

**Illinois Search and Rescue Council
MISSING PERSON QUESTIONNAIRE**

DATE PREPARED:	TIME PREPARED:
PREPARED BY:	INCIDENT #:

INFORMANT IDENTIFICATION

FIRST NAME:	STREET ADDRESS:		
LAST NAME:	CITY:		
RELATIONSHIP TO SUBJECT:	STATE:	ZIP:	
HOME PHONE:	ALT. PHONE:		
ADDITIONAL INFORMANTS/ WITNESSES	NAME:	NAME:	
	PHONE:	PHONE:	

SUBJECT IDENTIFICATION

FIRST NAME:	STREET ADDRESS:		
MIDDLE NAME:	CITY:		
LAST NAME:	STATE:	ZIP:	
ANSWERS TO:	HOME PHONE:		
VEHICLE MAKE:	EMPLOYER:		
VEHICLE MODEL:	STREET ADDRESS:		
VEHICLE COLOR:	CITY:		
LICENSE #:	STATE:	ZIP:	
COMMENTS:	WORK PHONE		
	SUPERVISOR'S NAME:		
DATE OF BIRTH:	AGE:	SEX:	HEIGHT: WEIGHT:
HAIR COLOR:	HAIR STYLE/LENGTH:		EYE COLOR:
COMPLEXION:	PRIMARY LANGUAGE:		
DISTINGUISHING MARK(S):			
MEDICAL DISABILITIES:			
MEDICATION REQUIREMENTS QTY ON HAND DURATION OF SUPPLIES:			
RECENT/CURRENT ILLNESSES:			
FITNESS LEVEL:	SMOKER:	BRAND:	

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ALLERGIES:

FEARS/PHOBIAS:

MENTAL ATTITUDE:

FINANCIAL SITUATION:

CRIMINAL HISTORY:

HOBBIES/INTERESTS:

CLOTHING/EQUIPMENT

SHOE TYPE:

COLOR:

SIZE:

SHOE SOLE DESCRIPTION:

SOCKS:

EYEGASSES (COLOR, SHAPE):

TOP (TYPE/COLOR):

PANTS (COLOR, STYLE):

JACKET (TYPE/COLOR):

RAINGEAR (TYPE/COLOR):

HAT (TYPE/COLOR):

PACK (MAKE/COLOR):

FOOD & DRINK (TYPE/BRAND/QUANTITY):

POINT LAST SEEN

DATE LAST SEEN:

TIME LAST SEEN:

POINT LAST SEEN DESCRIPTION:

POINT LAST SEEN GPS COORDINATES:

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NAME OF OTHER PERSON(S) WHO SAW OR MIGHT HAVE SEEN THE SUBJECT AT OR NEAR THIS TIME:	#	NAME OF INFORMANT	LOCATION SUBJECT SEEN	TIME SEEN
	1			
	2			
	3			
	4			
	5			

LOCATION OF VEHICLE (TRANSPORTATION):

INTENDED ROUTE:

WEATHER AT TIME LAST SEEN:

COMMENTS (DISPOSITION/PERSONALITY, RELATIONSHIP WITH SPOUSE/FAMILY/FRIENDS, ETC.):

SPECIAL NEEDS:

- AUTISM?
- DEMENTIA?
- DESPONDENT/SUICIDAL?
- MENTAL ILLNESS?
- COGNATIVE DISABILITY?
- DRUG/ALCOHOL USE?

COMMENTS:

AVAILABILITY OF PHOTOGRAPHS (Yes/No)