LOST PERSON QUESTIONNAIRE (LONG)

LATAH SEARCH AND RESCUE COUNCIL

Note : Use pencil/black ink, print clearly, avoid confusing phrases, words, and unfamiliar abbreviations. Complete and detail answers for future use. Expand in last section or on separate sheets. Answer **ALL** questions, if possible.

A. INCIDENT IDENTIFICATIO	N											
Incident title:						Date:			Tim	Time:		
Interviewer:							Incident N	0.		SAR #		
										bi lite ii		
B. INFORMATION SOURCE Informant name:							How taken	, (phana)			
Informant name:							How taken	i (pnone	.)			
Home address												
Relationship					Pho	one 1:		P	Phone 2:			
Relationship					Inc	ne i.		1	none 2.			
Where to contact now:												
Where to contact later:												
Informant's understanding of what	t happened:											
C. LOST PERSON INFOR	MATION											
Name						Nickname				Sex		
						1 (Ioiiiiaiiie						
TT 11												
Home address												
Local address												
TT 1			T 1 1									
Home phone			Local pho	one								
Birthdate		Age		Birthplace								
		-		-								
D DUVSICAL DESCRIPT	TON											
D. PHYSICAL DESCRIPT	Waiaht		D14	I	Erre			1				
Height	Weight		Build		Eye	20101	6	lasses				
Race	Hair colo	r	Hair le	ngth	Hair	style						
						-						
Beard	Mustache	<u>,</u>	Sidebu	ma								
Dealu	wiustache	5	Sidebu	1115								
Facial features/shape							Con	nplexior	1			
							1					

Distinguishing	marks							
Overall appear	ance							
Photo available? Where? Return?								
Other commen	ts on lost person							
E. SUBJECT'S	PLANS							
Start location					Whe	n		
Destination				Via				
Purpose								
Expected return	n						Group size	
Done trip before								
Transportation	means							
Current vehicle	e location			Veh. type	Veh. type Color			
License No.		State	Additiona	l names/licens	es/vehicles	1		
Alternative pla	ns/routes/objectives		I					
Discussed with	I				When			
Comments								
F. SUBJECT'S	CLOTHING							
Item	Style	Color	Size	Other				
Shirt / sweater								
Pants								
Outer wear								

Inner wear												
Head wear												
Rain wear												
Gloves												
Extra clothing												
FOOT WEAR:												
Scent articles											Secured?	
		n from the air:										
LAST SEEN	When		Where									
Circumstance	es:											
Seen by: Observer's current location:												
Who last talked at length with subject?												
where?			Su	bject m	natter:							
Weather at ti					Wea	ther since:						
Direction of	travel:											
Reason for le	eaving:											
Attitude/men	tal state:											
Subject comp	olaints:											
Other information:												
		OR EXPERIEN	CE									
Familiar with		How recent?		Other	r:							
Formal outdoor training:												
Medical training:												
Scouting experience: When? Where?												

Military experier	ry experience:							Where?	
Other outdoor training:									
Overnight experi	ence:								
Lost before?	Where? When?							en?	
Ever go out alone	one? Where? When?								
Stays on trails vs. cross-country?									
Athletic interests	:								
Climbing experie	ence:								
Other outdoor ex	perience info	rmatio	n:						
H. HABITS/PER	SONALITY	TRAI	TS OF LOST PERSON						
Smoker?		Frequ	uency:	Type of mater	rial:	E	Branc	1:	
Alcohol?		Frequ	uency:	What type?		E	Branc	1:	
Recreational drug	g use:					·			
Gum:			Candy:		Other food/drink:				
Hobbies/interests	3:								
Personality traits:		Outgo	ing Quiet			Gregarious Loner			
	Se	e it thr	ough Quitter		Emotional Intellectual				
Brave Cowardly Foolish Level-headed							Level-headed		
Leadership evidence:									
Legal trouble (pa	st/present):								
Hitchhikes?	(Quick 1	to accept ride?						
Personal problems:									

Religious:		Faith:		De	Degree:						
Personal values:											
Philosophy:											
Person closest to: Family member closest to:											
Emotional history:											
Education Le	evel (grade):		Status:		Teacher:						
School name	:		Subject/d	egree:				Graduation year:			
Local or ficti	onal hero:		L					1			
Other comm	ents:										
I. SUBJECT Overall healt		and GI	ENERAL CON	DITION							
Overall phys	ical condition	n:									
Known medi	cal problems	:									
Doctor(s):							Phone:				
Handicaps:											
Known psyc	hological pro	blems:									
Knowledgea							Phor	ne			
_	-	lonaul	2002020100000	flook).							
Medications (dosage/frequency/consequences of lack):											
Eyesight with							Spares ta	iken?			
J. EQUIPME		ED BY									
Pack	Style		Color	Brand		Other informa	ation				
FACK											

Tent										
Sleeping bag										
Ground cloth										
Fishing equipment										
Climbing equipment										
CB/FRS radi	0?	Radio call	sign: R	Radio chanr	el:	Fire	starter?	Type of st	arter:	
Liquid conta	iner:		Т	ype of liqu	id:				Quantit	y:
Light?	St	ove?	Fuel:	Co	ompass?		Map?	Map of	f:	
Knife?	Ca	amera?	Lens:	Na	vigation	compete	ency:	I		
Food (quanti	ty,type	,brands):	1							
Skiis (type,b	rand,co	olor,size,bindi	ings,pole type,len	gth, wax ty	pe, wax o	color, re	ntal ma	rkings, compet	ency):	
Snowshoes (type,br	and,color,size	e,bindings, rental	markings,c	ompeten	cy):				
Snowmobile	(Make	,model,year,o	color):							
Firearms (bra	and,mo	del.holster):								
Money (amo	unt,cre	dit cards)								
Other documents:										
Other equipment:										
	TS SU	BJECT WO	ULD MAKE UPO	ON REACH			TION			-
Name:					Relati	onship:				Home now?
Street addres	s			City		Sta	ate	Phone:		

Bar/tavern:	Address:				Phone:					
Other places:	Address:				Phone:					
L. LOST CHILD INFORMATION										
Afraid of dark? Afraid of animals? Other fears:										
Feeling toward adults:	Feeling tov	vard strang	gers:							
Reaction when hurt:	Accep	ts rides?	ŀ	Hides?		Crys?				
Training when lost:										
Other comments:										
M. GROUP OVERDUE										
Group name/kind:			Leader:							
Group/leader experience:										
Knowledgeable person:		Address	5:			Phone:				
Personality clashes within group:										
Leader types other than leader:										
Actions if separated:										
Competitive spirit of group:										
Intra-group dynamics:										
Other comments:										
N. ACTIONS TAKEN SO FAR										
By (family/friends/Gov't agency):										
Results:										
O. MEDIA and FAMILY RELATIONS										
Next of kin::					Relationship	D:				
Address:										

Phone	Occupatio	n:
Person to notify when found:	R	elationship:
Address:	Occupatio	n:
Significant family problems:		
Other :		
O. OTHER INFORMATION		