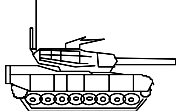
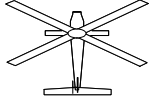


MISSILE FIRING DATA REPORT (HELLFIRE)		INSTRUCTION: Check the appropriate block and fill in the blanks. Record numerical values as shown in the example.		REQUIREMENT CONTROL SYMBOL AMC-224																															
For use of this form, see DA PAM 700-19; the proponent agency is DCS, G-4.		EXAMPLE: 123.2 is filled in as		<table><tr><td>1</td><td>2</td><td>3</td><td>.</td><td>2</td></tr></table>		1	2	3	.	2																									
1	2	3	.	2																															
MAIL COMPLETED FORM TO:  COMMANDER USA RDECOM ATTN: AMSRD-AMR-SE-RA-MS BLDG 4500 REDSTONE ARSENAL, AL 35898		9. WEATHER  <table><tr><td><input type="checkbox"/></td><td>CLEAR</td><td><input type="checkbox"/></td><td>RAIN</td><td><input type="checkbox"/></td><td>SNOW</td></tr><tr><td><input type="checkbox"/></td><td>ICE/SLEET</td><td><input type="checkbox"/></td><td>FOG/MIST</td><td><input type="checkbox"/></td><td>OVERCAST</td></tr></table> CEILING _____		<input type="checkbox"/>	CLEAR	<input type="checkbox"/>	RAIN	<input type="checkbox"/>	SNOW	<input type="checkbox"/>	ICE/SLEET	<input type="checkbox"/>	FOG/MIST	<input type="checkbox"/>	OVERCAST	16. REMOTE DESIGNATOR DESIGNATOR OFFSET (DEG) _____  A/C TAIL NO. (IF APPLICABLE) _____  RADIO CALL SIGN _____  DESIGNATOR RANGE TO TGT <table><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> (KM) <input type="checkbox"/> REMOTE CODE CONFIRMED																			
<input type="checkbox"/>	CLEAR	<input type="checkbox"/>	RAIN	<input type="checkbox"/>	SNOW																														
<input type="checkbox"/>	ICE/SLEET	<input type="checkbox"/>	FOG/MIST	<input type="checkbox"/>	OVERCAST																														
FROM: (INCLUDE ZIP CODE)		10. VISIBLE OBSURANTS AT LAUNCH POINT  <table><tr><td><input type="checkbox"/></td><td>SAND/DUST</td><td><input type="checkbox"/></td><td>HOMOGENEOUS</td></tr><tr><td><input type="checkbox"/></td><td>INDUCED</td><td><input type="checkbox"/></td><td>OTHER _____</td></tr></table>		<input type="checkbox"/>	SAND/DUST	<input type="checkbox"/>	HOMOGENEOUS	<input type="checkbox"/>	INDUCED	<input type="checkbox"/>	OTHER _____	17. TARGET OFFSET (DEG) _____  <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT																							
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<input type="checkbox"/>	INDUCED	<input type="checkbox"/>	OTHER _____																																
1. FIRING LOCATION  <table><tr><td><input type="checkbox"/></td><td>CHERRY POINT, NC</td><td><input type="checkbox"/></td><td>FT. IRWIN, CA</td></tr><tr><td><input type="checkbox"/></td><td>EGLIN AFB, FL</td><td><input type="checkbox"/></td><td>FT. HOOD, TX</td></tr><tr><td><input type="checkbox"/></td><td>FT. CAMPBELL, KY</td><td><input type="checkbox"/></td><td>FT. BRAGG, NC</td></tr><tr><td><input type="checkbox"/></td><td>OTHER _____</td><td colspan="2"></td></tr></table>		<input type="checkbox"/>	CHERRY POINT, NC	<input type="checkbox"/>	FT. IRWIN, CA	<input type="checkbox"/>	EGLIN AFB, FL	<input type="checkbox"/>	FT. HOOD, TX	<input type="checkbox"/>	FT. CAMPBELL, KY	<input type="checkbox"/>	FT. BRAGG, NC	<input type="checkbox"/>	OTHER _____			11. FIRING CATEGORY  <table><tr><td><input type="checkbox"/></td><td>TROOP TRAINING</td><td><input type="checkbox"/></td><td>DEMONSTRATION</td></tr><tr><td><input type="checkbox"/></td><td>ASP</td><td><input type="checkbox"/></td><td>OTHER _____</td></tr></table>		<input type="checkbox"/>	TROOP TRAINING	<input type="checkbox"/>	DEMONSTRATION	<input type="checkbox"/>	ASP	<input type="checkbox"/>	OTHER _____	18. TYPE OF LAUNCH  <table><tr><td><input type="checkbox"/></td><td>SINGLE</td><td><input type="checkbox"/></td><td>RAPID*</td><td><input type="checkbox"/></td><td>RIPPLE*</td></tr></table> *MFDR REQUIRED FOR EACH MISSILE		<input type="checkbox"/>	SINGLE	<input type="checkbox"/>	RAPID*	<input type="checkbox"/>	RIPPLE*
<input type="checkbox"/>	CHERRY POINT, NC	<input type="checkbox"/>	FT. IRWIN, CA																																
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2. MISSILE S/N _____		12. FIRING AGENCY  <table><tr><td><input type="checkbox"/></td><td>ARMY</td><td><input type="checkbox"/></td><td>MARINE CORPS</td></tr><tr><td><input type="checkbox"/></td><td>USAR</td><td><input type="checkbox"/></td><td>NAVY</td></tr><tr><td><input type="checkbox"/></td><td>NAT'L GUARD</td><td><input type="checkbox"/></td><td>CONTRACTOR</td></tr><tr><td><input type="checkbox"/></td><td>OTHER _____</td><td colspan="2"></td></tr></table>		<input type="checkbox"/>	ARMY	<input type="checkbox"/>	MARINE CORPS	<input type="checkbox"/>	USAR	<input type="checkbox"/>	NAVY	<input type="checkbox"/>	NAT'L GUARD	<input type="checkbox"/>	CONTRACTOR	<input type="checkbox"/>	OTHER _____			19. FIRING MODE  <table><tr><td><input type="checkbox"/></td><td>LOBL</td><td><input type="checkbox"/></td><td>LOAL LO</td></tr><tr><td><input type="checkbox"/></td><td>LOAL DIRECT</td><td><input type="checkbox"/></td><td>LOAL HI</td></tr><tr><td><input type="checkbox"/></td><td colspan="3">LOAL DEFAULT TO LOBL</td></tr></table>		<input type="checkbox"/>	LOBL	<input type="checkbox"/>	LOAL LO	<input type="checkbox"/>	LOAL DIRECT	<input type="checkbox"/>	LOAL HI	<input type="checkbox"/>	LOAL DEFAULT TO LOBL				
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3. MISSILE LOT NO. _____		13. GUNNER EXPERIENCE  _____ PREVIOUS MISSILES		20. LOAL DELAY TIME (SECONDS AFTER MISSILE SEPARATION) _____																															
4. LAUNCHER S/N _____		14. LAUNCH PLATFORM  <table><tr><td><input type="checkbox"/></td><td>TOWER</td><td><input type="checkbox"/></td><td>GLH</td></tr><tr><td><input type="checkbox"/></td><td>AH-64</td><td><input type="checkbox"/></td><td>OH-58</td></tr><tr><td><input type="checkbox"/></td><td>AH-1</td><td><input type="checkbox"/></td><td>UH-60</td></tr><tr><td><input type="checkbox"/></td><td>OTHER _____</td><td colspan="2"></td></tr></table>		<input type="checkbox"/>	TOWER	<input type="checkbox"/>	GLH	<input type="checkbox"/>	AH-64	<input type="checkbox"/>	OH-58	<input type="checkbox"/>	AH-1	<input type="checkbox"/>	UH-60	<input type="checkbox"/>	OTHER _____			21. CATEGORY OF TARGET  <table><tr><td><input type="checkbox"/></td><td>STATIONARY</td></tr><tr><td><input type="checkbox"/></td><td>MOVING - SPEED (MPH) _____</td></tr></table>		<input type="checkbox"/>	STATIONARY	<input type="checkbox"/>	MOVING - SPEED (MPH) _____										
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5. LOCAL MIL TIME _____		15. DESIGNATOR MODE  <table><tr><td><input type="checkbox"/></td><td>AUTONOMOUS</td><td><input type="checkbox"/></td><td>REOMOTE</td></tr></table>		<input type="checkbox"/>	AUTONOMOUS	<input type="checkbox"/>	REOMOTE	22. TARGET TYPE  <table><tr><td><input type="checkbox"/></td><td>TANK</td><td><input type="checkbox"/></td><td>TRACK VEHICLE</td></tr><tr><td><input type="checkbox"/></td><td>BILLBOARD</td><td><input type="checkbox"/></td><td>STEEL PLATE</td></tr><tr><td><input type="checkbox"/></td><td>OTHER _____</td><td colspan="2"></td></tr></table>		<input type="checkbox"/>	TANK	<input type="checkbox"/>	TRACK VEHICLE	<input type="checkbox"/>	BILLBOARD	<input type="checkbox"/>	STEEL PLATE	<input type="checkbox"/>	OTHER _____																
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<input type="checkbox"/>	OTHER _____																																		
6. DATE (YYYYMMDD) 07 01 18																																			
7. AMBIENT TEMPERATURE _____ °C _____ °F																																			
8. WIND VELOCITY & VECTOR  <table><tr><td><input type="checkbox"/></td><td>0-5 MPH</td><td><input type="checkbox"/></td><td>15-20 MPH</td></tr><tr><td><input type="checkbox"/></td><td>5-10 MPH</td><td><input type="checkbox"/></td><td>20-30 MPH</td></tr><tr><td><input type="checkbox"/></td><td>10-15 MPH</td><td><input type="checkbox"/></td><td>OVER 30 MPH</td></tr></table> VECTOR _____		<input type="checkbox"/>	0-5 MPH	<input type="checkbox"/>	15-20 MPH	<input type="checkbox"/>	5-10 MPH	<input type="checkbox"/>	20-30 MPH	<input type="checkbox"/>	10-15 MPH	<input type="checkbox"/>	OVER 30 MPH																						
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Page 1 of 2  
APD v1.00

<p>23. TARGET SIZE</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 8' X 8'  <input type="checkbox"/> 8' X 12'         </div> <div> <input type="checkbox"/> 8' X 16'  <input type="checkbox"/> OTHER _____         </div> </div> <p>24. TARGET CONDITION</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> SOLID         <input type="checkbox"/> PERFORATED       </div> <p>25. RANGE FROM LAUNCHG PLATFORM TO TARGET</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 100px;"> <span>(KM)</span> </div> <p>26. DESIGNATOR TYPE</p> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> TADS  <input type="checkbox"/> MMS  <input type="checkbox"/> G/VLLD-MANNED  <input type="checkbox"/> G/VLLD-UNMANNED  <input type="checkbox"/> LTD  <input type="checkbox"/> MULE  <input type="checkbox"/> OTHER _____     </div> <p>27. TRACKING METHOD</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> MANUAL     <input type="checkbox"/> AUTO   </div> <p>28. BORESIGHT</p> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> INTERNAL BORESIGHT COMPLETED  <input type="checkbox"/> OUTFRONT BORESIGHT COMPLETED AND VERIFIED     </div> <p>29. ACQUISITION SENSOR</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> TV     <input type="checkbox"/> FLIR     <input type="checkbox"/> DVO   </div> <p>30. BACKSCATTER AVOIDANCE TECHNIQUES EMPLOYED?</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES     <input type="checkbox"/> NO     <input type="checkbox"/> N/A   </div>	<p>31. MISSILE CCM SWITCH <input type="checkbox"/> UP <input type="checkbox"/> DOWN</p> <p>32. LRF/D CCM SWITCH <input type="checkbox"/> UP <input type="checkbox"/> DOWN</p> <p>AIRCRAFT DATA:</p> <p>33. ALT (FT. AGL) _____</p> <p>34. TAIL NUMBER _____</p> <p>35. CALL SIGN _____</p> <p>36. SPEED (KNOTS) _____</p> <p>37. MISSILE LOCATION</p> <div style="text-align: center; margin: 10px 0;"> <p>(LEFT)                      (RIGHT)</p> <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="text-align: center;">15</td><td style="text-align: center;">13</td><td style="text-align: center;">7</td><td style="text-align: center;">5</td> <td style="text-align: center;">6</td><td style="text-align: center;">8</td><td style="text-align: center;">14</td><td style="text-align: center;">16</td> </tr> <tr> <td style="text-align: center;">○</td><td style="text-align: center;">○</td><td style="text-align: center;">○</td><td style="text-align: center;">○</td> <td style="text-align: center;">○</td><td style="text-align: center;">○</td><td style="text-align: center;">○</td><td style="text-align: center;">○</td> </tr> <tr> <td style="text-align: center;">○</td><td style="text-align: center;">○</td><td style="text-align: center;">○</td><td style="text-align: center;">○</td> <td style="text-align: center;">○</td><td style="text-align: center;">○</td><td style="text-align: center;">○</td><td style="text-align: center;">○</td> </tr> <tr> <td style="text-align: center;">11</td><td style="text-align: center;">9</td><td style="text-align: center;">3</td><td style="text-align: center;">1</td> <td style="text-align: center;">2</td><td style="text-align: center;">4</td><td style="text-align: center;">10</td><td style="text-align: center;">12</td> </tr> </table> <p>(LOOKING DOWNRANGE)</p> </div> <p>38. COCKPIT VIDEO AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>39. PRELAUNCH BIT</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> PASS     <input type="checkbox"/> FAIL   </div> <input type="checkbox"/> NOT PERFORMED <p>40. MISSILE LAUNCHER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>41. MISSILE IMPACT</p> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> HIT TARGET  <input type="checkbox"/> MISSED TARGET     </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> SHORT    <input type="checkbox"/> RIGHT  <input type="checkbox"/> LONG     <input type="checkbox"/> LEFT     </div> </div> <p>EST. RANGE FROM LAUNCHER TO IMPACT POINT _____</p>	15	13	7	5	6	8	14	16	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	11	9	3	1	2	4	10	12	<p>42. WARHEAD DETONATION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>43. PROBLEM CAUSE IF MISSED</p> <div style="display: flex; flex-direction: column;"> <input type="checkbox"/> DESIGNATOR EQUIPMENT MALFUNCTION  <input type="checkbox"/> LAUNCHER  <input type="checkbox"/> REMOTE HELLFIRE ELECTRONICS  <input type="checkbox"/> DESIGNATOR PERSONNEL ERROR  <input type="checkbox"/> GUNNER PERSONNEL ERROR  <input type="checkbox"/> BACKSCATTER  <input type="checkbox"/> MISSILE  <input type="checkbox"/> CODE MISMATCH  <input type="checkbox"/> UNKNOWN  <input type="checkbox"/> OTHER (EXPLAIN BELOW)     </div> <p>44. DESCRIBE FLIGHT BELOW, ESPECIALLY MISSILE BEHAVIOR. (USE REVERSE SIDE IF NECESSARY).</p> <div style="margin-top: 20px;"> <p style="text-align: center;">TARGET</p>  </div> <div style="margin-top: 100px;"> <p style="text-align: center;">LAUNCH POINT</p>  </div>
15	13	7	5	6	8	14	16																											
○	○	○	○	○	○	○	○																											
○	○	○	○	○	○	○	○																											
11	9	3	1	2	4	10	12																											
NAME AND GRADE OF GUNNER (TYPE OR PRINT)	NAME AND GRADE OF PILOT (TYPE OR PRINT)	DSN TELEPHONE NUMBER	DATE																															