

# LOST PERSON CHECK LIST

NOTE: File separate report for each person. Detailed answers are needed to identify clues when found in the field. Place "none", "NA", or "unsure" in blanks as appropriate.

**Part I:** Information critical to immediate decisions and the initiation phases of a search. Record all of Part I information at the time of first notice of a lost or overdue person.

Incident Number:	Date:	Time:
Report Taken By:		
Name of Missing Person:		
Hours Overdue		
Local Address		
Home Address:		
Nicknames:		

## Physical Description

Age:	DOB:	Race:	Color:
Height:		Weight:	Build:
Hair Color:		Hair Length:	Sideburns:
Facial Hair:		Straight/Curly/Wavy	Balding:
Eye Color:		Facial Features	Shape: Complexion:
Any distinguishing marks, scars, tattoos:			
General Appearance:			

## Clothing

Shirt, Sweater	Style	Color
Coat	Style	Color
Rain Gear	Style	Color
Pants	Style	Color
Gloves	Style	Color
Glasses	Style	Color
Shoes	Style	Color
Other Clothing		

## Equipment

Pack	Style	Brand	Color
Tent	Style	Brand	Color
Sleeping Bag	Style	Brand	Color
Food	What	Brands	Amount
Water	Canteen Style	Amount	
Flashlight	Matches	Knife	Map
Compass	Ropes/Hardware	Fishing Equipment	
Firearms	Type	Brand	Ammo.
Camera	Brand	Money	Amount
Snow Shoes	Type	Brand	Binding Type
Ice Axe	Brand	Cover	
Skis	Brand	Length	Color

### Trip Plans

Going to	Via
Purpose	
How Long	How many in group
Group Affiliation	Transportation
Started at	When
Car located at	Type of Car
License	Verified
Alternate car at	Type of Car
License	Verified
Pick up/Return Time	Where

### Last Seen

When	
Where	
By whom	Present
If not present, location	Phone
Going which way	How long ago
Special reason for leaving	
Unusual comments before leaving	
How long overdue	

### Experience

Familiar with area	How recently	
If not local experience in what other areas		
Education in outdoor environment		
First Aid Training		
Scouts	Where	When
Military Service		
How much overnight experience		
Ever been lost before		
Ever go out alone		
How many long trips before		
General athletic condition and abilities		

### Contact Person Would Make Upon Reaching Civilization

Home address	
Phone	Anyone home
Friend	
Home Address	
Phone	
Friend	
Home Address	
Phone	

### Health

General Condition	Physical Handicaps
Medical Problems	
Psychological problems	
Any known external factors that could affect subjects behavior.	
Medications	
Consequences without medication	
Eyesight without glasses	

## Actions Taken So Far

By (Friends, Family)
Actions Taken
When

Part II: Information that may be significant later in the incident. Can be obtained after initial actions are taken and further information on the subject is necessary.

## Personality Habits

Smoke	How often	Brand
Drink	Brand	
Drugs	Type	
Hobbies, interest		
Work		
Outgoing or quiet	Evidence of leadership	
Religion	Serious	
Feeling towards adults		
What does the person value most		
Who is person closest to in the family		
Status in school/work		
Any recent letters		
Give up easy or keep going		
Where was person born and raised		
Any trouble with the law		

## For Children

Afraid of what animals
Afraid of Dark
What training regarding to do when lost
What are persons actions when hurt
Talks to strangers; accepts rides
Active type or lethargic

## For Groups Overdue

Any person clashes in the group
Any strong leaders
What is the competitive spirit of the group
What would actions be if separated
Any persons especially close
What is the experience of the leader and rest of group

## Family (To Prevent Media/Press Complications)

Father's Occupation	
Parents separated/Divorced	
Families desire to employ special assistance	
Name, relationship, address, phone of contact relative if in good condition:	
Name, relationship, address, phone of contact relative if in poor condition or dead.	