

MINNESOTA WING CIVIL AIR PATROL MISSION REPORT GUIDE

ALL USAF AND WING HQ MISSIONS REQUIRE A REPORT TO THE WING SAR CENTER NIGHTLY BY 2000 HRS.

RAD NR: _____ PRECEDENCE: [] ROUTINE [] PRIORITY [] REDCAP

DTG: _____ / _____ Z/ _____ / _____
DATE TIME MONTH YEAR

FROM:

TO: _____ INFO TO: _____

1. (MISSION NR): _____ 2. (MISSION DATE): _____

3. (LOCATION): _____

4. (TYPE OF MISSION): _____

5. (MISSION REQUESTED BY): _____

6. (DESCRIPTION): _____

7A. (TOTAL NUMBER OF CORPORATE AIRCRAFT): _____ 7B. (HOURS): _____ 7C. (SORTIES): _____

8A. (TOTAL NUMBER OF PRIVATE AIRCRAFT): _____ 8B. (HOURS): _____ 8C. (SORTIES): _____

9A. (NUMBER OF CAP PERSONNEL): _____ 9B. (SENIORS): _____ 9C. (CADETS): _____ 9D. (HOURS): _____

10A. (TOTAL NUMBER OF OTHER PERSONNEL): _____ 10B. (HOURS): _____

11A. (TOTAL NUMBER OF CORPORATE VEHICLES): _____ 11B. (MILES): _____ 11C. (HOURS): _____

12A. (TOTAL NUMBER OF OTHER VEHICLES): _____ 12B. (MILES): _____ 12C. (HOURS): _____

13A. (TOTAL NUMBER OF FIXED STATIONS): _____ 13B. (HOURS): _____

14A. (TOTAL NUMBER OF MOBILE STATIONS): _____ 14B. (HOURS): _____

15A. TOTAL NUMBER OF AIRBORNE STATIONS): _____ 15B. (HOURS): _____

16A. (NUMBER OF PERSONNEL RECOVERED): _____ 16B. (DECEASED): _____

17. (COMMENTS): _____

MESSAGE RECEIVED

FROM:

DTG: _____ / _____ Z/ _____ / _____
DATE TIME MONTH YEAR

OPERATORS INITIALS:

MESSAGE TRANSMITTED

TO:

DTG: _____ / _____ Z/ _____ / _____
DATE TIME MONTH YEAR

OPERATORS INITIALS:

