

LOST PERSON QUESTIONNAIRE		Incident Number	Date Prepared	Time Prepared	Page 1 of 4
Incident Name			Incident Location		
Subject #	of	Interviewed By:			
COMPLAINANT INFORMATION					
Name			Address		
DOB			City		
Relationship to Subject:			State		Zip Code
Home Phone #			Cell Phone #		
ADDITIONAL INFORMANTS/WITNESSES					
Name		Name		Name	
Phone		Phone		Phone	
SUBJECT INFORMATION					
Full Name					
Address					
City				State	Zip Code
Answers to:					
Cell Phone #(s)		Carrier		Social Security #	
DOB	Age	Sex		Height	Weight
Hair Color		Length		Eye Color	Race
Distinguishing Marks/Tattoos			Glasses/Contacts?		
Employer/School				Tel. #	
Address				State	Zip Code
Contact Person				Tel. #	
VEHICLE INFORMATION					
Type	Year	Make	Model	Color	
License Plate #				State	
MEDICAL HISTORY					
Overall Health/ Health Problems:					
Medication Requirements/Quantity on Hand/Duration of Supplies					
Recent/Current Illness(es)					
Fitness Level		Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No		Brand	

LOST PERSON QUESTIONNAIRE

Page 2 of 4

Allergies		
Physician		Tel. #
Dentist		Tel. #
Mental Attitude		
Fears/Phobias		
Financial Situation		
Credit Card(s)		Debit Card(s)
Criminal History		
Hobbies/Interests		
Social Media Account Info		
CLOTHING/EQUIPMENT		
Shoe Type		Color
		Size
Shoe Sole Description - Length, Sole and Heel Width		
Socks		Pants (type and color)
Shirt - type and color		Sweater - type and color
Jacket - type and color		Rain Gear - type and color
Hat - type and color		Gloves - type and color
Pack - make and color		
Other equipment – type, make and color		
Food and Drink - type, brand, quantity		
POINT LAST SEEN		
Date Last Seen		Time Last Seen
Point Last Seen		

LOST PERSON QUESTIONNAIRE

Name of other person(s) who saw or might have seen the subject at or near this time:	#	Name	Location Subject Seen	Date/Time Seen
	1			
	2			
	3			
	4			
	5			

Location of Vehicle (Transportation)

Intended Route (trip plans, starting from - going to - duration - purpose)

Weather at time last seen

Comments (disposition/personality, relationship with spouse/family friends, etc.)

Outdoor Experience

SUBJECT NEXT OF KIN

First Name	Last Name
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Street Address	City	State/Province
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Relationship to Subject

Home Phone #	Alternate Phone #
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Additional Informants/ Friends	Name	Name	Name
	Phone	Phone	Phone

Availability of photograph(s)?

Search Urgency Assessment			
Date Completed:	Time Completed:	Initials:	Date:
			Score
A. Subject Profile Score			
<i>Number of Subjects</i>			
	One alone	1	
	More than one (unless separated)	2-3	
<i>Age</i>			
	Very Young (< 10 years)	0	
	Very Old	1	
	Other	2-3	
<i>Medical Condition</i>			
	Known serious illness or impairment	0	
	Recent or suspected illness or injury	1-2	
	Healthy	3	
<i>Physical Condition</i>			
	Unfit	1	
	Fit	2	
	Very Fit	3	
B. Clothing Profile			
	Inadequate or insufficient	0	
	Questionable	1-2	
	Adequate	3	
C. Equipment Profile			
	Inadequate or insufficient	1	
	Questionable	2	
	Adequate	3	
	Very Good	4	
D. Experience Profile			
	Not experienced – not familiar with area	1	
	Not experienced – knows the area	2	
	Experienced – not familiar with area	3	
	Experienced – knows the area	4	
E. Weather Profile			
	Existing or imminent extremely hazardous weather	0	
	Existing or predicted hazardous weather – 8 hours or less	1	
	Predicted hazardous weather – more than 8 hours	2	
	No hazardous weather predicted	3	
F. Terrain Profile			
	Known hazards or difficult terrain	1-2	
	Few hazards	2	
	Easy terrain – no know hazards	3	
		Total Score	
ANY ZERO RECORDED RESULTS IN IMMEDIATE EMERGENCY RESPONSE			
5-17 Emergency Response	18-25 Measured response	26-29 Evaluate & Investigate	

