

LOST PERSON QUESTIONNAIRE

This form may now be saved to your computer, filled out on your computer, and e-mailed or printed.
Note : Use pencil/black ink, print clearly, avoid confusing phrases, words, and unfamiliar abbreviations. Complete and detail answers for future use. Answer ALL questions, if possible.

Incident Title: _____ Incident #: _____ SAR #: _____
Today's Date: _____ Time: _____ Person Taking Info: _____

A. Source(s) of Information for Questionnaire

Name: _____ How taken (phone, etc.): _____
Home Address: _____ Zip: _____
Phone #: () _____ 2nd Phone #: () _____ Relationship: _____
Where/how to contact now: _____
Where/how to contact later: _____
What does informant believe happened: _____

B. Lost Person

Name: _____ Nicknames: _____ Sex: _____
Home Address: _____ Zip: _____
Local Address: _____ Zip: _____
Home Phone #: () _____ Local phone #: () _____
D.O.B.: _____ Birthplace: _____

C. Physical Description

Height: _____ Weight: _____ Age: _____ Build: _____
Hair: Color: _____ Length: _____ Style: _____
Beard: _____ Mustache: _____ Sideburns: _____
Facial features/shape: _____ Complexion: _____
Overall appearance: _____
Distinguishing marks: _____
Photo available: Y N ? Where: _____ To be returned?: _____
Comments: _____

D. Trip Plans Of Subject

Start Location: _____ Date: _____ Time: _____
Going to: _____ Via: _____
Purpose: _____
For how long: _____ Return date: _____ Group size: _____
Done trip before?: _____
Transported by whom/means: _____

Where is vehicle now?: _____ Make/Model: _____ Color: _____
 License #: _____ State: _____ Verified: Y N ? Who: _____
 Return time: _____ From where: _____
 By whom/what: _____
 Additional names, cars licenses, etc. for party: _____
 Alternative plans/routes/objectives discussed: _____
 Discussed with whom: _____ When: _____
 Comments: _____

E. Clothing

	Style	Color	Size	Other
Shirt/sweater:	_____			
Pants:	_____			
Outer wear:	_____			
Inner wear:	_____			
Head wear:	_____			
Rain wear:	_____			
Glasses:	_____			
Gloves:	_____			
Extra clothing:	_____			
Footwear:	_____			
Sole type:	_____	Sample available:	Y N ?	Where: _____
Scent articles available:	Y N ?	What:	_____	Secured by whom: _____
Where now:	_____			
Overall coloration as seen from air:	_____			

F. Last Seen

Date/Time: _____ Where: _____ Why/How: _____
 Seen by whom: _____ Location now: _____
 Who last talked at length with person: _____
 Where: _____ Subject matter: _____
 Weather at time: _____ Weather since: _____
 Seen going which way: _____ When: _____
 Reason for leaving: _____
 Attitude (confident, confused, etc.): _____
 Subject complaining of anything: _____
 Subject seem tired?: _____ Cold/hot?: _____ Other?: _____
 Comments: _____

G. Outdoor Experience

Familiar with area: Y N ? How recent: _____ Other: _____
Other areas of travel: _____
Formal outdoor training: _____ Degree: _____
Where: _____ When: _____
Medical training: _____ When: _____
Scouting experience: _____ When: _____ Where: _____
How much: _____ Scout leader: _____
Military experience: Y N ? What: _____ When: _____ Where: _____
Rank: _____ Other: _____
Generalized previous experience: _____
How much overnight experience: _____
Ever been lost before?: Y N ? When: _____ Where: _____
Ever go out alone?: Y N ? Where: _____
Stay on trails or X-C: _____
How fast does subject hike: _____
Athletic/other interests: _____
Climbing experience: _____
Comments: _____

H. Habits/Personality

Smoke: Y N ? How often?: _____ What: brand?: _____
Alcohol: Y N ? Type: _____ How often?: _____ What: brand?: _____
Recreational drugs: _____ How often?: _____
Gum: _____ Candy: _____ Other: _____
Hobbies/interests: _____
Outgoing/quiet: _____ Gregarious/loner: _____
Evidence of leadership: _____
Legal trouble (past/present): _____
Give up easily/keep going: _____
Hitchhike: Y N ? Accepts ride easily: _____
Personal problems: _____
Religious: Y N ? Faith: _____ Degree: _____
Personal values: _____
Philosophy: _____
Person closest to: _____ In family: _____
Emotional history: _____
Education: Grade: _____ Current status: _____ Teacher(s): _____
School name: _____ College education: _____

College/degree/subject: _____ Year: _____
Local/fictional hero: _____
Comments: _____

I. Health/General Condition

Overall health: _____
Overall physical condition: _____
Known medical problems: _____
Knowledgeable doctor: _____ Phone #: () _____
Handicaps: _____
Known psychological problems: _____
Knowledgeable person: _____ Phone #: () _____
Medication/Amounts: _____
Knowledgeable person: _____ Phone #: () _____
Consequence of loss: _____
Eyesight without glasses: _____ Spares: Y N ?
Comments: _____

J. Equipment

	Style	Color	Size	Other
Pack:	_____	_____	_____	_____
Tent:	_____	_____	_____	_____
Sleeping bag:	_____	_____	_____	_____
Ground cloth:	_____	_____	_____	_____
Fishing equipment:	_____	_____	_____	_____
Climbing equipment:	_____	_____	_____	_____
Liquid container:	_____	_____	_____	_____
How much fluid?:	_____	What kind?:	_____	_____
Fire starter: Y N ?	What:	_____	_____	_____
Light:	_____	Stove:	_____	Fuel: _____
Compass:	_____	Map:	_____	Of where : _____
How competent with map/compass?:	_____	_____	_____	_____
Knife:	_____	Camera:	_____	Lens: _____
Food/Brands:	_____	_____	_____	_____
Skis: Type:	_____	Brand:	_____	Color: _____ Length: _____
Bindings:	_____	Pole type:	_____	Length: _____
How competent?:	_____	_____	_____	_____
Snowshoes: Type:	_____	Brand:	_____	Color: _____ Size: _____

Bindings: _____ How competent?: _____
Firearms: Y N ? Brand: _____ Model: _____ Holster: _____
Money: Amount: _____ Credit Cards: _____
Other documents: _____
Comments: _____

K. Contacts Person Would Make Upon Reaching Civilization

Name: _____ Relationship: _____
Home Address: _____ Zip: _____
Phone #: () _____ Anyone home now?: _____

L. Children

Afraid of dark: Y N ? Animals: Y N ? Fears?: _____
Feeling towards adults: _____ Strangers: _____
Reactions when hurt: _____ Cry: _____
Training when lost: _____
Active/lethargic/antisocial: _____
Comments: _____

M. Groups Overdue

Name/kind of group: _____ Leader: _____
Experience of group/leader: _____
Address/phone of knowledgeable person: _____
Personality clashes within group: _____
Leader types other than leader: _____
Actions if separated: _____
Competitive spirit of group: _____
Intra-group dynamics: _____
Comments: _____

N. Actions Taken So Far

By Family/Friends: _____ Results: _____
By Others: _____ Results: _____
Comments: _____

O. Media/Family Relations

Next of kin: _____ Relationship: _____

Address: _____ Zip: _____

Phone #: (____) _____ Occupation: _____

Person to notify when subject found: _____ Relationship: _____

Address: _____ Zip: _____

Phone #: (____) _____ Occupation: _____

Significant family problems: _____

Family's desire to employ special assistance: _____

Comments: _____

Other Information

PRESENTED BY THE SARTEC K-9 UNIT, INC. MADISON COUNTY, ALABAMA