

## 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.

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Incident Title: \_\_\_\_\_ Today's date: \_\_\_\_\_ Time: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Incident number: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### B. LOST PERSON

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

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

Local Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Local Phone: \_\_\_\_\_

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

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### C. PHYSICAL DESCRIPTION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Build: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair: Color: \_\_\_\_\_ Length: \_\_\_\_\_ Style: \_\_\_\_\_

Beard: \_\_\_\_\_ Mustache: \_\_\_\_\_ Sideburns: \_\_\_\_\_

Facial features/shape: \_\_\_\_\_ Complexion: \_\_\_\_\_

Distinguishing marks (scars/moles): \_\_\_\_\_

Overall Appearance: \_\_\_\_\_

Photo Available:  Y  N Where: \_\_\_\_\_ Need to be returned:  Y  N

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### 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: \_\_\_\_\_

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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**

	<u>STYLE</u>	<u>COLOR</u>	<u>SIZE</u>	<u>OTHER</u>
Shirt sweater:	_____	_____	_____	_____
Pants:	_____	_____	_____	_____
Outerwear:	_____	_____	_____	_____
Inner wear:	_____	_____	_____	_____
Head wear:	_____	_____	_____	_____
Rain wear:	_____	_____	_____	_____
Glasses:	_____	_____	_____	_____
Gloves:	_____	_____	_____	_____
Extra clothing:	_____	_____	_____	_____
Footwear:	_____	_____	_____	_____
Sole type:	_____	_____	Sample available? <input type="checkbox"/> Y <input type="checkbox"/> 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  
Military Experience?  Y  N What: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_  
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

**Smoke?**  Y  N How often: \_\_\_\_\_ **What:** \_\_\_\_\_ **Brand:** \_\_\_\_\_  
Alcohol?  Y  N How often: \_\_\_\_\_ **What:** \_\_\_\_\_ **Brand:** \_\_\_\_\_  
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 / 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:** \_\_\_\_\_

Known psychological problems: \_\_\_\_\_

Knowledgeable person: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosages: \_\_\_\_\_

Knowledgeable person: \_\_\_\_\_ Phone: \_\_\_\_\_

What will happen without meds: \_\_\_\_\_

Eyesight without glasses: \_\_\_\_\_ Spares?  Y  N Where are spares: \_\_\_\_\_

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

## J. EQUIPMENT

	<u>STYLE</u>	<u>COLOR</u>	<u>BRAND</u>	<u>SIZE</u>
Pack:				
Tent:				
Sleeping Bag:				
Ground Cloth/Pad:				
Fishing Equipment:				
Climbing Equipment:				
Light:				
Knife:				
Camera:				
Stove:		Fuel:	Fire Starter: <input type="checkbox"/> Y <input type="checkbox"/> N	What:
Drinking Liquid Container:		Liquid Amount:	Kind of Liquid?	
Compass:	Map:	Of Where:		
How Competent with Map/Compass:				

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

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

Skiis: 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/Debit Cards: \_\_\_\_\_

Other Documents: \_\_\_\_\_

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

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Anyone Home Now?  Y  N

**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: \_\_\_\_\_  
\_\_\_\_\_

**O. PRESS/FAMILY RELATIONS**

Next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Significant family problems: \_\_\_\_\_  
Family's desire to employ special assistance: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

