## MISSING PERSON QUESTIONNAIRE



DATE PREPARED: \_\_\_\_\_-20\_\_\_\_ PAGE 1 OF 4

TIME PREPARED: \_\_\_\_\_ hours

.....

\_ hours

TASK NAME:

SUBJECT \_\_\_\_ OF \_\_\_\_

INTERVIEWED BY:

REVISED: \_\_\_\_ - \_\_\_\_ -20\_\_\_\_\_

INCIDENT#:

- REPORTING PARTY INFORMATION -				
FIRSTNAME:		STREET:		
LASTNAME:		CITY:		
RELATIONSHIP:		STATE: ZIP:		
HOMEPHONE:		ALT.PHONE:		
ADDITIONAL INFORMANTS/ WITNESSES:	NAME:	NAME:	NAME:	
	PHONE:	PHONE:	PHONE:	

- MISSING PERSON INFORMATION -									
FIRSTNAME:			STREET AD	STREET ADDRESS:					
MIDDLENAME:			CITY:	CITY:					
LASTNAME:			STATE:	STATE: ZIP:					
ANSWERS TO:			HOMEPHO	HOMEPHONE:			CELLPHONE:		
VEHICLE MODEL:			ALT.PHONE	ALT.PHONE: PAGER:					
VEHICLE COLOR:			EMPLOYER	EMPLOYER/SCHOOL:					
LICENSE PLATE:			STREET:	STREET:					
COMMENTS (e.g. 'CODE' NAME IF CHILD):			CITY:						
			STATE:		ZIP:				
			PHONE:	PHONE: ALT.PHONE:					
			SUPERVIS	SUPERVISOR:					
DATE OF BIRTH:20 AGE:		SEX:	HEIGH	IT: WEIGHT:		lbs.			
RACE:	EYE COLOR:		HAIRSTYLE/ COLOR/LENGTH:						
COMPLEXION:			FIRST LAN	FIRST LANGUAGE:					
DISTINGUISHING MARKS:			SCARS/TA	SCARS/TATTOOS/PIERCINGS:					
MEDICAL HISTORY:									
MEDICATION REQUIDURATION OF SUPF		ON HANI	D						
RECENT/CURRENT ILLNESS(ES):									
FITNESS LEVEL:	DBACCO USE	(Yes)	BRAND:			ICS 302			
Updated: 07/2010 EMSA 1									

MISSING PERSON QUESTIONNAIRE (Continued)					PAGE 2 OF 4	4	
ALLERGIES: ETOH/HNS:							
FEARS/PHOBIAS:							
MENTAL ATTITUDE:							
FINANCIAL SITUATION:							
CRIMINAL HISTORY:							
HOBBIES/INTERESTS:							
- M	IISSING	PERSON'S CL	OTHING AND EQU		IT -		
SHOES: SIZE:		SOCKS:		JEWEI	ELLERY:		
COLOR: SOLE PATT	ERN:	COLOR:					
PANTS:		SHIRT:			WEATSHIRT:		
COLOR: JACKET:		COLOR:	RAINGEAR:	COLOR			
		COLOR:					
COLOR: HAT:			GLOVES:				
COLOR:			COLOR:				
ADDITIONAL CLOTHING:							
COLOR:							
RADIO/CELLPHONE:	MAP/GL	JIDE:	GPS/COMPASS:		FLASHLIGHT:		
STOVE:	TENT:		WHISTLE/MIRROR:		PACK:		
	COLOR:				COLOR:		
ADDITIONAL EQUIPMENT:							
FOOD/ DRINK (TYPE/BRAND/QUANTITY):							
- POINT LAST SEEN -							
DATE LAST SEEN: 20  TIME LAST SEEN:  hours					hours		
POINT LAST SEEN:			DIRECTION:				
MAP:	GRID REFI	ERENCE:			ICS :	302	

MISSING PERSON QUESTIONNAIRE (Continued)					3 OF 4	
NAME OF OTHER	#	NAME OF WITNESS	LOCATION SUBJE	CT SEEN	TIME SEEN	
PERSON(S) WHO SAW OR MIGHT HAVE SEEN THE SUBJECT AT OR NEAR THIS TIME:	1					
	2					
	3					
	4					
	5					
LOCATION OF VEHIC	CLE	(TRANSPORTATION):	-			
INTENDED ROUTE/D	DEST	INATION/ACTIVITY:				
WEATHER AT TIME I	LAS	T SEEN:			hours	
PREDICTED WEATH	ER:				hours	
COMMENTS (DISPOSI	TION	/PERSONALITY; RELATIONSHIP WITH	SPOUSE/FAMILY/FRIEN	IDS ETC.):		

- MISSING PERSON'S NEXT OF KIN -					
FIRSTNAME:		STREET:			
LASTNAME:		CITY:			
RELATIONSHIP:		STATE:	ZIP:		
HOMEPHONE:		ALT.PHONE:			
ADDITIONAL WITNESSES/ FRIENDS	NAME:	NAME:	NAME:		
	PHONE:	PHONE:	PHONE:		
AVAILABILITY OF PHOTOGRAPH(S)?					

## MISSING PERSON QUESTIONNAIRE (Continued)

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MAP:



SCARS/TATTOOS/PIERCINGS:

