



New Mexico Department of Public Safety
Search and Rescue Office
MISSION INITIATOR QUESTIONNAIRE



Mission Initial Personnel

[The Mission Initiator (MI) must make the initial investigation by talking to the Reporting Party (RP) in person and/or going to the scene and must insure that the RP will be available for additional questions from the initial Incident Commander (IC). Only the known responses should be completed. The MI must sign the other side of this form. In the event a Mission is opened, a Mission Number is issued and Search and Rescue personnel are activated, this form must be submitted without delay to the Field Coordinator (FC) who will become the IC.]

New Mexico State Police Notification

District #:	Date:	Time:
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Mission Initiator

Name	Call #	Date	Time	Contact Number(s)
	SP			

Reporting Party # 1

Name:	Agency:	Address:	State:
Date:	Time:	Contact Number(s):	Other Contact:
Reasons for Call to NMSP:			

Reporting Party # 2

Name:	Agency:	Address:	State:
Date:	Time:	Contact Number(s):	Other Contact:
Reasons for Call to NMSP:			

Report from Other Agencies

Name:	Agency:	Contact Person:	State:
Date:	Time:	Contact Number(s):	Other Contact:
Reasons for Call to NMSP:			

First Subject or Group Leader Information

Name	Nickname(s)	Address	State	Local Address
Phone Number(s)		DOB	Age	Gender

Number of Missing Subjects

Names of Additional Missing Subjects

Physical Description of First Subject

Height	Weight	Build	
Hair Color	Facial Hair	Eye Color	
Complexion	Unique Marks	Glasses	

Health Profile *[Explain if Necessary]*

General Condition	Overall Fitness
Medical Condition	Medications
Medic Alert	Hearing
Eyesight	Other Medical Problems
Handicaps	
Physical Condition When Last Seen	

Experience Profile and Equipment Adequacy

Is Subject Experienced? Yes / No / Unknown Does Subject Know the Area? Yes / No / Unknown

Does Subject Have Adequate Clothing and Equipment? Yes / No / Unknown

Additional Significant Subject Information

Point Last Seen / Last Known Point

PLS / Last Seen by		Contact Information	
Direction Seen Leaving		Physical Condition Then	
Departure Attitude		Departure Complaints	
Conversation Topic		Unusual Behavior	
LKP / Found by		Contact Information	
Indicative Clues		Date/Time LKP Found	

Planned Entry To and Exit From Area of Search

Entry		Date and Time	
Exit		Date and Time	

Physical Investigation / Initial Search in Area Immediately Surrounding PLS and/or LKP

PLS	Date:	Time:	Location:
Results:			
LKP	Date:	Time:	Location:
Results:			
Conditions Leading to a Mission:			

Urgency and Priority Considerations

Priority Evaluation	Low	Medium	High
Subject's Age	<input type="checkbox"/> Young Adult	<input type="checkbox"/> Middle Age	<input type="checkbox"/> Very Young or Elderly
Medical Condition	<input type="checkbox"/> Healthy <input type="checkbox"/> Known Fatality		<input type="checkbox"/> Injured, Ill, Physical or Mental Handicap
Number of Subjects	<input type="checkbox"/> Multiple Together	<input type="checkbox"/> Single	
Experience Profile	<input type="checkbox"/> Experienced, Familiar with Area	<input type="checkbox"/> Experienced but Unfamiliar with Area <input type="checkbox"/> Inexperienced but Familiar with Area	<input type="checkbox"/> Inexperienced, Unfamiliar with Area
Weather Conditions	<input type="checkbox"/> Fair	<input type="checkbox"/> Predicted Hazardous Weather	<input type="checkbox"/> Past and/or Existing Hazardous Weather
Equipment Adequacy for Weather and Environment	<input type="checkbox"/> Adequate	<input type="checkbox"/> Questionable	<input type="checkbox"/> Inadequate
Terrain and Hazards		<input type="checkbox"/> Few Hazards	<input type="checkbox"/> Known Dangerous Terrain or Other Hazards

[Except when one or more High Urgency boxes are checked, resulting in an immediate response, a predominance of checked boxes provides an indication of the urgency.]

Urgency and Priority Results: Low Medium High

Mission Activation

Mission Number:	Date:	Time:
-	-	

Mission Termination (If Applicable)

Reasons:	Date:	Time:

[Should a Mission be terminated before an FC has been notified or before the IC has arrived at the Incident Base, this report must be submitted to the NMSAR Resource Officer within two weeks of termination.]

SAR Activation	Name	Date	Time	Contact Number(s)
Field Coordinator				
Area Commander				

This Mission Initiator Questionnaire Was Recorded by:

NMSAR Name	Signature	Call #	Date	Time
		SP		