



Seattle Police Department After Action Report

Date of Review _____

EVENT/INCIDENT INFORMATION

Event Name _____
Activity ID # _____

Event Start Date _____	Event End Date _____
Roll Call Time _____	
Event Start Time _____	
Event End Time _____	
Demobilization Time _____	

Reviewer(s):

Name	Title	Role in Event

STAFFING DETAILS

Note that all fields are mandatory. If a resource was not used, please enter zero.

	Final Staffing Number	Regular Time Hours*	Overtime Hours*	TOTAL
Captains				
Lieutenants				
Sergeants				
Officers				
PEO Supervisors				
PEOs				
Other				
TOTAL HOURS WORKED				

**Number of hours, cumulative total*

DEBRIEF

1. Event Summary

What was expected to happen? What actually occurred? What was our response? Describe any applications of force.

2. Successes

What went well and why? What were the successful steps towards achieving the objectives?

Successes	How to ensure success in the future

3. Improvements

What can be improved and how? What can we do differently in similar situations in the future? Compare the plan with reality. What didn't work? What is your advice to future event commanders?

Areas for Improvement	Recommendations

