

Lost Person Questionnaire

Investigator

Date	Time	District Mission Number	Recording Official

Source of Information

Name	Address	City	State
Relationship to Subject		Telephone Number	Secondary Telephone
How/Where to contact Now		How/Where to Contact Later	
What Informant Believes to Have Happened			

Subject Information

Name	Age	Sex	Nickname(s)	
		M F		
Home Address	City		State	ZIP code
Local Address	City		State	ZIP code
Home Phone	Local Phone	DOB	Birthplace	

Physical Description

Identification	Clothing/Style	Color	Size	Health
Height	Shirt/Sweater			Overall Health
Weight	Pants			Physical Condition
Age	Outer Wear			Medical Problems
Build	Inner Wear			Psychological Problems
Complexion	Head Wear			Medication
Distinguishing Marks	Rain Wear			Amounts
Eyes	Gloves			Consequences of Loss
Hair Color	Extra Clothing			Eyesight w/o Glasses
Hair Style	Foot Wear			Medic-Alert
<input type="checkbox"/> Beard <input type="checkbox"/> Jewelry <input type="checkbox"/> Mustache <input type="checkbox"/> Photo Available? <input type="checkbox"/> Sideburns <input type="checkbox"/> Return Photo? <input type="checkbox"/> Glasses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> Sole Sample Available <input type="checkbox"/> Scent Articles Available <input type="checkbox"/> Scent Articles Secured <input type="checkbox"/> Clothing Visible from Air? <input type="checkbox"/> <input type="checkbox"/> 			<input type="checkbox"/> Smoker <input type="checkbox"/> Hitchhiker <input type="checkbox"/> Alcohol <input type="checkbox"/> Religious <input type="checkbox"/> Drugs <input type="checkbox"/> Educated <input type="checkbox"/> Gum <input type="checkbox"/> Local Hero <input type="checkbox"/> Candy <input type="checkbox"/> Extravert <input type="checkbox"/> A Leader <input type="checkbox"/> Introvert <input type="checkbox"/> A Survivor <input type="checkbox"/> Loner <input type="checkbox"/> Legal Problems <input type="checkbox"/> Depressed <input type="checkbox"/> Personal Problems <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Youth	Equipment			
<input type="checkbox"/> Afraid of Dark <input type="checkbox"/> Afraid of Animals <input type="checkbox"/> Afraid of Strangers <input type="checkbox"/> Cry When Hurt <input type="checkbox"/> Cry When Scared <input type="checkbox"/> Hides When Afraid <input type="checkbox"/> HUG-A-TREE Trained <input type="checkbox"/> Has a Safety Word <input type="checkbox"/> 	<input type="checkbox"/> Pack <input type="checkbox"/> Fuel <input type="checkbox"/> Money <input type="checkbox"/> Tent <input type="checkbox"/> Compass <input type="checkbox"/> Credit Cards <input type="checkbox"/> Sleeping Bag <input type="checkbox"/> Map <input type="checkbox"/> Other Documents <input type="checkbox"/> Ground Cloth <input type="checkbox"/> Food <input type="checkbox"/> Rope <input type="checkbox"/> Fishing Gear <input type="checkbox"/> Knife <input type="checkbox"/> Camp Tools <input type="checkbox"/> Climbing Gear <input type="checkbox"/> Camera <input type="checkbox"/> <input type="checkbox"/> Liquid Container <input type="checkbox"/> Lens <input type="checkbox"/> <input type="checkbox"/> Fire Starter <input type="checkbox"/> Skis <input type="checkbox"/> <input type="checkbox"/> Stove <input type="checkbox"/> Snowshoes <input type="checkbox"/> 			
CONTINUE				

Lost Person Questionnaire

Place Last Seen

Date	Time	Common Name/Description
Description		Additional Comments
Subject Last Seen By		
Talked to Subject About		
Weather at That Time		
Weather Since		
Subject's direction of Travel		
Subject's Attitude		
Subject's Condition		

Subject's Trip Plans

Itinerary	Transportation	Additional Comments
Started At	Transported By	
Date	Vehicle Location	
Time	Make/Model	
Destination	License	
By Way of	Vehicle Location Confirmed by	
Purpose	Time confirmed	
Length of Stay	Additional Vehicles at Scene	
Size of Group	Alternate Plans/Routes	
Has Subject Made This Trip Before	Discussed With	

Subject's Outdoor Experience

General Experience				Additional Comments
<input type="checkbox"/>	Familiar With Area	<input type="checkbox"/>	Stays on Route	
<input type="checkbox"/>	In Area Recently	<input type="checkbox"/>	Travels Cross Country	
<input type="checkbox"/>	Formal Outdoors Training	<input type="checkbox"/>	Lost Before	
<input type="checkbox"/>	Medical Training	<input type="checkbox"/>	Will Stay Put	
<input type="checkbox"/>	Scouting	<input type="checkbox"/>	Keeps on Move	
<input type="checkbox"/>	Military	<input type="checkbox"/>	Climber	
<input type="checkbox"/>	Overnight	<input type="checkbox"/>	Athletic	
<input type="checkbox"/>	Travels Alone	<input type="checkbox"/>		

Contacts upon Reaching Civilization

Name of Person That Subject Would Contact	Relationship	Phone	Who is There Now

Overdue Groups

Description	Group Characteristics
Kind of Group	Personality Clashes
Leader	Actions if Separated
Experience of Group/Leader	Competitive Spirit
Local Point of Contact	Intra-group Dynamics

Actions Taken So Far

By Family/Friends	By Others