

MISSING/LOST PERSON QUESTIONNAIRE

Date: _____ Location: _____

Officer taking information: _____ Incident/Run # _____

1. Source of information questionnaire:

Name: _____ Information taken via (i.e. phone, person, etc.) _____

Home address: _____ Zip _____

Primary phone # (_____) _____ Secondary phone # (_____) _____

Relationship to the lost. _____ What does informant believe happened? _____

2. Lost Person:

Name: _____ D.O.B. _____

Home address: _____ Zip _____

Primary phone # (_____) _____ Secondary phone # (_____) _____

Vehicle: Make: _____ Model: _____ Color: _____ License #: _____ State: _____

3. Nest of Kin:

Next of kin: _____ Are they on scene? YES NO Are they going to remain on scene? YES NO

Home address: _____ Zip _____

Primary phone # (_____) _____ Secondary phone # (_____) _____

Person to notify when subject is found (if other than above) _____ Relationship _____

Home address: _____ Zip _____

Primary phone # (_____) _____ Secondary phone # (_____) _____

4. Physical Description:

Height: _____ Weight: _____ Age: _____ Build: _____ Race: _____

Hair: Color _____ Length _____ Style _____ Bread _____ Mustache _____ Sideburns _____

Facial features/shape: _____ Complexion: _____

Distinguishing marks (i.e. birth marks, tattoos, piercing, etc.) _____

Overall appearance: _____

Photo available? YES NO Where: _____ Need to be returned? _____

Comments: _____

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5. Health/General Condition:

Circle most appropriate.

Overall health: Excellent Good Fair Poor

Overall physical condition: Excellent Good Fair Poor

Overall mental health: Excellent Good Fair Poor

Hearing: Excellent Good Fair Poor

Use of hearing aids: YES NO

Eyesight: Excellent Good Fair Poor **Use of visual aids:** YES NO _____

Use of cane of other walking aid: YES NO _____

Medical problems: _____

Psychological problems: _____

Emotional History: _____

Previous suicide attempts: YES NO

Medication(s): _____

Physician: _____

Contact # (_____) _____

6. Habits/Personality:

Tobacco use: YES NO What type: _____ Brand: _____ How often: _____

Alcohol use: YES NO What type: _____ Brand: _____ How often: _____

Recreational drugs use: YES NO What type: _____ How often: _____

Gum: _____ Candy: _____ Other: _____

Hobbies/Interests: _____

Attitude: (i.e. outgoing, quite, loner, confident, confused): _____

Gives up easily/Keep going: _____

Evidence of leadership: _____

Member of clubs, church, social organization: _____

Religious: YES NO Faith: _____ Contact person: _____

Hitchhike: YES NO Accepts rides easily: YES NO Carries knife/gun: YES NO _____

Personal problems: _____

Closest friend: _____ Contact # (_____) _____

Closes family member: _____ Contact # (_____) _____

Highest level of education completed: _____ ***** (If currently in school, complete below questions) *****

Education: Grade: _____ Current Status: _____ Teacher(s): _____

School Name: _____ Contact # (_____) _____

***** (If subject is a child, complete below questions on this page) *****

Afraid of dark: YES NO Afraid of Animals: YES NO Afraid of what: _____

Feelings toward adults: _____ Feeling toward strangers: _____

Would subject answer if their name was called: YES NO Reaction when hurt (i.e. cry): _____

Comments: _____

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7. Clothing:

Style

Color

Size

Other

Shirt: _____

Pants: _____

Outer Wear: _____

Inner Wear: _____

Head Wear: _____

Rain Wear: _____

Eye Wear: _____

Foot Wear: _____

Gloves: _____

Scent articles available: YES NO What: _____ Secured: YES NO By Whom: _____

8. Equipment:

Style

Color

Size

Other

Pack: _____

Tent: _____

Sleeping Bag: _____

Ground Cloth: _____

Fishing Equipment: _____

Climbing Equipment: _____

Liquid Container: _____

Flash Light: _____

Knife: _____

Firearm: _____ Holster: _____

Other: _____

Stove: _____ Fuel: _____ Fire Starter: _____

Compass: _____ Map: _____ Of where: _____

How competent with map/compass: _____

Money: Amount: _____ Credit Cards: _____ ID: _____

Other Documents: _____

Comments: _____

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9. Outdoor Experience:

Familiar with are: YES NO How recent: _____ Other: _____

Formal outdoor training: _____ Medical training: _____

Other areas of travel: _____

Scouting experience: _____ When: _____ Where: _____

Military experience: YES NO What: _____ When: _____ Where: _____

Rank: _____ Other: _____

Generalized outdoor experience: _____

How much overnight experience: _____

Has subject ever been lost before: YES NO When: _____ Where: _____

Ever go out alone: _____ Where: _____

Stay on trails or exit from trails: _____ How fast does subject hike: _____

Athletic/Other interests: _____ Climbing experience: _____

10. Trip plans of subject:

Start Location: _____ When: _____ Time: _____

Going to: _____ Via: _____ Hunting/Fishing trip: YES NO

Purpose: _____ Group Size: _____ For how long? _____

Return time: _____ Return Date: _____ From where: _____

Done trip before: YES NO Transport by whom/means: _____

Equipment not previously described (i.e. tree stand): _____ Location: _____

Comments: _____

11. Last seen:

Who saw the subject last: _____ Where: _____

Time: _____ Contact # (_____) _____ (If not previously noted)

Who talked to the subject last: _____ Subject matter: _____

Time: _____ Contact # (_____) _____ (If not previously noted)

Direction of travel: _____ Point last seen: _____

Reason for leaving (If not previously noted): _____ Subject complaining of anything: _____

Comments: _____

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12. Contacts subject would make upon reaching civilization:

Name: _____ Relationship to the lost. _____

Home address: _____ Zip _____

Primary phone # (_____) _____ Secondary phone # (_____) _____

Name: _____ Relationship to the lost. _____

Home address: _____ Zip _____

Primary phone # (_____) _____ Secondary phone # (_____) _____

Name: _____ Relationship to the lost. _____

Home address: _____ Zip _____

Primary phone # (_____) _____ Secondary phone # (_____) _____

13. Groups Overdue:

Name/type of group: _____ Leader: _____

Experience of group/Leader: _____

Personality clashes within group: _____ Leader types other than leader: _____

Actions if separated: _____

Competitive spirit of group: _____

Intragroup dynamics: _____

Comments: _____

14. Actions taken so far.

By family/friends: _____ Results: _____

Others: _____ Results: _____

15. Notes:

Notes: _____

Report prepared by: _____

Title: _____

Date: _____