

Mountain Rescue Council

Search Planning and Management Course

Missing Person Questionnaire

MISSING PERSON QUESTIONNAIRE

NOTE: Use pencil/black ink, print clearly, avoid confusing phrases/words, unfamiliar abbreviations. Complete and detail answers for future use. Answer ALL questions, if possible.

FIRST NOTICE (Sections A - E only)

INCIDENT TITLE: _____ DATE: _____ TIME: _____

Person Taking Info: _____ Incident No: _____

A. SOURCE(S) OF INFORMATION – INFORMANT

Full

Name: _____ DOB: _____ Sex: M F

Home Address (full): _____

Phone: _____ 2nd phone: _____ Relationship: _____

Where/how to contact now/later: _____

What does informant believe happened: _____

What does informant want done: _____

Instructions to informant: _____

B. MISSING PERSON

Full

Name: _____ DOB: _____ Sex: M F

Nickname(s)/Alias: _____ Birthplace: _____

Home Address (full): _____

Local Address (full): _____

Home Phone: _____ Local Phone: _____

Pager: _____ Cell Phone: _____ E-mail: _____

Category of Lost Subject: _____

General experience and familiarity with area: _____

General quality/quantity of equipment carried & preparedness for environment: _____

COMMENTS: _____

C. ACTIONS TAKEN SO FAR

By: Family/friends: _____ Results: _____

Others: _____ Results: _____

COMMENTS: _____

D. LAST SEEN

Date: _____ Time: _____ Where: _____

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: _____

Circumstances of loss (situation): _____

Reason for leaving: _____ Alone? Y N

Attitude (confident, confused, etc.): _____

Subject complaining of anything: _____

Subject seem tired: _____ Cold/hot: _____ Other: _____

COMMENTS: _____

E. PHYSICAL DESCRIPTION OF MISSING PERSON

Height: _____ Weight: _____ Age: _____ Build: _____ Eye Colour: _____

Hair: Colour: _____ Length: _____ Style: _____

Beard: _____ Moustache: _____ Sideburns: _____

Facial features/shape: _____ Complexion: _____

Distinguishing marks (scars, moles): _____

Overall appearance: _____

Photo available? Y N Where: _____ Need to be returned? Y N

Known or suspected significant illness or injury? Y N, Explain: _____

Comments: _____

SUBSEQUENT INVESTIGATION

F. PLANS OF SUBJECT

Started from: _____ Day/Date: _____ Time: _____

Going to: _____ Via: _____

Purpose: _____

For How Long? _____ Return date: _____ Alone? Y N Group Size: _____

Return time: _____ From where: _____

By whom/what: _____

Done trip before? Y N Details: _____

Transported by whom/means: _____

Vehicle now located at: _____ Type: _____ Colour: _____

License No: _____ Verified? Y N By Whom: _____

Additional names, cars, licenses, etc. for party: _____

Alternate plans/routes/objectives discussed: _____

Discussed with whom: _____ When: _____

Comments: _____

G. CLOTHING WORN BY MISSING PERSON

Style Colour Size Other

Shirt/sweater: _____

Pants: _____

Outerwear: _____

Innerwear: _____

Head wear: _____

Rain wear: _____
Glasses: _____
Gloves: _____
Extra clothing: _____
Other: _____
Footwear: _____

Sole type: _____ sample available? Y N where: _____

Scent articles available? Y N What: _____ Secured? Y N

Where is the scent article now? _____

Overall coloration as seen from air: _____

H. OUTDOOR EXPERIENCE

Familiar with area? Y N How recent: _____ Other: _____

Other areas of travel: _____

Formal outdoor training qualification: _____

Where: _____ When: _____

Medical training: _____ When: _____

Scouting experience: _____ When: _____ Where: _____

How much: _____ Scout rank: _____ Scout Leader? Y N

Military experience? Y N What: _____ When: _____ Where: _____

Rank: _____ Other: _____

Generalised previous experience: _____

How much overnight experience: _____

Ever been lost before? Y N Where: _____ When: _____

Ever go out alone? Y N Where: _____

Stay on paths or X-C: _____

How fast does subject hike: _____

Athletic/other interests: _____

Climbing experience: _____

COMMENTS: _____

I. HABITS/PERSONALITY

Smoke? Y N How often: _____ What: _____ Brand: _____

Alcohol? Y N How often: _____ What: _____ Brand: _____

Recreational drugs: Y N How often: _____ What: _____

Gum Brand: _____ Candy Brand: _____ Other: _____

Hobbies/Interests: _____

Outgoing/quiet: _____ Gregarious/loner: _____

Evidence of leadership: _____ Give up easy/Keep Going: _____

Legal trouble (past/present): _____

Hitchhike? Y N Accepts ride easily: _____

Personal Problems: _____

Religious? Y N Faith: _____ To What Degree: _____

Personal values: _____

Philosophy: _____

Person closest to: _____ In family: _____

Emotional history: _____

Education: Highest Grade Achieved: _____ Current status: _____

College Education: _____

School name: _____

Teacher(s): _____

Subject/degree: _____ Year: _____

Local/fictional hero: _____

COMMENTS: _____

J. HEALTH/GENERAL CONDITION

Overall health: _____

Overall physical condition: _____

Known medical/dental problems: _____

Knowledgeable doctor: _____ Phone: _____

Handicaps: _____

Known psychological problems: _____

Knowledgeable person _____ Phone: _____
 Medication: _____ Dosages: _____
 Knowledgeable person: _____ Phone: _____
 What will happen without meds: _____
 Eyesight without glasses: _____ Spares? Y N Where are spares: _____
 COMMENTS: _____

K. EQUIPMENT

| | <u>Style</u> | <u>Colour</u> | <u>Brand</u> | <u>Size</u> |
|---------------------|--------------|---------------|--------------|-------------|
| Pack: | | | | |
| Tent: | | | | |
| Sleeping bag: | | | | |
| Ground cloth/pad: | | | | |
| Fishing equipment: | | | | |
| Climbing equipment: | | | | |
| Light: | | | | |
| Knife: | | | | |
| Camera: | | | | |

| | | | |
|---------------------------------|-----------------|-------------------|-------|
| Stove: | Fuel: | Fire starter? Y N | What: |
| Liquid container: | How much fluid: | What kind fluid: | |
| Compass: | Map: | Of where: | |
| How competent with map/compass: | | | |

Food: _____ Brands: _____

Skis: Type: _____ Brand: _____ Colour: _____ Size: _____

Bindings: _____ Pole type: _____ Length: _____

How competent: _____

Snowshoes: Type: _____ Brand: _____ Colour: _____ Size: _____

Bindings: _____ How competent: _____

Money: Amount: _____ Credit Cards: _____

Other documents: _____

COMMENTS:

L. CONTACT PERSON WOULD MAKE UPON REACHING CIVILISATION

Full Name: _____ Relationship: _____

Address: _____

Phone: _____ Anyone home now: _____

M. CHILDREN

Afraid of dark? Y N Animals? Y N Afraid of: _____

Feeling toward adults: _____ Strangers: _____

Reactions when hurt: _____ Cry: _____

Training when lost: _____

Active/lethargic/antisocial: _____

COMMENTS:

N. GROUPS OVERDUE

Name/kind of group: _____ Leader: _____

Experience of group/leader: _____

Address/phone of knowledgeable person: _____

Personality clashes within group: _____

Leader types in group other than leader: _____

What would subject do if separated from group: _____

Competitive spirit of group: _____

Intragroup dynamics: _____

COMMENTS:

O. PRESS/FAMILY RELATIONS

Next of kin: _____ Relationship: _____

Address: _____

Phone _____ Occupation: _____

Person to notify when subject found: _____ Relationship: _____

Address: _____

Phone: _____ Occupation: _____

Significant family problems: _____

Family's desire to employ special assistance: _____

COMMENTS: _____

P. ADDITIONAL SEARCH INFORMATION

Residence Checked By: _____ When: _____

Initial IC: _____ Second IC: _____

Missing Person's Employer: _____

Employer's Address: _____

Employer's Phone: _____ Sup's Name: _____

Missing Person's School: _____

School's Address: _____

School's Phone: _____ Teacher's Name: _____

Q. ADDITIONAL PERSONS HAVING INFO ABOUT MISSING PERSON

(1) Name: _____ Relationship: _____

Address (full): _____

Phone: _____ Other Contact Info: _____

Info Possessed: _____

Follow up: _____ By: _____

