

INCIDENT ACTION PLAN

Ice Storm Road Clearing

10/6/2025 – 10/10/2025

0700 - 1930 hrs



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Ice Storm Road Clearing	2. Operational Period: Date From: 10/06/2025 Date To: 10/10/2025 Time From: 0700 Time To: 1930			
3. Objective(s): <ol style="list-style-type: none">1. Provide for the safety, health and welfare of all resources deployed across the response area.2. Clear debris from all state forest roads impacted from the ice storm to safe operational standards needed for management access for public and emergency services.3. Work with local county road commissioners to coordinate access where seasonal county roads are still blocked.4. Complete FEMA personnel time and equipment forms required for cost tracking purposes throughout the duration of assignment.5. Coordinate with the Unit Managers to answer any questionable road openings during the incident.				
4. Operational Period Command Emphasis: Use the roads editor application to track progress of roads that are cleared. There is a new road status tracker to identify roads that have berms or are grown shut.				
General Situational Awareness There are multiple hunting seasons ongoing or starting soon. Be aware of public as we are out in the field. Some of these state forest roads are dual use ORV route so be aware of ORV's.				
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at:				
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td style="width: 33%; vertical-align: top;"><input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input checked="" type="checkbox"/> ICS 206</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/> Weather Forecast/Tides/Currents</td><td style="width: 34%; vertical-align: top;">Other Attachments: <input checked="" type="checkbox"/> Hospital List <input checked="" type="checkbox"/> Finance Message <input type="checkbox"/> <input type="checkbox"/></td></tr></table>		<input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input checked="" type="checkbox"/> ICS 206	<input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/> Weather Forecast/Tides/Currents	Other Attachments: <input checked="" type="checkbox"/> Hospital List <input checked="" type="checkbox"/> Finance Message <input type="checkbox"/> <input type="checkbox"/>
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7. Prepared by: Name: Matt Tonello Position/Title: PSC3 Signature: _____				
8. Approved by Incident Commander: Name: Nate Stearns Signature: _____				
ICS 202	IAP Page <u>2</u>	Date/Time: Oct. 5, 2025 1200 hrs		

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Ice Storm Road Clearing		2. Operational Period: Date From: 10/6/2025 Date To: 10/10/2025 Time From: 0700 Time To: 1930	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs	Nate Stearns	Chief	Jeff Corser
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	Atlanta
Public Info. Officer		Branch Director	Matt Foster
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group Jennifer Hansen	
Agency/Organization	Name	Division/Group	
DNR-FRD	Cody Stevens		
DNR-FRD	Ashely Autenrieth	Branch	Gaylord/Pigeon River Country
		Branch Director	Lucas Merrick Mark Monroe
		Deputy	
		Division/Group	Dwayne Morse
		Division/Group	
5. Planning Section:		Division/Group	
Chief	Matt Tonello	Branch	Grayling
Deputy		Branch Director	Tom Barnes
Resources Unit		Deputy	
Situation Unit		Division/Group	Mike Janisee
Documentation Unit		Division/Group	
Demobilization Unit			
Technical Specialists	Jack Saj	Branch	Traverse City
		Branch Director	Matt Edison
		Deputy	
		Division/Group	Josh Gray
		Division/Group	
6. Logistics Section:		Division/Group	
Chief	Tim Gallagher		
Deputy		Branch	
Support Branch		Branch Director	
Director		Deputy	
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	Roxanne Merrick/Jenny McGregor
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared by: Name: Matt Tonello		Position/Title: PSC3 Signature: _____	
ICS 203	IAP Page 3	Date/Time: Oct. 5, 202, 1200 hrs	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Ice Storm Road Clearing		2. Operational Period: Date From: 10/06/2025 Time From: 0700		Date To: 10/10/2025 Time To: 1930		3. Branch: Atlanta Division: Alpha Group: Staging Area: Gaylord Field Office	
4. Operations Personnel: Name: <u>Jeff Corser - 517-449-1721</u> Operations Section Chief: <u>Jeff Corser - 517-449-1721</u> Branch Director: <u>Matt Foster</u> Division/Group Supervisor: <u>Jennifer Hansen - 989-745-2727</u>						Contact Number(s):	
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information			
Resource Identifier	Leader						
Team 1	Dave Pine	3	906-477-3434	Gaylord FO, 1000 hrs			
Robert Beaudoin			906-450-5380	on 10/06/2025			
Jeff Corser			517-449-1721				
Team 2	Steve Schummer		906-291-0412	Gaylord FO, 1000 hrs			
Jerry Turner			517-855-8195	on 10/06/2025			
Nate Stearns			231-445-0180				
6. Work Assignments: Team will be assigned to priority roads within the Atlanta Unit.							
7. Special Instructions: Bring Chainsaws, fuel, oils and chaps. A skid steer or dozer will be assigned to the team. Ensure completed roads are added via Field Maps and/or progress reported to Division Supt. at the end of the day to ensure maps are updated. Report to Gaylord FO. on 10/06/25 at 1000 for briefing. Each day after, briefing will be held by Division Alpha at pre-determined location, daily assignments, work locations and objectives will be discussed at this time. Prior to Demb ensure times are entered via QR code for official tracking.							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name/Function		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)					
Jennifer Hansen /DIV A		989-745-2727(mobile)					
/		Radio Frequency-Atlanta talk group.					
/							
/							
9. Prepared by: Name: <u>Matt Tonello</u> Position/Title: <u>PSC3</u> Signature: _____							
ICS 204		IAP Page <u>4</u>		Date/Time: <u>10/05/2025 1200 hrs</u>			

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6. Work Assignments: Team 3, 4 and 5 will be in Gaylord Unit under Dwayne Morse. Team will be assigned to open priority roads within the Gaylord Unit. Dwayne Morse(DIVS) may remain mobil to assist as needed throughout the Unit.																																																										
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9. Prepared by: Name: Jeff Corser Position/Title: OPS Signature: _____																																																										
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ASSIGNMENT LIST (ICS 204)

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[illegible]

*** FINANCE ***

Finance email: DNR-NoMichigan-IceStorm-Docs@Michigan.gov

Access Finance forms at: [IceStormRoads_FinanceDocs](#). These forms are how we will document our response efforts in a way that satisfies FEMA documentation requirements. There are job aids available for these forms too!

Submit all of the following documents to the Finance email:

- * Personnel Check In form
- * Equipment Check In form
- * Time Reports (CTRs)
- * Equipment Shift Tickets (ESTs)
- * Invoices (with SIGMA doc number)
- * P-card receipt (with SIGMA doc number)
- * Incident Travel report forms for a TRERs (with SIGMA doc number)

Use the following format to name documents: DocType_DIV_LastFirstName_Date

*Examples: CheckIn_FRD_MerrickRoxanne_20251006
 Checkin_FRD_GladwinChainsaw1_20251006
 CTR_FRD_McGregorJenny_20251011
 EST_FRD_VTS1003039_MerrickRoxanne_20251025*

Use the **LAST** day of the pay period if using a range of dates.

Save financial documents using format: DIV_LastFirstName_Date

Use the document name as the SUBJECT in your email.

Check In Personnel – Have you checked into the Northern MI Ice Storm Response? You only have to check into this incident once. If you are unsure, ask.

Check In Equipment – Have you checked in your equipment? This includes VTS vehicle, chainsaws, or other gas-powered tools. Equipment only needs to be checked in once. If you are unsure, ask.

Timesheet Personnel – Complete one timesheet per pay period.

Timesheet Equipment – Complete one timesheet per pay period.

YOUR FEMA TIMESHEET MUST MATCH YOUR SIGMA

SIGMA: reporting code 7519005 with LDPR and Location

Need help? Contact Roxanne Merrick (MerrickR@MI.gov) or Jenny McGregor (McGegorJ@MI.gov)



Ice Storm Response Area Hospitals

Alpena

MyMichigan Medical Center

1501 W. Chisholm St.
Alpena, MI 49707
989-356-7000
Level 3 Trauma Center

Kalkaska

Kalkaska Memorial Health Center

419 S. Coral St.
Kalkaska, MI 49646
231-258-7500
Level 4 Trauma Center

Petoskey

McLaren Northern Michigan Hospital

416 Connable Ave.
Petoskey, MI 49770
231-487-4000
Level 2 Trauma Center

St. Ignace

Mackinac Straits Health System

1140 N. State St.
St. Ignace, MI 49781
906-643-8585
Level 4 Trauma Center

Traverse City

Traverse City - Munson Medical Center

1105 Sixth St.
Traverse City, MI 49684
231-935-6333
Level 2 Trauma Center

Cheboygan

McLaren Northern Michigan

748 S. Main St.
Cheboygan, MI 49721
800-248-6777
Level 2 Trauma Center

Gaylord

Otsego Memorial Hospital

825 N Center Ave.
Gaylord, MI 49735
989-731-2100
Level 4 Trauma Center

Charlevoix

Munson Healthcare Charlevoix Hospital

14700 Lake Shore Dr.
Charlevoix, MI 49720
231-547-4024
Level 4 Trauma Center

Grayling

Grayling-Munson Medical Center

1100 E. Michigan Ave.
Grayling, MI 49738
989-348-5461
Level 4 Trauma Center

ACTIVITY LOG (ICS 214)

[illegible]

ACTIVITY LOG (ICS 214)

[illegible]

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE **"MEDICAL EMERGENCY"** TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report)

Ex: "Communications, Div. Alpha, Stand-by for Emergency Traffic."

2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure.

Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE Ex: Unconscious, difficulty breathing, bleeding severely, 2° - 3° burns more than 4 palm sizes, heat stroke, disoriented. <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. Ex: Significant trauma, unable to walk, 2° - 3° burns not more than 1-3 palm sizes. <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.	
Nature of Injury or Illness & Mechanism of Injury		Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)
Transport Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + "Medical" (Ex: Trout Meadow Medical)
On-Scene Incident Commander		Name of on-scene IC of incident within an incident (Ex: TFLD Jones)
Patient Care		Name of Care Provider (Ex: EMT Smith)

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.

8. ADDITIONAL INFORMATION: Updates/Changes, etc.

REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.