

**MISSILE FIRING DATA REPORT (STINGER)**

For use of this form, see DA PAM 700-19; the proponent agency is DCS, G-4.

REQUIREMENT CONTROL SYMBOL  
AMC 224/CSGLD 1332

Whenever a missile firing is attempted, this form must be completed and sent directly to:

COMMANDER,  
US ARMY AVIATION AND MISSILE COMMAND  
ATTN: AMSRD-AMR-SE RA  
REDSTONE ARSENAL, AL 35898-5290

1. PREPARED BY	2. FIRING ORGANIZATION	3. GUNNER'S NAME
4. DATE OF FIRING (YYYYMMDD)	5. TIME OF FIRING	6. MISSILE SERIAL #
7. MISSILE LOT #	8. GRIPSTOCK SERIAL #	9. BCU SERIAL #'S

Success/Failure

1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>

## 10. FIRING LOCATION

<input type="checkbox"/> FT. STEWART	<input type="checkbox"/> FT. BLISS	<input type="checkbox"/> PUTLOS, GE
<input type="checkbox"/> FT. HOOD	<input type="checkbox"/> FT. IRWIN	<input type="checkbox"/> TODENDORF, GE
<input type="checkbox"/> WSMR	<input type="checkbox"/> KOREA	<input type="checkbox"/> OTHER _____

## 11. TYPE OF TARGET

<input type="checkbox"/> BAT	<input type="checkbox"/> 1/5 HIND	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> STOVETOP	<input type="checkbox"/> 1/5 SU25	

## 12. LAUNCH PLATFORM

<input type="checkbox"/> MANPADS	<input type="checkbox"/> ATAS
<input type="checkbox"/> AVENGER	<input type="checkbox"/> OTHER

## 13. GRIPSTOCK ANALYSIS

<input type="checkbox"/> FUNCTION	<input type="checkbox"/> DID NOT FUNCTION
-----------------------------------	---

## 14. FIRING ANALYSIS

<input type="checkbox"/> DIRECT HIT	<input type="checkbox"/> WIDE MISS	<input type="checkbox"/> MISFIRE	<input type="checkbox"/> HANGFIRE	<input type="checkbox"/> MOTOR RUPTURE
<input type="checkbox"/> NEAR MISS < 10M	<input type="checkbox"/> EJECT ONLY	<input type="checkbox"/> GUNNER ERROR	<input type="checkbox"/> BALLISTIC	

## 15. WARHEAD ANALYSIS

<input type="checkbox"/> TARGET DETONATE	<input type="checkbox"/> NO DETONATION
<input type="checkbox"/> EARLY FUZE	<input type="checkbox"/> SELF DESTRUCT

## 16. WEATHER

<input type="checkbox"/> CLEAR	<input type="checkbox"/> RAIN	<input type="checkbox"/> SMOKE/DUST
<input type="checkbox"/> OVERCAST	<input type="checkbox"/> FOG/MIST	<input type="checkbox"/> OTHER _____

## 17. REMARKS IF MISSILE FLIGHT WAS UNUSUAL OR TARGET MISS OCCURED: (CONTINUE ON REVERSE IF NECESSARY)

18a. OFFICER IN CHARGE (PRINT)

19a. DATE (YYYYMMDD)

18b. SIGNATURE

19b. PHONE NUMBER