



New Mexico Department of Public Safety  
Search and Rescue Office

## MISSION INITIATOR QUESTIONNAIRE

**Mission Initial Personnel**

*[The Mission Initiator (MI) must make the initial investigation by talking to the Reporting Party (RP) in person and/or going to the scene and must insure that the RP will be available for additional questions from the initial Incident Commander (IC). Only the known responses should be completed. The MI must sign the other side of this form. In the event a Mission is opened, a Mission Number is issued and Search and Rescue personnel are activated, this form must be submitted without delay to the Field Coordinator (FC) who will become the IC.]*

**New Mexico State Police Notification**

District #:	Date:	Time:
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**Mission Initiator**

Name	Call #	Date	Time	Contact Number(s)
	SP			

**Reporting Party # 1**

Name:	Agency:	Address:	State:
Date:	Time:	Contact Number(s):	Other Contact:
Reasons for Call to NMSP:			

**Reporting Party # 2**

Name:	Agency:	Address:	State:
Date:	Time:	Contact Number(s):	Other Contact:
Reasons for Call to NMSP:			

**Report from Other Agencies**

Name:	Agency:	Contact Person:	State:
Date:	Time:	Contact Number(s):	Other Contact:
Reasons for Call to NMSP:			

**First Subject or Group Leader Information**

Name	Nickname(s)	Address	State	Local Address
Phone Number(s)		DOB	Age	Gender

**Number of Missing Subjects**

**Names of Additional Missing Subjects**

**Physical Description of First Subject**

Height		Weight		Build	
Hair Color		Facial Hair		Eye Color	
Complexion		Unique Marks		Glasses	

**Health Profile** *[Explain if Necessary]*

General Condition		Overall Fitness	
Medical Condition		Medications	
Medic Alert		Hearing	
Eyesight		Other Medical Problems	
Handicaps			
Physical Condition When Last Seen			

## MISSION INITIATOR QUESTIONNAIRE

### Experience Profile and Equipment Adequacy

Is Subject Experienced? Yes ☐ / No ☐ / Unknown ☐ Does Subject Know the Area? Yes ☐ / No ☐ / Unknown ☐

Does Subject Have Adequate Clothing and Equipment? Yes ☐ / No ☐ / Unknown ☐

### Additional Significant Subject Information


### Point Last Seen / Last Known Point

<b>PLS</b> / Last Seen by		Contact Information	
Direction Seen Leaving		Physical Condition Then	
Departure Attitude		Departure Complaints	
Conversation Topic		Unusual Behavior	
<b>LKP</b> / Found by		Contact Information	
Indicative Clues		Date/Time LKP Found	

### Planned Entry To and Exit From Area of Search

<b>Entry</b>		Date and Time	
<b>Exit</b>		Date and Time	

### Physical Investigation / Initial Search in Area Immediately Surrounding PLS and/or LKP

<b>PLS</b>	Date:	Time:	Location:
Results:			
<b>LKP</b>	Date:	Time:	Location:
Results:			
Conditions Leading to a Mission:			

### Urgency and Priority Considerations

Priority Evaluation	Low	Medium	High
Subject's Age	<input type="checkbox"/> Young Adult	<input type="checkbox"/> Middle Age	<input type="checkbox"/> Very Young or Elderly
Medical Condition	<input type="checkbox"/> Healthy <input type="checkbox"/> Known Fatality		<input type="checkbox"/> Injured, Ill, Physical or Mental Handicap
Number of Subjects	<input type="checkbox"/> Multiple Together	<input type="checkbox"/> Single	
Experience Profile	<input type="checkbox"/> Experienced, Familiar with Area	<input type="checkbox"/> Experienced but Unfamiliar with Area <input type="checkbox"/> Inexperienced but Familiar with Area	<input type="checkbox"/> Inexperienced, Unfamiliar with Area
Weather Conditions	<input type="checkbox"/> Fair	<input type="checkbox"/> Predicted Hazardous Weather	<input type="checkbox"/> Past and/or Existing Hazardous Weather
Equipment Adequacy for Weather and Environment	<input type="checkbox"/> Adequate	<input type="checkbox"/> Questionable	<input type="checkbox"/> Inadequate
Terrain and Hazards		<input type="checkbox"/> Few Hazards	<input type="checkbox"/> Known Dangerous Terrain or Other Hazards

[Except when one or more High Urgency boxes are checked, resulting in an immediate response, a predominance of checked boxes provides an indication of the urgency.]

**Urgency and Priority Results:** ☐ Low

☐ Medium

☐ High

### Mission Activation

Mission Number:	Date:	Time:
-   -		

### Mission Termination (If Applicable)

Reasons:	Date:	Time:

[Should a Mission be terminated before an FC has been notified or before the IC has arrived at the Incident Base, this report must be submitted to the NMSAR Resource Officer within two weeks of termination.]

<b>SAR Activation</b>	Name	Date	Time	Contact Number(s)
Field Coordinator				
Area Commander				

### This Mission Initiator Questionnaire Was Recorded by:

NMSP Name	Signature	Call #	Date	Time
		SP		