

New Mexico Department of Public Safety
Search and Rescue Office
INCIDENT COMMANDER QUESTIONNAIRE

Mission Number

1 - SOURCE OF INFORMATION

Reporting Party # 1

Name:	Agency:	Address:	State:
Date:	Time:	Contact Number(s):	Other Contact:

Reporting Party # 2

Name:	Agency:	Address:	State:
Date:	Time:	Contact Number(s):	Other Contact:

Report from Other Agencies

Name:	Agency:	Contact Person:	State:
Date:	Time:	Contact Number(s):	Other Contact:

2 - ACTIONS TAKEN BY MISSION INITIATOR (MI), INCIDENT COMMANDER (IC), AND/OR OTHER AGENCIES

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:			

Actions Taken To Date by Others

Name:	Relationship to Subject:	Agency:
Date:	Action:	Results:
Time:		
Name:	Relationship to Subject:	Agency:
Date:	Action:	Results:
Time:		
Name:	Relationship to Subject:	Agency:
Date:	Action:	Results:
Time:		

On-Call Area Commander Notification

Name	Contact Number(s)	Date	Time

Other Notifications:

Name	Agency	Date	Time	Contact Number

3 - SUBJECT #1 OR GROUP LEADER INFORMATION

IC QUESTIONNAIRE

Data

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

Physical Description

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

Clothing *(Color/Kind)*

Shirt/ Top	Pants/ Bottom	Foot Wear
Head Wear	Outer Wear	Weather Protection
Gloves	Jewelry	Other

Equipment *(Color/Kind/Brand)*

Pack	Tent/Shelter	Sleeping Bag/Pad
Extra Clothing	Walking Aid	Rain Gear
Fishing Gear	Climbing Gear	Snow Gear
Water	Food	Candy/Gum
Tobacco products	Light Source	Stove
Fuel	Fire Starter	Camp Tools
Map	Compass	GPS
Knife	Firearm	Rope
Cell/Sat Phone	2-way Radio	PLB
Camera	I.D.	Cash
Credit Cards	First-aid Kit	Other

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	

Mental Health Profile *(Explain if Necessary)*

Emotional History	Relevant Medication
Alcohol Use	Recreational Drug Use
Handicaps	Psychological Problems
Personal Problems	Legal Problems
Depressed	Other

Personality *(Explain if necessary)*

Leader	Survivor
Independent	Loner
Shy	Assertive
Interacts With Others	Travels Alone
Risk-Taker	Hitch-Hiker
Other	

Outdoor Experience *(Explain if necessary)*

No Experience	Experienced Hiker
Experienced Camper	Outdoors Training
Scout	Military-Survival Training
Medical Training	Other Training
Familiar With Area	In Area Recently
May Stay on Course	May Travel Cross Country
Will Stay Put	May Keep on Moving
May Build Fire	May Seek Shelter

3 - SUBJECT #1 OR GROUP LEADER INFORMATION (continued)

IC QUESTIONNAIRE

Other Relevant Information *(Explain if necessary)*

Lost Before		Action When Lost Before	
Fears		Pertinent Interests	

If Subject Is a Young Child *(Explain if necessary)*

Safe Word		Parent(s) Name(s)	
Pet(s) Name(s)		Hug-a-Tree Trained	
Fear of Dark		Fear of Animals	
Fear of Strangers		Fear of People in Uniforms	
May Cry		May Hide	

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	

Search Item Availability *(indicate where and when available)*

Photos		Sole Prints or Sample	
Scent Articles		Aircraft Perceptible Articles	

Possible Contacts Upon Leaving Area

Affiliation	Name	Address	State	Phone #

If Group

Kind of Group		Size of Group	
Age Range		Purpose of Trip	
Group Dynamics		Other	

(If several subjects are missing or if a group is missing, complete one of Section 6 - Subject # ___ of ___ Subjects Information for each additional subject or group leader)

4 - SUBJECT'S OR GROUP'S TRIP PLAN

Planned Itinerary

Planned Entry: Location		Date and Time	
Planned Route		Purpose	
Objectives		Length of Stay	
Alternate Plans		Special Attractions	
Alternate Routes		Detours	
Planned Exit: Location		Date and Time	

Transportation to Entry Point *(include accompanying vehicles)*

Type of Vehicle	Make	Year	Color	License / State	Location

Transportation at Exit Point *(include accompanying vehicles)*

Type of Vehicle	Make	Year	Color	License / State	Location

5 - ADDITIONAL INFORMATION

IC QUESTIONNAIRE

**6 - IC PRELIMINARY CONSIDERATIONS
Incident Command Post (ICP)**

ICP Location	
Directions	
Access	
Staging Locations	

Area of Search and Environmental Concerns

Prior Weather		Terrain	
Current Weather		Known Hazards	
Weather Next 24 Hrs		Wildfire Season	
Avalanche Season		Maps	
Primary Jurisdiction		Agency Notification	
Secondary Jurisdiction		Agency Notification	
Other Safety Concerns			

Statistics for Subject's Category: _____ Average Miles from PLS; _____ Most (90%) Miles from PLS

Initial Attack Responders

Kind of Teams	Special Equipment Needed	Number of Teams	Names of Teams
Communication	Special Equipment Needed	Location	Name of Teams

Initial Strategies and Tactics

Incident Commander - All or Part of this Mission Questionnaire Was Recorded by:

Name	Signature	Call #	Date	Time
		SAR		