

# COUNTERDRUG SUPPORT MISSIONS AFTER ACTION REPORT

RCS exempt AR 335-15, para 5-2e(7)

(USARC Reg 500-1; the proponent agency is DCSOPS)

*Submit through channels to CDR, USARC, ATTN: AFRC-OPO-O, 3800 North Camp Creek Parkway SW, Atlanta, GA 30331-5099, no later than 15 days after the close-out of each operation.*

## Part A - Mission Data

1a. MISSION NUMBER	1b. MISSION DATES	1c. MISSION LOCATION		
1d. CONTROLLING HQs/POC PHONE NO.  JTF - _____  CONUSA - _____		1e. MUSARC  _____  POC - _____  PHONE NO. - _____		
1f. LEA - _____  ADDRESS - _____		1g. LEA POC - _____  PHONE NO. - _____		
1h. TYPE OF MISSION	1i. DEPLOYMENT DATE	1j. REDEPLOYMENT DATE	1k. CLOSE OUT DATE	
2a. USAR MAN-DAYS  TOTAL:  BREAKDOWN:  O-5 _____ E-8 _____ O-4 _____ E-7 _____ O-3 _____ E-6 _____ O-2 _____ E-5 _____ O-1 _____ E-4 _____ W-4 _____ E-3 _____ W-3 _____ E-2 _____ W-2 _____ E-1 _____ W-1 _____  AGGREGATE _____	2b. RESOURCE OBLIGATIONS (IN DOLLARS)  RPA:  OMAR:  FLIGHT HOURS:	2c. EQUIPMENT:  DUTY UNIFORM:  WEAPONS:  AIRCRAFT:		
3. MISSION NARRATIVE: MISSION OBJECTIVE/SIGNIFICANT ISSUE LIMITATIONS GENERAL DESCRIPTION.				
4a. DATE	4b. TITLE AND NAME	4c. SIGNATURE		

**COUNTERDRUG AFTER ACTION REPORT (continuation)**

**5 SUPPORTING UNITS**

5a. UNITS:

5b. USAR UNITS:

5c. ARNG UNITS:

5d. OTHER (JOINT/COMBINED):

6. METL TASKS ACHIEVED:

7. **MISSION PLANNING, EXECUTION, AND RECOVERY:** Chronology (List of time-sequenced events by date and time, in the order in which they occurred). *(USE ADDITIONAL SHEETS IF REQUIRED.)*

**COUNTERDRUG AFTER ACTION REPORT (continuation)**

**8. LESSON LEARNED:** e.g., What support was requested? What military support was provided? What results were achieved? What were problem areas/shortfalls? How could military support have been better? *(USE ADDITIONAL SHEETS IF REQUIRED.)*

COUNTERDRUG AFTER ACTION REPORT (continuation)

Part B - Law Enforcement Survey

*This survey portion of the form to be completed by the Senior Law Enforcement Official participating in this operation.*

1. LAW ENFORCEMENT AGENCY DATA

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

2. MISSION DATA

Operation Number: \_\_\_\_\_  
Operation Code: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Schedule Ending Date: \_\_\_\_\_

3. Overall Rating of USAR Unit's Support: (Check one)

Excellent

Good

Poor

4. EVALUATION OF SUPPORT

*Score each question below with a numerical score (1-2-3; 1 is highest score)*

1. Was the support provided in a timely manner?
2. Was the support provided for the full period requested?
3. Was the supporting USAR unit fully equipped to support mission requirements?
4. Did you feel that the operation was a success?
5. Was there a cooperative attitude among all parties?
6. Did USAR personnel fully understand their assigned mission?
7. Was there ample flexibility in the USAR chain of command?
8. Did USAR support enhance the overall degree of mission accomplishment?

Total points assessed: \_\_\_\_\_

5. SENIOR LAW ENFORCEMENT OFFICIAL DATA

(Printed Name) \_\_\_\_\_  
(Title) \_\_\_\_\_  
(Telephone Number) \_\_\_\_\_