

SAR 100 MISSING PERSON QUESTIONNAIRE		COUNTY #		DATE	
		STATE #		TIME	
INCIDENT NAME				PAGE 1 OF 4	
OPS PERIOD		OPS START		OPS END	
REPORTING PERSON					
LAST NAME:		FIRST NAME:		DOB:	
ST. ADDRESS:			CITY:		
STATE:	ZIP:	HOME PHONE:			
RELATIONSHIP TO SUBJECT:			ALT. PHONE:		
SUBJECT # ____ OF ____		SUBJECT INFORMATION			
LAST NAME:		FIRST NAME:			
MIDDLE NAME:	SEX:	ANSWERS TO:			
HOME PHONE:		CELL PHONE:			
ADDRESS::		CITY:			
STATE:	ZIP:	VEHICLE MODEL:			
VEHICLE MAKE:	COLOR:	LICENSE PLATE:		STATE:	
EMPLOYER:		ST. ADDRESS:			
CITY:		STATE:	ZIP:		
WORK PHONE:		SUPERVISORS' NAME:			
DATE OF BIRTH:	AGE:	HEIGHT:		WEIGHT:	
RACE:	BUILD:	EYES:		HAIR:	
FACIAL HAIR:		GLASSES:		STYLE:	
COMPLEXION:		FIRST LANGUAGE:			
PHOTOGRAPH AVAILABLE:		OVERALL APPEARANCE:			
DISTINGUISHING SCARS / MARKS / TATOOS:					
MEDICAL DISABILITIES:			ALLERGIES:		
MEDICATIONS TAKING:			MEDICATIONS NEEDED:		
RECENT / CURRENT ILLNESSES					
FITNESS LEVEL:		SMOKER:		BRAND:	
PREPARED BY		(PSC)	APPROVED BY		OSSA SAR

SAR MISSING PERSON QUESTIONNAIRE	COUNTY #		DATE	
	STATE #		TIME	
INCIDENT NAME			PAGE 2 OF 4	
OPS PERIOD		OPS START		OPS END
SUBJECT # ____ OF ____ SUBJECT INFORMATION				
LAST NAME:		FIRST NAME:		
FAMILIAR WITH THE AREA:				
FORMAL OUTDOOR / SURVIVAL TRAINING:				
OUTDOOR RECREATION EXPERIENCE (<i>SCOUTING, HUNTING, HIKING, ETC.</i>):				
MILITARY EXPERIENCE:				
MEDICAL TRAINING:				
EVER LOST BEFORE (<i>DESCRIBE EXPERIENCE, ACTIONS</i>):				
SPENT OVERNIGHT IN THE OUTDOORS BEFORE (<i>DESCRIBE EXPERIENCE, ACTIONS</i>):				
FEARS/PHOBIAS (<i>AFRAID OF THE DARK, ANIMALS, HEIGHTS, ETC</i>):				
MENTAL HEALTH (<i>EMOTIONAL STATE / ATTITUDE</i>):				
FINANCIAL SITUATION:				
CRIMINAL HISTORY:				
HOBBIES, INTERESTS:				
HOW WOULD SUBJECT REACT WHEN LOST:				
HOW WOULD SUBJECT REACT TO SEARCHER'S CALLS:				
HOW WOULD SUBJECT REACT IF HURT/INJURED:				
WHAT DOES THE REPORTING PERSON THINK HAS OCCURRED:				
WHERE DOES THE RP THINK THEY ARE:				
PREPARED BY		(IC)	APPROVED BY	
				OSSA SAR

SAR MISSING PERSON QUESTIONNAIRE		COUNTY #		DATE	
		STATE #		TIME	
INCIDENT NAME				PAGE 3 OF 4	
OPS PERIOD		OPS START		OPS END	
SUBJECT # ____ OF ____		SUBJECT			
LAST NAME:			FIRST NAME:		
CLOTHING (DESCRIBE AS ACCURATELY AS POSSIBLE)					
SHOE TYPE:	BRAND:	COLOR:	SIZE:		
SHOE SOLE DESCRIPTION: <input type="checkbox"/> TRACK AVAILABLE					
SHIRT:		PANTS:		SOCKS:	
SWEATER:		HAT:		GLOVES:	
JACKET:	RAIN GEAR:	CAMERA:			
EQUIPMENT (DESCRIBE AS ACCURATELY AS POSSIBLE)					
TENT:			SLEEPING BAG:		
FIRE STARTER:	STOVE:	PACK:			
LIQUID CONTAINERS:			SIGNALLING DEVICES:		
SKIS/SNOWBOARD:			SNOWSHOES/CRAMPONS:		
CELLULAR PHONE #:			CARRIER:		
FOOD AND BEVERAGES:					
OTHER ITEMS CARRIED BY SUBJECT:					
OTHER NOTES:					
PREPARED BY		(IC)	APPROVED BY		OSSA SAR

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		STATE #		TIME	
INCIDENT NAME				PAGE 4 OF 4	
OPS PERIOD		OPS START		OPS END	
SUBJECT # ____ OF ____ SUBJECT					
LAST NAME:			FIRST NAME:		
POINT LAST SEEN					
DATE LAST SEEN:			TIME LAST SEEN:		
POINT LAST SEEN: GPS COORDINATES:			MAP DATUM: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <input type="checkbox"/> UNKNOWN		
INTENDED ROUTE:					
ALTERNATE ROUTE:					
LOCATION OF VEHICLE:					
WEATHER AT TIME LAST SEEN:					
COMMENTS (ANYTHING ELSE THE RP MIGHT FIND RELEVANT TO THE EVENT):					
NAMES OF OTHERS WHO SAW/MIGHT HAVE SEEN SUBJECT AT/NEAR THIS TIME					
	NAME	LOCATION SEEN	TIME SEEN	PHONE:	
1					
2					
3					
4					
5					
SUBJECT NEXT OF KIN					
LAST NAME:			FIRST NAME:		
ADDRESS:			CITY:	STATE:	
RELATIONSHIP:			PHONE:		
OTHER FRIENDS OR INFORMANTS WITH POSSIBLE INFORMATION	NAME	PHONE	RELATIONSHIP		
PREPARED BY		(IC)	APPROVED BY		OSSA SAR