

STATE OF WASHINGTON

SEARCH AND RESCUE MISSION DATA SHEET

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

RESPONSIBLE AGENCY: \_\_\_\_\_ INCIDENT COMMANDER: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF MISSION: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_\_ MISSION NUMBER: \_\_\_\_\_
mo day yr 24 hour clock Local State AFRCR Other

SUBJECT INFORMATION

Place Injured or Last Known Position: UMS - Grid: SEA \_\_\_\_\_; Lat \_\_\_\_\_ N Long \_\_\_\_\_ W; T \_\_\_\_\_ R \_\_\_\_\_ S \_\_\_\_\_
Degrees/Minutes/Seconds Section Degrees/Minutes/Seconds Township Range

UTM: \_\_\_\_\_; Location Common Name: \_\_\_\_\_

Category:

- Aircraft, Deceased, Horseback, Motorcycle, Rafter, 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 High/Low, Wind/mph High/Low, Rain 0/Occasional/Drizzle/Heavy, Snow 0/Occasional/Light/Heavy/Depth, Visibility: Distance \_\_\_\_\_

Terrain:

- Topography Urban/Suburban/Rural/Wilderness, Mountain/Prairie/Flat/Rolling/Rugged, Ground Cover 0/Light/Moderate/Dense/Height, Water Canal/Lake/River/Sound/Ocean, Timber Dense/Moderate/None/Some, Elevation: \_\_\_\_\_ ft.

**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 -30 | <input type="checkbox"/> Hasty Team       | <input type="checkbox"/> Open Grid +30 |                                      |                                      |

**Clues Found By:**

- |  |   |                                     |  |   |
|--|---|-------------------------------------|--|---|
| <input type="checkbox"/> Air Scent Dog   | <input type="checkbox"/> Closed Grid -30  | <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 +30 | <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 +30     | <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 -30 | <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)**