



# JEFFERSON COUNTY, WASHINGTON SEARCH AND RESCUE MISSION CHECKLIST



STATE SAR MISSION #

<b>① INITIAL REPORT</b> <small>[Additional SUBJECT INFORMATION in part 3 on page 3]</small>				DATE/TIME	
AGE	RACE	GENDER	NAME (include aliases or nicknames)		
HEIGHT	WEIGHT	HAIR	EYES	DOB (or other descriptors)	
HOME ADDRESS			CITY		STATE
WHERE LAST SEEN					
ROAD NAME OR NUMBER (or trail number)			MILE (or reference)	DATE/TIME LAST SEEN	
LAST SEEN BY WHOM			# OF OTHER WITNESSES		
LAST SEEN WEARING					
COAT/JACKET (weather appropriate)			FOOTWEAR (type and tread)		
OTHER EQUIPMENT (Continue in PERSONAL EQUIPMENT in Part 3 next page.)					
MEDICAL CONDITIONS			MEDICATIONS REQUIRED		
MEDICATIONS ON PERSON			EFFECT OF NOT TAKING MEDICATION		
OTHER CONDITIONS AND THREAT FACTORS					
<b>② REPORTING PARTY INFORMATION</b>				RELATIONSHIP OF THE RP TO THE SUBJECT	
NAME (include aliases and nicknames)				DOB	
ADDRESS			CITY		STATE
HOME/CELL PHONE			CALL BACK NUMBER NOW		
PHYSICAL LOCATION REPORTING FROM (For contact by SAR deputy)					

# SEARCH AND RESCUE MISSION CHECKLIST

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<b>③ ADDITIONAL SUBJECT INFORMATION</b>			
PREVIOUS OUTDOOR EXPERIENCE			
FAMILIARITY WITH THE AREA			
PREVIOUS SIMILAR INCIDENTS			
HOBBIES AND SPECIAL INTERESTS			
PHYSICAL LIMITATIONS			
RECENT PERSONAL EVENTS (DIVORCE, LOSS OF JOB, DEATH OF A LOVED ONE, ETC.)			
TYPICAL RESPONSE TO STRESSFUL SITUATIONS			
PHOBIAS OR INORDINATE FEARS			
MENTAL/EMOTIONAL STATE WHEN LAST SEEN			
PERSONAL EQUIPMENT	DESCRIPTION	PERSONAL EQUIPMENT	DESCRIPTION
<input type="checkbox"/> RAINGEAR		<input type="checkbox"/> HAT	
<input type="checkbox"/> BOOTS		<input type="checkbox"/> GLOVES	
<input type="checkbox"/> PACK			
<input type="checkbox"/> TENT/SHELTER			
<input type="checkbox"/> SLEEPING BAG			
<input type="checkbox"/> FOOD AND WATER			
<input type="checkbox"/> FLASHLIGHT			
<input type="checkbox"/> BATTERIES			
<input type="checkbox"/> FIRE STARTER			
<input type="checkbox"/> GPS / COMPASS			
<input type="checkbox"/> MAPS			
<input type="checkbox"/> WHISTLE/SIGNALS			
<input type="checkbox"/> EXTRA CLOTHING			
<input type="checkbox"/> CELL PHONE / RADIO			
<input type="checkbox"/> WEAPON / KNIFE		<input type="checkbox"/>	



