

GENERAL MESSAGE

TO: Demob Unit Ldr.		POSITION DMOB	
FROM K. Stone		POSITION OSC	
SUBJECT Demobing Resources		DATE 5/27	1800
MESSAGE: Please demob the following operational resources which are either timing out or are no longer needed on the incident.			
Available for Release			
	Request #	Resource	Position
5/28 0800	O-51	M. Dell	STCR
5/29 0700	O-52	L. Hildahl	STCR(t)
5/30 0700	O-53	M. McDowell	STCR
5/30 0900	O-100.3	J. Bonwell	AOBD
5/28 0800	E-5	Engine 43	ENG4
5/31 1000	E-12	H&R Tractor #3	DOZ1
5/29 0800	C-10	Warm Springs IHC	HC1
5/30 0700	C-11	NW Regulars #3	HC2
5/29 0700	C-12	SRV #44	HC2
5/28 0800	C-13	N. Pacific Forestry #6	HC2
Date 5/27	Time 1800	Signature/Position K. Stone, OSC2	

RESOURCE TYPE: O (C,E,O)

Date: 07/13/ Time: 14:32:45

AVAILABLE FOR RELEASE												
Request Number	Unit ID		Name	Current Position	Home Destination (City/ST)	Transportation Type		Available for Demob		Reassign		Other Quals
	ST	Unit				Grd/REN	Jetpt	Date	Time	Y/N	14 th day	
O-100.3	MT	LED	BONWELL, J	AOBD	LEWISTOWN, MT	AOV	BIL	05/30/	09:00	N		
O-11	CA	CDF	CLARK, R	FOBS	HEMET, CA	AIR	ONT	05/30/	07:00	Y	05/30	CRWB SITL STCR
O-51	MT	BRF	DELL, M	STCR	MISSOULA, MT	AOV	MSO	05/28	08:00	N		DIVS STEN
O-52	MT	MTS	HILDAHL, L	STCR	DARBY, MT	AOV	MSO	05/29	07:00	N		STEN TFLD
O-53	WA	SPON	MCDOWELL, M	STCR	SPOKANE, WA	AOV	GEG	05/30	09:00	N		STDZ
O-100.7	WI	CNF	STEIN, H	LSC2	LAONA, WI	A/R	RHI	05/31	07:00	Y	05/31	FACL HRSP SPUL

Time Faxed: _____ Date Faxed: _____

Incident: DIAMOND MT-LNF-000001

RESOURCE TYPE: E (C,E,O)

Date: 07/13/ Time: 14:34:26

AVAILABLE FOR RELEASE												
Request Number	Unit ID		Name	Current Position	Home Destination (City/ST)	Transportation Type		Available for Demob		Reassign		Other Quals
	ST	Unit				Grd/REN	Jetpt	Date	Time	Y/N	14 th day	
E-20	PV	T	BIG CITY BUS CO.	BUS	VALE, OR	BUS		05/29	07:00	N		
E-5	MT	BDF	ENG 43	ENG4	BIG WOOD, MT	AOV		05/28	08:00	N		
E-12	PV	T	H&K TRACTOR #3	DOZ1	ONTARIO, MT	POV		05/31	10:00	N		

Time Faxed: _____ Date Faxed: _____

RESOURCE TYPE: C (C,E,O)

Date: 07/13/ Time: 14:35:28

AVAILABLE FOR RELEASE

Request Number	Unit ID		Name	Current Position	Home Destination (City/ST)	Transportation Type		Available for Demob		Reassign		Other Quals
	ST	Unit				Grd/REN	Jetpt	Date	Time	Y/N	14 th day	
C-13	PV	T	N. PACIFIC FORESTRY #6	HC2	GRANTS PASS, OR	POV		05/28	08:00	N		
C-11	WA	COF	NW REGULARS #3	HC2	COLVILLE, WA	AOV		05/30	07:00	N		
C-12	OR	VAD	SRV #4	HC2	VALE, OR	BUS		05/29	07:00	N		
C-10	OR	WSA	WARM SPRINGS IHC	HC1	WARM SPRINGS, OR	AOV		05/29	08:00	N		

Time Faxed: _____ Date Faxed: _____

05/28/

TENTATIVE RELEASE

DIAMOND MT-LNF-000001

OVERHEAD

O-51 0800 DELL, M.

CREWS

C-13 0800 N. PACIFIC FORESTRY #6

EQUIPMENT

E-5 0800 ENG 43

05/29/

TENTATIVE RELEASE

DIAMOND MT-LNF-000001

OVERHEAD

O-52 0700 HILDAHL, LARRY

CREWS

C-10 0800 WARM SPRINGS IHC
C-12 0700 SRV #4

EQUIPMENT

E-20 0700 BIG CITY BUS CO.

05/30/

TENTATIVE RELEASE

DIAMOND MT-LNF-000001

OVERHEAD

O-100.3	0900	BONWELL, JOHN
O-11	0700	CLARK, RON
O-53	0900	MCDOWELL, MICK

CREWS

C-11	0700	NW REGULARS #3
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07/13/ 14:28:23

tentativedemob.rpt 01/21

Unit 7 Demob HO-9

05/31/

TENTATIVE RELEASE

DIAMOND MT-LNF-000001

OVERHEAD

O-100.7 0700 STEIN, HARRY

EQUIPMENT

E-12 1000 H&K TRACTOR #3

07/13/ 14:28:23

tentativedemob.rpt 01/21

COMMERCIAL AIR TRAVEL REQUEST

Incident Name: DIAMOND
Incident #: MT-LNF-000001

**Demob Pending
REASSIGNMENT**

Current Request #: O-11

Name: CLARK, RANDY
(must be name on picture ID)

Agency ID: CA / CDF
State/Agency ID (EX: ID-BOD)

Release to: HEMET, CA
Home City/State

Date and time available to leave ICP: 05/30 7:00
Date Time

Travel time from ICP to Airport: 120

DEPART FROM: MSO / MISSOULA INTER **RETURN TO:** ONT / ONTARIO INTL, CA
Jetport ID City/State Local Airport Jetport ID City/State Home Airport

Is Ground Support transportation needed? YES
Does this person have a rental car to return? NO
Does this person have a picture ID? YES
Does this person have an agency credit card? YES
Does this person need hotel reservations? NO

Special instructions: ground support will transport to airport

REASSIGNMENT INFO:

Last date (of 14 day tour) available to work: 05/29

Reassignment quals: FOBS, CRWB, SITL, STCR

COMMERCIAL AIR TRAVEL REQUEST

Incident Name: DIAMOND
Incident #: MT-LNF-000001

**Demob Pending
REASSIGNMENT**

Current Request #: O-100.7

Name: STEIN, HARRY
(must be name on picture ID)

Agency ID: WI / CNF
State/Agency ID (EX: ID-BOD)

Release to: LAONA, WI
Home City/State

Date and time available to leave ICP: 05/31 7:00
Date Time

Travel time from ICP to Airport: 120

DEPART FROM: MSO / MISSOULA INTER **RETURN TO:** RHI / RHINELANDER-ONE
Jetport ID City/State Jetport ID City/State
Local Airport Home Airport

Is Ground Support transportation needed? NO
Does this person have a rental car to return? YES
Does this person have a picture ID? YES
Does this person have an agency credit card? YES
Does this person need hotel reservations? NO

Special instructions: Needs to drop a rental care at MSO

REASSIGNMENT INFO:

Last date (of 14 day tour) available to work: 05/30

Reassignment quals: LCS2.FACL, HRSP, SPUL

INCIDENT: DIAMOND MT-LNF-000001

TO: GROUND SUPPORT

FROM: DEMOB

The following persons need ground support transportation

On **05/30/**_____

NAME	AIRLINE	AIRPORT	LEAVE ICP TIME	FLIGHT TIME
1 CLARK, R.		MSO	07:00	

DEMOBILIZATION CHECKOUT

ICS-221

1. INCIDENT NAME/NUMBER DIAMOND MT-BRF-00000 1	2. DATE/TIME	3. DEMOB NO. E-5
4. UNIT/PERSONNEL RELEASED ENG 42		
5. TRANSPORTATION TYPE/NO. AOV		
6. ACTUAL RELEASE DATE/TIME 05/28 09:30	7. MANIFEST YES NO NUMBER _____	
8. DESTINATION BIG WOOD, MT	9. AREA/AGENCY/REGION NOTIFIED NAME USFS DATE _____	
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING		
11. UNIT PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB UNIT LEADER CHECK APPROPRIATE BOX)		
<u>LOGISTICS SECTION</u>		
<input checked="" type="checkbox"/> SUPPLY UNIT	_____	
<input checked="" type="checkbox"/> FACILITIES UNIT	_____	
<input checked="" type="checkbox"/> COMMUNICATIONS UNIT	_____	
<input type="checkbox"/> GROUND SUPPORT UNIT	_____	
<u>PLANNING SECTION</u>		
<input type="checkbox"/> DOCUMENTATION UNIT	_____	
<input checked="" type="checkbox"/> DEMOB UNIT	_____	
<u>FINANCE/ADMINISTRATION SECTION</u>		
<input checked="" type="checkbox"/> TIME UNIT	_____	
<u>OTHER</u>		
<input checked="" type="checkbox"/> SECURITY UNIT	_____	
<input checked="" type="checkbox"/> OTHER	_____	
<input type="checkbox"/>	_____	
12. REMARKS <u>Estimate Date of Arrival: 05/28 2000</u>		

DEMOBILIZATION CHECKOUT

ICS-221

1. INCIDENT NAME/NUMBER DIAMOND -MT-BRF-00000 1	2. DATE/TIME 01/28 08:00	3. DEMOB NO. O-51
4. UNIT/PERSONNEL RELEASED DELL, MARILEE		
5. TRANSPORTATION TYPE/NO. AOV		
6. ACTUAL RELEASE DATE/TIME 05/28 08:25	7. MANIFEST YES NO NUMBER _____	
8. DESTINATION MISSOULA, MT	9. AREA/AGENCY/REGION NOTIFIED NAME USFS DATE _____	
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING		
11. UNIT PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB UNIT LEADER CHECK APPROPRIATE BOX)		
<u>LOGISTICS SECTION</u>		
<input checked="" type="checkbox"/> SUPPLY UNIT	_____	
<input checked="" type="checkbox"/> FACILITIES UNIT	_____	
<input checked="" type="checkbox"/> COMMUNICATIONS UNIT	_____	
<input type="checkbox"/> GROUND SUPPORT UNIT	_____	
<u>PLANNING SECTION</u>		
<input type="checkbox"/> DOCUMENTATION UNIT	_____	
<input checked="" type="checkbox"/> DEMOB UNIT	_____	
<u>FINANCE/ADMINISTRATION SECTION</u>		
<input checked="" type="checkbox"/> TIME UNIT	_____	
<u>OTHER</u>		
<input checked="" type="checkbox"/> SECURITY UNIT	_____	
<input checked="" type="checkbox"/> OTHER	_____	
<input type="checkbox"/>	_____	
12. REMARKS Estimate Date of Arrival: 05/28 1100		

DEMOBILIZATION CHECKOUT

ICS-221

1. INCIDENT NAME/NUMBER DIAMOND MT-BRF-000001		2. DATE/TIME	3. DEMOB NO C-13
4. UNIT/PERSONNEL RELEASED N. PACIFIC FORESTRY #6			
5. TRANSPORTATION TYPE/NO. POV			
6. ACTUAL RELEASE DATE/TIME 5/28 0845		7. MANIFEST YES NO NUMBER _____	
8. DESTINATION GRANT PASS, OR		9. AREA/AGENCY/REGION NOTIFIED NAME USFS DATE _____	
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING			
11. UNIT PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB UNIT LEADER CHECK APPROPRIATE BOX)			
LOGISTICS SECTION			
<input checked="" type="checkbox"/>	SUPPLY UNIT	_____	
<input checked="" type="checkbox"/>	FACILITIES UNIT	_____	
<input checked="" type="checkbox"/>	COMMUNICATIONS UNIT	_____	
<input type="checkbox"/>	GROUND SUPPORT UNIT	_____	
PLANNING SECTION			
<input type="checkbox"/>	DOCUMENTATION UNIT	_____	
<input checked="" type="checkbox"/>	DEMOB UNIT	_____	
FINANCE/ADMINISTRATION SECTION			
<input checked="" type="checkbox"/>	TIME UNIT	_____	
OTHER			
<input checked="" type="checkbox"/>	SECURITY UNIT	_____	
<input checked="" type="checkbox"/>	OTHER	_____	
<input type="checkbox"/>		_____	
12. REMARKS Estimated Date of Arrival: 5/29 1600 RON: PENDLETON, OR			