



New Mexico Department of Public Safety
Search and Rescue Office



SAR INCIDENT REPORT

Incident Number	AFRCC Number

Area Commander	Mission Opened	Mission Closed	Mission Initiator(s)
	Date:		
Field Coordinators	Time		
	Ops SC	Plans SC	Logs SC

Teams Responded:	
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Subject's Name	City	ST

Activity:	Incident	Response	Area Found	Jurisdiction	Subject	Aircraft Used	Suspense

Location Where Subject Was Found

Incident Summary

Report Prepared By	Date Prepared	Total Personnel	Total Manhours

Additional Comments

Required Attachments Checklist	Add These Forms If..	And Add These Forms If..
	Resources were activated and assigned	Mission lasted longer than 12 hours or more than one Operational Period
<p><i>IF Incident Number Assigned but NO Resources Activated</i></p> <p><input type="checkbox"/> NMSAR 300 Mission Report</p> <p><input type="checkbox"/> ICS 214 Unit Log(s)-IC</p>	<p><input type="checkbox"/> NMSAR 301 MI Questionnaire * Completed by FC if MI not availabl</p> <p><input type="checkbox"/> NMSAR 302 IC Questionnaire</p> <p><input type="checkbox"/> NMSAR 310 Communication Lo</p> <p><input type="checkbox"/> ICS 203 Organization Assignment List</p> <p><input type="checkbox"/> ICS 204 Task Assignment(s)</p> <p><input type="checkbox"/> ICS 209 Incident Status Summar</p> <p><input type="checkbox"/> ICS 211 Check-in List</p> <p><input type="checkbox"/> ICS 213 Safety Message</p> <p><input type="checkbox"/> ICS 214 Unit Log(s)-SC</p> <p><input type="checkbox"/> EMS Liability Release(s)</p>	<p><input type="checkbox"/> NMSAR 303 Cover Sheet</p> <p><input type="checkbox"/> ICS 201 Incident Briefing</p> <p><input type="checkbox"/> ICS 202 Incident Objectives</p> <p><input type="checkbox"/> ICS 205 Communication Plan</p> <p><input type="checkbox"/> ICS 206 Medical Plan</p> <p><input type="checkbox"/> NMSAR 308 Incident Action Plan</p> <p>Include Other Forms, Worksheets, Photos, Notes, or Maps as Necessary to Help Document Incident.</p>