Lost Person Questionnaire

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

Incident Title: ____________________________  Today's date: ________________  Time: _________
Interviewer(s): ____________________________  Incident number: ____________________________

A. SOURCE(S) OF INFORMATION FOR QUESTIONNAIRE
Name: ____________________________________  How Info Taken: ____________________________
Home Address: ____________________________________________
Phone 1: ____________________________  Phone 2: ____________________________  Relationship: __________
Where/How to contact now: ____________________________________________
Where/How to contact later: ____________________________________________
What does informant believe happened: ____________________________________________

B. LOST PERSON
Full Name: ____________________________  DOB: __________  Sex: __________
Maiden Name: ____________________________  Nicknames: __________  Other AKA’s: ____________________________
Home Address: ____________________________________________  Zip: __________
Local Address: ____________________________________________  Zip: __________
Home Phone: __________  Local Phone: __________  E-mail Address: ____________________________
Birthplace: __________  Ethnicity: ________  National Origin: ________  Language Spoken: ________

C. PHYSICAL DESCRIPTION
Height: ________  Weight: ________  Age: ________  Build: ________  Eye Color: ________
Hair:  Color Current: ________  Natural: ________  Length: ________  Style/Binding: ________  Wig: ________
      Beard: ________  Style/Color ________  Mustache: ________  Style/Color ________  Sideburns: ________
Facial features shape: ________  Skin color: ________  Tone: ________  Complexion: ________
Color of fingernails: ________  Fake nails: ________  Color of fingernails: ________
Distinguishing marks (scars/ moles/tattoos/piercing): ____________________________________________
Jewelry (and where worn, incl. Medical bracelets): ____________________________________________
Eyewear/Contacts (sunglasses, spares): ____________________________________________  Eyesight w/out glasses: ________
Overall Appearance: ____________________________________________
Photo Available: Y  N  Where: ____________________________________________  Need to be returned: Y  N
Comments: ____________________________________________
D. TRIP PLANS OF SUBJECT

Started from: ___________________________ Day/Date: ___________________________ Time: __________

Going to: ______________________________ Via: ______________________________

Purpose: ___________________________________________

For how long?: ___________ Exit date: _______________ Alone? Y ___ N ___ Group size: ___________

Done trip before? Y ___ N ___ Details: ____________________________________________

Transported by whom/means: ____________________________________________

Vehicle now located at: ___________________________ Type: ___________________________ Color: ___________

License #: ___________ State: _______________ Verified? Y ___ N ___ By whom: _______________

Return time: _______________ From where: __________________________________________

By whom/what: __________________________________________

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

Alternate plans/routes/objectives discussed: __________________________________________

Discussed with whom: _______________ When: __________________________

Comments: __________________________________________

E. CLOTHING

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<th>STYLE</th>
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<tr>
<td>Shirt sweater:</td>
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<td>Pants (belt/suspenders):</td>
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<td>Outerwear:</td>
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<td>Under wear/socks:</td>
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<td>Head wear:</td>
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<td>Rain wear:</td>
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<td>Glasses:</td>
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<td>Gloves:</td>
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<td>Neck ware (scarf/neckchief/tie):</td>
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<td>Extra clothing:</td>
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<td>Footwear:</td>
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Sole type: ___________________________ Sample available? Y ___ N ___ Where: _______________

Scent articles available? Y ___ N ___ What: ____________________________________________ Secured? Y ___ N ___

Where is scent article now? __________________________________________

Overall coloration as seen from air: __________________________________________
F. LAST SEEN

Time: ______________ Where: ___________________________ Why/how: ___________________________

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: ___________________________

Reason for leaving: ____________________________________________

Attitude (confident, confused, etc.): ____________________________________________

Subject complaining of anything: ____________________________________________

Subject seem tired: ___________ Cold/Hot: _________ Other: ___________________________

Comments: ____________________________________________

G. OUTDOOR EXPERIENCE

Familiar with area? Y ___ N __ How Recent: ___________________________ Other: ___________________________

Other areas of travel: ____________________________________________

Formal outdoor training / degree: ____________________________________________

Where: ___________________________ When: ___________________________

Medical training: ___________________________ When: ___________________________

Scouting experience: ___________ When:_________________________ Where: ____________________________

How much: ___________________________ Scout rank: ______________ Scout Leader? Y ___ N __


Rank: ______________ Other: ____________________________

Generalized previous experience: ____________________________________________

How much overnight experience: ____________________________________________

Ever lost before? Y ___ N __ Where: ___________________________ When: ___________________________

Ever go out alone? Y ___ N __ Where: ____________________________

Stay on trail or cross country: ____________________________________________

How fast does subject hike: ____________________________________________

Athletic/other interests: ____________________________________________

Climbing experience: ____________________________________________

Comments: ____________________________________________
H. HABITS / PERSONALITY


Recreational drugs? Y ___ N ___ What: ____________________________________________________________________________

Gum brand: ____________________ Candy brand: ____________________ Other: ____________________________________________________________________________

Hobbies/Interests: __________________________________________________________________________________________

Outgoing / quiet: ______________________________________________ Gregarious / loner: __________________________

Evidence of leadership: __________________________________________ Give up easy / Keep going: ______________

Legal trouble (past I present): ______________________________________________________________

Hitchhike? Y ___ N ___ Accepts rides 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: ________________________________________________________________

Teachers: ______________________________________________________________________________________________

Subject/Degree: ___________________________________________________________ Year: ______

Local/fictional hero: ______________________________________________________________________________________

Comments: ______________________________________________________________________________________________

I. HEALTH / GENERAL CONDITION

Overall health: __________________________________________________________________________________________

Overall physical condition: ______________________________________________________________________________

Known medical/dental problems: __________________________________________________________________________

Knowledgeable doctor: __________________________ Phone: __________________________

Handicaps/deformities/prosthetics: __________________________________________________________________________

Known psychological problems: __________________________________________________________________________

Knowledgeable person: __________________________ Phone: __________________________

Medication: _____________________________________________________________________________________________

Dosages: _______________________________________________________________________________________________
Knowledgeable person: ______________________ Phone: ______________________

What will happen without meds: ____________________________________________

Dentures/Partials: ______________________ Dentist: ______________________ Phone: ________

Comments: ____________________________________________________________

J. EQUIPMENT

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<td>Tent:</td>
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<td>Sleeping Bag:</td>
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<td>Ground Cloth/Pad:</td>
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<td>Fishing Equipment:</td>
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<td>Climbing Equipment:</td>
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<td>N _</td>
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<td>Kind of Liquid:</td>
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<td>Map:</td>
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<td>Of Where:</td>
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<td>How Competent with Map/Compass:</td>
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<td>How Competent:</td>
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<td>How Competent:</td>
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<td>Firearms: Y _ N _</td>
<td>Brand:</td>
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<td>Credit/Debit Cards:</td>
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<td>Comments:</td>
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K. CONTACTS PERSON WOULD MAKE UPON REACHING CIVILIZATION

Full Name: ______________________ Relationship: ______________________

Address: ______________________ Zip: ______________________
L. CHILDREN

Afraid of dark? Y ___ N ___ Animals?: Y ___ N ___ Afraid of: ____________________________

Feelings toward adults: ____________________________ Strangers: __________________________

Reactions when hurt: ____________________________ Cry: __________________________

Training when lost: ____________________________

Active/lethargic/antisocial: ____________________________

Comments: ____________________________________

M. 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: ____________________________________

N. ACTIONS TAKEN SO FAR

By: Family/Friends: ____________________________

Results: ____________________________________

Others: ____________________________________

Results: ____________________________________

Comments: ____________________________________

0. PRESS/FAMILY RELATIONS

Next of kin: ____________________________ Relationship: ____________________________

Address: ____________________________ Zip: ________

Phone #: ____________________________ Occupation: ____________________________

Significant family problems: ____________________________

Family's desire to employ special assistance: ____________________________
P. OTHER INFORMATION