

SAR Data Collection

Instructions: At the conclusion of an incident please complete the form. If subject located after the suspension of an incident please update the form. Use one form per incident. If multiple subjects with the same outcomes use one form. If multiple subjects found at different locations use a separate form for each location. Use options provided in drop down boxes when possible. If "Other-Specify" the word specify may be edited.

Administrative Information

Incident Status <input type="radio"/> Active <input type="radio"/> Closed <input type="radio"/> Open <input type="radio"/> Open to Closed	Lead Agency	Incident #	Mission #	Incident Date	Incident Time 24hr
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Prepared by	Organization/Agency	e-mail address	Phone #	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Incident Type*	Incident Environment*	County/Region*	State/Province	Primary Response Area?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	

Incident Information

Subject Category*	Subject Sub-Category	Subject Activity	Contact Method
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IPP Type	IPP Classification	IPP Coordinates	
<input type="radio"/> PLS <input type="radio"/> LKP	<input type="text"/>	N/S (Lat) <input type="text"/> E/W (Long) <input type="text"/>	
Eco-Region Domain	Eco-Region Division	Population Density*	Terrain*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weather	Temp. (Max)	Temp. (Min)	Wind (mph)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rain	Snow on Ground	Snow	Light
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subject Information

☐ Solo Subject
 ☐ Group Stayed Together
 ☐ Group Separated/ Different Outcomes
 Group Type

For Groups: If different outcomes, complete for each person. Use additional forms if required.

Subject	Age	Sex	Local	Weight	Height	Build	Fitness	Experience	Equipment	Clothing	Survival	Mental
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Time Log

	Date (YYYY-MM-DD)	Time Use 24 hr.... clock	
Last Seen	<input type="text"/>	Time (HH:MM)	<input type="text"/>
SAR Notified	<input type="text"/>	Time (HH:MM)	<input type="text"/>
Subject Located	<input type="text"/>	Time (HH:MM)	<input type="text"/>
Incident Closed	<input type="text"/>	Time (HH:MM)	<input type="text"/>
Total Time Lost (Time last seen to Subject Located) Hours			<input type="text"/>
Total Search Time (Time SAR notified to Subject Located) Hours			<input type="text"/>

Incident Operations

Destination Coordinates		Format	Direction of Travel (True)	DOT How Determined
N/S (Lat)	<input type="text"/>	E/W (Long)	<input type="text"/>	<input type="text"/>
Revised PLS/LKP Coordinates 1		Format	Revised How Determined	Revised DOT
N/S (Lat)	<input type="text"/>	E/W (Long)	<input type="text"/>	<input type="text"/>
Decision Point Coordinates		Format	Type of Decision Point	<input type="checkbox"/> Decision Point a Factor
N/S (Lat)	<input type="text"/>	E/W (Long)	<input type="text"/>	

Incident Outcome

Incident Outcome*	Scenario	Suspension Reasons	# Subjects	# Well	# Injured	# DOA	# Saved
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Find Coordinates		Format	Distance IPP	Bearing T	Find Feature*	Feature Secondary	
N/S (Lat)	<input type="text"/>	E/W (Long)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Detectability	Mobility/Responsive	Lost Strategy	Mobility (hrs)	Track Offset (yds)	Elevation Change from IPP		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Up <input type="radio"/> Down <input type="text"/> feet		

Medical/Rescue Information

Subject	Status	Mechanism	Injury Type	Illness	Tx by	Rescue/Evacuation Methods	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Walkout	<input type="checkbox"/> Boat
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Carryout	<input type="checkbox"/> Swiftwater
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Semi-Tech	<input type="checkbox"/> Helicopter
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Technical	<input type="checkbox"/> Aeromedical
<input type="checkbox"/> Injured Searcher/Responder		Details <input type="text"/>				<input type="checkbox"/> Vehicle	<input type="checkbox"/> <input type="text"/>
						Signalling	<input type="text"/>

Resource Information/Summary

<input type="checkbox"/> GSAR	<input type="checkbox"/> Tracker	<input type="checkbox"/> Cave	<input type="checkbox"/> Helicopter	Find Resource	# Tasks	# Dogs	# Air Tasks	# Aircraft	# Air hrs
<input type="checkbox"/> Dogs	<input type="checkbox"/> Law	<input type="checkbox"/> Parks	<input type="checkbox"/> Fixed Wing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> EMS	<input type="checkbox"/> Divers	<input type="checkbox"/> USAR	<input type="checkbox"/> Swiftwater	Emergent Vol.	Total People	Manhours	# Vehicles	# Miles	Total Cost
<input type="checkbox"/> Fire	<input type="checkbox"/> Boats	<input type="checkbox"/> Public	<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

Please include a brief narrative of the incident. Include how the subject became lost, what they were doing, etc. Describe how and where they were found. Include any significant lessons learned, searcher incidents, methods to mitigate future incidents.