

New York State Federation of Search and Rescue Teams, Inc Search Report

A search report shall be submitted to the Federation, every time a Federation team is dispatched to a search. Even though more than one Federation team may be dispatched to a search, only one search report needs to be submitted. If there is a “local” team, that team is responsible for submitting the report. In lieu of a “local” team, if there is a Federation representative acting as liaison to the Incident Command, that individual will assume the responsibility of preparing the report. If there is no “local” team or Federation Liaison, the teams participating in the search must arrange for one of them to be responsible for submitting the report.

Instructions:

The two page search report is meant to summarize all of the information that might be made available at a search. Any documentation that will assist the Federation in measuring the level of effort applied to a search, and the effectiveness of this effort, should be collected. As not all search efforts result in a “find”, having this historical information available if a subject should be located some time after the initial search effort, can be of immeasurable value.

Additional documentation that should be attached includes, but is not limited to:

- Copies of Daily Sign in Sheets for Federation Personnel
- Copies of Daily Incident Action Plans
- Daily Maps
- GPS downloads from Federation field assignments (either hard copy maps or electronic)
- Copies of Debrief forms(204A) or Mission Logs (214) for Federation assignments
- Local news articles
- Any other pertinent documentation that applies to this search

Team Name:		Person Completing:		Title:		DATE PREPARED:	
						TIME PREPARED:	
SEARCH NAME:						NYSFEDSAR Ref # ___ / _____	
County:		Town:		Area:		Gazetteer Coord:	
Incident Cdr:				Organization:			
DEC INCIDENT #				POLICE Dept/FILE # /			
DATE Operations COMMENCED:				TIME COMMENCED:			
<input type="checkbox"/> COMPLETED, subject(s) located <input type="checkbox"/> SUSPENDED, to resume _____ <input type="checkbox"/> CONCLUDED, no subjects located				DATE:		TIME:	
TOTAL FEDERATION VOLUNTEERS:				TOTAL FEDERATION PERSON HOURS:			
TOTAL OTHER PERSONNEL:				TOTAL PERSON HOURS:			
TOTAL SUBJECTS:		LOCATED:		INJURED:		DECEASED:	
						UNACCOUNTED:	
Injuries		Federation:		Non-Federation:		Off Scene Treatment Required: Y/N	

Debrief Attended:		YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
By Whom:			DATE:
COMMENTS/RECOMMENDATIONS:			
Name of Person Submitting:			DATE:

Search Name		NYSFEDSAR Ref #:						
Subject <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phys Conditioning: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good				
Subj Category: <input type="checkbox"/> Hunter <input type="checkbox"/> Fisherman <input type="checkbox"/> Hiker/Camper <input type="checkbox"/> Alzheimer <input type="checkbox"/> Mental Disorder _____ <input type="checkbox"/> Child (<12) <input type="checkbox"/> Despondent <input type="checkbox"/> Mentally Challenged <input type="checkbox"/> Runaway <input type="checkbox"/> Skier <input type="checkbox"/> Snowmobiler <input type="checkbox"/> Snow Boarder <input type="checkbox"/> Criminal Activity <input type="checkbox"/> Other _____		Search Location: <input type="checkbox"/> Urban <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Recreational Area <input type="checkbox"/> Private <input type="checkbox"/> Public Weather: <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Clear Temperature: <input type="checkbox"/> > 70 <input type="checkbox"/> >40 < 70 <input type="checkbox"/> < 40		Contributing Causes: <input type="checkbox"/> Separated From Group <input type="checkbox"/> Wandered Off <input type="checkbox"/> Unfamiliar with area <input type="checkbox"/> Weather Change <input type="checkbox"/> Darkness <input type="checkbox"/> Illness/Injury <input type="checkbox"/> Despondent <input type="checkbox"/> Criminal Activity <input type="checkbox"/> Underestimated Time <input type="checkbox"/> Domestic Dispute <input type="checkbox"/> Runaway <input type="checkbox"/> Lack of Map/Compass <input type="checkbox"/> Other _____		Predominant Terrain: <input type="checkbox"/> Open Fields <input type="checkbox"/> Wooded <input type="checkbox"/> Flat/Rolling <input type="checkbox"/> Hilly <input type="checkbox"/> Steep <input type="checkbox"/> Bog/Marshy <input type="checkbox"/> Water		
Was there an initial PLS/LKP? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was there a subsequent PLS/LKP? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How much time elapsed from:		< 1hr	1-2 hrs	2-4 hrs	4-8 hrs	8-12 hrs	>12 hrs	N/A
Time Subj last seen to lost/missing reported?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Reported to first response units?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First reported to first SAR units on scene?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First reported to first SAR units in field?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First reported to Fed Resources requested?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Response (<4 hrs)								
Units: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> DEC <input type="checkbox"/> Fire/Rescue <input type="checkbox"/> SAR <input type="checkbox"/> Civilian <input type="checkbox"/> Other _____		Resources: K-9 <input type="checkbox"/> Track/Trail <input type="checkbox"/> Air Scent <input type="checkbox"/> Tracker <input type="checkbox"/> Aviation <input type="checkbox"/> Grid/Hasty <input type="checkbox"/> Other _____		Tactics: <input type="checkbox"/> Attraction <input type="checkbox"/> Hasty Teams <input type="checkbox"/> Grid Teams K-9 <input type="checkbox"/> Tracking/Trailing <input type="checkbox"/> Air Scent <input type="checkbox"/> Containment		Notes:		
On-going Response (>4 hrs)								
Units: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> DEC <input type="checkbox"/> Fire/Rescue <input type="checkbox"/> SAR <input type="checkbox"/> Civilian <input type="checkbox"/> Other _____		Resources: K-9 <input type="checkbox"/> Track/Trail <input type="checkbox"/> Air Scent <input type="checkbox"/> Tracker <input type="checkbox"/> Aviation <input type="checkbox"/> Grid/Hasty <input type="checkbox"/> Other _____		Tactics: <input type="checkbox"/> Attraction <input type="checkbox"/> Hasty Teams <input type="checkbox"/> Grid Teams K-9 <input type="checkbox"/> Tracking/Trailing <input type="checkbox"/> Air Scent <input type="checkbox"/> Containment		Notes:		
Subject:								
<input type="checkbox"/> Not Found <input type="checkbox"/> Found w/ injury/med problem <input type="checkbox"/> Alive w/o injury <input type="checkbox"/> Deceased <input type="checkbox"/> Self inflicted <input type="checkbox"/> Other _____		Locating Tactic: <input type="checkbox"/> K-9 <input type="checkbox"/> Grid <input type="checkbox"/> Self <input type="checkbox"/> Aviation <input type="checkbox"/> Hasty <input type="checkbox"/> Tracker <input type="checkbox"/> Attraction		Secondary Tactic: <input type="checkbox"/> K-9 <input type="checkbox"/> Grid <input type="checkbox"/> Self <input type="checkbox"/> Aviation <input type="checkbox"/> Hasty <input type="checkbox"/> Tracker <input type="checkbox"/> Attraction		Location: Miles from initial LKP: _____ Miles from initial PLS: _____ Miles from 2 nd LKP: _____ Miles from 2 nd PLS: _____ Did Subject Move: During Search <input type="checkbox"/> Y <input type="checkbox"/> N Daytime <input type="checkbox"/> Y <input type="checkbox"/> N Nighttime <input type="checkbox"/> Y <input type="checkbox"/> N		