

South Toe Fire and Rescue

Missing Person Report

Date _____
Person Receiving the Report _____

Incident Reported

Name of person reporting the incident _____
Location of person reporting the incident _____
Number of people lost or injured _____

Information About Subject(s)

Name _____ Age _____ Sex _____
Color of Hair _____ Color of Eyes _____ Approx. Weight _____
Approx. Height _____ Description of Clothing _____
Other Distinguishing Features _____
Medical Condition (Known ailments, medications, etc.) _____
Physical Condition (fit, overweight, frail, etc.) _____
Type of Gear or Equipment subject has _____
Kinds of Food, Cigarettes, etc., subject has _____
Name of Friends or Relatives living nearby _____
Address of Friends or Relatives living nearby _____

Where last seen _____
When last seen _____
Direction subject was traveling _____
When was subject to reach destination _____
Familiarity with the area (Have they been there before, did they have maps, etc.) _____

Was subject under any know unusual mental stress _____
Had subject talked about going anywhere other than the destination _____

Has family been contacted (in case of lost persons, to see whether they have returned home)

LOST PERSON REPORT / CHECKLIST

Date _____ Time _____

Report Received By _____ From _____
If by phone (number) _____ Whom _____

LOST PERSON: Name _____

Local Address _____ Phone _____

Home Address _____

Nicknames _____

Alias _____

PHYSICAL DESCRIPTION: Age _____ Sex _____ Race _____ HT _____ WT _____

Build _____

Hair Color _____ Length _____

Sideburns _____ Beard _____

Balding _____

Eyecolor _____ Glasses _____ Regular _____ Sun _____

Facial features/shape _____ Complexion _____

Distinguishing Marks, Scars _____

Disabilities _____

General Appearance _____

Physical Condition _____

Mental Condition _____

Clothing Worn: Hat _____ Style _____ Color _____

Shirt _____ Style _____ Color _____

Sweater _____ Style _____ Color _____

Jacket _____ Style _____ Color _____

Pants _____ Style _____ Color _____

Ringwear _____ Style _____ Color _____

Footwear _____ Style _____ Color _____

Gloves _____ Style _____ Color _____

Equipment: Pack _____ Style _____ Color _____

Fishing Rod _____

Skills _____

Other Equipment carried _____

Trip Plans: Last Seen Point (Be specific) _____

Experience: Familiar with Area _____ How Recently _____

Actions Taken So Far: By (Friends, family, etc.)

What Done _____

When _____

Person Reporting: Name _____

Relationship _____

Address _____

Home Phone _____ Bus. Phone _____

Where can be reached next 12 hours _____

All other in Party:

Name	Address	Phone	Relationship
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Time Dispatch Notified _____	Time Broadcast _____
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Department Case Incident Number _____

DO NOT LOSE CONTACT WITH THE REPORTING PERSON!!!!
