



# MISSING PERSON QUESTIONNAIRE

This form is designed to collect information about a missing person. Please provide as much accurate and detailed information possible. This will help us in locating the missing outdoor enthusiast.

WSI Case Number:

## RESPONDING AGENCY

Case Name/Number:

Agency:

Date:

Time:

County:

Interviewer's Name:

Title:

Contact Phone Number:

Email:

## REPORTING PARTY

Full Name:

Cell Number:

Relationship to missing person:

Email Address:

Date Reported:

Time Reported:

### Parents/Immediate family of subject:

Full Name:

Cell Number:

Email Address:

## SUBJECT INFORMATION

Single      Married      Divorced      Widowed

Full Name:

Known As:

"SAFE" Word:

Date of Birth:

Gender:

Height:

Weight:

Hair color:

Eye color:

Ethnicity:

Identifying marks:

Tattoos/Piercings:

Smoker: Yes      No      Brand:

Spouse's Name:

Cell number:

Email address:

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## SUBJECT CLOTHING AND EQUIPMENT

- Top: (MFG, model/color):
- Pants: (MFG, model/color):
- Sweater: (MFG, model/color):
- Socks: (MFG, model/color):
- Shoes/Boots: (MFG, model/color):
- Shoes/Boots: (Size):
- Jacket: (MFG, size, model/color):
- Gloves: (MFG, size, model/color):
- Hat/Cap/Scarf: (MFG, size, model/color):
- Rain Gear: (MFG, size, model/color):
- Pack: (MFG, size, model/color):
- Tent: (MFG, size, model/color):
- Sleeping Bag: (MFG, size, model/color):
- Camp Stove: (MFG, size, model/color):
- Food: (MFG, Meal types)
- Clothing worn last seen:
- Accompanied by animals? Describe:

Electronic Devices:			Battery			
Carried?	Yes	Type	Status	Spare?	Type	Last charged or changed
Cell phone						
GPS						
Radio						
Beacon						
Location service						
Project Lifesaver						

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## SUBJECT CLOTHING AND EQUIPMENT (CONT)

Cell phone number:

Pin/Password:

Cell phone make/model/color:

Attempted to call? Yes No Left message? Yes No

Text message sent? Yes No What was text message?

### GPS settings:

GPS Datum: Able to set waypoints? Yes No Record routes? Yes No

Able go to waypoints? Yes No Download routes? Yes No

Is computer to which waypoints & routes downloaded available? Yes No

Computer password/Pin:

Radio make/model:

Radio PL/CG used? Check-in time/interval:

Beacon number: Registered? Yes No

Web password:

Other Equipment: (Item, MFG, Color, ETC.):

## SUBJECT'S LAST KNOWN INFORMATION

Point Last Seen (PLS): (GPS Waypoint/Coordinates minimum)

Last Known Point (LKP): (GPS Waypoint/Coordinates minimum)

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## Email address:

If so, what/where searched (attach detailed maps):

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## SUBJECT'S EXPERIENCE

Years of experience:

Has this person been the subject of a search in the past?

If so, describe dates(s), circumstances of loss, how long missing, when found, where found, condition when found and actions taken by subject while missing (if known). Lost in group? Contacts for others in group.

Additional information and comments:

## SUBJECT'S PHYSICAL HEALTH

General physical condition:

Disabilities:

Known medical problems:

Recent injuries or trauma:

Recent complaints (including colds):

Pregnant?

How long?

Menstruating?

## SUBJECT'S VISION

Glasses?

Contacts?

Type of contacts:

Time stay in?

Glasses color/style:

Spare glasses/contacts?

Corrected vision?

Uncorrected vision?

Color blindness?

Type of color blindness:

Night problems?

Other visual problems?

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## SUBJECT'S MENTAL/EMOTIONAL HEALTH

General mental health:

Known mental issues:

Suicidal? Previous attempts (explain):

Is subject dangerous to self or others? Explain:

Does subject have access to or carrying a weapon?

Are all weapons accounted for? Ammunition?

Fears and phobias:

## SUBJECT'S MEDICATIONS

Medication, strength, dosage, number of pills, affect if not taken, lethal dose?

## IDENTIFICATION

Drivers license State:

Other identification:

Is subject enrolled in Medic Alert + Safe Return or similar program? Describe:

Electronic tracking device? Describe:

## FINANCES

Has any bank account been used since subject was reported missing? (Checking, Savings, Charge cards)  
Explain:

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## SPECIAL INTERESTS

Experience in the outdoors, backcountry:

Survival training/experience? First-Aid training experience?

Favorite places to visit:

Athletic ability, mobility:

Swimmer/ability/non-swimmer:

Active/outgoing or quiet/withdrawn:

Attitude towards authority:

## PERSONAL

Recent, current or anticipated financial, legal or other problems?

Who does subject confide in and/or whom does subject frequently talk to on the phone?

Full name:

Cell phone number:

Email address:

Full name:

Cell phone number:

Email address:

Full name:

Cell phone number:

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## PERSONAL (CONT)

Who last talked with subject at length?

Full name:

Cell phone number:

Email address:

When and what was topic?

Does subject like animals?

Reaction to dogs, horses?

Recent letters or writings?

Does subject keep diary/journal/bible/blog/Facebook, ETC? (screen name/aliases, passwords):

Does subject drink or use illegal drugs? (describe in detail):

Extra notes:

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