



CENTRAL LAKES SEARCH AND RESCUE
 102 8th Street West
 Carlos, MN 56319
 24/7 Emergency Response:
 1-877-SAR-DOGS

LPQ

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Form 9020

Incident Name:	Incident #	Requesting Agency:	Date:
Person Interviewed:	Phone #:	Interviewer:	Phone #:

PART I: INITIAL INFORMATION

DESCRIPTION

Name:		Nickname:	
Street Address:	City:	State:	Zip Code:
Home Phone:	Business Phone:	Mobile/Cell #:	Occupation:
Height:	Weight:	Hair Color:	Length:
Eye Color:	Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No	Style:	Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No
Race:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:	DOB:
Facial Hair: Beard <input type="checkbox"/> Mustache <input type="checkbox"/> Sideburns <input type="checkbox"/>	Body Build: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>		
Stature: Thin <input type="checkbox"/> Average <input type="checkbox"/> Heavy <input type="checkbox"/>	Complexion: Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Red <input type="checkbox"/> Aged <input type="checkbox"/>		
Speech: Accent <input type="checkbox"/> Drawl <input type="checkbox"/> Stutter <input type="checkbox"/> Lisp <input type="checkbox"/>	Languages fluent in: _____ If other: _____		
Manner: Polite <input type="checkbox"/> Gruff <input type="checkbox"/> Nervous <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Excitable <input type="checkbox"/>			
Distinguishing marks or scars & location:			

MEDICAL / PSYCHOLOGICAL STATUS

Physical condition when last seen:	
Any physical handicaps:	
Mental handicaps: Dementia <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Depression <input type="checkbox"/> Development Disability <input type="checkbox"/> Other <input type="checkbox"/>	
Known psychological problems:	
Prescription Medication:	Medium: Oral <input type="checkbox"/> Injection: <input type="checkbox"/> Suppository <input type="checkbox"/>
Type of Medication (list all):	Amount: _____ Next dose due: _____
Results if medication not taken:	How long before symptoms develop? _____
External Factors: Family argument <input type="checkbox"/> Business problems <input type="checkbox"/> Illness <input type="checkbox"/> Marital/relationship problems <input type="checkbox"/>	

CLOTHING

	Style	Color	Brand
Shirt: Long <input type="checkbox"/> Short <input type="checkbox"/>			
Sweater <input type="checkbox"/> Sweatshirt <input type="checkbox"/>			
Pants <input type="checkbox"/> Shorts <input type="checkbox"/> Skirt <input type="checkbox"/>			
Jacket: Heavy <input type="checkbox"/> Light <input type="checkbox"/>			
Rain Gear:			
Head Gear:			
Gloves:			
Shoes <input type="checkbox"/> Sandals <input type="checkbox"/> Boots <input type="checkbox"/>			
Sole Type: Bar <input type="checkbox"/> Broken Bar <input type="checkbox"/> Tire Tread <input type="checkbox"/> Herringbone <input type="checkbox"/> Fishscale <input type="checkbox"/> Diamond <input type="checkbox"/> Honeycomb <input type="checkbox"/>			
Extra Clothes:			
Extra Shoes:			
Scent Articles Available: What: _____ Where: _____	Advised not to touch <input type="checkbox"/>		

EQUIPMENT

	Style	Color	Brand
Cell Phone: GPS capable? <input type="checkbox"/>			
Pack <input type="checkbox"/> Duffle Bag <input type="checkbox"/>			
Tent:			
Sleeping Bag:			
Flashlight <input type="checkbox"/> Lantern <input type="checkbox"/>			
Camera:			
Ski <input type="checkbox"/> Poles <input type="checkbox"/> Snowshoes <input type="checkbox"/>			



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SURVIVAL EQUIPMENT

Food (type & packaging):		Amount:	
Water amount:	Canteen Style:	Matches <input type="checkbox"/>	Lighter <input type="checkbox"/> Knife <input type="checkbox"/> Ropes <input type="checkbox"/> Maps <input type="checkbox"/>
GPS <input type="checkbox"/> Brand:	Style	Compass <input type="checkbox"/> Brand:	Style:
Fishing Equipment <input type="checkbox"/> Type:	Brand:		
Firearms <input type="checkbox"/> Type:	Brand:	Ammo:	

TRIP PLANS

Going to:		Via:	
Purpose:			
How long:		How many in group:	
Group Affiliation:		Group Leader:	
Transportation:		Started from:	
Start Date:	Start Time:	Route:	
Vehicle Type:	Make:	Model:	Color:
Vehicle located at:	License #	Verified by:	
2 nd Vehicle:	Make:	Model:	Color:
Vehicle located at:	License #	Verified by:	
Pickup/Return time:		Where:	

MEMBERS OF THE GROUP

Name:		Name:	
Address:		Address:	
City:	State:	Zip:	City: State: Zip:
Cell Phone:		Cell Phone:	
Point Last Seen:	What Time:	By whom:	
Current Location:		Phone:	
Weather at time last seen:		Going which direction:	
How long overdue:			
Special reason for leaving:			
Unusual comments upon leaving:			

OUTDOORS EXPERIENCE

Familiar with area: Yes <input type="checkbox"/> No <input type="checkbox"/>		How Recently:	
If not local, experience in other areas:			
Taken Outdoor classes <input type="checkbox"/>	When:	Where:	
Taken First Aid <input type="checkbox"/> CPR <input type="checkbox"/>	When:	Where:	
Been in Scouts: Yes <input type="checkbox"/> No <input type="checkbox"/>	When:	Where:	
Military Service: Yes <input type="checkbox"/> No <input type="checkbox"/>	How long ago:	Special Forces Training: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever lost before: Yes <input type="checkbox"/> No <input type="checkbox"/>	Actions taken:		
Ever go out alone: Yes <input type="checkbox"/> No <input type="checkbox"/>	Stay on the trails? Yes <input type="checkbox"/> No <input type="checkbox"/>	Go cross country? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If they take walks as a habit, what direction do they generally take or place do they usually go:			
How many long trips have they taken before:			

CONTACTS THE PERSON WOULD MAKE UPON REACHING CIVILIZATION

Name:		Relationship:	Anyone home: <input type="checkbox"/>
Home Address:		Phone:	
Local contact:	Phone:	Friends:	Phone:
Actions taken so far by friends, family and Law Enforcement:			



PART II: INFORMATION THAT MAY BE SIGNIFICANT LATER IN THE MISSION

PERSONALITY / HABITS

Smoke: Yes <input type="checkbox"/> No <input type="checkbox"/>	How often?	Type:	Brand:
Drink: Yes <input type="checkbox"/> No <input type="checkbox"/>	How often?	Type:	Brand:
Works for spare money:			
Hobbies & Interests:			
Attitude: Outgoing <input type="checkbox"/> Quiet <input type="checkbox"/> Likes groups <input type="checkbox"/> Loner <input type="checkbox"/> Gives up easily <input type="checkbox"/> Keeps trying <input type="checkbox"/> Stops / holes up <input type="checkbox"/>			
Evidence of leadership:			
Ever in trouble with the law? Yes <input type="checkbox"/> No <input type="checkbox"/>	What:		
Current legal problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	What:		
Hitchhikes? <input type="checkbox"/> Accepts rides? <input type="checkbox"/>	Current family/love problems:		
Religion:	Serious about beliefs? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What does person value most:	Who are they closest to in family?		
Where were they born?	Raised?		
History of depression <input type="checkbox"/> Running away <input type="checkbox"/>	Describe:		
Who last talked in length to person?	Subject:		
Any recent letters? Yes <input type="checkbox"/> No <input type="checkbox"/>	Subject:		
Job Status:	Confirmed? <input type="checkbox"/>	Military Status:	Confirmed? <input type="checkbox"/>

QUESTIONS FOR CHILDREN / STUDENTS

Feelings towards adults:	
Problems at school:	
Reactions when hurt:	
What sort of training received about being lost:	
Afraid of: Dogs <input type="checkbox"/> Horses <input type="checkbox"/> Animals (general) <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Describe:	
Will: Talk to strangers <input type="checkbox"/> Accept rides <input type="checkbox"/>	Is: Active / Athletic <input type="checkbox"/> Quiet / Lethargic <input type="checkbox"/>

FOR GROUPS OVERDUE

Any strong leader types who were not the actual group leader:
Experience of the leader and the rest of the group:
Competitive spirit of the group:
What actions taken if separated:
Any of them close friends:

FAMILY INFORMATION

Father's Occupation:		Mother's Occupation:	
Parents separated/divorced?		Other family issues:	
Does family want to employ special assistance in search effort?			
Immediate family member to contact if lost person is found in GOOD CONDITION:			
Name:	Relationship:	Phone:	Alt. Phone:
Address:			
Friend, minister or family member to notify if lost person is found in POOR CONDITION OR DECEASED			
Name:	Relationship:	Phone:	Alt. Phone:
Address:			