

**New Mexico Department of Public Safety
Search and Rescue Office
AREA COMMANDER REPORT**

	Mission Number	AFRCC Incident Number	AFRCC Mission Number
	- -		
Opening Date			
Opening Time			

Initial Contact

Date	Time	Contacted by

Mission Summary

Mission Category

<input type="checkbox"/> Land	<input type="checkbox"/> Mine or Cave	<input type="checkbox"/> District 20	<input type="checkbox"/> Water
<input type="checkbox"/> Rescue Only	<input type="checkbox"/> Recovery	<input type="checkbox"/> ELT Only	<input type="checkbox"/> Other

Urgency Factor

Op 1:	Op Period 2:	Op Period 3:

Mission Personnel And Resources

Mission Initiator - Opening		NMSP #	
Mission Initiator - Closing		NMSP #	

Incident Commanders

OP	Name	SAR#	Contact Numbers
1			
2			
3			

ICS Staff

OP	Ops SC	Plans SC	Logs SC	Comm	Safety	PIO	Liaison	AOBD	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Available Resources

Name	Type	Name	Type

Critical Resources

<input type="checkbox"/> State Satellite Phone	<input type="checkbox"/> Helicopter / Search	<input type="checkbox"/> CAP / Search	<input type="checkbox"/> BoM Rescue Team
<input type="checkbox"/> Cell Repeater	<input type="checkbox"/> Helicopter / Medical	<input type="checkbox"/> CAP / High Bird	<input type="checkbox"/> WIPP Rescue Team
<input type="checkbox"/> NM Command Trailer	<input type="checkbox"/> Helicopter / Transport	<input type="checkbox"/> NM Snow-Cat	<input type="checkbox"/> Dive Team
<input type="checkbox"/> SP Fixed-Wing	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

AREA COMMANDER REPORT	Mission/Incident #:
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Resource Officer Notified	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Objectives and Strategies			
O P	1	2	3
Span of Control			
Objectives			
Strategies			

Safety Considerations:

Medical Needs:

Unusual Circumstances:

Agencies Notified:

Mission Status

Mission is: <input type="checkbox"/> Closed <input type="checkbox"/> Suspended <input type="checkbox"/> Open

Reason for Current Status:

Area of Find:

Find Date	Find Time	Closure/Suspension Date	Closure/Suspension Time

Lessons Learned:

Unresolved Problems:

Problems Needing Immediate Attention:

Leadership By Incident Commander:

<input type="checkbox"/> Needs ICS Training <input type="checkbox"/> Other Needs:

Additional Comments:

Area Commander			
Name	Signature	SAR Call #	Date