

# Swannanoa Fire Department LOST PERSON QUESTIONNAIRE

SAR2 (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>
<i>SHIRT/SWEATER</i>				
<i>PANTS</i>				
<i>OUTER WEAR</i>				
<i>INNER WEAR</i>				
<i>HEAD WEAR</i>				
<i>RAIN WEAR</i>				
<i>GLASSES</i>				
<i>GLOVES</i>				
<i>EXTRA CLOTHING</i>				
<i>FOOTWEAR</i>				

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			
	Knowledgeable 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			
Knowledgeable contact for info		Where/how	
Personality clashes within group			
Leader types in the group			
Actions if separated			
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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