

# INCIDENT ACTION PLAN

## HIGHWAY INCIDENT

CA-TNF-001295  
P5QJ8A (0517)



Wednesday - Wednesday

### OPERATIONAL PERIOD

8/23/2023      0700  
                         to  
8/30/2023      0700



DAY 0700-1900 / NIGHT SHIFT NOT STAFFED

# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> HIGHWAY	<b>2. Operational Period:</b> Date From: 8/23/2023 Date To: 8/30/2023 Time From: 0700 Time To: 0700
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**3. Objective(s):****Leaders Intent and Incident Strategy**

Commit resources only when there is a reasonable expectation of success in protecting life, critical property, and infrastructure.

Effectively implement a full suppression and values-driven strategy utilizing a mix of tactics (direct, indirect, and point-protection) when and where the probability of success is high, and risk is commensurate with the identified values.

Success is defined as safely achieving objectives with the least firefighter exposure, while committed to service and enhancing relationships with surrounding communities and host agencies.

**Incident Values**

- The safety of incident personnel and the public.
- Residents within the Community of the Town of Washington.
- Keep the fire on Forest Agency Lands.
- Air quality and smoke sensitive areas such as communities, highways, and transportation corridors.
- Relationships with local, state, county, and the public.

**Incident Objectives**

- Provide for the safety of incident responders and the public through the application and implementation of sound risk management strategies.
- Incident values are communicated and protected to the extent possible from adverse fire and incident activities.
- Engage Resource Advisors in completion of suppression repair activities.
- Effectively manage incident cost through the selection and implementation of strategies and tactics that have a high probability of success in meeting objectives.
- Coordinate with Fire Management to support any new fire starts to help provide timely, safe, and efficient initial attack.

**Incident Requirements**

- Manage the Highway Fire within the direction of the delegation of authority, leader's intent, and Resource Advisors.
- Create and maintain a work environment in which people are treated with respect and dignity.
- Track and record all ground and resource disturbing suppression efforts.

**5. Site Safety Plan Required?** Yes  No

**Approved Site Safety Plan(s) Located at:**

**6. Incident Action Plan**

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> ICS 203 | <input checked="" type="checkbox"/> ICS 215A         | <input type="checkbox"/> ICS 205 A                  | <input type="checkbox"/>                       |
| <input checked="" type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 220                     | <input type="checkbox"/> Training Message           | <input type="checkbox"/>                       |
| <input checked="" type="checkbox"/> ICS 205 | <input type="checkbox"/> Facility Maps               | <input type="checkbox"/> Travel Map                 | <input type="checkbox"/>                       |
| <input checked="" type="checkbox"/> ICS 206 | <input checked="" type="checkbox"/> Weather Forecast | <input checked="" type="checkbox"/> Demob Plan      | <input type="checkbox"/> County Health Message |
| <input checked="" type="checkbox"/> ICS 208 | <input type="checkbox"/> Fire Behavior               | <input checked="" type="checkbox"/> Finance Message | <input checked="" type="checkbox"/> ICS 214    |

**7. Prepared By:**

Position/Title: PSC

Signature: \_\_\_\_\_

Gabe Herrera, Andy Achter,  
Bill Bakker (t)


Signature: *EW ICT3(t)*

**8. Approved by Incident Commander:**

ICS 202



## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> HIGHWAY		<b>2. Operational Period: Date From:</b> 8/23/2023 Time From: 0700		<b>Date To:</b> 8/30/2023 <b>Time To:</b> 0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operation Section:</b>		
IC/UC's	Gabe Herrera, Andy Achter, Bill Bakker (t)		Operations		
Safety Officer			Planning Ops		
Information Officer	Lauren Faulkenberry		Night Ops		
Liaison Officer			Staging Area		
			<b>Branch</b>	<b>I</b>	
<b>4. Agency/Organization Representatives:</b>			Division/Group	HIGHWAY	
Agency/Organization	Name		Division/Group		
CalTrans	Shelly Pangman		Division/Group		
SPI	Joe King		Division/Group		
			<b>Branch</b>	<b>II</b>	
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			<b>Branch</b>	<b>III</b>	
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			<b>Branch</b>	<b>IV</b>	
			Division/Group		
<b>5. Planning Section:</b>			Division/Group		
Chief			Division/Group		
Deputy			Division/Group		
Resource Unit			Division/Group		
Situation Unit			<b>Branch</b>	<b>V</b>	
Documentation Unit			Division/Group		
Demobilization Unit			Division/Group		
GISS	Matt House		Division/Group		
FBAN			Division/Group		
IMET			Division/Group		
Training Tech Spec			<b>Air Operations Branch</b>		<b>Director:</b>
			Air Support Group Supervisor		
			Air Tactical Group Supervisor		
			Helibase Manager		
<b>6. Logistics Section</b>			<b>8. Finance/Administration Section:</b>		
Chief	Gary Wright		Chief		
Ordering Unit			Time Unit		
Base Camp Manager			Procurement Unit		
Ground Support Unit			Comp/Claims Unit		
Communications Unit			Cost Unit		
Medical Unit					
<b>Prepared By: Name:</b>		Position/Title:	PSC	Signature:  ICS203(+)	
ICS 203		Date/Time:	8/22/2023 2300 hours		





# ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED  
INFORMATION/BASIC

<b>1. Incident Name:</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">HIGHWAY</div>	<b>2. Operational Period:</b> Date From: 08/24/23    Date To: 08/30/23 Time From: 0700    Time To: 0700	<b>3. Branch</b> <b>Division</b> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">I    HIGHWAY</div>
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<b>4. Operations Personnel:</b>		Page 1 of 1
Operations Section Chief:	Night Ops:	
Branch Director:	Branch Safety:	
Division/Group Supervisor:	Air Attack:	

5. Resources Assigned:		** All Resources are 12 Hour **					
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
ENG3 - STF - ENGINE 313		8/30	LEON, ENZIO T	5	E-10	0700-1900	WHITE CLOUD
ENG3 LOS PINOS ENGINE 88		8/30	FLINDERS, HUNTER	3	E-88	0700-1900	WHITE CLOUD
ENG6 ARIZONA FIRE ENGINE 10		8/30	NIELSEN, VINCENT E	4	E-28	0700-1900	WHITE CLOUD
ENG3 - CACNF E349		8/31	TINKER, LUKE	5	E-24	0700-1900	WHITE CLOUD
ENG3 - CANOD E8332		8/30	KRACHE, KYLE	4	E-47	0700-1900	WHITE CLOUD
WTT2 ROGERS		8/29	HUNN, LARRY	1	E-6	0700-1900	WHITE CLOUD

**6. Work Assignments:**  
 Mop up 100 ft. in from control lines.  
 Conduct suppression repair as identified by READs

**7. Special Instructions:**

**8. Communications**

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
Fire Net	2	COMMAND	170.6000		164.9375	146.2		Tone 5
R5 T4	4	TACTICAL	166.5500	0.0	166.5500	0.0	A	
AG-59	6	A/G	169.1125	0.0	169.1125	0.0	A	
CALCORD	9	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	

**9. Prepared by: Name:** \_\_\_\_\_ **RESL**      Signature: \_\_\_\_\_  
**ICS 204**      Date/Time: 8/23/2023 2200      Personnel Count: 22

# ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

1. Incident Name: **HIGHWAY Incident Channels**

2. Date/Time Prepared: 08/22/2023 1930  
 Date: 08/22/2023 1930  
 Time: 0600

3. Operational Period:  
 Date From: 08/23/23 0600  
 Date To: 08/30/23 0600  
 Time From: 0600  
 Time To: 0600

## 4. Communications

Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
1	FOREST	FS TNF		170.6000	0.0	164.9375	OST	A	For I/A use
2	COMMAND	Fire Net	ALL DIVS	170.6000		164.9375	146.2		Tone 5
3	TACTICAL	NIFC T2		168.2000	0.0	168.2000	0.0	A	For I/A use
4	TACTICAL	R5 T4	DIV A/W	166.5500	0.0	166.5500	0.0	A	
5	A/G	AG-14		167.5000	0.0	167.5000	0.0	A	For I/A use
6	A/G	AG-59	ALL DIVS	169.1125	0.0	169.1125	0.0	A	
7	PROJECT	R5 PROG		168.6625		168.6625			Do not use
8	DISPATCH	NEV CO		153.9650	(T9) 100.0	156.3300	OST	A	For I/A use
9	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
10	TACTICAL	VFIRE 22		154.2650	(T6) 156.7	154.2650	(T6) 156.7	A	For I/A use
11	TACTICAL	VFIRE 23		154.2950	(T6) 156.7	154.2950	(T6) 156.7	A	For I/A use
12	DISPATCH	NEU WEST		151.3250	(T3) 131.8	159.3600	OST	A	For I/A use
13	TACTICAL	CDF T9		151.3850	(T16) 192.8	151.3850	(T16) 192.8	A	For I/A use
14	TACTICAL	CDF T5		151.2500	(T16) 192.8	151.2500	(T16) 192.8	A	For I/A use
15	A/G	CDF A/G 3		159.3675	(T16) 192.8	159.3675	(T16) 192.8	A	For I/A use
16	DISPATCH	NEU EAST		154.1300	(T3) 131.8	159.4950	OST	A	For I/A use
17									
18									
19									
20									

## 5. Special Instructions

This is a test

6. Prepared by (Communications Unit Leader): Name: \_\_\_\_\_

Signature: \_\_\_\_\_

ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC

NIMS IAP

Date/Time: 08/22/2023 1930



## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> <p style="text-align: center; font-weight: bold;">HIGHWAY</p>	<b>2. Operational Period:</b> Date From: 8/23/23 Date To: 8/30/23 Time From: 0700 Time To: 0700
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3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Paramedics
Western Sierra Medical Clinic	844 Old Tunnel Rd, Grass Valley, CA 95945	1-530-274-9762	<input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number	Level of Service
Calstar Air Ambulance (Auburn)	13750 Lincoln Way, Auburn 95603	1-530-887-8259	ALS
Sierra Nevada Ground Ambulance	110 Spring Hill Dr, Grass Valley 95945	1-530-273-1414	ALS
Bi County Ground Ambulance	1700 Poole Blvd, Yuba City 95993	1-530-674-2780	ALS
Reach Air Ambulance (Olivehurst)	1400 Sky Harbor Dr., Oliverhurst 95961	1-916-208-1610	ALS

5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad		Air	Ground			
Sierra Nevada Memorial Hospital	155 Glasson Way, Grass Valley, CA 95945 Lat/Long: 39.2281, -121.0469	1-530-274-6000	6 mins	60-90 mins	Level 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sutter Roseville Medical Center	1 Medical Plaza Dr., Roseville, CA 95661 Lat/Long: 38.7660, -121.2496	1-916-781-1800	20 mins	60 mins	Level 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U.C. Davis Burn Center	2315 Stockton Blvd. Sacramento, CA Lat/Long: 38.5549, -121.4546	1-916-734-3636	27 mins	90 mins	Level 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

6. Special Medical Emergency Procedures	
<p>In the event of a medical emergency provide the following information to the Communication Unit/Grass Valley Communication Center:</p> <ol style="list-style-type: none"> <li>1. Declare the nature of the emergency.                             <ol style="list-style-type: none"> <li>a. Medical injury/illness?</li> <li>b. Is injury/illness life threatening?</li> </ol> </li> <li>2. If life threatening, then request that the designated frequency be cleared for emergency traffic.</li> <li>3. Identify the on-scene Point of Contact (POC) by resource and last name (i.e. POC is TFLD Smith)</li> <li>4. Identify nature of incident, number injured, patient assessment(s) and location (geographic and GPS coordinates).</li> <li>5. Identify on-scene medical personnel by position and name (i.e. EMT Jones)</li> <li>6. Identify preferred method of patient transport.</li> <li>7. Request any additional resources and/or equipment needed.</li> <li>8. Document all information received and transmitted on the radio or phone.</li> <li>9. Identify any changes in the on-scene Point of Contact or medical personnel as they occur.</li> </ol>	<p><b>Injury Reporting Procedures</b></p> <p>Nature of Injury: _____                      Location of Patient: _____                      Point of Contact: _____                      Transportation Requested by: Air _____ Ground _____                      Point of Pick-Up: _____                      Lat: _____ Long: _____                      Patient Unit ID: _____                      Is an EMT with Patient: Yes _____ No _____                      Age: _____ Sex: Male _____ Female _____</p> <p><b>All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</b></p>

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

<b>7. Prepared by (Medical Unit Leader):</b>	<b>Signature:</b> _____
<b>8. Approved by (Safety Officer):</b> Lucas Lambert	<b>Signature:</b>
ICS 206	Date/Time: _____

## SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: <b>HIGHWAY</b>	2. Operational Period:	Date From: 8/23/23 Time From: 0700	Date To: 8/30/23 Time To: 0700
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**Driving: Steep, narrow, dusty roads throughout fire area. Maintain safe following distances and appropriate speed when traversing roads. Drive with headlights on at all times. Obey traffic patterns on highway 20 through road construction areas. Anticipate delays.**

*Working on steep, uneven terrain. Be mindful of rolling materials and crews that may be working downhill. If you see it or hear it, communicate it.*

**Hazardous Trees and Snags: Be alert of snags due to tree mortality and drought. Crews are working in a very hazardous area with numerous dead trees, stay diligent and flag hazardous areas. Avoid taking breaks under trees.**

*Maintain situational awareness. Look up, Look down, Look around*

*Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.*

*Remain mindful of what is going on around you! LCES!*

*Thunderstorms are predicted in the forecast. Be prepared to take appropriate actions.*

*Stay informed of changing weather conditions. Review IRPG Thunderstorm Safety pg. 17*

### **Situational Awareness:**

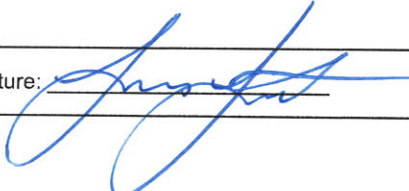
*Identify, process, and comprehend the critical elements of information about what is happening to the team with regards to the mission. More simply, know what is going on around you.*

### **SNAG (Hazard Tree) SAFETY:**

- S**ize up snag hazards in work area
- N**ever become complacent
- A**lways look up
- G**et weather reports
- S**cout out parking, work areas, and safety zones
- A**dvice co-workers of known hazards
- F**ace your hazards and take appropriate action
- E**xamine work area for other hazards
- T**ake extra caution around heavy equipment
- Y**ou are responsible for your own safety

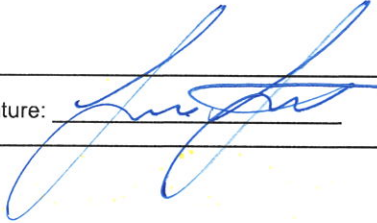
Review your ICS 206 and know what to do in the event of a medical emergency.

**L**ookouts, **C**ommunication, **E**scape routes, **S**afety zones

4. Site Safety Plan Required?	<input type="checkbox"/> No
Approved Site Safety Plan(s) Located At:	
5. Prepared By: Lucas Lambert	Position/Title: SOFR
ICS 208	Date/Time: 8/22/2023 / 2030
Signature: 	



## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

<b>1. Incident Name:</b> HIGHWAY	<b>2. Operational Period:</b>	Date From: 8/23/23 Time From: 0700	Date To: 8/30/23 Time To: 0700
Incident Area	Hazard/Risks	Mitigations	
ALL	FATIGUE	Be alert for signs of fatigue and take breaks as necessary. Drink water before, during and after your shift. Be alert for signs of heat disorder in yourself and others.	
ALL	DRIVING HAZARDS	Drive defensively! Expect the unexpected around every turn. SLOW DOWN. Drive with headlights on, use wheel chocks and always look before backing. Increase following distances on dusty roads.	
ALL	WEATHER	Be thoroughly familiar with weather predictions and monitor conditions on the ground for changes.	
ALL	DEHYDRATION	Drink water before, during, and after your shift. Logistics will have water available.	
ALL	ANIMAL ATTACK	Keep distance from animals and identify aggressive animals. Be mindful of any injuries that could develop into infection.	
ALL	ROLLING MATERIAL	Be aware of work locations of crews. Communicate with individuals that may be below you. Be aware of loose rock and rolling material.	
ALL	HAZARD TREES	Be aware of situational awareness. Look up for overhead hazards. Mitigate the hazard if safe to do so. Flag the hazard and communicate the situation up the chain of command.	
<b>5. Prepared By:</b> Lucas Lambert		Position/Title:	SOF
ICS 215A	Date/Time:	8/22/2023 / 2030	
		Signature:	

# HIGHWAY FIRE FINANCE

CA-TNF-000998

P5QJ8A (0517)

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**Please send your Finance documents and/or questions to the following:**

**Email:** [2023.highway.finance@firenet.gov](mailto:2023.highway.finance@firenet.gov)

Use the following **keywords** in the **subject line** of your email so they get routed to the proper location:

**Personnel Time** (Agency Overhead, Agency Crews/Engines, AD's, Cooperators)

Subject Line of email should include **any** of the following options:

- CTR, Crew Time Report, Time, Overhead

**Contract Equip/Crews** (VIPR, National Contract Crews, etc)

Subject Line of email should include **any** of the following options:

- Shift Ticket, Equipment, Contractor

Write legibly and be sure to add your Request# in the right-hand corner of your shift ticket.

Please make sure your CTR's and Shift Tickets are signed by a government official

**Finance Phone #:** (541) 554-9789 (DO NOT Send any finance documents via text)

PLEASE ENSURE THE BELOW DOCUMENTS ARE EMAILED TO FINANCE:

<b>Agency Equipment/Crews:</b>	<b>Overhead:</b>	<b>Contract Equipment/Contract Crews:</b>	<b>Cooperator:</b>
<ul style="list-style-type: none"><li>• Manifest</li><li>• Resource Order</li><li>• CTR's</li></ul>	<ul style="list-style-type: none"><li>• Resource Order</li><li>• AD Hire Form (If an AD)</li><li>• CTR's</li></ul>	<ul style="list-style-type: none"><li>• Agreement/Manifest</li><li>• Resource Order</li><li>• Shift Ticket</li><li>• Inspection Forms</li></ul>	<ul style="list-style-type: none"><li>• Cooperative Agreement</li><li>• Resource Order</li><li>• Shift Ticket</li><li>• Inspection Forms</li></ul>



# HIGHWAY INCIDENT

CA-TNF-001295

## DEMOBILIZATION CHECK-OUT PROCESS

This incident is using a virtual checkout process for demobilization. **Please do not leave the incident until the follow steps have been completed!**

1. **24 hours prior** to demobilization date, please ensure that:
  - Your incident supervisor has submitted a [Demob Request](#) in coordination with the Demob unit.
  - If you need a flight arranged for you, please submit a [Flight Request Form](#).
2. **On your demob date**, please check out with the following units.
  - Supply Unit – Return gear and supplies.
  - Ground Support/Weed Wash – Return pool NERV rentals, receive inspections, etc.
  - Communications Unit – Return Radios and other communications equipment.
  - Time/Finance – Ensure that all CTRs and/or shift tickets have been submitted and **you have received your final, signed OF-288 Time Report or OF-286 invoice.**
3. **Once you have completed the above steps**, please fill out the [Demob Checkout Form](#) and contact the Demob Unit Leader to confirm your release from the incident. **PLEASE DO NOT FILL OUT THE DEMOB RELEASE FORM UNTIL ALL PRIOR STEPS BEEN COMPLETED!**
  - Demob Unit Leader: (480) 420-7735, [2023.highway.demob@firenet.gov](mailto:2023.highway.demob@firenet.gov)



Demob Request Form



Flight Request Form



Demob Checkout Form



**Updated Phone Number**





# UNIT LOG CONT. (ICS 214)

1. Incident Name:

HIGHWAY

2. Operational Period:

Date From: 8/23/23 Date To: 8/30/23

Time From: 0600 Time To: 0600

6. Activity Log

TIME

MAJOR EVENTS

7. Prepared By:

Date/Time: