

CHAFFEE COUNTY SHERIFFS PATROL – SEARCH AND RESCUE
INITIAL REPORT AND INFORMATION SHEET

DATE _____ TIME _____ CASE# _____ REPORT TAKEN BY _____
REPORTING PARTY _____ DOB/ _____
PRESENT LOCATION _____ PHONE _____
HOME ADDRESS _____ PHONE _____
RELATIONSHIP TO MISSING/INJURED PERSON _____

MISSING/INJURED PERSON NAME _____ D.O.B. _____
LAST KNOWN LOCATION _____ DESTINATION _____
TIME /DATE LAST SEEN _____ BY WHOM? _____ PHONE _____
LAST HEARD FROM? _____ HOW LONG PARTY OVERDUE? _____
STAYING LOCALLY AT _____ PHONE _____
MISSING/INJURED PERSON ADDITIONAL (home address, etc.) _____
ANY OTHER MISSING/INJURED PARTIES? (USE ADDITIONAL SHEETS FOR OTHER PARTIES) -YES (HOW MANY?) _____ NO _____ UNKN _____
EMERGENCY FAMILY MEMBER CONTACT NAME _____
ADDRESS _____
PHONE NUMBER _____

PHYSICAL DESCRIPTION

AGE _____ RACE _____ SEX: MALE _____ FEMALE _____ HGT _____ WT. _____ EYE COLOR _____ HAIR COLOR _____ LENGTH _____
SCARS, MARKS, TATTOOS? _____ GENERAL PHYSICAL CONDITION _____
MEDICAL PROBLEMS? _____ HOW LONG IN THIS AREA? _____

LAST SEEN WEARING (DESCRIPTION BY STYLE AND COLORS)

SHIRT _____ PANTS _____ JACKET _____ HAT/CAP _____ SWEATER _____ SHOES _____ GLASSES _____
VEST _____ GLOVES _____ RAIN GEAR _____ BACKPACK _____ OTHER _____

VEHICLE DESCRIPTION

MAKE _____ MODEL _____ YEAR _____ COLOR(S) _____ LIC/ _____ STATE _____
VEHICLE PARKED WHERE? (TRAILHEAD?) _____
OTHER VEHICLES IN PARTY? _____

EQUIPMENT AND SUPPLIES MISSING/INJURED PERSON HAD WITH THEM

FOOD (WHAT/HOW MUCH) _____ WATER (HOW MUCH) _____
EXTRA CLOTHING (DESCRIPTION) _____
SLEEPING BAG _____ TENT _____ KNIFE _____ FLASHLIGHT _____ MAPS _____
MATCHES _____ FIRST AID KIT _____ OTHER EQUIPMENT (WEAPONS?) _____
CELLPHONE (GET NUMBER) _____ GPS (GLOBAL POSITIONING SYSTEM) UNIT? _____

ADDITIONAL INFORMATION (SEE BACK OF SHEET)

MISSING/INJURED PERSON'S PERSONAL EXPERIENCE LEVEL

FAMILIAR WITH AREA? _____ LAST TIME IN THAT AREA _____
HOW MUCH OVERNIGHT EXPERIENCE? _____ FIRST AID TRAINING? _____
TAKEN OUTDOOR CLASSES? _____ HOW LONG AGO? _____
ANY SURVIVAL TRAINING? _____ WHERE? _____
EVER BEEN LOST BEFORE? _____ ACTION TAKEN THEN _____
EVER GO OUT ALONE BEFORE ? _____ TAKEN LONG TRIP BEFORE? _____

INFORMAITON ON OTHER PERSONS IN THE GROUP

NAME _____ DOB _____
ADDRESS _____ PHONE NUMBER _____

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VEST _____ GLOVES _____ RAIN GEAR _____ BACKPACK _____ OTHER _____

IF ADDITIONAL PARTIES, COPY BACK OF FORM AND ATTACH

FAX to SAR: BV Bay 395-9102 and Salida Bay

COMPLETED FORM SHOULD BE PUT IN RECORDS FOR PATROL COMMANDER OR UNDERSHERIFF