



**National Fallen Firefighters Foundation
Local Assistance State Team
(LAST) Program**



Date: _____

Fire Department: _____

Fallen Public Safety Officer: _____

Name of Team Member	Date Arrive	Date Depart	Role / Involvement
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Summary of Assistance Given:

Please return this form via E-mail/Fax within one week of the completion of the visit.

E-mail: ibennett@firehero.org Fax: (410)721-6213

AFTER-ACTION REPORT

NATIONAL FALLEN FIREFIGHTERS FOUNDATION
2130 Priest Bridge Drive, Suite 6, Crofton, MD 21114
Phone: (410) 721-8845 • Fax: (410) 721-6213



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What are some lessons learned that would enhance the next process?

What additional assistance and/or information would have been beneficial to the LAST prior to the visit?

Provide an analysis of the status of the department and family at the time of departure and what additional steps may be necessary to assist them.

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