

# Incident Missing Person Questionnaire

Incident Form 1 of 5



Incident  
Name:

Name of  
Interviewer:

Date/Time  
Prepared:

**Interview**

Source(s) of information (names and relationships):  
(Use back page if needed)

(circle one):

\_\_\_\_\_ (     )     -     phone  
\_\_\_\_\_ (     )     -     in person

\_\_\_\_\_ (     )     -     phone  
\_\_\_\_\_ (     )     -     in person

**Subject I.D.**

Name of missing person: \_\_\_\_\_ Age, Birthday, other: \_\_\_\_\_

Local Address: \_\_\_\_\_

Home Address, if different: \_\_\_\_\_

Nicknames/Aliases: \_\_\_\_\_

\_\_\_\_\_

**Description**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Hair Length: \_\_\_\_\_

Sideburns? Beard? Moustache? Balding? \_\_\_\_\_

Facial Features/Shape: \_\_\_\_\_

Distinguishing Marks (scars, etc.): \_\_\_\_\_

Race/Skin Color and Complexion: \_\_\_\_\_

General Appearance: \_\_\_\_\_

**Other**

Other important information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Incident Missing Person Questionnaire

Clothing

Hat? Color/Style? \_\_\_\_\_

Shirt Color/Style: \_\_\_\_\_

Sweater? Jacket? Style/Color? \_\_\_\_\_

Pants/Skirt: \_\_\_\_\_

Raingear? Gloves or Mittens? \_\_\_\_\_

Sunglasses? Prescription Glasses? \_\_\_\_\_

Shoes: Style, Color, Sole Type? \_\_\_\_\_

Other Clothing? \_\_\_\_\_

Scent Articles Available? Where? \_\_\_\_\_

Pack? Brand, Style, color? \_\_\_\_\_

Tent? Color, Type, Brand? \_\_\_\_\_

Sleeping Bag? Color, Type, Brand? \_\_\_\_\_

Water Bottle/Canteen? Color/Type? \_\_\_\_\_

Food? Brands, Amount? \_\_\_\_\_

Flashlight? Brand, Color, Battery Type? \_\_\_\_\_

Matches? Wooden? Paper? Describe: \_\_\_\_\_

Knife? Compass? \_\_\_\_\_

Fishing Equipment? \_\_\_\_\_

Money? Camera/Film/Accessories? \_\_\_\_\_

Firearms? Gauge? Ammunition? \_\_\_\_\_

Ice Axe/Skis/Snowshoes/Poles? \_\_\_\_\_

Other Equipment? \_\_\_\_\_

Equipment

Trip Plans

Trip Destination and Purpose: \_\_\_\_\_

Planned Route and Alternate? \_\_\_\_\_

Planned Date/Time for Return: \_\_\_\_\_

Group Affiliation? Transportation? \_\_\_\_\_

Trip Starting Point and Time: \_\_\_\_\_

Car Description and Location: \_\_\_\_\_

Alternate Car or Alt. Pickup Plans: \_\_\_\_\_

# Incident Missing Person Questionnaire

Last Seen Details

When? Where? \_\_\_\_\_  
by Whom? (Name, Location, Phone): \_\_\_\_\_ ( ) - \_\_\_\_\_  
going Which Way? \_\_\_\_\_  
Weather? \_\_\_\_\_  
Special Reason for Leaving? \_\_\_\_\_  
Any Unusual Comments on Leaving? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience

Familiar with the Area? \_\_\_\_\_  
Outdoor Experience Level? \_\_\_\_\_  
First Aid/Scout/Military? \_\_\_\_\_  
Hunting/Backpacking/Climbing? \_\_\_\_\_  
Ever been lost before? Where? When? \_\_\_\_\_  
Actions when lost before? \_\_\_\_\_  
Ever go out alone? \_\_\_\_\_  
Stay on trails or go cross-country? \_\_\_\_\_

Contacts

Who would subject contact \_\_\_\_\_ ( ) - \_\_\_\_\_  
on reaching civilization? \_\_\_\_\_ ( ) - \_\_\_\_\_  
(Name, Address, Phone) \_\_\_\_\_ ( ) - \_\_\_\_\_  
Include friends, relatives, \_\_\_\_\_ ( ) - \_\_\_\_\_  
habitual bars or restaurants \_\_\_\_\_ ( ) - \_\_\_\_\_  
\_\_\_\_\_ ( ) - \_\_\_\_\_  
\_\_\_\_\_ ( ) - \_\_\_\_\_

Health

General condition? \_\_\_\_\_  
Any physical handicaps or limitations? \_\_\_\_\_  
Psychological or psychiatric problems? \_\_\_\_\_  
Any medications? Amount carried? \_\_\_\_\_  
Consequences of loss? \_\_\_\_\_  
Eyesight without glasses/contacts? \_\_\_\_\_  
Carry spares? \_\_\_\_\_  
Physician/psychiatrist/counselor: \_\_\_\_\_ ( ) - \_\_\_\_\_

# Incident Missing Person Questionnaire

Personality

Recreational drugs: \_\_\_\_\_

What type/brand? How much? \_\_\_\_\_

Consequences of withdrawal? \_\_\_\_\_

(include tobacco, alcohol,  
marijuana, cocaine, narcotics,  
prescription drugs) \_\_\_\_\_

Particular outdoor interests? \_\_\_\_\_

(e.g., "likes to follow streams  
because he's a fisherman") \_\_\_\_\_

Job history? \_\_\_\_\_

Recent problems at work \_\_\_\_\_

or school? (confirm with  
co-workers or teachers) \_\_\_\_\_

Relationship with spouse,  
family, or significant other(s)? \_\_\_\_\_

Any recent changes? \_\_\_\_\_

Closest relative? \_\_\_\_\_

Closest other friend/confidant? \_\_\_\_\_

Who had last significant conversation  
with subject? What about? When? ( ) - \_\_\_\_\_

Any recent mail that might be relevant? \_\_\_\_\_

Religious preference and beliefs? \_\_\_\_\_

Priest, minister, or other religious  
leader who might provide information? ( ) - \_\_\_\_\_

History of problems with law? When? \_\_\_\_\_

Locations where born/raised? \_\_\_\_\_

History of depression? \_\_\_\_\_

Ever run away from home? \_\_\_\_\_

Leader or follower? Give up easily? \_\_\_\_\_

Hole up and wait, or keep going? \_\_\_\_\_

Outgoing or quiet? \_\_\_\_\_

Like to be alone? \_\_\_\_\_

Likely response to searchers? \_\_\_\_\_

Hitch-hike often? \_\_\_\_\_

Incident Missing Person Questionnaire

For Children

Fears: \_\_\_\_\_

Dogs? Horses? Farm animals? \_\_\_\_\_

Wild animals? Darkness? Being alone? \_\_\_\_\_

Training for what to do if lost? \_\_\_\_\_

Actions when hurt: Cry? \_\_\_\_\_

Quiet and withdrawn? \_\_\_\_\_

Temper tantrums? \_\_\_\_\_

Talk to strangers? \_\_\_\_\_

Accept rides? \_\_\_\_\_

Active or passive? \_\_\_\_\_

For Groups

Personality clashes? \_\_\_\_\_

Any leader-types other \_\_\_\_\_

than designated leader? \_\_\_\_\_

How strong were group \_\_\_\_\_

goals (making summit, \_\_\_\_\_

getting to next shelter, \_\_\_\_\_

etc.)? \_\_\_\_\_

What actions would members \_\_\_\_\_

take if separated? \_\_\_\_\_

Names, contact info., \_\_\_\_\_

and experience of \_\_\_\_\_

other members \_\_\_\_\_

(Indicate if need for \_\_\_\_\_

separate MPQ for \_\_\_\_\_

any other members) \_\_\_\_\_









# Daily Table of Organization

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Incident Name:	Operational Period (Date/Time):	Date/Time Prepared:
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<b>Command</b>	<b>Incident Commander</b>			<b>Operations Chief</b>		
	<i>(Deputy)</i>			<i>(Deputy)</i>		
<b>Agency Reps.</b>	Safety Officer		<b>Operations</b>	<b>Branch:</b>	Director	
	Information Officer				<i>(Deputy)</i>	
	<i>(Liaison Officer)</i>			Division/Group		
	Agency:	Representative Name:		Division/Group		
				Division/Group		
				Division/Group		
				Division/Group		
				Division/Group		
				Division/Group		
				Division/Group		
<b>Plans</b>	<b>Plans Chief</b>		<b>(Finance)</b>	<b>Branch:</b>	Director	
	<b>Interviewer</b>				<i>(Deputy)</i>	
	<i>(Deputy)</i>			Division/Group		
	Resources (RESTAT)			Division/Group		
	Situation (SITSTAT)			Division/Group		
	<i>(Documentation)</i>			Division/Group		
<b>Logistics</b>	<i>(Demobilization)</i>		<b>(Finance)</b>	<b>Branch:</b>	Division/Group	
					Division/Group	
	<b>Logistics Chief</b>			Division/Group		
	<i>(Deputy)</i>			Division/Group		
	<i>(Support Director)</i>			Division/Group		
	<i>(Supply)</i>			Division/Group		
	<i>(Facilities)</i>			Division/Group		
	<i>(Service Director)</i>			Division/Group		
<b>Communications</b>		<i>(Finance Chief)</i>				
Medical		<i>(Time)</i>				
Food		<i>(Procurement)</i>				
		<i>(Compensation/Claims)</i>				
		<i>(Cost)</i>				



# Daily SAR Unit/Government Personnel Register

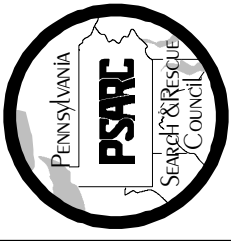
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Pennsylvania Search and Rescue Council

Incident Name:	Location:	Date*:	For this Date, Page: of:		Emergency Contact: Name and Phone
Name (Last, First, MI)	Organization	Qualifications/ GSAR Level	Arrival Time	Estimated Departure Date/Time	Actual Departure Date/Time

# Daily Local Volunteer Personnel Register

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Incident  
Name:

Location:

Date\*:

For this Date, Page:

of:

Name  
(Last, First, MI)

Address

Phone Number

Arrival  
Time

Estimated  
Departure  
Date/Time

Actual  
Departure  
Date/Time

Emergency Contact:  
Name and Phone

Pennsylvania  
Search  
and  
Rescue  
Council

# Daily Vehicle Register

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Incident  
Name:

Location:

Date\*:

For this Date, Page:

of:

Driver's Name  
(Last, First, MI)

Make/Type  
of Vehicle

License Number  
and State

Point of  
Origin

Arrival  
Time

Estimated  
Departure  
Date/Time

**Actual  
Departure  
Date/Time**

*(Estimated  
Round-Trip  
Mileage)*

# Daily Task Log

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Incident Name:	Location:	Date*:	For this Date, Page :	of:
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Task Number:	Team Identifier:	Team Type:	Number on Team:	Task:	Time Out:	Time In:	(Total Hours)

# Task Assignment Form



Task No.:	Team ID:	Team Type:	Date/ Time Out:	Task Assigned: Base <input type="checkbox"/> Radio <input type="checkbox"/>	Dispatcher:
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<b>Assignment</b>	Task Map:	(Division):
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<b>Assignment</b>	Task Instructions:

<b>Assignment</b>	Transportation Instructions:	Special Equipment:

<b>Personnel</b>	<b>Field Team Leader:</b>	FTM:
	<b>Asst. FTL:</b>	FTM:
	Field Team Member:	FTM:
	FTM:	<b>Medic:</b>
	FTM:	<b>Radio Op:</b>
	FTM:	<b>Rescue Spec:</b>

<b>Commo</b>	Team Callsign:	Channel/ Freq:	Base Callsign:	Channel/ Freq:
	Phone Numbers:			
	Instructions:			

# Task Assignment Form

Date/  
Time In:

Debriefing  
Officer:

(*Vehicle  
Miles*):

Debriefing:

**Debriefing**