

New Mexico Department of Public Safety  
Search and Rescue Office

## INCIDENT COMMANDER QUESTIONNAIRE

<b>Mission Number</b>
- -

**1 - SOURCE OF INFORMATION**

**Reporting Party # 1**

Name:	Agency:	Address:	State:
Date:	Time:	Contact Number(s):	Other Contact:

**Reporting Party # 2**

Name:	Agency:	Address:	State:
Date:	Time:	Contact Number(s):	Other Contact:

**Report from Other Agencies**

Name:	Agency:	Contact Person:	State:
Date:	Time:	Contact Number(s):	Other Contact:

**2 - ACTIONS TAKEN BY MISSION INITIATOR (MI), INCIDENT COMMANDER (IC), AND/OR OTHER AGENCIES**

**Physical Investigation / Initial Search in Area Immediately Surrounding PLS and/or LKP**

<b>PLS</b>	Date:	Time:	Location:
Results:			
<b>LKP</b>	Date:	Time:	Location:
Results:			
Conditions Leading to a Mission:			

**Actions Taken To Date by Others**

Name:	Relationship to Subject:	Agency:
Date:	Action:	Results:
Time:		
Name:	Relationship to Subject:	Agency:
Date:	Action:	Results:
Time:		
Name:	Relationship to Subject:	Agency:
Date:	Action:	Results:
Time:		

**On-Call Area Commander Notification**

Name	Contact Number(s)	Date	Time

**Other Notifications:**

Name	Agency	Date	Time	Contact Number

**3 - SUBJECT #1 OR GROUP LEADER INFORMATION**

**IC QUESTIONNAIRE**

**Data**

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

**Physical Description**

Height	Weight	Build
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 Health 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
Interacts With Others	Travels Alone
Risk-Taker	Hitch-Hiker
Other	

**Outdoor Experience** (Explain if necessary)

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

**3 - SUBJECT #1 OR GROUP LEADER INFORMATION** (continued)

**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**

<b>PLS</b> / Last Seen by		Contact Information	
Direction Seen Leaving		Physical Condition Then	
Departure Attitude		Departure Complaints	
Conversation Topic		Unusual Behavior	
<b>LKP</b> / 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**

Affiliation	Name	Address	State	Phone #

**If Group**

Kind of Group		Size of Group	
Age Range		Purpose of Trip	
Group Dynamics		Other	

*(If several subjects are missing or if a group is missing, complete one of Section 6 - Subject # \_\_ of \_\_ Subjects Information for each additional subject or group leader)*

**4 - SUBJECT'S OR GROUP'S TRIP PLAN**

**Planned Itinerary**

<b>Planned Entry:</b> Location		Date and Time	
<b>Planned Route</b>		Purpose	
Objectives		Length of Stay	
Alternate Plans		Special Attractions	
Alternate Routes		Detours	
<b>Planned Exit:</b> Location		Date and Time	

**Transportation to Entry Point** *(include accompanying vehicles)*

Type of Vehicle	Make	Year	Color	License / State	Location

**Transportation at Exit Point** *(include accompanying vehicles)*

Type of Vehicle	Make	Year	Color	License / State	Location



**7 - SUBJECT # OF SUBJECTS' INFORMATION**  
**Data**

**IC QUESTIONNAIRE**

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	

**Outdoor Experience (Explain if necessary)**

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

