



SWANNANOA F.D. SEARCH & RESCUE LOST PERSON QUESTIONNAIRE

SOG Appendix M2 (Revision 7/01/2000)

Note : avoid confusing phrases, words, and unfamiliar abbreviations. Complete and detail answers for future use. Answer ALL questions, if possible.

Highlighted areas are necessary for Sheriff's Dept. Missing person form

Incident name		OCA#	
Date/Time Reported			
Person		of	

Person taking report	
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Classification of missing Disabled Endangered Catastrophe Involuntary(Include undetermined) Voluntary
 Runaway Juvenile Undisciplined Dependant /Date of emancipation _____

A. SOURCE(S) OF INFORMATION FOR QUESTIONNAIRE

Name of complainant		How taken (phone etc.)	
Home address		Zip	
Phone#1		Phone#2	Relationship
Where/how to contact now			
Where/how to contact later			
What does informant believe has happened			

B. LOST PERSON INFORMATION

Name FLM		Age		Race/Ethnic		Sex	
Nickname/Aliases							
Home address						Zip	
Local address						Zip	
Home phone#				Local Phone#			
DOB		SS#		OL#		Birthplace	
Occupation				Others			
Employer				Address & Phone#			

C. PHYSICAL DESCRIPTION

Height		Weight		Skin		Build		Eyes	
Hair color		Length		Style					
		Beard?		Mustache?		Sideburns?			
Distinguishing marks/tattoos									
Photo available Y/N		Where							
Fingerprint avail Y/N		Where							
Comments									

D. TRIP PLANS OF SUBJECT

Started at		When							
Going to					Via				
Purpose									
For how long		Group size		Done trip before					
Transported by/whom									
Vehicle now located at									
Year		Make		Model		Style			
Color		State		Tag#		VIN#			
Return time				From where					
By whom/what									
Alternates plans/routes discussed with whom/when									
Possibly in Company of:					Address/phone				
Possibly in Company of:					Address/phone				
Additional Comments									

E. CLOTHING

	<i>STYLE</i>	<i>COLOR</i>	<i>SIZE</i>	<i>OTHER</i>
SHIRT/SWEATER				
PANTS				
OUTER WEAR				
INNER WEAR				
HEAD WEAR				
RAIN WEAR				
GLASSES				
GLOVES				
EXTRA CLOTHING				
FOOTWEAR				

Sole type		Sample Y/N		Where	
Scent articles Y/N		Type		Secured Y/N	
Where now					
Overall Coloration from air					

F. LAST SEEN

Date/Time					
Seen by whom		Location			
<i>Weather at time</i>		<i>Weather since</i>			
Last discussion with		Where			
Subject matter					
Seen going which way					
Reason for leaving					
General attitude/condition					
Comments					

G. OUTDOOR EXPERIENCE

If familiar with area, how recent	
Other areas of travel	
Formal outdoor training (when/where)	
Medical training (level/when)	
Military experience	
Overnight experience	
Ever lost before (include details)	
Ever go out alone (where)	
Stay on trails or cross country	
Subjects hiking/walking speed	
Athletic ability	
Climbing experience	
Other comments	

H. HABITS/PERSONALITY

If smoker, how often, type, brand			
If drinks alcohol, how often, type, brand			
If recreational drug user, type			
If uses gum, candy, type/frequency			
Hobbies/interests			
Outgoing/quiet		Sociable/loner	
Evidence of leadership			
Legal trouble past/present			
Financial problems			
Give up or keep going?		Accepts rides?	
Personal problems			
If religious, what faith and to what degree			
Personal values/philosophy			
Person closest to			

Emotional history	
Education and school info	
Local/fictional hero & why	
Comments	

I. HEALTH/GENERAL CONDITION

Overall health			
Overall physical condition			
Known medical problems			
	Doctor	Phone#	
	Dentist	Phone#	
Known psychological problems			
	Knowledgable doctor	Phone#	
Medications			
	Knowledgeable person	Phone#	
	Consequences of loss		
Eyesight without glasses		Spares Y/N?	
X-rays available Y/N - info		Med Alert Y/N	Blood Type

J. EQUIPMENT

	Style	Color	Brand	Other
Pack				
Tent				
Sleeping bag				
Ground cloth				
Fishing Equip.				
Liquid container:				
Climbing Equip.				

How much fluid/what kind			
If has a fire starter, what kind			
If has a light, stove, what type			
If has compass, description			
If has map, type and of where			
Skill level with map & compass			
Knife		Camera & equipment	
If has food, description/quantities			
If has firearm, Brand, model, caliber			
If has money, amount		Credit cards	
Other documents			
Other equipment or comments			

K. CONTACTS PERSON WOULD MAKE UPON REACHING CIVILIZATION

<i>Name</i>		<i>Relationship</i>		<i>Phone#</i>	
<i>Address</i>				<i>Zip</i>	
<i>Name</i>		<i>Relationship</i>		<i>Phone#</i>	
<i>Address</i>				<i>Zip</i>	
<i>Name</i>		<i>Relationship</i>		<i>Phone#</i>	
<i>Address</i>				<i>Zip</i>	

L. CHILDREN

Afraid of dark Y/N		Afraid of animals Y/N		Afraid of:	
Feelings towards adults			Strangers		
Reactions when hurt					
Training when lost					
Comments					

M. GROUPS OVERDUE

Name/kind of group			
Leader's name/experience			
Knowledgable contact for info		Where/how	
Personality clashes within group			
Leader types in the group			
Actions if seperated			
Competitive spirit of group			
Comments			

N. ACTIONS TAKEN SO FAR

By family/friends			
Results			
Others			
Results			
Comments			

O. MEDIA/FAMILY RELATIONS

Next of kin/relationship			
Address		Zip	
Phone#		Occupation	
Name/relationship of person to contact upon find			
Address		Zip	
Phone#			
Significant family problems			
Comments on info or dealing with family in general			

OTHER INFORMATION

Comments	
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