

OPERATIONS REPORT OF STATE EMERGENCY MISSION / AFTER ACTION REPORT

1. DATE:	REPORTING UNIT:		
2. TYPE REPORT: Initial <input type="checkbox"/>	Interim <input type="checkbox"/>	Closing <input type="checkbox"/>	After Action Report <input type="checkbox"/>
3. MISSION NUMBER:			
4. DESCRIPTION OF TASKED SUPPORT:			
5. DATES: Mission Opening Local Date Time Group:			
Mission Closing Local Date Time Group:			
6. MISSION ON-SCENE SITUATION AND WEATHER:			
7. TOTAL PERSONNEL DIRECTLY EMPLOYED ON THE MISSION: (See Personnel Report, CA ANG Form 18)			
8. MISSION ACCOMPLISHMENT NARRATIVE SUMMARY (Past 24 hours):			
9. PROBLEMS: (Safety, weather, medical, pay, equipment, command and control)			
10. RECOMMENDATIONS:			
11. AVIATION ACTIVITY SUMMARY: <input type="checkbox"/>	Not Required: <input type="checkbox"/>	Atch (See CA ANG Form 19)	<input type="checkbox"/>
12. GROUND SUPPORT EQUIPMENT LOGISTICS ACTIVITY SUMMARY: Not Required: <input type="checkbox"/> (See CA ANG Form 20)			
13. REPORT RELEASER:			
14. RELEASE TIME:			
15. TELEPHONE:			