

KENT COUNTY GROUND SEARCH AND RESCUE	KCGSAR INCIDENT #	DATE PREPARED: TIME PREPARED:	PAGE 1 OF 3
MISSING PERSON QUESTIONNAIRE		REVISED (DATE/TIME):	
SUBJECT # ___ OF ___	FORM COMPLETED BY:	POLICE CASE #	

INFORMANT IDENTIFICATION		
FIRST NAME:	STREET ADDRESS:	
LAST NAME:	CITY:	
RELATIONSHIP TO SUBJECT:	STATE:	ZIP CODE:
PHONE #:	LOCATION:	
OPINION ON WHAT HAPPENED:		

SUBJECT INFORMATION				
FIRST NAME:	STREET ADDRESS:			
MIDDLE NAME:	CITY:			
LAST NAME:	STATE:	ZIP CODE:		
ANSWERS TO:	HOME PHONE #:			
VEHICLE MAKE:	EMPLOYER:			
VEHICLE MODEL:	STREET ADDRESS:			
VEHICLE COLOR:	CITY:			
LICENSE PLATE #:	STATE:	ZIP CODE:		
COMMENTS (e.g. 'CODE' NAME IF CHILD):	WORK PHONE # :			
	WORK FAX #:			
	SUPERVISOR'S NAME:			
DATE OF BIRTH (Y/M/D):	AGE:	SEX:	HEIGHT:	WEIGHT:
HAIR COLOR:	EYES:	HAIRSTYLE/LENGTH:		
COMPLEXION:	FIRST LANGUAGE:			
DISTINGUISHING MARKS:				
MEDICAL DISABILITIES:				
MEDICATION REQUIREMENTS/QTY ON HAND/DURATION OF SUPPLIES:				
RECENT/CURRENT ILLNESS(ES):				
FITNESS LEVEL:	SMOKER <input type="checkbox"/>	BRAND:	GSAR FORM 502 REV 2/07	

ALLERGIES:

FEARS/PHOBIAS:

MENTAL ATTITUDE:

PREVIOUS PERTINANT OCCUPATIONS:

CRIMINAL HISTORY:

HOBBIES/INTERESTS:

CLOTHING/EQUIPMENT

SHOE TYPE:

COLOR:

SIZE:

SHOE / SOLE DESCRIPTION (IF AVAILABLE)

SOCKS:

PANTS / SHORTS (TYPE & COLOR):

TOP (TYPE & COLOR):

SWEATER (TYPE & COLOR):

JACKET (TYPE & COLOR):

RAINGEAR (TYPE & COLOR):

HAT (TYPE & COLOR):

GLOVES (TYPE & COLOR):

PACK (MAKE & COLOR):

FOOD & DRINK (TYPE/BRAND/QUANTITY):

POINT LAST SEEN

DATE LAST SEEN:

TIME LAST SEEN:

POINT LAST SEEN:

MAP #

GRID REF:

MISSING PERSON QUESTIONNAIRE (CONT.)**PAGE # 3 OF 3**

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, RECENT PERSONAL ISSUES, ABILITIES, ETC.):

SUBJECT NEXT OF KIN

FIRST NAME:

STREET ADDRESS:

LAST NAME:

CITY:

RELATIONSHIP TO SUBJECT:

STATE:

ZIP CODE:

PHONE #:

LOCATION:

OPINION ON WHAT HAPPENED:

AVAILABILITY OF PHOTOGRAPH(S) ?