

MISSILE FIRING & DATA REPORT (LONGBOW)

For use of this form, see DA PAM 700-19; the proponent agency is ODCSLOG

INSTRUCTIONS: Check the appropriate block and fill in the blanks.
Fill out only blanks which are applicable to your firings.

REQUIREMENT CONTROL SYMBOL AMC-224

<p>1. LOCATION: _____</p> <p>2. DATE (MM/DD/YY): _____</p> <p>3. MISSILE S/N: _____</p> <p>4. MISSILE LOT NO.: _____</p> <p>5. LAUNCH PLATFORM: <input type="checkbox"/> AH-64D <input type="checkbox"/> OTHER _____</p> <p>6. AIRCRAFT TAIL NUMBER: _____</p> <p>7. CALL SIGN: _____</p> <p>8. UIC: _____</p> <p>9. UNIT: _____</p> <p>10. LAUNCHER S/N: _____</p> <p>11. MISSILE LOCATION: (Left) (Right) <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">15</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">13</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">7</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">5</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">6</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">8</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">14</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">16</td> </tr> <tr> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">11</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">9</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">1</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">4</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">12</td> </tr> </table> (Looking Down Range) <p>12. CAPTIVE CARRY HOURS: _____ <input type="checkbox"/> Manual <input type="checkbox"/> HMU</p> <p>13. POWER-ON HOURS: _____</p> <p>14. BATTERY LIFE REMAINING: _____</p> <p>15. MISSILE TEMP: _____ °C <input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p> <p>16. DROP SHOCK: _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p> <p>17. MAINTENANCE: _____</p> </p>	15	13	7	5	6	8	14	16	11	9	3	1	2	4	10	12	<p>18. FIRING AGENCY: _____</p> <p>19. FIRING CATEGORY: <input type="checkbox"/> TROOP TRAINING <input type="checkbox"/> COMBAT <input type="checkbox"/> OTHER _____</p> <p>20. WIND VELOCITY & 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 VECTOR _____</p> <p>21. WEATHER: <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> ICE/SLEET <input type="checkbox"/> FOG/MIST <input type="checkbox"/> OVERCAST <input type="checkbox"/> SNOW CEILING _____</p> <p>22. TEMP AT FIRING: _____ °C <input type="checkbox"/> °F</p> <p>23. VISIBLE OBSCURANTS AT LAUNCH POINT: <input type="checkbox"/> SAND/DUST <input type="checkbox"/> HOMOGENEOUS <input type="checkbox"/> INDUCED <input type="checkbox"/> OTHER _____</p> <p>24. GUNNER EXPERIENCE (L-model): _____ PREVIOUS MISSILES</p> <p>25. TARGET HANDOVER: <input type="checkbox"/> TADS <input type="checkbox"/> IDM <input type="checkbox"/> IHADDS <input type="checkbox"/> FCR <input type="checkbox"/> RFHO</p> <p>26. IDM SOURCE: A/C TAIL NO. (IF APPLICABLE): _____ RADIO CALL SIGN: _____ SOURCE RANGE TO TARGET: _____ (KM) POSITION CONFIDENCE NO.: _____</p> <p>27. TARGET OFFSET ANGLE: _____ (DEG) <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT</p>	<p>28. FIRING MODE: <input type="checkbox"/> LOAL <input type="checkbox"/> LOBL <input type="checkbox"/> LOBL OVERRIDE <input type="checkbox"/> LOBL INHIBIT</p> <p>29. ESTIMATED TIME BETWEEN A/C TARGET ACQUISITION AND TRIGGER PULL: _____</p> <p>30. CATEGORY OF TARGET: <input type="checkbox"/> STATIONARY <input type="checkbox"/> MOVING – SPEED (MPH): _____</p> <p>31. TARGET TYPE: <input type="checkbox"/> TANK <input type="checkbox"/> WHEELED <input type="checkbox"/> OTHER TRACK <input type="checkbox"/> OTHER: _____</p> <p>32. RANGE FROM LAUNCH PLATFORM TO TARGET: _____ (KM)</p> <p>33. TADS TRACKING METHOD: <input type="checkbox"/> MANUAL <input type="checkbox"/> AUTO <input type="checkbox"/> N/A</p> <p>34. BORESIGHT: <input type="checkbox"/> INTERNAL BORESIGHT COMPLETED <input type="checkbox"/> OUTFRONT BORESIGHT COMPLETED & VERIFIED</p> <p>35. AIRCRAFT ALTITUDE (ft): _____</p> <p>36. AIRCRAFT SPEED (knots): _____</p> <p>37. COCKPIT VIDEO AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>38. PRELAUNCH POWER ON BIT: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p> <p>39. PRELAUNCH MANUAL INITIATED BIT: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NOT PERFORMED</p> <p>40. PRELAUNCH CONTINUOUS BIT: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL</p> <p>41. MISSILE LAUNCHED: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>42. MISSILE IMPACT: <input type="checkbox"/> HIT TARGET <input type="checkbox"/> MISSED TARGET <input type="checkbox"/> SHORT <input type="checkbox"/> RIGHT <input type="checkbox"/> LONG <input type="checkbox"/> LEFT EST. RANGE FROM LAUNCHER TO IMPACT POINT _____</p> <p>43. WARHEAD DETONATION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>44. PROBABLE CAUSE IF MISSED: <input type="checkbox"/> HANGFIRE <input type="checkbox"/> MISFIRE <input type="checkbox"/> GUNNER ERROR <input type="checkbox"/> MISSILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (EXPLAIN BELOW)</p> <p>45. DESCRIPTION OF FLIGHT: _____</p> <hr/> <p><i>MAIL COMPLETED FORM TO:</i> DIRECTOR USA RDECOM ATTN: RDMR – SER REDSTONE ARSENAL, AL 36898-5000</p> <hr/> <p>FROM (INCLUDE ZIP CODE): _____</p>
15	13	7	5	6	8	14	16												
11	9	3	1	2	4	10	12												

NAME & GRADE OF GUNNER (TYPE OR PRINT)	NAME & GRADE OF PILOT (TYPE OR PRINT)	DSN TELEPHONE NUMBER	DATE
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