

LOST PERSON INTERVIEW REPORT - NICOLET SEARCH TEAM

FILE SEPARATE REPORT FOR EACH MISSING PERSON. DETAILED ANSWERS ARE NEEDED. PUT ADDITIONAL COMMENTS ON BACK OF THIS SHEET.

INCIDENT NAME:	INTERVIEWER(S):	REPORT TAKEN: <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON	SAR INCIDENT #	DATE:
INCIDENT LOCATION	REPORT TAKEN FROM:	PHONE NUMBER #	HRS. OVERDUE:	TIME:

DESCRIPTION	NAME OF MISSING PERSON		NICKNAMES		SEX:	LOCAL PHONE	HOME PHONE	CELL PHONE	PAGER #
	HOME ADDRESS		LOCAL ADDRESS			D.O.B.		AGE:	RACE:
	HEIGHT:	WEIGHT:	HAIR COLOR:	LENGTH	EYE COLOR:	BUILD:	<input type="checkbox"/> BEARD <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> MUSTACHE		RECENT PHOTOGRAPH <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ON THE WAY

LAST SEEN	WHERE:	HEALTH	GENERAL CONDITON:	HANDICAPS: <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT:
	WHEN:		MEDICAL PROBLEMS: <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT:	KNOWLEDGEABLE PERSON:
	BY WHOM:		PSYCHOLOGICAL PROBLEMS: <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT:	KNOWLEDGEABLE PERSON:
	SEEN GOING WHICH WAY:		TAKING PRESCRIPTION MEDICATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT:	KNOWLEDGEABLE PERSON:
	REASON FOR LEAVING:		ANY KNOWN EXTERNAL FACTORS THAT MAY AFFECT SUBJECT'S BEHAVIOR:	

CLOTHING / EQUIPMENT	SHIRT, SWEATER:	STYLE	COLOR	HEAD WEAR:	STYLE	COLOR	SLEEPING BAG	STYLE	COLOR
	PANTS:	STYLE	COLOR	FOUL WEATHER GEAR:	STYLE	COLOR	FISHING EQUIPMENT	STYLE	COLOR
	OUTER WEAR:	STYLE	COLOR	FOOT WEAR:	STYLE	COLOR	HUNTING EQUIPMENT	STYLE	COLOR
	INNER WEAR:	STYLE	COLOR	PACK	STYLE	COLOR	SCENT ARTICLES SECURED: (CAR, ROOM, TENT SECURED) <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE:		
	WATER, CANTEEN:	TYPE	AMT.	TENT:	STYLE	COLOR	OVERALL COLORATION AS SEEN FROM THE AIR:		
	FLASHLIGHT: <input type="checkbox"/> YES <input type="checkbox"/> NO	MATCHES: <input type="checkbox"/> YES <input type="checkbox"/> NO	KNIFE: <input type="checkbox"/> YES <input type="checkbox"/> NO	MAP: <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPASS: <input type="checkbox"/> YES <input type="checkbox"/> NO	GPS: <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER CLOTHING / EQUIPMENT:		

NAME - IF FOUND IN GOOD CONDITION:	PHONE #:	RELATIONSHIP:	NAME - IF FOUND IN POOR CONDITION OR DEAD:	PHONE #:	RELATIONSHIP:
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ONCE YOU HAVE COMPLETED THIS PAGE, BE SURE GET THIS COPY TO INCIDENT COMMAND AS SOON AS POSSIBLE.

INCIDENT NAME:	NAME OF MISSING PERSON:	SAR INCIDENT #	DATE:	TIME:
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OUTDOOR EXPERIENCE	FAMILIAR WITH AREA: <input type="checkbox"/> YES <input type="checkbox"/> NO RECENTLY:	TAKEN OUTDOOR CLASSES: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	OVERNIGHT EXPERIENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOWE MUCH?	EVER GO OUT ALONE: <input type="checkbox"/> YES <input type="checkbox"/> NO OFTEN?	STAY ON TRAIL OR CROSS COUNTRY: <input type="checkbox"/> TRAIL <input type="checkbox"/> CROSS COUNTRY
	TAKEN OUTDOOR CLASSES: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	MILITARY SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH:	TAKEN FIRST AID CLASSES: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	BEEN IN BOY SCOUTS; <input type="checkbox"/> YES <input type="checkbox"/> NO RANK:	
	GENERAL ATHLETIC INTERESTS AND ABILITIES:			EVER BEEN LOST BEFORE: <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN:	HOW LONG MISSING LAST TIME:

TRIP PLANS	GOING TO:	VIA:	PURPOSE:	PLANNED TO BE GONE HOW LONG:
	GROUP AFFILIATION:	HOW MANY IN GROUP:	TRANSPORTATION:	STARTED AT: WHEN:
	CAR LOCATED AT	MAKE / MODEL:	LICENSE PLATE #:	ALTERNATE CAR LOCATED AT: MAKE / MODEL: LICENSE PLATE #:
	PICKUP OR RETURN TIME:	ON WHAT DATE:	TO WHAT LOCATION:	OTHER TRIP PLANS:

LIST ALL OTHERS IN GROUP	NAME:	ADDRESS:	PHONE #:	CAR LICENSE:
	NAME:	ADDRESS:	PHONE #:	CAR LICENSE:
	NAME:	ADDRESS:	PHONE #:	CAR LICENSE:
	NAME:	ADDRESS:	PHONE #:	CAR LICENSE:
	NAME:	ADDRESS:	PHONE #:	CAR LICENSE:

CONTACTS PERSON WOULD MAKE UPON REACHING CIVILIZATION	NAME:	ADDRESS:	PHONE #:	HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO
	NAME:	ADDRESS:	PHONE #:	HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO
	NAME:	ADDRESS:	PHONE #:	HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO
	NAME:	ADDRESS:	PHONE #:	HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO

INCIDENT NAME:	NAME OF MISSING PERSON:	SAR INCIDENT #	DATE:	TIME:
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ACTIONS TAKEN SO FAR	BY (FRIENDS, FAMILY)
	ACTIONS TAKEN:
	WHEN:

ACTIONS TAKEN SO FAR BY OTHERS	BY (FIRE, RESCUE, LAW)
	ACTIONS TAKEN:
	WHEN:

NOTES	

INCIDENT NAME:	NAME OF MISSING PERSON:	SAR INCIDENT #	DATE:	TIME:
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PERSONALITY HABITS	SMOKE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOW OFTEN: WHAT BRAND:		GUM BRAND:		CANDY BRAND:		
	DRINK: <input type="checkbox"/> YES <input type="checkbox"/> NO HOW OFTEN: WHAT BRAND:		HOBBIES:		LIKES: <input type="checkbox"/> GROUPS <input type="checkbox"/> LONELY		
	ANY CURRENT LOVE OR FAMILY PROBLEMS:			EVIDENCE OF LEADERSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO		TROUBLE WITH LAW: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	RELIGION:	HOW SERIOUS:	WHAT DOES THE PERSON BELIEVE IN:		PERSON CLOSEST TO IN FAMILY:		PERSON CLOSEST TO IN GENERAL:
	WHAT DOES THE PERSON VALUE MOST:			WHERE WAS THE PERSON BORN AND RAISED:		STATUS IN SCHOOL:	
	ANY HISTORY OF DEPRESSION OR RUNNING AWAY: <input type="checkbox"/> YES <input type="checkbox"/> NO MOST RECENT:		ANY RECENT LETTER / E-MAIL: <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THE SUBJECT: <input type="checkbox"/> GIVE UP MENTALLY <input type="checkbox"/> KEEP GOING		WILL THE SUBJECT: <input type="checkbox"/> HOLE UP TO STAY WARM <input type="checkbox"/> KEEP GOING	
	WHO LAST TALKED AT LENGTH WITH SUBJECT:		WHEN / WHERE:		SUBJECT:		

CHILDREN OR SIMILAR PERSONALITY	AFRAID OF DARK: ___ YES ___ NO	OTHER FEARS: WHAT TRAINING REGARDING "WHAT TO DO WHEN LOST": WHAT ARE SUBJECTS ACTIONS WHEN HURT? CRY? HIDE? WILL SUBJECT TALK TO STRANGERS, ACCEPT RIDES?				
	AFRAID OF DOGS: ___ YES ___ NO					
	AFRAID OF HORSES: ___ YES ___ NO					
	AFRAID OF ATV'S: ___ YES ___ NO					
	AFRAID OF CARS: ___ YES ___ NO					
	AFRAID OF PEOPLE: ___ YES ___ NO					
	ANSWER TO SEARCHERS: ___ YES ___ NO					
	HIDE FROM SEARCHERS: ___ YES ___ NO					

FAMILY CONTACT	FATHERS OCCUPATION:		WORK PHONE:		MOTHERS OCCUPATION:		WORK PHONE:		
	PARENTS SEPARATED OR SIMILAR PROBLEM:								
	NAME IF FOUND IN GOOD CONDITION:		PHONE #:	RELATIONSHIP		NAME IF FOUND IN GOOD CONDITION:		PHONE #:	RELATIONSHIP
	NAME IF FOUND IN POOR CONDITION OR DEAD:		PHONE #:	RELATIONSHIP		NAME IF FOUND IN POOR CONDITION OR DEAD:		PHONE #:	RELATIONSHIP