFORMA	TION				
Apparatus:		Type:	3 4 5 6	7	CDF / OES Vehicle	
Unit #:		License #:		GPM:		
		DISTRIBUTION: WHITE	Cal QES Fire and Rescue Division, 36		ted GPM of main pump pane ave Mather, CA 95655 (916) 8	THE RESIDENCE OF THE PARTY OF T

12. PERSON	NEL INFOR	MATION													
Number of P	ersonnel or	n Apparatu	ıs:							Documentation Only					
		Name (Lo	ast, First)				Rank or Job	Title (NOT IC	S title)		Last 4 SSN#	CDF	PCF		
Steely, D	an					Bat	talion Ch	nief			XXXX				
												十百	一		
	,,,											十一	十三		
												+	1=		
	dinamenta											- -	1=		
			***************************************									<u> </u>	14		
	VEL INFOR	MATION - /	ACTUAL HO	URS (SUP	PLEMENTA	LPERS R	EQUIRED TO CO	MPLETE BO	'H "ST & OT	")					
Name (Last, First)					kank, ii	CS, or Job Title	Supp. Personnel: Y					'es No Last 4 of SSN#			
Date	ST Start	STEnd	ST Hrs.	OT Start	OTEnd	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OTEnd	Of Hrs.		
						186 (648)									
										10.33					
- The self-produced and the self-produced an															
							***************************************		da la						
TOTALS							TOTALS								

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, D	IVISION ASSIGNMENT, DAMAGE / LOSS, E	(C,)
Date/Time	Date/Time	
9/2-28/14 Assigned	9-28 5 lb. Fire	extinguisher. Not
	available in Inciden	t Supply – S#2105
15. COMPENSATION CLAIMS	16. SUPPLY NUMBER	
Comp. Claims: X Yes No		
17. RESPONDING AGENCY INFORMATION		
DOD / Tribal: Yes No Agency/Department Name Folson	som FD	
Signature YOUR SIGNATURE	Title Battalion C	Chief (YOUR RANK)
Print Name	"Your" Phone # YOUR PHO	ONE NUMBER
18. INCIDENT INFORMATION		
CDF SUSFS BLM NPS BI	A FWS Other:	
Signature of Authorized Incident Personnel (REQUIRED) REQUIRED!!!!!	ICS Position/Title FSC, IC	CT, IBA
Printed Name FSC, ICT, IBA PRINTED NAME		Date
OES Representative (If assigned) IF ON INCIDENT		Date
PINK: Incident Finance Section G	OLDENROD: Responding Agency	Form OES F-142 (Rev. Feb/2015

OVERHEAD
NON SUPPRESSION
RENTAL VEHICLE
COMP CLAIMS
ALL HOURS REIMBURSED AT TIME
AND 1/2

	OES O
8	FIRE RESCUE
1.	AGENCY

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

	Portal	to	Portal	
--	---------------	----	---------------	--

(If checked, ensure Section 5 is completed)

X Actual Hours

(If checked, ensure Section 13 is completed)

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

1.	AGE	NCY D	esign.	ATOR			
St	ate	"You	"Your" 3-Letter ID				

2.		STF	IKE TE	AM/TA	SKF	RCE	
3-Letter ID				Ltr			
0	V	E	R	Н	E	A	D

1.		INCIDENT ORDER NUMBER								
Sta	ite	3-Letter ID		D	Number					
C	Α	E	N	F	004321					

Date:

4.	INCI	DENT REQ	UEST NUMBER
3-Lette	rID	ID	Number
FN	F	0	321

Time (24 Hour):

00000022554	BUILDING SERVICE SERVICES			CONTRACTOR AND CARROLL SERVICES
SAMOORIS.	F TERM IN ART MON. 100.	The second second	and the second second	A STATE OF THE PARTY OF THE PAR
as measured	SE MILE SERVICE	经经济股份额	THE RESIDENCE OF	MATION
	田 アミタレト ほご	N 62 500 N 50	E ENGLES EXPERT	CHARLES AND THE ROLL OF
BUILDING	COMPANY OF THE PARTY OF	\$1000 AMERICAN STREET	KENDER DER FERNE	REPART FIELD OF STREET

Redispatched:

Incident Name: KING		Reporting Location:	Reporting Location: PLACERVILLE FAIRGROUNDS				
To: Committed to Incident:	Incident 9/5/14		Mobilization Center (Not Staging Area) 4 Hour):1300				
Return from Incident:	Date: 9/12/14		4 Hour): 1700				

6. DISPATCHED	ROM:					
Incident Name:				End I	Date:	
	OLDING	DENT ORDER NUMBER	OLD OLD	REQUEST	NUMBER	
State	3-Letter ID	Number	3-Letter ID	ID	Number	
7. REDISPATCHE	D INFORMATION: (S	TART NEW F-42 IF REDISPATCHED)				
Incident Name:				Start	Date:	
	NEW INC	DENT ORDER NUMBER	NEW	REQUEST	NUMBER	
State	3-Letter ID	Number	3-Letter ID	iD	Number	
	Overhead	am Leader or Task Force Leader d Position (ICS Title):	Strike Team Leader or Ta	sk Force Le	eader (Trainee)	
Vehicle Ownership				se #:	NT123 Ie VIN/Serial # only if license is	s unavailable)
Vehicle Type:	Sedan X SUV	Van Pick-Up (½ Ton)	Other (¾ Ton & Above) O	ther:		
10. PRIVATELY OV Beginning Odometer:	VNED VERICLE ONLY	Ending Odometer:	To	otal Miles:		
11. EQUIPMENT R	ESOURCE INFORMA	TION				
Apparatus:		Type:	3 4 5 6	7 [CDF / OES Vehicle	
Unit #:		License #:		GPM:	ted GPM of main pump panel	I spec. plate)
		DISTRIBUTION: WHIT	E: Cal QES Fire and Rescue Division. 36	was represented to the local designation of th		Committee and in the committee of the co

12. PERSONN	EL INFORI	NATION											Sales of Park
Number of Pe	rsonnel on	Apparatus	5:								Docume	ntation On	ly
		Name (La	st, First)				Rank or Job	Title (NOT IC	S title)		Last 4 SSN#	CDF	PCF
					•								

							A						
			8, 7, 11 / 2 / 11 / 11 / 12 / 11 / 11 / 12 / 11 / 11 / 12 / 11 / 11 / 12 / 11 / 11 / 12 / 11 / 11 / 12 / 11 / 1									TI	
13. PERSONN	ELINFORM	ATION - A	CTUAL HO	URS (SUP	PLÉMENTA	L PERSR	EQUIRED TO CO	MPLETE BOI	'H "ST & OT	")			
Name (Last, First)	Suppr	ession	. Non		Rank, I	CS, or Job Title	INDI	Supp. Pe	rsonnel:	Yes	No Las	t 4 of SSN #	2222
Date	STStart	STEnd	ST Hrs.	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OTEnd	Of Hrs.
3/28/15	1700	2200	_5_										
3/29/15	0600	2200	16										
3/30/15	0600	2200	16			128, 1613							
3/31/15	0600	2200	16										
4/01/15	0600	1200	6										
									Tall the second				
TOTALS			59			-	TOTALS						

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIV	ISION ASSIGNMENT	, DAMAGE / LOSS, ETC.)
Date/Time	Date/Time	
9-7-14 Vehicle damage, incident	9-5-14	Rental vehicle approved on
related. Comp Claims on file at incident.	Resourc	e Order
OES AREP coordinated.		
15. COMPENSATION CLAIMS	16. SUPPLY NUI	MBER
Comp. Claims: Yes No	s#:111	
17. RESPONDING AGENCY INFORMATION		
DOD / Tribal: Yes No Agency/Department Name Murp	hy's FD	
Signature YOUR SIGNATURE	Title	(YOUR RANK)
Print Name	"Your" Phone #	YOUR PHONE NUMBER
18. INCIDENT INFORMATION		
CDF SUSFS BLM NPS BIA	FWS	Other:
Signature of Authorized Incident Personnel (REQUIRED) REQUIRED!!!!!	ICS Position/Title	FSC, ICT, IBA
Printed Name FSC, ICT, IBA PRINTED NAME		Date
OES Representative (If assigned) IF ON INCIDENT		Date
PINK: Incident Finance Section GOL	gency Form OES F-142 (Rev. Feb/2015	

OVERHEAD SUPPLEMENTAL PRIVATELY OWNED VEHICLE (POV) NO COMP CLAIMS

/	SPICE OF EMPRESS
	OHS
1	FIRE
1	Actaicy :

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

	Portal to Portal
(If che	ecked, ensure Section 5 is completed)

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

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

State	"You	"Your" 3-Letter ID				

2.		STF	IKE TE	AM/TA	SKF	RCE	
3-Letter ID				Ltr			
0	V	E	R	Н	E	A	D

3.				INCIDEN	T ORDER NUMBER
Sta	ate	3-Letter ID		ID	Number
C	A	E	N	F	004321

Date:

4.		INCH	DENT REQ	UEST NUMBER
3-	Letter	ID	ID	Number
E	N	F	0	321

Time (24 Hour):

00000002501-011	ALPROMETERS DESIGNATION			MICHEL PROPERTY.	ACCESS OF A PROPERTY.
Property of	Stephen and Artist Adv.	Annual Control of the	And in case of the last	A CONTRACTOR OF THE PARTY OF TH	
25 17 10 10 10 10 10	DISPA	化化物医生物	F0.1 E-F 5-1	体积积 化	CHARLE
DECEMBER IN		2015/2019 28:20	6.000010000	5.101.55	2.35.210

Redispatched:

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

6. DISPAT	CHED FROM	k								
Incident Nar	me:			agangkan hili kalangan kalangan an kalangan kanan kalangan kanan kalangan kanan kanan kanan kanan kanan kanan				End [Date:	
		OLD INCI	DENT ORDER	NUMBER			OLD	REQUEST	NUMBER	
St	ate	3-Letter ID		Number			etter ID	ID	Number	
7 PENISE	ATCHED IN	GRMATION: 1	TART NEW E	42 IF REDISPATCH	(ED)					
		W-1277-10-0-7-10-1						Start	Date:	
Includent Hai	IIC.		-				S.C.			
-	ate	NEW INC. 3-Letter ID	DENT ORDER	NUMBER Number		3-1-6	tter ID	REQUEST	Number	
3	late	J-Letter ID		1 4 44 5 1 1 10 4 1						
				TATELLI TELEVISIONE	ANERI / ANERIALA					
02 (1231) ENRI	************			r (TF) Leader (TR)						
		- Incomment		Task Force Leader	- Instant	ke Team Le	ader or Ta	isk Force Le	eader (Trainee)	
		Overhea	d Position	(ICS Ti	tle):	CANADA INC.				
9. SUPPO	RT VEHICLE			DER / OVERHEAD /	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	E				
Vehicle Own	ership:	Agency	POV	Rental	CDF / OES V	ehicle	Licen	se #: 1	23MRP le VIN/Serial # only if licens	se is unavailable)
Vehicle Type: Sedan SUV Van Pick-Up (½ Ton) Other (¾ Ton & Above) Other:										
		VEHICLE ONL								
Beginning Odon	neter: 1(),112		Ending Odometer:	10,545		lo	otal Miles:	433	
11. EQUIPN	JENT RESOL	IRCE INFORMA	TION							
Apparatus:				_ Type: 1	2 3	4	5 6	7 [CDF / OES Vehicl	le
Unit #:			and the same of th	License #:		ti (i raud a issuu ayruup payst soopii ra siii jaas jaads	-	GPM:	ted GPM of main pump pa	anel spec plate)
L				ICTORDITION:	WHITE: CALOESE	ire and Recou	Division 36		ive Mather CA 95655 (916	

12. PERSONN	EL INFORI	иатіон										(2) (2) (3)	
Number of Pe	rsonnel on	Apparatus	5:								Docume	entation O	nly
		Name (La	st, First)				Rank or Job Title (NOT ICS title)				Last 4 SSN#	CDF	PCF

13, PERSONN	SLINFOR	AATION - A	CTUAL H	ours (sup				MPLETE BOT	H *ST & OT	")			
Name (Last, First)	Suppl	ement	al, Sar	n	Rank, I	CS, or Job Title	INCM	Supp. Pe	rsonnel:	Yes	☐ No La	st 4 of SSN #	XXXX
Date	ST Start	STEnd	ST Hrs.	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OTEnd	OT Hrs.
9/05/14			8	2100	2200	_1_							
9/06/14	0600	1400	8	1400	2200	8							
9/07/14	0600	1400	8	1400	2200	8							
9/08/14	0600	1400	8	1400	2200	8				2		Trings.	
9/09/13	0600	1400	8	1400	2200	8							
9/10/14					2200	16							
9/11/14					2200	16							
9/12/14	0600	1400	8	1400	1700	3			e Nave				
TOTALS			48			68	TOTALS						

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVIS	ON ASSIGNMENT, DAMAGE / LOSS, ETC.)
Date/Time	Date/Time
15. COMPENSATION CLAIMS	16. SUPPLY NUMBER
Comp. Claims: Yes No	S#:
17. RESPONDING AGENCY INFORMATION	
DOD / Tribal: Yes No Agency/Department Name Murph	y's FD
Signature YOUR SIGNATURE	Title (YOUR DEPARTMENT RANK)
Print Name	"Your" Phone # YOUR PHONE NUMBER
18. INCIDENT INFORMATION	
CDF SUSFS BLM NPS BIA	FWS Other:
Signature of Authorized Incident Personnel (REQUIRED) REQUIRED!!!!!	ICS Position/Title FSC, ICT, IBA
Printed Name FSC, ICT, IBA PRINTED NAME	Date
OES Representative (If assigned) IF ON INCIDENT	Date

