

New Mexico Department of Public Safety
Search and Rescue Office
IC QUESTIONNAIRE – Additional Subject Supplement

Mission Number

SUBJECT # OF SUBJECTS' INFORMATION

Data

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

Physical Description

Height		Weight		Built	
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 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	
Interact With Others		Travels Alone	
Risk-Taker		Hitch-Hiker	
Other			

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	

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

Family	Name	Address	State	Phone #
Friends	Name	Address	State	Phone #
Neighbors	Name	Address	State	Phone #
Others	Name	Address	State	Phone #

Additional Information

[illegible]