

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

XMY Leadership

- Brennan Blue– OAC
 - Unit Chief, San Benito Monterey
- Ron Lemos– 1st Alternate
 - Division Chief, Monterey Regional FPD
- Brett Loomis– 2nd Alternate
 - Battalion Chief, Salinas FD

XBE Leadership

- Brennan Blue– OAC
 - Unit Chief, San Benito Monterey

XSF Leadership

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

XSM Leadership

- Ron Myers– OAC
 - Fire Chief, North County FA
- Geoff Balton– 1st Alternate
 - Fire Chief, Colma FPD
- Daniel Ghiorso– 2nd Alternate
 - Fire Chief, Woodside FPD

XSC Leadership

- Ken Kehmna– OAC
 - Fire Chief, Santa Clara FPD
- Steve 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 for!

AGREEMENTS

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

AGREEMENTS

- Master Mutual Aid (MMA)

Signatory agencies expect no reimbursement

- California Fire Assistance Agreement (CFAA)

Typically involves reimbursement (after 12 hours)

- Local Forest Agreement (LFA)

Whatever you agreed to

Agreements

State Fire and Rescue Resource Mutual Aid Guidelines Document

- Applies to CAL FIRE resource only
- Closest resource for Fixed Winged Aircraft
 - Closest Fixed Winged Resource may not be CAL FIRE. If Fed Resource, you will pay for it

KNOW WHERE TO FIND THE CORRECT FINANCIAL CODE.

RESOURCE ORDER		Initial Date/Time		2. Incident / Project Name				3. Incident / Project Order Number CA-ENF-000123				Financial Codes PSABC1 (0503) (P) CFAA - CA FIRE ASSIST AGR CFMA - CA COOP FIRE MGMT AGR IFA - LOCAL FOREST AGR					
EQUIPMENT		03/25/14 1439		SODA				4. Office Reference Number				5. Jurisdiction / Agency Eldorado National Forest					
5. Descriptive Location SODA				6. TWN		RNG		SEC		Base MDM		8. Incident Base / Phone Number Camino ICC (AEU) 530-647-5220 CA-CICC (Dispatch) Camino ICC (ENF) 530-642-5170 CA-CICC (Dispatch) Camino ICC (AEU) 530-647-5220					
				10N		16E		18		Mt. Diablo, CA		10. Ordering Office Camino Interagency ECC					
				LAT. 38 42 56 N													
				LONG. 120 14 56 W													
11. Aircraft Information																	
Bearing	Distance	VOR	Contact Name				Frequency Type			Assigned Frequency		Reload Base		Other Aircraft / Hazards			
73	24	HNW					Command			171.525 (Receive)		MEV					
160	28	SWR					Air to Ground			167.5000 R5 AG-3 (P)		Q22					
24	52	LIN					Air Tactics			Air Tactics 30 162.7500 (P)		G00					
							Air to Air			127.325 Victor		RT5					
							Tactical			168.2000 NIFC Tac 2		SCK					
							Command			169.950 (Transmit, Tone 5, 4, 6, or 2)		STS					
12. Request Details																	
Request Number	Ordered Date/Time	From	To	Qty	Resource Requested	Needed Date/Time	Deliver To	From Unit	To Unit	Assigned Date/Time	Resource Assigned Unit ID	Resource Assigned	M/D Ind	Estimated Time Of Departure	Estimated Time Of Arrival	Released Date	Released To
E-1	04/01/14 0932 PST	CA-CICC (Dispatch) Camino ICC (ENF) 530-642-5	CA-CICC	1	Engine, Strike Team, Type 1	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)
Travel Mode		170		Financial Code CFAA - CA FIRE ASSIST AGR		Special Needs ORDERED UNDER CFAA						Reporting Instructions REPORT TO ICP, PACIFIC RANGER DISTRICT OFFICE					
13. User Documentation																	
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		

THIS IS HOW YOU WILL BE REIMBURSED

SODA	CA-ENF-000123
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1. Agency Use Only	Initial Date/Time	2. Incident / Project Name				3. Incident / Project Order Number	Financial Codes
EQUIPMENT	07/08/13 1242	KYBURZ				CA-ENF-016230	PSH PW2 (D503) [P] CFMA - C.A. COOP FIRE MGMT ADR
5. Describe the Location 100 Placerulle Dr., Placerulle, CA 95667 - Hwy 50 to Placerulle Dr., Follow Placerulle drive for approx. 1 mi., and location will be on right		6. Type	RBO	Zone	Area Name	4. Office Reference Number	8. Jurisdiction / Agency
		11N	15E	28	Mt. Diablo, CA		Eldorado National Forest
		LAT. 38 46 29 N				10. Incident Name / Phase Number Expanded Supervisor 530-647-5216 Camino ICC (AEU) 530-647-5220 Incident Email KYBURZ2013@gmail.com Expanded Equipment 530-647-5265 Expanded Crews 530-647-5268 Brian Baker 530-283-7836 Belly Hdder 530-647-5273 CA-C ICC (Dispatch) Camino ICC (ENF) 530-642-6170 TRACY VALENTINE 916-342-0936 Expanded Outhead 530-647-5268 Expanded Supplies 530-647-5273 Expanded Cal Fire 530-647-5263 TRACY VALENTINE 916-342-0936	
		LONG. 120 17 51 W				16. Billing Office Camino Interagency EOC	

11. Aerial Information						
Seq#	Altitude	WPR	Control Name	Frequency Type	Assigned Frequency	Related Name
63	21	HMW	INCIDENT AIR TO GRD	Air to Ground	168.7375(n) 168.7375 (k) 000.00	M EV
165	24	SWR	R-5 TAC 5	Tactical	167.1125(n) 167.1125 (k) 000.00	GO 0
65	52	MCC	MFC COMMAND 1	Command	168.7000(n) 170.9750 (k) 110.50	O 22
			INCIDENT VICTOR	Air to Air	120.525(n) 120.525 (k) 000.00	RTS
			MFC TAC 3	Tactical	168.6000(n) 168.6000 (k) 000.00	SO K
			INCIDENT AIR TACTICS	Air Tactics	168.5000(n) 168.5000 (k) 000.00	STS

12. Request Number	Original Date/Time	From	To	Qty	Resource Requested	Needed Date/Time	Release To	From Unit	To Unit	Assigned Date/Time	Resource Assigned Unit	Resource Assigned	MIP Ind	Released Time Of Departure	Released Time Of Arrival	Released Date	Released To
IR-1	07/08/13 1306 PST	Camino ICC (AEU) 530-647-5220	CA-CICC	1	Engine, Type 1	07/08/13 1247 PST	13642 HY 50 / 11500 KYBURZ DR ,KYBURZ	CA-CICC	CA-CICC	07/08/13 1306 PST	CA-BC F	ENGINE-T1-17	0	07/08/13 2202 PST	07/08/13 2203 PST	07/08/13 2202 PST	El Dorado County Fire Protection District (CA-BC F)
Trial Mode		Financial Code		Special Needs			Reporting Instructions										
IR-2	07/08/13 1306 PST	Camino ICC (AEU) 530-647-5220	CA-CICC	1	Engine, Type 1	07/08/13 1242 PST	13642 HY 50 / 11500 KYBURZ DR ,KYBURZ	CA-CICC	CA-CICC	07/08/13 1306 PST	CA-BC F	ENGINE-T1-21	0	07/08/13 2215 PST	07/08/13 2216 PST	07/08/13 2215 PST	El Dorado County Fire Protection District (CA-BC F)
Trial Mode		Financial Code		Special Needs			Reporting Instructions										

Will be reimbursed with FSLA-5 not F-42

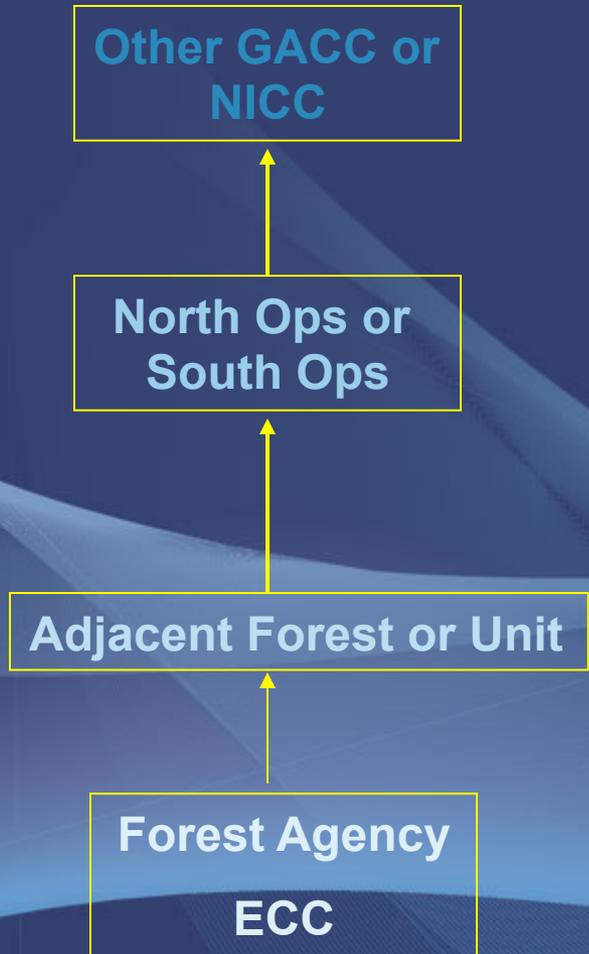
KYBURZ	CA-ENF-016230
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RESOURCE ORDER		Initial Date/Time		2. Incident / Project Name COLD CREEK				3. Incident / Project Order Number CA-TMU-024444				Financial Codes PSHHI (0519) [P] MMA - MASTER MUTUAL AID						
EQUIPMENT		04/01/14 0956		6. TWIN				4. Office Reference Number				9. Jurisdiction / Agency Lake Tahoe Basin Management Unit						
5. Descriptive Location COLD CREEK		RNG		SEC		Base MDM		8. Incident Base / Phone Number CA-CICC (Dispatch) Camino ICC (ENF) 530-642-5170 CA-CICC (Dispatch) Camino ICC (ABU) 530-647-5220				10. Ordering Office Camino Interagency ECC						
		10N		23E		21		ML Diablo, NV										
		LAT. 38 42 52 N		LONG. 119 24 42 W														
11. Aircraft Information																		
Bearing	Distance	VOR	Contact Name	Frequency Type	Assigned Frequency	Reload Base	Other Aircraft / Hazards											
111	49	SWR		Air to Ground	167.5000 R5 AG-3 (P)	MEV												
152	50	FMG		Air to Air	127.325 Victor	RTS												
186	52	HZN		Tactical	154.2650 VFire 22	O22												
				Air Tactics	Air Tactics 44 168.8375 (P)	GOO												
				Command	171.575 (Transmit, Tone 3, 6, or 1)	SCK												
				Command	172.375 (Receive)	STS												
12. Request Number	Ordered Date/Time	From	To	Qty	Resource Requested	Needed Date/Time	Deliver To	From Unit	To Unit	Assigned Date/Time	Resource Assigned Unit ID	Resource Assigned	M/D Ind	Estimated Time Of Departure	Estimated Time Of Arrival	Released Date	Released To	
E-1	04/01/14 1003 PST	CA-CICC (Dispatch) Camino ICC (ENF) 530-642-5170	CA-CICC	1	Engine, Strike Team, Type 1	04/01/14 1000 PST	COLD CREEK					Pending						
Travel Mode		Financial Code MMA - MASTER MUTUAL AID		Special Needs UNIFIED COMMAND WITH SOUTH LAKE TAHOE FIRE STRIKE TEAM ORDERED THROUGH SLT VIA LAKE TAHOE REGIONAL CHIEFS AGREEMENT				Reporting Instructions ICP - HEAVENLY SKI RESORT, CALIFORNIA LODGE										
13. User Documentation																		
Req. No.		Documentation												Entered By				

No reimbursement

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

FOREST AGENCY COMMAND & CONTROL ORDERING SYSTEM



CALIFORNIA FIRE & RESCUE MUTUAL AID SYSTEM



CALIFORNIA FIRE & RESCUE MUTUAL AID SYSTEM

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

Cal OES Fire & Rescue

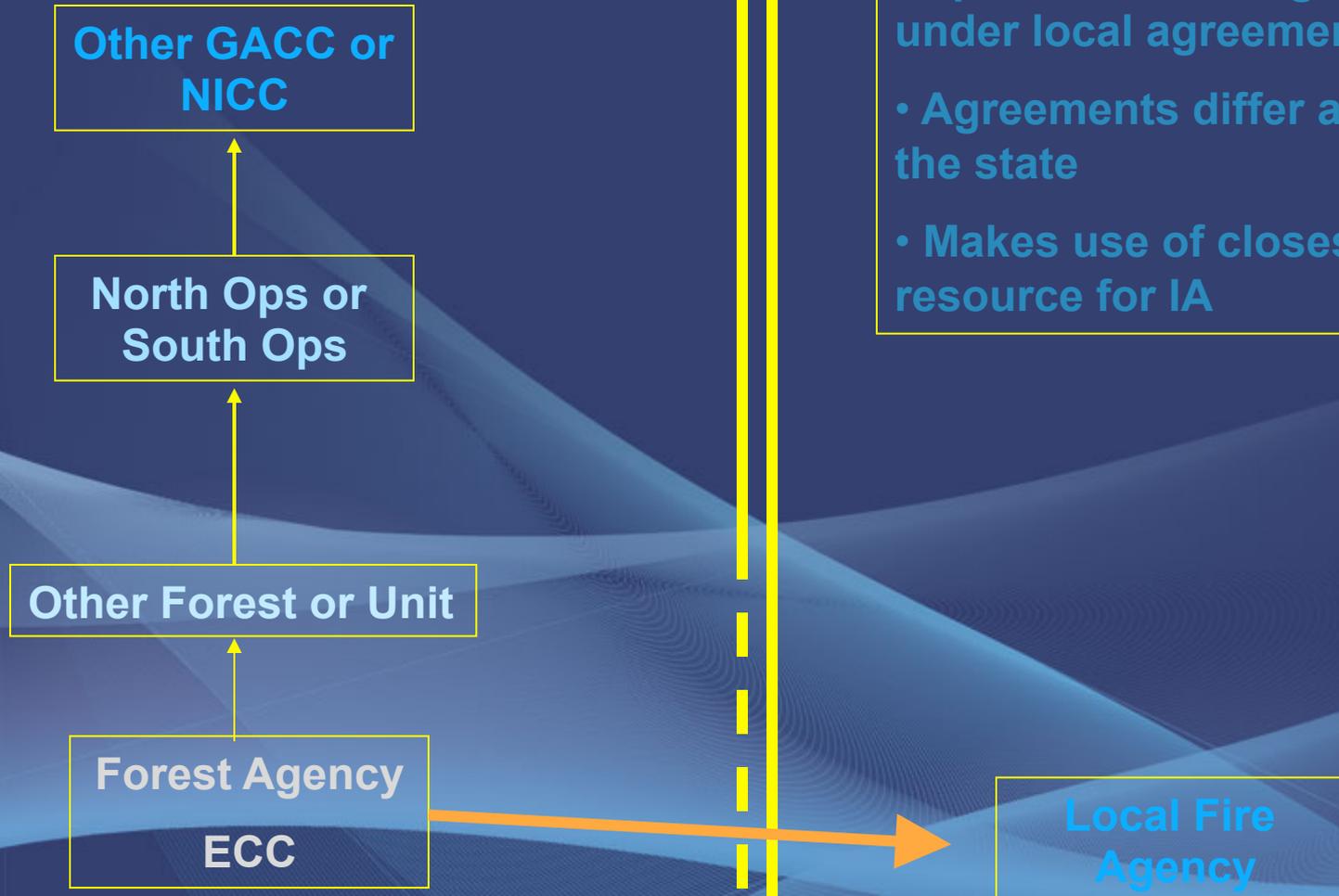
Regional Command Center

Operational Area Command Center

Local Fire Agency



FOREST AGENCY COMMAND & CONTROL ORDERING SYSTEM

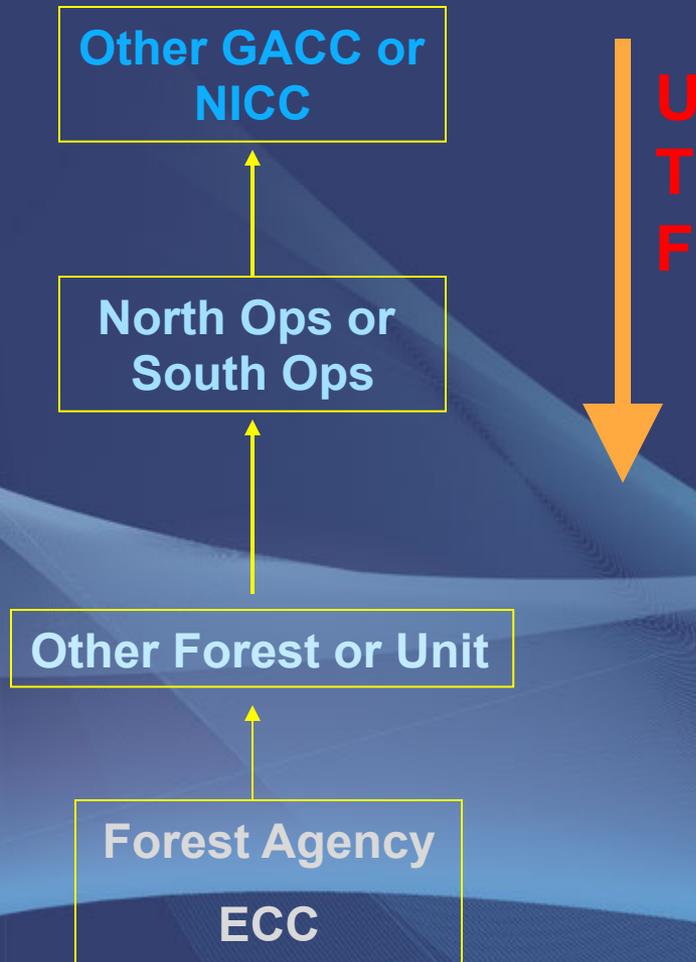


Forest agency can make requests to local agency under local agreements

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

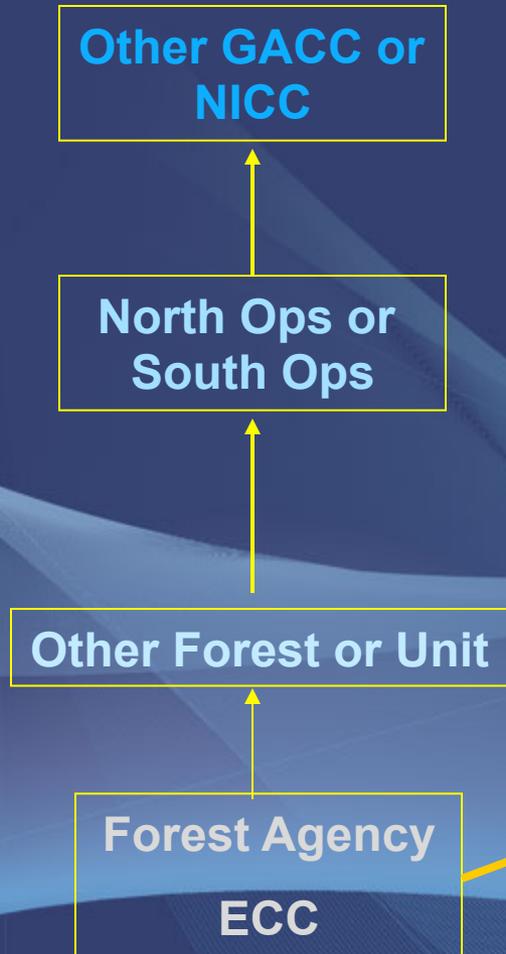
Local Fire Agency

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



CALIFORNIA FIRE & RESCUE MUTUAL AID SYSTEM

CA MOB GUIDE Mutual Aid: All requests for mutual aid resources begins at the local agency and are made to their respective Fire & Rescue Operational Area Coordinator....



California Fire Assistance Agreement (CFAA)



- USFS
- Cal OES



- NPS
- CALFIRE



- BLM
- USFW



- BIA



CA Fire Assistance Agreement

- Reimbursement Rates
 - Salary Survey data, to update go to www.caloes.ca.gov. Download document & mail in. (NEW in 2016-ALL AGENCIES MUST SIGN A SALARY SURVEY EVEN IF USING BASE RATES)
 - Base Rates
 - FF: \$19.46 hour ST - \$29.19 hour OT
 - STL: \$23.91 hour ST - \$35.87 hour OT
 - Unemployment, workers' compensation
 - Administrative rate 10%

Personnel Base Rates: These rates **ONLY** apply if your agency does **NOT** have rates on file.

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

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

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

Apparatus Rates:

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

<u>GPM</u>	<u>Hourly</u>
0001-1000	\$80.00
1001-1250	\$85.00
1251-1500	\$91.00
1501-2000+	\$93.50

Support Equipment Rates:

Government Owned Vehicles:

Sedan	\$47.00 per day
Pickup	\$86.00 per day
Van	\$109.00 per day
SUV	\$96.00 per day
Other	\$96.00 per day (3/4 ton & above)

Privately Owned Vehicles:

\$0.54 per mile

Use AOV whenever possible!

CA Fire Assistance Agreement



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

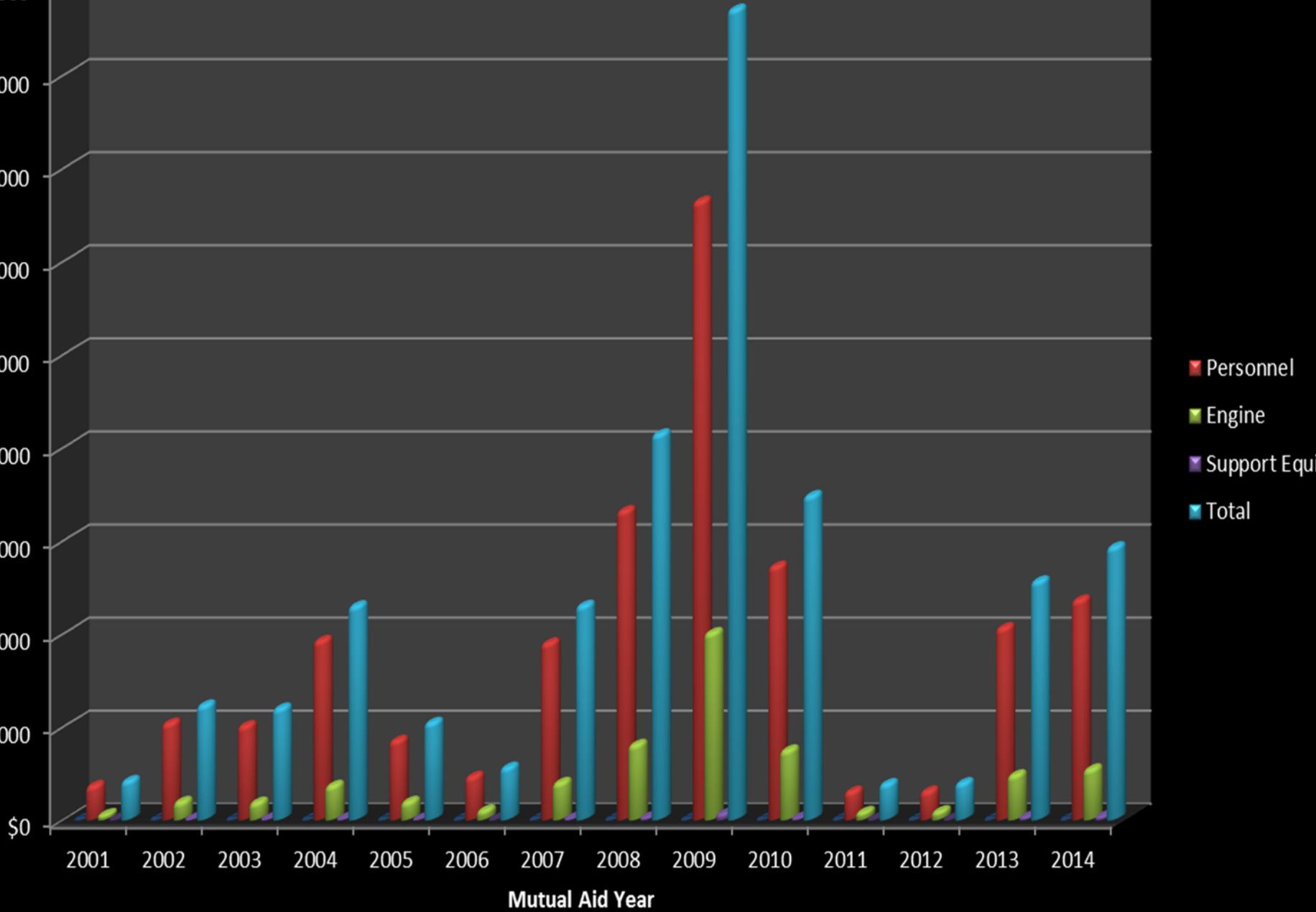


DOI Agencies pursuing going back to a free period in 2016
System is designed to make your agency “whole”



How much does this cost?

- A typical type 1 engine strike team runs from \$25,000 to \$40,000 per 24 hour period.
- The F-42 is the pay document for this revenue to your department.



SOME THINGS TO KNOW ABOUT THE CFAA

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

SOME THINGS TO KNOW ABOUT THE CFAA

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

SOME THINGS TO KNOW ABOUT THE CFAA

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

SOME THINGS TO KNOW ABOUT THE CFAA

- The Incident Commander or MOB Center Manager to which the resources are assigned must approve the personnel rotation and method of transportation. Such approval should not be denied without substantial cause. (Imminent planned release 24-36 hours or a negotiated extension through the **OES AREP**).
- Must be documented on a ICS-213, signed by the IC through the OES AREP.

PERSONNEL ROTATIONS

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

PERSONNEL ROTATIONS

- Approved rotations without a vehicle will not require a subordinate number (unless the STEN or Trainee are rotating)
- Personnel rotations that are done without a subordinate number will not be reimbursed for their vehicle
- F-42s must be clear and complete when documenting rotations
- Identify outgoing and incoming with numbers.

Personnel Rotation Issues

- Unapproved rotations involving change in ranks on engine are not documented by date/time
- Change in number of personnel on engine
- Personnel changes not completed and you mobilize to another incident

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

(Personnel Rotations are reimbursement and accountability issues)

RESOURCE ROTATION – GENERAL MESSAGE

1. Incident Name:		<table border="1" style="font-size: 8px; margin: auto;"> <tr> <td style="text-align: center;">Incident Order Number</td> <td style="text-align: center;">State</td> <td style="text-align: center;">3 Letter I.D.</td> <td style="text-align: center;">Number</td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Incident Order Number	State	3 Letter I.D.	Number				
Incident Order Number	State	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 #: _____ First Day Worked on Incident: _____										
4. Subject:		5. Date:								
Local Government / OES Personnel Rotation		6. Time:								
7. Message:										
Requested Crew Rotation Vehicle: <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="width: 100px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="width: 100px; height: 20px;"></td></tr> </table> <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="width: 100px; height: 20px;"></td></tr> </table>										
Incoming Crew anticipated travel: <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="width: 100px; height: 20px;"></td></tr> </table> ➔ <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="width: 100px; height: 20px;"></td></tr> </table>										
Outgoing Crew anticipated return travel: <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="width: 100px; height: 20px;"></td></tr> </table> ➔ <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="width: 100px; height: 20px;"></td></tr> </table>										
Notes:										
Instructions to Expanded Dispatch: Using the Original Resource request number, create a Subordinate Request for the vehicle being used for the crew rotation based upon the dates and times listed above. Email the Subordinate Request Resource Order to: gary.humphrey@caloes.ca.gov ; oes5264@gmail.com										
8. Incident Approval:										
Approved: <input type="checkbox"/> Name: _____ Signature: _____ Position: _____										
9. Expanded Dispatch Reply:										
Subordinate Order # <table border="1" style="display: inline-table; width: 150px; height: 40px; margin-left: 20px;"></table>										
10. Replied by:										
Name: _____ Position: _____ Signature: _____ Date/Time: _____										

CURRENTLY USED
IN REGION IV

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

GENERAL MESSAGE

TO: GARY HUMPHREY	POSITION REG. IN OPS CHIEF
FROM TIM MOYLES & DAVE PRUITT	POSITION FEWT & FEWA
SUBJECT EXTENSION	DATE 9-30-19

MESSAGE:

ASKED BY MEDL BARRY HUNTER IF WE WOULD BE WILLING TO EXTEND. CONTACTED CHIEF EDWARDS SFD, AND WERE GRANTED PERMISSION TO EXTEND. INFORMED MEDL HUNTER OF THIS, AND WERE EXTENDED -

7 day extension from 9/30

SIGNATURE/POSITION

Tim Moyal FEWT / Dave Pruitt FEWA

REPLY

Received Gary Humphrey 9/30

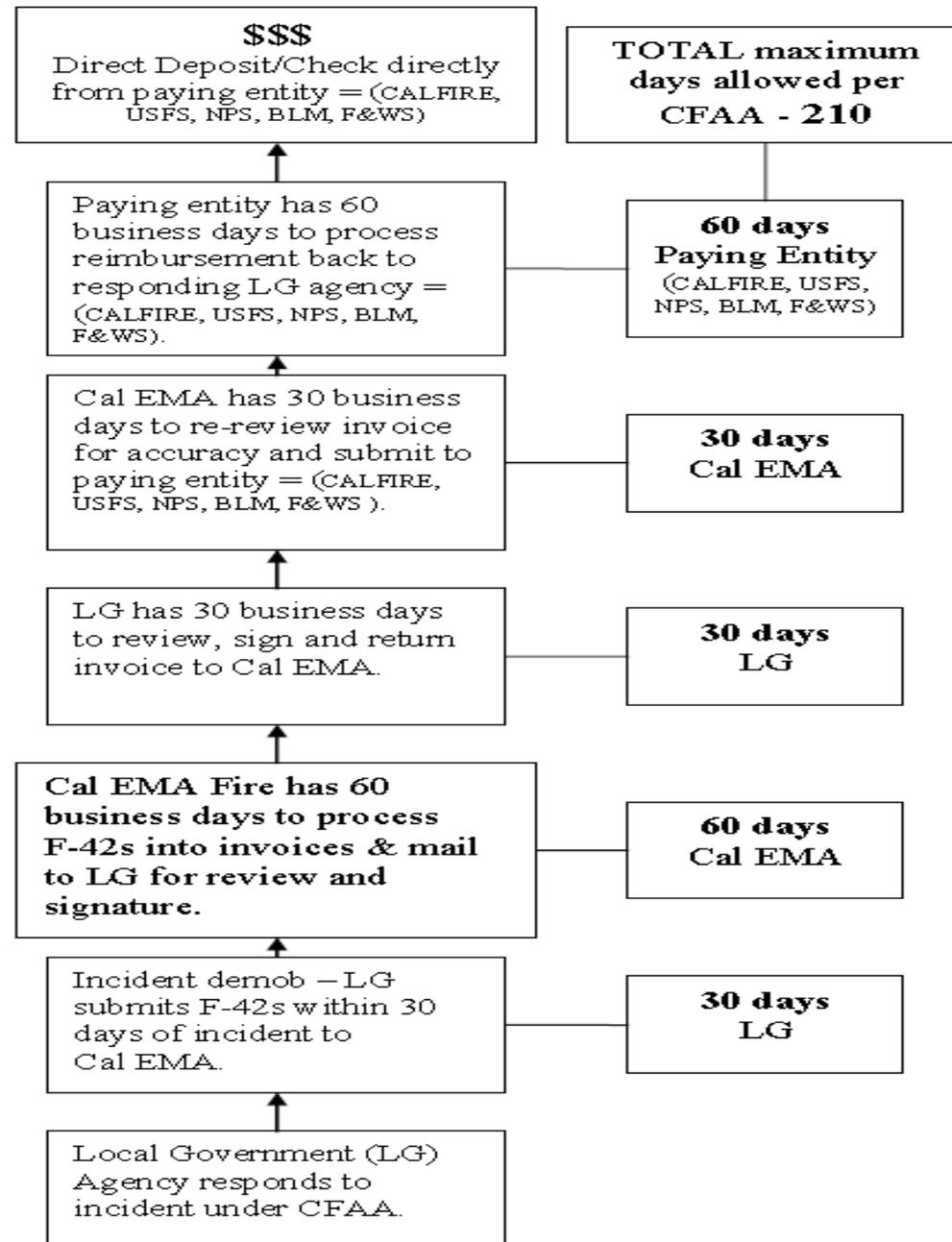
F-42 TIPS

- Terms to **AVOID**:
 - Structure protection
 - Crew swap
 - Unassigned
 - Rest period
- Terms to **USE**:
 - Personnel Rotation
 - Assigned
 - Re-assigned
 - Demobilized
 - Structure Defense
 - Almost any term used in the IAP



California Fire Assistance Agreement Time Lines

TIME LINES FOR REIMBURSEMENT IF THERE ARE NO ISSUES.



IMT TRAVEL EXPENSES

- Team member expectations

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

- Expenses incurred prior to approval are an issue

Conflict between what the Local Agreement allows and what CFAA allows

- Cal OES Travel Expense Claim (TEC) form required

Exhibit G (out of state) and H (in state)

TRAVEL REIMBURSEMENT – GENERAL MESSAGE

1. Incident Name: _____

Incident Order Number: State: 3 Letter I.D.: Number:

2. To (Name and Position): _____

3. From:

Name: _____ Position: _____ Phone: (____) _____ - _____

Request #: Strike Team ID: Strike Team Number:

Agency Requesting Reimbursement: _____

4. Subject: **5. Date:** _____
6. Time: _____

Travel Reimbursement per CFAA Exhibit A; Clauses A-33 and A-35; Exhibit H

7. Message:

Travel Direction

To the Incident <input type="checkbox"/>	From the Incident <input type="checkbox"/>		# of Rooms:
		Agency ID: <input type="text"/> <input type="text"/> <input type="text"/>	Name: _____ <input type="checkbox"/>
		Agency ID: <input type="text"/> <input type="text"/> <input type="text"/>	Name: _____ <input type="checkbox"/>
Travel Date: _____	Travel Date: _____	Agency ID: <input type="text"/> <input type="text"/> <input type="text"/>	Engine¹ #: _____ <input type="checkbox"/>
		Agency ID: <input type="text"/> <input type="text"/> <input type="text"/>	Engine² #: _____ <input type="checkbox"/>
		Agency ID: <input type="text"/> <input type="text"/> <input type="text"/>	Engine³ #: _____ <input type="checkbox"/>
		Agency ID: <input type="text"/> <input type="text"/> <input type="text"/>	Engine⁴ #: _____ <input type="checkbox"/>
		Agency ID: <input type="text"/> <input type="text"/> <input type="text"/>	Engine⁵ #: _____ <input type="checkbox"/>
			Total # of Rooms Requested: <input style="width: 50px;" type="text"/>

Reimbursements Requested

LODGING <input type="checkbox"/>	FUEL <input type="checkbox"/>	MEALS <input type="checkbox"/>
-------------------------------------	----------------------------------	-----------------------------------

Notes: _____

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

8. Incident Approval (IC/FSC1):

Approved: Name: _____ Signature: _____ Position: _____

9. Expanded Dispatch Reply:

S #s

STEN	<input type="text"/>	Engine¹ #:	<input type="text"/>
STEN (t)	<input type="text"/>	Engine² #:	<input type="text"/>
		Engine³ #:	<input type="text"/>
		Engine⁴ #:	<input type="text"/>
		Engine⁵ #:	<input type="text"/>

10. Replied by: Name: _____ Position: _____

Signature: _____ Date/Time: _____

CURRENTLY USED IN
REGION IV

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		2. Incident / Project Name				3. Incident / Project Order Number CA-LNF-003479				Financial Codes 0506 P5H94L [P] CFAA LFA - LOCAL FOREST AGR P5EK1X (0506)										
OVERHEAD		07/30/14 1811		H-1 BALD				4. Office Reference Number				9. Jurisdiction / Agency Lassen National Forest										
5. Descriptive Location 44218 A STREET MCARTHUR, CA 96056				6. TWN		RNG		SEC		Base MDM		8. Incident Base / Phone Number Richard Eubanks 530-257-5575 CA-SIFC (Dispatch) 530-257-5575 (530)257-6413 BRETT SHURR 530-252-6632 BRETT SHURR * BRETT SHURR 5303365446 Richard Eubanks 530-252-6639				10. Ordering Office Susanville Interagency ECC						
				35N		5E		13		Mt. Diablo, CA												
				LAT. 40 54 03 N																		
				LONG. 121 22 06 W																		
11. Aircraft Information																						
Bearing		Distance		VOR		Contact Name				Frequency Type				Assigned Frequency		Reload Base		Other Aircraft / Hazards				
42		48		RDD		Air Tactics On				Air Tactics				169.200		O05						
21		62		RBL		Victor				Tactical				118.575		RDD						
286		67		AHC		AIR-GRD-8				Air to Ground				166.6750 000.00		RTS						
				Ground Tactics On				Ground				168.050 T1 000.00		MCC								
				CMD FS Admin				Command				169.9500 rx 164.9128 tx 003.00										
12. Request Information																						
12. Request Number	Ordered Date/Time		From	To	Qty	Resource Requested			Needed Date/Time	Deliver To		From Unit	To Unit	Assigned Date/Time	Resource Assigned Unit ID	Resource Assigned	M/D Ind	Estimated Time Of Departure	Estimated Time Of Arrival	Released Date	Released To	
O-146	08/01/14 1827 PST		(530)257-6413	CA-SIFC	1	FIRELINE EMT (CALIFORNIA ONLY)			08/02/14 1800 PST	MCARTHUR FAIRGROUND CA-XSDC CA-SIFC S				08/01/14 2339 PST	CA-LMS	KIRK, MATT E (CA-XSDC)						
Travel Mode				Financial Code CFAA				Special Needs IMMEDIATE NEED FOR FIREFIGHTER SAFETY, 4X4 VEHICLES AND MEDICAL EQUIP, RENTAL AUTHORIZED ENTERPRISE R5 CONTRACT FOR OFF ROAD				Reporting Instructions MACARTHER FAIRGROUNDS 44218 A ST MACARTHER CA 96056										
13. User Documentation																						
Req. No.		Documentation														Entered By						
O-146		No resources avail. Need to place through OES.														Katie Shaw (CA-ONCC) 08/01/2014 1832 PST						
O-146		Per Cal OES FDO Chesmore pls have incident update with CFAA and proper CA designator for resource -Incident ordering Casey copies														Chad Stokes (CA-OESH) 08/01/2014 2036 PST						

-401-778

H-1 BALD	CA-LNF-003479
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IMT/OVERHEAD RENTAL VEHICLE

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

CIVILIAN FORMULA

- **Civilian formula concept**

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

- **Approved backfill for positions will be documented and billed on F-78**

Same concept above applies – however, the backfilled position is responsible for obtaining signature approval from his or her supervisor at the end of each shift that relates to the backfilled assignment and sent to Cal OES w/in 30 days of release. (Backfill not allowed for Supplemental employees)

CIVILIAN FORMULA

- Backfilled positions will be documented in ROSS

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

- Backfill does NOT apply to civilian positions approved for portal to portal

An F-42 will be completed to cover the portal to portal cost.

CIVILIAN MOU's

- ALL civilians must go on F-78s

With the exception of approved portal to portal

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

- MOU review process

CFAA MOU review panel for borderline language (Cal OES)

- Backfill certification

Department policy or certification required for backfill billing

OES ENGINE S/T DIFFERENCES

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



WORK / REST GUIDELINES

- To maintain safe, productive incident activities, all personnel must appropriately manage work/rest periods, assignment duration, and shift length for crews, overhead personnel, and support personnel. Plan for and ensure that crews, overhead personnel, and support personnel are provided a 2 to 1 work to rest ratio (for every 2 hours of work or travel, provide 1 hour of sleep and/or rest).
- *12 hour shift = 6 hours sleep*
- *24 hour shift = 12 hours sleep*

Incident Off-Shift Rest & Sleeping Accommodations

- The responsible Forest Agency will provide, **when practical**, shaded and/or climatically maintained accommodations for off shift sleeping, rest, and recuperation for local government resources confined to incident base.

Incident Off-Shift Rest & Sleeping Accommodations

- If the incident command finds it operationally **feasible** (i.e. Strike Team remains available), to place local government resources in a commercial sleeping accommodation, it may be provided by the forest agency.



MOBILE SLEEP TRAILERS





MOTEL GUIDELINES



- 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.





RESTAURANT/MOTEL NAME: Comfort Inn

DATE: 5/22/08 INCIDENT NAME: Summit

FIRE NUMBER: _____ INCIDENT NUMBER: CA SCU002548

CALCARD (Holder Name: Print) _____ PAGE 1 OF 2

Reference DFA Rule: 599.0220, 599.0230

NAME (Please print)	REQUEST NO	STATION/CREW #	ROOM #	SINGLE ROOM	DOUBLE ROOM	SIGNATURE
1. RANDY TITUS	E30-2	OES ST 2804A	216	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
2. STEVE Priborawski	E30-2	OES ST 2804A	216	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
3. Sam Klemek	E30-2	OES ST 2804A	114	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
4. John Reed	E30-2	OES ST 2804A	114	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
5. Carl Lemos	E30-2	OES ST 2804A	211	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
6. Eric Walker	E30-2	OES ST 2804A	211	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
7. Dennis Lollie	E30-2	OES ST 2804A	217	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
DAVID MAYFIELD	E30-2	OES ST 2804A	217	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
9. Alex Valcazar	E30-2	OES ST 2804A	218	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
10. CARL BETTE	E30-2	OES ST 2804A	218	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
11. Richard Smith	E30-2	OES ST 2804A	233	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
12. Jeff Tucker	E30-2	OES ST 2804A	233	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
13. John Rusnell	E30-2	OES ST 2804A	235	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
Kandy Sanchez	E30-2	OES ST 2804A	235	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
15. Chris Handley	E30-2	OES ST 2804A	104	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
16. Jeff James	E30-2	OES ST 2804A	104	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
17. Martin Casarez	E30-2	OES ST 2804A	203	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
18. Scott Anderson	E30-2	OES ST 2804A	203	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
19. Russ Garcia	E30-2	OES ST 2804A	223	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
MATT DUTCHER	E30-2	OES ST 2804A	223	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]

Each person occupying

rooms must sign the AO-341

Remember that you are still on the clock, representing your department and Cal OES



2110671

MOTEL / HOTEL NAME: Red Lion

DATE: 7-19-14 INCIDENT NAME: BULLY

VENDOR NUMBER: _____ INCIDENT NUMBER: CASHU 006248

CAL CARD (Holder Name: Print) Mara Zaver PAGE 1 of 2

Reference OPA Rule: 599.622c, 599.623d

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

NAME (Please print)	REQUEST NO.	STATION/CREW #	ROOM #	SINGLE ROOM	DOUBLE ROOM	SIGNATURE (IN BLUE INK)
1. John Capen	C-43	ST 92416	327	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]
2. Josh Faulkner	C-43	ST 92416	329	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]
3. Robert Casak	0-279		259	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
4. DAVID WADE	0-363	MEOL	232	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
5. Jeff Gilbert	167	3025C	343	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]
6. Jerry Waters	167	↑ ↓	341	<input checked="" type="checkbox"/>	<input type="checkbox"/>	[Signature]
7. Ryan Johnson			335	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
8. Kurt Paulsen			328	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
9. Nathan Marks			328	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
10. Gus Krugel			335	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
11. Chaffee			204	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
12. Chaffee			204	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
13. Copper Conly			201	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
14. Craig Dunn			201	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
15. Fernando Reinos			412	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
16. Okie			412	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
17. [unclear]			516	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
18. Leos			516	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
19. [unclear]			361	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]
20. [unclear]			361	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[Signature]

MOTEL PLEASE NOTE

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. PAYMENT WILL BE MADE DAILY. MUST HAVE FIRST + LAST NAME + ORIGINAL SIGNATURE

70 US

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

0800 XAL 2000C
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

1200 OES 1802
OES 1800
XLG 1360

1330 XLC 1201
XLE 1283

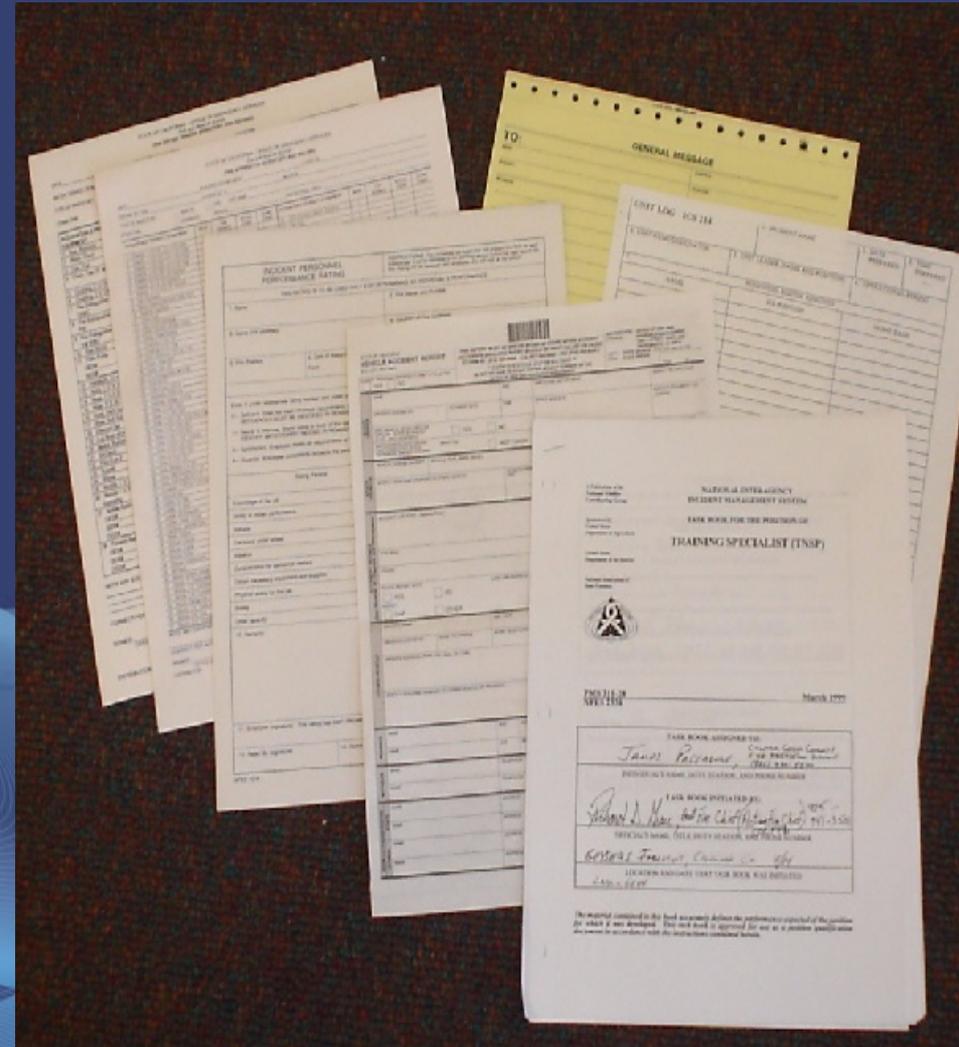
TENTATIVE DEMOB @ 1330 HRS

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



STATE OF CALIFORNIA - DGS CRIM
VEHICLE ACCIDENT REPORT
 STD. 270 (REV. 2020a)

THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT
(ACCIDENTS INVOLVING INJURY SHOULD FIRST BE CALLED OR FAXED
TO ORIMAT (916) 378-8302 - CALNET 480-8302- FAX (916) 378-8277.)

DISTRIBUTION: OFFICE OF RISK AND
 ORIGINAL - INSURANCE MANAGEMENT
 700 THIRD STREET, FIRST FLOOR
 WEST SACRAMENTO, CA 95833

COPY - STATE GARAGE (DGS pool vehicles only)
 COPY - DEPT. FILES (Dept. owned vehicles only)
 COPY - STATE DRIVER
 (Dept. owned vehicles only) Page of

ACCIDENT PREVIOUSLY REPORTED TO ORIMAT? (If Yes, give date)
 YES NO

**DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE
 OFFICE OF RISK AND INSURANCE MANAGEMENT**

*** CONFIDENTIAL INFORMATION ***

DRIVER	NAME		AGE	EMPLOYING DEPARTMENT		AGENCY BILLING CODE
	DRIVER'S LICENSE NO.	ACCIDENT DATE	TIME	OFFICE ADDRESS		AGENCY DOCUMENT NO. (Optional)
	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? (If No, attach explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO					
DATE DRIVER LAST COMPLETED STATE DEFENSIVE DRIVER TRAINING			Month/Year	<input type="checkbox"/> NOT TAKEN	JOB TITLE	BUSINESS TELEPHONE

VEHICLE	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL		VEHICLE OWNER	DEPT. VEHICLE NO. (Optional)
	DESCRIBE DAMAGES TO STATE VEHICLE		ESTIMATED REPAIR COST	<input type="checkbox"/> DEPARTMENT OWNED <input type="checkbox"/> DGS POOL <input type="checkbox"/> RENTAL <input type="checkbox"/> EMPLOYEE OWNED IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME	

ACCIDENT DETAILS (See Reverse for Diagram Description)	ACCIDENT LOCATION (Address/Area)			ROAD CONDITIONS	
	(City/State)			WEATHER CONDITIONS	
	(County)			TRAFFIC CONDITIONS	
	POLICE REPORT MADE <input type="checkbox"/> YES <input type="checkbox"/> NO			NAME AND ADDRESS OF INVESTIGATING AGENCY	
AGENCY <input type="checkbox"/> CHP <input type="checkbox"/> OTHER					

OTHER VEHICLE	DRIVER'S NAME	AGE / DOB	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL	NO. OF PASSENGERS
	DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER	
	DRIVER'S ADDRESS (Street, City, State, Zip Code)			OWNER'S ADDRESS	HOME TELEPHONE
					WORK TELEPHONE
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY				NAME AND ADDRESS OF OTHER PARTY'S INSURANCE	

INJURED	NAME	AGE	ADDRESS	HOSPITAL
	NAME	AGE	ADDRESS	HOSPITAL

WITNESS	NAME	TELEPHONE	ADDRESS
	NAME	TELEPHONE	ADDRESS

VEHICLE PASSENGERS OTHER STATE	NAME	ADDRESS
	NAME	ADDRESS
	NAME	ADDRESS
	NAME	ADDRESS

(CONTINUE ON REVERSE)

STD 270
 Accident
 Report Form
 Required for
 ALL
 Accidents



mailed
8-27-13

STATE OF CALIFORNIA
VEHICLE ACCIDENT REPORT
STD. 270 (REV. 2/2002)

THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT
(ACCIDENTS INVOLVING INJURY SHOULD FIRST BE CALLED OR FAXED
TO ORIM AT (916) 376-5302 - CALNET 480-5302 - FAX (916) 376-5277.)

DISTRIBUTION: OFFICE OF F
ORIGINAL: INSURANCE MANAGEMENT
707 THIRD STREET, FIRST FLOOR
WEST SACRAMENTO, CA 95605

* CONFIDENTIAL INFORMATION *

COPY - STATE GARAGE (DGS pool vehicles only)
COPY - DEPT. FILES (Dept. owned vehicles only)
COPY - STATE DRIVER

ACCIDENT PREVIOUSLY REPORTED TO ORIM? (If Yes give date)
YES NO

DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE
OFFICE OF RISK AND INSURANCE MANAGEMENT

Page 1 of 1

STATE VEHICLE	AGE	47	EMPLOYING DEPARTMENT	San Luis Obispo FD (Dept. owned vehicles only)	AGENCY BILLING CODE
	TIME	13 1420	OFFICE ADDRESS	2160 Santa Barbara San Luis Obispo, CA 93409	AGENCY DOCUMENT NO. (Optional)
DATE DRIVER LAST COMPLETED STATE DEFENSIVE DRIVER TRAINING		10/92	<input type="checkbox"/> NOT TAKEN	JOB TITLE - Fire Engineer	BUSINESS TELEPHONE 805-781-735

STATE VEHICLE	VEHICLE LICENSE NUMBER	959477	VEHICLE YEAR, MAKE, MODEL	2000 Westates HME #18	VEHICLE OWNER	DEPT. VEHICLE NO. (Optional) 271
	DESCRIBE DAMAGES TO STATE VEHICLE	Cracked right rear wing light lens bent rear bumper, bent right rear corner panel		ESTIMATED REPAIR COST \$1500	<input checked="" type="checkbox"/> DEPARTMENT OWNED <input type="checkbox"/> DGS POOL <input type="checkbox"/> RENTAL <input type="checkbox"/> EMPLOYEE OWNED	IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME California OES

ACCIDENT DETAILS (See Reverse for Diagram and Description)	ACCIDENT LOCATION (Address/Area)	ROAD CONDITIONS
	off of 13000 block of Clements Rd on Division A of Ramp Fire in the Graham Ranch subdivision (City/State) Groveland, CA	dirt/gravel driveway, off-highway
	(County) Tulare	WEATHER CONDITIONS clear, warm, dry TRAFFIC CONDITIONS no other traffic
HOW FAST WERE YOU DRIVING? < 1mph		EST. SPEED OF OTHER CAR NA

POLICE REPORT MADE	NAME AND ADDRESS OF INVESTIGATING AGENCY
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	California Office of Emergency Services
AGENCY	
<input type="checkbox"/> CHP <input type="checkbox"/> OTHER	

OTHER VEHICLE	DRIVER'S NAME	AGE / DOB	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL	NO. OF PASSENGERS
	DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER	
	DRIVER'S ADDRESS (Street, City, State, Zip Code)	OWNER'S ADDRESS		HOME TELEPHONE	WORK TELEPHONE
	BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY	NAME AND ADDRESS OF OTHER PARTY'S INSURANCE			

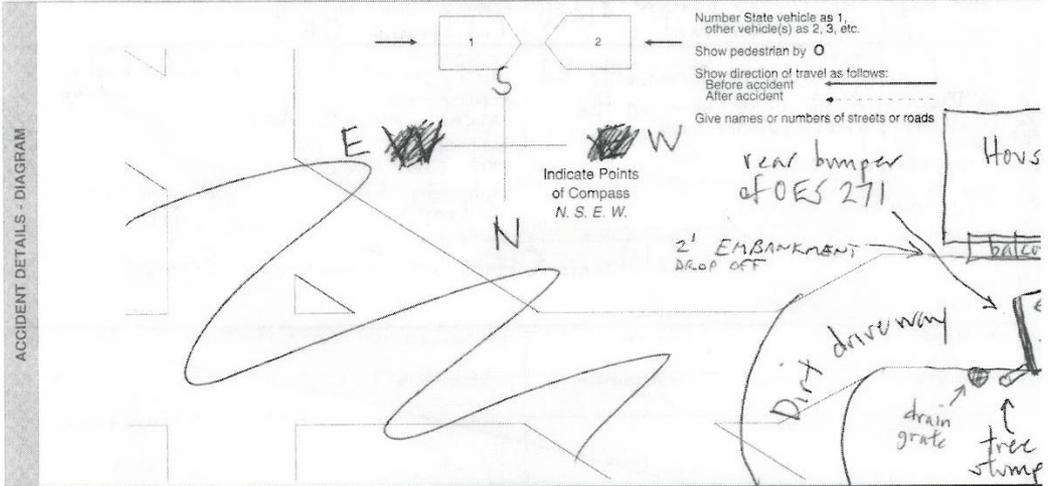
INJURED	NAME	AGE	ADDRESS	HOSPITAL
	NAME	AGE	ADDRESS	HOSPITAL

WITNESS	NAME	TELEPHONE	ADDRESS
	NAME	805-540-9361	2160 Santa Barbara Ave, SLO, CA 93409

VEHICLE PASSENGERS STATE OTHER	NAME	ADDRESS
	Mari Tolson	2160 Santa Barbara Ave, SLO, CA 93409
	John King	2160 Santa Barbara Ave, SLO, CA 93409
	NAME	ADDRESS

FULLY STATE HOW ACCIDENT OCCURRED (Give details, attach additional sheets if necessary)
 WHILE BACKING OES 271, I HIT A 3 FOOT TALL, 6 INCH DIAMETER TREE STUMP, ON MY ^{REAR} PASSENGER SIDE. BATT. CHIEF GATER WAS OUTSIDE AND BEHIND THE ENGINE, BACKING ME ON THE DRIVE SIDE. MY PRIMARY CONCERN WHILE BACKING WAS AN OVERHANGING BALCONY, AND A TWO FOOT DROP OFF EMBANKMENT ON MY DRIVER SIDE. MY SECONDARY 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 TRAVELING LESS THEN ONE MILE PER HOUR WHEN I HIT THE STUMP. THE ENGINE WAS AND IS STILL OPERATIONAL. THE RED LIGHT COVER WAS TEMPORARILY FIXED WITH CLEAR TAPE UNTIL ANOTHER ONE IS PURCHASED, THE BUMPER WILL BE EVALUATED BY MECHANICS.

- MATTHEW CALLAHAN SLOFD ENGINEER



ACCIDENT DETAILS - PASSENGER(S)

DRIVER'S NAME	AGE/DOB	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL
DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER
ADDRESS (Street, City, State, Zip Code)		ADDRESS (Street, City, State, Zip Code)	
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY		HOME TELEPHONE	
		WORK TELEPHONE	
NAME AND ADDRESS OF OTHER PARTY'S INSURANCE CARRIER			

ADDITIONAL VEHICLE/PASSENGER(S)

NAME	AGE	ADDRESS	HOSPITAL
NAME	AGE	ADDRESS	HOSPITAL
NAME		ADDRESS	
NAME		ADDRESS	

Investigation completed by: [Redacted] (Coordinator)

Investigation completed by: [Redacted] (Investigator)



Provide photo of object struck



PHOTOS OF DAMAGE







Was This Accident Incident Related (caused)?

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

If not, agency is responsible for repairs.

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

GENERAL MESSAGE

Received 9/28/14

TO: Comp claims

POSITION

FROM

POSITION

SUBJECT

Vehicle damage that occurred on 9/15/14 DATE 9/27/14

MESSAGE:

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

Drive side mirror cracked, ~~get~~ scratched paint and missing front driver side hub cap. Vehicle information Ford Expedition 2001, VIN 1FMPU16L A57889 Lic ~~40079~~ 1099431

SIGN

DIVS

REPLY

Accident Report, statements from survivors or supervisors!

NO Employee did not use OES resource trailer;

No motor vehicle (SF-91) paperwork accomplished.

Employee did not come back to finance after initial contact.

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

Process as outlined by OES not followed

DATE

TIME

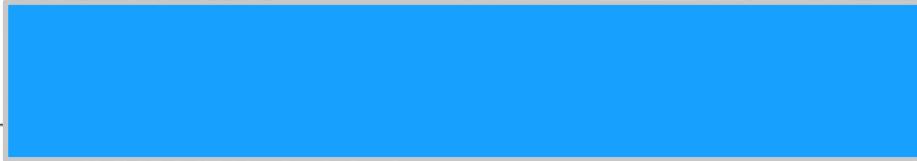
SIGNATURE/POSITION

Dianna L May Jr. Lee
J. Lee

CA-ENF-0234101

Received 9/28/14/19

PROPERTY LOSS OR DAMAGE REPORT
Fire Suppression



4. ISSUING OFFICE OR CAMP NAME

King Fire Zone II JCF

5. FIRE NAME

King Fire Zone II

6. FIRE NO.

CA-ENF-0234101

7. TYPE EMPLOYEE (Mark one with "X")

Regular Gov't

Casual Firefighter

Other Local Gov

8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)

QUANTITY

a. Scratches down both sides of vehicle

b. Charging receptacle cover broke off

c. Broken Driver side Mirror, D. Missing Hub cap

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

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

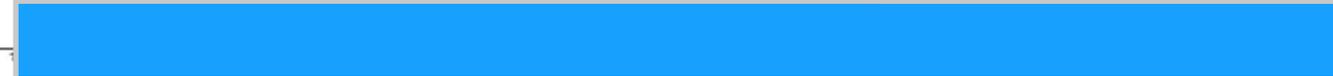
Of Ford Explorer Expedition Lic 1099431

VIN 7FMPUH1A57889



10. SIGNATURE

DATE



9/27/14

13. SIGNATURE

14. DATE

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

16. SIGNATURE

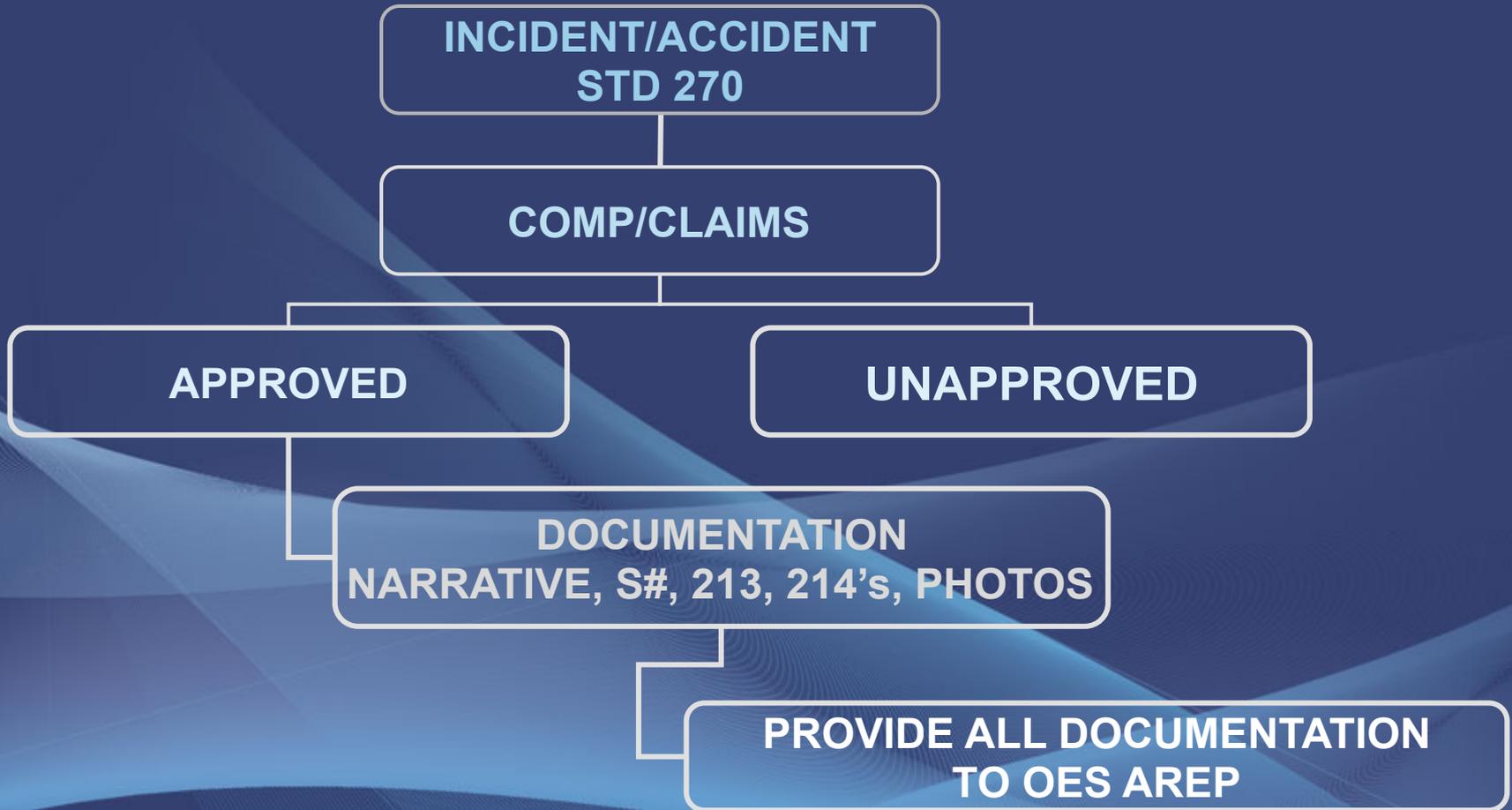
17. TITLE

18. DATE

NOTIFICATIONS

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

Accident/Claims Process



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



Local Government

Comp Claims Checklist

Process

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

Required Documents

- California DGS - STD 270 – Vehicle Accident Report.....
<http://police.sdsu.edu/cps/images/std270.pdf>
- Federal Incident: Cal Fire 101 – Property Certification / Certificate of Responsibility
or *<http://jerrlong.com/files/cdf101.doc>* }
- State Incident: NIFC OF289 – Property Loss or Damage Report
http://gaoc.nifc.gov/nwcc/content/pdfs/dispatch/Jada/OF_289.pdf }
- Police Report.....
- Narrative (from ICS 214 – Unit Log).....
<http://www.firescope.org/ics-forms/ICS%20214.doc>
- Witness Statements.....
- Photographs (full 360 of vehicle, serial plate, as well as specific damage photos) emailed to AREP.....
- GPS coordinates where incident occurred: _____

CURRENTLY
USED IN
REGION IV.

Compensation/Claims “S” Number Process

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

Comp/Claims Process

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

Comp/Claims Process

Reimbursement for Emergency Apparatus Loss or Damage

25. Cal OES, CAL FIRE, and the Federal Fire Agencies may reimburse California Fire and Rescue Mutual Aid System Agencies providing resources through the California Fire and Rescue Mutual Aid System for the cost of emergency apparatus or equipment loss or damage where the loss or damage is directly attributable to the incident, and where the local agency, its employees, and/or operational failures in the emergency apparatus or support equipment are not a contributing factor to such damage or loss. Loss or damage to local agency emergency apparatus or support equipment while travelling to or from an incident, and repairs due to normal wear and tear or due to negligent or unlawful operation by the operator, shall be the responsibility of the local agency providing the emergency apparatus or support equipment.
26. Loss or damage to local agency emergency apparatus or support equipment occurring on an incident is to be reported to the incident finance section to ensure proper documentation and investigation.
27. Except as otherwise provided in Recital 25 of this Agreement, all parties to this Agreement hereby waive claims between and/or against each other arising from the performance of this Agreement for compensation for loss or damage to each other's property, and personal injury including death of employees, agents, and contractors. This waiver shall not apply to intentional torts.

Comp/Claims Process

Claims Dispute Resolution

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

Agency Claim Dispute information is in
CFAA Page 7 28.1 – 28.6

Comp/Claims Process

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



08/29/2013 17:38



08/29/2013 17:38

INTERNATIONAL TRUCK AND ENGINE CORPORATION
 WARRENVILLE, ILLINOIS **INTERNATIONAL®**

VIN	MODEL	W.B.
1HTWEAZNX7J471743	7400 SFA 4X4	445
DATE MFG.	PD LOC	DATE
09-2006		

MADE IN THE UNITED STATES OF AMERICA

08/29/2013 17:38



08/29/2013 17:39

Comp/Claims Process

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 FIRE# 7CA02564
USFS# IS-FI-11052012-107
NPS# P14AC01610
BLM# BAA151002
FWS# FFF300008-15-002
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 ½ x 11 sheet of paper in date order. All sides of the receipts must be taped and legible; photo copies are preferred.

Rental Vehicles

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

Cal OES# 6051-4
CAL FIRE# 7CA02564
USFS# IS-FI-11052012-107
NPS# P14AC01610
BLM# BAA151002
FWS# FFF300008-15-002
BIA# A15ACPRO01

Check List:

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

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

- Breakfast - \$7.00
- Lunch - \$11.00
- Dinner - \$23.00
- Incidentals - \$5.00 (only after the first 24 hours)
- Lodging:
 - All Counties/Cities located in California (except as noted below):
 - Actual lodging expense, supported by a receipt, up to \$90 per night, plus tax.
 - Napa, Riverside, and Sacramento Counties:
 - Actual lodging expense, supported by a receipt, up to \$95 per night, plus tax.
 - Los Angeles, Orange, and Ventura Counties and Edwards AFB, excluding the city of Santa Monica:
 - Actual lodging expense, supported by a receipt, up to \$120 per night, plus tax.
 - Alameda, Monterey, San Diego, San Mateo, Santa Clara Counties:
 - Actual lodging expense, supported by a receipt, up to \$125 per night, plus tax.
 - San Francisco County and the City of Santa Monica:
 - Actual lodging expense, supported by a receipt, up to \$150 per night, plus tax.

- 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 OES# 6051-4
CAL FIRE# 7CA02564
USFS# IS-FI-11052012-107
NPS# P14AC01610
BLM# BAA151002
FWS# FFF300008-15-002
BIA# A15ACPRO01



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

TRAVEL EXPENSE CLAIM REIMBURSEMENT LOG



Incident Name: _____

Crew Relief: Yes No

AGENCY DESGN.	
State	3-Letter ID

STRIKE TEAM #		
3-Letter ID	Number	Ltr

INCIDENT ORDER NUMBER		
State	3-Letter ID	Number

INCIDENT REQUEST NUMBER		
3-Letter ID	ID	Number

DATE	MEALS \$	LODGING \$	MISC \$	DESCRIPTION	AMOUNT
SUB-TOTALS →				TOTAL AMOUNT →	

Comments: _____

DEPARTMENTAL APPROVAL
 Print Name: _____ Signature: _____ Date: _____

Reimbursement Log at <http://www.caloes.ca.gov/FireandRescue/Pages/Reimbursement.aspx>**

Cal OES# 6051-4
CAL FIRE# 7CA02564
USFS# IS-FI-11052012-107
NPS# P14AC01610
BLM# BAA151002
FWS# FFF300008-15-002
BIA# 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 case with formal documented and written approval.
2. Reimbursement for Cal OES-owned communications equipment (e.g., cell and satellite phones or air and phone credit cards) will be at the total actual cost to the State of California
3. Reimbursement invoices for Cal OES personnel, travel, and equipment will be on an actual cost basis, supported by accounting records, payroll records, and/or activity cards. Invoices for Cal OES resources should be submitted no later than 5 months after the end of the incident.
4. Invoices for Cal OES resources will include an administrative rate as determined by the State of California under the Office of Management and Budget (OMB) circular A-87.
5. Length of assignments for resources responding to incidents outside the State of California will be consistent with the appropriate Federal Fire Agency's policy. Conditions in Clause A-34 of Exhibit "A" concerning minimum of seven days (elapsed time), excluding travel, will not apply to resources responding to requests outside the State of California. Federal Fire Agency policy on the length of an assignment outside the state is defined as the time period (days) between the first full operational period at the first incident or reporting location on the original resource order and commencement of return travel to the home unit. Standard assignment length is 14 days, exclusive of travel from and to home unit. Time spent in staging and preposition status counts toward the 14 day limit, regardless of pay status, for all personnel, including Incident Management Teams.

GENERAL MESSAGE

TO: SUPPLY POSITION

FROM: OES ST 1830A E 343 POSITION: Tom Dalin Engine Boss

SUBJECT: Replacement Class A Foam Two Salvage Covers DATE: 11/15/08

MESSAGE:

* Need to replace 20 Gallons of Class A Foam
Used 11/14/08 while assigned to Div. C

Map up and overhaul. - FILL IN SUPPLY UNIT

* Replace two 12x18' Salvage covers used to
protect Art work and historical hood - From
the early 1900's. - ISSUED S# 4007

SIGNATURE/POSITION

Tom Dalin

MJD
REC'D

REPLY

DATE: 11/15/08 TIME: 0930/13 SIGNATURE/POSITION: Agustin Branch I 11-15-08

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

E-15

INCIDENT ORDER NUMBER CASRC009981			ISSUE NUMBER (FOR CACHE USE)		
INCIDENT NAME TEA			ACCOUNTING/MANAGEMENT CODE		
AGENCY BILLING ADDRESS NAME CAL FIRE			AGENCY SHIPPING ADDRESS NAME ARCADIA FIRE DEPARTMENT		
UNIT NAME			UNIT NAME OES ENGINE 343		
BILLING ADDRESS			ADDRESS (NO P.O. BOX) 710 S. SANTA ANITA AVE		
CITY		STATE	CITY		STATE ZIP
			ARCADIA CA		91006
AUTHORIZED BY		TITLE		PERSON ORDERING TITLE	
				TOM DEVLIN ENGINE BOSS	
TELEPHONE NUMBER			TELEPHONE NUMBER 626-574-5100		
DATE/TIME ORDERED			DATE/TIME REQUIRED 11-15-08		
REQUESTED METHOD OF DELIVERY HOME UNIT TO ORDER					

REQUEST NUMBER	NFES NO.	QUANTITY	U/I	ITEM DESCRIPTION	PAGE OF
SAD07		2 EA		SALVAGE COVER 12'x18'	

7540-01-475-0708

OPTIONAL FORM 315 (4-2000)
50315-101

COPY 3 - ORDERING UNIT

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	\$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
			Shipping	\$42.00
			TOTAL	\$386.02

Quoted By: _____
 John Sprengelmeyer - Inside Sales

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

```
graph TD; IC[Incident Commander] --- IO[Information Officer]; IC --- LO[Liaison Officer]; IC --- AR[Agency Representatives]; IC --- SO[Safety Officer]; LO --- AR;
```

Information Officer

Liaison Officer

Agency Representatives

Safety Officer

DETERMINE URGENCY

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



We expect you to....

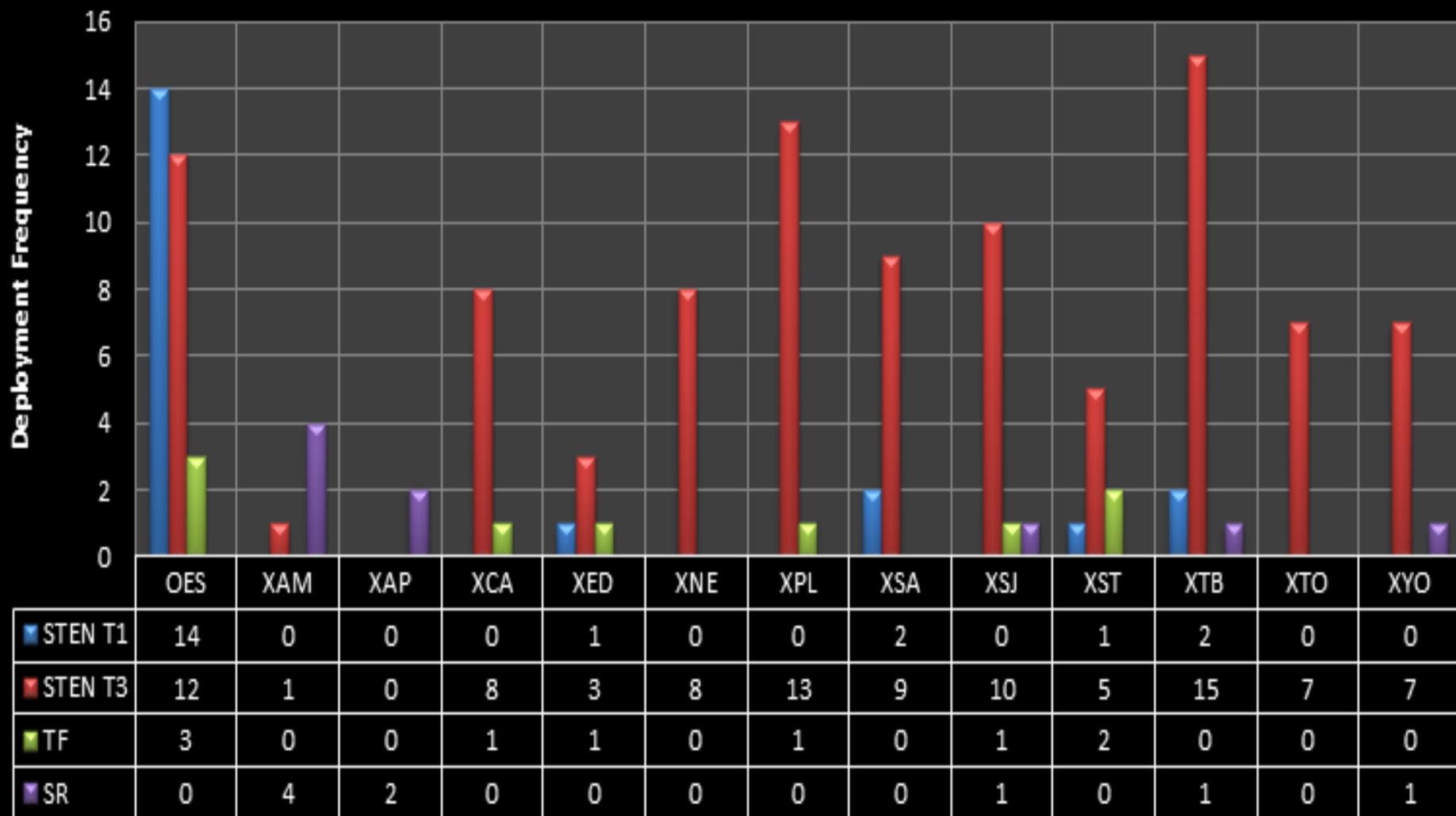
- Gather Dispatch Information
- Determine Urgency
- Appropriate STEN Vehicle
- Always Fill STEN Trainee
- "Flight Following" with Op Area
- Pre determined "SIT STAT" with Home Region



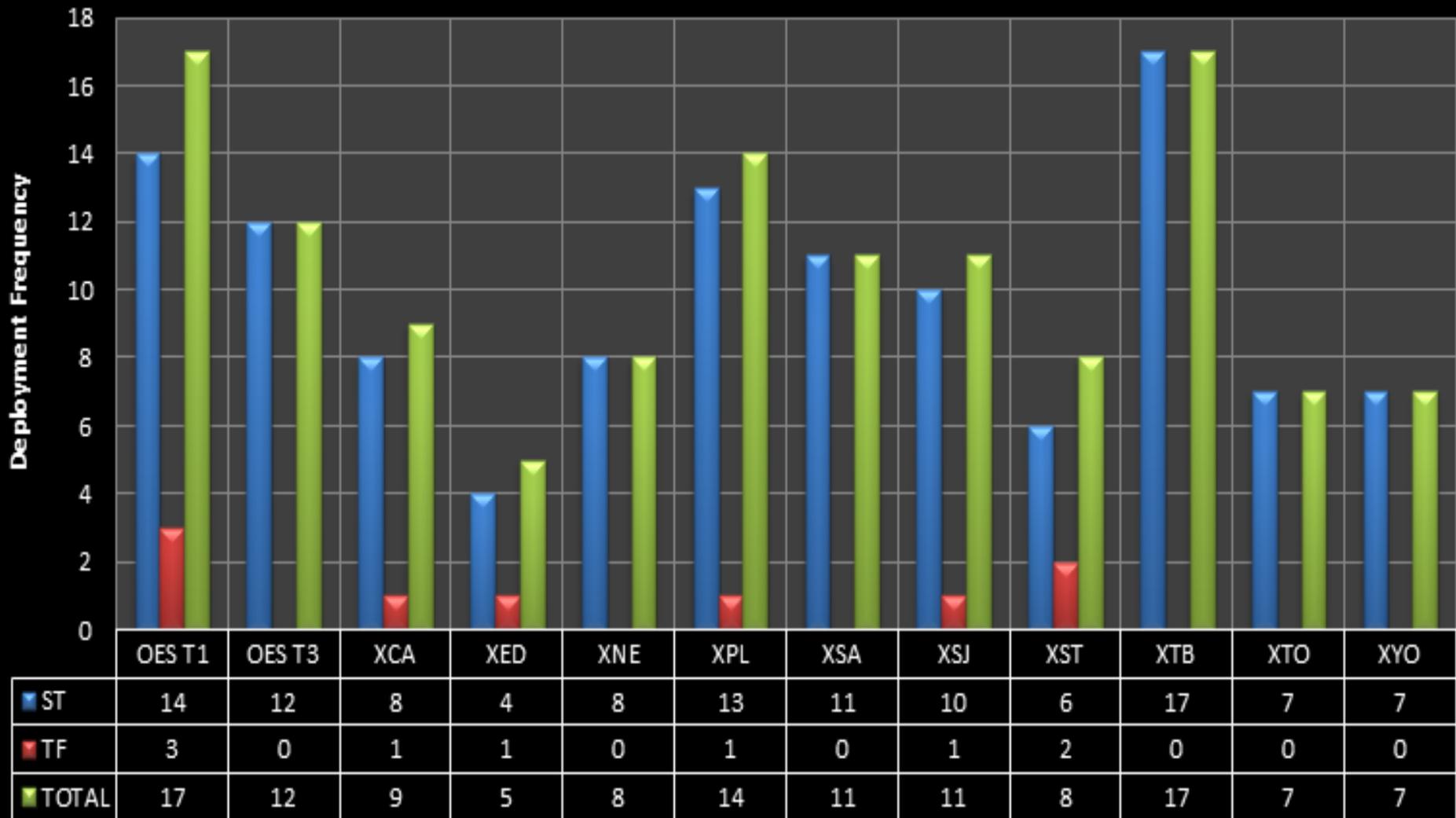
BUILD YOUR FILE

- Keep and make copies of everything
- Obtain copies of everyone's F-42
- 214's, 213's, 225's, Accident Reports, Comp Claims documentation
- **FILE THEM FOR 5 YEARS**
- Any issues that arise, the Strike Team Leader is the contact person

2015 OES R4 Equipment Deployment History by OA



2015 OES R4 Strike Team / Task Force Deployment History



Cal OES ASSISTANT CHIEF'S

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

CFAA RESPONDER TYPES

- **Suppression Personnel**– Personnel who routinely respond to emergencies
- **Non-Suppression Personnel** – Personnel who occupy a civilian position within a fire agency (e.g. Dispatchers, GIS, Mechanics, IT personnel, Radio Technicians)
- **Supplemental Personnel** – overhead tied to a local fire department generally by agreement who are mobilized primarily for response to incidents / wildland fires outside of their district or mutual aid zone. They are not a permanent part of the local fire organization and are not required to attend scheduled trainings, meetings, etc., of the department



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

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

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

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

1. AGENCY DESIGNATOR		2. STRIKE TEAM/TASK FORCE			
State	"Your" 3-Letter ID	3-Letter ID	Number	Ltr	
CASAC	OES4152C				
3. INCIDENT ORDER NUMBER			4. INCIDENT REQUEST NUMBER		
State	3-Letter ID	Number	3-Letter ID	ID	Number
CAAEU	024918		AEUE112.7		

5. DISPATCH INFORMATION

Incident Name: **BUTTE** Reporting Location: **ICP**

To: Incident Complex Mobilization Center (Not Staging Area)

Committed to Incident: Date: **7/16/2015** Time (24 Hour): **08:00**

Return from Incident: Date: **7/16/15** Time (24 Hour): **12:00**

Redispached: Date: _____ Time (24 Hour): _____

6. DISPATCHED FROM

Incident Name: <only if coming from another OES incident> End Date: _____

OLD INCIDENT ORDER NUMBER			OLD REQUEST NUMBER		
State	3-Letter ID	Number	3-Letter ID	ID	Number

7. REDISPACHED INFORMATION (START NEW F-42 IF REDISPACHED)

Incident Name: <only if headed to another OES incident> Start Date: _____

NEW INCIDENT ORDER NUMBER			NEW REQUEST NUMBER		
State	3-Letter ID	Number	3-Letter ID	ID	Number

8. OVERHEAD INFORMATION - ST(TF) LEADER / ST (TF) LEADER (TRAINED) / OVERHEAD

Strike Team Leader or Task Force Leader Strike Team Leader or Task Force Leader (Trained)

Overhead Position (ICS Title): _____

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

Vehicle Ownership: Agency POV Rental CDF / OES Vehicle License #: **1XYZ234**
(Provide VIN/Serial # only if license is unavailable)

Vehicle Type: Sedan SUV Van Pick-Up (1/2 Ton) Other (1/2 Ton & Above) Other: _____

11. EQUIPMENT RESOURCE INFORMATION

Apparatus: _____ Type: 1 2 3 4 5 6 7 CDF / OES Vehicle

Unit #: _____ License #: _____ GPM: _____
(Rated GPM of main pump panel spec. plate)

12. PERSONNEL INFORMATION

Number of Personnel on Apparatus: **3** Documentation Only

	Name (Last, First)	Rank or Job Title (NOT ICS title)	Last 4 SSN #	CDF	PCF
1	Rimgale, Donald	Captain	5555	<input type="checkbox"/>	<input type="checkbox"/>
2	Gavin, Tommy	Engineer	1111	<input type="checkbox"/>	<input type="checkbox"/>
3	Gage, John	Firefighter	2222	<input type="checkbox"/>	<input type="checkbox"/>
1	McCaffrey, Dennis	Captain	7777	<input type="checkbox"/>	<input type="checkbox"/>
2	Coats, Joe	Engineer	8888	<input type="checkbox"/>	<input type="checkbox"/>
3	DeSoto, Roy	Firefighter	9999	<input type="checkbox"/>	<input type="checkbox"/>

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

Name (Last, First)	Rank, ICS, or Job Title	Supp. Personnel:	Last 4 of SSN #										
Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.
		<input type="checkbox"/> Yes <input type="checkbox"/> No											
TOTALS						TOTALS							

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.)

Date/Time: **7/16 08:00 - 09:30** Crew travel from Sacramento (McCaffrey, Coats, DeSoto)

Date/Time: **7/16 10:30 - 12:00** Crew return travel to Sacramento (Rimgale, Gavin, Gage)

15. COMPENSATION CLAIMS: Comp. Claims: Yes No

16. SUPPLY NUMBER: S#: _____

17. RESPONDING AGENCY INFORMATION

Agency/Department Name: **Sacramento Metro Fire**

Signature: **Donald Rimgale** Title: **Captain**

Print Name: **Donald Rimgale** "Your" Phone #: **(916) 555-1212**

18. INCIDENT INFORMATION

CDF USFS BLM NPS BIA FWS Other: _____

Signature of Authorized Incident Personnel (REQUIRED): **Joe Finance** ICS Position/Title: **FSC1**

Printed Name: **Joe Finance** Date: **7/6/15**

OES Representative (if assigned): **Gary Humphrey** Date: **7/6/15**

Blue = Filled out by Responding Agency

Red = Filled out by Finance / OES

CREW ROTATION - "Travel F42" - SAMPLE



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

Portal to Portal (If checked, ensure Section 5 is completed)
 Actual Hours (If checked, ensure Section 13 is completed)
 Aprvd. Personnel Rotation (If checked, ensure Section 9 or 10 is completed)

1. AGENCY DESIGNATOR		2. STRIKE TEAM/TASK FORCE		
State	"Your" 3-Letter ID	3-Letter ID	Number	Ltr
CASAC		OES4	152C	
3. INCIDENT ORDER NUMBER		4. INCIDENT REQUEST NUMBER		
State	3-Letter ID	Number	3-Letter ID	ID Number
CAAEU		024918	AEUE	112

5. DISPATCH INFORMATION

Incident Name: **BUTTE** Reporting Location: **ICP**

To: Incident Complex Mobilization Center (Not Staging Area)

Committed to Incident: Date: **7/1/2015** Time (24 Hour): **13:30**

Return from Incident: Date: **7/26/15** Time (24 Hour): **18:30**

Redispached: Date: _____ Time (24 Hour): _____

6. DISPATCHED FROM

Incident Name: *<only if coming from another OES incident>* End Date: _____

OLD INCIDENT ORDER NUMBER			OLD REQUEST NUMBER		
State	3-Letter ID	Number	3-Letter ID	ID	Number

7. REDISPACHED INFORMATION (START NEW F-42 IF REDISPACHED)

Incident Name: *<only if headed to another OES incident>* Start Date: _____

NEW INCIDENT ORDER NUMBER			NEW REQUEST NUMBER		
State	3-Letter ID	Number	3-Letter ID	ID	Number

8. OVERHEAD INFORMATION - ST(TF) LEADER / ST (TF) LEADER (TRAINED) / OVERHEAD

Strike Team Leader or Task Force Leader Strike Team Leader or Task Force Leader (Trainee)

Overhead Position (ICS Title): _____

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

Vehicle Ownership: Agency POV Rental CDF / OES Vehicle License #: _____

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

10. PRIVATELY OWNED VEHICLE ONLY

Beginning Odometer: _____ Ending Odometer: _____ Total Miles: _____

11. EQUIPMENT RESOURCE INFORMATION

Apparatus: **Engine** Type: 1 2 3 4 5 6 7 CDF / OES Vehicle

Unit #: **337** License #: **1XYZ234** GPM: **500**

12. PERSONNEL INFORMATION

Number of Personnel on Apparatus: **3** Documentation Only

	Name (Last, First)	Rank or Job Title (NOT ICS title)	Last 4 SSN #	CDP	PCP
1	Rimgale, Donald	Captain	5555	<input type="checkbox"/>	<input type="checkbox"/>
2	Gavin, Tommy	Engineer	1111	<input type="checkbox"/>	<input type="checkbox"/>
3	Gage, John	Firefighter	2222	<input type="checkbox"/>	<input type="checkbox"/>
1	McCaffrey, Dennis	Captain	7777	<input type="checkbox"/>	<input type="checkbox"/>
2	Coots, Joe	Engineer	8888	<input type="checkbox"/>	<input type="checkbox"/>
3	DeSoto, Roy	Firefighter	9999	<input type="checkbox"/>	<input type="checkbox"/>

13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS. - REQUIRED TO COMPLETE ROWS 'ST & OT')

Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.	Supp. Personnel: <input type="checkbox"/> Yes <input type="checkbox"/> No (Last 4 of SSN #)	
														Yes	No
TOTALS															

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.)

Date/Time	Comments	Date/Time
7/1	Assigned	
7/16	Crew Rotation (6113,7)	
7/26	Demob	

15. COMPENSATION CLAIMS 16. SUPPLY NUMBER

Comp. Claims: Yes No \$ #: _____

17. RESPONDING AGENCY INFORMATION

Agency/Department Name: **Sacramento Metro Fire**

Signature: *Dennis McCaffrey* Title: **Captain**

Print Name: **Dennis McCaffrey** "Four" Phone #: **(916) 555-1212**

18. INCIDENT INFORMATION

CDF USFS BLM NPS BIA FWS Other: _____

Signature of Authorized Incident Personnel (REQUIRED): *Joe Finance* ICS Position/Title: **FSC1**

Printed Name: **Joe Finance** Date: **7/6/15**

OES Representative (If Assigned): *Gary Humphrey* Date: **7/6/15**

Blue = Filled out by Responding Agency

Red = Filled out by Finance / OES

STRIKE TEAM W / ROTATION - SAMPLE



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

Portal to Portal (If checked, ensure Section 5 is completed)
 Actual Hours (If checked, ensure Section 13 is completed)
 Aprvd. Personnel Rotation (If checked, ensure Section 9 or 10 is completed)

1. AGENCY DESIGNATOR		2. STRIKE TEAM/TASK FORCE		
State	"Your" 3-Letter ID	3-Letter ID	Number	Ltr
C	AMP	O	VERHEAD	
3. INCIDENT ORDER NUMBER		4. INCIDENT REQUEST NUMBER		
State	3-Letter ID	Number	3-Letter ID	ID
C	AEU	024918	AEU	0117

5. DISPATCH INFORMATION

Incident Name: BUTTE Reporting Location: ICP

To: Incident Complex Mobilization Center (Not Staging Area)

Committed to Incident: Date: 8/11/15 Time (24 Hour): 06:00

Return from Incident: Date: 8/12/15 Time (24 Hour): 08:00

Redispached: Date: _____ Time (24 Hour): _____

6. DISPATCHED FROM

Incident Name: <only if coming from another OES incident> End Date: _____

OLD INCIDENT ORDER NUMBER			OLD REQUEST NUMBER		
State	3-Letter ID	Number	3-Letter ID	ID	Number

7. REDISPACHED INFORMATION (START NEW F-42 IF REDISPACHED)

Incident Name: <only if headed to another OES incident> Start Date: _____

NEW INCIDENT ORDER NUMBER			NEW REQUEST NUMBER		
State	3-Letter ID	Number	3-Letter ID	ID	Number

8. OVERHEAD INFORMATION - ST (TF) LEADER / ST (TF) LEADER (TRAINED) / OVERHEAD

Strike Team Leader or Task Force Leader Strike Team Leader or Task Force Leader (Trainee)

Overhead Position (ICS Title): INCI

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

Vehicle Ownership: Agency POV Rental CDF / OES Vehicle License #: 1XYZ.234
(Provide VIN/Serial # only if license is unavailable)

Vehicle Type: Sedan SUV Van Pick-Up (1/2 Ton) Other (3/4 Ton & Above) Other: _____

10. PRIVATELY OWNED VEHICLE ONLY

Beginning Odometer: 0002 Ending Odometer: 1000 Total Miles: 998

11. EQUIPMENT RESOURCE INFORMATION

Apparatus: _____ Type: 1 2 3 4 5 6 7 CDF / OES Vehicle

Unit #: _____ License #: _____ GPM: _____
(Rated GPM of main pump panel spec. plate)

12. PERSONNEL INFORMATION

Number of Personnel on Apparatus: _____ Documentation Only

Name (Last, First)	Rank or Job Title (NOT ICS title)	Last 4 SSN #	CDF	PCF
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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

Name (Last, First): Smith, Patrick Rank, ICS or Job Title: Financial Asst Supp. Personnel: Yes No (Last 4 of SSN #): 5555

Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.
8/1	06:00	14:00	8	14:00	21:00	7	8/11	06:00	14:00	8	14:00	22:00	8
8/2	06:00	14:00	8	14:00	21:00	7	8/12	06:00	08:00	2			
8/3	06:00	14:00	8	14:00	21:00	7							
8/4	06:00	14:00	8	14:00	21:00	7							
8/5	06:00	14:00	8	14:00	22:00	8							
8/6				06:00	21:00	15							
8/7				06:00	21:00	15							
8/8	06:00	14:00	8	14:00	21:00	7							
8/9	06:00	14:00	8	14:00	21:00	7							
8/10	06:00	14:00	8	14:00	21:00	7							
TOTALS			<u>64</u>			<u>87</u>	TOTALS			<u>2</u>			<u>8</u>

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.)

Date/Time: 8/10 S# Issued for food, fuel, and lodging for travel to and from the incident.

15. COMPENSATION CLAIMS

Comp. Claims: Yes No

16. SUPPLY NUMBER

S#: 27

17. RESPONDING AGENCY INFORMATION

DOD / Tribal: Yes No Agency/Department Name: Sacramento FD

Signature: Patrick Smith Title: Captain

Print Name: Patrick Smith "Your" Phone #: (916) 555-1212

18. INCIDENT INFORMATION

CDF USFS BLM NPS BIA FWS Other: _____

Signature of Authorized Incident Personnel (REQUIRED): Joe Finance ICS Position/Title: FSC1

Printed Name: Joe Finance Date: 8/10/15

OES Representative (if assigned): Gary Humphrey Date: 8/10/15

SUPPLEMENTAL PERSONNEL - SAMPLE

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

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



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

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

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

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

1. AGENCY DESIGNATOR				
State	"Your" 3-Letter ID			
C	A	S	A	C

2. STRIKE TEAM/TASK FORCE							
3-Letter ID			Number				Ltr
S	A	C	4	1	5	7	C

3. INCIDENT ORDER NUMBER					
State	3-Letter ID			Number	
C	A	E	N	F	004321

4. INCIDENT REQUEST NUMBER				
3-Letter ID			ID	Number
E	N	F	E	110

5. DISPATCH INFORMATION

Incident Name: **KING**

Reporting Location: **PLACERVILLE FAIRGROUNDS**

To: Incident Complex Mobilization Center (Not Staging Area)

Committed to Incident: Date: **9/05/2014** Time (24 Hour): **1300**

Return from Incident: Date: _____ Time (24 Hour): _____

Redispached: Date: **9/12/2014** Time (24 Hour): **1700**

6. DISPATCHED FROM:

Incident Name: _____ End Date: _____

OLD INCIDENT ORDER NUMBER					
State		3-Letter ID		Number	

OLD REQUEST NUMBER				
3-Letter ID		ID	Number	

7. REDISPATCHED INFORMATION: (START NEW F-42 IF REDISPATCHED)

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

NEW INCIDENT ORDER NUMBER					
State		3-Letter ID		Number	
C	A	B	D	C	001222

NEW REQUEST NUMBER				
3-Letter ID		ID	Number	
B	D	C	E	42

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

Strike Team Leader or Task Force Leader

Strike Team Leader or Task Force Leader (Trainee)

Overhead Position

(ICS Title): _____

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

Vehicle Ownership: Agency POV Rental CDF / OES Vehicle

License #: **1433579**
(Provide VIN/Serial # only if license is unavailable)

Vehicle Type: Sedan SUV Van Pick-Up (1/2 Ton) Other (3/4 Ton & Above)

Other: **F-450**

10. PRIVATELY OWNED VEHICLE ONLY

Beginning Odometer:

Ending Odometer:

Total Miles:

11. EQUIPMENT RESOURCE INFORMATION

Apparatus: _____ Type: 1 2 3 4 5 6 7 CDF / OES Vehicle

Unit #: _____ License #: _____

GPM: _____

(Rated GPM of main pump panel spec. plate)

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



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

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

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

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

1. AGENCY DESIGNATOR				
State	"Your" 3-Letter ID			
C	A	S	A	C

2. STRIKE TEAM/TASK FORCE							
3-Letter ID			Number				Ltr
S	A	C	4	1	5	7	C

3. INCIDENT ORDER NUMBER					
State	3-Letter ID			Number	
C	A	E	N	F	004321

4. INCIDENT REQUEST NUMBER				
3-Letter ID		ID	Number	
E	N	F	E	110

5. DISPATCH INFORMATION

Incident Name: **KING**

Reporting Location: **PLACERVILLE FAIRGROUNDS**

To: Incident Complex Mobilization Center (Not Staging Area)

Committed to Incident: Date: **9/05/2014** Time (24 Hour): **1300**

Return from Incident: Date: _____ Time (24 Hour): _____

Redispached: Date: **9/12/2014** Time (24 Hour): **1700**

6. DISPATCHED FROM:

Incident Name: _____

End Date: _____

OLD INCIDENT ORDER NUMBER				
State		3-Letter ID		Number

OLD REQUEST NUMBER			
3-Letter ID		ID	Number

7. REDISPATCHED INFORMATION: (START NEW F-42 IF REDISPATCHED)

Incident Name: PINNACLES

Start Date: 9/12/2014

NEW INCIDENT ORDER NUMBER				
State		3-Letter ID		Number
C	A	B	D	C
				001222

NEW REQUEST NUMBER			
3-Letter ID		ID	Number
B	D	C	E
			42

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

Strike Team Leader or Task Force Leader

Strike Team Leader or Task Force Leader (Trainee)

Overhead Position

(ICS Title): _____

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

Vehicle Ownership: Agency POV Rental CDF / OES Vehicle

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

Vehicle Type: Sedan SUV Van Pick-Up (1/2 Ton) Other (3/4 Ton & Above)

Other: _____

10. PRIVATELY OWNED VEHICLE ONLY

Beginning Odometer:

Ending Odometer:

Total Miles:

11. EQUIPMENT RESOURCE INFORMATION

Apparatus: ENGINE

Type: 1 2 3 4 5 6 7 CDF / OES Vehicle

Unit #: 53

License #: 1555661

GPM: 500

(Rated GPM of main pump panel spec. plate)

12. PERSONNEL INFORMATION				
Number of Personnel on Apparatus: 4			<input type="checkbox"/> Documentation Only	
Name (Last, First)	Rank or Job Title (NOT ICS title)	Last 4 SSN #	CDF	PCF
Smith, Jim	Captain	XXXX	<input type="checkbox"/>	<input type="checkbox"/>
(1) Smith Sue	Engineer	XXXX	<input type="checkbox"/>	<input type="checkbox"/>
(2) Stone Steve	Firefighter	XXXX	<input type="checkbox"/>	<input type="checkbox"/>
(3) Star George	Firefighter	XXXX	<input type="checkbox"/>	<input type="checkbox"/>
(1) Jones Kathy	Engineer	XXXX	<input type="checkbox"/>	<input type="checkbox"/>
(2) Shane Sam	Firefighter	XXXX	<input type="checkbox"/>	<input type="checkbox"/>
(3) Wood Brent	Firefighter	XXXX	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS. - REQUIRED TO COMPLETE BOTH "ST & OT")													
Name (Last, First)				Rank, ICS, or Job Title				Supp. Personnel: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last 4 of SSN #			
Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.
TOTALS							TOTALS						

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE /LOSS, ETC.)

Date/Time		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

Comp. Claims: Yes No

16. SUPPLY NUMBER

S #: **1 4 9 2**

17. RESPONDING AGENCY INFORMATION

DOD / Tribal: Yes No Agency/Department Name **YOUR DEPT Name**

Signature

Title **Battalion Chief**

Print Name

"Your" Phone #

18. INCIDENT INFORMATION

CDF USFS BLM NPS BIA FWS Other: _____

Signature of Authorized Incident Personnel (REQUIRED)

ICS Position/Title

Printed Name

Date

OES Representative (If assigned) **IF AT THE INCIDENT**

Date

PINK: Incident Finance Section

GOLDENROD: 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**



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

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

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

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

1. AGENCY DESIGNATOR					
State		"Your" 3-Letter ID			
C	A	F	O	L	

2. STRIKE TEAM/TASK FORCE						
3-Letter ID			Number			Ltr
O	V	E	R	H	E	A D

3. INCIDENT ORDER NUMBER				
State		3-Letter ID		Number
C	A	E	N	F
004321				

4. INCIDENT REQUEST NUMBER				
3-Letter ID		ID	Number	
E	N	F	O	
				123

5. DISPATCH INFORMATION

Incident Name: **KING**

Reporting Location: **FORESTHILL ICP**

To: Incident Complex Mobilization Center (Not Staging Area)

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

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

Redispached: Date: _____ Time (24 Hour): _____

6. DISPATCHED FROM:

Incident Name: _____

End Date: _____

OLD INCIDENT ORDER NUMBER				
State	3-Letter ID		Number	

OLD REQUEST NUMBER		
3-Letter ID	ID	Number

7. REDISPATCHED INFORMATION: (START NEW F-42 IF REDISPATCHED)

Incident Name: _____

Start Date: _____

NEW INCIDENT ORDER NUMBER				
State	3-Letter ID		Number	

NEW REQUEST NUMBER		
3-Letter ID	ID	Number

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

Strike Team Leader or Task Force Leader

Strike Team Leader or Task Force Leader (Trainee)

Overhead Position

(ICS Title): **DIVS**

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

Vehicle Ownership: Agency POV Rental CDF / OES Vehicle

License #: **1433579**

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

Vehicle Type: Sedan SUV Van Pick-Up (1/2 Ton) Other (3/4 Ton & Above)

Other: _____

10. PRIVATELY OWNED VEHICLE ONLY

Beginning Odometer: _____

Ending Odometer: _____

Total Miles: _____

11. EQUIPMENT RESOURCE INFORMATION

Apparatus: _____ Type: 1 2 3 4 5 6 7 CDF / OES Vehicle

Unit #: _____

License #: _____

GPM: _____

(Rated GPM of main pump panel spec. plate)

12. PERSONNEL INFORMATION				
Number of Personnel on Apparatus: _____			<input type="checkbox"/> Documentation Only	
Name (Last, First)	Rank or Job Title (NOT ICS title)	Last 4 SSN #	CDF	PCF
Steely, Dan	Battalion Chief	XXXX	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS. - REQUIRED TO COMPLETE BOTH "ST & OT")													
Name (Last, First)				Rank, ICS, or Job Title			Supp. Personnel: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last 4 of SSN #				
Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.
TOTALS							TOTALS						

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.)

Date/Time		Date/Time	
9/2-28/14	Assigned	9-28	5 lb. Fire extinguisher. Not available in Incident Supply – S#2105

15. COMPENSATION CLAIMS	16. SUPPLY NUMBER
Comp. Claims: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	S #: <u>2105</u>

17. RESPONDING AGENCY INFORMATION	
DOD / Tribal: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Agency/Department Name Folsom FD
Signature YOUR SIGNATURE	Title Battalion Chief (YOUR RANK)
Print Name	"Your" Phone # YOUR PHONE NUMBER

18. INCIDENT INFORMATION	
<input type="checkbox"/> CDF <input checked="" type="checkbox"/> USFS <input type="checkbox"/> BLM <input type="checkbox"/> NPS <input type="checkbox"/> BIA <input type="checkbox"/> 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

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



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

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

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

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

1. AGENCY DESIGNATOR				
State	"Your" 3-Letter ID			
C	A	M	R	P

2. STRIKE TEAM/TASK FORCE					
3-Letter ID			Number		Ltr
O	V	E	R	H	E
A	D				

3. INCIDENT ORDER NUMBER			
State	3-Letter ID	Number	
C	A	E	N
F		00	4321

4. INCIDENT REQUEST NUMBER			
3-Letter ID		ID	Number
E	N	F	O
			321

5. DISPATCH INFORMATION

Incident Name: **KING**

Reporting Location: **PLACERVILLE FAIRGROUNDS**

To: Incident Complex Mobilization Center (Not Staging Area)

Committed to Incident: Date: **9/5/14** Time (24 Hour): **1300**

Return from Incident: Date: **9/12/14** Time (24 Hour): **1700**

Redispatched: Date: _____ Time (24 Hour): _____

6. DISPATCHED FROM:

Incident Name: _____ End Date: _____

OLD INCIDENT ORDER NUMBER				
State	3-Letter ID		Number	

OLD REQUEST NUMBER		
3-Letter ID	ID	Number

7. REDISPATCHED INFORMATION: (START NEW F-42 IF REDISPATCHED)

Incident Name: _____ Start Date: _____

NEW INCIDENT ORDER NUMBER				
State	3-Letter ID		Number	

NEW REQUEST NUMBER		
3-Letter ID	ID	Number

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

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

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

Vehicle Ownership:
 Agency
 POV
 Rental
 CDF / OES Vehicle
 License #: **ENT123**
(Provide VIN/Serial # only if license is unavailable)
 Vehicle Type:
 Sedan
 SUV
 Van
 Pick-Up (½ Ton)
 Other (¾ Ton & Above)
 Other: _____

10. PRIVATELY OWNED VEHICLE ONLY

Beginning Odometer: _____
 Ending Odometer: _____
 Total Miles: _____

11. EQUIPMENT RESOURCE INFORMATION

Apparatus: _____
 Type:
 1
 2
 3
 4
 5
 6
 7
 CDF / OES Vehicle
 Unit #: _____
 License #: _____
 GPM: _____
(Rated GPM of main pump panel spec. plate)

12. PERSONNEL INFORMATION				
Number of Personnel on Apparatus: _____			<input type="checkbox"/> Documentation Only	
Name (Last, First)	Rank or Job Title (NOT ICS title)	Last 4 SSN #	CDF	PCF
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS. - REQUIRED TO COMPLETE BOTH "ST & OT")													
Name (Last, First)				Rank, ICS, or Job Title			Supp. Personnel: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Last 4 of SSN #				
Suppression, Non				INDI					2222				
Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.
3/28/15	1700	2200	5										
3/29/15	0600	2200	16										
3/30/15	0600	2200	16										
3/31/15	0600	2200	16										
4/01/15	0600	1200	6										
TOTALS			59				TOTALS						

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.)

Date/Time		Date/Time	
9-7-14	Vehicle damage, incident related. Comp Claims on file at incident. OES AREP coordinated.	9-5-14	Rental vehicle approved on Resource Order

15. COMPENSATION CLAIMS	16. SUPPLY NUMBER
Comp. Claims: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	S #: <u>111</u>

17. RESPONDING AGENCY INFORMATION	
DOD / Tribal: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Agency/Department Name Murphy's FD
Signature YOUR SIGNATURE	Title (YOUR RANK)
Print Name	"Your" Phone # YOUR PHONE NUMBER

18. INCIDENT INFORMATION	
<input type="checkbox"/> CDF <input checked="" type="checkbox"/> USFS <input type="checkbox"/> BLM <input type="checkbox"/> NPS <input type="checkbox"/> BIA <input type="checkbox"/> 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

**OVERHEAD
SUPPLEMENTAL
PRIVATELY OWNED VEHICLE
(POV)
NO COMP CLAIMS**



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

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

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

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

1. AGENCY DESIGNATOR					
State		"Your" 3-Letter ID			
C	A	M	R	P	

2. STRIKE TEAM/TASK FORCE						
3-Letter ID			Number			Ltr
O	V	E	R	H	E	A
						D

3. INCIDENT ORDER NUMBER					
State		3-Letter ID			Number
C	A	E	N	F	004321

4. INCIDENT REQUEST NUMBER				
3-Letter ID		ID	Number	
E	N	F	O	321

5. DISPATCH INFORMATION

Incident Name: **KING**

Reporting Location: **PLACERVILLE FAIRGROUNDS**

To: Incident Complex Mobilization Center (Not Staging Area)

Committed to Incident: Date: **9/5/14** Time (24 Hour): **1300**

Return from Incident: Date: **9/12/14** Time (24 Hour): **1700**

Redispatched: Date: _____ Time (24 Hour): _____

6. DISPATCHED FROM:

Incident Name: _____

End Date: _____

OLD INCIDENT ORDER NUMBER				
State	3-Letter ID		Number	

OLD REQUEST NUMBER		
3-Letter ID	ID	Number

7. REDISPATCHED INFORMATION: (START NEW F-42 IF REDISPATCHED)

Incident Name: _____

Start Date: _____

NEW INCIDENT ORDER NUMBER				
State	3-Letter ID		Number	

NEW REQUEST NUMBER		
3-Letter ID	ID	Number

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

Strike Team Leader or Task Force Leader

Strike Team Leader or Task Force Leader (Trainee)

Overhead Position

(ICS Title): **INCM**

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

Vehicle Ownership: Agency POV Rental CDF / OES Vehicle

License #: **123MRP**
(Provide VIN/Serial # only if license is unavailable)

Vehicle Type: Sedan SUV Van Pick-Up (1/2 Ton) Other (3/4 Ton & Above)

Other: _____

10. PRIVATELY OWNED VEHICLE ONLY

Beginning Odometer: **10,112**

Ending Odometer: **10,545**

Total Miles: **433**

11. EQUIPMENT RESOURCE INFORMATION

Apparatus: _____ Type: 1 2 3 4 5 6 7 CDF / OES Vehicle

Unit #: _____ License #: _____

GPM: _____

(Rated GPM of main pump panel spec. plate)

12. PERSONNEL INFORMATION					
Number of Personnel on Apparatus: _____			<input type="checkbox"/> Documentation Only		
Name (Last, First)	Rank or Job Title (NOT ICS title)		Last 4 SSN #	CDF	PCF
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS. - REQUIRED TO COMPLETE BOTH "ST & OT")													
Name (Last, First)				Rank, ICS, or Job Title			Supp. Personnel: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Last 4 of SSN #				
Supplemental, Sam				INCM					XXXX				
Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.
9/05/14	1300	2100	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							
9/09/13	0600	1400	8	1400	2200	8							
9/10/14				0600	2200	16							
9/11/14				0600	2200	16							
9/12/14	0600	1400	8	1400	1700	3							
TOTALS			48			68	TOTALS						

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.)

Date/Time	Date/Time

15. COMPENSATION CLAIMS

Comp. Claims: Yes No

16. SUPPLY NUMBER

S #: _____

17. RESPONDING AGENCY INFORMATION

DOD / Tribal: Yes No Agency/Department Name **Murphy's FD**

Signature **YOUR SIGNATURE**

Title **(YOUR DEPARTMENT RANK)**

Print Name

"Your" Phone # **YOUR PHONE NUMBER**

18. INCIDENT INFORMATION

CDF USFS 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

John Clary

(925) 381-5526

John.Clary@caloes.ca.gov

**California
Governor's Office of Emergency Services
Fire Rescue Division**

