

**SANTA MONICA MOUNTAINS NATIONAL RECREATION AREA
SUBJECT QUESTIONNAIRE for LOST PEOPLE**

revised May 2017

Date: _____, Time Report Received: _____ Report Taken By: _____

Location: _____ Phone #: _____

PROFILE

Subject Name: _____ Age : _____ DOB: _____

Address: _____ Phone # _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Personal Features (build, scarring, tattoos, facial hair, glasses): _____

Clothing (color, size, type, shoe, shirt, pants, jacket, hat, etc.): _____

Equipment Carried (water, food, pack, flashlight, overnight gear, etc.): _____

Medical Condition (weak, sick, tired, injured, good, under influence of drugs, etc.): _____

Mental Condition (impairments, attitude): _____

CIRCUMSTANCES

Time Last Seen: _____ PLACE/POINT LAST SEEN: _____

Activities (plans, destination): _____

Time Due Back: _____ Location: _____

Familiarity with Area: (yes, no, has map) _____

Traveling with others: (friends, family, pets) _____

Other: (weather, terrain, notes left in car or home, entry point into park, place of work spouse, friends) _____

REPORTING PARTY:

Name: _____ CONTACT Phone #: _____

Address: _____ Relationship to Subject: _____

Nearest Relative(s): _____ Phone: _____