

**New Mexico Department of Public Safety  
Search and Rescue Office  
AREA COMMANDER REPORT**

	<b>Mission Number</b>	<b>AFRCC Incident Number</b>	<b>AFRCC Mission Number</b>
<b>Opening Date</b>			
<b>Opening Time</b>			

**Initial Contact**

Date	Time	Contacted by

**Mission Summary**


**Mission Category**

<input type="checkbox"/> Land	<input type="checkbox"/> Mine or Cave	<input type="checkbox"/> District 20	<input type="checkbox"/> Water
<input type="checkbox"/> Rescue Only	<input type="checkbox"/> Recovery	<input type="checkbox"/> ELT Only	<input type="checkbox"/> Other

**Urgency Factor**

Op Period 1:	Op Period 2:	Op Period 3:

**Mission Personnel And Resources**

<b>Mission Initiator - Opening</b>		NMSP #	
<b>Mission Initiator - Closing</b>		NMSP #	

**Incident Commanders**

OP	Name	SAR #	Contact Numbers
1			
2			
3			

**ICS Staff**

OP	Ops SC	Plans SC	Logs SC	Comm	Safety	PIO	Liaison	AOBD	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Available Resources**

Name	Type	Name	Type

**Critical Resources**

<input type="checkbox"/> State Satellite Phone	<input type="checkbox"/> Helicopter / Search	<input type="checkbox"/> CAP / Search	<input type="checkbox"/> BoM Rescue Team
<input type="checkbox"/> Cell Repeater	<input type="checkbox"/> Helicopter / Medical	<input type="checkbox"/> CAP / High Bird	<input type="checkbox"/> WIPP Rescue Team
<input type="checkbox"/> NM Command Trailer	<input type="checkbox"/> Helicopter / Transport	<input type="checkbox"/> NM Snow-Cat	<input type="checkbox"/> Dive Team
<input type="checkbox"/> SP Fixed-Wing	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

<b>AREA COMMANDER REPORT</b>	<b>Mission/Incident #:</b>
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<b>Resource Officer Notified</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Objectives and Strategies</b>			
Op Period	1	2	3
Span of Control			
Objectives			
Strategies			

<b>Safety Considerations:</b>

<b>Medical Needs:</b>

<b>Unusual Circumstances:</b>

<b>Agencies Notified:</b>

**Mission Status**

<b>Mission is:</b> <input type="checkbox"/> Closed <input type="checkbox"/> Suspended <input type="checkbox"/> Open
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Reason for Current Status:
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Area of Find:
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Find Date	Find Time	Closure/Suspension Date	Closure/Suspension Time

<b>Lessons Learned:</b>

<b>Unresolved Problems:</b>

<b>Problems Needing Immediate Attention:</b>

<b>Leadership By Incident Commander:</b>

<input type="checkbox"/> Needs ICS Training <input type="checkbox"/> Other Needs:
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<b>Additional Comments:</b>

<b>Area Commander</b>			
Name	Signature	SAR Call #	Date