

- INITIAL
 QUARTERLY
 FINAL

Combat / Contingency Operations Historical Report

RCS: RCHI-089

[For use of this form see USAR Reg 870-1; the proponent agency is the Office of Army Reserve History.]

PRIVACY ACT ADVISORY STATEMENT

AUTHORITY: Title 10, U.S. Code, Section 3013.
PRINCIPAL USE: To obtain non-duty Soldier contact information and personal experience narratives.
ROUTINE USE: To contact Soldiers for further information and/or authentication of facts, experiences and documents of a historical nature, and to obtain permission to use this information for official historical publications.
DISCLOSURE: The information provided by the Soldier is voluntary. Information provided may be used, in whole or part, in official Army and Army Reserve historical publications, unless expressly prohibited by the provider.

SECTION I - CONFLICT

[Check applicable items.]

1. a. THEATER: CONUS EUR FAR EAST (ASIA) SWA AFRICA SOUTH AMERICA
- b. CAMPAIGN OPERATION: ONE OEF OIF OTHER: _____
- c. TACTICAL OPERATION NAME: _____
- d. COUNTRY/PROVENCE OF OPERATION: _____
- e. BASECAMP/FORWARD OPERATING BASE/COMBAT OUTPOST LOCATION (Include Universal Transverse Mercator (UTM) Coordinates):

- f. DATE SPAN: From: _____ To: _____
- g. SPECIFY TYPE OF OPERATION: _____

SECTION II - PRE-MOBILIZATION ORGANIZATION & UNIT DATA

2. ARMY RESERVE COMMAND STRUCTURE.

	UIC	DUIC <i>[if applicable]</i>
a. RSC:		
b. MSC / DRU:		
c. UNIT NAME: <i>(spell out; e.g., 802nd Ordnance Company)</i>		

3. UNIT PHONE NUMBER:

4. UNIT POC:

5. PEACETIME MISSION STATEMENT:

SECTION III - MOBILIZATION / DEPLOYMENT DATA

6. CURRENT DEPLOYMENT: *[Check one]* COMBAT EMERGENCY SPECIAL OPERATIONS

a. MOBILIZATION STATION:

b. MOBILIZATION DATE:

c. DEPLOYMENT DATE:

d. DEMOBILIZATION STATION:

e. DEMOBILIZATION DATE:

f. MOBILIZED MISSION DESCRIPTION:

7. SUPPORTED ORGANIZATION.

a. SUPPORTED UNIT NAME / UIC:

b. MOBILIZATION DATE SPAN:

c. SUPPORTED UNIT MISSION STATEMENT:

Combat / Contingency Operations Historical Report (continued)

SECTION III - UNIT MOBILIZATION / DEPLOYMENT DATA (continued)

8. PREVIOUS DEPLOYMENT. [Where applicable]

a. SUPPORTED UNIT NAME / UIC:

b. MOBILIZATION DATE:

c. DEPLOYMENT DATE:

d. DEMOBILIZATION DATE:

e. SUPPORTED UNIT MISSION STATEMENT:

SECTION IV - PERSONNEL

9.a. KEY PERSONNEL.

	COMMANDER	CHIEF OF STAFF	NCOIC	UNIT HISTORIAN
LAST, FIRST, MI				
RANK / GRADE				
HOME OF RECORD				
AKO E-MAIL				
CONTACT NO.				

b. NUMBER OF OFFICERS:

c. NUMBER OF ENLISTED:

SECTION V - AWARDS

[Check all that apply. Attach Citations. (OMIT SSN)]

	# OF AWARDS	DATE(S)
10. UNIT.		
<input type="checkbox"/> a. PRESIDENTIAL UNIT CITATION		
<input type="checkbox"/> b. VALOROUS UNIT AWARD		
<input type="checkbox"/> c. MERITORIOUS UNIT COMMENDATION		
<input type="checkbox"/> d. ARMY SUPERIOR UNIT AWARD		
<input type="checkbox"/> e. OTHER:		

11. PERSONNEL.

<input type="checkbox"/> a. MEDAL OF HONOR		
<input type="checkbox"/> b. SILVER STAR		
<input type="checkbox"/> c. BRONZE STAR		
<input type="checkbox"/> d. PURPLE HEART		
<input type="checkbox"/> e. OTHER:		

SECTION VI - UNIT INCIDENT / CASUALTY REPORTS

[Attach Serious Incident Reports - OMIT SSN and Personal in Nature Information]

12. CHECK ALL THAT APPLY.	# OF INCIDENTS	DATE(S)
<input type="checkbox"/> a. PRISONER OF WAR (POW)		
<input type="checkbox"/> b. MISSING IN ACTION (MIA)		
<input type="checkbox"/> c. WOUNDED IN ACTION (WIA)		
<input type="checkbox"/> d. KILLED IN ACTION (KIA)		
<input type="checkbox"/> e. FRATRICIDE		
<input type="checkbox"/> f. SUICIDE		
<input type="checkbox"/> g. OTHER (Non-Combat Incident/Casualty):		

SECTION VII - UNIT DOCUMENTS

13. UNIT NARRATIVE w/MISSION STATEMENT. Identify author. Explain in chronological order what the unit accomplished. Describe and date all significant events. [Attach supporting documents.]

14. LESSONS LEARNED (ISSUE/DISCUSSION/RECOMMENDATION). Identify sources. Include as many issues as possible. [Attach supporting documents.]

15. DOCUMENTS. Check all that apply. [Attach supporting documents.]

MANDATORY

- | | |
|--|---|
| <input type="checkbox"/> After Action Report | <input type="checkbox"/> Operation Orders/Fragment Orders (FRAGOs) (Within Mission Date Span) |
| <input type="checkbox"/> Mobilization Orders | <input type="checkbox"/> Task Organizations (Order of Battle Hierarchy) |
| <input type="checkbox"/> Demobilization Orders | <input type="checkbox"/> USAR Form(s) 155-R, Combat/Contingency Operations Historical Autobiographical Sketch (Required - Cdr & Sr. NCO & 10% of Personnel) |
| <input type="checkbox"/> Unit Briefing Slides | |

ADDITIONAL STAFF DOCUMENTS

S-1 (Mandatory)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Staff Wire Diagrams | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Personnel Rosters (NO SSN) | _____ |

S-2

- | | |
|--|---|
| <input type="checkbox"/> Intelligence Summaries | <input type="checkbox"/> Weather Reports / Slides (in conjunction with a significant event) |
| <input type="checkbox"/> Critical Intelligence Requirements (Debriefs) | <input type="checkbox"/> Enemy Situation Reports (CIA/S-2) |
| <input type="checkbox"/> Modified Obstacle Overlays | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Reconnaissance Reports / Surveys | _____ |

S-3

- | | |
|---|--|
| <input type="checkbox"/> Commander's intent (XO) | <input type="checkbox"/> Duty Rosters (Division to S-3 Level - Include TOC Day/Night Shift Battle CPT, NCOs) |
| <input type="checkbox"/> Mission Essential Task List | |
| <input type="checkbox"/> Staff Journal / Duty Officer's Log (Battle Captain Requirements) | <input type="checkbox"/> Theater Rating Schemes |
| <input type="checkbox"/> Training Schedules | <input type="checkbox"/> Personnel Status Reports |
| <input type="checkbox"/> Mission Analysis | <input type="checkbox"/> Staff Section Briefs |
| | <input type="checkbox"/> Other: _____ |
| | _____ |

S-4

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Logistics Status Reports | <input type="checkbox"/> MTO&E |
| <input type="checkbox"/> Equipment Status Reports | <input type="checkbox"/> Other: _____ |
| | _____ |

ADDITIONAL RECORDS

- JAG / Legal Issues
- Military Police Journals
- Battle / Combined / Tactical Update Briefs and Assessments
- Special Studies and Briefs
- Audiovisual Tapes
- Electromagnetic Media (Computer Tapes and Disks used by the Unit during Combat Operations)
- Video-cam Tapes and Official Cassettes, Such as Those Obtained from Gun Cameras, Remotely Piloted Vehicles, Public Affairs Teams, Combat Camera Teams, etc.
- Press Releases / Articles

16. PHOTOGRAPHS. Identify each photograph with dates, names of location, personnel and subjects. (Minimum of 5 photographs.) Provide all formats, including CD and paper. JPEG (*.jpg) files may be attached to this form electronically.

SECTION VIII - ORAL HISTORIES / END-OF-TOUR INTERVIEWS

[Provide Documents Identified Below for Each Oral History/End-of-Tour Interview.]

For more guidance on conducting oral histories, contact the Deputy AR Historian, Office of Army Reserve History.

17. SUPPORT DOCUMENTS. Check all that apply. *[Attach documents.]*

MANDATORY

- | | |
|---|---|
| <input type="checkbox"/> DA 7273-R, Access Agreement for Oral History Materials | <input type="checkbox"/> Interview Log / Spreadsheet |
| <input type="checkbox"/> Interview Notes | <input type="checkbox"/> DVD or CD (wave file) with Label Information (Interviewee Full Name & Rank, Unit, Interview Date and Location and the Subject) |
| <input type="checkbox"/> Subject Photograph with Name, Rank, Unit and Duty Assignment Caption | <input type="checkbox"/> Abstract |

OPTIONAL

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Support / Research Documentation | <input type="checkbox"/> Transcript |
|---|-------------------------------------|

SECTION IX - ARTIFACTS

[When applicable. Provide details on USAR Form 154-1-R (Historical Artifact Identification) and attach to this form.]

An artifact is "any object that [is] historically significant because of its association with a person, organization, event, or place." An example would be a U.S. uniform or equipment used in theater by your unit. For more guidance on collecting artifacts, contact the Curator, National Museum of the Army Reserve.

Check here if attaching any USAR Forms 154-1-R.

SECTION X - ADDITIONAL REMARKS

[Attach additional pages (files), if necessary.]

Check here if additional pages (files) are attached.

TYPED NAME, GRADE, TITLE OF UNIT HISTORIAN

SIGNATURE

DATE