

STATE OF WASHINGTON

SEARCH AND RESCUE MISSION DATA SHEET

In accordance with WAC 118-04-400, send this completed form and other mission information within 15 working days to: State SAR Coordinator, Emergency Management Division, Washington Military Department, Camp Murray, WA 98430-5122.

RESPONSIBLE AGENCY: _____ INCIDENT COMMANDER: _____ PHONE: _____

DATE OF MISSION: ____/____/____ TIME: _____ MISSION NUMBER: _____
mo day yr 24 hour clock Local State AFRC Other

SUBJECT INFORMATION

Place Injured or Last Known Position: USNG: _____; Lat _____ N, Long _____ W; T _____ R _____ S _____
Degrees/Minutes.Minutes Degrees/Minutes.Minutes Township Range Section

Location Common Name: _____

Category:

- Aircraft, Deceased, Horseback, Motorcycle, Raft, Vehicle, Alzheimer, Despondent, Hunter, Mountain Bike, Retarded, Walkway, Boater, Elderly, Injured, Overdue, Downhill Skier, XC Skier, Camper, Fisherman, Intentional, Photographer, Snowmobile, Other, Child, Handicapped, Lost, Picker, Swimmer, Climber, Hiker

Cause:

- Alcohol, Drugs, Got Lost, Poor Equipment, Unknown, Change/Weather, Equipment Failed, Inexperience, Poor Fitness, Weather, Darkness, Fall, Injury, Poor Supervision, Other, Despondent, Falling Object, Mental, Separation

Behavior:

- Built Fire, Followed Terrain, Moved During Night, Stayed Put, Unknown, Constructed Shelter, Headed to Civilization, Moved Uphill, Stayed on Road, Wandered, Did Nothing, Moved During Day, Panicked, Stayed on Trail, X-Country, Discarded Gear, Moved Downhill, Signaled for Help, Used Travel Aids

Subjects:

- 1. Name: _____ Address: _____ Phone #: _____ Sex: _____ Age: _____
2. Name: _____ Address: _____ Phone #: _____ Sex: _____ Age: _____
3. Name: _____ Address: _____ Phone #: _____ Sex: _____ Age: _____
4. Name: _____ Address: _____ Phone #: _____ Sex: _____ Age: _____

Subject Realized Lost Date: _____ Time (24-hr): _____ Time Subject Found Date: _____ Time (24-hr): _____
Subject Reported Missing Date: _____ Time (24-hr): _____ Total Search Time Days: _____ Hours: _____
Call-Out Initialed Date: _____ Time (24-hr): _____ Total Time Lost Days: _____ Hours: _____
Resources Arrival at LKP Date: _____ Time (24-hr): _____

SEARCH AREA INFORMATION

Weather:

- Clear, Fog, Overcast, Partly Cloudy, Stormy, Temperature, Wind/mph, Rain, Snow, High, Low, High, Low, Occasional, Drizzle, Heavy, Occasional, Light, Heavy, Depth, Visibility: Distance

Terrain:

- Topography, Mountain, Ground Cover, Water, Timber, Elevation, Urban, Prairie, 0, Light, Moderate, Dense, Height, Canal, Lake, River, Sound, Ocean, Dense, Moderate, None, Some

SEARCH AND RESCUE MISSION DATA SHEET (Continued)(State Mission # _____ - _____)

RESPONSE

- Search Rescue Recovery

Tactics:

- | | | | | |
|--|---|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Air Scent Dog | <input type="checkbox"/> Confinement | <input type="checkbox"/> Helicopter | <input type="checkbox"/> Raft | <input type="checkbox"/> Tracking |
| <input type="checkbox"/> Attraction | <input type="checkbox"/> Diver | <input type="checkbox"/> Horseback | <input type="checkbox"/> Road Search | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> ATV | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Snowmobile | |
| <input type="checkbox"/> Boat | <input type="checkbox"/> Ground Scent Dog | <input type="checkbox"/> Mountain Bike | <input type="checkbox"/> Sweep | |
| <input type="checkbox"/> Closed Grid | <input type="checkbox"/> Hasty Team | <input type="checkbox"/> Open Grid | | |

Clues Found By:

- | | | | | |
|--|---|-------------------------------------|--|---|
| <input type="checkbox"/> Air Scent Dog | <input type="checkbox"/> Closed Grid | <input type="checkbox"/> Hasty Team | <input type="checkbox"/> Mountain Bike | <input type="checkbox"/> Sweep |
| <input type="checkbox"/> Attraction | <input type="checkbox"/> Confinement | <input type="checkbox"/> Helicopter | <input type="checkbox"/> Open Grid | <input type="checkbox"/> Statistical Data |
| <input type="checkbox"/> ATV | <input type="checkbox"/> Diver | <input type="checkbox"/> Horseback | <input type="checkbox"/> Raft | <input type="checkbox"/> Trackers |
| <input type="checkbox"/> Behavioral Data | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Interview | <input type="checkbox"/> Repeat Search | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Boat | <input type="checkbox"/> Ground Scent Dog | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Snowmobile | <input type="checkbox"/> Other _____ |

Subject Found By:

- | | | | | |
|--|---|--|--|--------------------------------------|
| <input type="checkbox"/> Air Scent Dog | <input type="checkbox"/> Confinement | <input type="checkbox"/> Hasty Search | <input type="checkbox"/> Non SAR Personnel | <input type="checkbox"/> Sweep |
| <input type="checkbox"/> Attraction | <input type="checkbox"/> Diver | <input type="checkbox"/> Helicopter | <input type="checkbox"/> Open Grid | <input type="checkbox"/> Tracking |
| <input type="checkbox"/> ATV | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Horseback | <input type="checkbox"/> Raft | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Boat | <input type="checkbox"/> Friends | <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Relatives | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Closed Grid | <input type="checkbox"/> Ground Scent Dog | <input type="checkbox"/> Mountain Bike | <input type="checkbox"/> Snowmobile | |

MISSION SUSPENTION/TERMINATION

Reason:

- | | | | | |
|---|---|---|---|--------------------------------------|
| <input type="checkbox"/> Authority Decision | <input type="checkbox"/> Family | <input type="checkbox"/> Lack of Clues/Evidence | <input type="checkbox"/> Subj. not in Search Area | <input type="checkbox"/> Weather |
| <input type="checkbox"/> False Report | <input type="checkbox"/> Hazards to Searchers | <input type="checkbox"/> Subject Found | <input type="checkbox"/> Survivability | <input type="checkbox"/> Other _____ |

Subject Found:

- | | | | | |
|-----------------------------------|--------------------------------------|---|---|-------------------------------|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Hypothermia | <input type="checkbox"/> Major Injuries | <input type="checkbox"/> Minor Injuries | <input type="checkbox"/> Well |
|-----------------------------------|--------------------------------------|---|---|-------------------------------|

Distance from Last Known Position: Miles _____; Tenths _____
 Elevation difference from Last Known Position: _____ ft. to _____ ft.

REMARKS

Resources Used:

| | Unit | Personnel | Hours | Miles |
|---|------|-----------|-------|-------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

Comments, Observations, Problems:

Report Prepared By: _____ Title: _____

Signature: _____ Date: _____

Agency: _____

ATTACH COPY OF MAP AND ROSTER OF RESPONDERS (EMD-078)