

INCORRECT F-42 - OVERHEAD EXAMPLE

1-4. AGENCY/INCIDENT

Field	Value
1. AGENCY DESIGNATOR	CA-LNA
2. RESOURCE TYPE	OVERHEAD
3. INCIDENT ORDER NUMBER	CA-AEU-123456
4. INCIDENT REQUEST NUMBER	O-1.1

5. DISPATCH INFORMATION

Field	Value
INCIDENT NAME	MARS TRAINING (3/4/26)
REPORTING LOCATION	ICP
COMMITTED TO INCIDENT	3/4/2026 0800
RETURN FROM INCIDENT	
REDISPATCHED	3/17/2026 1200

6. DISPATCHED FROM

Field	Value
OLD INCIDENT NAME	
OLD INCIDENT ORDER NUMBER	
OLD INCIDENT REQUEST NUMBER	
END DATE	

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

Field	Value
NEW INCIDENT NAME	NEXT INCIDENT
NEW INCIDENT ORDER NUMBER	CA-RRU-123456
NEW INCIDENT REQUEST NUMBER	O-2.2
START DATE	3/17/2026

8. OVERHEAD

Field	Value
OVERHEAD INFORMATION	Overhead Position

Field	Value
ICS TITLE	FIRE CHIEF

9 - 10 SUPPORT VEHICLE INFORMATION

Vehicle Ownership	License	Type	Beginning Odometer	Ending Odometer	Total Miles
Agency	CA12345	Pick-Up (1/2 Ton)			

11. EQUIPMENT RESOURCE INFORMATION

Field	Value
APPARATUS	
UNIT NUMBER	
CDF/OES VEHICLE	
SPECIAL EQUIPMENT	

Field	Value
RESOURCE TYPE	
LICENSE NUMBER or VIN	
FEMA EQUIPMENT	

Name/Code	License Number	Description

Name/Code	License Number	Description

Time Period	Start Date	Start Time	End Date	End Time	Hobbs Meter Start Hours	Hobbs Meter End Hours	Flight Hours or Minimum Availability
Total Hours:							0

12. PERSONNEL INFORMATION

Outgoing Crew No.	Incoming Crew No.	Outgoing Crew End Date/Time	Incoming Crew Start Date/Time	Ownership	Vehicle Type	License Number	Beginning Odometer	Ending Odometer	Total Miles

12. PERSONNEL INFO

Name (Last, First)	MACS ID	Rank or Job Title	Start Date/Time	End Date/Time	CAL FIRE	Base	P-T-P
CARTER, MASON	LNA	CHIEF	3/4/2026 0800	3/11/2026 1200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. ACTUAL HOURS

Date	Start	End	Hours
3/4/2026	0800	2400	16
3/5/2026	0000	2400	24
3/6/2026	0000	2400	24
3/7/2026	0000	2400	24
3/8/2026	0000	2400	24
Total hours			112.00

14. COMMENTS

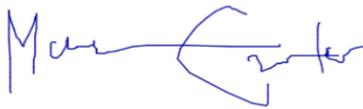
Date	Time	Comment
2/17/2026	0800	CHIEF IS COVERED PORTAL-TO-PORTAL

15-16. SUPPLY NUMBER

Field	Value
15. LOSS/DAMAGE CLAIM	No
16. SUPPLY NUMBER	S-23, MEALS, 213

17. RESPONDING AGENCY INFORMATION

Field	Value
AGENCY NAME	Linda Fire Protection District
DOCUMENTATION ONLY (F-42 non-reimbursable)	Yes
YOUR NAME	MASON CARTER
YOUR PHONE NUMBER	(916) 845-8707
YOUR TITLE	FIRE CHIEF

SIGNATURE OF RESPONDING AGENCY PERSONNEL 

* SEE BOX 17 FOR ATTACHMENTS

INCORRECT F-42 - STRIKE TEAM EXAMPLE

1-4. AGENCY/INCIDENT

Field	Value
1. AGENCY DESIGNATOR	CA-LNA
2. RESOURCE TYPE	UY3-300T/F
3. INCIDENT ORDER NUMBER	CA-AEU-123456
4. INCIDENT REQUEST NUMBER	E-20002

5. DISPATCH INFORMATION

Field	Value
INCIDENT NAME	MARS TRAINING (3/4/26)
REPORTING LOCATION	RANCHO CORDOVA, CA
COMMITTED TO INCIDENT	3/4/2026 0800
RETURN FROM INCIDENT	3/17/2026 1100
REDISPATCHED	

6. DISPATCHED FROM

Field	Value
OLD INCIDENT NAME	PREVIOUS INCIDENT
OLD INCIDENT ORDER NUMBER	CA-KNF-123456
OLD INCIDENT REQUEST NUMBER	E-20001
END DATE	3/4/2026

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

Field	Value
NEW INCIDENT NAME	NEXT INCIDENT
NEW INCIDENT ORDER NUMBER	CA-RRU-123456
NEW INCIDENT REQUEST NUMBER	E-20003
START DATE	3/17/2026

8. OVERHEAD

Field	Value
OVERHEAD INFORMATION	

Field	Value
ICS TITLE	

9 - 10 SUPPORT VEHICLE INFORMATION

Vehicle Ownership	License	Type	Beginning Odometer	Ending Odometer	Total Miles
Agency	CA12345	Pick-Up (1/2 Ton)			

11. EQUIPMENT RESOURCE INFORMATION

Field	Value
APPARATUS	ENGINE
UNIT NUMBER	E-20002
CDF/OES VEHICLE	
SPECIAL EQUIPMENT	

Field	Value
RESOURCE TYPE	1
LICENSE NUMBER or VIN	CA98765
FEMA EQUIPMENT	

Name/Code	License Number	Description

Name/Code	License Number	Description

Time Period	Start Date	Start Time	End Date	End Time	Hobbs Meter Start Hours	Hobbs Meter End Hours	Flight Hours or Minimum Availability
Total Hours:							0

12. PERSONNEL INFORMATION

Outgoing Crew No.	Incoming Crew No.	Outgoing Crew End Date/Time	Incoming Crew Start Date/Time	Ownership	Vehicle Type	License Number	Beginning Odometer	Ending Odometer	Total Miles
1	2	3/15/2026 1000	3/15/2026 0800	Agency	Pick-Up (1/2 Ton)	CA12345			

12. PERSONNEL INFO

Name (Last, First)	MACS ID	Rank or Job Title	Start Date/Time	End Date/Time	CAL FIRE	Base	P-T-P
BENNETT, MICHAEL	LNA	Co. Officer/Capt./Lt.	3/4/2026 0800	3/18/2026 1200	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HARPER, WILLIAM	LNA	App. Officer/Eng	3/4/2026 0800	3/17/2026 1100	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
JAMES, ANDREW	LNA	Firefighter/FF-PMedic	3/4/2026 0800	3/15/2026 1000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DANIEL, JOE	LNA	Firefighter/FF-PMedic	3/4/2026 0800	3/15/2026 1000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HARPER, CHRISTIAN	LNA	Firefighter/FF-PMedic	3/15/2026 0800	3/17/2026 1100	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HILL, MADELINE	LNA	Firefighter/FF-PMedic	3/15/2026 0800	3/17/2026 1100	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. ACTUAL HOURS

Date	Start	End	Hours
Total hours			0

14. COMMENTS

Date	Time	Comment
3/4/2026	0800	REDISPATCHED FROM PREVIOUS INCIDENT
3/15/2026	0800	CREW SWAP (JAMES/DANIEL SWAPPED OUT FOR HARPER/HILL)
3/17/2026	1100	REDISPATCHED TO NEXT INCIDENT

15-16. SUPPLY NUMBER

Field	Value
15. LOSS/DAMAGE CLAIM	No
16. SUPPLY NUMBER	

17. RESPONDING AGENCY INFORMATION

Field	Value
AGENCY NAME	Linda Fire Protection District
DOCUMENTATION ONLY (F-42 non-reimbursable)	No
YOUR NAME	MICHAEL BENNETT
YOUR PHONE NUMBER	(916) 845-8707
YOUR TITLE	CAPTAIN

SIGNATURE OF RESPONDING AGENCY PERSONNEL