

# Strike Team Leader, Single Resource & Overhead Refresher 2018





# *THIS IS ON YOU!*

It is the responsibility of the **Overhead\***/STL/TFL to always know which agreement was used for your request and what mission (who pays) you were requested for!

<b>RESOURCE ORDER</b>	<b>Initial Date/Time</b>	<b>2. Incident / Project Name</b>				<b>3. Incident / Project Order Number</b> <b>CA-SQF-002385</b>				<b>Financial Codes</b> P5LA1W (0513) [P] CFAA - CA FIRE ASSIST AGR CMA - CAL FIRE MUTUAL AID LA1W				
<b>OVERHEAD</b>	08/29/17 0203	<b>PIER</b>				<b>4. Office Reference Number</b>				<b>9. Jurisdiction / Agency</b> Sequoia National Forest				
<b>5. Descriptive Location</b> 42400 HWY 190 ,SPRINGVILLE		<b>6. TWN</b>	<b>RNG</b>	<b>SEC</b>	<b>Base MDM</b>		<b>8. Incident Base / Phone Number</b> EXPANDED - OVERHEAD 559-782-3120 x 745 559-781-5780 EXPANDED - EQUIP/SUPPLY 559-782-3120 x 742, 743 CESAR TORRES 559-359-9215 CCICC 24 HR EMERGENCY 559-781-5780 EXPANDED - CREWS 559-782-3120 x 744				<b>10. Ordering Office</b> Central California ECC			
		20S	30E	28	Mt. Diablo, CA									
		LAT. 36 09 12 N												
		LONG. 118 44 26 W												

<b>11. Aircraft Information</b>																
Bearing	Distance	VOR	Contact Name	Frequency Type	Assigned Frequency	Reload Base	Other Aircraft / Hazards									
29	20	TTE		Air to Air	125.5250	FAT										
95	38	VIS		Tactical	166.7750	PTV										
11	44	EHF		Tactical	168.6000											
				Air Tactics	167.6250											
				Tactical	168.0500											
				Air to Ground	169.1500											
				Tactical	166.7250											
				Command	RX 170.5500 TX 166.0000 103.50											

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-268	09/02/17 1338 PST	EXPANDED - OVERHEAD 559-782-3120 x 745	CA-CCCC	1	RADIO OPERATOR (RADO) (Teasdale, Steven P (CA-XORC)) (T-A)	09/03/17 0600 PST	42400 HWY 190 ,SPRINGVILLE	CA-XORC	CA-CCCC	09/02/17 1616 PST	CA-HTB	Teasdale, Steven P (CA-XORC)	D	09/18/17 1200 PST	09/18/17 1900 PST	09/17/17 1802 PST	JOHN WAYNE AIRPORT-ORANGE COUNTY (SNA)
<b>Travel Mode</b>		<b>Financial Code</b> CFAA - CA FIRE ASSIST AGR				<b>Special Needs</b> OES NAME REQUEST. CELL PHONE, LAPTOP, 4X4 RENTAL, AOV AUTHORIZED				<b>Reporting Instructions</b> VISALLIA MARRIOTT 300 SOUTH COURT ST. VISALLIA, CA 93291							

<b>13. User Documentation</b>																
Req. No.	Documentation														Entered By	
O-268	NAME REQUEST, PLACING UP TO PARENT														TAMMY HILL (CA-XTUC)	

PIER	CA-SQF-002385
------	---------------



# AGREEMENTS

- ✓ Master Mutual Aid (MMA)
- ✓ State Fire and Rescue Resource Mutual Aid Guidelines Document
- ✓ California Fire Assistance Agreement (CFAA)
- ✓ Local Forest Agreement
- ✓ California Cooperative Fire Management Agreement (CFMA)

# AGREEMENTS

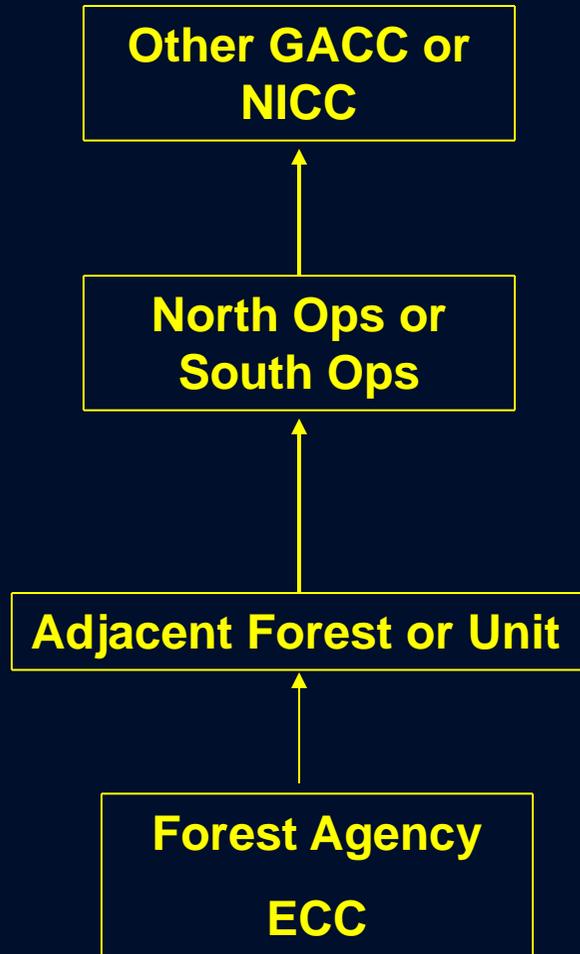
- Master Mutual Aid (MMA)  
*Generally no reimbursement, no \$\$\$*
- California Fire Assistance Agreement (CFAA)  
*Typically involves reimbursement*
- Local Forest Agreement (LFA)  
*Whatever you agreed to*



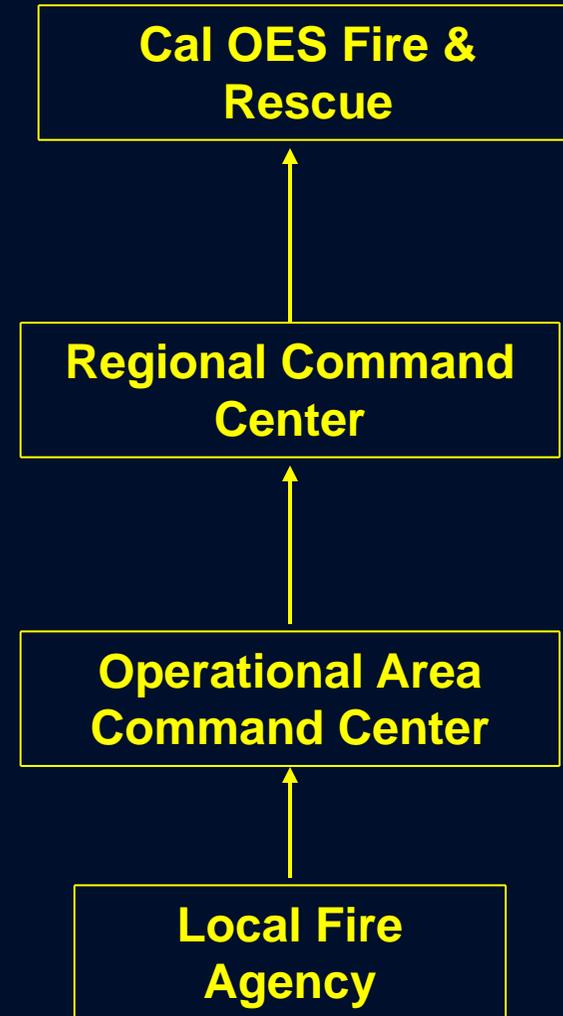
# Agreements

- State Fire and Rescue Resource Mutual Aid Guidelines Document
  - *Applies to CAL FIRE resource only*
  - *Closest resource for Fixed Winged Aircraft*

# FOREST AGENCY COMMAND & CONTROL ORDERING SYSTEM



# CALIFORNIA FIRE & RESCUE MUTUAL AID SYSTEM



**FOREST AGENCY  
COMMAND & CONTROL  
ORDERING SYSTEM**

**CALIFORNIA FIRE &  
RESCUE MUTUAL AID  
SYSTEM**

**How and when do you  
cross the double yellow  
line?**

**Other GACC  
or NICC**

**Cal OES Fire &  
Rescue**

**North Ops  
or South  
Ops**

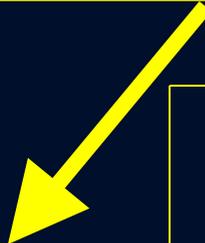
**Regional  
Command  
Center**

**Other Forest or Unit**

**Operational  
Area Command  
Center**

**Forest  
Agency  
ECC**

**Local Fire  
Agency**



**Local Government request for Cal Fire resources under the State Fire and Rescue Resource Mutual Aid Guidelines**

- Typical for an LRA wildland incident
- Some non wildland incidents
- Involves requests to Cal Fire only
- Cal Fire and OES duty officers need to be in the loop

**Forest Agency  
ECC**



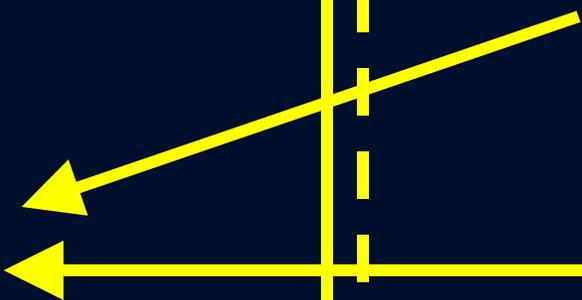
**CALIFORNIA FIRE & RESCUE MUTUAL AID SYSTEM**

**Cal OES Fire & Rescue**

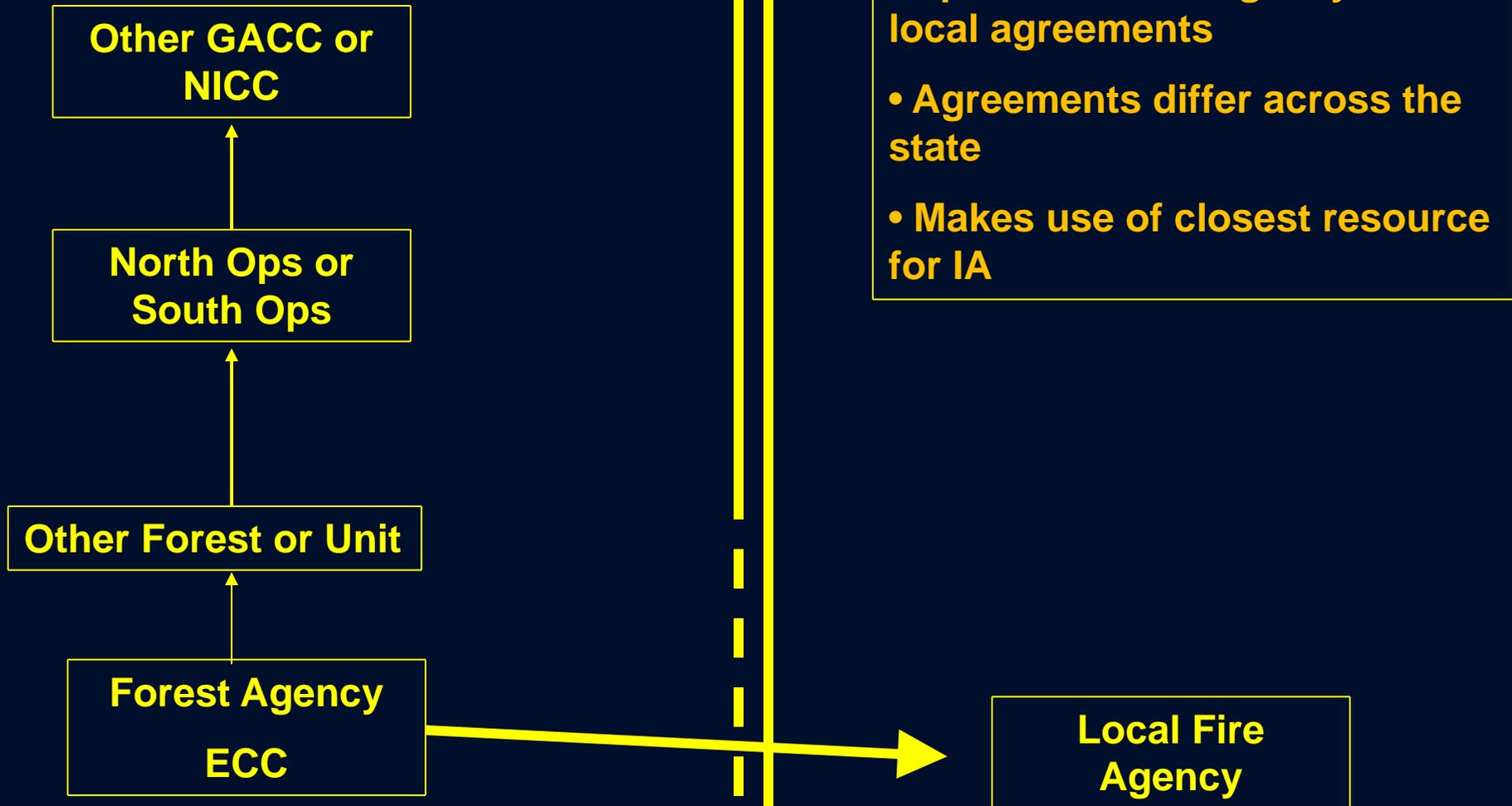
**Regional Command Center**

**Operational Area Command Center**

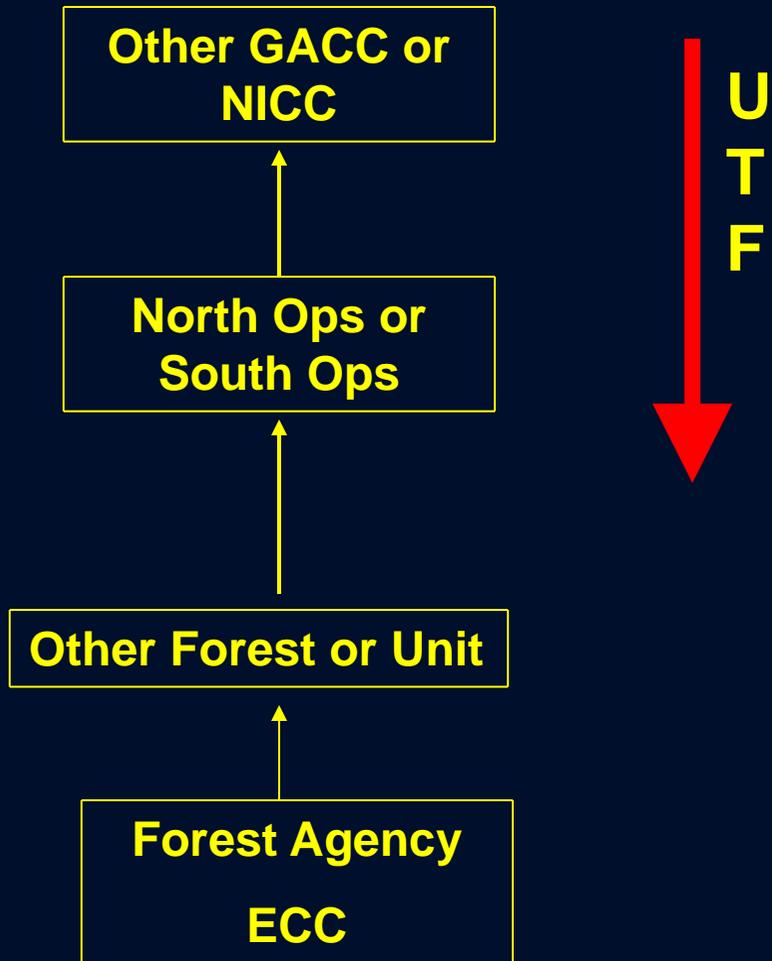
**Local Fire Agency**



# FOREST AGENCY COMMAND & CONTROL ORDERING SYSTEM

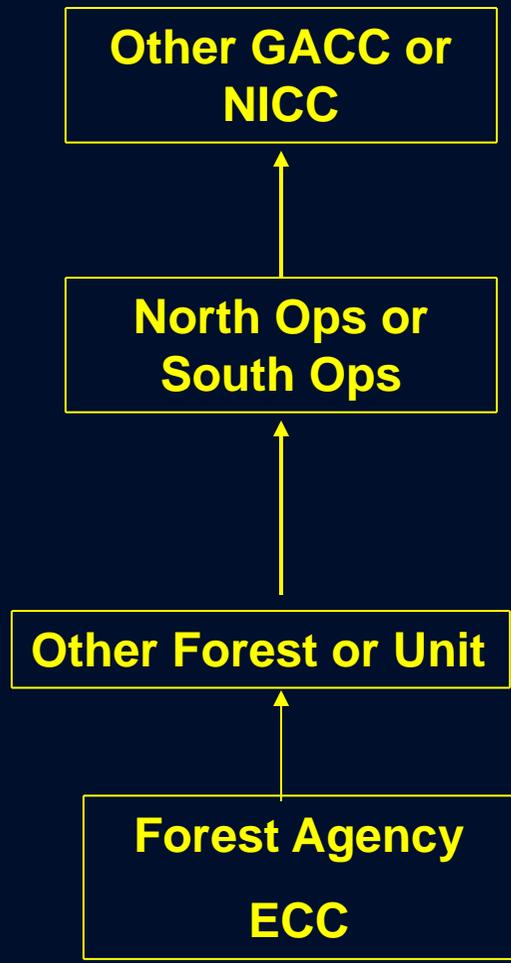


# FOREST AGENCY COMMAND & CONTROL ORDERING SYSTEM



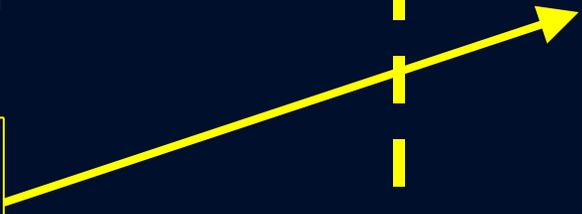
Once the forest agencies begin to exhaust their resources, or the incident dictates closer resources, then a conscious decision must be made by the IC or ECC expanded to place requests into the California Fire & Rescue Mutual Aid System

# 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....



# The California Fire Assistance Agreement (CFAA)



- USFS



- Cal OES



- NPS



- CAL FIRE



- BLM



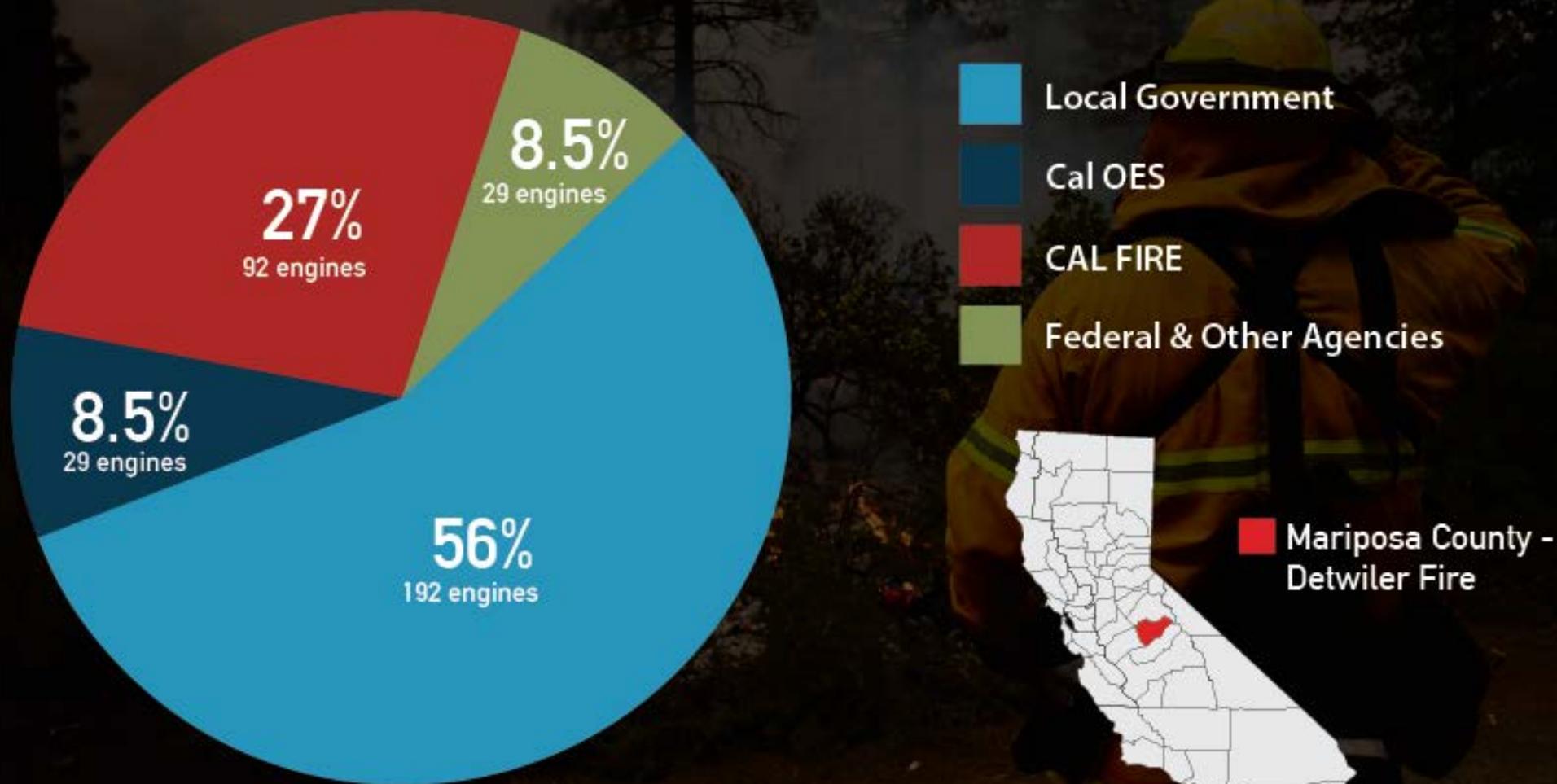
- FWS



- BIA

# CALIFORNIA'S MUTUAL AID SYSTEM AT WORK

## Snapshot: Fire Engines on Detwiler Fire in Mariposa County



Source: ICS-209 Morning Form 7/26/17

# CA Fire Assistance Agreement

- Reimbursement Rates and Process
  - Base Rates (Overtime component included)
  - Personnel/Responder Types
  - Annual Salary Survey required for reimbursement
  - MOU/MOA/GBR required for P2P or OT above a BC
  - Actual Admin Rate due by July 1 of each year
  - Workers' Compensation
  - Federal/DOD/Tribal Fire Departments
  - Travel Expenses
  - Personnel Rotation



# CA Fire Assistance Agreement

- Reimbursement Rates and Process (cont.)
  - [October 1, 2017 Rate Letter](#)



# CA Fire Assistance Agreement

- Personnel/Responder Types:
  - Suppression: Personnel who routinely respond to emergencies.
    - [2018 Annual Salary Survey](#)
  - Non-Suppression: Personnel who occupy a civilian position within a Fire Agency.
    - [Link to Salary Survey Attachment A](#)

# CA Fire Assistance Agreement

- Personnel/Responder Types:
  - Supplemental: 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 training/meetings, etc., of the Department staff
  - [Link to Salary Survey Attachment B](#)

# CA Fire Assistance Agreement

- Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), Governing Body Resolution (GBR) or Equivalent:
  - Any agency seeking reimbursement for personnel for more than actual hours worked on an incident (PORTAL TO PORTAL) must file an MOU/MOA/GBR or equivalent with Cal OES. The MOU/MOA/GBR or equivalent shall indicate how personnel will be compensated



# CA Fire Assistance Agreement

- Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), Governing Body Resolution (GBR) or Equivalent (cont.):
  - Must submit to Cal OES prior to dispatch.
  - If the local agency does not submit prior to dispatch, the F-42(s) will be processed using ACTUAL HOURS worked.

# CA Fire Assistance Agreement

- Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), Governing Body Resolution (GBR) or **Equivalent for Chief Officers:**
  - Personnel above the Battalion Chief level that have an MOU/MOA/GBR or equivalent that indicates they are to be paid above straight time must have the associated document on file prior to dispatch to receive full reimbursement for associated personnel cost.

# CA Fire Assistance Agreement

- Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), Governing Body Resolution (GBR) or Equivalent exclusion:
  - Any agency seeking reimbursement for its Supplemental Personnel will accept rates as outlined in NWCG#2004-2009, Attachment D, which states that Supplemental Personnel will be reimbursed using General Schedule tables with locality pay applied for actual hours worked.

# CA Fire Assistance Agreement

- Definitions for personnel hours
- **PORTAL TO PORTAL** shall mean the time of initial dispatch from home base to the time of return to home base.
- **ACTUAL HOURS WORKED** shall mean on shift time which includes a specific start and ending time, and is recorded as clock hours. On shift time includes actual work, order stand-by and compensable travel. Individuals are required to report to their designated work site as scheduled, ready and willing to perform work safely.



# CA Fire Assistance Agreement

- Actual Administrative Rate Due Date:
  - Local government fire agencies are entitled to include an actual administrative rate.
  - This rate is required to be updated and submitted by July 1, of each year.
  - If the actual rate is not submitted by July 1, the rate will default to the base rate of 10%.



# CA Fire Assistance Agreement

- Workers' Compensation
  - Liability for workers compensation claims and/or payment of unemployment benefits shall remain the responsibility of the responding local, state, federal, and tribal agencies that directly employ the personnel
  - Your workers compensation follows you to your assignment. If you are injured at the incident, you must file a workers compensation claim with your employer

# CA Fire Assistance Agreement

- Federal/Department of Defense/Tribal Fire Departments:
  - Reimbursement of Federal, DOD, and Tribal Fire Departments that respond to Federal Fire Agency fires are governed by other federal agreements.
  - In these cases, Cal OES will not generate invoices for DOD and Tribal Fire Departments.
  - Federal and DOD Fire Departments responding under this Agreement will invoice the supported Federal Fire Agency directly in accordance with existing federal and local agreements.

# CA Fire Assistance Agreement

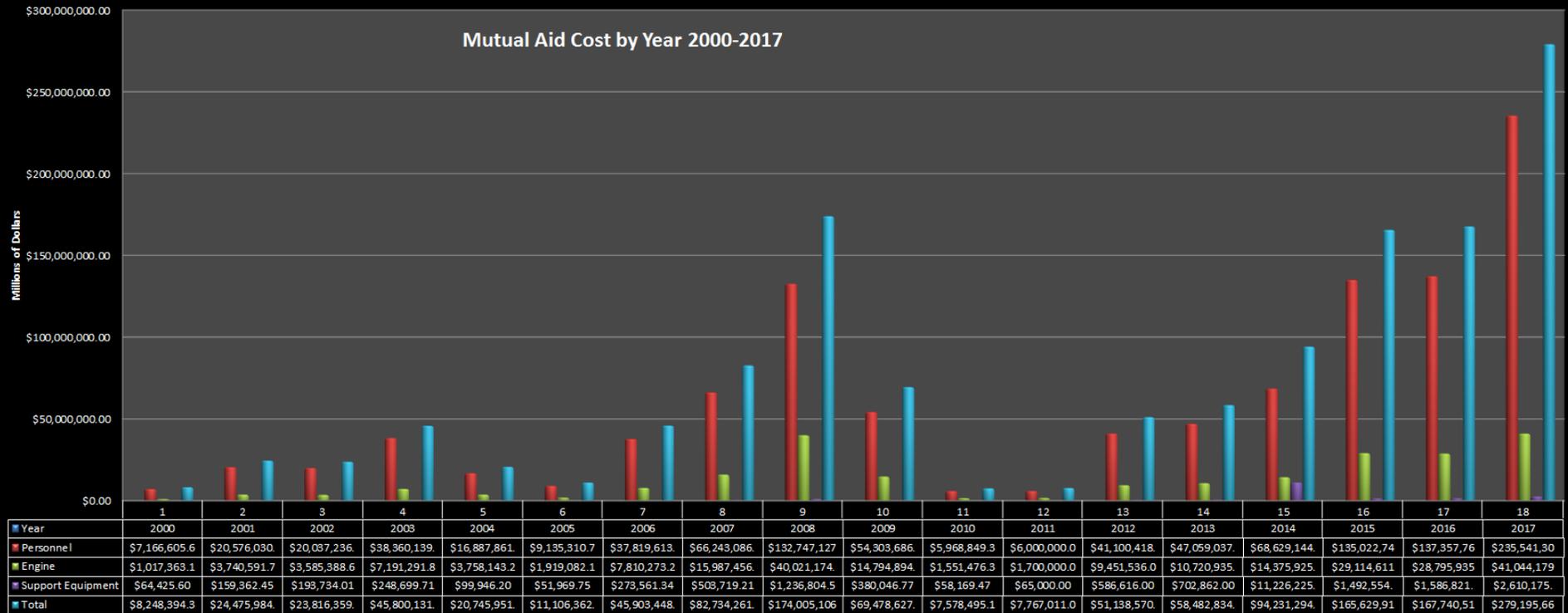
- Federal/Department of Defense/Tribal Fire Departments (cont.):
  - Tribal Fire Departments will invoice the BIA directly in accordance with existing federal or local Agreements.
  - Tribal Fire Departments that have a compact or contracted wildland fire program from BIA will respond through the Federal Dispatching System and not through the California Fire and Rescue Mutual Aid System.



# How much does responding to an incident cost?

- A typical Engine Strike Team runs from \$25,000 to \$40,000 per 24 hour period.
- If you were a business, how accountable would you be for these expenses?
- The F-42 is the reimbursement document for this revenue.

# How much does this cost?



Sacramento Metro 167 m  
 Riverside City 52 m  
 Ventura 126 m  
 Menlo Park 37 m

Kern County 118 m  
 San Diego 218 m  
 Hunnington Beach 46 m  
 Long Beach 92 m

Fresno City 56 m  
 Santa Barbara 56 m  
 Santa Clara Co 96 m  
 San Rafael 21 m

# Some things to know about the CFAA

- Reimbursement - Emergency Apparatus Loss or Damage:
  - The State of California and the Federal Fire Agencies *may* reimburse local government fire agencies 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 more things to know about the CFAA

- Reimbursement - Travel Expenses:
  - At no time will local government fire 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.
  - For information on APPROVED travel expense reimbursement, refer to [Exhibit H](#)





# Some things to know about the CFAA

- Reimbursement – Approved 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 Operational Areas have agreed to a 14 day commitment on assignments exclusive of travel.*



# Personnel Rotations

- Crew member rotations happen for various reasons (timed out, medical, family)
- 2 types of rotations – Incident Approved (paid for) and Home Agency pay
  - Incident – normally a minimum of 7 work days before they will consider (paperwork will be submitted to IC for approval)
  - Home Agency – all cost for rotation will be covered by home agency

# Personnel Rotations

- If a OES AREP is on scene, all crew rotations should start with them.
- Crew rotation process should start at least 48hrs prior to the request date.
- All crew rotations will happen when units are on an OFF status.

# Approved Personnel Rotations

- Rotations will be documented on the Resource Rotation – Job Aid <sup>(v9)</sup> which will be signed by the IC through the OES AREP.
- The Incident Commander or MOB Center Mgr. 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).*

# Approved Personnel Rotations

- The personnel rotation and transportation plan must be coordinated through the incident, the ordering point, agency representative, and/or the overhead responsible for the personnel to be rotated

## RESOURCE ROTATION – JOB AID

<b>1. Incident Name:</b>					<table border="1" style="font-size: 8px; border-collapse: collapse;"> <tr> <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: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	State	3 Letter I.D.	Number				
State	3 Letter I.D.	Number										
<b>2. To (Name and Position):</b>												
<b>3. From:</b>												
Name: _____ Position: _____ Phone: (____) _____ - _____ Rotation Agency ID: <table border="1" style="font-size: 8px; border-collapse: collapse;"><tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table>												
Strike Team ID: <table border="1" style="font-size: 8px; border-collapse: collapse;"><tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table>												
Strike Team Number: <table border="1" style="font-size: 8px; border-collapse: collapse;"><tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table>												
Request #: <table border="1" style="font-size: 8px; border-collapse: collapse;"><tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table>												
Engine #: <table border="1" style="font-size: 8px; border-collapse: collapse;"><tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table>												
First Day Worked on Incident: _____												
<b>4. Subject:</b> <span style="color: blue; font-weight: bold;">Reimbursement – Personnel Rotation</span> <small>(per CFAA Exhibit A: Clause A-34; Exhibit C)</small>			<b>5. Date:</b>	<b>6. Time:</b>								
<b>7. Message:</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center; font-size: 8px;">Agency Name</td> <td style="width: 20%; text-align: center; font-size: 8px;">Vehicle License #</td> <td style="width: 20%; text-align: center; font-size: 8px;">Type (SUV/Pickup/Van/Auto)</td> </tr> <tr> <td style="padding: 5px;">Requested Crew Rotation Vehicle :</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> </tr> </table>						Agency Name	Vehicle License #	Type (SUV/Pickup/Van/Auto)	Requested Crew Rotation Vehicle :			
	Agency Name	Vehicle License #	Type (SUV/Pickup/Van/Auto)									
Requested Crew Rotation Vehicle :												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center; font-size: 8px;">Depart Home Agency (Date/Time)</td> <td style="width: 20%; text-align: center; font-size: 8px;">Incident Arrival (Date/Time)</td> </tr> <tr> <td style="padding: 5px;">Incoming Crew anticipated travel:</td> <td style="border: 1px solid black; width: 100px; height: 30px;"></td> <td style="border: 1px solid black; width: 100px; height: 30px;"></td> </tr> </table>						Depart Home Agency (Date/Time)	Incident Arrival (Date/Time)	Incoming Crew anticipated travel:				
	Depart Home Agency (Date/Time)	Incident Arrival (Date/Time)										
Incoming Crew anticipated travel:												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center; font-size: 8px;">Depart Incident (Date/Time)</td> <td style="width: 20%; text-align: center; font-size: 8px;">Arrival at Home Agency (Date/Time)</td> </tr> <tr> <td style="padding: 5px;">Outgoing Crew anticipated return travel:</td> <td style="border: 1px solid black; width: 100px; height: 30px;"></td> <td style="border: 1px solid black; width: 100px; height: 30px;"></td> </tr> </table>						Depart Incident (Date/Time)	Arrival at Home Agency (Date/Time)	Outgoing Crew anticipated return travel:				
	Depart Incident (Date/Time)	Arrival at Home Agency (Date/Time)										
Outgoing Crew anticipated return travel:												
<b>8. Notes:</b>												
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>												
<b>Instructions to Expanded Dispatch</b> <small>(per Exhibit C; CFAA):</small> 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:												
<b>9. Incident Approval:</b> <small>(IC or Mobilization Center Manager)</small>												
Approved: <input type="checkbox"/> Name: _____ Signature: _____ Position: _____												
<b>10. Expanded Dispatch Reply:</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center; vertical-align: middle;">Subordinate Order #</td> <td style="border: 1px solid black; width: 100px; height: 40px;"></td> </tr> </table>					Subordinate Order #							
Subordinate Order #												
<b>11. Replied by:</b>												
Name: _____ Position: _____ Signature: _____ Date/Time: _____												



# Approved Personnel Rotations

- The resource order will be annotated in the documentation section by the incident indicating the date and time of personnel rotation approval
- Subsequently the home unit/filling command center will add documentation to include the following information:



# Approved Personnel Rotations

- Method/Mode, date and time of transportation
- An ICS Form 213 or Rotation Job Aid must be signed by the IC or MOB center manager approving the rotation. This form shall be attached to the respective F-42 associated with the rotation vehicle and overlapping time of personnel



# Approved Personnel Rotations

- If the home agency/s will be using a commercial bus for the movement of personnel for the rotation, the cost for the bus must be approved. (*when submitting your request for rotation, you will need to provide a estimate for the bus cost for approval*)



# Approved Personnel Rotations

- Crews coming off shift will be required to rest prior to departing the incident (safety reason)
- The exception would be if drivers were sent and/or a commercial bus was used



# Personnel Rotation Issues

- Unapproved rotations involving change in ranks on engine are not documented by date/time
- Change in number of personnel on engine (need separate F-42)
- Personnel changes not completed prior to reassignment to another incident



# Personnel Rotation Issues

- Unclear documentation (214's)
- Crew that rotated out did not start a F-42 for the time that they were there (names, ranks, last 4 SSN)



# IMT/Overhead Rental Car

- 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. **Exhibit H**



# IMT/Overhead Rental Car

- State contract with Enterprise is available to all local government fire entities
- Enterprise will set up a direct bill account for your agency or
- Users can use a department credit card or
- Agencies can use account number XZCPFIR and renters can use their own payment
- ROSS order must have rental vehicle authorized



# IMT/Overhead Rental Car

- Steps to obtain a rental car are:
  - Go on line and get a reservation.  
Reservation guarantee's rate. Vehicle should be based on your incident position
  - Provide your agency account code or credit card, or account number provided by Enterprise on previous slide
  - Drivers license
  - [www.enterprisetrucks.com](http://www.enterprisetrucks.com) can assist in locating trucks

# State of CA Program Rates-Short Term

<u>Class</u> <u>Type</u>	<u>Sample</u> <u>Vehicle</u>	<u>Daily</u> <u>Rates</u>	<u>Weekly</u> <u>Rates</u>
Compact	Nissan Versa	\$33.96	\$135.83
Intermediate	Hyundai Elantra	\$33.96	\$135.83
Standard	Buick Verano	\$36.02	\$144.06
Full Size	Nissan Altima	\$36.02	\$144.06
Hybrid Electric/Plug-In Zero Emission Vehicle	Toyota Prius	\$43.22	\$172.87
Compact SUV	Jeep Renegade	\$57.62	\$230.50
Medium SUV	Hyundai Santa Fe	\$90.55	\$540.23
Pick Up Truck	Ram 1500	\$72.03	\$288.12
¾-Ton/1-Ton Pick Up Truck	Chevy Silverado	\$92.61	\$463.05
Mini Van	Dodge Grand Caravan	\$57.62	\$230.50
Mini Van (8 Passenger)	Toyota Sienna	\$93.64	\$493.92
Large Van (12-15 Passenger)	Ford Transit Wagon	\$124.51	\$747.05
Cargo Van	Ram Promaster City	\$82.32	\$411.60
Mini-Cargo Van	Transit Connect	\$67.91	\$339.57
15' Cutaway Box Van w/ramp		\$72.03	\$360.15
16' Box Truck		\$87.47	\$437.33
24' Box Truck		\$102.90	\$514.50
26' Box Truck		\$102.90	\$514.50
14' Stake Bed		\$87.47	\$437.33
24' Stake Bed		\$102.90	\$514.50

# IMT/Overhead Rental Car

- Damage
  - Comp/Claims Process
  - Cleaning Fee (150.00)
  - Damage from off road use is not covered by damage waiver
  - 3/4Ton=Off Road





ENTERPRISE RENT-A-CAR  
P O BOX 843369  
KANSAS CITY MO USA 64184

03/02/2017

CALFIRE

Claim Number : 09649833  
Company Reference Number :  
Your Claim Number :  
Date of Loss : 08/31/2016  
Balance Due : \$9,711.48  
Renter's name : [REDACTED]  
Billing Invoice : 3001392464

DRIVER'S NAME: [REDACTED]

Dear Sir / Madam,

**Our review indicates that your employee is responsible for the damages to our vehicle.**

Enclosed please find documentation to support our claim. Please review this information and remit payment in full to the address above. Please include our claim number on your payment. If you prefer you may also pay the amount due using a debit card, credit card or directly from your bank account at: <http://www.claimtopay.com>.

If you have reported this claim to your insurance and / or credit card company, please contact our office with the claim information.

If you have any questions, please contact us at the number below.

Sincerely,

ENTERPRISE RENT-A-CAR

DAMAGE RECOVERY

Phone: 8663003238  
Fax: 8888748937  
Email: DRU2@ehi.com



A document titled "Santa Maria Trucking" with various fields for information. The document is a form with multiple sections and fields, including a date of "1/22/2018". The form is partially filled out with handwritten text. The document is titled "Santa Maria Trucking" and has a logo at the top. The form includes fields for "DATE", "TIME", "LOCATION", "TYPE", "DESCRIPTION", "REMARKS", "DRIVER", "TRUCK", "EQUIPMENT", "STATUS", "COST", "REMARKS", "DATE", "TIME", "LOCATION", "TYPE", "DESCRIPTION", "REMARKS", "DRIVER", "TRUCK", "EQUIPMENT", "STATUS", "COST", "REMARKS". The date "1/22/2018" is visible in the "DATE" field.

RESOURCE ORDER	Initial Date/Time	2. Incident / Project Name				3. Incident / Project Order Number <b>CA-SQF-002385</b>		Financial Codes P5LA1W (0513) [P] CFAA - CA FIRE ASSIST AGR CMA - CAL FIRE MUTUAL AID LA1W	
OVERHEAD	08/29/17 0203	PIER				4. Office Reference Number		9. Jurisdiction / Agency Sequoia National Forest	
5. Descriptive Location 42400 HWY 190 ,SPRINGVILLE		6. TWN	RNG	SEC	Base MDM	8. Incident Base / Phone Number EXPANDED - OVERHEAD 559-782-3120 x 745 559-781-5780 EXPANDED - EQUIP/SUPPLY 559-782-3120 x 742, 743 CESAR TORRES 559-359-9215 CCICC 24 HR EMERGENCY 559-781-5780 EXPANDED - CREWS 559-782-3120 x 744		10. Ordering Office Central California ECC	
		20S	30E	28	Mt. Diablo, CA				
		LAT. 36 09 12 N							
		LONG. 118 44 26 W							

11. Aircraft Information							
Bearing	Distance	VOR	Contact Name	Frequency Type	Assigned Frequency	Reload Base	Other Aircraft / Hazards
29	20	TTE		Air to Air	125.5250	FAT	
95	38	VIS		Tactical	166.7750	PTV	
11	44	EHF		Tactical	168.6000		
				Air Tactics	167.6250		
				Tactical	168.0500		
				Air to Ground	169.1500		
				Tactical	166.7250		
				Command	RX 170.5500 TX 166.0000 103.50		

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-268	09/02/17 1338 PST	EXPANDED - OVERHEAD 559-782-3120 x 745	CA-CCCC	1	RADIO OPERATOR (RADO) (Teasdale, Steven P (CA-XORC) (T-A)	09/03/17 0600 PST	42400 HWY 190 ,SPRINGVILLE	CA-XORC	CA-CCCC	09/02/17 1616 PST	CA-HTB	Teasdale, Steven P (CA-XORC)	D	09/18/17 1200 PST	09/18/17 1900 PST	09/17/17 1802 PST	JOHN WAYNE AIRPORT-ORANGE COUNTY (SNA)
Travel Mode		Financial Code CFAA - CA FIRE ASSIST AGR		Special Needs OES NAME REQUEST. CELL PHONE, LAPTOP, 4X4 RENTAL, AOV AUTHORIZED			Reporting Instructions VISALLIA MARRIOTT 300 SOUTH COURT ST. VISALLIA, CA 93291										

13. User Documentation		
Req. No.	Documentation	Entered By
O-268	NAME REQUEST, PLACING UP TO PARENT	TAMMY HILL (CA-XTUC)

PIER	CA-SQF-002385
------	---------------

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-1000	07/26/17 1252 PST	(SOF1)(T) JORGE SEGURA 619-209-1329	CA-MMCC	1	SAFETY OFFICER, LINE (SOFR) (T-A)	07/28/17 0700 PST	MERCED FAIRGROUND S (MERCED,CA)	CA-XFRC	CA-MMCC	07/27/17 1936 PST	CA-CLV	COLEMAN, TROY E (CA-XFRC)	D	07/31/17 1200 PST	07/31/17 1330 PST	07/31/17 1200 PST	FRESNO YOSEMITE INTL (FAT)
Travel Mode		Financial Code CFAA - CA FIRE ASSIST AGR		Special Needs AGENCY OR RENTAL 4X4 VEHICLE WITH SAFETY OFFICER KIT/EQUIPMENT			Reporting Instructions										

13. User Documentation

Req. No.	Documentation	Entered By
O-1000	Request O-1000 was UTF by Ryan Avila@CA-TUCC ROSS.	Ryan Avila (CA-TUCC) 07/26/2017 1331 PST
O-1000	no one available unit close to draw down on resources and personnel on incidents	Ryan Avila (CA-TUCC) 07/26/2017 1331 PST
O-1000	Request O-1000 was UTF by CHARLES PETERSON@CA-SBDC ROSS.	CHARLES PETERSON (CA-SBDC) 07/26/2017 1358 PST
O-1000	Unit @ drawdown	CHARLES PETERSON (CA-SBDC) 07/26/2017 1358 PST
O-1000	Request O-1000 was UTF by Nick Hermosillo@CA-CZCC Altaris CAD - CACZU.	Nick Hermosillo (CA-CZCC) 07/26/2017 1431 PST
O-1000	UTF Remark: UTF	Nick Hermosillo (CA-CZCC) 07/26/2017 1431 PST
O-1000	No SOFR available on SRF or HUU at this time.	Michael Jameson (CA-FICC) 07/26/2017 1739 PST
O-1000	Request O-1000 was UTF by Michael Jameson@CA-FICC ROSS.	Michael Jameson (CA-FICC) 07/26/2017 1739 PST
O-1000	Request O-1000 was UTF by Steven Blythe@CA-SCCC Altaris CAD - CASCU.	Steven Blythe (CA-SCCC) 07/26/2017 1747 PST
O-1000	UTF Remark: NO PERSONNEL AVAILABLE PER DUTY CHIEF	Steven Blythe (CA-SCCC) 07/26/2017 1747 PST
O-1000	Request O-1000 was UTF by Rob Robertson@CA-BTCC Altaris CAD - CABTU.	Rob Robertson (CA-BTCC) 07/26/2017 1825 PST
O-1000	UTF Remark:	Rob Robertson (CA-BTCC) 07/26/2017 1825 PST
O-1000	Request O-1000 was UTF by IVY WILLIAMS@CA-TGCC Altaris CAD - CATGU.	IVY WILLIAMS (CA-TGCC) 07/26/2017 1849 PST
O-1000	UTF Remark: RESOURCES COMMITTED TO UNIT COVERAGE, MOU VAC , MEDICAL	IVY WILLIAMS (CA-TGCC) 07/26/2017 1849 PST

DETWILER	CA-MMU-014474
----------	---------------

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-325	07/18/17 0136 PST	MEDL DARIN NELSON 916-622-3371	CA-MMCC	1	FIRELINE EMT (CALIFORNIA ONLY)	07/18/17 0700 PST	Mariposa Fairgrounds (Mariposa ,CA )	CA-XFRC	CA-MMCC	07/18/17 0500 PST	CA-FRN	HINES, MATTHEW J (CA-XFRC)	D	07/26/17 1015 PST	07/26/17 1215 PST	07/26/17 1000 PST	FRESNO YOSEMITE INTL (FAT)
Travel Mode			Financial Code CFAA - CA FIRE ASSIST AGR			Special Needs EACH WITH BLS LINE GEAR AND VEHICLE						Reporting Instructions					

13. User Documentation		
Req. No.	Documentation	Entered By
O-325	Shopped out, try thru OES system	JACQUELINE WILLIAMS (CA-OSCC) 07/18/2017 0221 PST
O-325	Request O-325 was UTF by Karen Sullivan@CA-BECC Altaris CAD - CABEU.	Karen Sullivan (CA-BECC) 07/18/2017 0223 PST
O-325	UTF Remark: NONE AVAIL, MOU	Karen Sullivan (CA-BECC) 07/18/2017 0223 PST
O-325	Request O-325 was UTF by JACQUELINE WILLIAMS@CA-OSCC ROSS.	JACQUELINE WILLIAMS (CA-OSCC) 07/18/2017 0224 PST
O-325	Request O-325 - FIRELINE EMT (CALIFORNIA ONLY) - [CA-MMU-014474] DETWILER has been filled with HINES, MATTHEW J (CA-XFRC) by JOHN DAHLBERG@CA-XFRC ROSS.	JOHN DAHLBERG (CA-XFRC) 07/18/2017 0500 PST
O-325	Rental Vehicle Approved	Lee Lawler (CA-MMCC) 07/18/2017 0523 PST
O-325	RENTAL RETURN, NOT AVAIL FOR REASSIGNMENT PER HOME UNIT	Valerie Watts (CA-MMCC) 07/26/2017 1009 PST

DETWILER	CA-MMU-014474
----------	---------------

# 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

# Incident Off-Shift Rest & Sleeping Accommodations

- Local government and OES engines staffed by CAL FIRE personnel fall under the provisions of the CFAA
- Never split up the strike team
- Utilize the OES and CAL FIRE AREP to resolve issues



# Mobile Sleep Trailers



AUG 5 2006



# 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.



Each person occupying rooms must sign the CAL FIRE AO-341 (blue ink) so the bill can be paid.

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

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



RESTAURANT/MOTEL NAME: Comfort Inn

DATE: 5/22/08 INCIDENT NAME: Summit

FIRE NUMBER: \_\_\_\_\_ INCIDENT NUMBER: CA SCU 002548

CALCARD (Holder Name: Print) \_\_\_\_\_ PAGE 1 OF 2

Reference DPA Rule: 599.0220, 599.0230

NAME (Please print)	REQUEST NO.	STATION/CREW #	ROOM #	SINGLE ROOM	DOUBLE ROOM	SIGNATURE
1. RAN DY 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 Reel	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 Handler	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. Russen 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]

# Time Unit

- Check with the OES AREP for process
- If NO OES AREP
  - ✓ Be sure to get your F-42 signed by the incident authorized representative, and mail white copies to OES HQ
- Keep your paperwork current





# F-42: Strike Team - Sample

EMERGENCY ACTIVITY RECORD (OES F-42) - Revision Apr/2015																												
<input checked="" type="checkbox"/> Portal to Portal <small>(If checked, ensure Section 5 is completed)</small>		<input type="checkbox"/> Actual Hours <small>(If checked, ensure Section 13 is completed)</small>																										
		<input type="checkbox"/> Aprvd. Personnel Rotation <small>(If checked, ensure Section 9 or 10 is completed)</small>																										
<b>1. AGENCY DESIGNATOR</b> State "Your" 3-Letter ID C A S M C		<b>2. STRIKE TEAM/TASK FORCE</b> X S D 6 4 1 2 C																										
<b>3. INCIDENT ORDER NUMBER</b> State 3-Letter ID Number C A C N F 002067		<b>4. INCIDENT REQUEST NUMBER</b> 3-Letter ID Number C N F E 112																										
<b>5. DISPATCH INFORMATION</b> Incident Name: Falls Reporting Location: ICP To: <input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area) Committed to Incident: Date: 07/01/2015 Time (24 Hour): 13:30 Return from Incident: Date: 07/16/2015 Time (24 Hour): 18:30 Redispached: Date: Time (24 Hour):																												
<b>6. DISPATCHED FROM</b> Incident Name: < Only if Coming From Another OES Incident > End Date:																												
OLD INCIDENT ORDER NUMBER State 3-Letter ID Number		OLD REQUEST NUMBER 3-Letter ID ID Number																										
<b>7. REDISPATCHED INFORMATION (START NEW F-42 IF REDISPATCHED)</b> Incident Name: < Only if Headed to Another OES Incident > Start Date:																												
NEW INCIDENT ORDER NUMBER State 3-Letter ID Number		NEW REQUEST NUMBER 3-Letter ID ID Number																										
<b>8. OVERHEAD INFORMATION - ST (T) LEADER / ST (T) LEADER (TRAINED) / OVERHEAD</b> <input type="checkbox"/> Strike Team Leader or Task Force Leader <input type="checkbox"/> Strike Team Leader or Task Force Leader (Trained) <input type="checkbox"/> Overhead Position (ICS Title):																												
<b>9. SUPPORT VEHICLE INFORMATION - ST (T) LEADER / OVERHEAD / SUPPORT VEHICLE</b> Vehicle Ownership: <input type="checkbox"/> Agency <input type="checkbox"/> POV <input type="checkbox"/> Rental <input type="checkbox"/> CDF / OES Vehicle License #: Vehicle Type: <input type="checkbox"/> Sedan <input type="checkbox"/> SUV <input type="checkbox"/> Van <input type="checkbox"/> Pick-Up (1/2 Ton) <input type="checkbox"/> Other (1/2 Ton & Above) Other:																												
<b>10. PRIVATELY OWNED VEHICLE ONLY</b> Expiring Calendar: Ending Odometer: Mile Aves:																												
<b>11. EQUIPMENT RESOURCE INFORMATION</b> Apparatus: Engine Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> CDF / OES Vehicle Unit #: 1121 License #: 1XYZ234 GPM: 500 <small>(Rated GPM of main pump/gross spec. listed)</small>																												
<b>12. PERSONNEL INFORMATION</b> Number of Personnel on Apparatus: Documentation Only Name (Last, First) Rank (Officer / Firefighter / Driver) Last Shift COT A/P Rimgale, Donald Captain xxxx <input type="checkbox"/> <input type="checkbox"/> Gavin, Tommy Engineer xxxx <input type="checkbox"/> <input type="checkbox"/> Gage, John Firefighter xxxx <input type="checkbox"/> <input type="checkbox"/> Desoto, Roy Firefighter xxxx <input type="checkbox"/> <input type="checkbox"/>																												
<b>13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS. - REQUIRED TO COMPLETE BOTH F-42 &amp; C-1)</b> Name (Last, First) Rank, ICS or Job Title Supp. Personnel: <input type="checkbox"/> Yes <input type="checkbox"/> No (Use End of Roll) <table border="1"> <thead> <tr> <th>Date</th> <th>ST Start</th> <th>ST End</th> <th>OT Start</th> <th>OT End</th> <th>OT Hrs.</th> <th>Date</th> <th>ST Start</th> <th>ST End</th> <th>ST Hrs.</th> <th>OT Start</th> <th>OT End</th> <th>OT Hrs.</th> </tr> </thead> <tbody> <tr> <td colspan="12">TOTALS</td> </tr> </tbody> </table>				Date	ST Start	ST End	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.	TOTALS											
Date	ST Start	ST End	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.																
TOTALS																												
<b>14. COMMENTS (SOUTHWEST) - PRE-ARRIVALS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.</b> Date/Time Assigned 7/1 Assigned 7/6 DeMob																												
<b>15. COMPENSATION CLAIMS</b> Comp. Claims: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>16. SUPPLY NUMBER</b> \$ #: 27																										
<b>17. RESPONDING AGENCY INFORMATION</b> DCD / Tribal: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Agency/Department Name: San Marcos FD Station: Donald Rimgale Fire Captain Phone Number: Donald Rimgale 916-555-1212																												
<b>18. INCIDENT INFORMATION</b> <input type="checkbox"/> CDF <input type="checkbox"/> USFS <input type="checkbox"/> BLM <input type="checkbox"/> NPS <input type="checkbox"/> BIA <input type="checkbox"/> FWS Other: Agency/Department Name: Joe Finance ICS Position Title: Joe Finance PSC Date: 07/16 OES Representative: Joe Finance OES																												

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



# F-42: Crew 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 12 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 M C**

2. STRIKE TEAM/TASK FORCE: X **S D 6 4 1 2 C**

3. INCIDENT ORDER NUMBER: State 3-Letter ID: **C A C N F** Number: **002067**

4. INCIDENT REQUEST NUMBER: State 3-Letter ID: **C N F E** Number: **112**

5. DISPATCH INFORMATION  
Incident Name: **Falls** Reporting Location: **ICP**  
To:  Incident  Complex  Mobilization Center (Not Staging Area)  
Committed to Incident: Date: **07/01/2015** Time (24 Hour): **13:30**  
Return from Incident: Date: **07/16/2015** Time (24 Hour): **18:30**  
Redispached: Date: \_\_\_\_\_ Time (24 Hour): \_\_\_\_\_

6. DISPATCHED FROM  
Incident Name: **< Only if Coming From Another OES Incident >** End Date: \_\_\_\_\_

7. REDISPATCHED INFORMATION (START NEW F-42 IF REDISPATCHED)  
Incident Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

8. OVERHEAD INFORMATION - ST (IT) LEADER / ST (IT) 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 (IT) LEADER / OVERHEAD / SUPPORT VEHICLE  
Vehicle Ownership:  Agency  POV  Rental  CDF / OES Vehicle License #: **1XYZ234**  
Vehicle Type:  Sedan  SUV  Van  Pick-Up (1/2 Ton)  Other (1/2 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: \_\_\_\_\_  
(Post GPM of main pump panel spec, plus)

12. PERSONNEL INFORMATION  
Number of Personnel on Apparatus: \_\_\_\_\_  Documentation Only

Name (Last, First)	MARK OF JOB / DESIGNATION	LOG 1 (OES)	CD	OT
Rimgale, Donald	Captain	xxxx	<input type="checkbox"/>	<input type="checkbox"/>
Gavin, Tommy	Engineer	xxxx	<input type="checkbox"/>	<input type="checkbox"/>
DeSoto, Roy	Firefighter	xxxx	<input type="checkbox"/>	<input type="checkbox"/>
McCaffery, Dennis	Captain	xxxx	<input type="checkbox"/>	<input type="checkbox"/>
Coots, Joe	Engineer	xxxx	<input type="checkbox"/>	<input type="checkbox"/>
Gage, John	Firefighter	xxxx	<input type="checkbox"/>	<input type="checkbox"/>
TOTALS				

13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PER. - REQUIRED TO COMPLETE AOVN 31 & 32)  
Name (Last, First) Rank, ICS or Job Title Supp. Personnel:  Yes  No (Total of 100)

Date	ST Start	ST End	ET Start	ET End	OT Start	OT End	OT Hrs.	Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.
TOTALS														

14. COMMENTS (EQUIPMENT BREAKDOWN, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.)  
Date/Time: **7/16 08:00-09:30** Crew Travel from San Marcos (McCaffery, Coots, Gage)  
**7/16 12:00-13:30** Crew Return Travel to San Marcos (Rimgale, Gavin, DeSoto)

15. COMPENSATION CLAIMS  
Comp. Claims:  Yes  No \$ #: \_\_\_\_\_

16. SUPPLY NUMBER  
S #: \_\_\_\_\_

17. RESPONDING AGENCY INFORMATION  
Agency/Department Name: **San Marcos FD**  
DD / Tribal:  Yes  No  
Signature: **Donald Rimgale** Title: **Fire Captain**  
Phone Number: **916-555-1212**

18. INCIDENT INFORMATION  
 CDF  USFS  BLM  NPS  BIA  FWS Other: \_\_\_\_\_  
Signature of Dispatch User: **Joe Finance** ICS Dispatch Title: **FSC**  
Signature of Responding Agency: **Joe Finance** Date: **07/16**  
Signature of OES Representative: **OES Representative** Date: **07/16**

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



# F-42 tips

- Terms to avoid:
  - Structure protection / defense
- Terms to use:
  - Approved Personnel Rotation
  - Assigned / Re-assigned
  - Comp/Claims notations
- Don't confuse block 14 (comments) on the F-42 with your ICS 214 Unit Log

# F-42 tips

- Don't confuse block 14 (comments) on the F-42 with your ICS 214 Unit Log
- Use your ICS 214 to document the daily events of your deployment
  - Accidents
  - Agreements

## 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, damage estimates, and other information.
4. Ensure that cost of damage is reflected as an estimate and is non-exclusive.
5. Complete appropriate forms (listed below).
6. Submit forms, photos, and information to the OES AREP.
7. Three copies of all documents generated (Home Agency, OES AREP, Incident Comp Claims).
8. 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/dps/images/std270.pdf>
- State Incident: Cal Fire 101 – Property Certification / Certificate of Responsibility }   
or <http://jerrlong.com/files/cdf101.doc>
- Federal Incident: NIFC OF289 – Property Loss or Damage Report }   
[http://gacc.nifc.gov/nwcc/content/pdfs/dispatch/Jada/OF\\_289.pdf](http://gacc.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: \_\_\_\_\_

Comp/Claims Process  
Start with this Checklist!

# Comp/Claims Process

- Complete formal documentation
  - Accident Report STD Form 270
    - Complete including diagrams, statements, witnesses
  - ICS Form 213
    - Describing event or circumstance
    - 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

# State Vehicle Accident Report STD Form 270

- State Vehicle Accident Report (STD-270) this form can be located on the DGS website under forms
- Description of damages
- Narrative and diagram of the accident
- Assignee should request police report if needed. (Injuries or damage over \$500.00 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



mailed  
8-27-13  
DISTRIBUTION: OFFICE INSURANCE DIVISION  
ORIGINAL - 787 T...  
WEST...  
COPY - STATE GARAGE (DGS pool vehicle only)  
COPY - DEPT. FILES (Dept. owned vehicles only)  
COPY - STATE DRIVER  
Page 1 of 1

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.)

\* CONFIDENTIAL INFORMATION \*

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

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

STATE DRIVER	NAME <b>XXXXXXXXXX</b>	AGE 47	EMPLOYING DEPARTMENT San Luis Obispo FD (Dept. owned vehicles only)	AGENCY BILLING CODE
	DRIVER'S LICENSE NO. C2135336	ACCIDENT DATE 8/26/13	TIME 1420	OFFICE ADDRESS 2160 Santa Barbara San Luis Obispo, CA 93409
	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? (If "No", attach explanation)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE DRIVER LAST COMPLETELY TRAINED 10/92	<input type="checkbox"/> NOT TAKEN

STATE VEHICLE	VEHICLE LICENSE NUMBER * 959477	VEHICLE YEAR, MAKE, MODEL 2000 Westates HME #18	VEHICLE OWNER <input checked="" type="checkbox"/> DEPARTMENT OWNED <input type="checkbox"/> DGS POOL	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 \$1,500	<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) off of 13000 block of Clements Rd on Division A of Ramp Fire in the Graham Ranch subdivision (City/State) Groveland, CA	ROAD CONDITIONS dirt/gravel driveway, off-highway
	(County) Tuolumne	WEATHER CONDITIONS clear, warm, dry
	POLICE REPORT MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NAME AND ADDRESS OF INVESTIGATING AGENCY California Office of Emergency Services

AGENCY <input type="checkbox"/> CHP <input type="checkbox"/> OTHER	HOW FAST WERE YOU DRIVING? < 1mph	EST. SPEED OF OTHER CAR NA
---	--------------------------------------	-------------------------------

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
	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 <b>XXXXXXXXXX</b>	TELEPHONE 806-540-9361	ADDRESS 2160 Santa Barbara Ave, SLO, CA 93401
	NAME	TELEPHONE	ADDRESS

VEHICLE PASSENGERS STATE OTHER	NAME <b>XXXXXXXXXX</b>	ADDRESS 2160 Santa Barbara Ave, SLO, CA 93401
	NAME <b>XXXXXXXXXX</b>	ADDRESS 2160 Santa Barbara Ave, SLO, CA 93401
	NAME	ADDRESS
	NAME <b>XXXX</b>	ADDRESS



# ICS 213 Form Example

Don't wait!

Get your division or  
Branch to sign this before  
you leave the line

IF WE CAN'T READ IT NIETHER CAN COMP/CLAIMS, SO MAKE IT LEGIBLE!

GENERAL MESSAGE		
TO: <b>Comp/Claims</b>	POSITION:	
FROM: <b>Name</b>	POSITION:	
:	<b>Capt/Sten/Div or BR</b>	
SUBJECT: <b>Department &amp; Engine #</b>	DATE:	TIME:
<b>S# for Repairs or Replacement</b>		
MESSAGE:		
<p><b>Who:</b> Engine #, License Number, Strike Team designator Etc.</p> <p><b>When:</b> Day Shift, Night Shift, Date, Time, On shift- off shift</p> <p><b>Where:</b> Be Specific! ( E.G. Division X of the Thomas Fire on Hwy #162 at the intersection of Hwy #150) Were you on pavement, dirt, dozerline, driveway?</p> <p><b>How:</b> What happened? Spell it out, Tie it into the activity you were doing (E.G. structure protection, hoselay, firing operation, staged, patrol)</p> <p><b>What:</b> What is the issue? ( mirror, tires, bumper, burned hose etc ,mechanical) ( You sign this and Division or Branch Sign it, include phone numbers)</p>		
SIGNATURE:	POSITION:	
REPLY:		
<p>The reply should be either approved or denied!</p> <ul style="list-style-type: none"> <li>• If approved the S# should be here and the signature of the FSC, IBA or IC</li> <li>• If denied it should document the reason for the denial and signature of who denied it!</li> </ul>		
DATE:	TIME:	SIGNATURE/POSITION:



08/29/2013 17:38

**COSUMNES**  
**91**  
**FIRE DEPT.**

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		

MAD IN THE UNITED STATES OF AMERICA

08/29/2013 17:38



08/29/2013 17:39



# 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

- 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

- How to you validate whether your claim is covered?
  - CFAA Page 6 and 7; #25 thru #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 Duty Officer

# 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. **ICS Form 213**

# 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
  - **NOTE:** S#'s should ONLY be issued when the incident cannot accommodate the expense and all other options to provide the expense(s) has been exhausted.

# Other Reimbursements Thru the F-42 Process

- *Any incident approved expense.*
  - Example: Motels 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.
  - In-State Travel Form (OES Web site)



# Notifications

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

Operational vs. Administrative/Paperwork

# 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

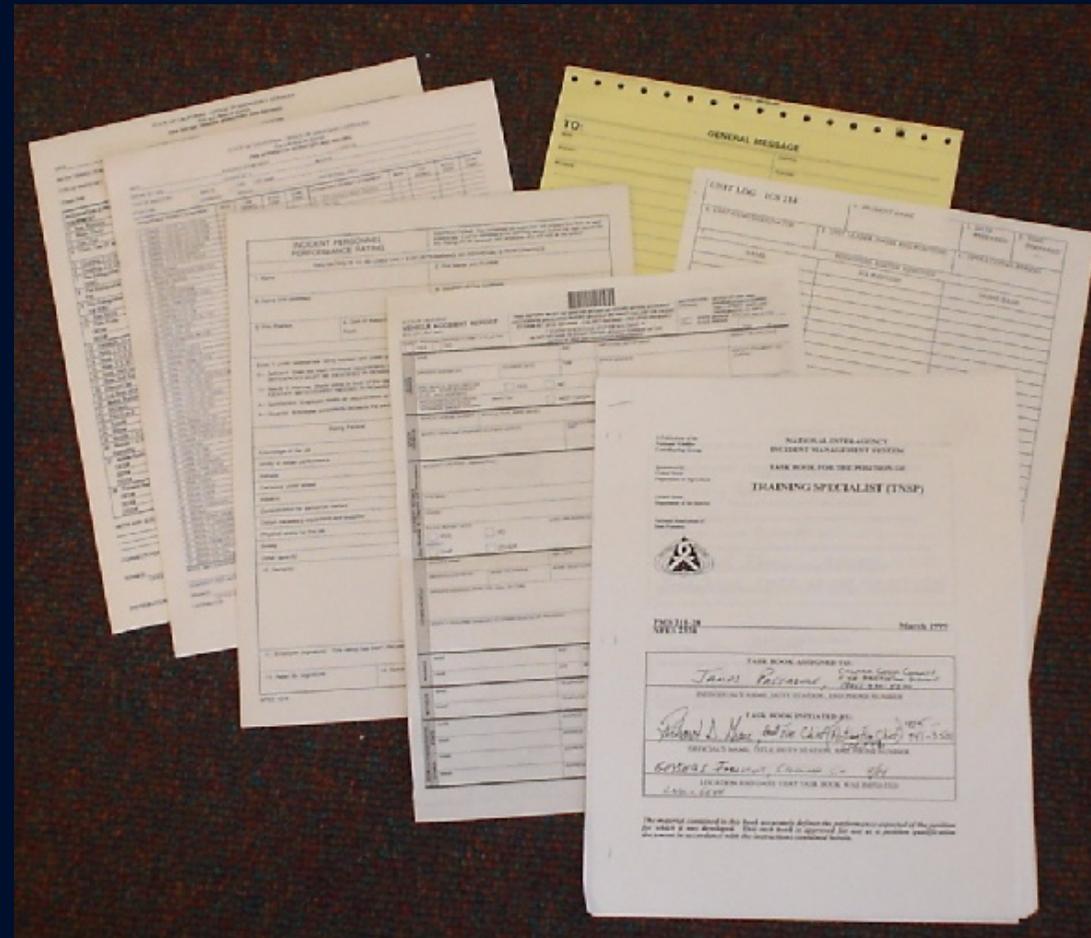
TENTATIVE DEMOB @ 1330 HRS

XMY 2175  
XSD 6418  
LFD 1002

- Be familiar with the demob plan
- The ICS Form 221 start's the release process
- Follow the steps
- Don't shortcut, be prompt, be patient
- Once ICS Form 221 is complete, status is pending until released or reassigned

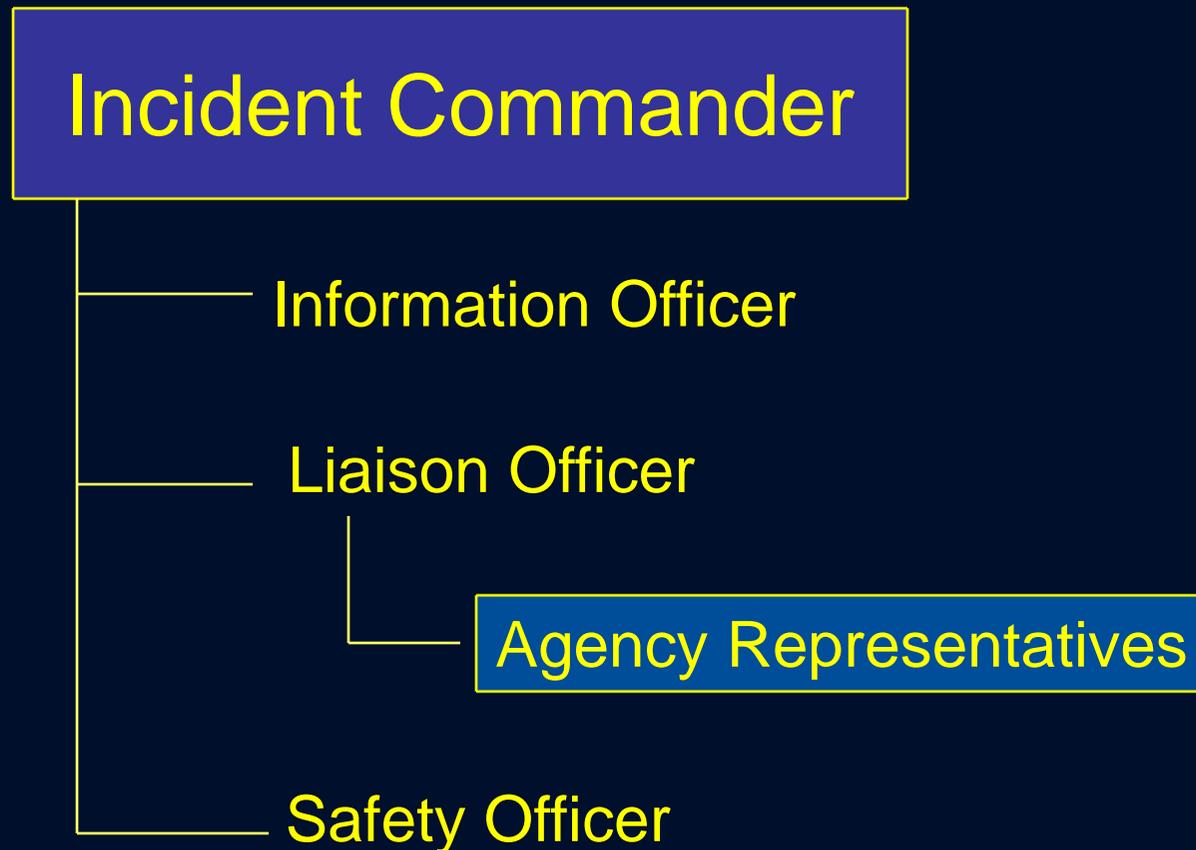
# Other Documentation

- Taskbooks
- ICS-225
  - Yourself
  - Company Officers
- Inventories
- STD Form 270



# Expectations at Incident Base

What to do if you have problems



# OES Engine S/T Differences

- State resources
- Come with Voyager cards
- Inventories required at Demob.
- **OP/ Bulletin 41**



# We expect you to.....

- Gather Dispatch Information
- CICCIS Qualification
- Determine Urgency
- Appropriate STEN Vehicle
- Attempt to fill STEN Trainee
- "Flight Following" with Operational Area
- Daily "SIT STAT" with Home Region



# Determine Urgency

- Response Modes
  - Initial Attack
    - Just like receiving a 911 call
  - Immediate Need
    - 30 minute response expectation
  - Planned Need
    - 1 hour response expectation





# Build your file

- Keep and make copies of everything
- Obtain copies of everyone's F-42
- Get all the ICS Form 214's
- Copy of the IAP that shows you
- **FILE THEM FOR 5 YEARS**
- Any issues that arise, the Strike Team Leader is the contact person

# Cal OES Assistant Chiefs

- Region I Dave Stone (916) 642-3827
- Region I John Salvate (707) 853-6150
- Region II Dave Franklin (650) 436-2185
- Region II Mark Courson
- Region III Ken Hood (916) 642-3887
- Region III Patrick Titus (916) 634-9225

# Cal OES Assistant Chiefs

- Region IV Corey Zander (916) 712-6771
- Region IV Kit Bailey (530) 307-1307
- Region V Bill Bondshu (559) 284-1580
- Region V Javier Lara (559) 412-1016
- Region VI Pete Mercado (619) 302-5360
- Region VI Randy Unkovich

# **OES JOB AIDS, FORMS, SAMPLES AND CFAA AGREEMENT**



# Cal OES

## Assistant Chief

Put the following numbers in your phone

<b>Region I</b> Dave Stone, Office/Cell: (916) 642-3837 John Salvate, Office/Cell: (707) 853-6150	<b>Region IV</b> Corey Zander, Office: (916) 845-8711 Cell: (916) 712-6771 Kit Bailey, Office: (916) 845-8715 Cell: (530) 307-1307
<b>Region II</b> Dave Franklin, Office/Cell: (650) 436-2185	<b>Region V</b> Bill Bondshu, Office/Cell: (559) 284-1580 Javier Lara, Office/Cell: (559) 412-1016
<b>Region III</b> Ken Hood, Office: (530) 224-2441 Cell: (916) 642-3887 Patrick Titus, Office: (916) 634-9225	<b>Region VI</b> Pete Mercado, Office/Cell: (619) 302-5360