

AAR
Form 1

AFTER ACTION REPORT

UNIT

DATE

MEMORANDUM FOR ASSISTANT CHIEF OF STAFF, PLANS AND OPERATIONS, G3

SUBJECT: After Action Report of

1. This report is prepared in accordance with GSDF Memo 1-1, dated 1 March 2004
 - a. Type of Mission:
 - b. Inclusive Dates:
 - c. Location:
 - d. Performed for: (Name of person or organization requesting mission and contact information)

2. Operations
 - a. Operation Summary: (Describe operation)
 - b. Man Days: Officer _____
 WO _____
 Enl _____
 Total _____ (Listing showing name, rank, unit and Social Security number to be attached to AAR)
 - c. Significant Events: (If Any)
 - d. Strengths: (What went well)
 - e. Weaknesses: (Areas in need of improvement and recommendations to improve)

3. General
 - a. GSDF Injuries: (Name, rank, unit and Social Security number if injured. Description of Injury and how incurred. Action taken. Reported by and to whom)
 - b. Costs: (Explain cost and how paid)
 - c. Public Affairs: (PAO and or media coverage)

SIGNATURE BLOCK
 XXXXXXXXXXXXXXXX
 RANK
 Title

APR 2 1967

Page _____

PERSONNEL DOCUMENTATION

Date _____

OPERATION _____

	NAME	RANK	UNIT	SOCIAL SECURITY NO.
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