



Lost Person Questionnaire

Investigator

Date	Time	District Mission Number	Recording Official

Source of Information

Name	Address	Town	St
Relationship to Subject	Phone Number	Second Phone	
How / Where to Contact Now	How / Where to Contact Later		
What Informant Believes to Have Happened			

Subject Information

Name	Age	Sex	Nickname(s)		
Home Address	Town		St	Zip	
Local Address	Town		St	Zip	
Home Phone	Local Phone	D.O.B.	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:	Footwear:			Medic-Alert:
<input type="checkbox"/> Beard <input type="checkbox"/> Mustache <input type="checkbox"/> Sideburns <input type="checkbox"/> Glasses <input type="checkbox"/> Jewelry <input type="checkbox"/> Photo Available? <input type="checkbox"/> Return Photo?	<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"/> Smoker <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Gum <input type="checkbox"/> Candy <input type="checkbox"/> A Leader <input type="checkbox"/> A Survivor <input type="checkbox"/> Legal Problems <input type="checkbox"/> Personal Problems <input type="checkbox"/> Hitchhiker <input type="checkbox"/> Religious <input type="checkbox"/> Educated <input type="checkbox"/> Local Hero <input type="checkbox"/> Extravert <input type="checkbox"/> Introvert <input type="checkbox"/> Loner <input type="checkbox"/> Depressed <input type="checkbox"/>
Youth / Child	Equipment			Continue
<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"/> Pack <input type="checkbox"/> Tent <input type="checkbox"/> Sleeping Bag <input type="checkbox"/> Ground Cloth <input type="checkbox"/> Fishing Gear <input type="checkbox"/> Climbing Gear <input type="checkbox"/> Liquid Container <input type="checkbox"/> Fire Starter	<input type="checkbox"/> Stove <input type="checkbox"/> Fuel <input type="checkbox"/> Compass <input type="checkbox"/> Map <input type="checkbox"/> Food <input type="checkbox"/> Knife <input type="checkbox"/> Camera <input type="checkbox"/> Lens	<input type="checkbox"/> Skis <input type="checkbox"/> Snowshoes <input type="checkbox"/> Money <input type="checkbox"/> Credit Cards <input type="checkbox"/> Other Documents <input type="checkbox"/> Rope <input type="checkbox"/> Camp Tools	

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"/> In Area Recently <input type="checkbox"/> Formal Outdoors Training <input type="checkbox"/> Medical Training <input type="checkbox"/> Scouting <input type="checkbox"/> Military <input type="checkbox"/> Overnight <input type="checkbox"/>	
<input type="checkbox"/> Travels Alone <input type="checkbox"/> Stays on Route <input type="checkbox"/> Travels X-C <input type="checkbox"/> Lost Before <input type="checkbox"/> Will Stay Put <input type="checkbox"/> Keeps on Move <input type="checkbox"/> Climber <input type="checkbox"/> Athletic	

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:	Intragroup Dynamics:

Actions Taken So Far

By Family / Friends	By Others