## SONOMA COUNTY
### STRIKE TEAM LEADER AFTER ACTION REPORT

<table>
<thead>
<tr>
<th>Incident Order Number</th>
<th>Request Number</th>
<th>S. T. Designator</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. T. Leader Name</td>
<td>Report to Supervisor / Name and Agency</td>
<td></td>
</tr>
<tr>
<td>Time and Date Committed</td>
<td>Time and Date Returned</td>
<td></td>
</tr>
</tbody>
</table>

Include comments relative to:

- ___ ICS Unit Log
- ___ Training / Experience
- ___ Dispatch Criteria
- ___ Personnel Roster
- ___ Accommodations
- ___ Injury Reports
- ___ Equipment Roster
- ___ Expenses
- ___ Crew Performance
- ___ Equipment Performance
- ___ Accident Reports
- ___ Assignments

Explain any problems or make remarks about the above. Add attachments if necessary.