

Incident Summary

Fill out after search by closing dispatcher

Date Filled Out: _____

Filled Out By: _____

INCIDENT NAME: _____ MISSION NUMBER: _____

Date search started: _____

SUBJECT: Age: _____ Sex: _____ Medical/Type: _____

Time Last Seen: _____ Other: _____

WHERE: County: _____ State: _____

Environment: Rural Urban Suburban Wilderness

RA DATA: Contact name: _____ Title: _____

Agency: _____

Date

Time

ASRC CALLOUT:

	Date	Time
Notification		
Alert		
Overhead		
Limited		
Full		

Groups On Scene/

AMRG BRMRG MSAR PVRG

En-Route

RSAR SMRG SWVaMRG TSARG

STATUS INFORMATION: Status 1 Status 2 Status 3 Suspended

Reported by: _____ Agency: _____

Time and Date of Find: _____

Other: _____

DISPATCH INFORMATION: Alert Officer: _____

Time/Date of Initial Alert: _____

Final Dispatcher: _____

Time/Date of Dispatch Closing: _____

Other Simultaneous Searches: _____