

CREW ASSIGNMENT DEBRIEFING	KCSD INCIDENT #	FOR OPERATIONAL PERIOD #
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ASSIGNMENT #	FORM COMPLETED BY: CREW DEBRIEFED BY:	DATE COMPLETED: TIME COMPLETED:
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EXPLAIN WHAT YOUR CREW ACTUALLY DID (INCLUDE TIMES AND GPS COORDINATES IF AVAILABLE):

MAP ATTACHED

ESTIMATED POD%	IF RESPONSIVE:	IF NON-RESPONSIVE:
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DESCRIBE AND GIVE THE TIME AND LOCATION (GPS) OF ANY CLUES/ITEMS DISCOVERED:

CURRENT STATUS OF CLUES/ITEMS:

DESCRIBE DIFFICULTIES OR GAPS IN COVERAGE:

DESCRIBE ANY HAZARDS OR DANGERS IN SEARCH AREA(S):

SUGGESTIONS, IDEAS, RECOMMENDATIONS:

CREW LEADER SIGNATURE:	GSAR FORM 525A REV 8/00
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