


SAR Database Form		Information on this form is requested for an analysis of lost person behavior	SARbayes
Date: / /	Your Incident #:	Limits: <u>land</u> search for persons travelling under their <u>own power</u> in <u>non-urban</u> areas.	
Prepared by:	Organization:	Contact Person and Phone No:	

If you prefer, you may enter the data on-line. Follow the link from: www.csse.monash.edu.au/~ctwardy/SAR/sar.html

PAGE 1: GENERAL SEARCH INFO

If an answer is unknown, please leave the space blank.

Incident dates / / - / / <small>Start date – End date</small>	Number of people lost <small>For each lost person, attach a separate Page 2: Lost Person Info</small>	Grid Ref <small>UTM or other coords, if known</small>																																							
Location <small>Locality name Suburb/City State Postcode</small>		<small>↑ Coords for locality ↑</small>																																							
Last Known Point (LKP) <small>Last Known Point at the time you arrived on scene. (e.g. home, car, track, summit, office, club...)</small>	Positive sighting? <input type="checkbox"/> Yes / <input type="checkbox"/> No	<small>↑ Coords for LKP ↑</small>																																							
Time person(s) lost / / : <small>Time person, became lost, or was last seen.</small>																																									
Time called for help / / : <small>Time the Police, SES, etc were notified.</small>																																									
Arrived on-scene / / : <small>Time the Police, SES, Bushwalker S&R or similar group arrived on-scene.</small>																																									
Resources deployed / / : <small>Time searchers were deployed into the field, or the subj. was confined in the search area.</small>																																									
Search base closed / / : <small>Time search finished on-scene. Everyone has left for home.</small>																																									
Total search duration <small>Or, if times are not available</small>	<input type="checkbox"/> On-scene <input type="checkbox"/> Total	<input type="checkbox"/> Hours <input type="checkbox"/> Days <small>(Unnecessary if actual times are given.)</small>																																							
Estimated total # of person-hours expended	Between _____ and _____ hours																																								
Techniques used <small>Please check all search techniques used on the search, or note others not in the checklist. Describe if needed.</small> <small>Search techniques will vary. For example, an urban search for an elderly wanderer might never employ a grid search.</small>	<table border="0"> <tr> <td>confinement</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>perimeter secured so person cannot leave search area</td> </tr> <tr> <td>hasty</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>3-4 trained searchers moving fast along hi-probability routes (roads, tracks, etc.)</td> </tr> <tr> <td>efficient teams</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>5-10 trained searchers spaced widely, moving relatively quickly</td> </tr> <tr> <td>thorough</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>5-10 or more trained searchers spaced close, moving slowly.</td> </tr> <tr> <td>grid</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>very thorough, slow, line searches, often with untrained members</td> </tr> <tr> <td>mantracking</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>trained human trackers</td> </tr> <tr> <td>dog teams</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If known: <input type="checkbox"/> tracking <input type="checkbox"/> trailing <input type="checkbox"/> air-scent <input type="checkbox"/> cadaver <input type="checkbox"/> other: _____</td> </tr> <tr> <td>mounted</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If known: <input type="checkbox"/> 4WD <input type="checkbox"/> bicycle <input type="checkbox"/> horseback <input type="checkbox"/> other: _____</td> </tr> <tr> <td>aerial</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>If known: <input type="checkbox"/> aeroplane <input type="checkbox"/> helicopter <input type="checkbox"/> other: _____</td> </tr> <tr> <td>attraction</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>lights, noises, etc. designed to draw the person to you, describe: _____</td> </tr> <tr> <td>night search</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>search continued at least 3 hours when substantially dark</td> </tr> <tr> <td>radio DF-ing</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>equipment to track an emergency radio beacon (ELT, EPIRB, etc)</td> </tr> <tr> <td><input type="checkbox"/> other _____</td> <td></td> <td></td> </tr> </table>		confinement	<input type="checkbox"/> Yes <input type="checkbox"/> No	perimeter secured so person cannot leave search area	hasty	<input type="checkbox"/> Yes <input type="checkbox"/> No	3-4 trained searchers moving fast along hi-probability routes (roads, tracks, etc.)	efficient teams	<input type="checkbox"/> Yes <input type="checkbox"/> No	5-10 trained searchers spaced widely, moving relatively quickly	thorough	<input type="checkbox"/> Yes <input type="checkbox"/> No	5-10 or more trained searchers spaced close, moving slowly.	grid	<input type="checkbox"/> Yes <input type="checkbox"/> No	very thorough, slow, line searches, often with untrained members	mantracking	<input type="checkbox"/> Yes <input type="checkbox"/> No	trained human trackers	dog teams	<input type="checkbox"/> Yes <input type="checkbox"/> No	If known: <input type="checkbox"/> tracking <input type="checkbox"/> trailing <input type="checkbox"/> air-scent <input type="checkbox"/> cadaver <input type="checkbox"/> other: _____	mounted	<input type="checkbox"/> Yes <input type="checkbox"/> No	If known: <input type="checkbox"/> 4WD <input type="checkbox"/> bicycle <input type="checkbox"/> horseback <input type="checkbox"/> other: _____	aerial	<input type="checkbox"/> Yes <input type="checkbox"/> No	If known: <input type="checkbox"/> aeroplane <input type="checkbox"/> helicopter <input type="checkbox"/> other: _____	attraction	<input type="checkbox"/> Yes <input type="checkbox"/> No	lights, noises, etc. designed to draw the person to you, describe: _____	night search	<input type="checkbox"/> Yes <input type="checkbox"/> No	search continued at least 3 hours when substantially dark	radio DF-ing	<input type="checkbox"/> Yes <input type="checkbox"/> No	equipment to track an emergency radio beacon (ELT, EPIRB, etc)	<input type="checkbox"/> other _____		
confinement	<input type="checkbox"/> Yes <input type="checkbox"/> No	perimeter secured so person cannot leave search area																																							
hasty	<input type="checkbox"/> Yes <input type="checkbox"/> No	3-4 trained searchers moving fast along hi-probability routes (roads, tracks, etc.)																																							
efficient teams	<input type="checkbox"/> Yes <input type="checkbox"/> No	5-10 trained searchers spaced widely, moving relatively quickly																																							
thorough	<input type="checkbox"/> Yes <input type="checkbox"/> No	5-10 or more trained searchers spaced close, moving slowly.																																							
grid	<input type="checkbox"/> Yes <input type="checkbox"/> No	very thorough, slow, line searches, often with untrained members																																							
mantracking	<input type="checkbox"/> Yes <input type="checkbox"/> No	trained human trackers																																							
dog teams	<input type="checkbox"/> Yes <input type="checkbox"/> No	If known: <input type="checkbox"/> tracking <input type="checkbox"/> trailing <input type="checkbox"/> air-scent <input type="checkbox"/> cadaver <input type="checkbox"/> other: _____																																							
mounted	<input type="checkbox"/> Yes <input type="checkbox"/> No	If known: <input type="checkbox"/> 4WD <input type="checkbox"/> bicycle <input type="checkbox"/> horseback <input type="checkbox"/> other: _____																																							
aerial	<input type="checkbox"/> Yes <input type="checkbox"/> No	If known: <input type="checkbox"/> aeroplane <input type="checkbox"/> helicopter <input type="checkbox"/> other: _____																																							
attraction	<input type="checkbox"/> Yes <input type="checkbox"/> No	lights, noises, etc. designed to draw the person to you, describe: _____																																							
night search	<input type="checkbox"/> Yes <input type="checkbox"/> No	search continued at least 3 hours when substantially dark																																							
radio DF-ing	<input type="checkbox"/> Yes <input type="checkbox"/> No	equipment to track an emergency radio beacon (ELT, EPIRB, etc)																																							
<input type="checkbox"/> other _____																																									
TERRAIN <small>(Terrain the person travelled through. Select more than one box in each category if necessary.)</small>																																									
Terrain Openness	Terrain Steepness	Walking Hazards																																							
<input type="checkbox"/> Dense scrub (waist-high or above and dense; movement extremely difficult) <input type="checkbox"/> Some scrub (walking is slowed) <input type="checkbox"/> Basically open (any scrub does not slow travel much) <input type="checkbox"/> Desert	<input type="checkbox"/> Steep hills or mountains <input type="checkbox"/> Moderate hills or piedmont <input type="checkbox"/> Basically flat	<input type="checkbox"/> Broken/Rugged <input type="checkbox"/> Deep snow or mud <input type="checkbox"/> Loose sand or similar <input type="checkbox"/> Other _____ <input type="checkbox"/> None																																							
WEATHER <small>(An overall description is fine; we will obtain details from Bureau of Met)</small>																																									
Temperature Range	Wind Strength & Direction	Weather description – fine sunny overcast rain snow blizzard etc																																							
- °C	kph																																								

Lost Person #		Your Incident # <small>(from Page 1)</small>	<i>Please provide as much as is known, esp primary info, category & find info.</i>																					
Primary Information		Supplementary Information																						
<p>Age _____</p> <p>Sex <input type="checkbox"/>male <input type="checkbox"/>female</p> <p>Lost person was <input type="checkbox"/> Found <input type="checkbox"/> Not Found!</p> <p>At the time of the find, the person was: Select one: <input type="checkbox"/>alive and well <input type="checkbox"/>needing medical attention <input type="checkbox"/>deceased</p> <p>Select one of each: <input type="checkbox"/>mobile / <input type="checkbox"/>immobile <input type="checkbox"/>responsive / <input type="checkbox"/>unresponsive <input type="checkbox"/>conscious / <input type="checkbox"/>unconscious <input type="checkbox"/>easily visible / <input type="checkbox"/>concealed <input type="checkbox"/>wet / <input type="checkbox"/>dry <input type="checkbox"/>sheltered / <input type="checkbox"/>unsheltered</p> <table style="width:100%; border:none;"> <tr> <td style="text-align:left;">Choose if known</td> <td style="text-align:center;">Yes</td> <td style="text-align:center;">No</td> </tr> <tr> <td>Hiding or evading</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Seeking help</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Hypothermic</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Hyperthermic</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Dehydrated</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Injured</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table> <p>Notes: _____ _____ _____</p>		Choose if known	Yes	No	Hiding or evading	<input type="checkbox"/>	<input type="checkbox"/>	Seeking help	<input type="checkbox"/>	<input type="checkbox"/>	Hypothermic	<input type="checkbox"/>	<input type="checkbox"/>	Hyperthermic	<input type="checkbox"/>	<input type="checkbox"/>	Dehydrated	<input type="checkbox"/>	<input type="checkbox"/>	Injured	<input type="checkbox"/>	<input type="checkbox"/>	<p>Weight _____ kg Height _____ m</p> <p>Build <input type="checkbox"/>thin <input type="checkbox"/>medium <input type="checkbox"/>overweight <input type="checkbox"/>obese</p> <p>Fitness <input type="checkbox"/>very fit <input type="checkbox"/>fit <input type="checkbox"/>avg <input type="checkbox"/>unfit <input type="checkbox"/>very unfit</p> <p>Physical condition which would slow travel? <input type="checkbox"/>No <input type="checkbox"/>Yes If Yes, Details _____</p> <p>Other pertinent medical condition/medications? _____</p> <p>Outdoor experience <input type="checkbox"/>v.exp <input type="checkbox"/>exp <input type="checkbox"/>avg <input type="checkbox"/>inexp <input type="checkbox"/>v.inexp</p> <p>Knowledge of area <input type="checkbox"/>excellent <input type="checkbox"/>good <input type="checkbox"/>avg <input type="checkbox"/>fair <input type="checkbox"/>poor</p> <p>Any outstanding personality attributes? <input type="checkbox"/>confident <input type="checkbox"/>unsure <input type="checkbox"/>outgoing <input type="checkbox"/>withdrawn <input type="checkbox"/>other: _____</p> <p>Relative to the conditions, were the person's clothes: Waterproof <input type="checkbox"/>Yes <input type="checkbox"/>No Windproof <input type="checkbox"/>Yes <input type="checkbox"/>No Warm enough <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Did the person have: Shelter <input type="checkbox"/>Yes <input type="checkbox"/>No Sleeping bag <input type="checkbox"/>Yes <input type="checkbox"/>No Water avail. <input type="checkbox"/>Yes <input type="checkbox"/>No Food avail. <input type="checkbox"/>Yes <input type="checkbox"/>No Fire/heat <input type="checkbox"/>Yes <input type="checkbox"/>No Other relevant survival gear: _____</p> <p>Person's intentions/plans at time found <input type="checkbox"/>Follow feature: <input type="checkbox"/>track <input type="checkbox"/>creek <input type="checkbox"/>ridge <input type="checkbox"/>man-made <input type="checkbox"/>Head for sights/sounds of civilization <input type="checkbox"/>Head downhill <input type="checkbox"/>Head uphill <input type="checkbox"/>Stay put Other: _____</p>	
Choose if known	Yes	No																						
Hiding or evading	<input type="checkbox"/>	<input type="checkbox"/>																						
Seeking help	<input type="checkbox"/>	<input type="checkbox"/>																						
Hypothermic	<input type="checkbox"/>	<input type="checkbox"/>																						
Hyperthermic	<input type="checkbox"/>	<input type="checkbox"/>																						
Dehydrated	<input type="checkbox"/>	<input type="checkbox"/>																						
Injured	<input type="checkbox"/>	<input type="checkbox"/>																						
<p>Traditional lost-person category <input type="checkbox"/>Alzheimer's (DAT) <input type="checkbox"/>hiker <input type="checkbox"/>mentally handicapped <input type="checkbox"/>child <input type="checkbox"/>despondent <input type="checkbox"/>hunter <input type="checkbox"/>psychotic (e.g. drug-induced or clinical) <input type="checkbox"/>other: _____</p>		<p>Activity when person became lost <input type="checkbox"/>wandering <input type="checkbox"/>backpacking <input type="checkbox"/>dayhiking <input type="checkbox"/>climbing <input type="checkbox"/>picnicking <input type="checkbox"/>alpine skiing <input type="checkbox"/>nordic skiing <input type="checkbox"/>running <input type="checkbox"/>fishing <input type="checkbox"/>hunting <input type="checkbox"/>cycling <input type="checkbox"/>runaway <input type="checkbox"/>caving <input type="checkbox"/>other: _____</p>																						
<p>Location Where Person Found Please tick all that apply (if relevant)</p>		<p>1. <input type="checkbox"/>ridge <input type="checkbox"/>valley <input type="checkbox"/>drainage <input type="checkbox"/>stream <input type="checkbox"/>building <input type="checkbox"/>road <input type="checkbox"/>other</p> <p>2. <input type="checkbox"/>dense scrub <input type="checkbox"/>med scrub <input type="checkbox"/>open bush <input type="checkbox"/>open plain <input type="checkbox"/>desert <input type="checkbox"/>other</p> <p>3. <input type="checkbox"/>uphill from LKP <input type="checkbox"/>downhill from LKP <input type="checkbox"/>neither</p> <p><input type="checkbox"/>person never really lost <input type="checkbox"/>other _____</p>																						
<p>Find Technique(s) Which technique(s) actually made the find?</p>		<p>↑ Coords for find location ↑</p> <p>Dist from LKP _____ Km</p> <p><i>Straight-line dist. from LKP to find loc'n. To 0.1 km. if poss.</i></p>																						
<p>Time lost person found _____ / _____ / _____ : _____</p> <p>Time to evacuate person _____ hrs</p>		<p><i>If person was not actually lost, put N/A.</i></p>																						