



## Wirt County OES Missing Person Questionnaire

*Note: Use pencil/black ink, print clearly, and avoid confusing phrases, words, and unfamiliar abbreviations.  
Complete and detail answers for planning and investigative use.  
Answer ALL questions, if possible.*

INCIDENT TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
OFFICER TAKING INFO: \_\_\_\_\_ INCIDENT #: \_\_\_\_\_ SAR Mission #: \_\_\_\_\_

### A. SOURCE(S) OF INFORMATION FOR QUESTIONNAIRE

Name: \_\_\_\_\_ How Info Taken: Phone / In Person  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (     ) \_\_\_\_\_ 2nd phone #: (     ) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Where/how to contact now: \_\_\_\_\_  
Where/how to contact later: \_\_\_\_\_  
What does informant believe happened: \_\_\_\_\_  
\_\_\_\_\_

### B. LOST PERSON

Name: \_\_\_\_\_ Sex: M / F Nickname(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone #: (     ) \_\_\_\_\_ Local #: (     ) \_\_\_\_\_ Cell #: (     ) \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Single / Engaged / Married / Separated / Divorced / Widow / Widower  
Work History/Profession(s): \_\_\_\_\_

### C. PHYSICAL DESCRIPTION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Complexion: \_\_\_\_\_  
Facial features/shape: \_\_\_\_\_ Photo available: Y / N  
Where is Photo: \_\_\_\_\_ Photo to be returned: Y / N  
Distinguishing marks: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Facial Hair: \_\_\_\_\_ Glasses: Y / N  
Jewelry: \_\_\_\_\_ Tattoos: \_\_\_\_\_  
Overall appearance: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### D. TRIP PLANS OF SUBJECT

Started at: \_\_\_\_\_ When: \_\_\_\_\_ Time: \_\_\_\_\_  
Going to: \_\_\_\_\_ Via: \_\_\_\_\_  
Purpose: \_\_\_\_\_

For how long: \_\_\_\_\_ Exit date: \_\_\_\_\_ Group size: \_\_\_\_\_  
Done trip before: Y / N Transported by whom/means: \_\_\_\_\_  
Vehicle now located at: \_\_\_\_\_ Type: \_\_\_\_\_  
Color: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_ Verified: Y / N  
Who: \_\_\_\_\_ Return time: \_\_\_\_\_  
From where: \_\_\_\_\_  
By whom/what: \_\_\_\_\_  
Additional names, cars licenses, etc. for party: \_\_\_\_\_  
Alternative plans/routes/objectives discussed: \_\_\_\_\_  
Discussed with whom: \_\_\_\_\_ When: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### E. CLOTHING

(Style, Color, Size, Other)

Shirt/sweater: \_\_\_\_\_  
Pants: \_\_\_\_\_  
Outer wear: \_\_\_\_\_  
Inner wear: \_\_\_\_\_  
Head wear: \_\_\_\_\_  
Rain wear: \_\_\_\_\_  
Glasses: \_\_\_\_\_  
Gloves: \_\_\_\_\_  
Extra clothing: \_\_\_\_\_  
Footwear: \_\_\_\_\_  
Sole type: \_\_\_\_\_ Sample available: \_\_\_\_\_ Where: \_\_\_\_\_  
Scent articles available: Y / N What: \_\_\_\_\_ Secured: Y / N Where now: \_\_\_\_\_  
Overall coloration as seen from air: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### F. LAST SEEN

Time: \_\_\_\_\_ Where: \_\_\_\_\_  
Why/How: \_\_\_\_\_  
Seen by whom: \_\_\_\_\_ Location now: \_\_\_\_\_  
Who last talked at length with person: \_\_\_\_\_  
Where: \_\_\_\_\_ Subject matter: \_\_\_\_\_  
Weather at time: \_\_\_\_\_ Weather since: \_\_\_\_\_  
Direction of Travel: \_\_\_\_\_ When: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Attitude (confidant, confused, etc.): \_\_\_\_\_  
What was the subject's state of mind: \_\_\_\_\_  
Subject seem tired: \_\_\_\_\_ Cold/hot: \_\_\_\_\_ Other: \_\_\_\_\_  
Equipment: Pack, Tent, Sleeping Bag, Compass, Map, Food, Stove, Knife, Rope, Wallet/Purse, Etc.  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### G. OUTDOOR EXPERIENCE

Familiar with area: Y / N How recent: \_\_\_\_\_  
Other places in this area that the subject may want to go: \_\_\_\_\_  
Other areas of travel: \_\_\_\_\_  
Formal outdoor training: Y / N Level: Advanced / Intermediate / Basic  
Where: \_\_\_\_\_ When: \_\_\_\_\_  
Medical training: Y / N Level: Advanced / Intermediate / Basic When: \_\_\_\_\_  
Scouting experience: Y / N When: \_\_\_\_\_  
Where: \_\_\_\_\_ Level: Advanced / Intermediate / Basic  
**Military experience:** Y / N What: \_\_\_\_\_ When: \_\_\_\_\_  
Where: \_\_\_\_\_ Rank: \_\_\_\_\_  
Generalized previous experience: \_\_\_\_\_  
How much overnight experience: \_\_\_\_\_  
Ever been lost before: Y / N Where: \_\_\_\_\_ When: \_\_\_\_\_  
Ever go out alone: Y / N Where: \_\_\_\_\_  
Stay on trails or X-Country: \_\_\_\_\_  
How fast does subject hike: \_\_\_\_\_ Athletic/other interests: \_\_\_\_\_  
Climbing experience: Y / N Level: Advanced / Intermediate / Basic  
Hunter: Y / N Type: Bow / Musket / Rifle Favorite Animal To Hunt: Deer / Turkey / \_\_\_\_\_  
If child: Afraid of dark, Afraid of Animals, Afraid of Strangers, Hides When Afraid, Favorite Toy  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### H. HABITS/PERSONALITY

Smoke: Y/N How often: \_\_\_\_\_ What: \_\_\_\_\_ Brand: \_\_\_\_\_  
Alcohol: Y/N How often: \_\_\_\_\_ What: \_\_\_\_\_ Brand: \_\_\_\_\_  
Recreational drugs: Y/N What type: \_\_\_\_\_ How often: \_\_\_\_\_  
Gum: \_\_\_\_\_ Candy: \_\_\_\_\_ Favorite snack/food: \_\_\_\_\_  
Other: \_\_\_\_\_  
Hobbies/interests: \_\_\_\_\_  
Outgoing/quiet: \_\_\_\_\_ Gregarious/loner: \_\_\_\_\_ Evidence of leadership: \_\_\_\_\_  
Legal trouble (past/present): \_\_\_\_\_  
Give up easily/keep going: \_\_\_\_\_ Hitchhike: Y / N Accepts ride easily: Y / N  
Religious: Y / N Faith: \_\_\_\_\_ Pastor/Preacher/Priest: \_\_\_\_\_  
Pastor/Preacher/Priest Contact: \_\_\_\_\_  
Personal problems: \_\_\_\_\_  
Personal values: \_\_\_\_\_  
Philosophy: \_\_\_\_\_  
Person closest to: \_\_\_\_\_ In family: \_\_\_\_\_  
Emotional history: \_\_\_\_\_  
Education: Grade: \_\_\_\_\_ Current status: \_\_\_\_\_ School Name: \_\_\_\_\_  
College education: \_\_\_\_\_ Subject/degree: \_\_\_\_\_ Year: \_\_\_\_\_  
Local/fictional hero: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I. HEALTH/GENERAL CONDITION

Overall health: \_\_\_\_\_ Overall physical condition: \_\_\_\_\_  
Known medical problems: \_\_\_\_\_  
Knowledgeable doctor: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_  
Disabilities: \_\_\_\_\_  
Known psychological problems: \_\_\_\_\_  
Knowledgeable person: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_  
Medication: \_\_\_\_\_ Amounts: \_\_\_\_\_  
Knowledgeable person: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_  
Consequence of loss: \_\_\_\_\_  
Eyesight without glasses: \_\_\_\_\_ Spares: Y / N  
Agitated easily: Y / N Violent towards other: Y / N Suffer from delusions: Y / N  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### J. Distribution

Title	Name	Date/Time	Signature
Incident Commander			
Operations Chief/ Search Manager			
Planning Chief			
Logistics Chief			
Admin/Finance Chief			
Safety Officer			
Public Info Officer			
SAR Team 1 Leader			
SAR Team 2 Leader			
SAR Team 3 Leader			
SAR Team 4 Leader			
SAR Team 5 Leader			
SAR Team 6 Leader			
SAR Team 7 Leader			
SAR Team 8 Leader			
SAR Team 9 Leader			
SAR Team 10 Leader			



## **Wirt County OES Missing Person Questionnaire**

### **K. SAR Resources**