

## LOST/Missing PERSON QUESTIONNAIRE

Note: Use pencil/black ink, print clearly, and avoid confusing phrases, words, and unfamiliar abbreviations. Complete and detail answers for planning and investigative use. Answer ALL questions, if possible.

INCIDENT TITLE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

OFFICER TAKING INFO: \_\_\_\_\_ INCIDENT #: \_\_\_\_\_ SAR Mission #: \_\_\_\_\_

### A. SOURCE(S) OF INFORMATION FOR QUESTIONNAIRE

Name: \_\_\_\_\_ How taken (phone, etc.): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ 2nd phone #: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Where/how to contact now: \_\_\_\_\_ Where/how to contact later: \_\_\_\_\_

What does informant believe happened: \_\_\_\_\_

### B. LOST PERSON

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Nicknames: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Local phone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

DOB: \_\_\_\_\_ Birthplace: \_\_\_\_\_

### C. PHYSICAL DESCRIPTION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Build: \_\_\_\_\_

#### Hair

Color: \_\_\_\_\_ Beard: \_\_\_\_\_

Length: \_\_\_\_\_ Mustache: \_\_\_\_\_

Style: \_\_\_\_\_ Sideburns: \_\_\_\_\_

Facial features/shape: \_\_\_\_\_ Complexion: \_\_\_\_\_ Photo available? \_\_\_\_\_

Where: \_\_\_\_\_ To be returned?: \_\_\_\_\_

Distinguishing marks: \_\_\_\_\_ Overall appearance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. TRIP PLANS OF SUBJECT**

Started at: \_\_\_\_\_ When: \_\_\_\_\_ Time: \_\_\_\_\_  
 Going to: \_\_\_\_\_ Via: \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 \_\_\_\_\_  
 For how long: \_\_\_\_\_ Exit date: \_\_\_\_\_ Group size: \_\_\_\_ Done trip before?: \_\_\_\_\_  
 Transported by whom/means: \_\_\_\_\_  
 Vehicle now located at: \_\_\_\_\_ Type: \_\_\_\_\_ Color: \_\_\_\_\_  
 License #: \_\_\_\_\_ State: \_\_\_\_ Verified: Y N? Who: \_\_\_\_\_  
 Return time: \_\_\_\_\_ From where: \_\_\_\_\_  
 By whom/what: \_\_\_\_\_  
 Additional names, cars licenses, etc. for party: \_\_\_\_\_  
 Alternative plans/routes/objectives discussed : \_\_\_\_\_  
 Discussed with whom: \_\_\_\_\_ When: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. CLOTHING**

Style \_\_\_\_\_ Color \_\_\_\_\_ Size \_\_\_\_\_ Other \_\_\_\_\_  
 Shirt/sweater: \_\_\_\_\_  
 Pants: \_\_\_\_\_  
 Outer wear: \_\_\_\_\_  
 Inner wear: \_\_\_\_\_  
 Head wear: \_\_\_\_\_  
 Rain wear: \_\_\_\_\_  
 Glasses: \_\_\_\_\_  
 Gloves: \_\_\_\_\_  
 Extra clothing: \_\_\_\_\_  
 Footwear: \_\_\_\_\_  
 \_\_\_\_\_  
 Sole type: \_\_\_\_\_ Sample available: \_\_\_\_\_ Where: \_\_\_\_\_  
 Scent articles available: Y N? \_\_\_\_ What: \_\_\_\_\_ Secured?: \_\_\_\_\_ Where 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: \_\_\_\_\_  
Direction of Travel: \_\_\_\_\_ When: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Attitude (confidant, confused, etc.): \_\_\_\_\_  
What was the subject's state of mind?: \_\_\_\_\_  
Subject seem tired: \_\_\_\_\_ Cold/hot: \_\_\_\_\_ Other: \_\_\_\_\_  
Comments: \_\_\_\_\_

### **G. OUTDOOR EXPERIENCE**

Familiar with area?: Y N How recent?: \_\_\_\_\_  
Other places in this area that the subject may want to go: \_\_\_\_\_  
Other areas of travel: \_\_\_\_\_ Formal outdoor training: \_\_\_\_\_  
Degree: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_  
Medical training: \_\_\_\_\_ When: \_\_\_\_\_  
Scouting experience: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_  
How much: \_\_\_\_\_ Scout leader: \_\_\_\_\_  
**Military experience:** Y N? What: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_ Rank: \_\_\_\_\_  
Generalized previous experience: \_\_\_\_\_  
How much overnight experience: \_\_\_\_\_  
Ever been lost before: Y N? Where: \_\_\_\_\_ When: \_\_\_\_\_  
Ever go out alone: \_\_\_\_\_ Where: \_\_\_\_\_  
Stay on trails or X-C: \_\_\_\_\_  
How fast does subject hike: \_\_\_\_\_  
Athletic/other interests: \_\_\_\_\_  
Climbing experience: \_\_\_\_\_  
Comments: \_\_\_\_\_

### **H. HABITS/PERSONALITY**

Smoke: Y N? How often: \_\_\_\_\_ What: \_\_\_\_\_ Brand: \_\_\_\_\_  
Alcohol: \_\_\_\_\_ How often: \_\_\_\_\_ What: \_\_\_\_\_ Brand: \_\_\_\_\_  
Recreational drugs: \_\_\_\_\_ How often: \_\_\_\_\_  
Gum: \_\_\_\_\_ Candy: \_\_\_\_\_ Other: \_\_\_\_\_  
Hobbies/interests: \_\_\_\_\_  
Outgoing/quiet: \_\_\_\_\_ Gregarious/loner: \_\_\_\_\_  
Evidence of leadership: \_\_\_\_\_  
Legal trouble (past/present): \_\_\_\_\_  
Give up easily/keep going: \_\_\_\_\_

Hitchhike: Y N? Accepts ride easily: \_\_\_\_\_  
Personal problems: \_\_\_\_\_  
Religious: Y N? Faith: \_\_\_\_\_ Degree: \_\_\_\_\_  
Personal values: \_\_\_\_\_  
Philosophy: \_\_\_\_\_  
Person closest to: \_\_\_\_\_ In family: \_\_\_\_\_  
Emotional history: \_\_\_\_\_  
Education: Grade: \_\_\_\_\_ Current status: \_\_\_\_\_ Teacher(s): \_\_\_\_\_  
School Name: \_\_\_\_\_ College education: \_\_\_\_\_  
Subject/degree: \_\_\_\_\_ Year: \_\_\_\_\_  
Local/fictional hero: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

### I. HEALTH/GENERAL CONDITION

Overall health: \_\_\_\_\_  
Overall physical condition: \_\_\_\_\_  
Known medical problems: \_\_\_\_\_  
    Knowledgeable doctor: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Handicaps: \_\_\_\_\_  
Known psychological problems: \_\_\_\_\_  
    Knowledgeable person: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Medication: \_\_\_\_\_ Amounts: \_\_\_\_\_  
    Knowledgeable person: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
    Consequence of loss: \_\_\_\_\_  
Eyesight without glasses: \_\_\_\_\_ Spares: Y N?  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J. EQUIPMENT

*Style*                      *Color*                      *Brand*                      *Other*

Pack: \_\_\_\_\_

Tent: \_\_\_\_\_

Sleeping bag: \_\_\_\_\_

Ground cloth: \_\_\_\_\_

Fishing equipment: \_\_\_\_\_

Climbing equipment: \_\_\_\_\_

Liquid container: \_\_\_\_\_ How much fluid: \_\_\_\_\_ What kind: \_\_\_\_\_

Fire starter: Y N? What: \_\_\_\_\_ Light: \_\_\_\_\_ Stove: \_\_\_\_\_ Fuel: \_\_\_\_\_

Compass: \_\_\_\_\_ Map: \_\_\_\_\_ Of where : \_\_\_\_\_

How competent with map/compass: \_\_\_\_\_

Knife: \_\_\_\_\_ Camera: \_\_\_\_\_ Lens: \_\_\_\_\_

Food: \_\_\_\_\_ Brands: \_\_\_\_\_

\_\_\_\_\_

Skis: Type: \_\_\_\_\_ Brand: \_\_\_\_\_ Color: \_\_\_\_\_ Size: \_\_\_\_\_ Bindings: \_\_\_\_\_

Pole type: \_\_\_\_\_ Length: \_\_\_\_\_

How competent: \_\_\_\_\_

Snowshoes: Type: \_\_\_\_\_ Brand: \_\_\_\_\_ Color: \_\_\_\_\_ Size: \_\_\_\_\_ Bindings: \_\_\_\_\_

How competent: \_\_\_\_\_

Firearms: Y N? Brand: \_\_\_\_\_ Model: \_\_\_\_\_ Holster: \_\_\_\_\_

Money: Amount: \_\_\_\_\_ Credit Cards: \_\_\_\_\_

Other documents: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**K. CONTACTS PERSON WOULD MAKE UPON REACHING HELP**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Anyone home now?: \_\_\_\_\_

**L. CHILDREN**

Afraid of dark?: \_\_\_\_\_ Afraid of dogs? \_\_\_\_\_ Afraid of other animals?: \_\_\_\_\_

Other fears: \_\_\_\_\_

Feeling towards adults: \_\_\_\_\_ Strangers: \_\_\_\_\_

Reactions when hurt: \_\_\_\_\_ Cry: \_\_\_\_\_

Training when lost: \_\_\_\_\_

Training for potential predator abductor: \_\_\_\_\_

Active/lethargic/antisocial: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who has been contacted for assistance by the family, friends or reporting party?:

\_\_\_\_\_

\_\_\_\_\_

Has the National Center for Missing and Exploited Children been notified? 1-800-843-5678 \_\_\_\_\_

Has this child been missing before? \_\_\_\_\_ If years where were they located? \_\_\_\_\_

What were the circumstances behind the previous disappearance(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **M. GROUPS OVERDUE**

Name/kind of group: \_\_\_\_\_ Leader: \_\_\_\_\_

Experience of group/leader: \_\_\_\_\_

Address/phone of knowledgeable person: \_\_\_\_\_

Personality clashes within group: \_\_\_\_\_

Leader types other than leader: \_\_\_\_\_

Actions if separated: \_\_\_\_\_

Competitive spirit of group: \_\_\_\_\_ Intra-group dynamics: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

### **N. ACTIONS TAKEN SO FAR**

By: Family/friends: \_\_\_\_\_ Results: \_\_\_\_\_

Others: \_\_\_\_\_ Results: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

### **O. MEDIA/FAMILY RELATIONS**

Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Occupation: \_\_\_\_\_

Person to notify when subject found: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Occupation: \_\_\_\_\_

Significant family problems: \_\_\_\_\_

Family's desire to employ special assistance: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_