SONOMA COUNTY STRIKE TEAM LEADER AFTER ACTION REPORT

Incident Order Number	Request Number		S. T. Designator	
S. T. Leader Name	Report to Supervisor / Name and Agency			
Time and Date Committed	nitted		Time and Date Returned	
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 a	about the above. Ac	ld attachments if r	necessary.	

Report Prepared by:	Date:
nepore repared by.	Dutc.