INCIDENT ACTION PLAN

Ice Storm Road Clearing

12/1/2025 – 12/5/2025 0600 - 1830 hrs







1. Incident Name:		2. Operational Period:			3.
Ice Storm Road Clear	Road Clearing Date F			/25 Date To: 12/05/25	Gaylord/PRC Branch:
	Time From: 0600 Time To: 183			Time To: 1830	Charlie Division:
4. Operations Person	4. Operations Personnel: Name Contact Number(s)				
Operations Section Cl	hief: <u>Jeff C</u>	Corser 517-	449-172	1	Group:
Branch Direc	ctor: <u>Luca</u>	s Merrick 2	31-340-	5103 /Mark Monroe 989-329-9827	Staging Area:
Division/Group Superv	visor: <u>Dwa</u>	yne Morse	989-390)-2089	Gaylord FO
5. Resources Assign	ed:		Ø		Reporting Location,
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information
	Noah Carte	r R0 53/54	1	989-590-3402	Gaylord FO.@0900
	Chris Cox	(Sawyer)	1	906-291-0745	Gaylord FO. @0900
	Jerry Turner	(GY Dozer)	1	517-885-8195	Gaylord FO.@0900
	Avery Sanbo	rn (Sawyer)	1	989-578-1297	Gaylord FO.@0900
	Local	Dozer	1	TBD	TBD
	Charles Osb	orn(Sawyer)	1	906-420-1645	Gaylord FO. @0900
6. Work Assignments: Personnel will be teamed up with local staff or placed in teams of two with a dozer and transport. Ensure roads completed 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 at 0900 for briefing, each day after briefing will be held by Division Charlie 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. Concentrate on the Red Roads in Dashboard.					
7. Special Instruction					The same of the same same same and the same same same same same same same sam
Bring Chainsaws, fuel, oils and chaps. A skidsteer or dozer will be assigned to the team. Ensure roads completed are added via Field Maps and/or progress reported to Division Supt. at the end of the day to ensure maps are updated and daily progress is reported to Operations Section. Prior to Demb ensure times, VTS and equipment shift tickets are entered via QR code for official tracking. We have a great safety record and there has been a lot of good work done over the last 5 weeks, Thank You and keep up the good work. Pay attention to the Finance nessage as some codes have changed.					
8. Communications	radio and/or	phone cor	ntact nun	nbers needed for this assignment):	
Name/Function			imary Co	ontact: indicate cell, pager, or radio (
Dwayne Morse/ DIV\$		98	39-390-2	089(CELL) 800 MHz radio - FMGAY	LD Talk Group
9. Prepared by: Nam	ne: Jeff Cor	ser			ature:
ICS 204	IAP Page	4	Date	e/Time: 11/24/25@0800	

1. Incident Name:					3.		
1.55 5 5 10 1 5 1 1 1 1 1 1 1 1				Atlanta Branch:			
	Time From: 0600 Time To: 1830			Alpha Alpha			
4. Operations Person	nel: Name			Contact Number(s)	Division:		
Operations Section Cl	hief: <u>Jeff C</u>	Corser 989-	385-561	7	Group:		
Branch Direc	ctor: <u>Matt</u>	Foster-989	<u>-619-59</u> ;	21	Staging Area:		
Division/Group Superv	visor: _Jenr	ifer Hanser	า 989-74	15-2727	טפו		
5. Resources Assign	ed:		SI		Reporting Location,		
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information		
	Dave	Pine	1	906-477-3434	Atlanta FO. 0900		
	Local Dozer	and operator	1				
))	Robert B	eaudoin	1	989-370-8052	Atlanta FO 0900		
	Local Dozer	and operator	1				
Personnel will be team completed are added vare updated. Report to pre-determined locatio ensure times are enter	6. Work Assignments: Personnel will be teamed up with local staff or placed in teams of two with a dozer and transport. Ensure roads completed 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 Atlanta FO at 0900 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. Concentrate on the Red Roads in Dashboard.						
7. Special Instruction							
Bring Chainsaws, fuel, oils and chaps. A skidsteer or dozer will be assigned to the team. Ensure roads completed are added via Field Maps and/or progress reported to Division Supt. at the end of the day to ensure maps are updated and daily progress is reported to Operations Section. Prior to Demb ensure times, VTS and equipment shift tickets are entered via QR code for official tracking. We have a great safety record and there has been a lot of good work done over the last 5 weeks, Thank You and keep up the good Work. Pay attention to the Finance nessage as some codes have changed.							
A CONTRACTOR OF THE PROPERTY O	radio and/or			nbers needed for this assignment):	SS 88 88 88 88		
Name/Function				ontact: indicate cell, pager, or radio (The state of the s		
Jennifer Hansen / DIVS A			989-745	-2727(cell) Radio: 800 MHz radio - l	FMATLAN talkgroup		
		· · · · · · · · · · · · · · · · · · ·					
9. Prepared by: Name: Jeff Corser				tion/Title: OPSSign	ature:		
ICS 204	IAP Page			e/Time: 11/24/25@0745			
	1 ugo	71 —— 11	Date				

1. Incident Name:		2. Operational Period:			3.	
Ice Storm Road Clearing	Road Clearing Date I			/25 Date To: 12/05/25	Grayling Branch:	
	Time From: 0600 Time To:			Time To: 1830	Division: ^{Hotel}	
4. Operations Person	erations Personnel: Name Contact Number(s)					
Operations Section Ch	nief: <u>Jeff C</u>	orser 989-	385-561	7	Group:	
Branch Direc	tor: <u>Tom</u>	Barnes 23	<u>1-381-77</u>	732	Staging Area:	
Division/Group Supervi	isor: Mich	ael Janisse	e 989-37	70-4049	Grayling FO	
5. Resources Assigne	ed:		v		Reporting Location,	
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information	
	Paul Dunn F	RO1653/54	1	989-259-2981	Mio FO @0900	
	Daniel Beau	do (Sawyer)	1	906-399-0879	MIO FO @0900	
	Phil Krantz	YS 53/54	1	616-302-9362	Mio FO @0900	
	Jeff Corser	(Sawyer)	1	989-395-5617	Mio FO @0900	
Personnel will be teamed completed are added ware updated. Report to pre-determined location ensure times are entered.	6. Work Assignments: Personnel will be teamed up with local staff or placed in teams of two with a dozer and transport. Ensure roads completed 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 Mio FO at 0900 for briefing, each day after briefing will be held by Division Hotel 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. Concentrate on the Red Roads in Dashboard.					
7. Special Instruction						
Bring Chainsaws, fuel, oils and chaps. A skidsteer or dozer will be assigned to the team. Ensure roads completed are added via Field Maps and/or progress reported to Division Supt. at the end of the day to ensure maps are updated and daily progress is reported to Operations Section. Prior to Demb ensure times, VTS and equipment shift tickets are entered via QR code for official tracking. We have a great safety record and there has been a lot of good work done over the last 5 weeks, Thank You and keep up the good Work. Pay attention to the Finance message as some codes have changed						
8. Communications (r	radio and/or	phone cor	ntact nun	nbers needed for this assignment):		
Name/Function			imary Co	ontact: indicate cell, pager, or radio (f	requency/system/channel)	
Mike Janisse / DIVS			39-370-4	049 800 MHz radio FMGRAYL talk	group	
9. Prepared by: Name	and the second s			MARKON ACCOUNTEST TO THE COST	ature:	
ICS 204	IAP Page	6	Date	e/Time: 11/24/25@0845		

1. Incident Name:	1	2. Operation		3.			
Ice Storm Road Cleari	ng	Date From: 12/01/25 Date To: 12/05/25			Traverse City Branch:		
	Time From: 0600 Time To: 1830				Drave		
4. Operations Person	nel: Name			Contact Number(s)	Division: Bravo		
Operations Section Ch	nief: <u>Jeff C</u>	Corser 989-3	85-561	7	Group:		
Branch Direc	ctor: <u>Matt</u>	Edison 906-	291-00	95	Staging Area:		
Division/Group Superv	isor: Josh	Gray 231-3	42-284	0	TBD		
5. Resources Assign	ed:		ø		Reporting Location,		
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information		
Unstaffed							
Personnel will be team completed are added vare updated. Report to pre-determined locatio	6. Work Assignments: Personnel will be teamed up with local staff or placed in teams of two with a dozer and transport. Ensure roads completed 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 Kalkaska FO at 0900 for briefing, each day after briefing will be held by Division Bravo 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. Concentrate on the Red Roads in Dashboard.						
7. Special Instruction	ns:						
Bring chainsaws, fuel, oils and PPE. A skid-steer or dozer will be assigned to the team. Resources shall ensure opened state forest roads are added to Field Maps daily. Tuesday-Friday morning briefings will be held by the division: location and time to be determined by DIVS. All time sheets and equipment shift tickets shall be completed on the FEMA forms and submitted once per pay period.Pat attention to the Finance message as some codes have changed. We have a great safety record and there has been a lot of good work done over the last 5 weeks, Thank You and keep the good work.							
8. Communications (radio and/oi	phone cont	act nun	nbers needed for this assignment):			
Name/Function				ntact: indicate cell, pager, or radio (1			
Josh Gray / DIVS			-342-2	840 800 MHz radio - FMTCITY tal	k group		
9. Prepared by: Name: Jeff Corser			Posit	tion/Title: OPS Sign	ature:		
ICS 204	IAP Page			e/Time: 11/24/25@0900			
100 204	I I'Al I'age	` <u> </u>	Date	# I III OV			

*** FINANCE ***

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

Access Finance forms at: <u>IceStormrRoads FinanceDocs</u>. These forms are how we will document our road clearing efforts in a way that satisfies FEMA documentation requirements.

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 (w/ SIGMA doc #)
- * Incident Travel report forms for a TRERs (w/ SIGMA's "Transaction ID").

Use the following format to name documents: DocType_DIV_LastFirstName_Date

Ex: CheckIn_FRD_MerrickRoxanne_20251006
Checkin_FRD_GYLChainsaw1_20251006
CTR_FRD_McGregorJenny_20251011
EST_FRD_VTSPlate#_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.

- Sigma Unit number is your home unit, 4880 is the incident number.
- Breakdown of hours should reflect the activities you were working on. For example, if you report 8 hours
 for ice storm on one day, and 4 is spent on debris removal and 4 is spent on timber sale operations, please
 separate these hours on time report just like you should have on your timesheet.

Timesheet Equipment – Complete one timesheet per pay period. Track all equipment use in HOURS, except VTS vehicles, which are tracked in miles.

Incident Travel Reports - Complete one report per pay.

Invoices and P-card Receipts - Submit on a regular basis.

All Files should be saved individually by pay period, but emails can contain multiple files.

VTS Logs:-Please use accounting template 751FR7207ICESTORM on your monthly VTS logs if your travel was related to work on the storm cleanup and related activities. This is for FRD VTS vehicles only.

With the new fiscal year, we have some new coding for the Northern Michigan Ice Storm so we can begin tracking time and expenses differently to better align with the FEMA requirements. Moving forward, please use the new accounting templates and LDPR codes that have been set up as it pertains to road clearing/debris removal and administration/oversight. The ice storm reporting code 7519005 has been incorporated into these new codes for FEMA, so you do not need to manually enter the reporting code when using these LDPRs below. (7M800 & 7M801)

Description	Accounting Template	LDPR	When to Use
Northern MI Ice Storm -	751FR7800	7M800	For meetings, planning, and oversight
Admin/Oversight - FEMA			related to FEMA ice storm
	n n		coordination.
Northern MI Ice Storm -	751FR7801	7M801	This should be used for debris removal
Road Clearing - FEMA			activities on the road system in the
			Eastern Lower Peninsula in the following
			counties: Alcona, Alpena, Antrim,
			Charlevoix, Cheboygan, Crawford,
			Emmet, Kalkaska, Mackinac,
			Montmorency, Oscoda, Otsego, and
			Presque Isle.

FORESTRY/REFORESTATION CODING RELATED TO ICE STORM:

LDPR: Applicable code from master coding list plus reporting code 7519005

(Example: Site Prep 7T219)

Accounting Template: Applicable template from master coding list plus reporting code 7519005

(Example: Site Prep 751FR7219)

Below is a snippet from the master coding sheets that may be applicable to reforestation efforts for quick reference. For a complete list of coding, you can find that on SharePoint at <u>Forest Resources Financial Support Page</u>

DESCRIPTION	ACCOUNTING TEMPLATE	LDPR	
Tsale Program Support and Development	751FR7200	71200	
Timber Sale Contract Administration	751FR7201	77201	
Timber Sale Prep Contracts	751FR7202	71202	
Timber Sale Preparation	751FR7204	71204	
Forest Inventory and Analysis	751FR7216	77216	
Forest Inventory	751FR7217	77217	
General Cultivation	751FR7218	77218	
Site Preparation	751FR7219	77219	
Planting and Direct Seeding	751FR7220	71220	
Cone/Seed/Seedling Purchase	751FR7221	77221	
Seedling Lifting	751FR7222	71222	
Pesticide Application	751FR7223	71223	

Questions? Contact:
Roxanne Merrick (MerrickR@Michigan.gov) or
Jenny McGregor (McGregorJ2@Michigan.gov)

Ice Storm Response Area Hospitals

Alpena

MyMichigan Medical Center

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

Petoskey

McLaren Northern Michigan Hospital

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

Traverse City

Traverse City - Munson Medical Center

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

Gaylord

Otsego Memorial Hospital

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

Grayling

Grayling-Munson Medical Center

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

Kalkaska

Kalkaska Memorial Health Center

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

St. Ignace

Mackinac Straits Health System

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

Cheboygan

McLaren Northern Michigan

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

Charlevoix

Munson Healthcare Charlevoix Hospital

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

ACTIVITY LOG (ICS 214)

1. Incident Name:		2. Operational Period:	Date Fron	m: 12/01/2025		
_			3	Time Fror	m: 0700	Time To: 1930
3. Name:		4. IC	S Position:		5. Home Age	ncy (and Unit):
6. Resources Assig	gned:					
Nan			ICS Position		Home .	Agency (and Unit)
7 Activity Low						
7. Activity Log: Date/Time	Notable Activities					
Date/Time	Notable Activities					
V.						
8. Prepared by: N	ame:		Position/Title:		Signature	:
ICS 214, Page 1		Date/Time:				

ACTIVITY LOG (ICS 214)

1. Incident Name:		2. Operational Period:	Date From: 12/01/2025	
			Time From: 0700	Time To: 1930
7. Activity Log (con				
Date/Time	Notable Activities			
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	00400000000		O ' .	
8. Prepared by: Na	ame:		Signature:	
ICS 214, Page 2		Date/Time:		

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.

Ex: "Commun 2. INCIDENT ST Ex: "Communic	ications, Div. Alpha. Star ATUS: Provide incident cations, I have a Red pric	DISPATCH (Verify correct frequend-by for Emergency Traffic." It summary (including number of patently patient, unconscious, struck by mith is providing medical care."	tients) and command s	structure.	st Road 1 at (Lat./Long.) This will be the Trout				
A CONTRACTOR OF THE PROPERTY O	rverity of Emergency / Transport Priority 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. 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. GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.								
	njury or Illness & sm of Injury			(Brief Summary of Injury or Illness Ex: Unconscious, Struck by Falling Tree)				
Transpo	rt Request			4	Air Ambulance / Short Haul/Hoist Ground Ambulance / Other				
Patient	Location			De	escriptive Location & Lat. / Long. (WGS84)				
Incide	nt Name				Geographic Name + "Medical" (Ex: Trout Meadow Medical)				
On-Scene Incid	dent Commander			^	lame of on-scene IC of Incident within an Incident (Ex: TFLD Jones)				
Patie	nt Care				Name of Care Provider (Ex: EMT Smith)				
3. INITIAL PATI	ENT ASSESSMENT:	Complete this section for each patient	t as applicable (start wit	h the most severe patient)					
Patient Assessm	ent: See IRPG page 1	106							
Treatment:									
4. TRANSPORT	PLAN:								
Evacuation Loca	tion (<i>if different</i>): (Des	scriptive Location (drop point, in	ntersection, etc.) or	Lat. / Long.) Patient's E	TA to Evacuation Location:				
Helispot / Extract	tion Site Size and Haz	ards:							
5. ADDITIONAL	RESOURCES / EQUI	PMENT NEEDS:							
Example: Paramed	dic/EMT, Crews, Immobili:	ization Devices, AED, Oxygen, Trau	ıma Bag, IV/Fluid(s), S	plints, Rope rescue, Wheele	ed litter, HAZMAT, Extrication				
		te Air/Ground EMS Frequenci							
	Channel Name/Numb	er Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *				
COMMAND					100				
AIR-TO-GRND TACTICAL									
					De Abinhian				
7. CONTINGENO ahead.	SY: <u>Considerations:</u> If _l	primary options fail, what actions	s can be implemented	i in conjunction with prima	ary evacuation method? Be thinking				
8. ADDITIONAL	INFORMATION: Upda	ates/Changes, etc.							
REMEMBER:	Confirm ETA's of res	sources ordered. Act accord	ling to your level	of training. Be Alert. K	eep Calm. Think Clearly. Act Decisively.				