



Virginia Task Force 2

3.09a IST Individual AAR

Urban Search and Rescue

March 2019

Administrative Manual

(Which Team) **TEAM IST** (Date)
(Event)

Individual After Action Report

NAME and POSITION:

PERSONAL SUMMARY: (Summarize your participation in the current deployment)

MISSION OVERVIEW: (Describe Briefly)

BRIEF CHRONOLOGY: (Place the text from the bottom portion of your ICS 214's under the appropriate date)

Date

Date

Date

Date

Date

Date