



MESSAGE FORM
CIVIL AIR PATROL



OPENING STRENGTH REPORT

Message Number _____ Mission Number _____

Precedence _____

Day & Time _____ Z _____

From _____

To _____

BREAK

1. Operating Base _____

2. (a) Land Line _____ (b) Radio Call _____

Base Mission Coordinator or OIC _____

4. (a) Total # A/C _____ (b-1) Tail# _____ Pilot _____

(b-2) Tail# _____ Pilot _____ (b-3) Tail# _____ Pilot _____

(b-4) Tail# _____ Pilot _____ (b-5) Tail# _____ Pilot _____

5. Total Number of Ground Teams _____

6. (a) Total Number CAP Seniors _____ (b) Number of CAP Cadets _____

7. (a) # Vehicles _____ (b) # Vehicles Radio Equipped _____ (c) # Fixed Radios _____

8. Weather (a) Ceiling / Visibility _____ / _____

(b) Wind Direction / Velocity _____ / _____

(c) Temperature / Dew Point _____ / _____

(d) Barometric Pressure _____

BREAK - OVER

Sent To _____	Received From _____
DTG _____	DTG _____
Operator _____	Operator _____