

LOST PERSON QUESTIONNAIRE	TASK #	DATE & TIME PREPARED:	PAGE # 1 OF 3
TASK NAME:		REVISED (DATE/TIME):	
SUBJECT # ____ OF ____	INTERVIEWED BY (PLANNING):	POLICE/BCAS FILE #	

INFORMANT IDENTIFICATION			
FIRSTNAME:	ADDRESS:		
LASTNAME:	CITY:	PROV:	
RELATIONSHIP TO SUBJECT:	HOMEPHONE #:	POSTCODE:	
CELLPHONE #:	ALT. PHONE #:		

SUBJECT INFORMATION				
IDENTIFICATION				
FIRSTNAME:	ADDRESS:			
MIDDLENAME:	CITY:	PROV:		
LASTNAME:	CELLPHONE #:	PAGER #:		
ANSWERS TO: <i>(Include Code Name for Child)</i>	ALT.PHONE #:	HOMEPHONE #:		
<input type="checkbox"/> PHOTO AVAILABLE:				
D.O.B. :	AGE:	SEX:	HEIGHT:	WEIGHT:
HAIR COLOUR, STYLE:				EYES:
COMPLEXION:	FIRST LANGUAGE: <input type="checkbox"/> DOES NOT SPEAK ENGLISH			
BUILD:	FITNESS:			
DISTINGUISHING MARKS:				
DISABILITIES: (Include vision & hearing)				
RECENT/CURRENT ILLNESS(ES), INJURY:				
MEDICATIONS, QTY ON HAND/DUR. OF SUPPLY:				
ALLERGIES:				
VEHICLE MAKE:	MODEL:	COLOUR:	LICENSE PLATE #:	
LOCATION OF VEHICLE (TRANSPORTATION):				
OTHER:				

HISTORY

<input type="checkbox"/> PLS LOCATION: _____ <input type="checkbox"/> LKP _____		
MAP #	GRID REF:	
DATE & TIME LAST SEEN:	LAST SEEN BY:	
CIRCUMSTANCES:		
<input type="checkbox"/> CRIMINAL ACTIVITY INVOLVED? _____ _____		
# IN PARTY:	LOCAL AREA KNOWLEDGE:	MODE OF TRAVEL:
INTENDED ROUTE/TRIP PLAN: _____ _____ _____		
WEATHER AT TIME LAST SEEN, SINCE:		

BEHAVIOUR

COOPERATION:	
FEARS/PHOBIAS:	
MENTAL ATTITUDE:	COGNITIVE IMPAIRMENT:
FINANCIAL SITUATION:	
CRIMINAL HISTORY:	
RELEVANT HOBBIES/INTERESTS:	
EXPERIENCE & SKILL WITH ACTIVITY:	
BEHAVIOUR IN SURVIVAL SITUATION:	
COMMENTS (DISPOSITION/PERSONALITY, RELATIONSHIP WITH SPOUSE/FAMILY/FRIENDS ETC.): _____ _____ _____	
<input type="checkbox"/> SMOKER	BRAND:

CLOTHING/EQUIPMENT

JACKET TYPE/COLOUR:	RAIN GEAR TYPE/COLOUR:	
PANTS TYPE/COLOUR:	TOP TYPE/COLOUR:	SWEATER TYPE/COLOUR:
SHOE TYPE/SIZE:	SOLE PATTERN:	SOCKS:
HAT/HELMET TYPE/COLOUR:	GLOVES TYPE/COLOUR:	
ADDITIONAL CLOTHING: _____ _____		

↓ Continues ↓

Clothing/Equipment Cont.

<input type="checkbox"/> WHISTLE <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> GPS <input type="checkbox"/> COMPASS	TENT:	PACK MAKE/COLOUR:	AVALANCHE BEACON: <input type="checkbox"/> OLD Fx <input type="checkbox"/> NEW Fx
	MAP:	STOVE:	<input type="checkbox"/> SKIS <input type="checkbox"/> SNOWSHOES
ADDITIONAL EQUIPMENT:			
.....			
FOOD & DRINK (TYPE/BRAND/QUANTITY):			

OTHER PEOPLE

List those who may have been last to see subject, friends, club members, know activity or area, etc.

NAME	RELATIONSHIP	PHONE	SIGNIFICANCE

Subject Next of Kin

FIRST NAME:	ADDRESS:		
LAST NAME:	CITY:	PROV:	
RELATIONSHIP TO SUBJECT:	POSTAL CODE:	CELL PHONE #:	
HOME PHONE #:	ALT. PHONE #		

EMPLOYER:	ADDRESS:		
SUPERVISOR'S NAME:	CITY:	PROV:	
WORKPHONE #:	HOME PHONE #:		

NOTES:	LOST PERSON BEHAVIOUR CATEGORIES <ul style="list-style-type: none"> ▪ Children 1-3 ▪ Children 3-6 ▪ Children 6-12 ▪ Youth 13-15 ▪ Walk-aways ▪ Despondent ▪ Hikers ▪ Hunters ▪ Fishermen ▪ Climbers ▪ Skiers ▪ Cone/Berry/Flower/Mushroom Pickers, Photographers, Rock Hounds
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