INCIDENT ACTION PLAN

Ice Storm Road Clearing

10/20/2025 – 10/24/2025

0700 - 1930 hrs

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Ice Storm Road Clearing	2. Operational Period: Date From: 10/20/2025 Date To: 10/24/2025 Time From: 0700 Time To: 1930

3. Objective(s):

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 and emergency access.
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 DNR-FRD Unit Managers to answer any questionable road openings during the incident.

4. Operational Period Command Emphasis:

Use _FRD_ Ice Storm Field Map within Field Maps to track progress of roads that are opened
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 theses state forest roads are dual use ORV route so be aware of ORV's.

5. Site Safety Plan Required? Yes ☐ No ☒

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

☒ ICS 203	☐ ICS 207	Other Attachments:	
☒ ICS 204	☐ ICS 208	☒ Hospital List	
☐ ICS 205	☐ Map/Chart	☒ Finance Message	
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐	
☒ ICS 206		☐	

7. Prepared by: Name: Matt Tonello Position/Title: PSC3 Signature: _____

8. Approved by Incident Commander: Name: Nate Stearns Signature: _____

ICS 202	IAP Page 2	Date/Time: Oct. 17, 2025 1200 hrs

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:	2. Operational Period: Date From: 10/20/2025 Date To: 10/24/2025
Ice Storm Road Clearing	Time From: 0700 Time To: 1930

3. Incident Commander(s) and Command Staff:

IC/UCs	Nate Stearns
Deputy	
Safety Officer	
Public Info. Officer	
Liaison Officer	

4. Agency/Organization Representatives:

Agency/Organization	Name
DNR-FRD	Cody Stevens
DNR-FRD	Ashely Autenrieth

5. Planning Section:

Chief	Matt Tonello
Deputy	
Resources Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
Technical Specialists	Jack Saj

6. Logistics Section:

Chief	Tim Gallagher
Deputy	
Support Branch	
Director	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Service Branch	
Director	
Communications Unit	
Medical Unit	
Food Unit	

7. Operations Section:

Chief	Jeff Corser	
Deputy		
Staging Area		
Branch	Atlanta	
Branch Director	Matt Foster	
Deputy		
Division/Group	Jennifer Hansen	
Division/Group		
Branch	Gaylord/Pigeon River Country	
Branch Director	Lucas Merrick	Mark Monroe
Deputy		
Division/Group	Dwayne Morse	
Division/Group		
Branch	Grayling	
Branch Director	Tom Barnes	
Deputy		
Division/Group	Mike Janisee	
Division/Group		
Branch	Traverse City	
Brand Director	Matt Edison	
Deputy		
Division/Group	Josh Gray	
Division/Group		
Branch		
Branch Director		
Deputy		

8. Finance/Administration Section:

Chief	Roxanne Merrick/Jenny McGregor
Deputy	
Time Unit	
Procurement Unit	
Comp/Claims Unit	
Cost Unit	

9. Prepared by: Name: Matt Tonello Position/Title: PSC3 Signature: _____

ICS 203	IAP Page 3	Date/Time: Oct. 17, 2025, 1230 hrs

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:		3.
Ice Storm Road Clearing	Date From: 10/20/25	Date To: 10/24/25	Branch: Atlanta
	Time From: 0700	Time To: 1930	Division: Alpha

4. Operations Personnel: Name / Contact Number(s)

Operations Section Chief: Jeff Corser 989-385-5617

Branch Director: Matt Foster 989-619-5921

Division/Group Supervisor: Jennifer Hansen 989-745-2727

Group:

Staging Area: TBD

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Team 3	Dave Pine	3	905-477-3434	Gaylord FO 1000
Jerry Turner			517-855-8195	
Noah Carter			989-590-3402	
AT 52/53B				
Team 4	Stephen Schummer	3	989-339-0055	Gaylord FO
BradenBerridge			989-824-3400	
AT 53/54 W/Operator				

6. Work Assignments:

Team 3 and 4 will be in Atlanta under Jennifer Hansen. Team will be assigned to priority roads within the Atlanta Unit.

7. Special Instructions:

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.

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 / DIVS A	989-745-2727(cell) Radio: 800 MHz radio - FMATLAN talkgroup
/	
/	
/	

9. Prepared by: Name: Jeff Corser Position/Title: OPS Signature:

ICS 204 | **IAP Page** 4 | Date/Time: 10/17/25

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:		3.
Ice Storm Road Clearing	Date From: 10/20/25	Date To: 10/24/25	Branch: Gaylord/PRC
	Time From: 0700	Time To: 1930	Division: Charlie

4. Operations Personnel: Name / Contact Number(s)

Operations Section Chief: Jeff Corser 517-449-1721

Branch Director: Lucas Merrick 231-340-5103 /Mark Monroe 989-329-9827

Division/Group Supervisor: Dwayne Morse 989-370-7968

Group:

Staging Area: Gaylord FO

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Team 5	TBD		Dwayne Morse 989-370-7968	Gaylord FO 1000
Mike Aksamit	Out of District assist where needed		231-420-0185	

6. Work Assignments:

Team 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 mobile to assist as needed throughout the Unit.

7. Special Instructions:

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.

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
Dwayne Morse/ DIVS	989-390-2089(CELL) 800 MHz radio - FMGAYLD Talk Group
/	
/	
/	

9. Prepared by: Name: Jeff Corser Position/Title: OPS Signature: _____

ICS 204 | **IAP Page** 5 | Date/Time: 10/17/25

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:		3.
Ice Storm Road Clearing	Date From: 10/20/25	Date To: 10/24/25	Branch: Grayling
	Time From: 0700	Time To: 1930	Division: Hotel

4. Operations Personnel: Name / Contact Number(s)

Operations Section Chief: Jeff Corser 989-385-5617

Branch Director: Tom Barnes 231-381-7732

Division/Group Supervisor: Michael Janisse 989-370-4049

Group:

Staging Area: Grayling FO

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Team 2	Mike Janisse		989-370-4049	Grayling FO
Local Staff				

6. Work Assignments:

Team 2 will be in Grayling Unit under Mike Janise. Team will be assigned to open priority roads within the Grayling Unit.

7. Special Instructions:

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.

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
Mike Janisse / DIVS	989-370-4049 800 MHz radio FMGRAYL talk group
/	
/	
/	

9. Prepared by: Name: Jeff Corser Position/Title: OPS Signature: _____

ICS 204 | **IAP Page** 6 | Date/Time: _____

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:		3.
Ice Storm Road Clearing	Date From: 10/20/25	Date To: 10/24/25	Branch: Traverse City
	Time From: 0700	Time To: 1930	Division: Bravo

4. Operations Personnel: Name / Contact Number(s)

Operations Section Chief: Jeff Corser 989-385-5617

Branch Director: Matt Edison 906-291-0095

Division/Group Supervisor: Josh Gray 231-342-2840

Group:

Staging Area: TBD

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
TC Team I	Ben Osterland	3	269-355-0309	Gaylord FO 1000
Avery Sanborn			989-578-1297	
Kalkaska 53/Operator	TBD	1		

6. Work Assignments:

Teams will be in Traverse City Unit under Josh Gray. Team will be assigned to open priority roads within the Traverse City Unit.

7. Special Instructions:

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.

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
Josh Gray / DIVS	231-342-2840 800 MHz radio - FMTCITY talk group
/	
/	
/	

9. Prepared by: Name: Jeff Corser Position/Title: OPS Signature:

ICS 204 | **IAP Page** 7 | Date/Time: 10/17/25

*** FINANCE ***

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

Access Finance forms at: IceStormrRoads_FinanceDocs. 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
* Time Reports (CTRs)
* Invoices (with SIGMA doc number)
* Equipment Check In form
* Equipment Shift Tickets (ESTs)
* 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.

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.

Questions? Contact:

Roxanne Merrick (MerrickR@Michigan.gov) or
Jenny McGregor (McGregorJ@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

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)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

3. Name:	4. ICS Position:	5. Home Agency (and Unit):

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

 Date/Time: _____

ACTIVITY LOG (ICS 214)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

7. Activity Log (continuation):

Date/Time	Notable Activities

8. Prepared by: Name: ________________ Position/Title: ________________ Signature: ________________

Date/Time: ________________

MEDICAL PLAN (ICS 206 WF)

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	☐ **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.*	
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.